Guy's and St Thomas' NHS
NHS Foundation Trust

Emergency Department Performance

Performance against the A&E 4 hour wait target has been achieved in Q1 (95.9%). Q2 is proving challenging and the target was failed in July (94.5%) with August presenting very similar challenges to the winter (96.4% so far). The effect of the heat wave on the Emergency pathway presented similar acuity patterns that were experienced in winter and has resulted in unusual dependency and occupancy on the wards for summer months.

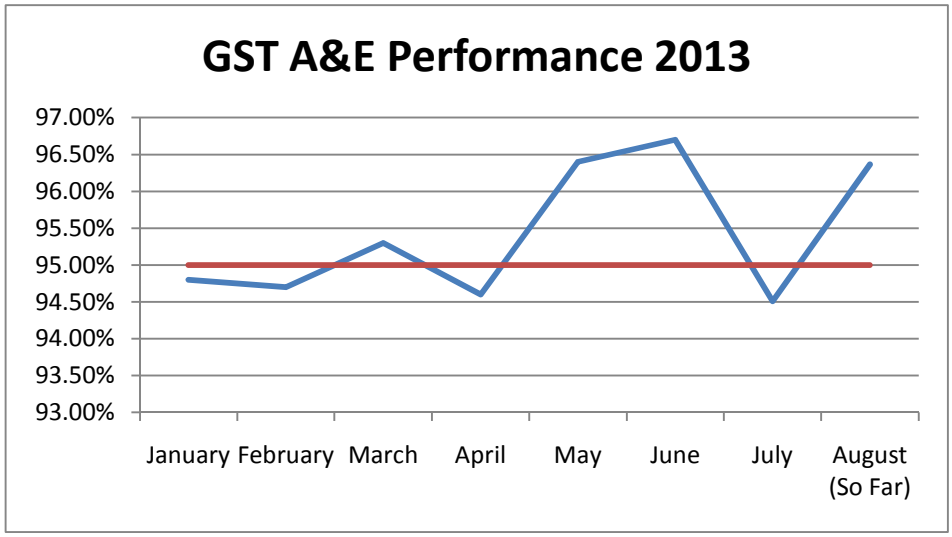
An action plan is being implemented to improve performance. Analysis indicates that there is no relationship between the number of breaches of the 4 hour wait and the total number of patients attending A&E. Staff consider that performance is determined by the combination of a number of factors, including:

- Bed availability at St Thomas' Hospital and in the Emergency Medical Unit in particular;
- The "clustering" of attendances at A&E, especially ambulance arrivals which have often occurred in clusters of more than 20 in an hour;
- The acuity of attendances, particularly the effect of "resus" cases diverting senior staff;
- The time of day, as the deployment of staff is lower at nights.

Guys and St Thomas' Foundation Trust A&E performance 2013

All types of A&E Attendances; proportion waiting less than 4 hours

January	February	March	April	May	June	July	August (So Far)
94.80%	94.70%	95.30%	94.60%	96.40%	96.70%	94.5%	96.4%



Reducing Unplanned Admissions to A&E

Guy's and St Thomas have a range of services and initiatives within the hospital setting and also as the boroughs Lambeth and Southwark as the local provider of community services. The overall aim is to reduce unplanned admissions where possible, manage length of stay and ensure that discharge arrangements are as effective as possible to avoid unnecessary re-admissions

a) Prior to arrival in A&E

- Lambeth & Southwark CCGS have commissioned a package of community based admission avoidance schemes, which form part of the broader Southwark and Lambeth Integrated Care (SLIC) Programme's frail elderly pathway. Interventions that have been successfully implemented include the Home ward, Enhanced Rapid Response team, establishment of geriatrician-led hot clinics, Community Multi-Disciplinary Teams (MDTs) within each locality and the re-ablement programme.

- A number of initiatives delivered through the GSTT Charity funded End of Life Care Modernisation Initiative, including Amber Care bundle, have resulted in better management of symptoms and end of life care in the community and nursing homes.

b) Discharge and out of hospital care

- Bed management: Bed management models (compliant with ECIST – Emergency Care Intensive Support Team) are used by GSTT to monitor occupancy and capacity, with escalation processes in place to implement changes as required. GSTT have reviewed elective bed requirements and have plans in place to reduce Length of Stay (LoS) and internal delays via the Patients Waiting project.

