

# Bromley Health Scrutiny Sub-Committee Update June 2024

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## PRUH and South Sites update

- Elective recovery
- Emergency performance
- Estates and service updates

## Trust-wide update

- Apollo programme: Epic and MyChart
- 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. Whilst Epic was launched successfully, we continue to work through challenges in certain specialties, where achieving pre-Epic activity levels remains a challenge. Further junior Dr strikes will also impact capacity.

## Exceptionally long waits

***The trust remains focused on clearing 78 week waits but due to the recent Synnovis cyber attack, June is unlikely to see a zero breach position.***

- All breach patients are clinically assessed to ensure no risk

## Waits by specialties

***We continue to address long wait cohorts across specialties***

- In May there were 58, 78 week breaches. June month end position is not yet finalised but the recent cyber attack will compromise trajectory, and it is likely that the number of breaches will be slightly above May's position. The most challenged services remain Orthopaedics, Bariatrics and Ophthalmology.

## Capacity to address long waits

***Additional capacity is critical to reducing the total waiting list further***

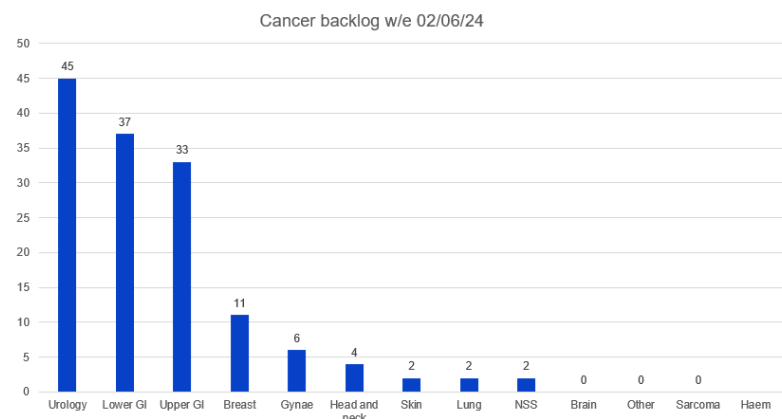
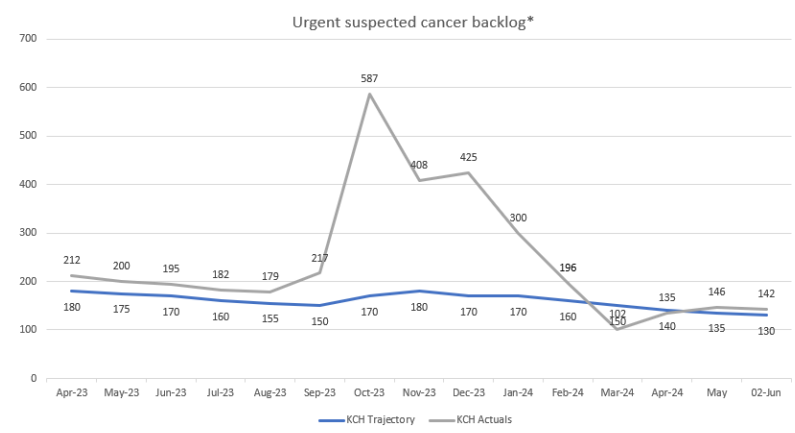
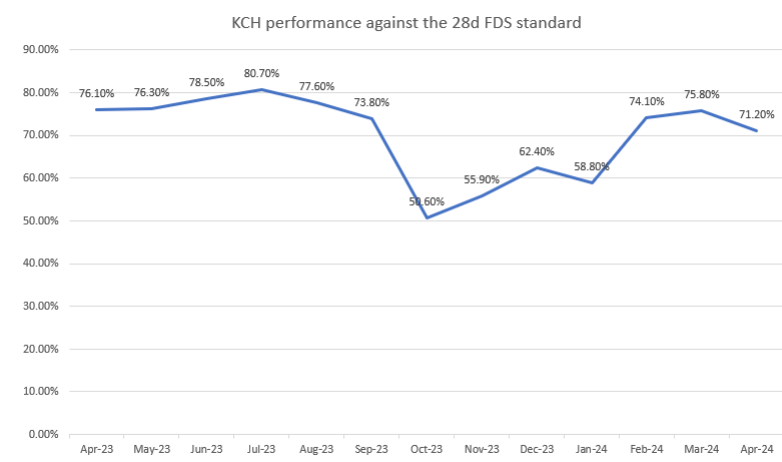
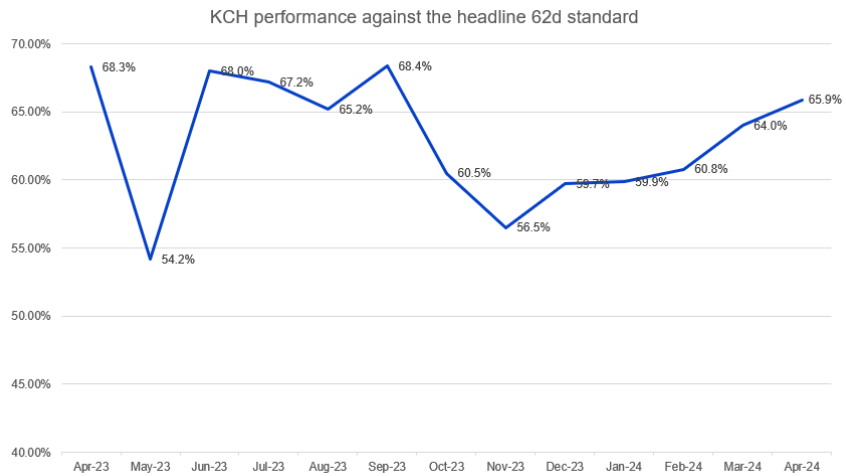
- The trust is focused on removing all 65 week breaches by the end of September but the recent cyber attack poses a significant threat to this.
- Services that are most challenged are exploring mutual aid, and options to realign capacity to deliver the best possible position.
- Capacity overall remains a key challenge and junior Dr strikes for June are confirmed, which will add to the challenge.

