HEALTH & ADULTS SCRUTINY SUB-COMMITTEE

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Tuesday, 17 October 2023 at 6.30 p.m.

Council Chamber - Town Hall, Whitechapel

SUPPLEMENTAL AGENDA

This meeting is open to the public to attend.

Contact for further enquiries: Justina Bridgeman, Democratic Services Officer (Committee) Town Hall, 160 Whitechapel Road, London, E1 1BJ Tel: 020 7364 4854 E-mail: justinabridgeman@towerhamlets.gov.uk Web: http://www.towerhamlets.gov.uk/committee	Scan this code for an electronic agenda:

For further information including the Membership of this body and public information, see the main agenda.

Mile End Hospital Early Diagnostic Centre (EDC)

Modernising Diagnostics

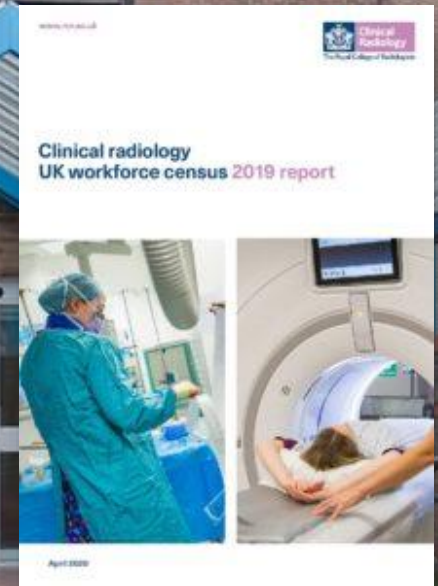**Barts Health Trust, North East London Cancer Alliance and North East London Imaging Network**
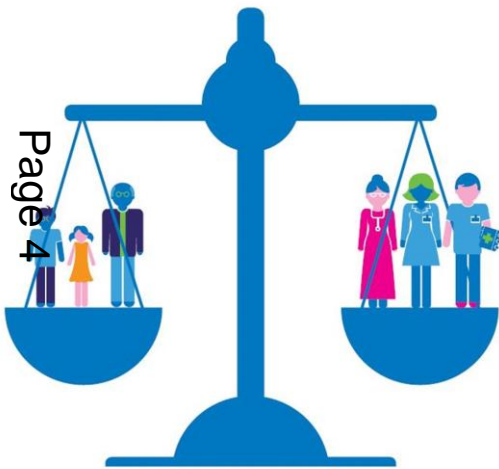
1. Where we started was unique

We were facing a number of challenges:

- Capacity

- Workforce challenges

- Deprivation leading to poor outcomes

Page 4

We want patients to have more choice over their NHS care, says Steve Barclay

2. What we achieved: We exceeded our aim

Endoscopy

8063 scopes
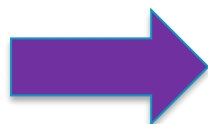
MRI

4486 scans

CT

3373 scans

US

3162 scans

Patient feedback and experience in 2022/23

100% of patients felt their privacy and dignity needs were being met
100% of patients said they were consented appropriately
100% received a copy of their report

99% of patients said they had their test results explained

79% of patients didn't experience a delay
- *"patient care brilliant and relaxing environment at what was an anxious moment. Calm and thoughtful. Was treated with consideration. Everyone very kind and warm. Put me at ease"*

Workforce

NHS 75

The NHS Long Term Workforce Plan

- Growing the workforce
- Retaining existing talent
- Working and training differently
- Building flexible teams

NHS Professionals

The NHS Workforce Plan has been published

Benefits to the system

£81440+

The EDC financially impacted the system, for example capacity provision for Whipps Cross Hospital Endoscopy patients meant that insourcing could stop, saving £15120 a week £81440 to date.

Other savings are around reduced patient travel, diagnosing cancer faster and maintaining our utilisation rate above 80%.

3. How we achieved it

10 C's

Codesign

Collaboration

Continuous Improvement

Cohorts

Change

Choice

Culture

Cost

CDC

Charity

We shared far and wide

Hear from our patient on codesign
Jane Aylott

Hear from our patient on codesign – Jane Aylott

Codesign is key

MRI Suite Launch – patient codesign

Promotional News Story

Joe Martin
Clinical Scientists in
MR Physics

Primary MRI Physics Roles within Radiology

Safety – Magnetic Resonance Safety Expert

Quality Management

Training and Education

Scientific Leadership

Research and Innovation

MR Physics @ MEH

As a Physics team, we have worked with our local radiographer and radiologist colleagues, and national and international physicists, to implement the following:

- Updated Local Rules MHRA Guidelines require full consultation with a MRSE.
- SOPs & Implant Procedures
- Risk Assessments & Safety Audit
- Research Implementation and Translation
- **Imagine Protocol Optimisation**
- **AI Software integration into clinical practice**
- **Set up a London-wide AI clinical user group**

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Case Study: Capacity Improvement post-AI Reconstruction Installation

AI Reconstruction software installed in February 2023.

NHS England hoped for 1 extra scan per day within a year of installation.

