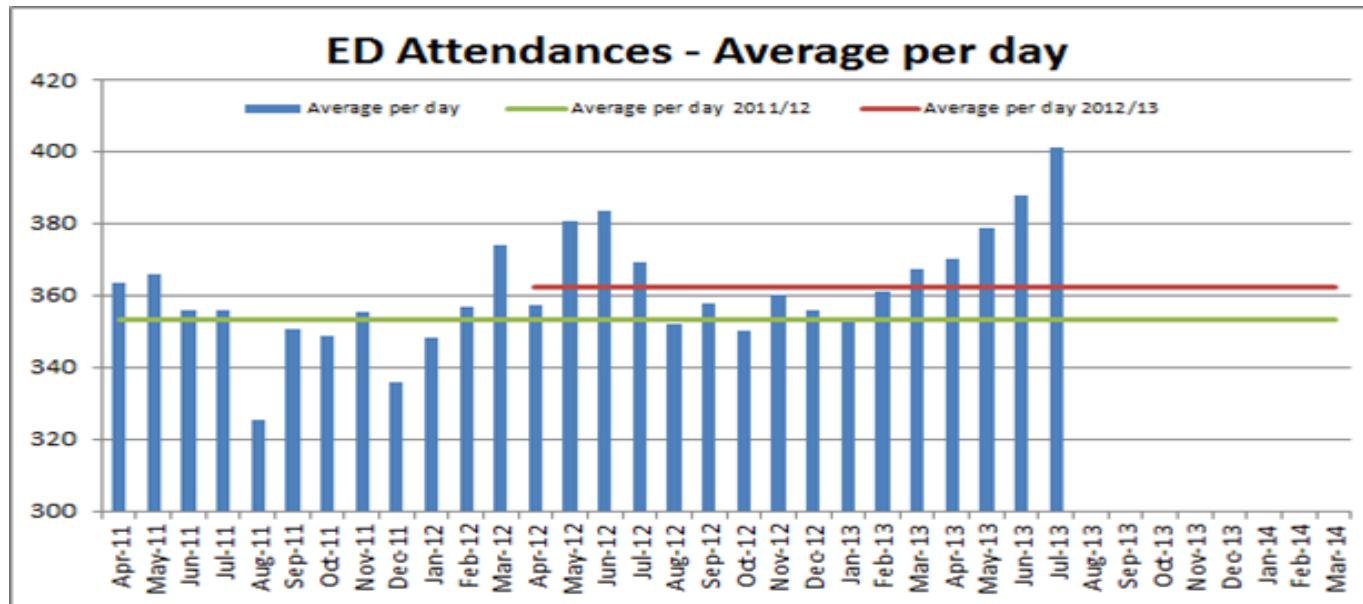


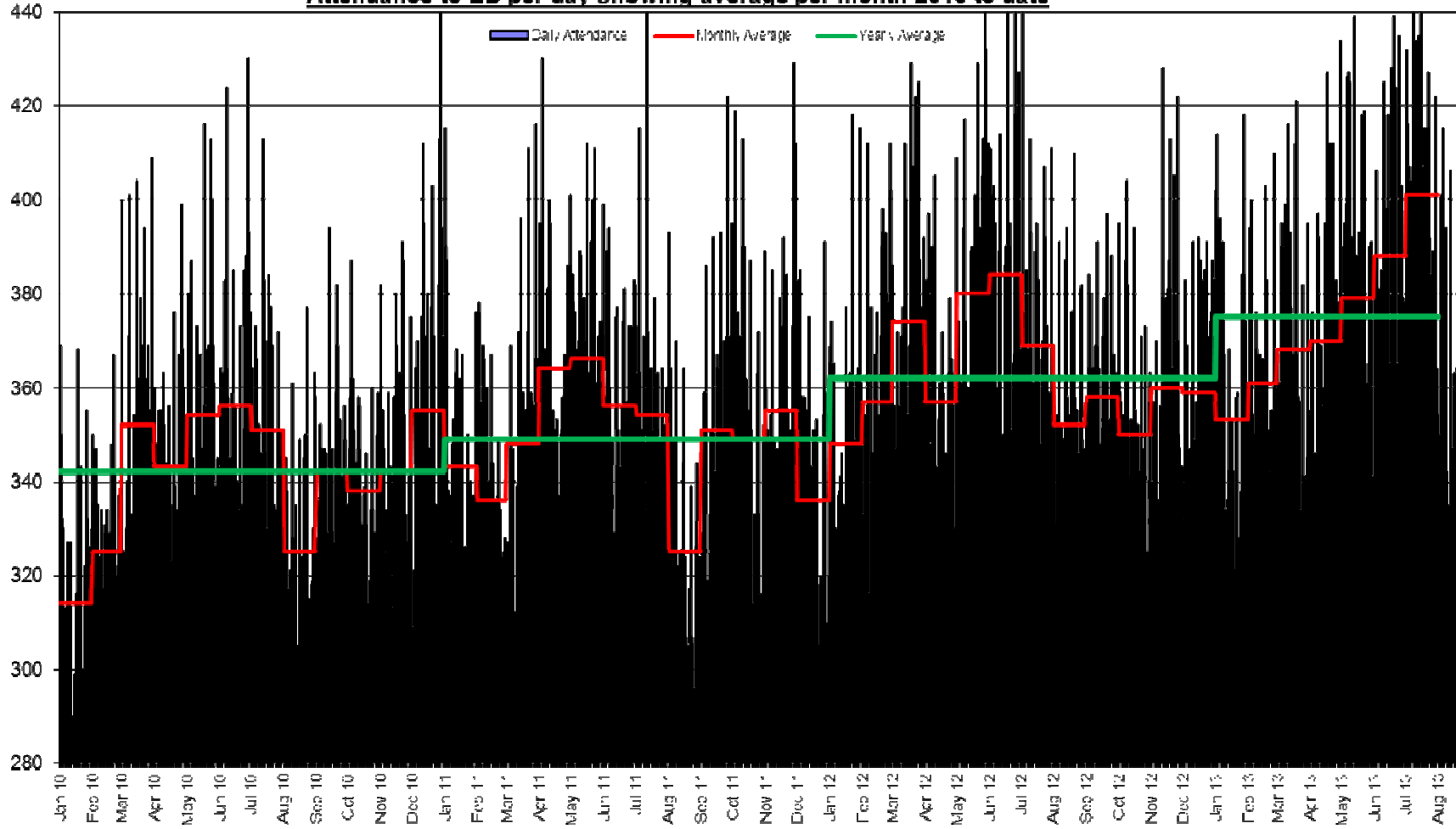
Report to the Southwark Health and Adult Social Care Scrutiny Sub-Committee on Emergency Care

