

Urgent and Emergency Care Performance

1. 2013/14 A&E Performance

All Types					Type 1				
Trust	Q1	Q2	Q3	Jan	Trust	Q1	Q2	Q3	Jan
GSTT	95.94%	95.69%	96.78%	96.92%	GSTT	94.79%	94.42%	95.91%	96.00%
KCH-DH	96.26%	95.03%	94.3%	93.31%	KCH- DH	95.51%	94.08%	93.12%	91.85%

a) Current position – performance

Both Trusts achieved the 4 hour standard for all type attendances in both Quarters 1 & 2. In the last quarter, GSTT met the 4 hour target for both type 1 and All Types, whilst performance at KCH (Denmark Hill site) was 94.3%. This demonstrates the majority of people presenting at our local emergency departments have been seen within the required waiting time. The winter period is particularly challenging time for health and social services and we believe our the local urgent care system has performed and responded well to increased pressures. The graphs below shows achievement against the 4 hour standard over the past eight weeks.

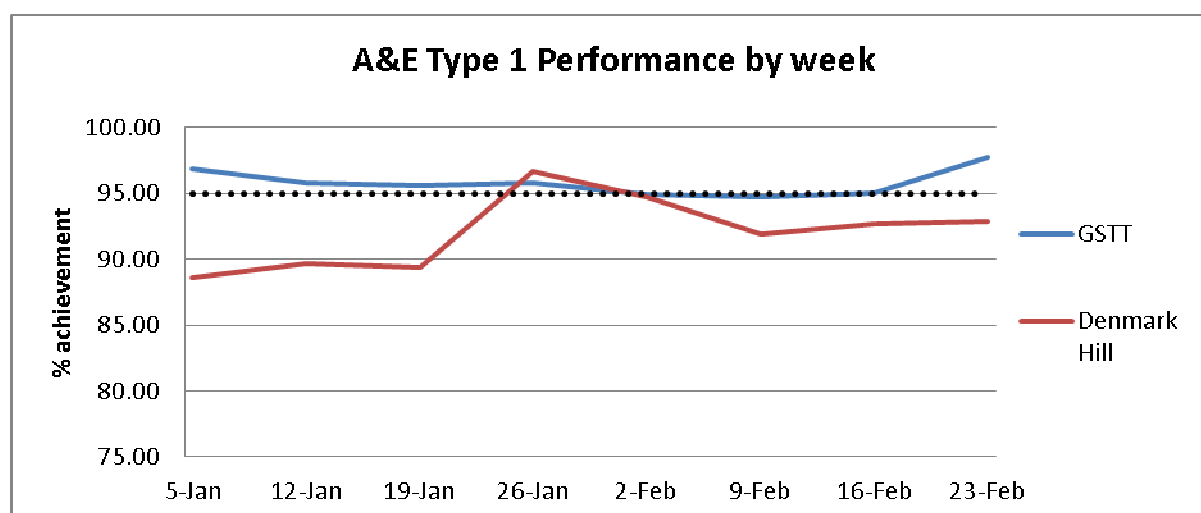


Chart 1

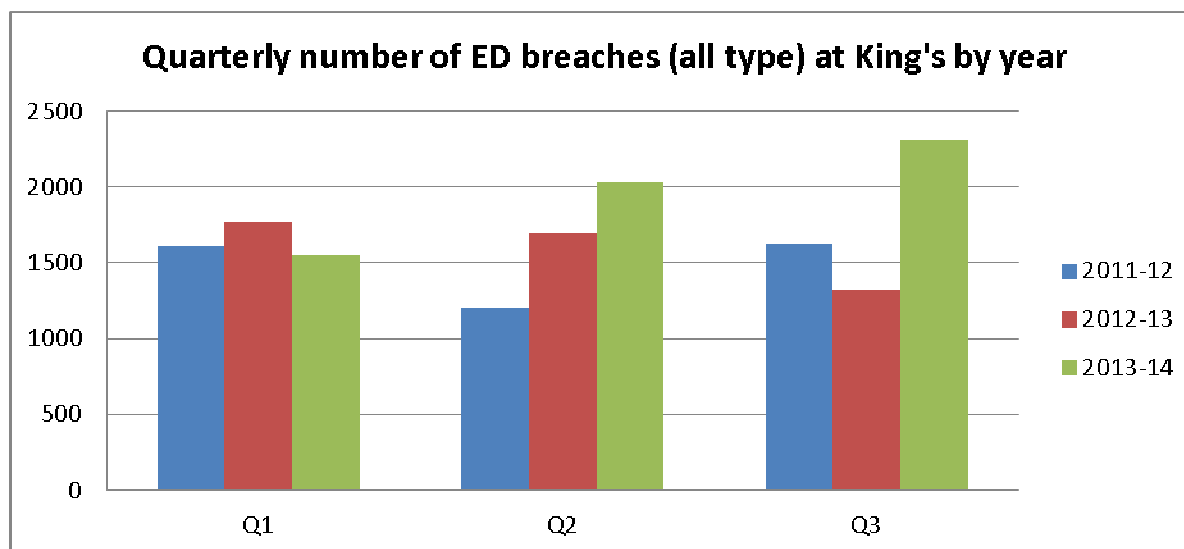


Chart 2

LAS Handover

The table below shows performance against LAS KPIs during December with no 60 minute handover waits at either Trust.

	KPI1: 100% within 15 mins	KPI2: 100% within 30 mins	30min handover waits	60 min handover waits	KPI4: 90% data completeness
GSTT	41.10%	97.50%	2	0	91.60%
Kings	37.00%	93.40%	39	0	91.60%

b) Activity

The majority of Southwark residents use local urgent and emergency care services. Analysis of Southwark CCG A&E activity has demonstrated a 5% decrease in attendances during Quarter 3, relative to the same period last year. However, this is in contrast to an increase in All Type A&E activity reported at King's during Quarter 3. This may suggest the activity growth seen at King's is due to out of area patients, however we need to gain a greater understanding of this.

