

Bromley Health Scrutiny Sub-Committee Update

For 12 March 2024 meeting

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Site Chief Executive, PRUH and South Sites



PRUH and South Sites update

- Elective recovery
- Emergency performance
- Estates and service updates

Trust-wide update

- Apollo programme: MyChart update
- Finance update

Elective recovery (1)

We continue to reduce long waiters across all waiting time cohorts in line with the **NHS Elective Recovery Plan**, that addresses backlogs built up during the pandemic and through industrial action. We are beginning to experience many improvements since the launch of Epic. Notably for the Trust as a whole, the total number of patients we track is becoming fewer and our 78-week wait cohort has reduced.

Exceptionally long waits

Zero patients have waited for treatment at the PRUH for over 104 weeks.

- We monitor this cohort continually and welcome this milestone.

Waits by specialties

We continue to address long wait cohorts across specialties

- For patients waiting over 78 weeks we have seen much improvement for patients on both an admitted and non-admitted pathway. As at 21 February 2024, 20 patients are awaiting surgery and other planned interventions on an admitted pathway. Ten of these patients have dates for their next event booked. We also have 11 patients on a non-admitted pathway. Eight of these patients have dates for their next event booked. The majority of these pathways relate to Orthopaedics.

Capacity to address long waits

Additional capacity is critical to reducing the total waiting list further

- Between 19 December 2023 and 21 February 2024, referrals to our 18-week pathways, to the PRUH and South Sites have increased by 1,455. In total, we have 38,333 patients referred to our 18-week pathways.
- The Site has plans in place to undertake weekend working to improve the position.

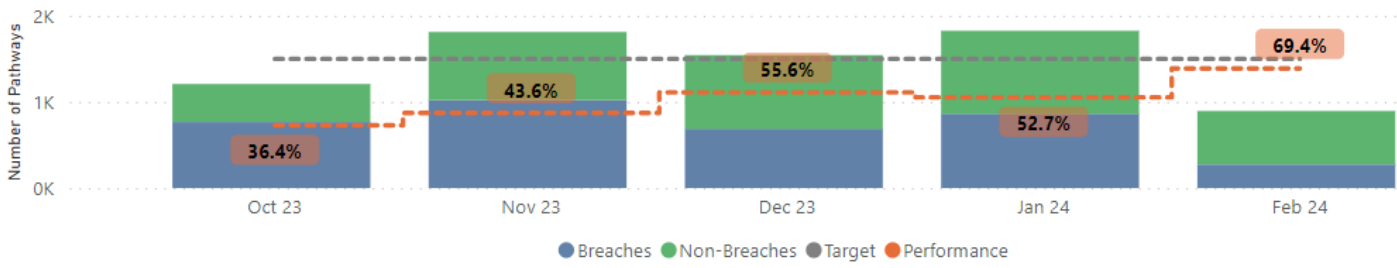
Diagnostics Waiting Times and Activity

- DM01 remains our most challenged pathway area in terms of data quality across the Trust.
- Our Jan-24 compliance has deteriorated from 34.83% last month to 39.86% and the number of 6+ waiters has increased by 2,551 to 10,617 patients waiting 6+ weeks at the end of January.
- The largest increases were seen in non-obstetric ultrasound, which rose by 1,572.

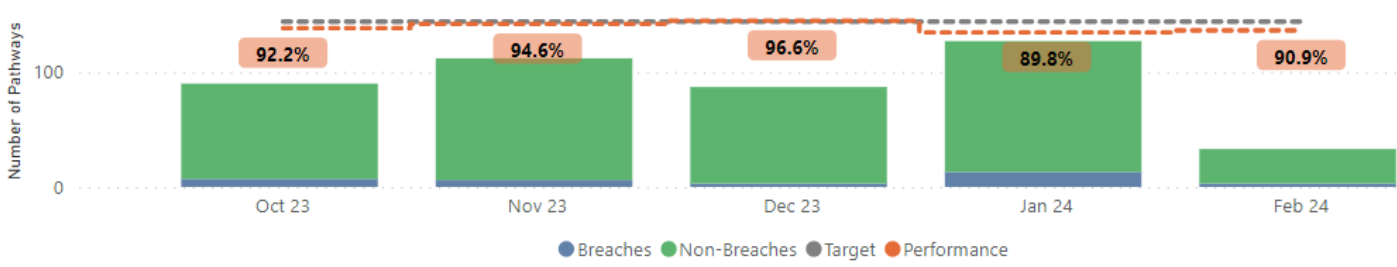
Elective recovery (2)

