

# Bromley Health Scrutiny SubCommittee Update 17 January 2023

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# **Elective recovery highlights (1)**

We continue to reduce long waiters across all waiting time cohorts in line with the NHS Elective Recover Plan, that addresses backlogs built up during the pandemic.

- No patient waiting for treatment at the PRUH is over 100 weeks.
- We continue to address specialties with other long waits, particularly for surgery resulting in two patients with waits of 78 weeks on an admitted pathway (as at 9 January 2023).
- We continue to work with partners to reduce the 754 patients waiting over 52 weeks or either a procedure or outpatient appointment.
- We also continue to outperform the national (DM01) threshold for diagnostic compliance, achieving 0.28% (well below the 1% threshold if a slight deterioration from 0.22% in Oct-22).



# **Elective recovery highlights (2)**

To strengthen our cancer performance, the Trust initiated a Cancer Diagnostics Improvement Programme in August 2022 overseen by a Cancer Improvement Steering Group, chaired by the Sites' Director of Operations for the PRUH and KCH (Denmark Hill). As part of this work, fortnightly operation meetings take place to help escalate any unresolved actions or risks from the daily operations meetings.

Access for cancer patients is mixed; since February 2022 we have achieved compliance with the two-week wait standard but performance against the 62-day target continues to be non-compliant.



The PRUH has achieved sustained performance against the 2WW, being compliant overall since February 2022.

PRUH performance against the 62-day target remains challenging. For December 2022 it was 67.1%, below the compliance threshold of 85%.





# **Emergency performance**

# Emergency performance

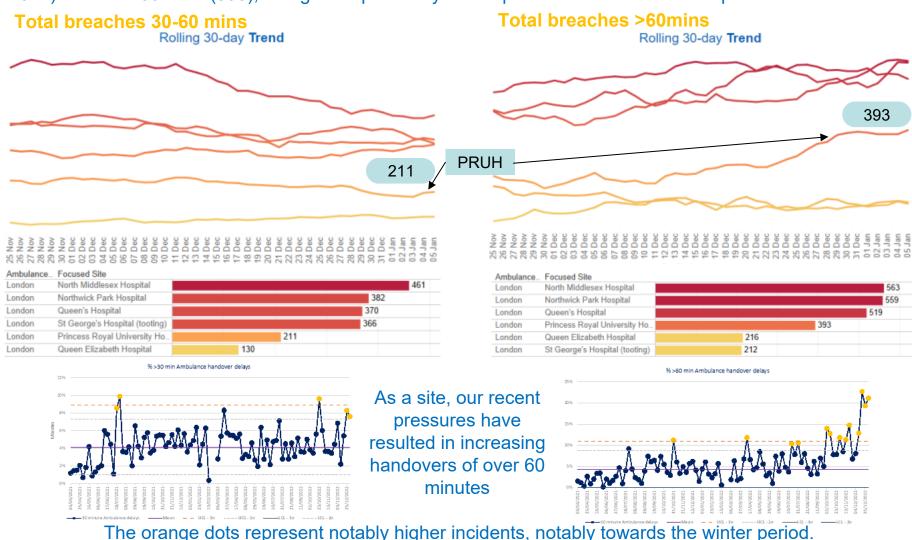
Attendee levels have risen in the winter months and in common with many other trusts, long ambulance handovers have been a feature of recent patient experience. Overall performance against the four-hour wait target for A&E remains challenging, in December, it was 54.1%.

FY22-23		Attendees			Performance			
Quarter and Month		ED	UCC	Total	Type 1 Monthly % to date	Type 3 Monthly % to date	All Types Monthly % to date	12hr DTAs
Otr 1	April	5,535	5,022	10,557	48.9%	86.6%	66.8%	391
	May	6,143	5,548	11,691	51.3%	86.2%	67.9%	304
	June	5,789	5,528	11,317	53.8%	86.1%	69.6%	287
Qtr 2	July	5,876	5,187	11,063	49.8%	82.7%	65.2%	534
	August	5,391	5,159	10,550	49.5%	84.3%	66.5%	559
	September	5,561	4,928	10,489	49.6%	82.1%	64.9%	616
Qtr 3	October	5,979	4,917	10,896	45.1%	84.8%	63.1%	830
	November	6,212	4,804	11,016	44.1%	80.4%	59.9%	682
	December	6,380	5,855	12,235	37.8%	71.9%	54.1%	905



# London Ambulance Service (LAS) patient handovers

Ambulance handovers at the PRUH are too long, in both categories of 30 to 60 mins (211 instances on 5 Jan) and over 60 mins (393), though comparatively not as poor as other sites in receipt of Winter funds.





