

Dear colleague,

Our next Board meeting is on Thursday 5 September, at 12.30, in the Lecture Theatre at King George Hospital. You are welcome to attend in person or [virtually](#).

Ahead of next week's meeting, I thought I'd share my report that captures some of what we've achieved in recent months. I hope you find it a useful read.

Best wishes,

Matthew Trainer

## **Chief Executive's Report September 2024**

### **Celebrating BHRUT**

For two weeks in July we celebrated the contributions made by our volunteers, partners and staff to the work of our Trust. The events, held at King George Hospital (KGH) and inside a marquee in front of Queen's Hospital, took place against the backdrop of recent significant improvements.

After more than a decade spent in and out of different regulatory regimes, we are no longer in '[special measures](#)'; we were the [most improved Trust](#) in England for A&E performance in 2023/24; and [the two new theatres](#) in our KGH Elective Surgical Hub will allow us to carry out an additional 100 operations a week for patients across north east London (NEL).

During the celebrations, around 1,000 schoolchildren visited the marquee to learn about the wide variety of [careers on offer in the NHS](#). We organised a lunch to [thank our volunteers](#) for the compassion and humanity they bring to the organisation. And we finished the fortnight with [a collaborative workshop with our partners](#) where we discussed how we can work together to improve the lives of residents. We also paused to remember colleagues who have died in recent years at a [special memorial service](#).

Two thirds of our workforce took part in [at least one of the July events](#). As well as a special breakfast, lunch, afternoon tea, evening party and family fun day, we held a staff awards ceremony, [a long service awards](#) – honouring 230 colleagues who have clocked up a combined total of 3,855 years of service – and [a](#)

[graduation ceremony](#) for 220 members of staff who have completed education and training programmes including degrees, apprenticeships and research courses.

## **Caring for our staff**

The [Celebrating BHRUT](#) events highlighted much that is great about our Trust, not least the impressive diversity of our staff. We could not run our services without the help of those who've come here from more than 140 different countries.

The obvious benefits we draw from our international workforce was just one of the many reasons why the racism, xenophobia and Islamophobia that was on display during the recent riots was so troubling. It has been a difficult and distressing time for many colleagues and we will continue to look out for them and support them. The strength of the subsequent community response was heartening.

We've toughened up our violence and aggression policy – [No Abuse No Excuse](#) - to better protect frontline workers. We will not tolerate staff being hit, shouted at or subjected to racist abuse.

## **Our finances**

All of our work in the coming months will be carried out in the context of the difficult financial situation facing our Trust, the healthcare system in NEL – which is under a high level of scrutiny - and the NHS more broadly. We are working with the [NEL Integrated Care Board](#) and NHS London to implement a number of financial controls that are required by NHS England.

We saw a slight improvement in our deficit reduction in month four of this financial year, but we remain £8m off our plan. The solution hasn't changed. Rather than salami slicing services, we need to carry on reducing waste and deliver more recurrent savings; keep our headcount under control; and continue to increase the amount of planned care (outpatients, day cases, surgery) that we deliver.

## **Improving urgent and emergency care**

We continue to improve our A&E performance, despite this July being the busiest July ever with 2,500 more patients being seen compared with the year before. Five out of our six busiest months have been in 2024. The current NHS target is for at least 78% of patients to be admitted, transferred or discharged within four hours. Our overall (All Types) performance of 80.4% placed us 3<sup>rd</sup> out of 18 acute trusts in London and 16<sup>th</sup> out of 122 in England.

Our All Types performance has been helped by the way our GP colleagues at [PELC](#) have transformed the service they offer in the Urgent Treatment Centres (UTC) they run for us. The UTCs see the less seriously ill (Type 3) patients and their July performance was 98.8%.

Our Type 1 performance (the most seriously ill patients) was 60.2% which represents a 27.9% improvement since January 2023. However, we're conscious of the fact that every day in July 160 Type 1 patients weren't seen within four

hours. Our plan to reduce this number includes a focus on improving our processes in Pathology and Radiology.

We also need to find a permanent solution for the fact that at busy times, when wards are full, the frail elderly and adults needing care on a general medical ward are being looked after in beds in an A&E corridor. We highlighted these challenges when we invited [Channel 4 News](#) and [BBC London](#) to talk to our staff and patients.

### **Ageing Well Centre**

One way we will tackle corridor care is by ensuring fewer frail elderly residents receive their treatment in noisy and crowded A&Es. Instead, from this autumn, some of them will be able to use our new Ageing Well Centre at the [St George's Health and Wellbeing Hub](#). There, they'll be seen by a consultant geriatrician; have any X-rays and other scans that are required; and return home without visiting one of our hospitals.

We know the new centre in Hornchurch won't be easily accessible to all residents, so we are maintaining our full frailty services at both hospitals. As the Ageing Well Centre progresses, we will monitor its achievements and consider whether we can replicate the service in other locations, such as Barking Community Hospital.

### **A&E at Queen's Hospital**

We've seen the benefits of our [rebuilt A&E at KGH](#) and now we need to do the same at Queen's. Anyone who's visited will know the physical layout is completely inadequate. When the hospital was opened in 2006, it was built to accommodate around 300 patients a day who were seeking urgent and emergency care. Now, it sees at least double that number and attendances peaked - on one day in November 2022 - at 775.

