

PERFORMANCE REPORT

Havering Council
People Overview & Scrutiny Committee
March 2023

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OVERVIEW

- The demand for planned care keeps growing nationally; and locally we are continuing to introduce a range of initiatives to reduce our backlog
- The total number of people on our waiting lists as of Tuesday 21 February was 61,414; the majority need to be seen in Outpatients
- 5,255 people are waiting for procedures; more than 1,341 have been waiting over a year and 59 patients have waited for more than 78 weeks
- Our plans are to clear 78+ weeks wait patients by the end of March 2023, however, this may be impacted by the junior doctor strike
- We have an ambitious plan to cut 52 week waits to zero over the next six months, more than a year ahead of the 52-week target set by NHS England



CONSTITUTIONAL STANDARDS – PERFORMANCE

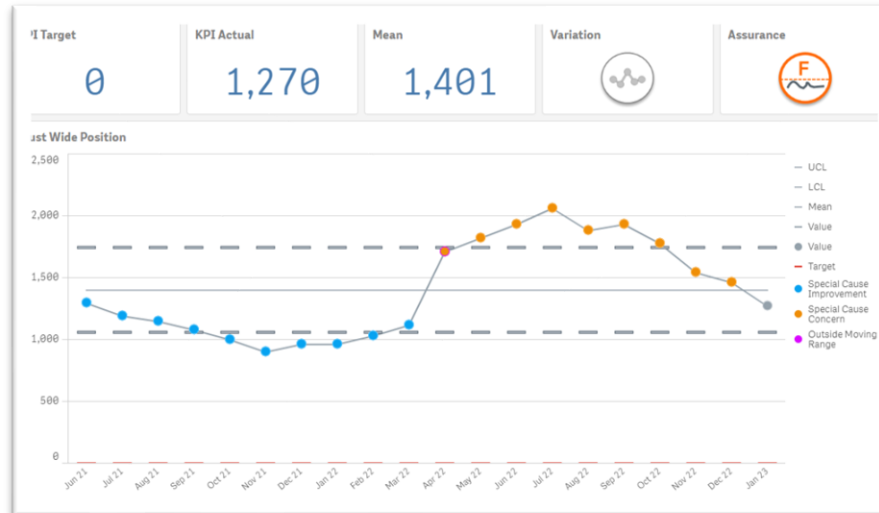
Referral to Treatment, Diagnostics and Cancer

Key Metrics	December	January	National Target
RTT Performance (The proportion of patients on a Referral To Treatment (RTT) pathway that are currently waiting for treatment less than 18 weeks)	59.3% (unvalidated)	61.6%	92%

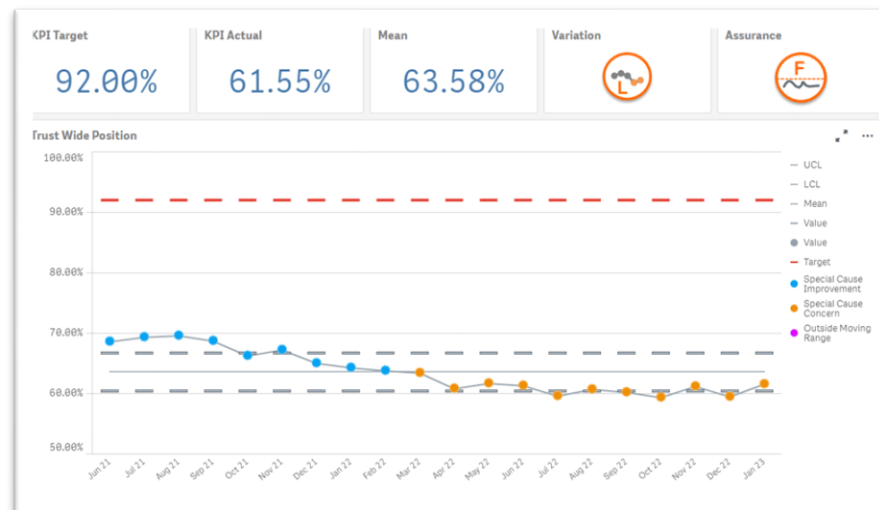
Key Metrics	December	January	National Target
2ww Cancer Performance (The proportion of patients urgently referred by their GP for suspected cancer and first seen within 14 days from referral)	82.47%	85.2% (unvalidated)	93%
28-day Cancer Performance (Faster Diagnosis Standard) (The percentage of patients receiving a definitive diagnosis or ruling out cancer within 28 days of a referral)	65.13%	52.7%	75%
62 day Cancer Performance (The proportion of patients on a Referral To Treatment (RTT) pathway that are currently waiting for treatment less than 18 weeks)	60.19%	57.0% (unvalidated)	85%



