

# MANAGING OUR PLANNED CARE

Barking and Dagenham HOSC  
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Richard Pennington  
Acting Chief Operating Officer – Elective Care



# OVERVIEW – COVID-19 AND OUR RECOVERY

- As we now move into winter, we must also plan for a third wave. Covid-19 cases remain relatively low in the hospital but we must be prepared for a sudden spike
- Alongside other initiatives, we've appointed a Winter Director – one of our senior clinicians – to ensure plans are in place to support our urgent and emergency care service and reduce waiting list backlogs, while also being prepared for an increase in Covid-19 admissions
- We're focused on tackling the backlog of appointments to ensure our residents get the care they need ASAP
- Over the past year, we have reinstated a number of services, including routine surgeries, diagnostic services, as well as some routine face-to-face outpatient appointments, to help reduce waiting lists
- We've implemented a number of initiatives to help reduce waiting times, which involve different teams completing a large number of appointments and procedures over a short period of time. An example is our Scalpel Project – the first of its kind in general surgery in the NHS
- The wellbeing of our workforce is also a priority and we must ensure they have the resources they need to help them recover and deliver the best care for our communities, especially going into a very hard winter
- We continue to encourage patients, staff and residents to get their Covid-19 booster and flu vaccines to protect themselves from serious illness this winter



# CONSTITUTIONAL STANDARDS – PERFORMANCE

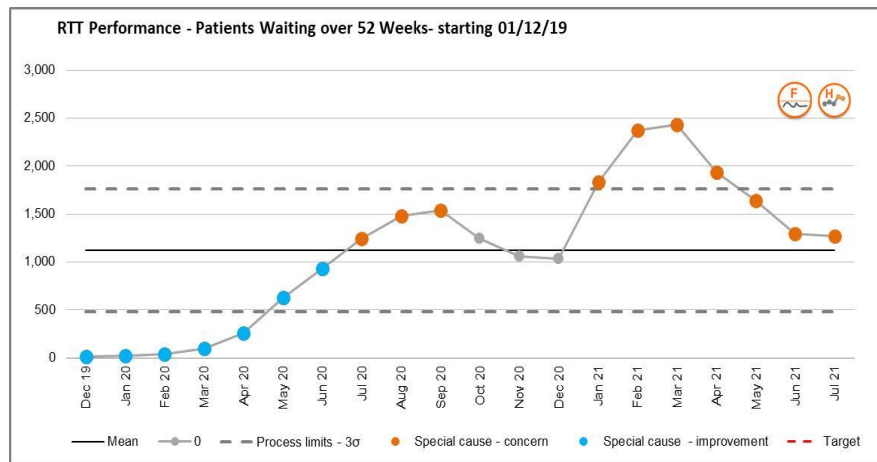
## Referral to Treatment, Diagnostics and Cancer

Key Metrics	July	August	National Target
RTT %	69.3%	69.5%	92%
RTT – 52WW	1188	1148	

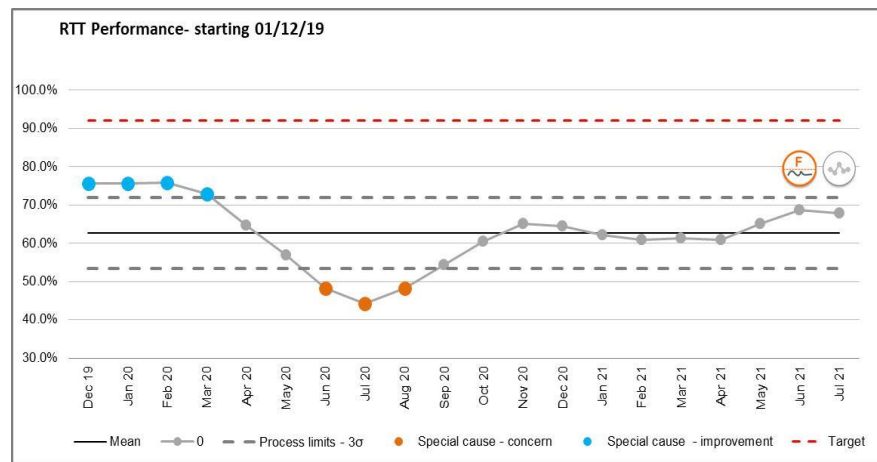
Key Metrics	Month	National Target
Cancer performance (62 Day)	72.0% July 2021 (validated)	85%
	75.8% August 2021 (validated)	
Cancer performance (2WW)	94.8% July 2021 (validated)	93%
	96.9% August 2021 (validated)	