## Diagnostics Waiting Times and Activity

- DM01 remains our most challenged pathway area in terms of data quality across the Trust.
- We have reconciled the May Month End DM01 Waiting List (XG1) position to the Performance status of 42.58%, with the highest number of breaches within Non-Obstetric Ultrasound (7,421). Our May-24 compliance has worsened from 41.74% last month and the number of 6+ waiters has increased by 732 from 11,704 patients in April 2024 to 12,436 patients waiting 6+ weeks at the end of May.

# Elective recovery (2)

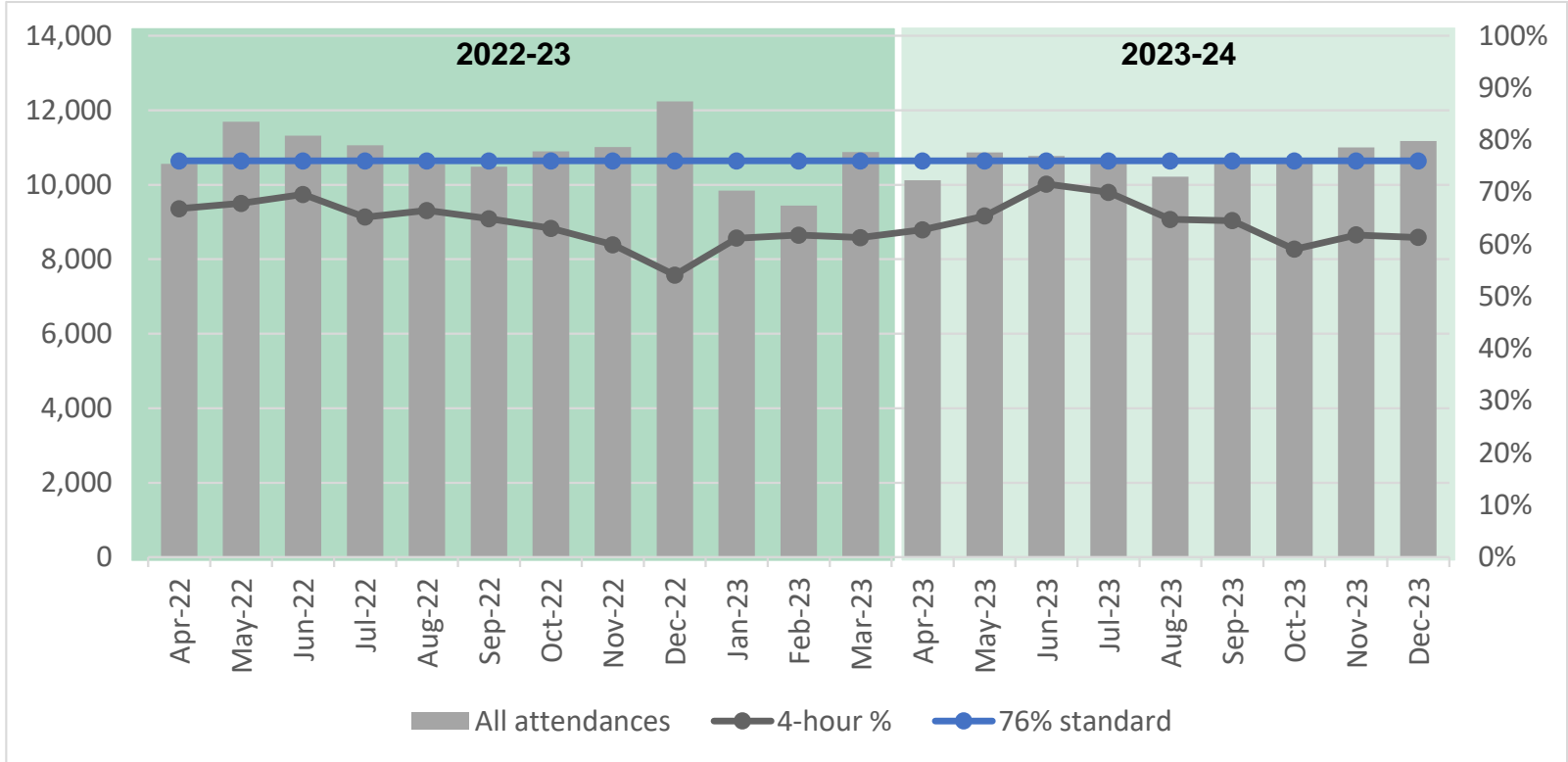
Our Faster Diagnosis Standard (FDS) performance continues a positive trend, and despite some more challenged months performance for FDS has remained above trajectory. Our cancer backlog continues to improve but this is being monitored closely as there are some workforce challenges in Urology and Lower GI, where the backlog has grown slightly.