After 6 months, we have increased number of scanned patients by 3 a day*

SPC Chart for Number of Scans per day at CDC
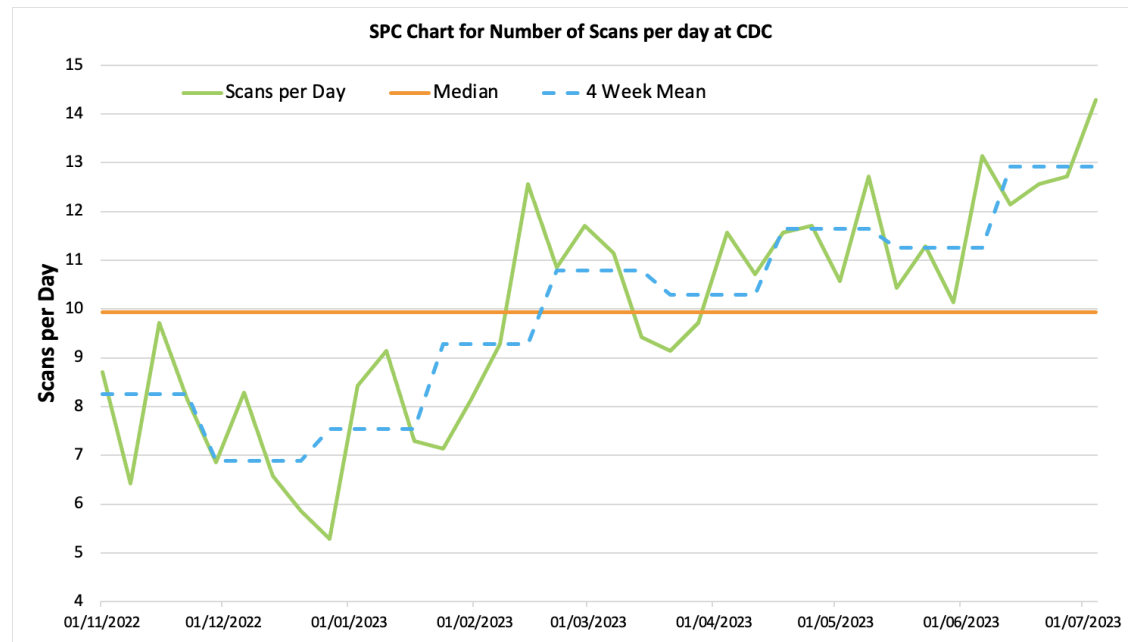
* Confounding factors, improvements in booking, patient information and general protocol development and improvement by radiographers/physicists.

3 keys to success
that make us unique

From the start

True Codesign and Engagement at all levels

We achieved something exemplar and exceeded our ambitions

10Cs spread and shared nationally

Success

Royal London and Mile End Hospital Imaging Recovery Team

Performance Recovery

1. High volume, long waiters

Priority: **high** proportion of long waiters, but **lower** volumes

Highest Priority: **high** volume of long waiters, AND **high** proportion
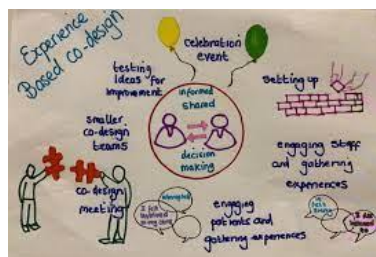
Kingston Hospital NHS FT

Barking, Havering & Redbridge Uni Hosp. NHS Trust

Barts Health NHS Trust

The Hillingdon Hosp. NHS FT

Uni College London Hosp. NHS FT

Imperial College NHS Trust

GOSH NHS FT

Croydon Health Services NHS...

Guy's & St Thomas' NHS FT

North Middlesex Uni Hospital NHS Trust

Whittington Health NHS Trust

Epsom & St Helier Uni Hosp. NHS Trust

King's College Hospital NHS FT

London North West Uni Healthcare NHS Trust

Royal Free London NHS FT

Lewisham & Greenwich NHS Trust

Homerton Uni Hospital NHS FT

St George's Uni Hosp. NHS FT

Chelsea & Westminster Hospital NHS FT

Priority: **high** volume of long waiters, but **lower** proportion

Low proportion of long waiters AND **low** volumes

% total waiting list > 6 weeks (performance metric)

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Barts Health NHS Trust was highlighted as the worst performing site across London in October 2022

- There were 12,803 patients waiting 6 weeks or more for an imaging test in London across the key modalities in October 22

- **Impact on elective recovery and inpatient flow**

Source: DM01 submissions, Oct-22

Source: DM01 submissions, Oct-22

Sum of Value	Column Labels			
Row Labels	**CT**	**MRI**	**Non-obs ultrasound**	**Grand Total**
NHS NORTH CENTRAL LONDON INTEGRATED CARE BOARD	**35**	**475**	**332**	**842**
GREAT ORMOND STREET HOSPITAL FOR CHILDREN NHS FOUNDATION TRUST	9	64	2	75
MOORFIELDS EYE HOSPITAL NHS FOUNDATION TRUST	0	2	0	2
NORTH MIDDLESEX UNIVERSITY HOSPITAL NHS TRUST	3	54	35	92
ROYAL FREE LONDON NHS FOUNDATION TRUST	1	3	39	43
ROYAL NATIONAL ORTHOPAEDIC HOSPITAL NHS TRUST	7	25	0	32
UNIVERSITY COLLEGE LONDON HOSPITALS NHS FOUNDATION TRUST	13	320	212	545
WHITTINGTON HEALTH NHS TRUST	2	7	44	53
NHS NORTH EAST LONDON INTEGRATED CARE BOARD	**412**	**4,554**	**2,155**	**7,121**
BARKING, HAVERING AND REDBRIDGE UNIVERSITY HOSPITALS NHS TRUST	106	1,056	225	1,387
BARTS HEALTH NHS TRUST	306	3,471	1,930	5,707
HOMERTON UNIVERSITY HOSPITAL NHS FOUNDATION TRUST	0	27	0	27
NHS NORTH WEST LONDON INTEGRATED CARE BOARD	**311**	**796**	**754**	**1,861**
CHELSEA AND WESTMINSTER HOSPITAL NHS FOUNDATION TRUST	3	8	0	11
IMPERIAL COLLEGE HEALTHCARE NHS TRUST	40	75	222	337
LONDON NORTH WEST UNIVERSITY HEALTHCARE NHS TRUST	268	13	9	290
THE HILLINGDON HOSPITALS NHS FOUNDATION TRUST	0	700	523	1,223
NHS SOUTH EAST LONDON INTEGRATED CARE BOARD	**321**	**401**	**312**	**1,034**
GUY'S AND ST THOMAS' NHS FOUNDATION TRUST	301	300	122	723
KING'S COLLEGE HOSPITAL NHS FOUNDATION TRUST	6	81	5	92
LEWISHAM AND GREENWICH NHS TRUST	14	20	185	219
NHS SOUTH WEST LONDON INTEGRATED CARE BOARD	**89**	**359**	**1,497**	**1,945**
CROYDON HEALTH SERVICES NHS TRUST	31	7	723	761
EPSOM AND ST HELIER UNIVERSITY HOSPITALS NHS TRUST	57	227	451	735
KINGSTON HOSPITAL NHS FOUNDATION TRUST	0	6	245	251
ST GEORGE'S UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	1	119	76	196
THE ROYAL MARSDEN NHS FOUNDATION TRUST	0	0	2	2
Grand Total	**1,168**	**6,585**	**5,050**	**12,803**

