

Supplementary information Request: A&E Performance Review

Southwark Healthy Communities Overview and Scrutiny sub-Committee

For Information



The February 2015 meeting of the OSC Committee requested supplementary information upon Emergency re-admissions and workforce at the two local Emergency departments serving residents (Denmark Hill and St Thomas' Hospital sites)

Emergency readmissions

Emergency readmissions rates are one of a number of performance indicators that commissioners and providers review to assess the effectiveness and quality of discharge from hospital alongside others e.g. Delayed Transfers of Care

When considering emergency readmission rates it is important to consider the rate, underlying trends and the cause of the emergency readmission (whether it was for the same or a different condition to the original admission) and whether it was avoidable. Commissioners audited avoidable readmissions in 2014 and approximately 20% of local emergency readmissions were considered to have been potentially avoidable on a whole systems basis.

Emergency readmissions rates at GSTT and KCH have been broadly static and in overall terms are not considered to be a driver of current performance challenges at either Trust.

Workforce / Staffing

Staffing levels are one of the key metrics that providers and commissioners monitor, with vacancy rates, recruitment and retention, sickness and safe staffing levels as key areas of focus Trust wide and at individual department / service level.

A&E Departments are challenging areas in terms of recruitment and retention of staff although vacancy rates for A&E are not out of line with overall Trust vacancy rates. Both hospitals undertake regular and targeted recruitment drives to ensure posts are filled substantively wherever possible.

Where there are substantive vacancies both hospitals utilise bank and agency staff to ensure rotas are filled and that staffing levels are safe – internal monitoring of staffing levels identifies any 'red risk shifts' - shifts where staffing levels are considered to be too low so that immediate action can be taken.

Our commissioner assessment is that substantive staffing vacancies are not a material contributory factor to the current A&E performance challenges at either St Thomas' or King's College Hospital Denmark Hill A&Es.

Re-admissions within 30 days

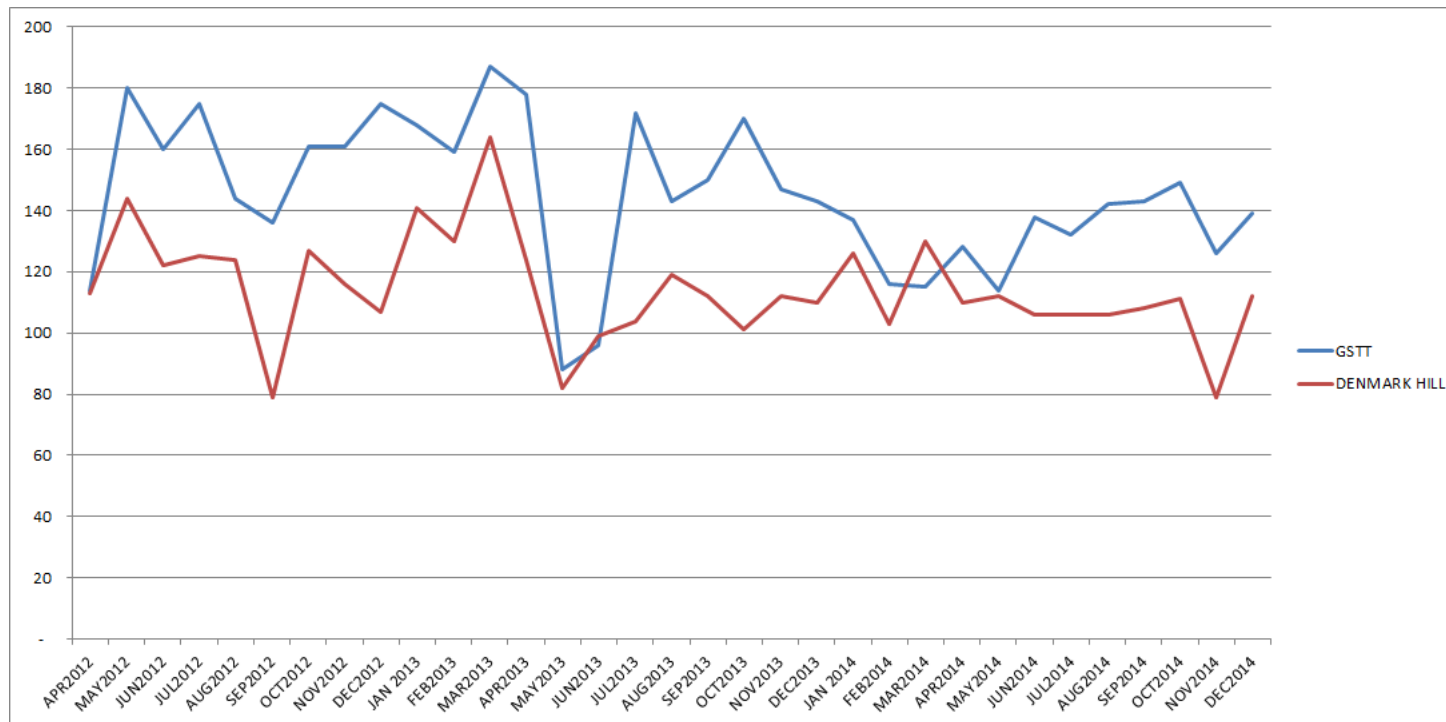
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30 day readmissions: Southwark patients

