BROMLEY CIVIC CENTRE, STOCKWELL CLOSE, BROMLEY BRI 3UH

THE LONDON BOROUGH
www.bromley.gov.uk

TELEPHONE: 020 8464 3333
CONTACT: Jo Partridge
Joanne.Partridge@bromley.gov.uk

DIRECT LINE: 020 8461 7694
FAX: 020 8290 0608

DATE: 20 November 2023

HEALTH SCRUTINY SUB-COMMITTEE

Meeting to be held on Tuesday 21 November 2023

Please see the attached reports marked "to follow" on the agenda.

5 UPDATE FROM KING'S COLLEGE HOSPITAL NHS FOUNDATION TRUST
(Pages 3 - 16)

to include Postpartum Haemorrhage

Copies of the documents referred to above can be obtained from http://cds.bromley.gov.uk/

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Bromley Health Scrutiny Sub-Committee Update

21 November 2023

Angela Helleur,
Site Chief Executive, PRUH and South Sites

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PRUH and South Sites update

- Elective recovery
- Emergency performance
- Estates and service updates

Trust-wide update

- Apollo programme: launch of Epic and MyChart
- King's Stars Awards 2023

Elective recovery (1)

We continue to reduce long waiters across all waiting time cohorts in line with the **NHS Elective Recovery Plan** and the latest NHS guidance, that addresses backlogs built up during the pandemic and strike periods. We are also responding to the 'call-to-arms' from NHSE - request to Protect and Expand elective capacity and specifically address the Outpatient backlog across the NHS.

Exceptionally long waits

No patient is waiting for treatment at the PRUH is over 100 weeks

Waits by specialties

We continue to address long wait cohorts across specialties

- We have 14 patients waiting over 78 weeks; across a mix of surgical specialties. All these patients, except one, have a date booked for their surgery or outpatient clinic, with the latest being January 2024.

Capacity to address long waits

Additional capacity is critical to reducing the total waiting list further

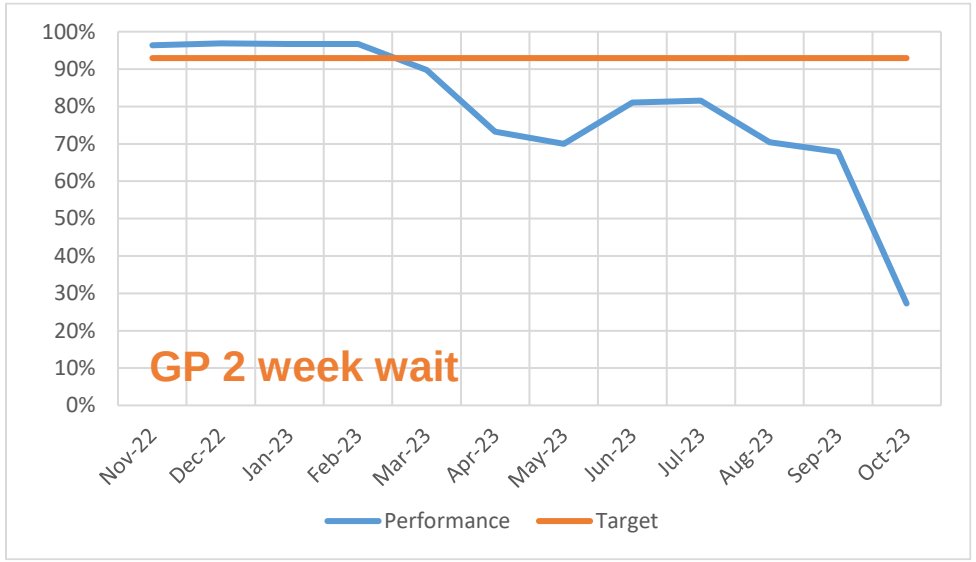
- Between 4 October and 2 November, referrals to our 18-week pathways, for the Trust as a whole, have increased by 1,904, to over 35,000 for the PRUH.