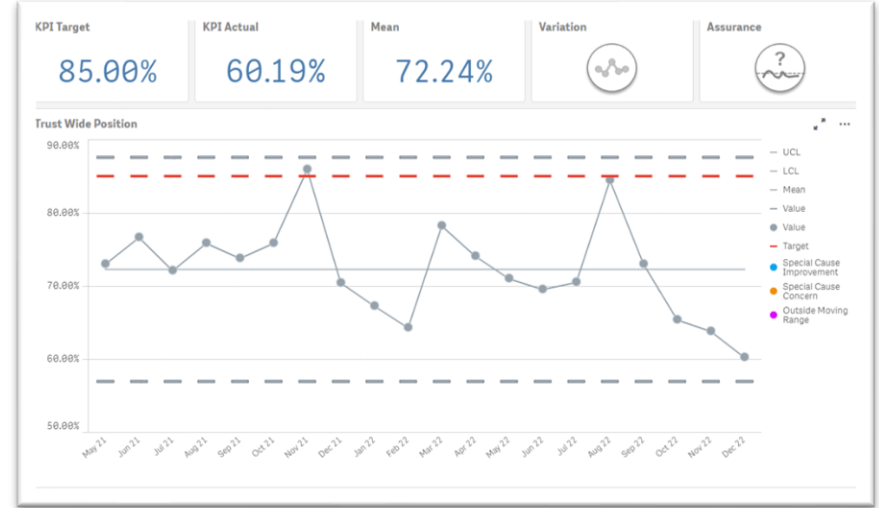
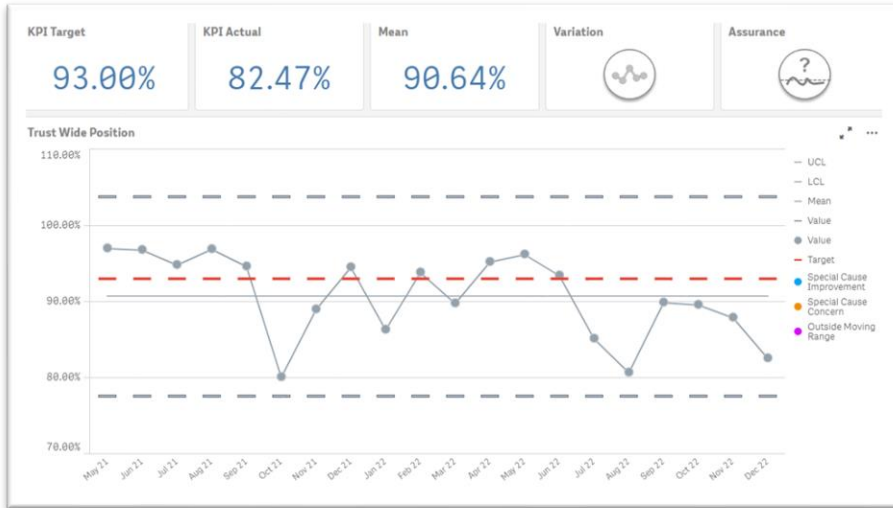
Trend line for Referral to Treatment patients waiting longer than 52 weeks