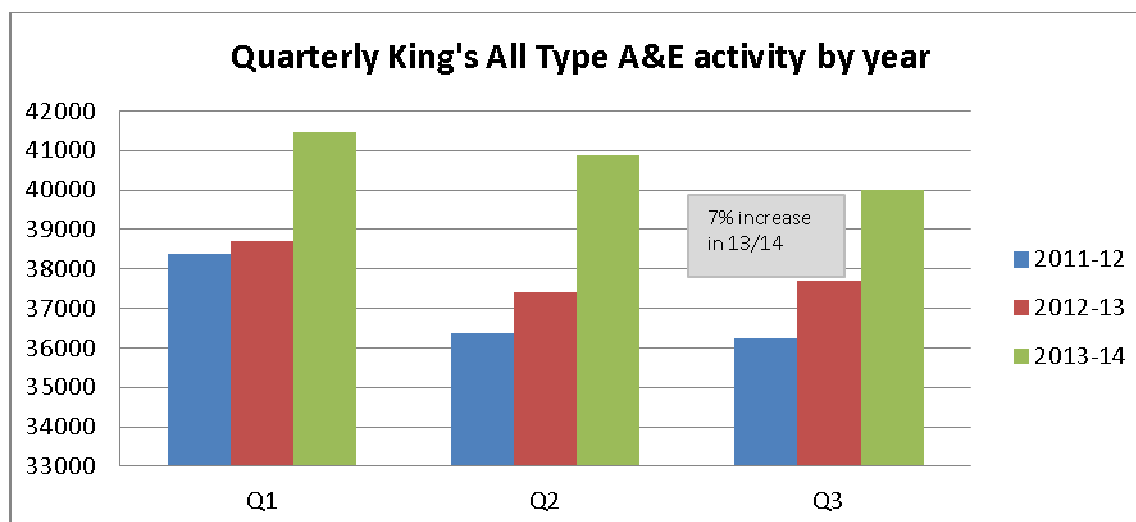


Chart 3: King's All Type A&E Activity

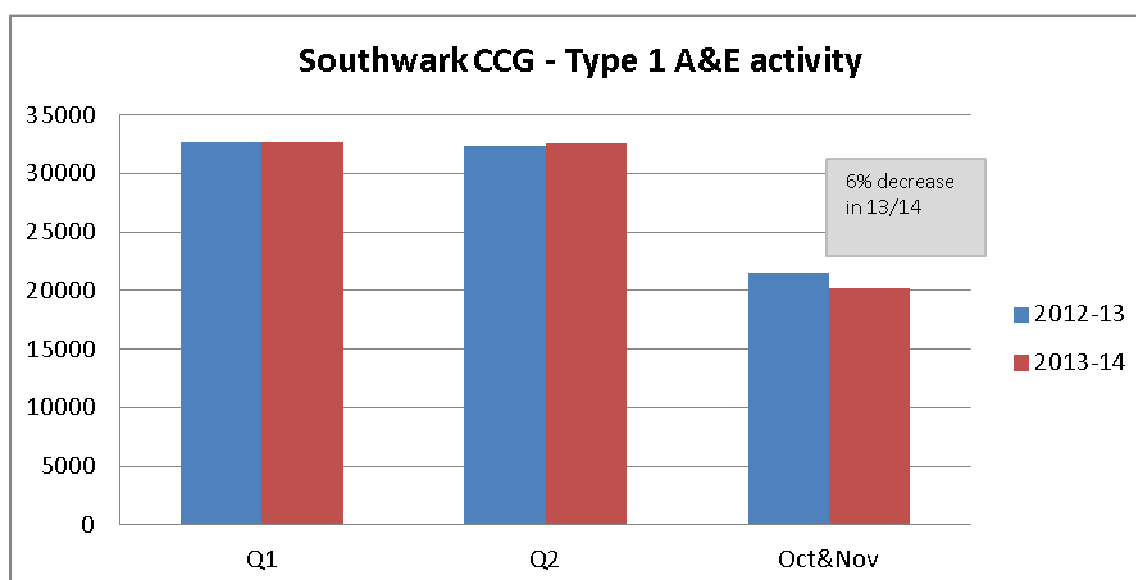


Chart 4: Southwark CCG Type 1 A&E Activity

Increased acuity of patients has been raised as a key pressure upon emergency departments. A winter demand review was undertaken earlier this year to gain a greater understanding of the reasons for deterioration in performance seen in 2012-13 – further information is provided in section 2. This highlighted the difficulties in assessing acuity in a uniform way. Therefore a number of measures, including emergency admission rates, LAS conveyance rates and length of stay were used as a proxy.

The number of Southwark CCG emergency admissions has decreased by 3% this year, relative to 2012-13. This is positive, suggesting that the programme of admissions avoidance schemes operating across the borough is having an impact. Chart 6 shows the proportion of patients attending A&E that are admitted as an emergency, and breaks this down by age group. The conversion rate from A&E attendance to admission for patients over 75 has increased during the July to November period, however this is broadly in line with 2012-13.