Where we started was unique

Lack of staff
- **Benchmark data showed we had lower levels of staffing**
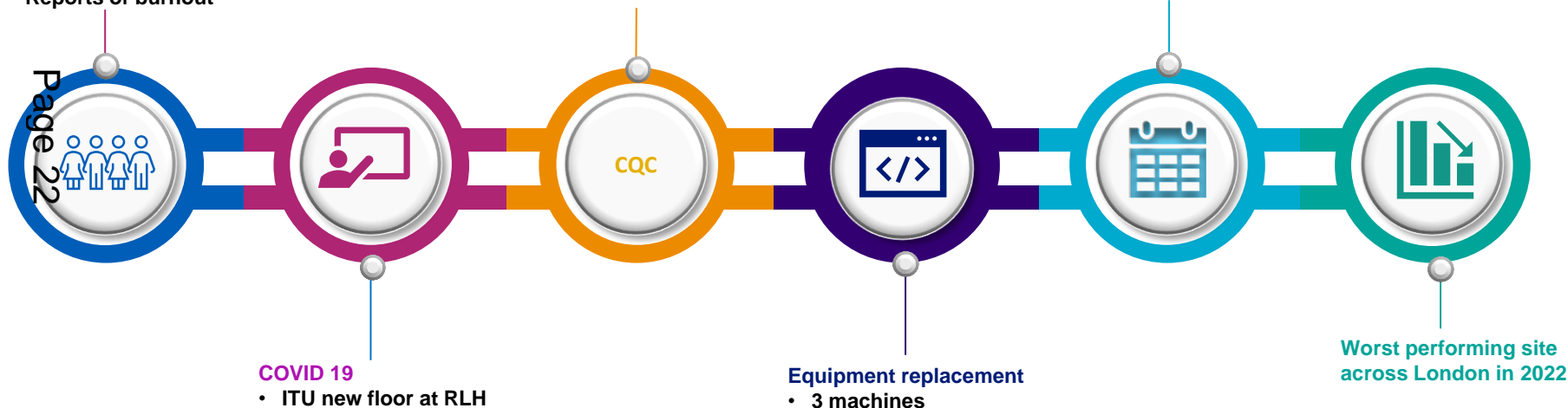
Culture and moral, recruitment and retention
- **Low staff moral and satisfaction score low**
- **Reports of burnout**

CQC inspection

Block contact
- **We were not eligible for the Elective Recovery Fund**

COVID 19
- **ITU new floor at RLH**

Equipment replacement
- **3 machines**

Worst performing site across London in 2022

How did we do it?

"What matters to you?"
Listening events and engagement with staff and patients

Structure, roles and responsibilities
Formation of a new division
New Structures and governance

Understanding our data through demand capacity modelling. Mapping across our division
Cost calculation – taking this to group for agreement. Benchmarking to understand our productivity.
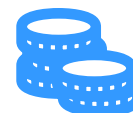
Mutual Aid
Established Outsourcing/Mutual aid programmes collaboratively with our Network and Independent sector, helping us systematically reduce our waiting lists

Quality improvement methodology to understand our system and identify and test changes
We tested ideas rather than implementing on a large scale, this meant that we were able to learn from those tests of change and scale up those that worked, then share and spread across modalities and site
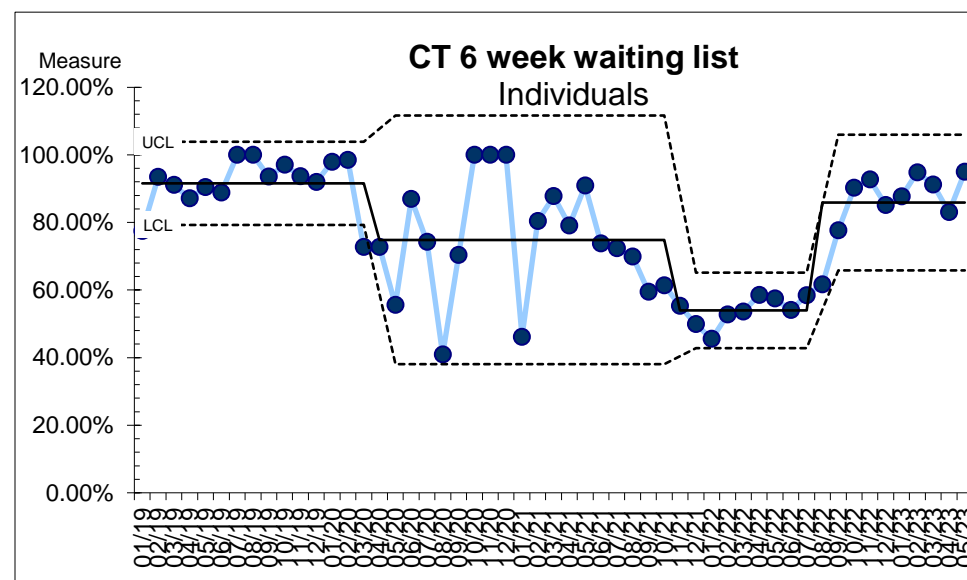
Payment by Scan
Reduced our reporting backlog by establishing a payment by scan model

Impact

CT 6 week waiting was 40.9%
now **99.44%**

- Phase 1 - aim achieved well done team!