# Emergency performance (1)

- Attendee levels remain lower than prior year, though variable (see over). However, the months of December and October 2023 experienced the second and fourth 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 December 2023 it was 61.33% (vs 54.12% for the prior year).
- Between 1 and 15 January 2024, the site had 14 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 patients

**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.

# Emergency performance (2)

April saw a very challenged month nationally and showed a drop in our performance. Attendances and admissions were up 10%. May showed good signs of recovery but June has again become challenged, although the month is not yet over at the time of this report. Both DH and the PRUH have seen the highest increase in ambulance arrivals in SEL, with both sites seeing 19% growth. A significantly enhanced recovery plan is in place and work has begun on the new SDEC environment, which is due to be complete by the autumn. This will allow better flow out of the ED at the PRUH and more ED capacity. DH has seen steady performance above trajectory.

## ED Flow – June to date

### 4 hour performance

- Partial recovery to mean of 42% Type 1 for we 23<sup>rd</sup> Jun (35% we 9<sup>th</sup> Jun, 39% we 16<sup>th</sup> Jun)
- Type 1 admitted: Jun – 7%, May – 8%, Apr – 5%, Mar – 10%, Feb – 9%, Jan – 7%
- Type 1 non admitted: partial recovery to 50% we 23<sup>rd</sup> Jun (from low of 42% we 9<sup>th</sup> Jun)

	Mar-23	Apr-23	May-23	Jun-23	Mar-24	Apr-24	May-24	Jun-24
All types	61%	63%	65%	72%	68%	62%	66%	62%
ED Type 1	43%	46%	47%	61%	48%	39%	46%	39%
UTC Type 3	85%	83%	88%	85%	94%	91%	92%	92%

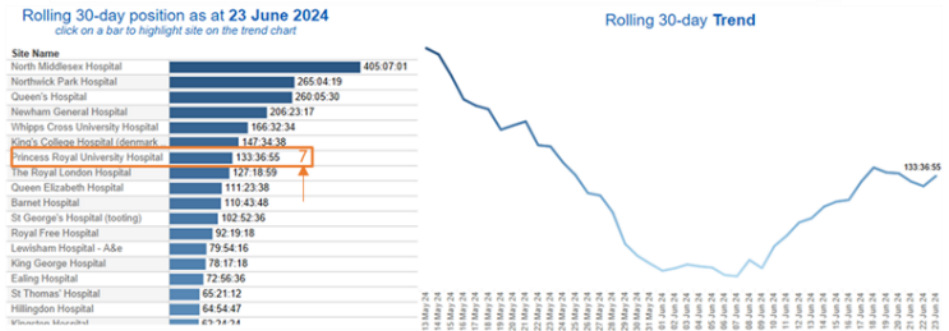
- Average daily volumes for Type 1 Jun-24 to date, 5% up on Jun-23

	Mar-23	Apr-23	May-23	Jun-23	Mar-24	Apr-24	May-24	Jun-24
All types	351	337	350	359	396	374	383	367
ED Type 1	198	186	193	200	219	214	214	210
UTC Type 3	153	151	157	159	177	160	170	157

### Ambulance handover delays (LAS data)

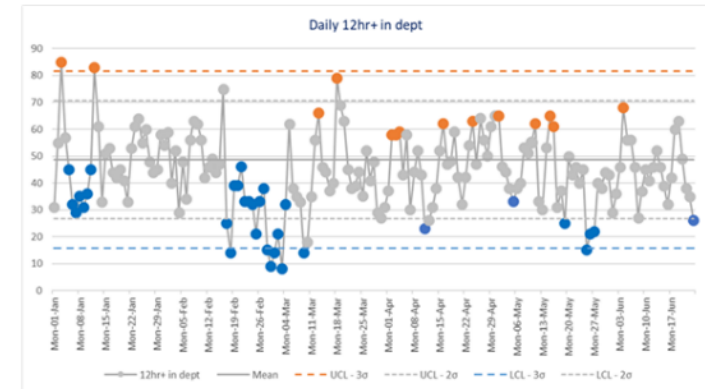
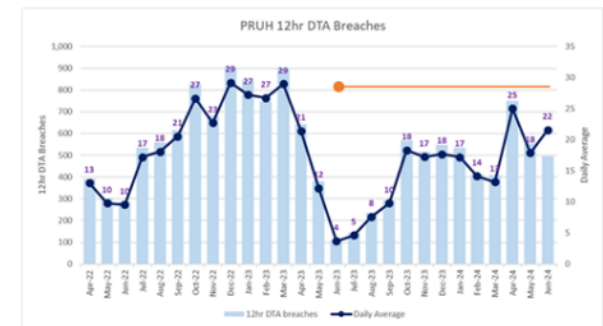
- Down to 7th in London ranking for total time lost
- Average daily arrivals high, 77 in Jun, higher than Jun-23 (72 p/day)

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



### 12hr DTA breaches:

- Increase in Jun to 22 p/day average (May, 18 p/day)
- % of Type 1 attendances over 12 hrs in ED up to 21% (May, 20%)
- As % of All Types, over 12hrs in ED = 12% in Jun (SEL & London benchmark = 6%)
- 38% with 12hr+ LoS have not been admitted (May – 32%)



# Strike impact on elective care

Junior doctors have taken strike action on 34 days over the last 10 months. We reported the following number of patients affected by their recent industrial action.