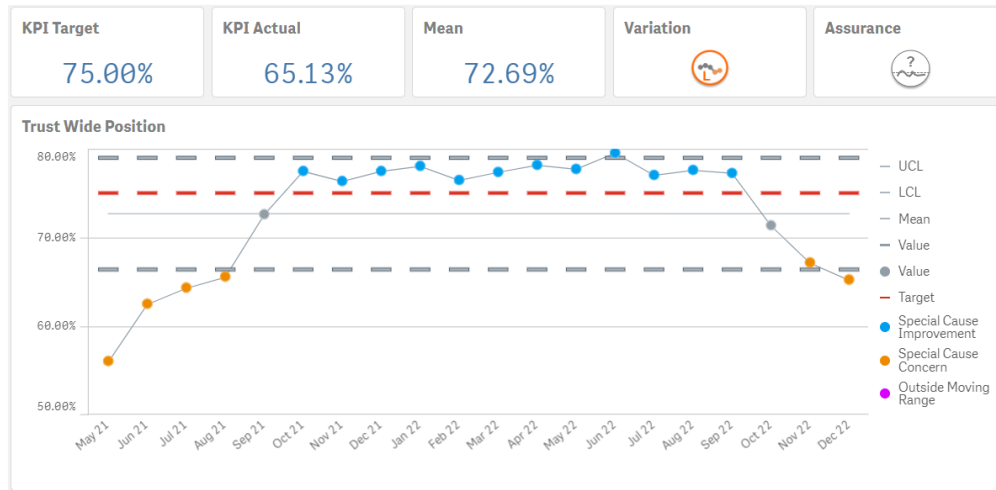
Trend line for Referral to Treatment performance



Trend line for 2ww and 62 day cancer performance



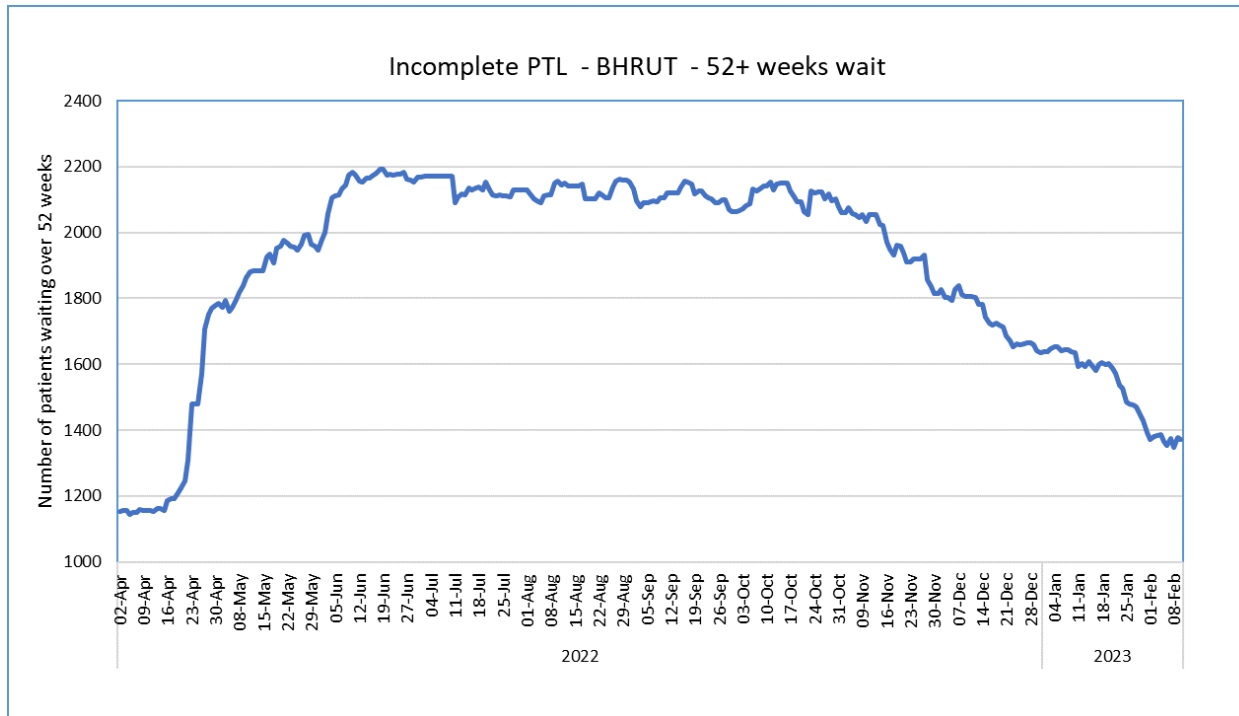
Cancer Faster Diagnostic Standard



PLANNED CARE

52 week waits

- We continue to focus on reducing the number of patients waiting 52+ weeks and have set ourselves an ambitious target
- Actions include:
 1. Additional capacity to accommodate expected long waiters
 2. Continue to work with the independent sector where possible (although limited capacity and availability is a challenge)
 3. Administrative review of those waiting longest



CANCER AND DIAGNOSTICS

Cancer

2 week wait (time from GP appointment to first clinical contact)