Success at RLH in
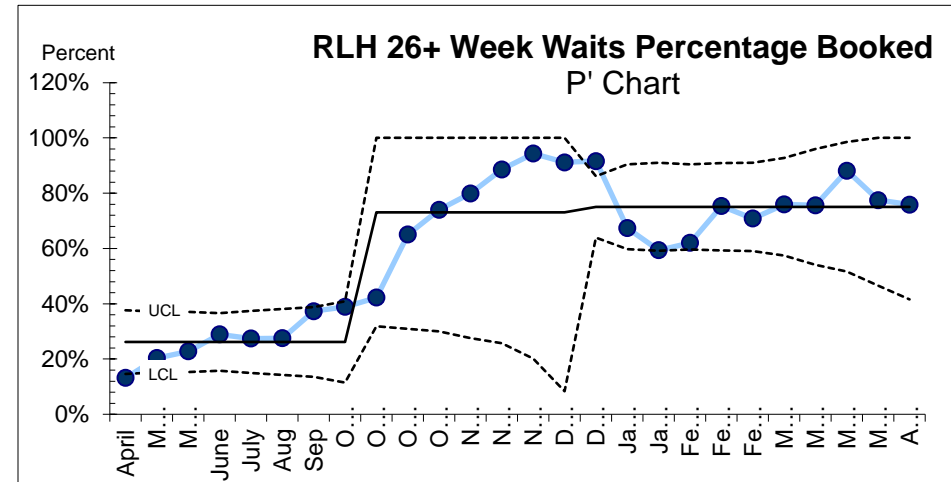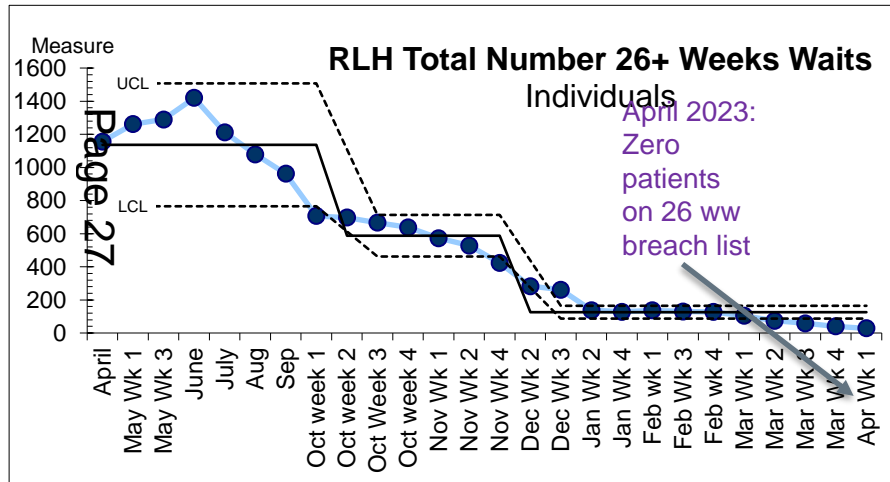# clearing the 52 week waiting lists in February 23

Eliminated 52 Week Wait breaches

✓ Points based reporting model

✓ US over 6 weeks plan and increase the utilisation of US rooms at EDC

✓ Replacement scanner for MEH with additional inclusion

✓ More contrast patients to be seen at MEH

✓ Extending the new Static scanner to long days

✓ Weekend additional sessions at RLH

✓ CT summit scanner 3 days a week

✓ Review contrast cover for Mile End

✓ 26 weeks recovery trajectory for MRI

✓ Update on WX mutual aid for MRI

✓ Compleo staffing for new static scanner

✓ MRI administrative support to improve booking processes

✓ Use of D&C data to understand where we can improve further

Number of 52 week wait breaches
C Chart

February 2023: Zero patients on 52 ww breach list
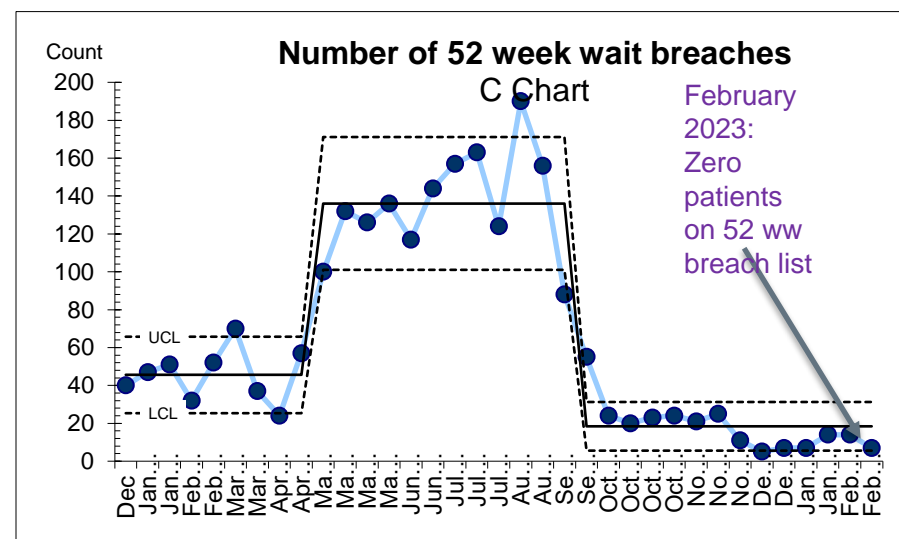
52 week waits have successfully been eliminated

Success at RLH in
clearing the 26 week waiting lists in April 23

RLH Total Number 26+ Weeks Waits
Individuals

April 2023:
Zero patients on 26 ww breach list

RLH 26+ Week Waits Percentage Booked
P' Chart

- Focus on phase 2 and 3 of our aim, we are heading in the right direction.