- Use of Expected Date of Discharge (EDD): GSTT have systems for setting consultant-led EDD which are audited regularly. There are multi-disciplinary services in place to assess and support discharge of frail elderly patients e.g. Enhanced Rapid Response, Kings Older People Liaison team. GSTT have plans to improve discharge planning. GSTT is launching a LoS work stream focussing on management of complex discharges as part of the Fit for the Future transformation program.

- Flexing community capacity to accept discharges: Step down facilities are available for very dependent patients needing rehabilitation and restorative care, however this is limited in terms of capacity and covering housing &

social care needs. Community teams are able flex capacity to accept some patients who may otherwise need step down beds. Redesign projects underway which aim to improve capacity and effectiveness of community health and social are provision, with expected outcomes to include reduced readmissions and referral times, for example the mobilisation of the Home Ward – which focuses on the three components of admission avoidance, early discharge and Case Management by Clinical MDTs - and Enhanced Rapid Response with Supported Discharge Team (SDT), which responds same/ next day when needed rather than 48 hr standard referral to start up time.

- GSTT Community Health Service also provides homeless intermediate care at Bondway which supports admission avoidance.

- Re - ablement - capacity has been increased.

Key patient groups

- Mental Health: At GSTT an integrated care pathway for mental health patients has been introduced to speed up transfers from Emergency Department (ED) to the Emergency Medical Unit (EMU).

- Alcohol: An Alcohol Recovery Centre was piloted at the St Thomas site in February using winter funding, which provided alternative care for this cohort of patients, releasing medical time - future commissioning arrangements are being agreed. Kings Health Partners have recently launched a combined Alcohol Strategy in response to increasing attendances in ED.

- Homeless patients: KHP have fully scoped the impact across KCH, SLaM and GSTT in conjunction with the Pathway charity. A business case is currently being finalised with a view to implementation of a dedicated Homeless Liaison Team across the two acute hospitals from this autumn.

- Children: There is a dedicated 24/7 paediatric ED, supported by the Evelina Children's' Hospital at the S Thomas'.

GSTT has already highlighted some areas for improvement and further work, some of which are already in progress and documented in Trust recovery plans. These include:

- Physical space –GSTT are implementing large scale ED redevelopment over the next two years and in the interim a number of short-term actions are being taken to improve the patient flows within the department.

- Enhanced seven day working arrangements

- Improve urgent paediatric care across the health system

- Ensure bottlenecks to flow out of the department/EMU are identified and processes put in place to remedy.

- Improving redirection to more appropriate services (GP slots etc)
- Improved IT infrastructure within the Emergency Department
- Continued pathway work for challenging patient groups (Mental health, alcohol)
- Reducing Length of Stay
- Improving internal waits and external delays
- Improving day case rates and reducing preoperative nights
- Managing the flow of tertiary semi-elective pathways
- Southwark & Lambeth Integrated Care (SLIC). Over the coming year, we will continue to support the ongoing implementation and review of the Integrated Care Pilot (ICP) for frail elderly pathway. The next phase of work will focus on simplified discharge process, enhanced seven day working arrangements; redesign of the falls pathway, Community Multi-Disciplinary Team registers holistic health checks and case management. In addition the programme will address Integrated Care against a wide range of Long Term Conditions.

Actions identified within GSTT ED Recovery Plans include:-

- Bed capacity: detailed review of general medical and respiratory bed usage over a 24 month period undertaken to plan a flexible bed base for winter 2013-14
- Increased clinical capacity: appointment of four consultants & nurse recruitment completed, in addition to a review of junior doctor pool to explore increasing cover at peak times
- Hourly monitoring of occupancy leading to early identification of problems and development of actions/trigger points
- Working with LAS to improve pathways and utilisation of HAS data to proactively respond to activity surges
- Working with SLaM to improve patient pathway and discharge process
- Paediatrics: review of paediatric ED processes, joint Paed & Adult ED medical post to be advertised and use of occupancy tool to manage surges in pressure

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