Diagnostics Waiting Times and Activity

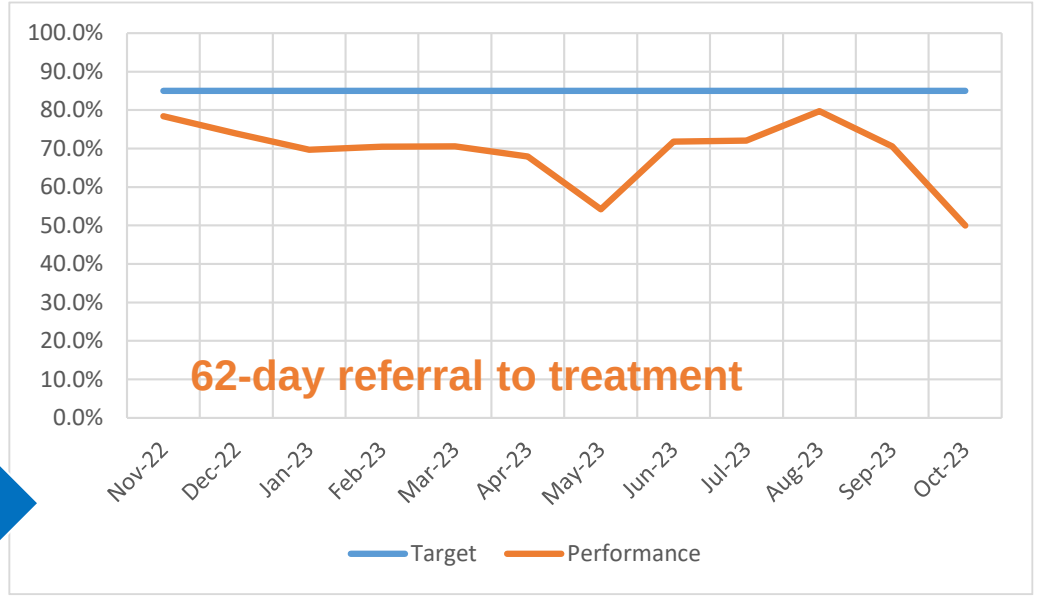
- October (the most recent month for validated data) was the second month this year where we did not meet the national threshold for diagnostic compliance, achieving a validated position of 3.50% (against the 1% threshold).
- Breaches increased to 201, mostly in CT radiology.

Elective recovery (2)

Cancer Diagnostics Improvement Programme established in August 2022 to strengthen cancer performance



The PRUH achieved sustained performance against the 2WW up to Mar-23 but recent performance has dipped despite some stability during August and September.