1. Overview

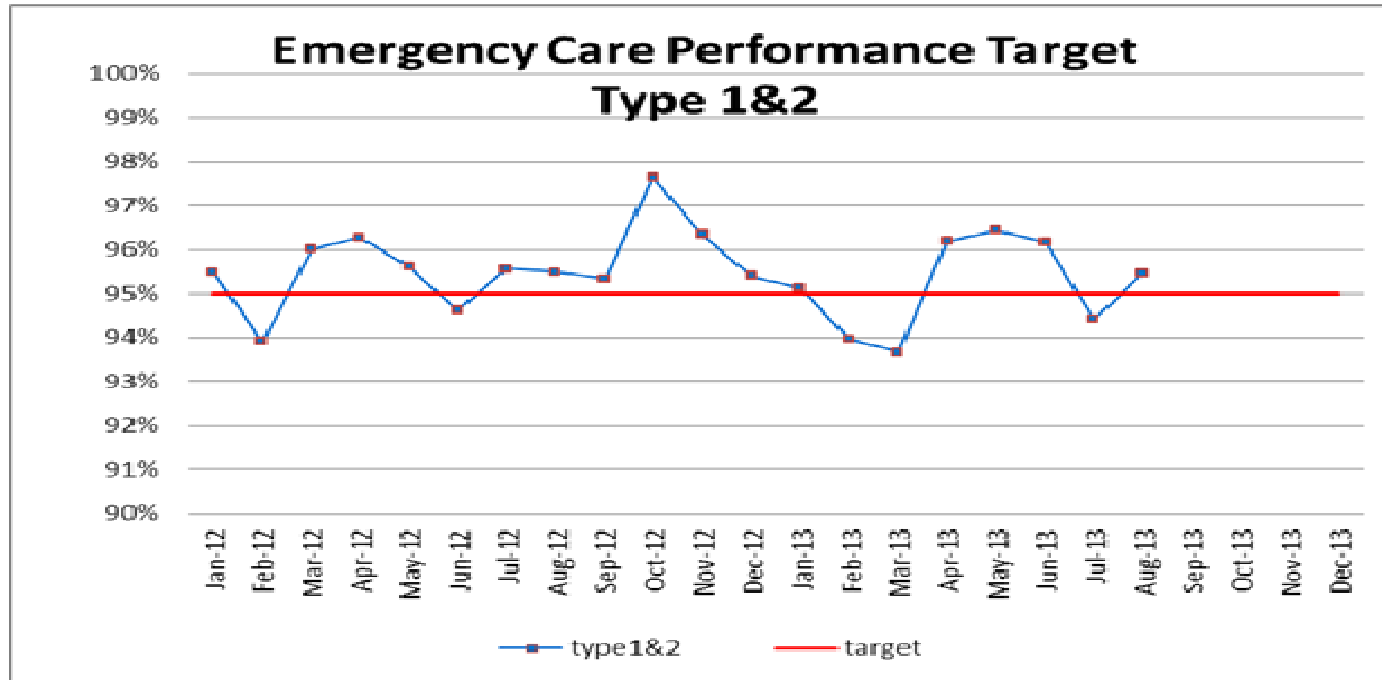


	A&E attendances	Average Daily
Jan-13	10944	353
Feb-13	10106	361
Mar-13	11400	368
April-13	11112	370
May-13	11747	379
Jun-13	11651	388
Jul-13	12443	401

