

Health updates

ONEL JHOSC July 2023

NHS NEL – The Big Conversation



The Big Conversation is about listening to the people in our communities, and understanding their views about health, care and wellbeing. It will help us focus on what matters to local people and how we can work with them and use their insight to improve what we do.

Based on what we already know about the needs of local people, the Big Conversation focuses on our four priorities for improving quality and outcomes and tackling health inequalities: **Babies, children and young people, long term conditions, mental health and local employment and workforce.**

We are running an online [survey](#) open until 31 July (with over 300 responses as of 22 June) and holding a series of events throughout June and July in local areas and online, with different groups and focusing on different topics, supported by local Healthwatch.

We encourage committee members to come along to the events, complete the survey and encourage friends and colleagues to do the same.

Analysis will take place in August with an event planned for Autumn to look at findings and how we use these to develop success measures to hold ourselves to account on and report on regularly.

For more info: The [‘Big Conversation’ - North East London Health & Care Partnership](https://northeastlondonhcp.nhs.uk)
(northeastlondonhcp.nhs.uk)

NHS NEL Organisational structure



- NHS NEL (NEL Integrated Care Board) is restructuring in order to meet the challenges and opportunities provided by the Health and Care Act 2022 and other influences such as the [NHSE requirement](#) to reduce our budget by 30% by 2025/26 (which means a greater reduction in reality as we need to fund and account for inflationary pressures)
- We want to improve patient and public participation (both in developing health and care solutions, and in taking control of their own health); and to get all parts of the health and care system working collaboratively. We want our staff to have fulfilling and enriching careers in the ICB and to benefit from working with colleagues in the NHS and our partners
- NEL conducted a staff consultation from 18 April to 16 June and we are currently finalising the structure, with staff expected to transition to new roles at the end of October/start of November
- However there will need to be further work on the structure e.g. to accommodate new commissioning responsibilities and staff for pharmaceutical, general ophthalmic, dental, and primary care complaints services (transferring 1 July 2023)
- (See also the paper on Place Partnership Mutual Accountability Framework)

NEL ICS 23-24 operating plan summary



North East London
Health & Care
Partnership

Funding Stream	Revenue Resource £'000s
Recurrent Funding	3,659,132
Primary Care Funding	392,894
Dental, Ophthalmic and Pharmacy	215,905
Running Costs	38,745
Non Recurrent Funding	99,225
Total ICB Funding	4,405,901

- NEL ICS submitted its final 23-24 operating plan in May 2023. The plan shows a system breakeven however some parts of the system are required to generate surpluses to support deficits in others.
- Total ICB funding equates to £4.4bn, and includes specific allocations with regard to Primary care and running costs.

- To achieve breakeven the system will have to deliver £278m of efficiency savings. This presents a significant delivery challenge for all parts of the system. The efficiency savings are made up of a combination of non recurrent in year measures, increases in productivity, additional income and reductions in temporary staffing costs and non pay costs.
- At month 2, the ICS has a year-to-date adverse variance to plan of £25.7m, including an ICB £7m variance. The key drivers for overspends are as follows;
 - i. Efficiencies - month 2 reported slippage against planned year-to-date efficiencies of £18.1m.
 - ii. Inflation – providers and the ICB have reported additional costs as a result of inflation being higher than planned levels.
 - iii. Payroll costs – providers have reported pressures in relation to pay, including agency staffing.
- A number of recovery actions across the system have been put in place, centred upon the delivery of efficiency programmes that will need to recover the year to date slippage seen.
- The level of recurrent pressures within the system underlying position mean that there will need to be a strong focus on efficiency and productivity through 23/24 and 24/25.