No further strikes have been announced but with no agreement, we determine that further action is likely.

Junior doctors and hospital dental trainees industrial action period	Day case activity rescheduled	Inpatient activity rescheduled	Outpatient activity rescheduled
Began on Wednesday 20 December at 7.00am and finished at 7.00am on Saturday 23 December 2023	24	73	1,201
Began on Wednesday 3 January at 7.00am and finished at 7.00am on Tuesday 9 January 2024	80	59	1,286

## ENDOSCOPY UNIT

The Trust has met all ten pre-planning conditions, now subsequently discharged by Bromley planning. This position has allowed construction to begin. The cost has increased over the initial estimates due to a number of factors. These have been reviewed extensively to ensure value for money. Despite the delay, we aim to adhere to the expected completion July 2025.



## RADIOLOGY UPGRADES

The new MRI 2 installation is complete and operational. The existing MRI has now been replaced. All work for the current phase has been completed on time. Mammography replacement is under review.

## FLOW UPGRADES AND OTHER DEVELOPMENTS

A range of other capital projects across the PRUH are being undertaken. The new 16 bed RSU and HDU unit is nearing completion. 12 Beds are open for RSU. The HDU will be complete by the end of June.

The current phase of Omnicell installation has been completed.

The new power substation has been completed and energized. The installation of the EV chargers has been completed in the car park giving 41 bays.

The additional estate capacity also means we can resume our ward refresh programme and upgrade their dementia friendly environments, this is now underway.

**DSU** structural improvements are nearing completion. Phase 1 of the NICU upgrade has been completed.



# Good news look back – year highlights



**Microwave Thyroid Ablation** – the PRUH became the first hospital in the UK to carry out an innovative treatment using microwave energy to treat patients with an enlarged thyroid.



**New skin cancer service**– a new teledermatology service launched at Beckenham Beacon allowing patients to be assessed and treated for skin cancer more quickly



**New respiratory unit** – the new unit at the PRUH consists of 12 specialist beds and has replaced the former respiratory ward. The modern and improved facility increases capacity for specialist respiratory care



**Endoscopy team HTN award**– the endoscopy team at the PRUH were recognized for their work to speed up patient waiting times. They were awarded runner up in the national 2024 Health Tech News (HTN) awards for Excellence in Digital Pathways..



**Hep B and C screening** – all patients having a blood test in the ED at the PRUH care now offered testing for Hepatitis B and C

# Apollo programme: Epic and MyChart update

Key objectives and outputs of the stabilisation phase for Epic have been agreed and the programme team have developed a plan for addressing the key issues arising. Examples of work we are doing include:



## Patient communication

- Issues related to the functionality of patient communications within the system are ongoing and we are working hard to resolve. Some progress has been made allowing for text messages and letters to patients via Epic resuming in November after a temporary switch off.
- We are working to rectify an issue with our Hybrid Mail service which has led to delays in hard copy letters being sent to patients. A fix is in place and the backlog is being tackled. Patients are currently being contacted by phone as needed.

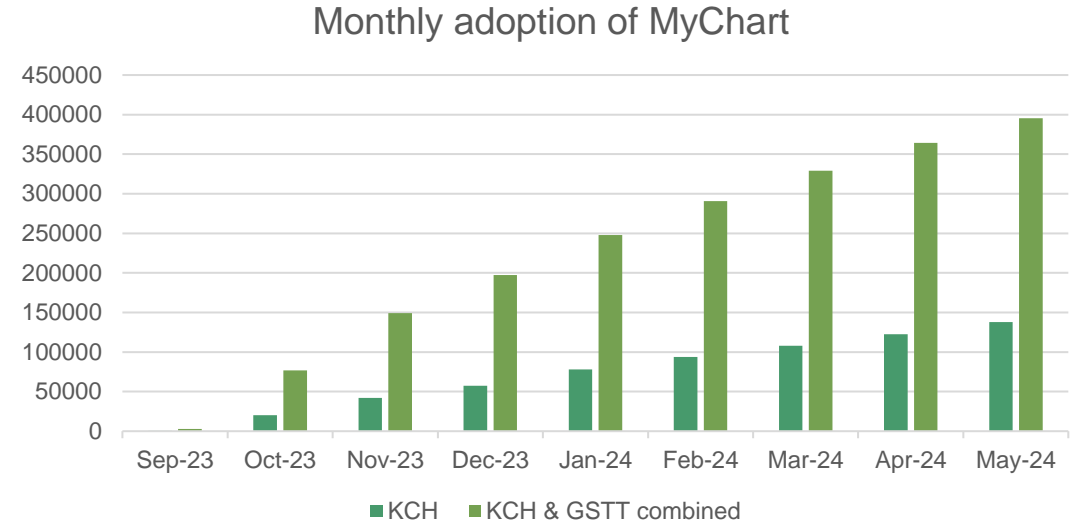
## GP referrals

- We are continuing to work through the process of ensuring all clinics can facilitate direct booking by GPs. As of early December, we have resolved this issue for over 85% of clinics Trust wide. Where required manual processes and service support are being deployed to cover bookings.