Our Cancer Faster Diagnosis Standard (FDS) performance continues a positive trend since October. Whilst our cancer backlog spiked in December, our longer-term run rate indicates a March backlog position of ~193. Actions in place to mitigate this position. Please note that our February data is partial and provisional.

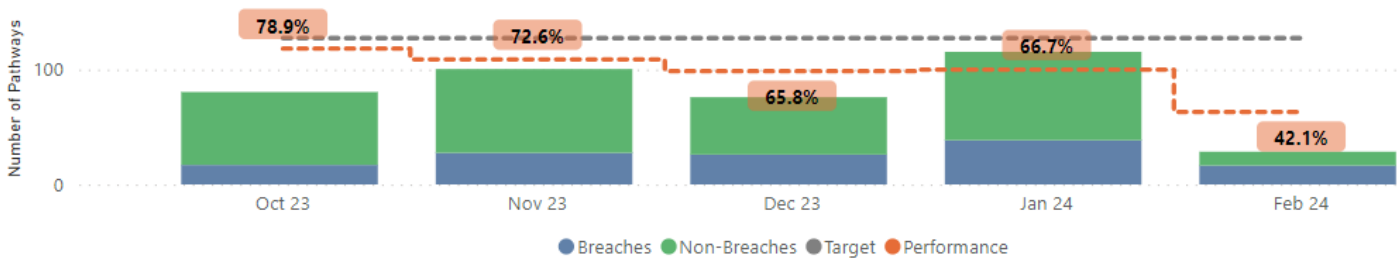
28 Day Standard



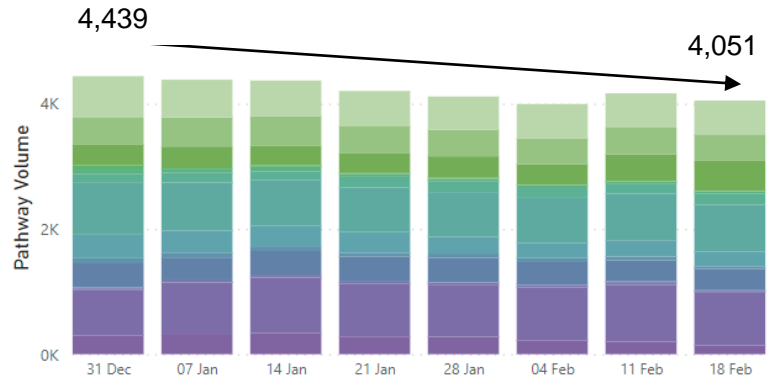
31 Day Standard



62 Day Standard



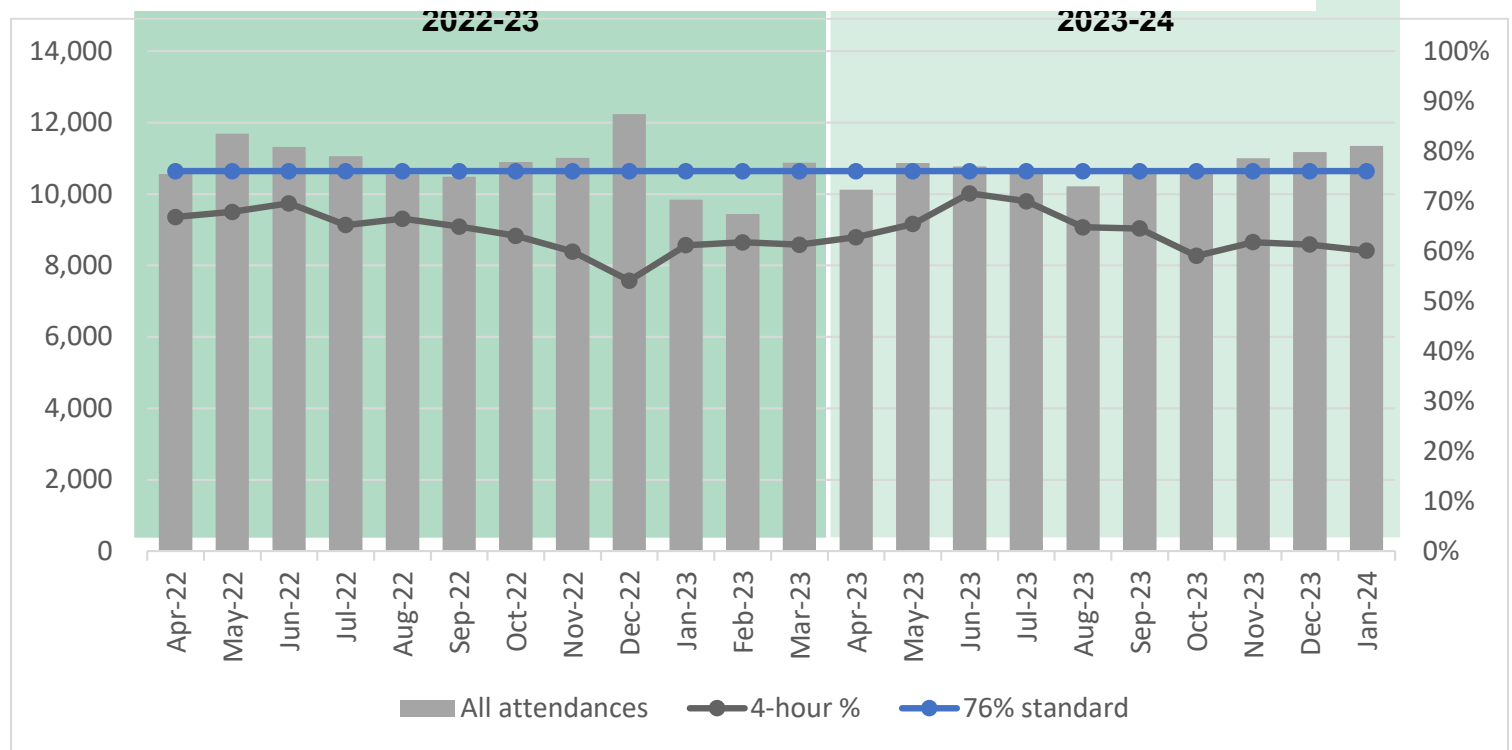
Weekly Cancer PTL – tumour type



Emergency performance (1)

- Attendee levels remain lower than prior year, though variable (see next slide). However, the months of December 2023 and January 2024 experienced the first and third highest attendance levels respectively since April 2023. Overall performance against the four-hour wait target for A&E remains challenging but improving since a low in October of 59.07%. In January 2024 it was 60.11% (vs 61.18% for the prior year).
- Between 1 and 31 January 2024, the site had 30 days at either level 3 or 4 of the Operational Pressures Escalation Levels (OPEL) framework, the highest possible level of readiness and escalation actions necessary to keep patient safe.

Total attendances and 4-hour performance since April 2022



We continue our work to address our longer lengths of stay which contribute to poor flow across the site. We have produced a comprehensive dashboard to help monitor trends and support the operationally focused Patient Flow Programme. These tools help us support discharges for patients with a long length of stay and social care needs.