Attendance to ED per day showing average per month 2010 to date

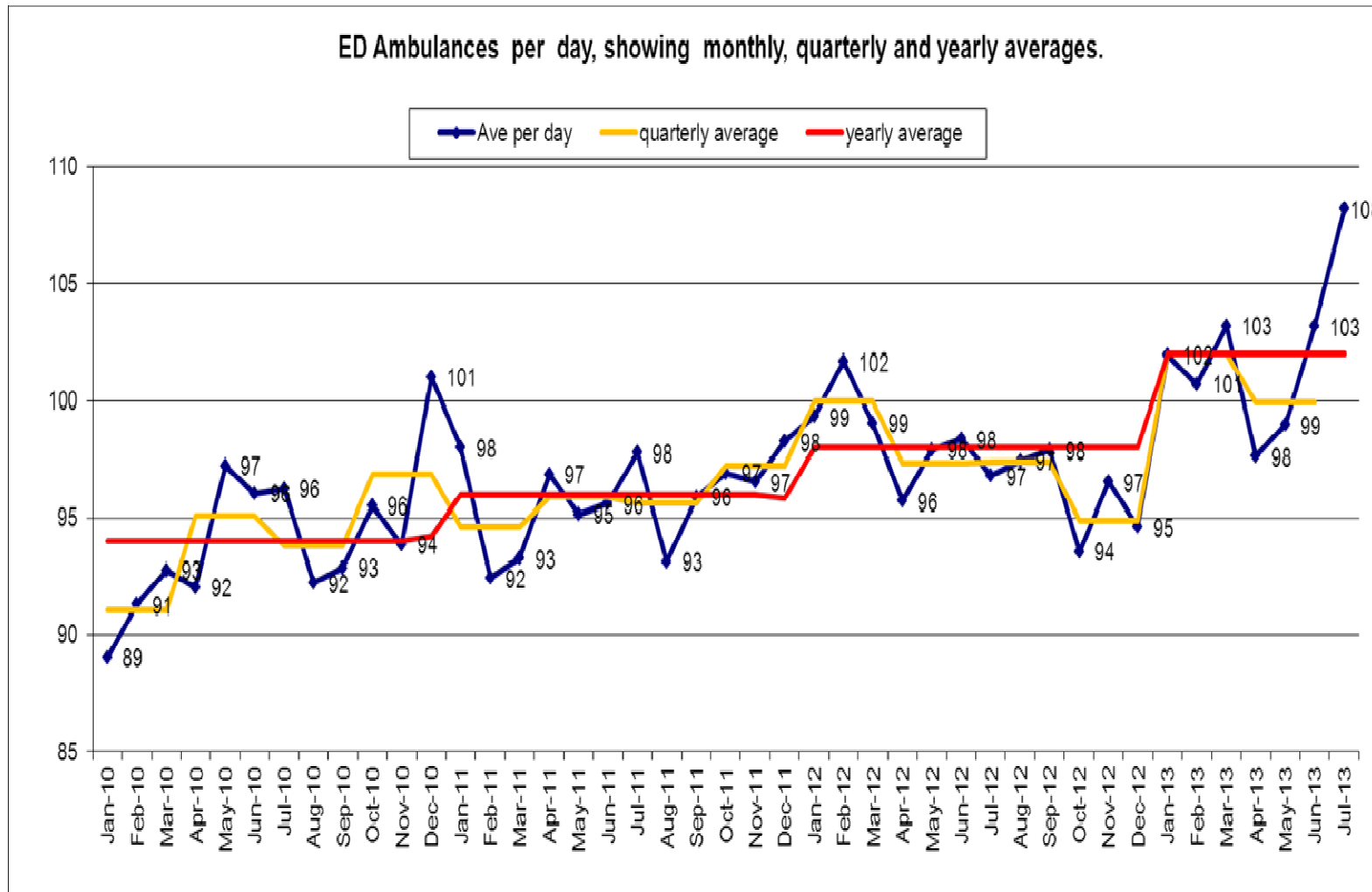