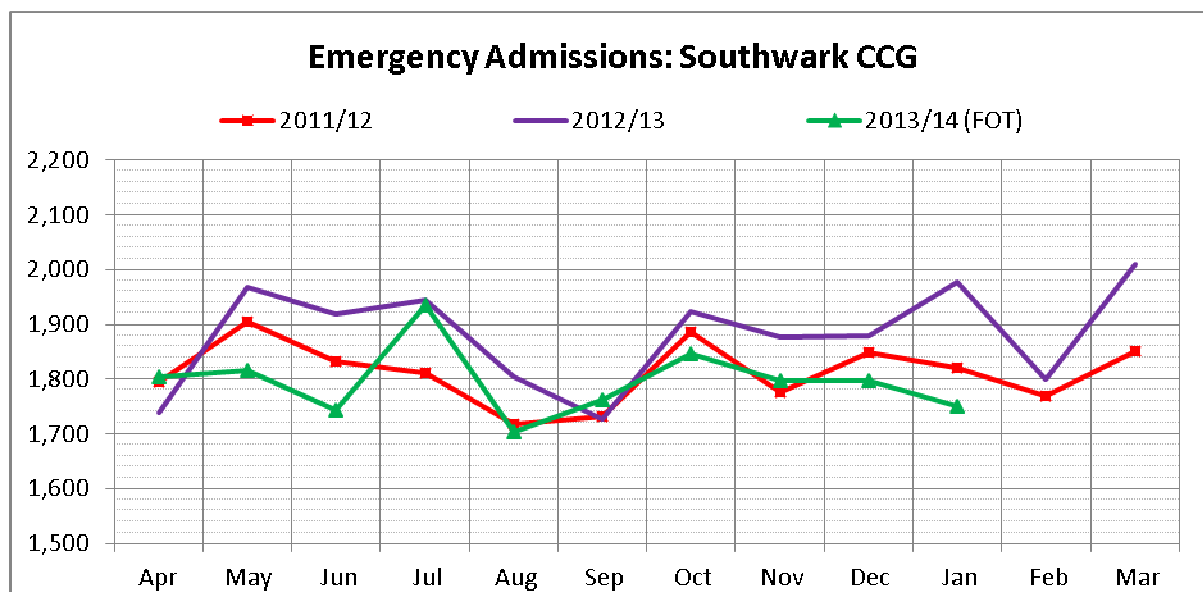


Chart 5

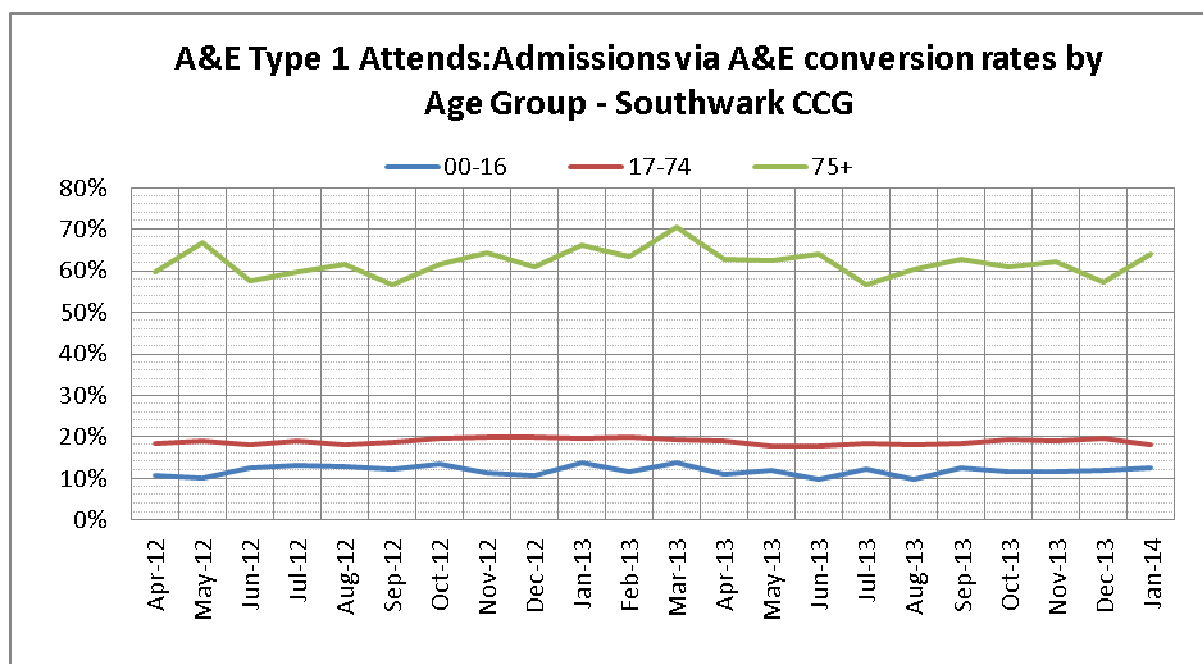


Chart 6

King's have reported an increase in emergency admissions at the Denmark Hill site in Quarter 3 relative to last year and advised they have seen an increase in length of stay in older patients. Further data has been requested from the Trust. However, this also suggests that the growth in activity at King's may be due to out of borough patients. Other contributing factors could be introduction of additional capacity and new pathways e.g. Acute Admission Unit, resulting in changes in the way activity is coded.