## *Key achievements since launch*

- Over 85% of the frontline workforce across King's and Guy's and St Thomas' (GSTT) are now trained
- Over 41,000 members of King's and GSTT staff have accessed Epic since go live
- Over 395,000 patients have registered for MyChart.

# Apollo / EPIC – My Chart details



- How many patients are actually using MyChart compared to the number of patients who have been offered MyChart, but have never logged in or actively used it.

*A total of 395,450 users have attended appointments within the last 12 months across GSTT and King’s and have been active on MyChart up until end of May 2024. Of the total 137,644 are KCH users (or 35%). Key to note that since go-live in September, user adoption has grown steadily. The other 65% are GSTT users using May figures – which is in keeping with a rough 40/60 proportionality difference in Trust size.*

*It is currently not possible with current analytics to understand ‘uptake’ rate vs total proportion of appointments. E.g. how many have been ‘offered’ MyChart and declined.*

- Did the MyChart Easy guide ever actually materialise and if not what improvements or schemes have been developed or are being developed to help address the training needs / knowledge gap for users?

*At King’s College Hospital, we recognise the importance of ensuring that our diverse communities benefit from MyChart. In 2024/2025, we have therefore agreed to develop a suite of manuals, tools and videos to enable our patients to better understand and utilise the system. This will be delivered alongside support offer by our volunteers and community outreach events commencing in October 2024.*

## Financial position

At the start of the last financial year, we committed to delivering a deficit of £49 million by the end of March 2024. Unfortunately, despite the enhanced controls, we did not deliver the financial plan, and as a result, our year end deficit was £78.9 million.

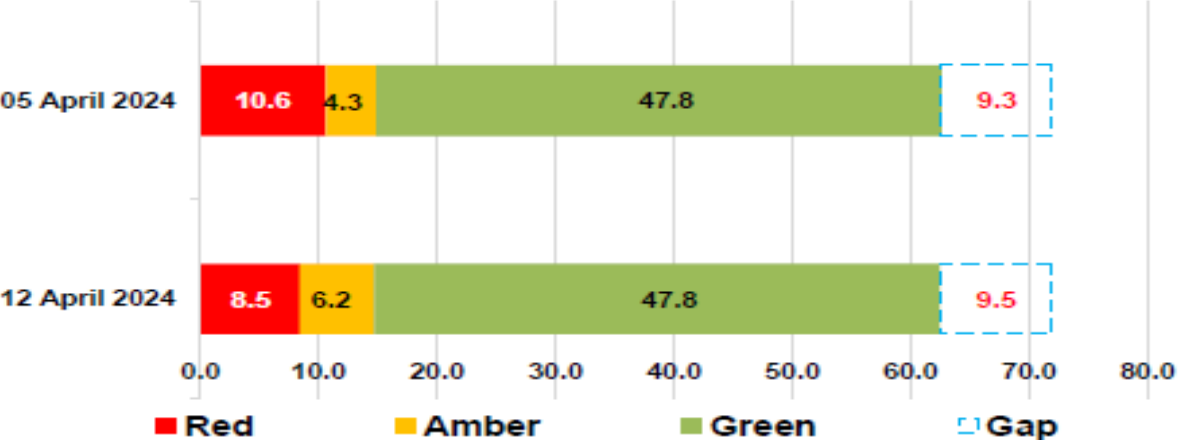
In early April, the Trust received confirmation that it is being moved into National Oversight Framework segment four and has been placed in the Recovery Support Programme. The Trust is working at pace to deliver a cost improvement programme over the next year, which we are confident will deliver significant savings, whilst also keeping patients safe.

# CIP Scoping/Identification of schemes - The overall Trust Efficiency Programme has identified schemes to the total value of £62.5m of which £47.8m is in Green and ready for implementation

## Headlines of schemes in scoping/identification stage:

- The Kings Group Efficiency Programme CIP target is £72m.
- The programme to date has identified £62.5m of schemes. This is broken down as £8.5m in Red, £6.2m in Amber and £47.8m in Green.
- The identified schemes are currently split Recurrent £39.0m and Non-Recurrent £23.5m.
- This leaves a £9.5m gap which is yet to be identified.