The space needed to rebuild will become available soon when [the renal service, run by Barts Health](#), moves to an even better facility at the [St George's Health and Wellbeing Hub](#). We have an architect working on the design and have begun discussions with NHS England about securing the estimated £35m we will need to improve the environment for patients and staff.

Alongside the work we must continue to do to improve what the NHS calls flow – the smooth and continuous movement of patients out of A&E, onto the wards and back to where they live – a transformed department at Queen's will make corridor care a thing of the past.

After the General Election, I wrote to all our new MPs about how the status quo cannot be sustained and I spoke to Wes Streeting, the Health Secretary, who is one of our MPs. I am grateful for the public support we have received from [Margaret Mullane](#), [Julia Lopez](#) and [Andrew Rosindell](#).

### **Patients with mental health needs**

It's a subject I've written about repeatedly over the past three years and, despite the ongoing efforts of our A&E teams and our colleagues at [NELFT](#), these patients continue to receive an unsatisfactory service. One of the reasons is

because of the gap nationally between the number of specialist inpatient mental health beds available and the demand for them.

Last month, the Guardian newspaper focused on [the case of John Balson](#) who attended our A&E on one occasion for 31 hours while he was seen by our emergency doctors, the neurology department and the mental health team from NELFT. We are working with them to review the care Mr Balson received from our two organisations.

We had 346 patients who were referred on to mental health services in July; 151 of them waited more than 12 hours to leave our Trust and move to a service better equipped to care for them.

Some of these patients pose a significant risk to themselves and to others while we look after them for long periods of time in an environment that isn't suited to their needs. Two members of staff were assaulted in August by patients with mental health needs.

What is of particular concern is the number of [looked after children](#), with complex needs, who spend too much time in our A&Es. Since July last year, 22 children were with us for more than 72 hours. One child waited 44 days to leave A&E. In the majority of these cases, many agencies were involved and the delays were caused by trying to find the right place to provide the appropriate care.

We are planning to create at least one dedicated mental health room in the Queen's A&E that will offer a calmer environment for children and young people.

### **Cutting our waiting lists**

The strikes by [junior and senior doctors](#) hampered our efforts to reduce waiting times and we had to rearrange 18,942 outpatient appointments and 1,253 non-urgent surgeries. We saw an increase in July in the number of residents who have been referred and are waiting for treatment. The total stood at 68,358. 9 out of 10 of them require an outpatient appointment with one of our specialist teams.

Now that the pay dispute has been resolved, we are starting to make progress again and the number of people waiting more than a year has reduced by 327 to 1,504.

Our efforts to cut waiting times are being helped by innovative schemes such as the drive to carry out a month's worth of [gall bladder removal operations](#) over two Saturdays; the fact that [our Radiology team](#) have reduced a backlog of 11,000 scans awaiting results to zero; and the opening of the [Community Diagnostic Centre](#) (CDC) at Barking Community Hospital.

### **Community Diagnostic Centre**

The CDC is a well laid out, [fantastic centre that is great for staff and patients](#). Their feedback has been very positive and it shows what can be achieved when time is taken to invest properly in healthcare facilities. Barking and Dagenham residents have suffered from not having an acute hospital in their borough and have faced delays and poorer outcomes in their care.

The Barking CDC will perform an extra 50,000 scans and tests a year. A further

25,000 will be carried out at our new CDC that will open soon in the St George's Health and Wellbeing Hub.

## **Our cancer performance**

We continue to make good progress on delivering against the [cancer waiting time standards](#) set by the NHS and we approved recently a £1.3m investment in our Oncology workforce to help reduce waiting times for chemotherapy. We have an improvement plan in place to deliver the target of 85% of patients waiting no more than two months from the date we receive an urgent referral to the start of their treatment. In July our performance, once validated, is expected to reach 70%.

Our residents would benefit greatly if we had a [PET scanner](#) at our hospitals to improve access to scans and cut waiting times for diagnosis and treatment. Patients are often asked to travel considerable distances across London to access one. It also means they're waiting too long and are facing delays in their cancer treatment.

Of the 997 PET scans we requested for our patients between March 2023 and May 2024, only 11% were scanned within the target seven days; 34% waited more than 21 days; and 17% waited more than 29 days. We asked NHS England to review the current locations of scanners. We've been told that, at the moment, there is no prospect of one being installed at our Trust.

## **The running of our Trust**

Jacqui Smith stepped down as Chair of our Trust and of Barts Health when she was appointed an [Education Minister after the General Election](#). I've thoroughly enjoyed working with and learning from Jacqui and I wish her well. We won't be replacing her with another Chair in common; rather we'll be recruiting our [own Chair](#) as, together with Barts Health and Homerton Healthcare, we focus on the work we can do as part of an [Acute Provider Collaborative](#) to improve the lives of NEL residents.

In other changes at a senior level, I'm delighted our Chief Operating Officer, Fiona Wheeler has also taken on the role of [Deputy Chief Executive](#) and that David Newey has joined us as our interim [Chief Digital Transformation Officer](#).

With the support of Barts Health, we're introducing an electronic patient record in June next year and David will help us become an organisation fit for the 21<sup>st</sup> century. We have much work to do. We use 4.3 million pieces of paper a month. Laid end to end, they would be five times the height of the Shard.