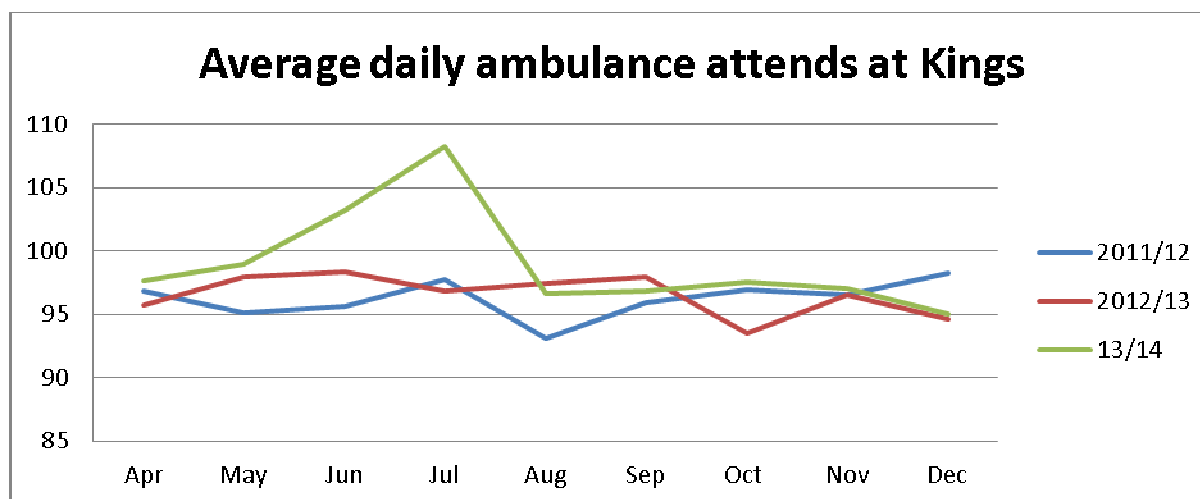


Chart 7

Trusts report that it is often surges in activity that lead to the increased pressures in the system, as opposed to absolute volumes, with high numbers of ambulances within short periods a particular issue. The above graphs compares daily average ambulance attendances at King's over the last four years. The most significant change is the peak during July of this year, which was due to the heatwave.

c) Pressure surge management arrangements

Winter is a particularly challenging time for healthcare services, and a system-wide surge management plan has been in place since 1st November. This involves

- daily monitoring of Trust Emergency Department performance
- daily reporting of capacity pressures via CMS
- weekly exception reports by Trusts not meeting 95% for a particular week
- twice weekly surge teleconferences with social care, community, secondary care, LAS and SlaM to review demand and resolve operational issues over the winter period

In addition, there are number of mechanisms enabling oversight and monitoring of performance and quality. These include the

- Lambeth & Southwark Urgent Care Working Group, which review acute performance and ensure wider whole system actions to support admission avoidance and discharge processes are in place.
- Monthly Clinical Summit meeting, which provides the forum for senior leadership review and discussion as well as an escalation point
- Clinical Quality Review Group, tracks safety and quality indicators and provides a way to monitor Trusts performance against quality standards.

The key priority remains the delivery of high quality and safe patient care. The mechanisms described provide a rigorous and effective way of understanding the key issues for our local health system. This in turn means we are able to identify solutions to both address immediate issues in a timely way and facilitate resolution of more complex issues e.g. cross borough.

d) Factors affecting performance

A number of issues have been consistently highlighted by Trusts through both the weekly teleconferences and Urgent Care Working Group as contributing to A&E pressures.

- Both Trusts experienced norovirus outbreaks during December, impacting upon bed

capacity.