Strike action

- The [strike action by nurses at the Royal College of Nursing](#) will not continue after fewer than 50% of the membership voted. Unison and other colleges except Unite and the Royal College of Radiographers have accepted the deal. However we should be under no illusions about the dissatisfaction amongst the workforce about the settlement.
- The [three junior doctors' strikes](#) have had an inevitable impact in all sorts of ways; from the time spent to plan, manage and cover for strikes; the backlog of operations that has built, and the financial cost . Acute trusts have prioritised patient safety, with consultants providing cover and minimised the effect as best as possible, but nevertheless there has been significant impact.
- Those people who had operations cancelled were prioritised for re-booking. However aims to reduce the number of people on long waiting lists will be imperilled by future strikes.
- A [fourth strike by junior doctors](#) is planned for this month as well as [one by consultants](#) which would result in one in three working days in July being a strike day. It is evident that a significant number of doctors, at all stages of their careers, are unhappy with NHS pay and conditions. The risk in the medium to long term is that they will be less likely to commit to a future in the health service.
- BHRUT along has spent close to £1m on staffing to fill rotas and lost a similar amount of income from work that couldn't take place during the industrial action.

BHRUT



Urgent and emergency care (UEC)

- Following the expansion of Same Day Emergency Care (SDEC) at Queen's Hospital, we have now opened SDEC at KGH, to help reduce unnecessary admissions.
- We have also opened a new discharge facility at Queen's Hospital to improve patient experience while waiting to go home, and help improve flow from A&E to the ward.
- Trust type 1 performance in May was 40.48%, a significant improvement on the previous 20 months.
- Patients with mental health conditions continue to wait for long periods of time - in May, the average wait for to be moved to a service better able to care for their needs was almost 20 hours.

Finance

- At the end of May, our deficit was £5.8m adverse to plan, due, in part, to industrial action, inflationary costs and slippage against our waste reduction programme.
- We continue to focus on establishing and maintaining the right size of the organisation; making pay rates more equitable and affordable; and getting better value for money from suppliers.
- In May, we stopped paying for high-cost agency nurses – also known as off framework – in line with our May deadline.