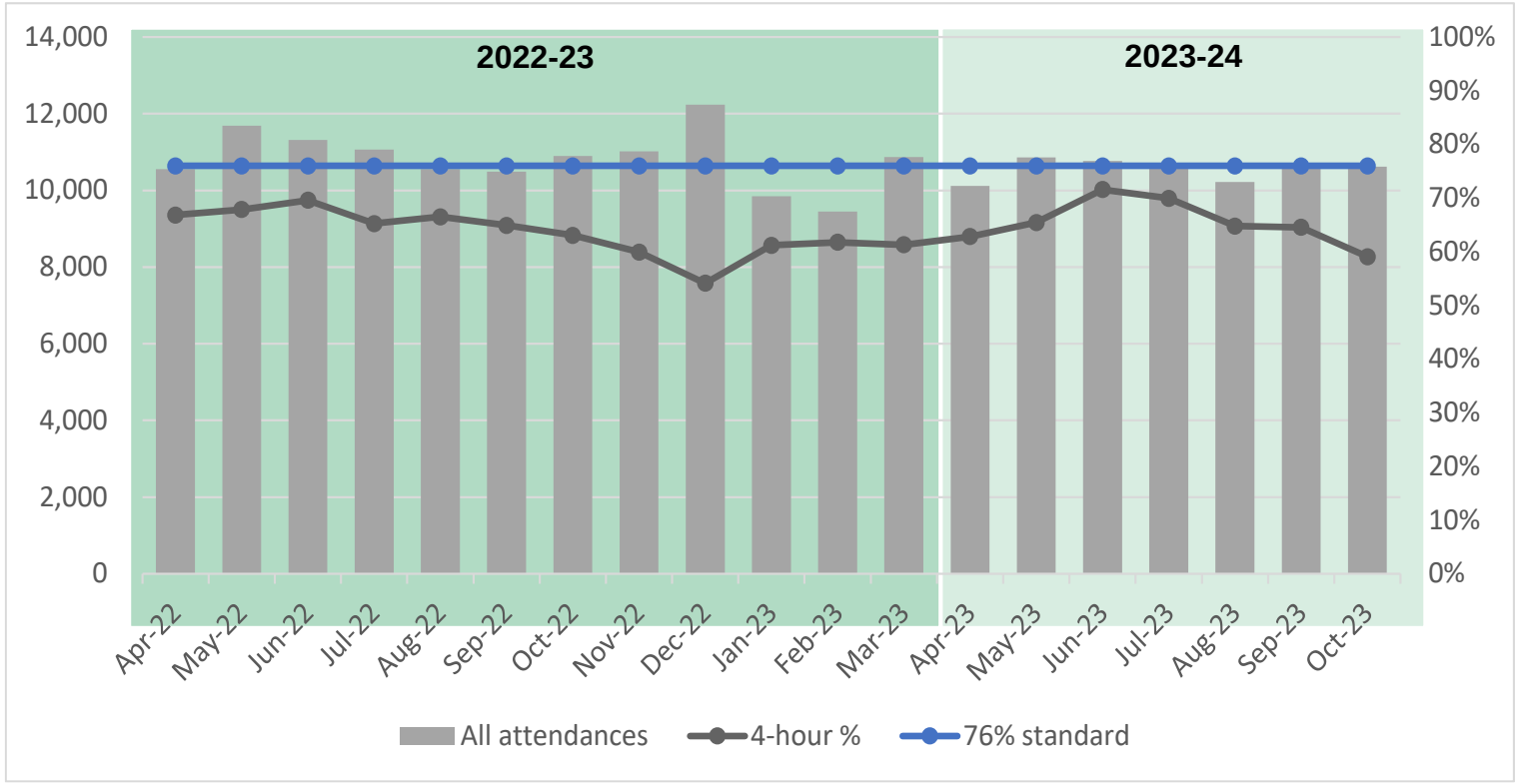


PRUH performance against the 62-day target remains challenging. For October 2023 it was 50.0%, below the compliance threshold of 85%.

Emergency performance

- Overall attendee levels are marginally lower than prior year but remain high compared to January and February of this year. Overall performance against the four-hour wait target for A&E remains challenging, in October it was 59.07% (vs 63.06% for the prior year).

Total attendances and 4-hour performance since April 2022



We are also undertaking work to address our longer lengths of stay across the Trust which contribute to poor flow across the site (focusing on those with a length of stay of 21 days or more).

A weekend discharge SOP has already been revised and routine executive weekly meeting established. Information from the SAMIT (Summary Acute Medicine Information Indicator Table) also informs our priorities around sub-acute area congestion and patient journey times.

Estates and service updates

RADIOLOGY UPGRADES

Development work for a further MRI and refreshed CT scanners is near completion. The supplier has delivered a new second MRI in October 2023 and the new MRI 2 installation is well underway. Final commissioning is underway with completion in December 2023. The existing MRI is planned to be replaced in Q4.

Last month, our Radiology department at the PRUH successfully completed as a day case, a microwave thyroid ablation procedure. The planning process for this has been approximately three years and this was a UK first. The alternative procedure for these patients is often either surveillance or open surgery with a large scar, potential complications, longer recovery and inpatient stay.

MORTUARY REDEVELOPMENT

The mortuary redevelopment at the PRUH is underway and on target for handover in January 2024. The fridge and freezer installation, along with chillers, is currently underway. On completion, the temporary mortuary will revert back to being a bed store. The allied mortuary substation is also underway and will supply power for the new car park, and will support the new EV charging facilities there.

NEXT YEAR

We are beginning to turn our attention to next year's programme that will include further medical equipment enabling works, for example for a theatre robot and lifecycle replacement projects, which are in the planning stages, in particular:

- Complete roof replacement;
- Nurse call system replacement; and
- Ward lifecycle refurbishments.