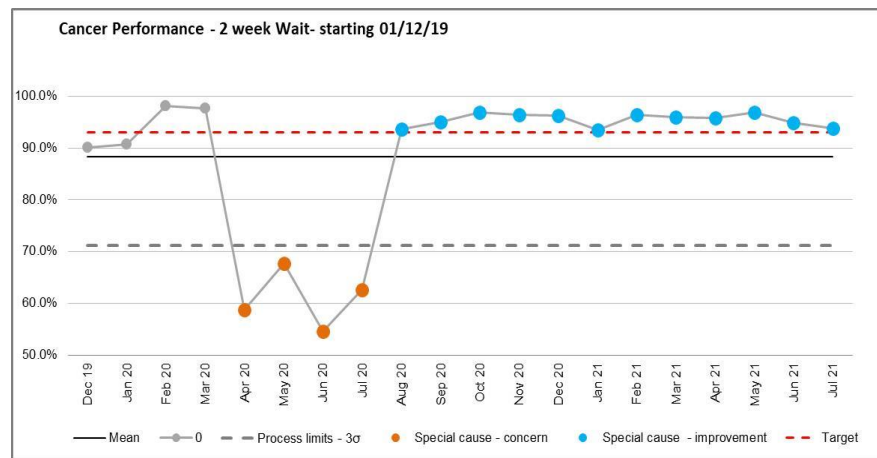
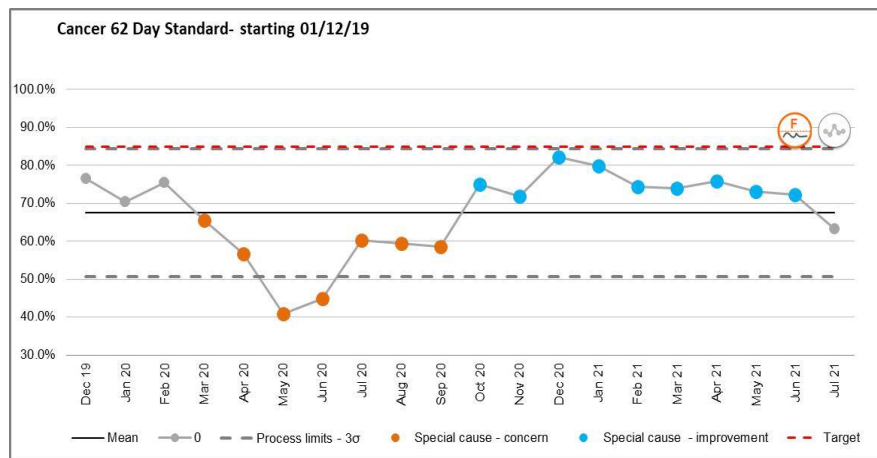
## Trend line for Referral to Treatment patients waiting longer than 52 weeks



## Trend line for Referral to Treatment performance



## Trend line for 2ww and 62 day cancer performance



# PLANNED CARE, CANCER AND DIAGNOSTICS – GETTING BACK ON TRACK

## 52 week waits

- The number of patients waiting over 52 weeks has fallen from 1,938 in April to 1,148 in August

## Cancer

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

- We've met the 93 per cent standard every month since August 2020
- Our staff are being trained in line with the Faster Diagnosis Standard (FDS)
- Plans in place to continue increasing gynaecology and dermatology capacity