MRI 6 week waiting list
Individuals
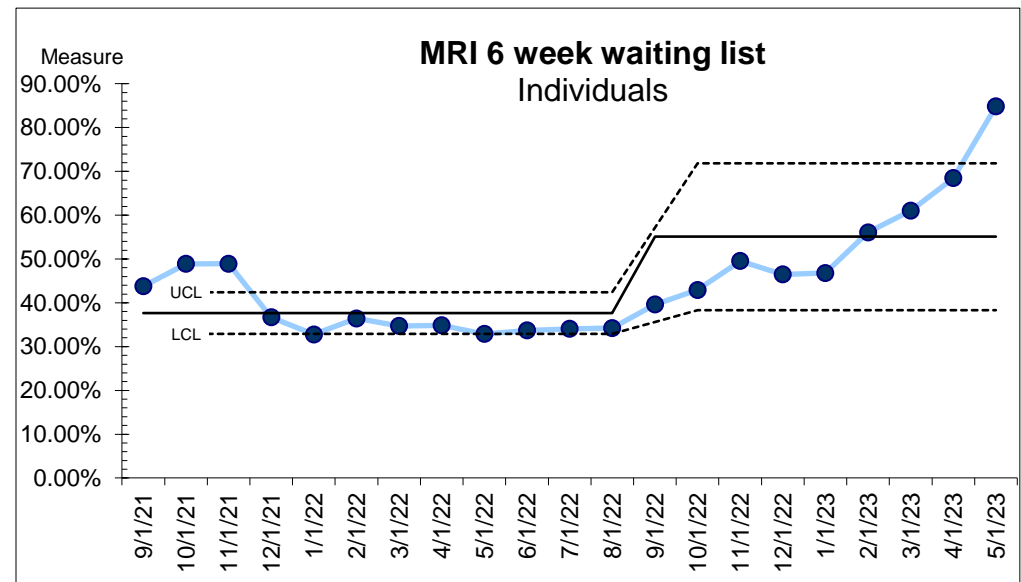
- Focus on phase 2 and 3
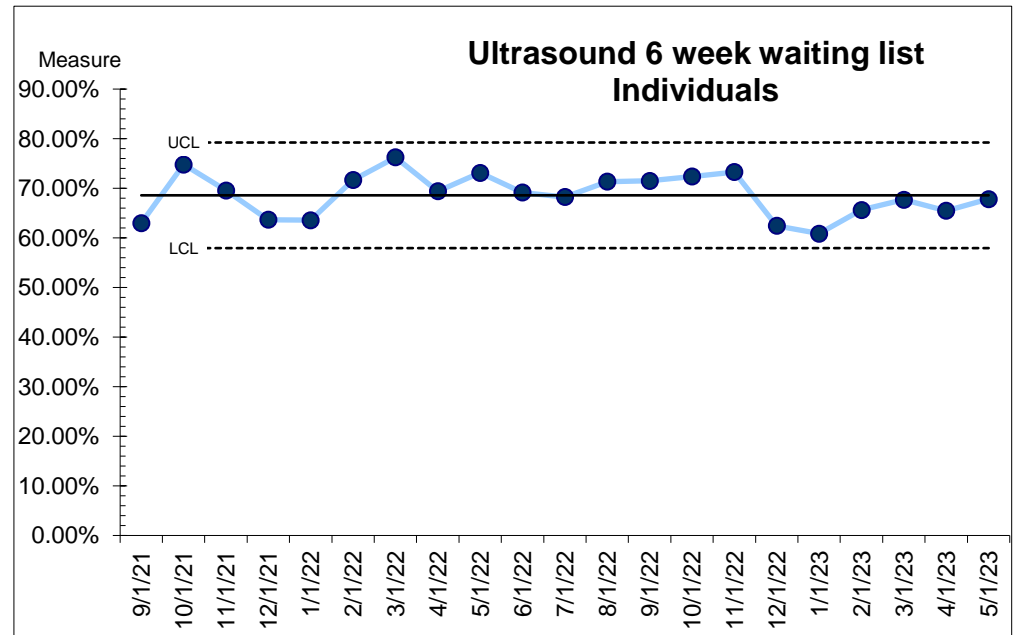
Reporting Turn around times down to 6K

Reduction in overall backlog down to 6K from 18k at its highest.

Patient and stakeholder feedback

Total Reporting Backlog RLH

WeImprove
Excellence and innovation
in safe and compassionate care

Our Improvement plan on a page

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RLH MEH Imaging Improvement Programme 2022-23

Primary drivers

Secondary drivers

Change ideas
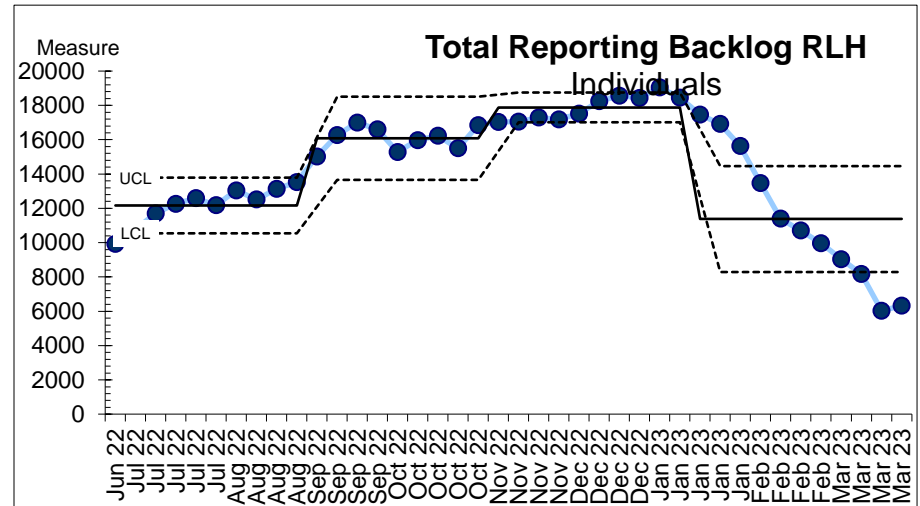
To ensure equitable access and improve patient flow, through Imaging pathways by June 2023