- Disappointingly, we have not met the 2ww performance of 93% standard every month from July 2022 to December 2022
- In January 2023, our unvalidated performance was 85.2% and we expect the validated figure to be below the standard
- Breast symptomatic, lung, gynaecology, and dermatology 2ww capacity remains a challenge due to workforce and patient choice
- Actions to improve pathways include:
 1. Additional clinics capacity for breast, dermatology and gynaecology
 2. Daily monitoring of lung CT capacity
 3. Regular assurance meetings with health partners across NEL

28-day Cancer Performance (time from receiving a definitive diagnosis or ruling out cancer within 28 days of a referral)

- We met the 28-day faster diagnosis standard of 75% from October 2021 to September 2022
- However, from October 2022 to January 2023, we have not met the standard
- Our unvalidated position for January is 49% and we expect to be below the standard after validation
- This is due to diagnosing and reporting capacity across all tumour groups (except breast and brain)
- Actions being taken to improve include:
 1. As per the above for 2WW
 2. Alongside this, we are carrying out a review of clinical engagement for our challenged tumour groups (colorectal, gynaecology, head and neck, and urology)

62 day (from referral to treatment (RTT))

- We are continuing to take action to improve our 62-day referral to treatment standard, however we are currently below the required 85%
- January 2023 unvalidated performance is 57%. After validation we expect to be below the standard
- Actions being taken to improve include:
 1. Established weekly meetings with some of the challenged tumour groups, for example urology, upper GI, colorectal
 2. Fortnightly reviews of 62-day recovery plans
 3. Cancer team administrative training programme underway to support patients progressing through their pathway
 4. Radiology escalation process with our Programme Director for Elective Recovery and Cancer Management team
 5. Histopathology weekly escalation process with our Programme Director for Elective Recovery and Cancer Management team



TREATING PATIENTS FASTER

- We're proud of how our teams are working hard to reduce waiting times for our patients to get the treatment they need
- Our Elective Surgical Hub at King George Hospital is fundamental, ensuring beds are 'ringfenced' for patients on our waiting lists. The hub has a dedicated critical care unit so planned operations aren't cancelled due to emergencies
- We're pressing ahead with the next steps to build a new Community Diagnostics Centre at Barking Community Hospital (BCH)
- Our learning disability team are supporting patients so they are prepared for their appointments and have the right care and support in place when they are seen
- And our prehab cancer team are working with our vulnerable cancer patients to improve their health and wellbeing ahead of cancer surgery or treatment
- We continue to hold dedicated 'super' clinics, many over the weekend, carrying out many appointments and procedures, over a short period of time
- We're also working with health partners and the independent sector who have shorter waiting lists, to organise treatment so patients can be seen faster



COMMUNITY DIAGNOSTIC CENTRE (CDC) AT BCH

- Barking and Dagenham Planning Committee members were overwhelmingly in favour of the proposal – we can now proceed [with the next steps](#)
- The CDC is planned to be completed by the end of November 2023
- We hope to see our first patients in December 2023
- In the meantime, we are continuing to invest in the site. For example:
 - We've introduced more mobile CT and MRI scanners
 - Ultrasound facilities
 - X-ray machines
- These have been vital in helping us reduce waiting lists and treat residents faster.



ELECTIVE SURGICAL HUB



- We welcomed NHS England colleagues to King George Hospital for our [Elective Surgical Hub accreditation visit](#)
- Our Surgical Hub has been named as one of just eight across the country to take part in a national accreditation scheme
- It was set up to ensure planned surgery can continue safely and separately from emergency admissions
- The accreditation will recognise high standards and a commitment to offer training opportunities
- Often described as a ‘hospital within a hospital’
- Stella Vig, National Clinical Director for Elective Care, called it “A phenomenal facility for patients who are waiting for care.”



INVESTING IN TECHNOLOGY

- Sir David Sloman, Chief Operating Officer at NHS England, visited our surgical hub in February
- He unveiled the country's [first robotic colonoscopy machine](#)
- Patients will benefit from a painless and non-invasive procedure compared to a traditional colonoscopy and will not require any sedation meaning faster recovery, [benefiting patients like Susan.](#)
- Sir David also saw our new kidney stone machine, which will allow us to [see fives times as many patients](#)
- The launch of new machines and our expansion are some examples of the work the Trust is doing to reduce waiting lists and give patients the treatment and care they need more quickly