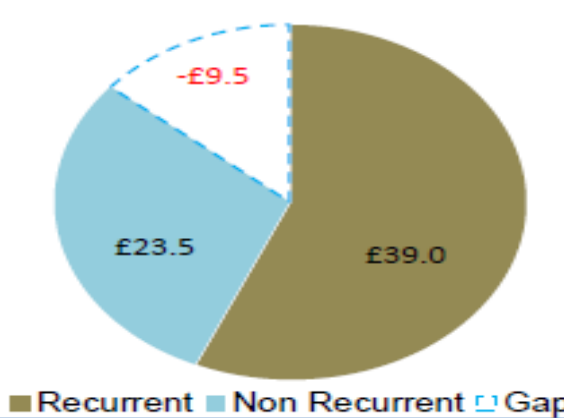
Weekly Movement by PMO RAG Rating - £m



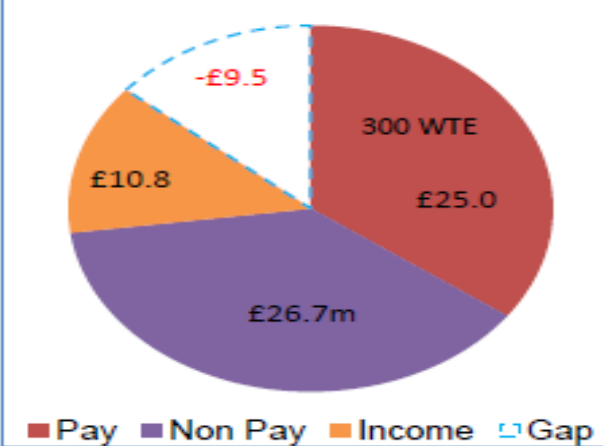
Total identification - Target vs. Identified

Site	Target	Identified	Gap	Red	Amber	Green
Denmark Hill	34.1	27.4	(6.7)	1.9	0.6	24.9
PRUH and South Sites	12.1	13.6	1.5	2.7	0.3	10.6
Corporate	22.8	14.8	(8.0)	1.3	3.3	10.2
Commercial	1.0	3.8	2.8	0.0	2.0	1.7
Guthrie	2.0	0.4	(1.6)	0.0	0.0	0.4
Unallocated	0.0	2.5	2.5	2.5	0.0	0.0
<b>Total</b>	<b>72.0</b>	<b>62.5</b>	<b>(9.5)</b>	<b>8.5</b>	<b>6.2</b>	<b>47.8</b>

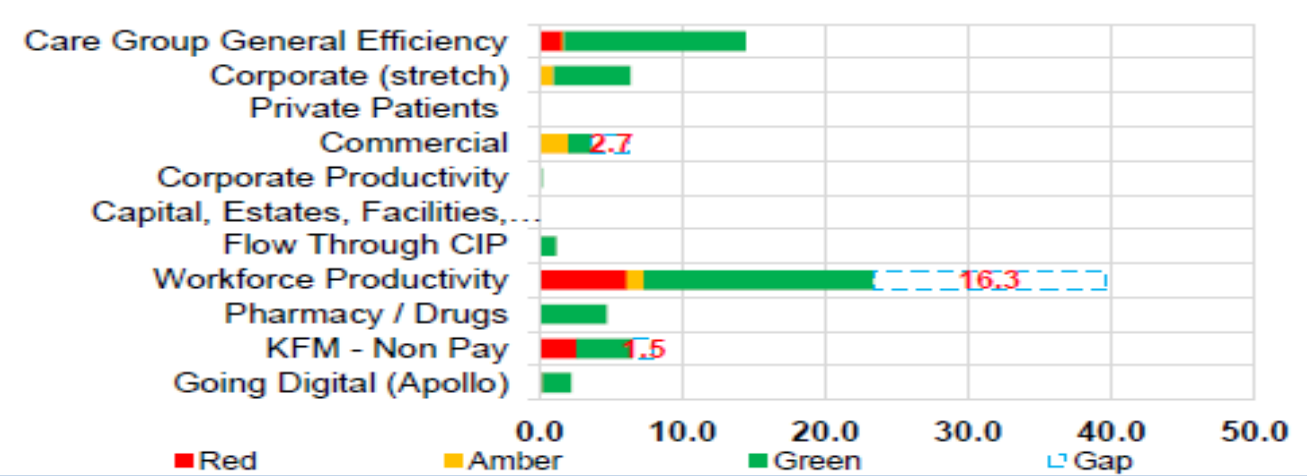
Total Identified - Split by Recurrent / Non Recurrent