Outcome measures:
Waiting times
Booking rates
Reporting data
Datix – harm due to wait time
DNAs
Recruitment
Retention
Staff Survey and feedback

A provider of excellent patient safety

An outstanding place to work

The best possible patient experience

Primary drivers:
- Collaborative approach
- Recovery to pre-pandemic levels
- Digital and IT
- Process Improvement
- Workforce development and redesign
- Service Redesign

Secondary drivers:

Work with MDT to ID Improvements, capital spend, governance structures etc

52ww Eliminated
Mutual aid explored
Use of Independent sector capacity
Support and develop recovery governance channels
Improved booking processes

Use of digital communication to patients
Net call in place and all staff trained
Harmonised infrastructure and platforms across NEL
AI Appointment booking
In touch – self check in

Utilisation and productivity data reviewed consistently
Waiting list management and regular review
Standardise admin processes and documentation

Engaged admin and clerical staff
Admin review and career development mapped
Centralised admin bookings process tested

Strategic direction clearly articulated outlining service changes over 5 years
Modality groups established with TOR signed of
Clinical Pathway and operational process redesign
Future CDC Planning, engagement and implementation
Patient co-design

Change ideas:

Raja Javed support allocated to RLH Recovery programme

Mutual aid recovery waiting list plan developed

Contracts with independent sector reviewed, staff static scanners

Redesign access meeting and recovery board. Standardised templates and reporting mechanisms

Backlog clearance trajectory developed and shared

Scan reporting recovery plan developed, Points based reporting

Recovery funding applications submitted

Text appointment reminders

Text patient letters and prep info PDSA April 23

Net call set up, training and fully utilised

Daily QI Huddles – PDSA Feb 23

All Admin SOPs to be standardised by December 23

Weekend additional sessions

What matters to our Admin &Clerical team conversations

Admin Workforce QI sub-group Chaired by Komal

Targeted admin support based on modality need

Use of Demand &Capacity data to understand where we can improve further

Codesign with our patients and key stakeholder list

Our trajectory

RLH/SBH MRI Backlog clearance trajectory

Impact on Utilisation

CT Grand Total Individuals

Measure values: 824, 845, 938, 910, 1004, 916, 879, 796, 694, 1086, 1014, 1169, 917, 1316, 1233, 1181, 1376

RLH MEH MRI Grand total Individuals

Measure values: 891, 902, 784, 819, 708, 979, 1193, 1117, 1125, 1301, 1495, 1527, 1521, 1812, 1760

US RLH MEH Grand total Individuals

Measure values: 2936, 3386, 3059, 2956, 3283, 3446, 3191, 2763, 3282, 2952, 3167, 3254, 2696

NHS Barts Health NHS Trust

Sustainability PDSA: Patient digital appointment letters – less printing, more productivity

Ramp: Aim to improve our productivity
Do patient digital appointment letters reduce the need to print and post?

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Get your patient letters online

View and download your hospital appointment letters instantly on your mobile phone, tablet or computer:

Improve comms, share with GPs and included on our Netcall system

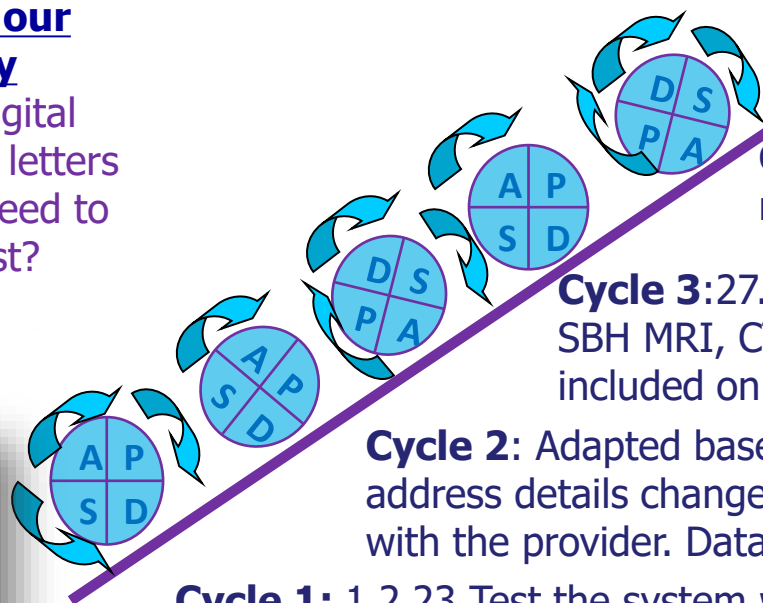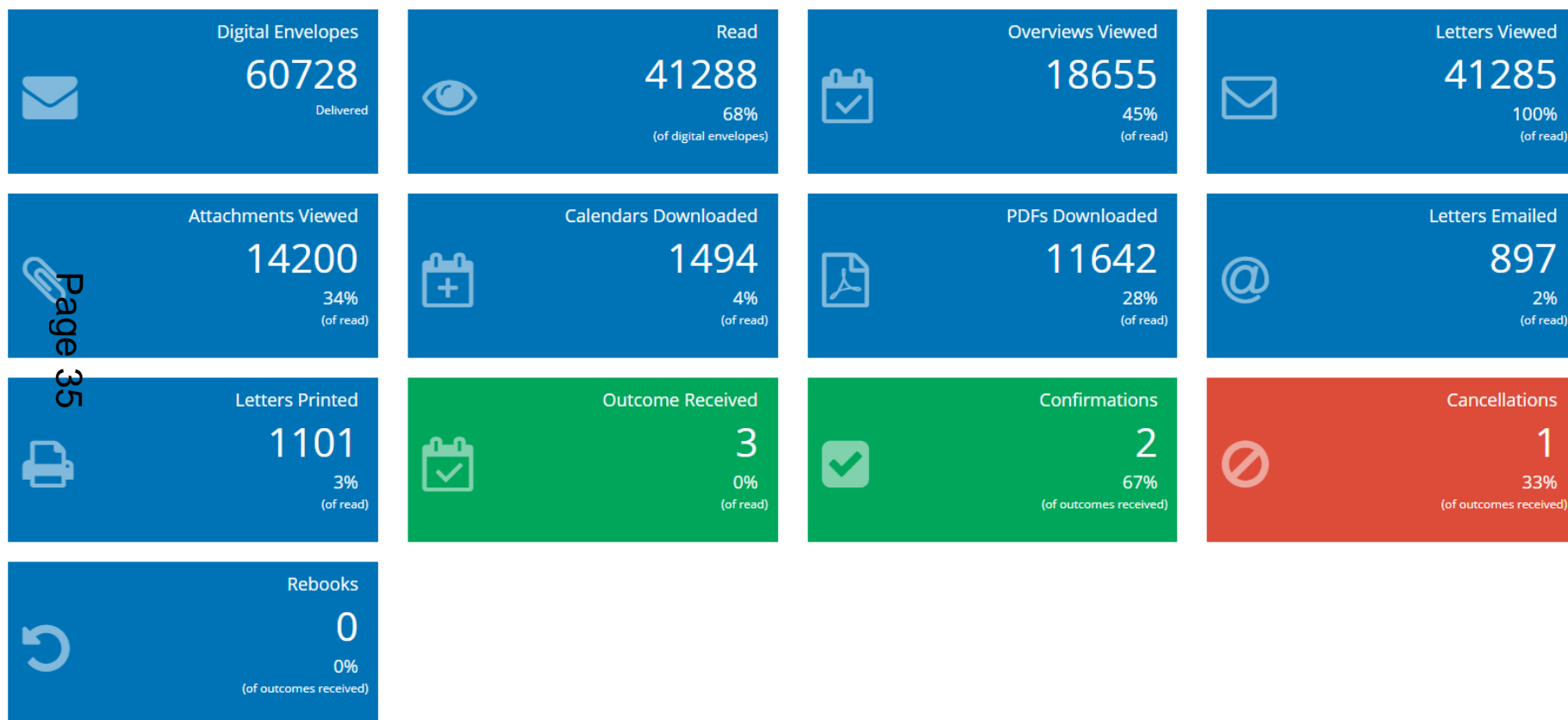**Cycle 4**: Adapt address for MEH to reduce non attendance

Cycle 3: 27.2.23 Sent to all patients across RLH, MEH, SBH MRI, CT US Improve comms, share with GPs and included on our Netcall system
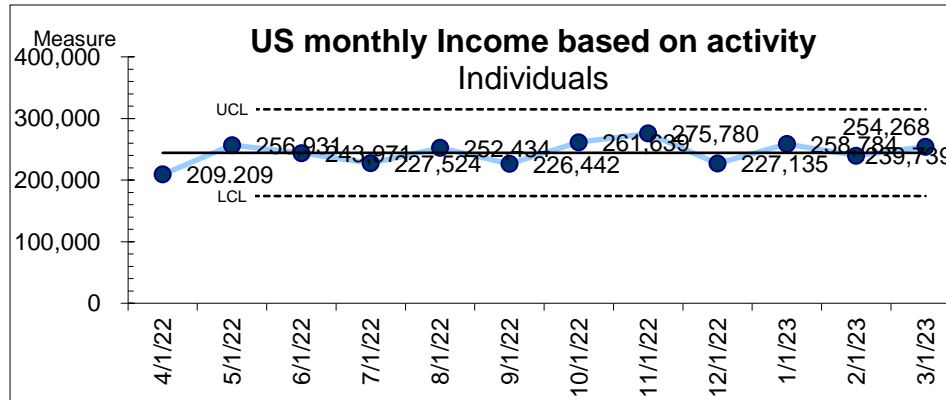
Cycle 2: Adapted based on feedback text and address details changed tested the system works with the provider. Data captured on success of test

Cycle 1: 1.2.23 Test the system with staff MDT, gathering feedback

Digital Appointment letter have been a success

Digital Envelopes 60728 Delivered	**Read** 41288 68% (of digital envelopes)
Overviews Viewed 18655 45% (of read)	**Letters Viewed** 41285 100% (of read)

Attachments Viewed 14200 34% (of read)	**Calendars Downloaded** 1494 4% (of read)
PDFs Downloaded 11642 28% (of read)	**Letters Emailed** 897 2% (of read)

Letters Printed 1101 3% (of read)	**Outcome Received** 3 0% (of read)
Confirmations 2 67% (of outcomes received)	**Cancellations** 1 33% (of outcomes received)

Rebooks 0 0% (of outcomes received)

CT monthly Income
Individuals

Measure

- 89,941
- 94,737
- 98,677
- 104,635
- 110,525
- 97,063
- 93,95,557
- 93,911
- 75,281
- 110,542
- 104,820
- 126,571

UCL
LCL

4/1/22, 5/1/22, 6/1/22, 7/1/22, 8/1/22, 9/1/22, 10/1/22, 11/1/22, 12/1/22, 1/1/23, 2/1/23, 3/1/23

MRI monthly income based on activity
Individuals

Measure

- 165,975
- 188,802
- 187,192
- 158,973
- 164,381
- 160,472
- 183,667
- 224,772
- 211,489
- 215,397
- 210,062
- 267,124

UCL
LCL

4/1/22, 5/1/22, 6/1/22, 7/1/22, 8/1/22, 9/1/22, 10/1/22, 11/1/22, 12/1/22, 1/1/23, 2/1/23, 3/1/23