### 62 day (from referral to treatment (RTT))

- We are continuing to take action to improve our 62 day RTT, however we are currently below the required 85 per cent
- Reasons for this include:
  1. Radiology delays across specific tumour groups
  2. Surgery backlog impacting some pathways
- Remedial actions include:
  1. Improving and increasing our diagnostics capacity, which also strengthens our resilience
  2. Working collaboratively with our partners across NEL
  3. Increasing clinical capacity and cope with increasing demand
  4. Continued investment at both Queen's and King George hospitals to ensure sufficient capacity for surgical patients



## PLANNED CARE, DIAGNOSTICS AND CANCER – GETTING BACK ON TRACK

- While focusing on treating patients who are most clinically urgent, we are also carrying out routine surgeries.
- As a result of recent initiatives and focused efforts by our teams, we continue to see a positive impact and sustainable reduction on our waiting lists and long waiting patients.
- We continue to hold several dedicated ‘super clinics’, many over the weekend, and continue to maximise use of our resources to carry out a large number of appointments/procedures, over short periods of time.
- We’re collaborating with our partners across NEL to tackle waiting lists across the system to see patients more quickly. We’re also sharing the learnings from our super clinics.
- Our Rapid Diagnostic Centre ensures those with vague or possible cancer symptoms are being investigated at an early stage and treated quickly and effectively.
- We’ve expanded our radiology department, including a new CT scanner, upgraded MRI machine and two new ultrasound rooms.
- It’s important to note that Infection, prevention and control (IPC) guidance will continue to impact for the foreseeable future, in particular in our ED and clinical areas, creating additional pressures
- We continue to reassure our residents that we are doing all we can to keep them safe so they come in for their treatments and their health does not worsen



# 'SUPER' CLINICS

In recent months, we have held:

- **Back2Backs:** A [spinal review clinic](#), which helped prepare patients in need of surgery. 119 patients were seen on the day.
- **Scalpel Project:** Since May, our General Surgery team have held [six of these special Saturday clinics](#), seeing more than 1,000 patients.



# 'SUPER' CLINICS

In recent months, we have held:

- **Bones R Us:** Between 21-25 June, we held a [five-day clinic](#) focused on carrying out a high number of orthopaedic procedures. 60 patients were seen.
- **ENT Kidz:** A series of weekend [Ear, nose and throat \(ENT\)](#) paediatric super clinics. So far, we've seen approximately 150 patients per clinic and hope to see 1,000 people by the end of October.





# OUR WORK BEING HIGHLIGHTED

- London's NHS Regional Director, Sir David Sloman, [visited King George Hospital](#) to see our innovative approaches to tackling the patient backlog and our £1.7million investment in a new surgical robot.
- The Royal College of Surgeon's President, Neil Mortensen, [highlighted our Trust's work](#) to reduce waiting lists at the Health and Social Care Committee.
- Sam Tarry, MP for Ilford South, and Wes Streeting, MP for Ilford North, [visited King George Hospital](#) in October to see our expanded Radiology department and officially cut the ribbon on our new CT scanner.



# CHALLENGES, RISKS AND MITIGATIONS

## **Increased winter demand**

- Promoting the use of Advice & Guidance to reduce unnecessary referrals and footfall within our hospitals
- Review processes; improve use of technology

## **Space constraints and social distancing**

- Ongoing work to locate services to run as efficiently as possible
- Increased theatres capacity at KGH and QH
- Continue with virtual and phone clinics wherever possible

## **Workforce – third Covid wave/burnout/sickness**

- Recruit additional staff where possible, support with Bank and Agency staffing
- Prepare for a potential third wave and an expected increase in paediatric demand
- Improve staff wellbeing resources to support and care for our workforce

## **Patients declining treatment**

- Ongoing communications campaigns at a local and national level
- Safety messages and reassurances from booking staff, primary care colleagues etc



# WE NEED YOUR HELP

## Key messages to share:

- Getting the Covid-19 booster and flu vaccine are really important and could stop you from becoming seriously ill this winter.
- We have a number of measures in place to keep patients, visitors and staff safe.
- Make sure to attend your appointments, if you have a symptom of any illness, please get checked.
- Our website has the latest information including visitor restrictions:  
[www.bhrhospitals.nhs.uk/our-services-during-covid-19](http://www.bhrhospitals.nhs.uk/our-services-during-covid-19)