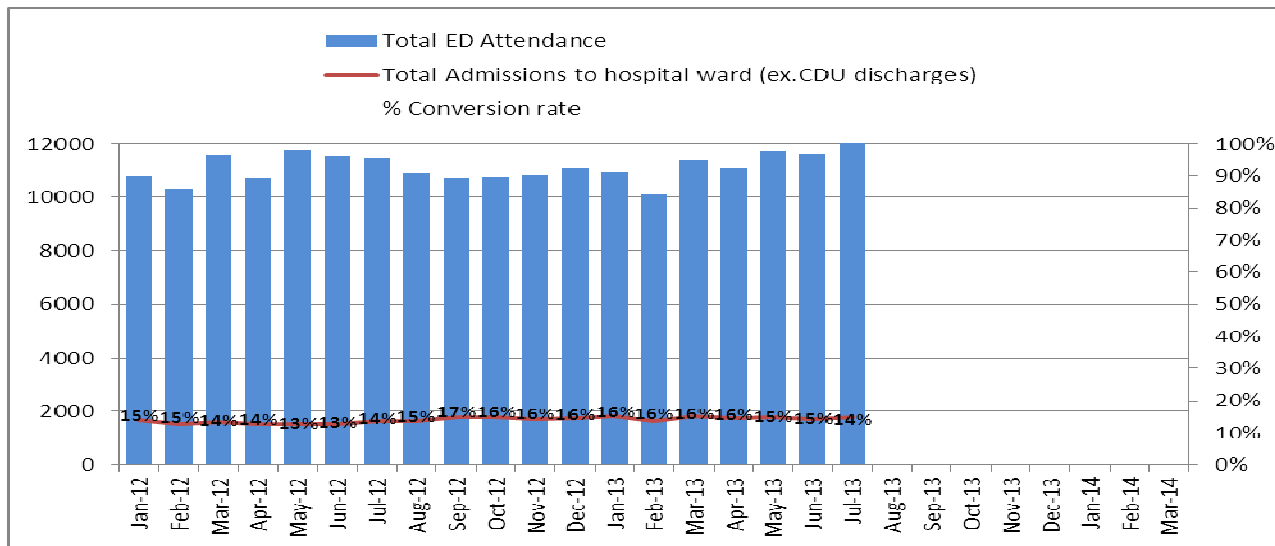
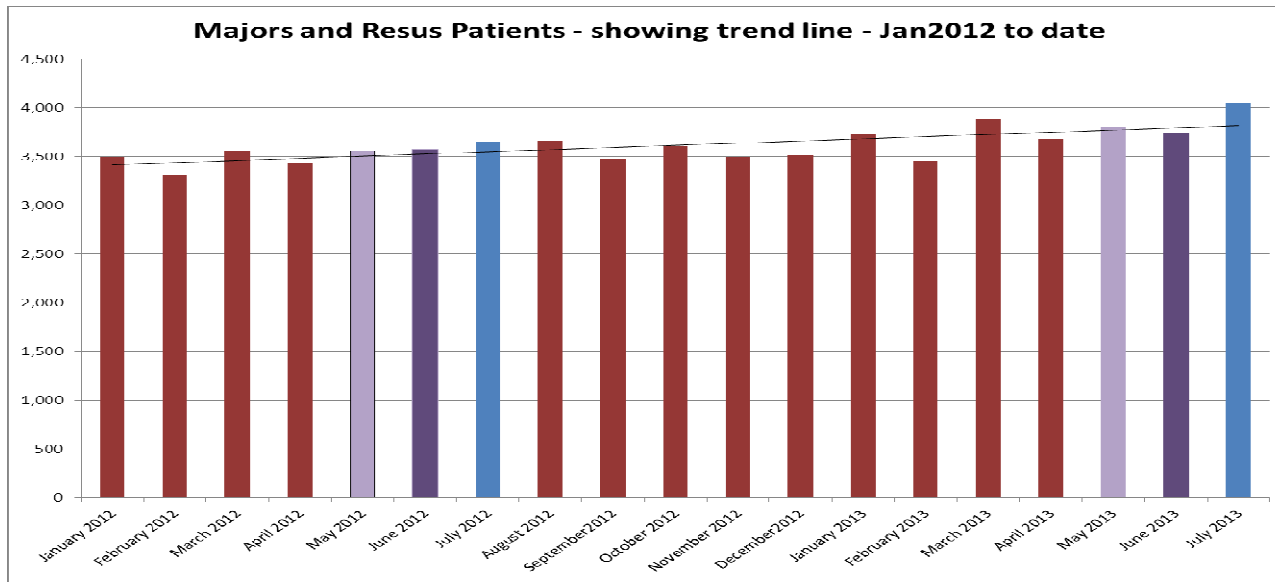
2. Emergency Care Performance