Total Identified - Split by Type



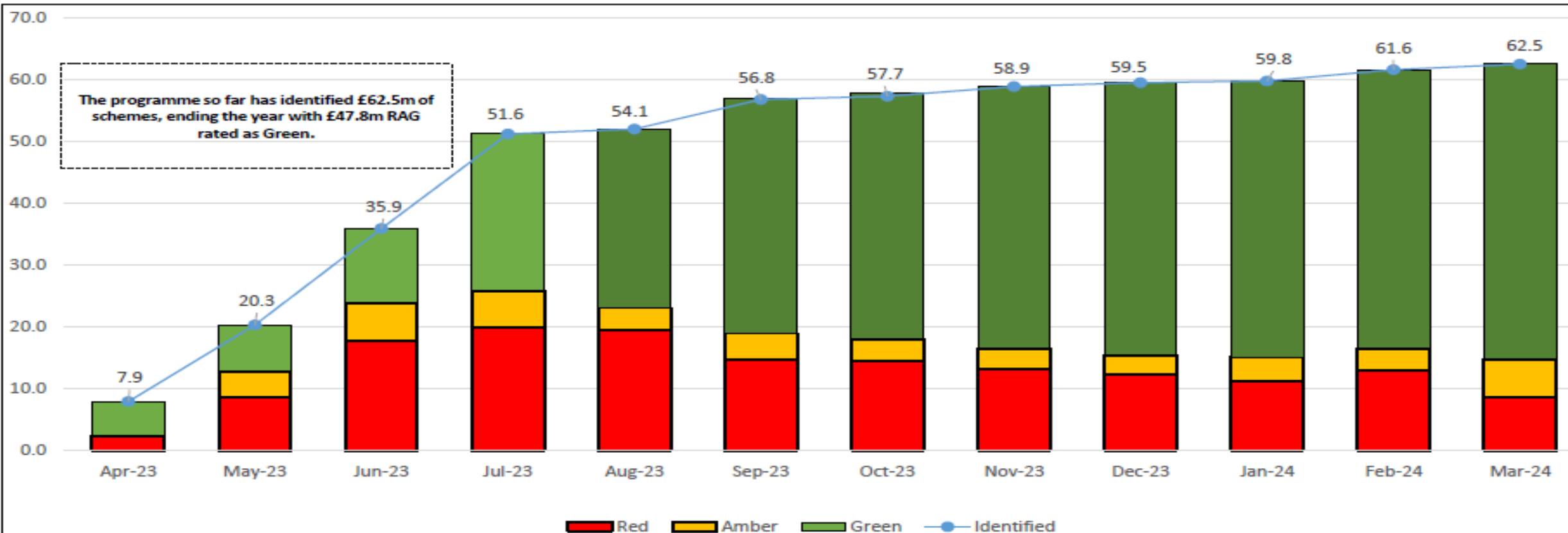
Total Identified split by Workstreams (£m)



As at the 12<sup>th</sup> April, the Group had £62.5m CIP identified of which £47.8m is in green.

By the end of March, the CIP programme should have fully developed and identified the £72m trust wide target

	Denmark Hill	PRUH & South Sites	Corporate & Commercial	Total
100% of Identified Developed by End of March (Green)	£34.1m	£12.1m	£25.8m	£72m

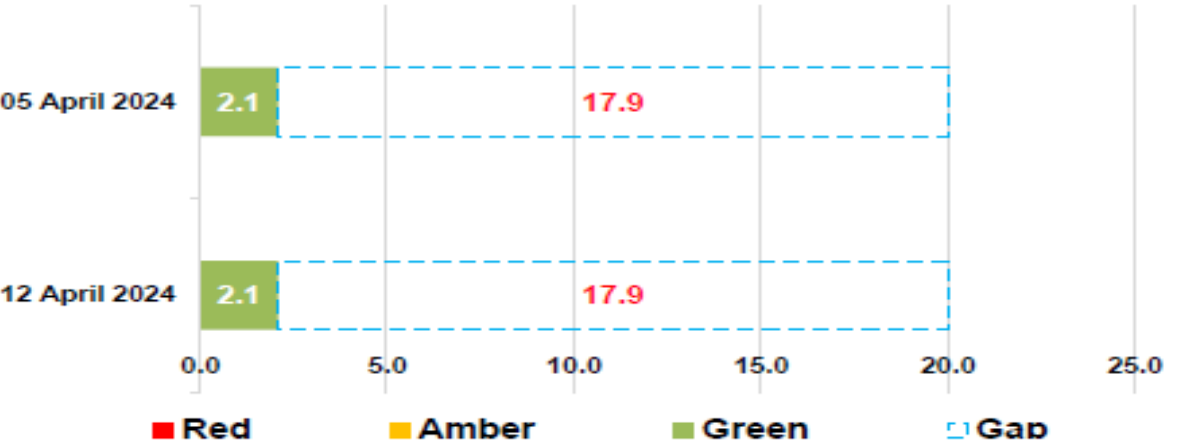


# Productivity Scoping/Identification of schemes - The overall Trust Efficiency Programme has identified schemes to the total value of £2.1m of which £2.1m is in Green and ready for implementation

## Headlines of schemes in scoping/identification stage:

- The Kings Group Efficiency Programme Productivity target is £20m.
- The programme to date has identified £2.1m of schemes. This is broken down as £0.0m in Red, £0.0m in Amber and £2.1m in Green.
- The identified schemes are currently Recurrent £1.8m and Non-Recurrent £0.3m.
- This leaves a £17.9m which is yet to be identified.