Apollo programme: launch of Epic and MyChart update

Epic

- We launched Epic jointly across King's and Guy's and St Thomas' (GSTT) as planned on **5 October 2023**. Epic officially went live at both Trusts at **6.15am**. Synnovis, our shared pathology provider also launched Epic simultaneously.

- Good progress is being made - we are now transitioning from intense Go-Live support into a period of stabilisation, focusing on embedding the use of Epic across our hospitals and providing support to staff to fully adopt the system. We are also supporting GP colleagues and those working in primary care, who are adapting to Epic and new ways of working with both Trusts.

MyChart

- MyChart, a new patient portal, accessible through a smartphone app or online, also went live as part of the Epic launch.

- Patients are being supported through a dedicated MyChart helpdesk run by our patient experience team. The team is encouraging sign up and utilisation.

Apollo

"This is a very significant milestone in the way we deliver care to our patients and the wider communities we serve".

Launch highlights in numbers

- Over 80% of the workforce across King's and GSTT were trained in advance of go live.

- Over 38,000 members of KCH and GSTT staff have accessed Epic since go live.

- Over 103,000 patients have registered for MyChart, receiving secure access to their medical appointments and notes.

King's Stars Awards 2023 – recognising staff achievements

We held our annual event the King's Stars Awards on 2 November to celebrate the efforts of staff across our organisation. More than 300 nominations were submitted earlier in the year and winners were announced on the night.

The King's Stars Annual Awards are supported by our King's College Hospital Charity.

Local and Trust wide winners

- **Values Award (Kind):** Becky Clayton-Higgins, Dementia Specialist Nurse, PRUH
- **The Outstanding Care Award:** Colorectal Clinical Nurse Specialists, PRUH
- **Team of the Year:** Outpatient Systems Team, Cross-site
- **The Chairman's Award:** The Chaplaincy Team, Cross-site
- **The Diversity, Equality and Inclusion Award:** The Havens Inclusivity and Accessibility Group, Cross site
- **The Leaders in Research, Innovation and Education Award:** Sophie Webster, Research Midwife, Cross Site

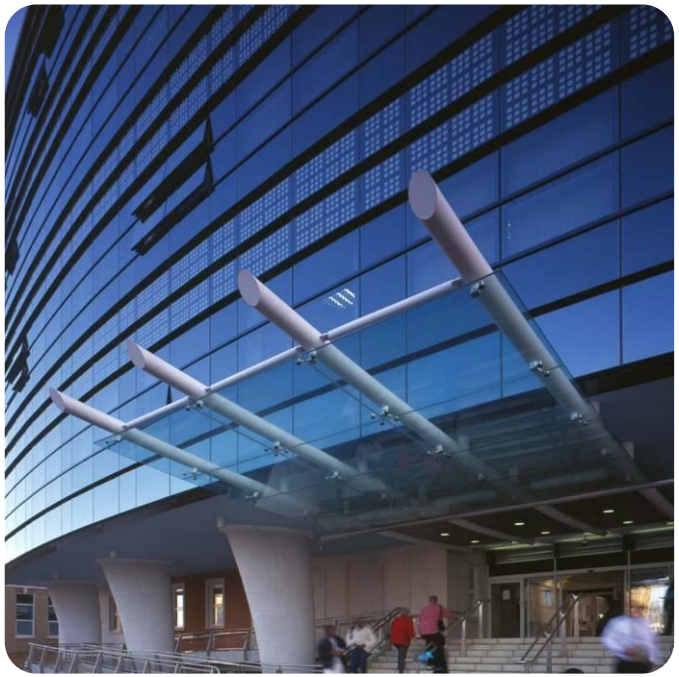
Supplementary information for Bromley Health Scrutiny Sub-Committee:

Maternity – Postpartum haemorrhage

Aldyth Walker – Interim Head of Midwifery PRUH and South Sites

August 2023

King's



Postpartum Haemorrhage: Background information (for reference)

- Postpartum haemorrhage (PPH) is the most common complication of childbirth, and it is defined as the loss of 500ml or more of blood from the genital tract within 24 hours of the birth of a baby.

- PPH classified as minor (500-1000ml) and moderate (1000-1500ml) blood loss.