# Winter and strike impact mitigations

- Using investment monies totalling £1.2m for the PRUH, these included using locums to address
  evening demand and the successful completion of a series of ward moves that have created greater
  capacity in A&E to transfer ambulance patients to hospital in a safe, controlled and more timely
  manner.
- We have also increased staffing levels and undertaken rapid assessment techniques to ensure patients receive the care they need as soon as possible.
- On ambulance strike days, senior staff cover has been lifted plus other staffing levels to undertake rapid assessments to ensure patients receive the care they need as soon as possible, for example in the A&E by supporting specialty consultants.
- Whilst higher A&E attendances are a seasonal feature, with admitted patients congesting the department and lengthy ambulance offloads, progress is being made. The A&E conversion rate continues to improve (down to 21.2% in November 2022) which is due to the Same Day Emergency Care (SDEC) pathway implementation (Medical Assessment and Decision Unit and Acute Frailty Assessment Unit). Daily speciality multi-disciplinary meetings in A&E are also producing quicker care and speciality in reach.

More broadly the Trust is implementing a range of actions to improve acute medicine delivery that include:

- Reviewing the medical take standard operating procedure (SOP) to enable the take registrar and consultant to be engaged in referral process from A&E and GP
- Use of assessment bays in Emergency Assessment Unit (EAU) to accept direct GP referrals and medical patients from rapid assessment and treatment process (RAT)
- Placing a discharge team and social care assessment at the front door



## Covid-19 and Flu position

Whilst Covid-19 patient numbers are lower than last reported to the committee, the numbers and not insignificant and require the usual isolation measures to protect staff and patients. The prevalence of flu has also increased.

#### **Covid-19 position**

• As at 9am, 9 January, we have 53 patients in general and acute beds, and 1 patient in critical care.

#### Flu

 The national picture indicates a sharp increase in flu patients, with cases in the community surging to pre-Covid levels. Whilst anecdotally we have experienced similar, our formal infection prevention and control figures indicate a rise but not to the same level of prevalence.



# **Care Quality Commission (CQC) update**

#### **Overview**

- An unannounced inspection took place across both the PRUH (and DH) on 8 and 9 August 2022 resulted in a published report on 23 December 2022 rating the service as 'Requires Improvement' overall
- First rating for maternity care at PRUH as stand-alone service. It was previously rated 'good', as a combined service with gynaecology
- Rated 'Good' for being Effective, Caring and Well led.
- Rated 'Requires Improvement' for being Safe and Responsive.

#### **Areas for improvement**

- · Completion of mandatory training
- Infection prevention and control
- Routine equipment checks
- Patient risk assessments

#### **Examples of good practice**

- Staffing levels and contingency processes
- Medicines management
- Team working across disciplines
- Patient and public engagement
- Continuous learning and service improvements

#### **CQC** action plan

- Increased number of housekeepers and sanitisation stations
- Assessment of clinical equipment
- Escalation policies refresher for staff

Whilst we are naturally disappointed with the negative aspects of the CQC's findings, given our aim to provide the very best care for women and families, we have taken immediate actions since August. Our focus now is on making sure we embed the improvements we have put in place, so ensuring we drive up standards across maternity services as part of our commitment to provide safe, high quality care at all times.

# **Estates and service updates**



#### **PRUH CAR PARK**

The car park reopened in early December following comprehensive refurbishment including a brand new single storey parking deck. There are now an additional 197 parking spaces. Upgrade also includes enhanced security via CCTV and automatic number plate recognition. Electric vehicle charge points are due to open in May 2023 with capacity for 40 vehicles.

#### **ENDOSCOPY UNIT**

Planning permission for this £20m state-of-the-art facility was approved subject to conditions at a Council meeting on 10 January 2023. This is major step forward for cancer diagnostic and treatment for the residents of Bromley and across the region. At the time of writing, the Trust awaits formal notification prior to contracting with a preferred developer. We anticipate 14 months build period beginning in the next four weeks.





#### DAY SURGERY UNIT CONNECTING CORRIDOR

New permanent structure linking Day Surgery to the main hospital is ongoing. Completion expected at the end of January 2023 with an official opening soon after.