- King's: outbreak across multiple departments, including both the Surgical and Medical Emergency Assessment Units, and across all three Medical Wards. At its peak, this resulted in the closure of over 70 beds
 - GSTT: outbreak in December leading to closure of 14 bed geriatric ward
- Acuity of patients

Similar to last year, all providers are reporting increases in acuity and dependency of patients, although further work is required to quantify this. This impacts upon both ED capacity e.g. resus and majors, but also discharge, if a patient requires more complex social care or therapy input. Both Trusts will be implementing a tool to measure acuity of ED presentations in the coming months.
- Repatriations

Both Trusts have reported difficulties in repatriating patients back to the appropriate hospital following completion of the episode of tertiary care at GSTT and King's - as such, these are very rarely local patients. This has been a particular issue for King's, as a Hyper-Acute Stroke Unit. Currently, all repatriations are being escalated daily through the South East London Urgent Care lead. In parallel there on-going discussions at sector level involving the Stroke Clinical Network lead, to identify medium and longer term actions
- Delayed Transfers of Care (DToC)

There is anecdotal feedback that DToCs are contributing to pressures at King's. Initial analysis has shown a differential rate of DToCs at the two local authorities, with Southwark social services being one of the best performers against this indicator nationally. However, there is agreement across the health economy regarding the need to more clearly understand what the key issues are. It has been agreed that an audit of will be undertaken at both Trusts, which will inform the development of appropriate solutions. This is being facilitated by the SLiC simplified discharge workstream.
- Mental Health
 - During Quarters 2 & 3, bed capacity across the country was limited. During November/December, SLaM opened two overspill wards, representing a significant increase in beds. In addition, Southwark CCG funded additional senior psychiatric consultant and RMN cover at King's. Both of these interventions have had a positive impact on mental health breaches.
 - In addition, the Lambeth & Southwark Mental Health sub-group was reconvened in January and has developed an action plan. Key priorities include
 - agreeing a common data set across all providers to support a greater understanding of the current picture
 - undertaking a 3 month audit of mental health patients known to services presenting at A&E
- Bed capacity

There have been delays in the opening of additional capacity at the Denmark Hill site, as a result of capital build issues, resulting in less capacity being available in Q3 than had been planned.

e) **A&E Recovery Plan – key actions and progress**

King's have developed an A&E Recovery Plan, outlining actions planned to support achievement of the 4 hour standard. There are two key overarching themes within this:

- The need to enhance existing capacity to support improved flow through the hospital and address current bottlenecks
- The need to redesign current emergency care pathways, processes and systems, to reflect best practice guidance, including 7 day working.

i) **Additional capacity at Denmark Hill**

King's have put in place a number of measures to increase capacity which includes additional clinical decision unit, critical care and emergency medicine beds. In addition, King's will be opening a short stay paediatric unit to support improved patient flow for paediatrics.

ii) **Staffing and seven day working**

Measures that have been put in place over the past year include

- Increased nursing levels on acute medicine, sickle cell and neurosurgery wards to support increased acuity of patients and secure optimal staffing levels, underpinned by an acute medical nursing shift review.
- Increased medical and nursing support for paediatric A&E
- Enhanced medical and ENP staffing for twilight shifts
- Additional nursing and administrative support to facilitate LAS handover and performance

During Quarter 4, King's is implementing a number of measures to support seven day working on a phased basis. This will involve increased staffing resource, including consultant, nursing, therapy and social work staffing plus diagnostic and other support services

f) **Commissioning actions**

- Rollout of Homeward to cover the whole of Lambeth and Southwark (an increase of 25 beds)
- Additional social care support on acute wards
- Simplified discharge workstream – weekend pilot
- Communication campaign to educate and re-direct patients to appropriate services
- Quality visit to A&E planned
- Funding of KHP wide admission avoidance scheme for homeless people
- Enhanced support for nursing homes to avoid admission to hospital
- Enhanced mental health support in A&E

g) **Lambeth & Southwark Urgent Care Dashboard**

Through the Urgent Care Working Group, we have developed a dashboard which provides a whole system view, encompassing community, urgent care and LAS services in addition to acute metrics. This effectiveness of supporting us to understand system demands and monitor performance is reviewed on an ongoing basis - the next phase of

development will involve identification of appropriate primary care and social care indicators.