- Major PPH is blood loss of more than 1500mls. It will additionally be defined as Major Obstetric haemorrhage in cases where:
    - >4 units blood transfused
    - Radiology required to control bleeding (KCH 2022)

- In the UK obstetric haemorrhage is the fourth leading cause of direct maternal deaths, behind thrombosis & thromboembolism (1st), sepsis (2nd) and psychiatric (3rd)

Risk factors for Postpartum haemorrhage (PPH)

Pre-labour

- Previous retained placenta or Previous PPH (recurrence rate 8-10%).
- Previous caesarean birth (associated with uterine rupture and abnormal placental implantation
- Placenta praevia, accreta or percreta
- Antepartum haemorrhage or Placental abruption
- Over distension of the uterus –multiple birth, large baby, excessive amniotic fluid
- Pre-eclampsia / pregnancy induced raised BP
- Raised BMI >35
- Increased maternal age >35yrs
- Uterine abnormalities – fibroids
- Asian ethnicity

Intrapartum (during labour)

- Induction of labour
- Prolonged first stage, second or third stage of labour
- Use of utertonics in labour e.g Syntocinon
- Retained placenta
- Precipitate labour
- Operative birth e.g. forceps delivery
- Caesarean section – particularly in second stage of labour
- Placental abruption
- Sepsis in labour

Other Situations which require specific approaches & guidance

- Pre-existing bleeding disorders
- Woman taking therapeutic anticoagulants
- Women who refuse blood products

Possible reasons why the PRUH was previously an outlier for PPH

The rate of major PPH at the PRUH was 5.5%(2021), which is higher in comparison to the national PPH guidance rate of 3.3%(3.1-3.5%) Bell et.al. 2020.

Actual year to date rate PPH at PRUH is 3.6%, rolling 12month 3.2% (July 23), which is comparable to DH YTD 3.5% and QEH YTD 3.4% (June 23)

Audit undertaken - two years data (2020-21) to establish causes of PPH and associations which could explain increase in rates.

Findings

- Caesarean section (CS) accounted for 40.4% (n=141) of PPH whereas the total CS rate in the year 2021 was 34.9% of which 14.4% were elective and 20.7% were emergency sections. Of all PPH in the CS group, 29.7% (n=42) cases were in patients who had elective sections and 70.1% (n=99) cases were related to emergency CS. Emergency CS rate comparable within LMNS.
- Most common causes in CS group were placenta praevia, bleeding from surgical incisions, surgical trauma and uterine atony.
- The PPH rate in the emergency CS group was double compared of the cohort of patients who had elective CS. Multiple factors at play include population characteristics, duration of labour, identification of risks and training level of attending staff (obstetrician).
- Elective CS lists have the presence of consultant obstetricians who directly oversee and scrub for operation in high-risk cases. Out of hours Emergency CS will not routinely have consultant presence
- There was monthly variation in PPH rates in all deliveries - spontaneous vaginal delivery, assisted instrumental delivery and 2 caesarean section groups. No association identified between other variables.

Recommendations and current practice

- The rate of PPH in the CS group improved by increasing the presence and direct supervision of trainees by consultants during emergency CS within their onsite on-call hours

- Identification of antenatal and intrapartum risk factors for PPH, King's guideline (Obstetric Haemorrhage, 2022) for vaginal births. PPH management risk assessment prior to PPH, identification of emerging risk factors as highlighted in slide 3, enables escalation and attendance of appropriate professionals

- Prophylactic uterotonics offered to all women for the third stage of labour to reduce the risk of PPH. First line drug management for third stage is Syntocinon (Oxytocin) but Syntometrine (Oxytocin plus Ergometrine) is considered as a safe alternative in the presence of risk factors – previously identified and those evolving during labour – change to practice.

- Early escalation of PPH. A blood loss of 1000mls could be detrimental to women and late escalation is a missed opportunity to control blood loss promptly – early escalation reduces requirement for fluid replacement and blood transfusion and prevents patient deterioration.

- Mandating that a 'Code Blue' is called at all MOH including theatre, to ensure haematology support with blood cross matching and issuing of products –existing policy.

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