Emergency performance (2)

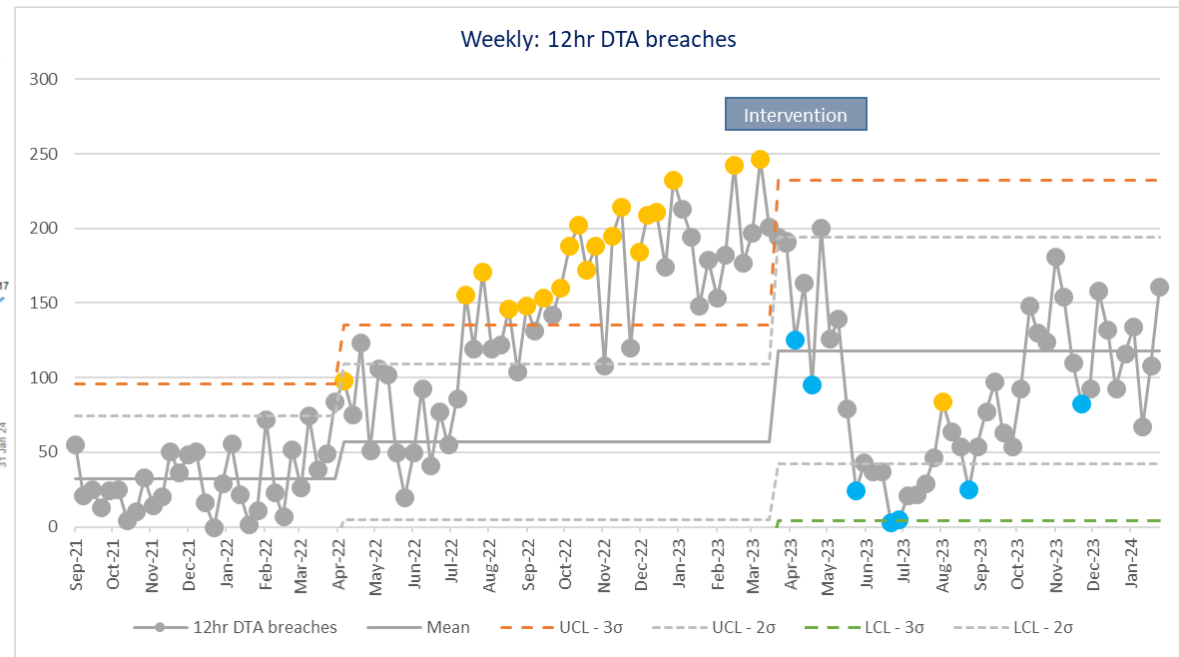
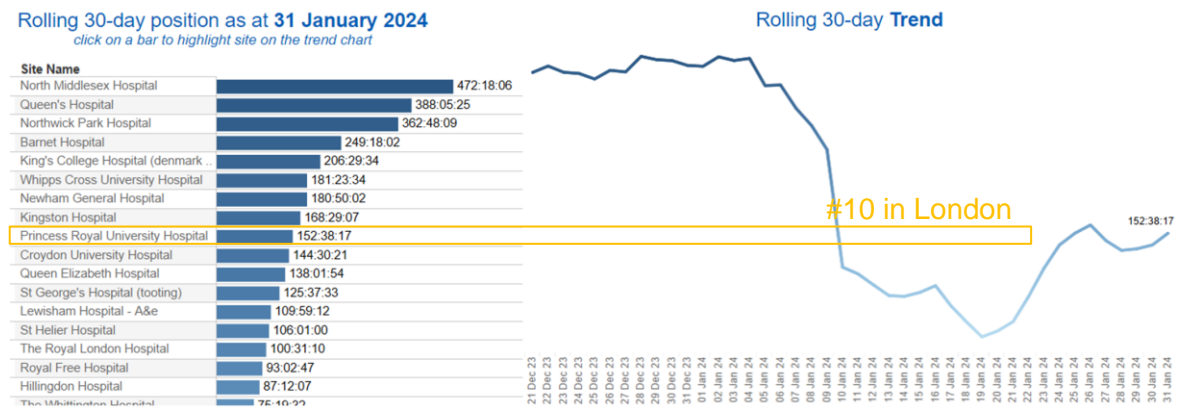
Ambulance attendances, handover and Decisions to Admit

The PRUH has a higher proportion of arrivals to the emergency department by ambulance than most, 35% in September (King's College Hospital, Denmark Hill was 32%), placing it in the 1st quartile. The number of arrivals has remained fairly stable whilst our comparative handover delay position has deteriorated during the winter months.