Month	Type 1 & 2
Jan-13	95.18%
Feb-13	93.96%
Mar-13	93.67%
Apr-13	96.19%
May-13	96.45%
Jun-13	96.18%
Jul-13	94.42%
Aug-13	95.46%

3. Acuity





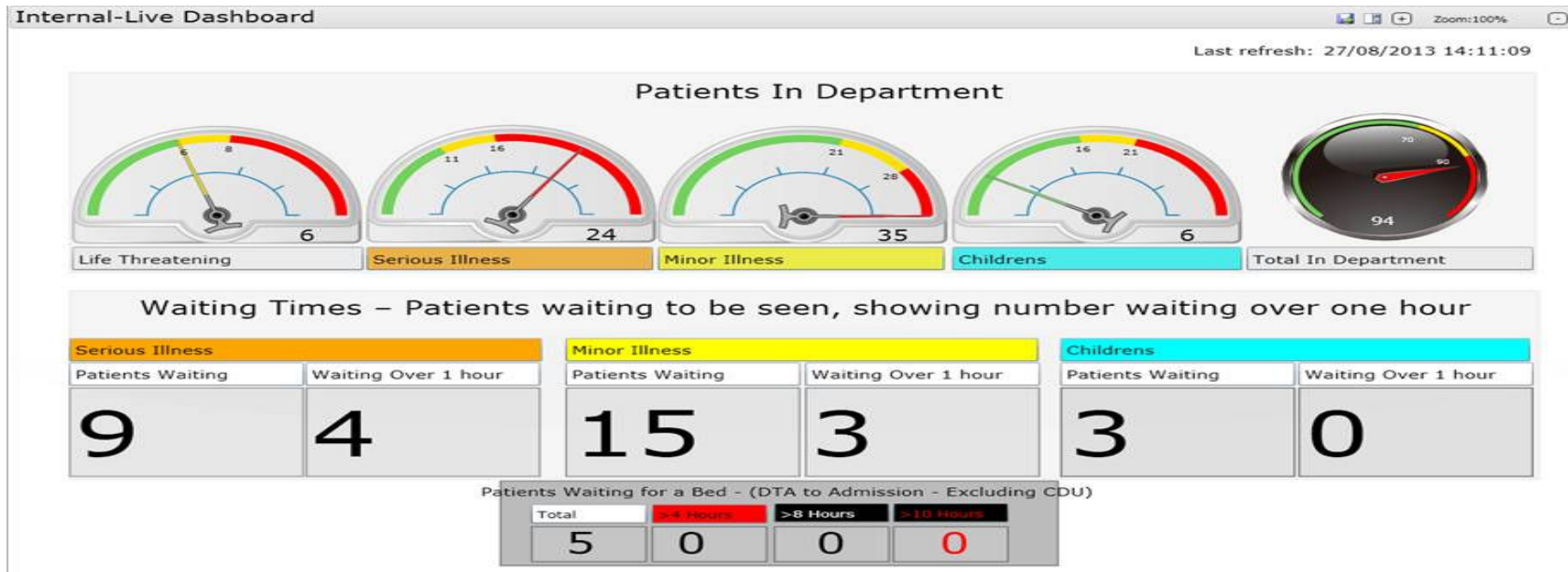
4. Work plan to help manage emergency flows and the emergency care target