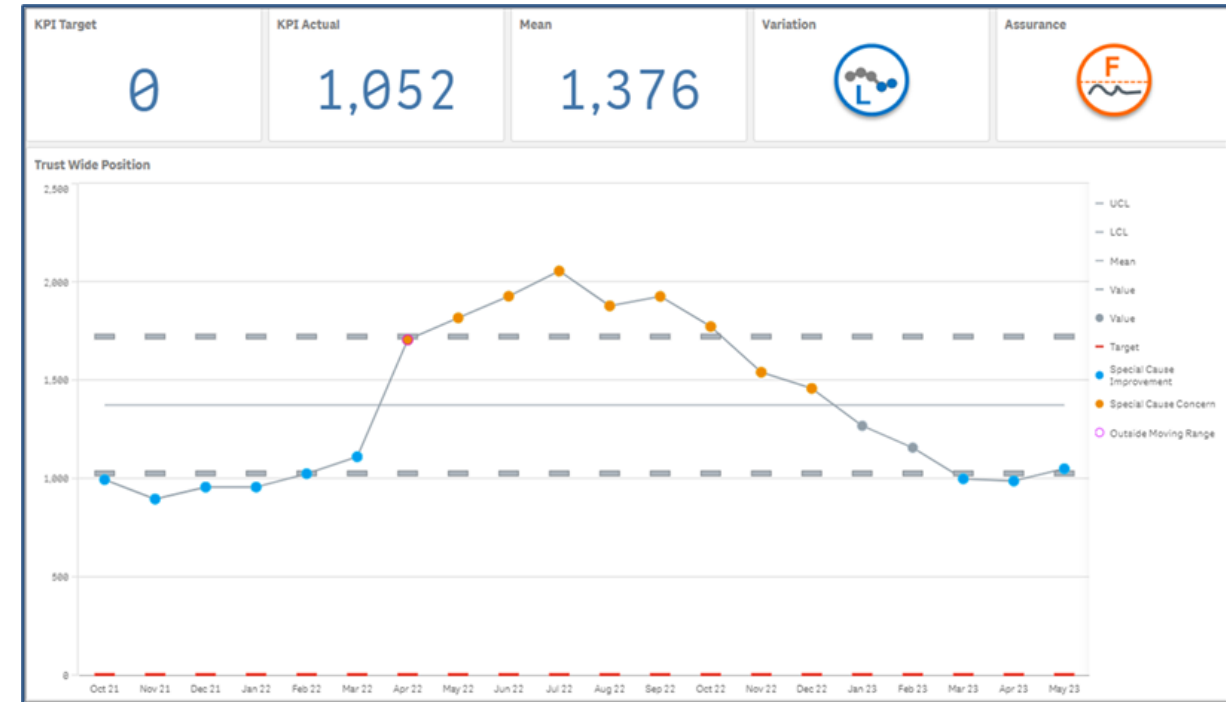
Senior leadership

- Fiona Wheeler has been appointed Chief Operating Officer. Under her leadership of our planned care recovery programme for the past year, we have seen a significant reduction in waiting lists. All our senior leaders are now substantive appointments and the stability this brings will greatly benefit our patients and staff.

Reducing our waiting lists

- One way we're further reducing waiting time for treatment is by [increasing use of our theatres](#) to 90 per cent of available sessions, up from 84 per cent in early 2022. This is despite having to reduce our planned surgery by 15 per cent (equivalent to the loss of one theatre) due to a national increase in demand on emergency surgery.
- We remain ambitious in our plans to eliminate waits of more than a year by Christmas, although this may be impacted by having to rearrange almost 6,200 outpatient appointments and 450 surgeries as a result of industrial action to date by junior doctors.

Patients waiting over 52 weeks



- [Work on our £14m Elective Surgical Hub expansion at King George Hospital](#) is taking shape. We welcomed Julian Kelly, Chief Financial Officer at NHS England at [our topping out ceremony](#) to celebrate the new building reaching its highest point. And [NHS Providers published a case study](#) on the work we've been doing around our Community Diagnostics Centre (CDC) at Barking Community Hospital, where additional diagnostics capacity is proving invaluable in helping address our backlog. The CDC is due to open in early 2024. Professor Sir Mike Richards, who recommended CDCs following his review of NHS diagnostics capacity, recently visited the site.

Barts Health

Strike action and urgent and emergency care:

- We have now had three separate phases of **junior doctors industrial action** in March, May and June. During the strikes we have prioritised patient safety, with consultants providing cover in medical wards and in ED. In May we cancelled 7,600 routine outpatient appointments and 422 elective procedures to enable this.
- **This has impacted our long waiter position.** Those who were cancelled were prioritised for re-booked by our hospital teams.
- Our hospitals remain extremely busy. For April 2023, Barts Health recorded the highest volume of A&E attendances of any trust in England. Our **performance against the 4-hour standard improved in April** with all hospitals over 70%, putting us 8th out of 16 London Trusts.
- **Mental Health** patients presenting in ED continues to present major challenges. Although attendance numbers are stable, the time they spend in ED has increased significantly. We continue to work with system colleagues to find sustainable solutions to this challenge

Planned care recovery:

- Our activity volumes for April and May have been strong when allowing for the strike action, at 95% of our annual plan. Hospitals are developing their local productivity plans to ensure we are treating as many patients as possible. We're making progress on long waiters (see slide 2)
- We have now launched patient portal, **Patient Knows Best** which allows patients to access their health record online. Initially this will let them see appointment info and will reduce the number of people not attending appointments. Over time they will also be access other information including scan and test results. *Please encourage your local communities to sign up to this at <https://www.bartshealth.nhs.uk/patients-know-best>*