Decisions to admit (DTAs) remain too high though they decreased to 534 in January 2024 (17.23 each day) from 548 in December (17.68 each day).

Ambulance cumulative handover delays for all patients across London: rolling 30-day position as at 31 January 2024 (LAS data, hh:mm:ss shown)

Time lost to ambulance handover delays over 30 mins (hrs)



ENDOSCOPY UNIT

Recent building work on the site has led to the discovery of asbestos in the ground. This may add time to the programme and cost for its specialist removal. The Environment Agency has been informed and implications for the project timeline and cost are being worked through.



NEONATAL INTENSIVE CARE UNIT (NICU) UPGRADES

The new NICU remains on track for completion at the end of Q4 following a previously reported delay in the supply of pendants.

HOSPITAL BEDS AND EXPANDED HIGH DEPENDENCY UNIT (HDU) PROVISION

The provision for 16 new beds and expansion of the HDU will be complete by March 2024 (previously delayed by fire compartmentation issues identified when the infrastructure was stripped back).

MRI SCANNER

The new MRI scanner arrives on site on 17 March to be fitted and tested.

Patient engagement

- A patient engagement project to be delivered jointly by King's and Guy's and St Thomas' is in development. The project will explore registration and usage of the MyChart portal from a range of groups within the population including those with protected characteristics such as patients from an ethnic minority background and patients with disabilities. The aim is to identify solutions to increase registration and usage from these groups.

Patient information

- A range of communications material is available to support patients in understanding and using MyChart, including guidance leaflets and videos, both print and digital formats are available. The development of further materials will be explored through the forthcoming engagement work.



Get easier access to your health records

NHS
King's College Hospital
NHS Foundation Trust

MyChart is our new patient app and online service that makes accessing your health record easier.

It allows you to securely and easily access your health record, giving you more control over your care. For more information visit www.kch.nhs.uk/mychart

The graphic features a diverse group of people of various ages and ethnicities standing around a large smartphone. The phone screen displays the NHS MyChart app interface with the NHS logo, a red cross, and text including 'NEXT 7 DAYS', 'YOUR', 'ALTI', and 'COSE'. The King's College Hospital NHS Foundation Trust logo is in the top right corner.

Financial position

At the start of this financial year (April 2023), we committed to delivering a financial deficit of £49 million by the end of March 2024. However, it is now clear that we are not going to deliver the financial plan we set ourselves, and our year-end deficit will unfortunately be much greater than £49 million. As a result, we are taking urgent and decisive steps to reduce costs this year, and in future years, whilst also ensuring we keep patients safe.

There are a number of reasons why our financial position has worsened over recent months. Some of these are external factors, such as rising inflation, as well as the costs associated with repeated strikes.

But the main reason for our deteriorating financial position is that we have simply spent more money than we budgeted for at the start of the year, which is why change is needed.

Actions to address financial challenge

- We have put a range of financial controls in place - including tighter restrictions around non-essential recruitment, and a panel overseen by our executive team is now scrutinising non-pay spending, both clinical and non-clinical, to ensure we only spend money on things which are essential for delivery of services, and for keeping patients safe.
- We are developing a financial recovery plan, and we are in regular and close contact with our colleagues at the South East London Integrated Care System, and NHS England (London region).
- Our priority is to provide safe, high quality care for patients, and that won't change. Any and all cost saving ideas will be subject to a quality impact assessment, and initiatives will only be implemented if we are assured that patient safety will not be compromised in any way.