

In Conversation With: Suzanne Tracey, November 2021

Title: Clearing the backlog: the elective care challenge

Soundbites:

4m 30s: “In line with most systems, the biggest issue we’ve got is being able to protect the elective space, just simply because of all the pressure we’ve got through the emergency patients coming in, and not only are the numbers higher, but the acuity of patients is higher as well.”

6m 00s: “The great thing about [the transforming of the Nightingale facility] is that it is truly a system-wide facility, so although it is hosted by the Royal Devon & Exeter, it is actually a facility for the whole system. So, when we start working there in December onwards, then it will be all of our teams from the providers in Devon coming together and taking up slots in the facility.”

7m 17s: “I guess that they [social care] are struggling in the same way that we all are, with the impact of Covid and the recovery process, in that staffing is a real challenge for everybody at the moment, and the availability and knock-on effect of that in domiciliary care and care home provision is obvious.”

10m 50s: “I think there’s a degree of nervousness from our teams about what the winter holds. They’ve seen a really difficult summer and they’re thinking that it will get worse again in the winter, and the resilience of staff – understandably – is lower. They’ve been working non-stop, and are under a lot of pressure, and that workload seems to be taking its toll.”

14m 22s: “Having that collective understanding of where the focus is and what the objectives are is helped by having the data to support it. We’ve found that we’re quite good at having the data on an individual organisation point of view, but bringing that together to create a system picture that we can all look at across the system has been a real piece of work. Having that view for the whole system and being able to understand where your areas or hot spots are, almost irrespective of which organisation, has been a really important lesson for us.”

16m 00s: “As we develop our integrated care systems, we’re moving very much from a regime that in previous years was focused around competition, and now the focus is on collaboration. I think it is human nature for people to focus on the bit that they’re responsible for, but actually, asking people to look out and think differently as a result of working across a much wider geography requires empowerment and support to ensure that the environment is created.”

22m 53s: “I’d like to spend some money on really supporting our staff. For all of the reasons we’ve said in this conversation – resilience is lower, morale is lower, people are really struggling at the moment – I look at the facilities that people are working in, in most hospitals I think, and staff space to rest and recuperate is at a real premium.”

24m 18s: “It’s really clear that we can’t carry on delivering services in the way we’ve always done so, we simply don’t have enough staff and need to train more, and we’re trying to make the best use of the staff we’ve got, so the most important thing for me that the NHS can do at the moment is increase significantly in digital capability.”

Copy / Synopsis:

The government anticipates 30% more elective activity by 2024-25. For NHS organisations and ICSs already battling significant waiting list backlogs, this adds to an existing challenge.

In our final In Conversation With of 2021, Liaison Workforce's Ed Leonardo speaks with Suzanne Tracey, Chief Executive of the Royal Devon & Exeter NHS Foundation Trust, who provides valuable insight into how the system is addressing the challenge of elective care and the waiting list backlog, including:

- protecting the elective space
- the steps the system is taking to increase elective capacity
- the partnership between health and social care
- the effect on staff wellbeing and resilience

To join the conversation, visit: <https://inconversationwith.liaisongroup.com/>