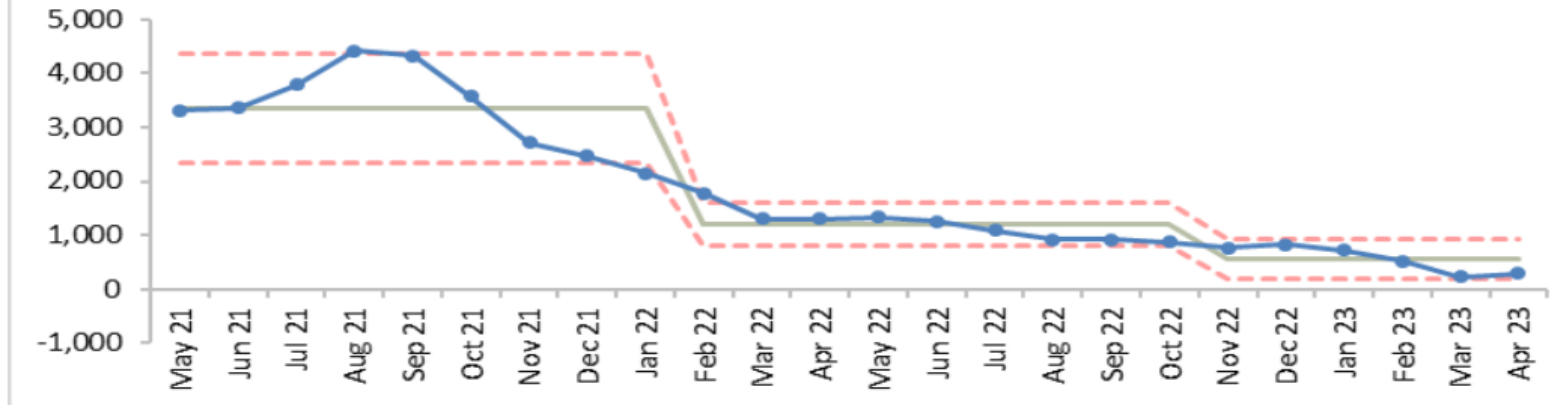
Strategic updates:

- The Secretary of State has announced that the **Whipps Cross development** is among the list of projects that will proceed. We'll continue to work with national colleagues in the new hospital programme to agree next steps for completing the business case.
- Our new ***We are Barts Health*** document charts our strategic direction as we refresh our clinical strategy in partnership with the other acute trusts and NHS bodies in north east London.
- The insourcing of over **1,794 people from Serco** has now completed – which took place over the past 7 months and included porters, security and reception teams. We are confident that this will improve the service patients receive, and we've already seen improvements in cleaning.
- Amanjit Jhund has been appointed as **Chief Executive Officer for Whipps Cross Hospital** and will assume responsibility from 17 July