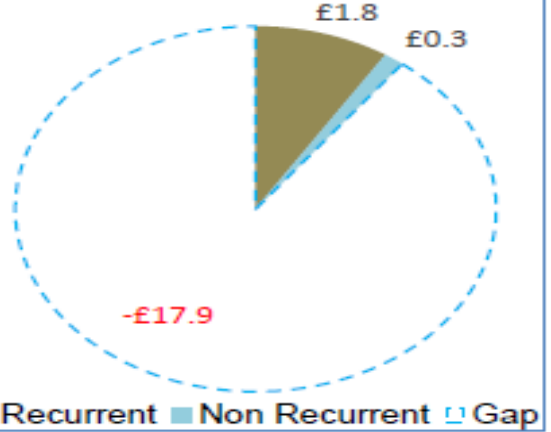
Weekly Movement by PMO RAG Rating - £m



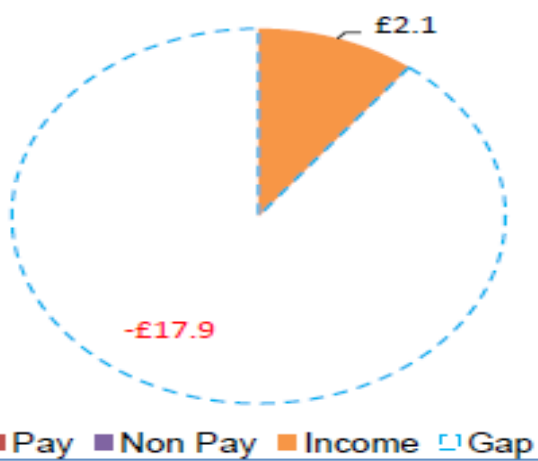
Total identification - Target vs. Identified

Site	Target	Identified	Gap	Red	Amber	Green
Denmark Hill	12.4	1.7	(10.7)	0.0	0.0	1.7
PRUH and South Sites	4.4	0.4	(4.0)	0.0	0.0	0.4
Corporate	3.2	0.0	(3.2)	0.0	0.0	0.0
Unallocated	0.0	0.0	0.0	0.0	0.0	0.0
<b>Total</b>	<b>20.0</b>	<b>2.1</b>	<b>(17.9)</b>	<b>0.0</b>	<b>0.0</b>	<b>2.1</b>

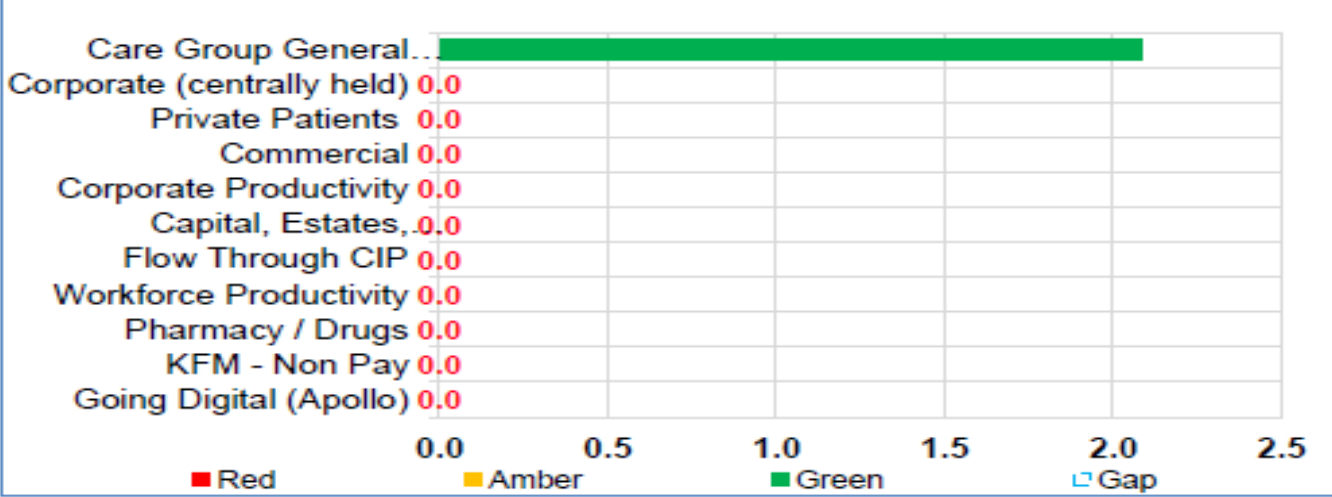
Total Identified - Split by Recurrent / Non Recurrent / Gap - £20.0m



Total Identified - Split by Type - £20.0m



Total Identified split by Workstreams (£m)



# Synnovis pathology provider incident

## Serious incident

On 3 June 2024, Synnovis, the Trust's pathology provider was subject to a ransomware cyber attack.

As a result, we are experiencing ongoing disruption to our pathology services, particularly blood tests. This is having a significant impact on the delivery of services in our hospitals, as well as across partner organisations in mental health, community and primary care services across south east London.

Regrettably some patient care is having to be cancelled or redirected to other providers as urgent care is prioritised.

## Current position

- We continue to work as a matter of urgent priority to investigate the impact of the incident and take appropriate action. We are working closely with Integrated Care Board (ICB) and NHS England colleagues as part of this.

## Communicating with our patients

- We are advising patient to attend their appointments as planned unless they are contacted. We are contacting patients who are directly impacted by phone.
- We are regularly updating the news section of the Trust website with the latest position and guidance for patients [Trust website](#)



## Appointments

- Sir David Behan appointed as new Trust **Chair**. Sir David joined the Trust in June.
- Roy Clarke joined the Trust in March as our new **Chief Financial Officer**. Roy previously worked at Norfolk and Norwich University Hospitals NHS Foundation Trust.