US monthly Income based on activity
Individuals

Measure

- 209.209
- 256,931
- 243,971
- 227,524
- 252,434
- 226,442
- 261,639
- 275,780
- 227,135
- 258,784
- 254,268
- 239,739

UCL
LCL

4/1/22, 5/1/22, 6/1/22, 7/1/22, 8/1/22, 9/1/22, 10/1/22, 11/1/22, 12/1/22, 1/1/23, 2/1/23, 3/1/23

Band 3 Mid Point			2.00 WTE	
Gross Cost to Trust (5 days a week) Annual)			£	74,288
Gross Cost to Trust (5 days a week) Monthly			£	6,191

Impact and benefits realised

Patients - Equity in access, lowered risk of clinical harm

Organisational benefits

Leadership - Support and celebrated success

Value creation

More efficient and reduced our costs

3. Culture

- New Divisional structure created
- Listening events and daily huddles – our common purpose
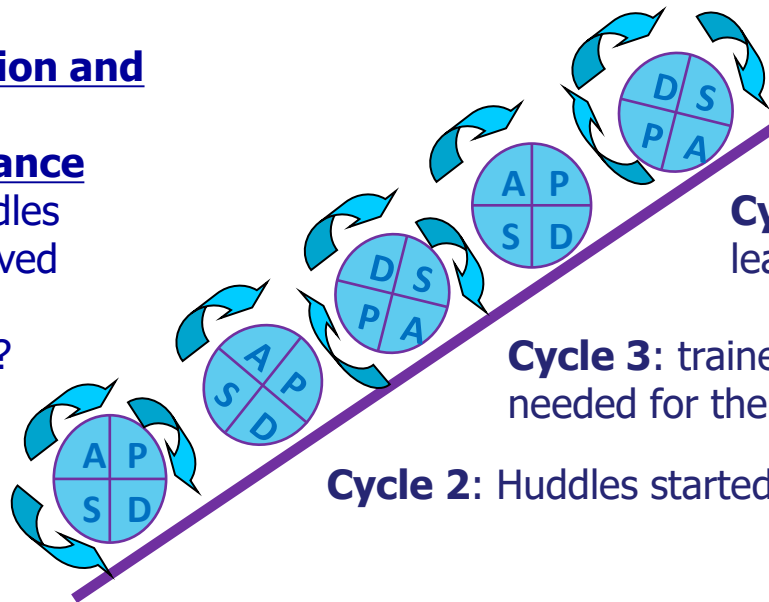- Capacity and demand
- Continuous improvement

Daily QI huddles clinical and admin come together. **Positive feedback**

Ramp Aim to improve our communication and oversight of our performance
Can daily huddles support improved booking and slot utilisation?

Next: ADOPT: How to sustain this as part of our BAU

Cycle 4: Test huddles in US share the learning from MRI

Cycle 3: trained team on how to capture the data we needed for the future Huddles.

Cycle 2: Huddles started in MRI

Cycle 1: Huddle design, structure, attendance developed.

Impact: Staff Survey 2023

Have you seen any changes or improvements in your team in the

- Yes
- No
- Maybe

31.7%

63.4%
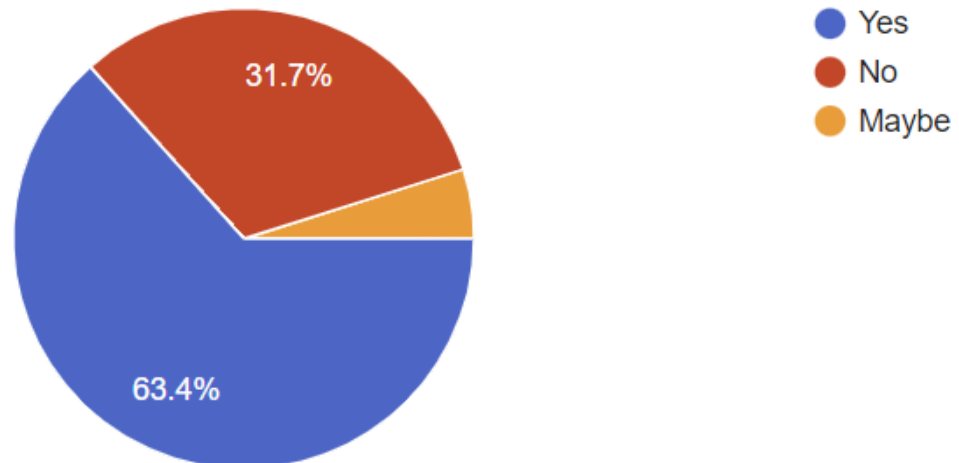
Staff Survey comments 2023

In our May 2023 survey staff said:

- *"Our DM01 position has **significantly improved** due to bookings being done effectively on clinical diaries, engaging with the scheduling team via team huddles. The clinical team has improved on image quality produced. Mainly due to feedback and CPD lectures delivered by radiologist. We have improved on the cleanliness of our environment in MRI."*

- *"**lots of the schemes we started last year have come to fruition this year**. The plans were fairly painful to set up initially but with re-iteration we have achieved engagement. I would also say that Nuri, Ollie and Margarita in A+C are working very well together, so the operative team are more functional. previously we all worked in silo because of a breakdown between clinicians and the operative teams"*

- *"**Bringing in recovery support was the key for ultrasound**. Raja and his team has supported us so much and helped to develop a plan to reduce the back log and breeches."*

- *"having a recovery service lead has helped greatly, better communication with the admin team"*

- *"We started **working more closely** with clinical leads and higher management to improve the recovery and clear the backlog."*

- *"we have **improved with regards to backlog and productivity**"*

Next steps

- Shifting lower acuity and direct access to Mile End site
- Supporting BH group regarding capacity
- Ongoing utilisation monitoring
- Reviewing pathways
- Supporting inpatient flow

Thank you

Any questions?

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