4.1 The Trust has an Emergency Care Board (ECB) with a detailed recovery and improvement plan to support emergency care performance and winter planning.

4.2 The ECB has executive ownership; there is a weekly work-plan review and clear lines of accountability across all Divisional teams. Activity data is closely scrutinised and copies of performance packs and our full winter plan are available should the committee wish to review them.

4.3 The key areas of focus are:

- Pre-hospital pathways
 - London Ambulance Service (LAS) Out Of Area (OOA) analysis and clustering
 - Older persons assessment and rapid access
- Journey through the Emergency Department (ED)



- Capacity – increased numbers of majors assessment cubicles
- Extended ED consultant presence in the evenings and weekends
- Urgent Care Service – primary care partner appointed, GP open evenings planned
- Point of care testing for diagnosis and rapid decision making
- Flow within the Hospital
 - Capacity – infill wards, paediatric short stay unit and critical care capacity all coming on line. Orpington site will be used for elective surgery
 - Quality of care e.g. alcohol and substance misuse nurse appointment and 7/7 Registered Mental Nurses (RMNs)
 - Speed of decision making – access to diagnostics
 - Ambulatory care pathways
- Discharge planning and out of hospital
 - Discharge suite, 'home for lunch' initiative
 - Medihome
 - Red Cross
- MH pathways – Education and training, staffing, Approved Mental Health Professional's (AMHPs) in and Out Of Hours (OOH), triage wards
 - 3370 assessments in 2011-12
 - 3717 assessments in 2012-13
 - **10.2% increase**
 - 88 MHA admissions in 2011-12
 - 117 MHA admissions in 2012-13
 - **32% increase**

5. Areas for improvement system wide

- LAS & patient choice
- MH pathways- community care, access to approved social workers, bed availability
- Public health - awareness and expectations of urgent care options
- Integration – cross agency and cross borough

6. HOSC questions

6.1 The impact of the TSA on provision and access to Emergency & Urgent care and Maternity

Current position maintains full services at University Hospital Lewisham (UHL). KCH continues to plan for any future alternative outcome with the main pressures anticipated to be relating to capacity, specifically ED, Acute medicine, paediatrics and maternity.

6.2 The reasons for increased use of A & Es over winter and how this could be reduced - where appropriate

Access, both perceived and actual, to community services and primary care has a direct impact on attendance patterns to the Emergency Department. Supportive measures include public health messaging, increased OOH appointment availability, 7/7 community team working.

Infections outbreaks, such as norovirus, result in attendance spikes, creating capacity concerns particularly in relation to side room and isolation facilities. Extended periods of cold weather result in increased attendances specifically for the elderly. Public health messaging and close partnership working with primary care is extremely important. Campaigns giving advice and support to the elderly in relation to keeping warm have proven to be successful locally and should be repeated this winter.

Alcohol, substance misuse and homelessness continue to represent causality for a significant proportion of attendances. In reach programmes and access to rapid alcohol assessment units are beneficial. We are participating in a cross borough Big Lottery programme looking at creating packages of care for complex patients who frequently use services from acute health care, homeless teams, addictions, mental health and the judicial system.

Mental health attendances continue to increase and will be expected to rise again across the winter months.

6.3 Comment on how effective do you think Urgent / Emergency care pathways are ? What could be improved.

Effective partnership working is essential with greater integration of services. Whole system review of pressures with shared ownership and accountability for actions managed through an Urgent Care Board have been shown to be effective if managed correctly. Shared commissioning models and priorities across borough boundaries. Clear and effective signposting for the public

Briony Sloper Deputy Divisional Manager, Trauma, Emergency and Urgent Care, KCH