- A definition of 30 days readmission is set out in NHS England guidance on Payment by Results (PbR). The emergency re-admissions guidance excludes certain criteria from the data (e.g. cancer diagnoses, admissions of under 4s, renal re-admissions).
- The table and graph below shows the numbers of Southwark patients readmitted to either GSTT or KCH (Demark Hill site only) within 30 days of hospital discharge.
- The data here is the total activity count and not a readmission rate. It should not be used to compare performance between the trusts. The data sets out the number of monthly readmissions since April 2012 and is not adjusted for days in the month.



Emergency Departments - Workforce

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A&E consultants – 0% vacancy rate.

Currently the KCH Denmark Hill site has zero consultant vacancies against this years budget. A business case by the Emergency Department (ED) is being developed to increase the current establishment by 3 whole time equivalents (WTEs) to support an increase in ED 'shop floor' presence from 8am through to midnight 7 days per week. The additional 3 consultants will provide more support for the junior staff and ensure a more timely senior decision maker to aid the flow through the department to discharge or refer patients appropriately.

A&E junior doctors (%) – 10.4% vacancy rate

Budgeted posts (WTE)	61.95
Actual – in post (WTE)	55.73
Vacancy (WTE)	6.22

- In quarter 3 the Emergency Department at Denmark Hill received two resignations, one junior doctor is on maternity leave and one other doctor went off on long term sickness.
- The department has since advertised the vacant posts however no candidates were suitable for appointment in that process.
- The department continues to fill the vacant slots on the rota by offering vacant slots to the Trusts doctors as additional shifts and utilises locums doctors when available to cover any gaps. The department is routinely able attract junior locum doctors to cover the vacant slots on most occasions.

Qualified A&E nursing staff – 18.5% vacancy rate

Budgeted posts (WTE)	177.93
Actual – in post (WTE)	145.01
Vacancy (WTE)	32.92

The department continues to recruit with rolling adverts for qualified nursing staff. The Trust has recruited 12 WTEs over the past month and the individuals are on track to take up the respects posts by the end of the current financial year.

Sickness for Q3 increased during month of December, 5 WTE staff members on long term sick during Q3. Sickness is reviewed monthly by HR and ED nursing management team. Maternity leave accounted for 3.45 WTE staff during Q3 and is predicated to decrease to 2 WTE in Q4.

Sickness and vacant posts are filled with a combination of in house 'bank' and external agencies. ED at Denmark Hill currently uses a regular pool of agency staff on set lines to help support stability, safety and continuity of the staffing levels

Qualified A&E clinical support staff – 13.43% vacancy rate

Qualified A&E clinical support staff include the following groups : Health Care Assistants and Emergency Department technicians.

Budgeted posts (WTE)	21.08
Actual – in post (WTE)	18.25
Vacancy (WTE)	2.83

A&E consultants – vacancy rate of 10.2%

GSTT are mid-way through a recruitment campaign to expand consultant numbers. The trust appointed locums at the end of Q3 and this impacted on the vacancy rate at the time.

A&E junior doctors – vacancy rate of 5.7%

It is of note that during Q3 the trust experienced significant pressure with a reduction in CT3 and ST4+ doctors. The ED had two CT3 doctors in post, against an establishment of 4 and five ST4+ doctors against an establishment of 7.

Qualified A&E nursing staff - vacancy rate of 17.5%

The department has recruited to all but 9 posts and these are in the recruitment pipeline, due to commence in February 2015. The trust is actively involved in a six week recruitment cycle to mitigate the risk of staff attrition rate. It is of note that there is currently a high maternity leave component, equating to 13.5 WTE which impacts bank 7 agency usage.

Qualified A&E clinical support staff –vacancy rate of 0.0%

Apart from a Play Specialist , there are no staff members within the department that fall under this category.