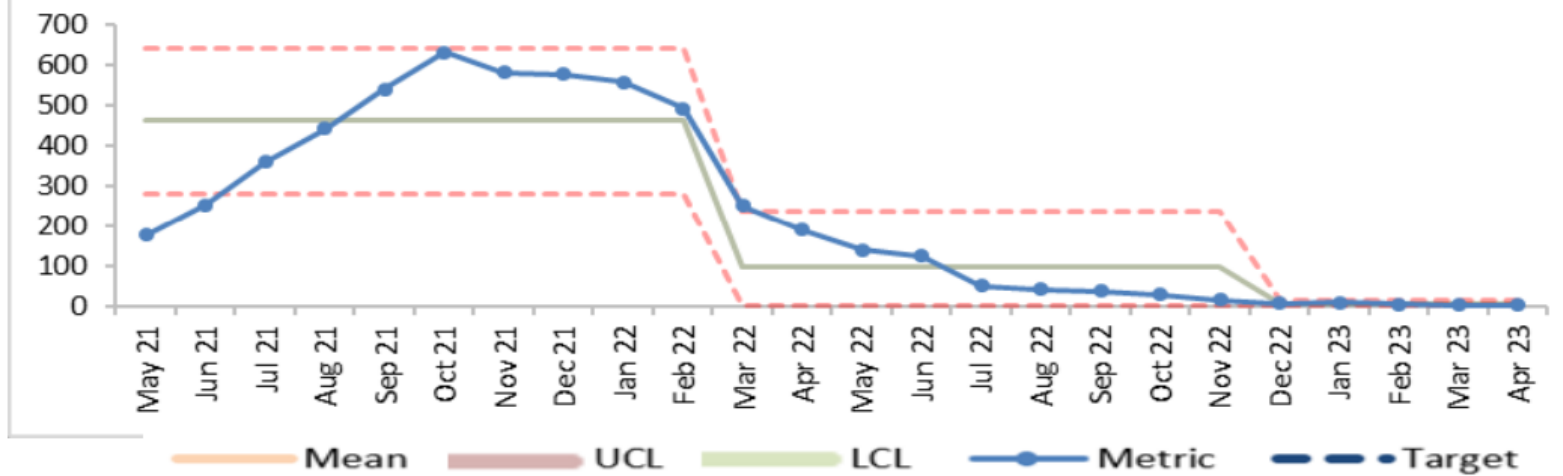
Planned care recovery



RTT Incomplete Pathways Recovery Trajectory - 78+ Weeks



RTT Incomplete Pathways Recovery Trajectory - 104+ Weeks



78 Week waiters

- Our 78 week waiters peaked at over 4,000 during the pandemic
- This is reduced significantly; at the end of April, 294 patients were waiting 78+ weeks for a treatment or procedure which has reduced to 198 in June.
- Our target is to see all patients who have been waiting 78+ weeks by the end of June, however this has been impacted to some extent by junior doctor industrial action, which had cancelled some of these appointments

104 week waiters

- We have now all but cleared our two year waiters, however there continue to be very small numbers who breach this date – as at June there is just one person waiting
- This is due to patient choice or where the surgery required is very complex

ELFT and NELFT

NELFT and ELFT



Service demand

- Demand pressures have continued to be significant across North East London, across all ages, and both for crisis and routine referrals. The trusts are working together and with partners to support our service users.

Metropolitan Police announcement: Mental health callouts

- It was announced in late May by the Metropolitan Police Commissioner, Sir Mark Rowley, that the police intend to make changes to their response to mental health related calls, in line with the Right Person, Right Place scheme that has been running in Humberside over the last few years. We are working closely with police colleagues in North East London to consider the implications of any changes for services locally, and to make necessary changes to arrangements.

NEL Mental Health UEC Improvement

- Across North East London, we are introducing a range of services that aim to improve the capacity of the Mental Health Urgent and Emergency Care pathway. These include:
 - Additional acute bed capacity on the Goodmayes site
 - Additional Health Based Place of Safety capacity
 - Additional staff in Emergency Departments and additional assessment space created.
 - Joint Mental Health Response Cars with the London Ambulance service

NELFT and ELFT



Community Health services development

- A number of priority service developments are being taken forwards, including the development of Virtual Wards in the community, work on Speech and Language Therapy, and delivery of the Ageing Well programme.

NHS 75

- A free events took place in East London to celebrate 75 years of the NHS. The London Community Fayre was held on **Wednesday, 12th July from 14:00-16:30 at Toynbee Hall, 28 Commercial Street, London, E1 6LS.**
- NHS75 Food Festival Goodmayes, held on **Wednesday 5 July, 12:00-16:00 at Goodmayes Hospital, 157 Barley Lane, Ilford IG3 8XJ**
- NELFT launched the NHS75 Community Cookbook on 5 July– a free cookbook full of recipes from staff, patients and carers. Donations are welcome with proceeds going to The Health Way Foundation.

Patient and Carer Race Equality Framework (PCREF)

- Both Trusts have been trailblazers for the PCREF work nationally, working with patients, carers and communities to improve experiences and outcomes.
- NELFT's PCREF launch event is **09:30-16:00 14 July London Chigwell Prince Regent Hotel - Princess Suite Manor Road Chigwell IG8 8AE**