A&E PERFORMANCE AT PRUH BRIEFING PAPER

1. Background

The national four hour wait target requires A&E departments to see 95% of attending patients within four hours of their arrival at A&E. Although ostensibly an A&E waiting time target, this standard is regarded as a health and care economy measure. All agencies, commissioners and providers, including local authorities, are expected to work with hospitals to share the common responsibility of ensuring the target is met. This approach is continuing now with King's College Hospital (KCH) having taken over the Princess Royal University Hospital (PRUH) from October 2013.

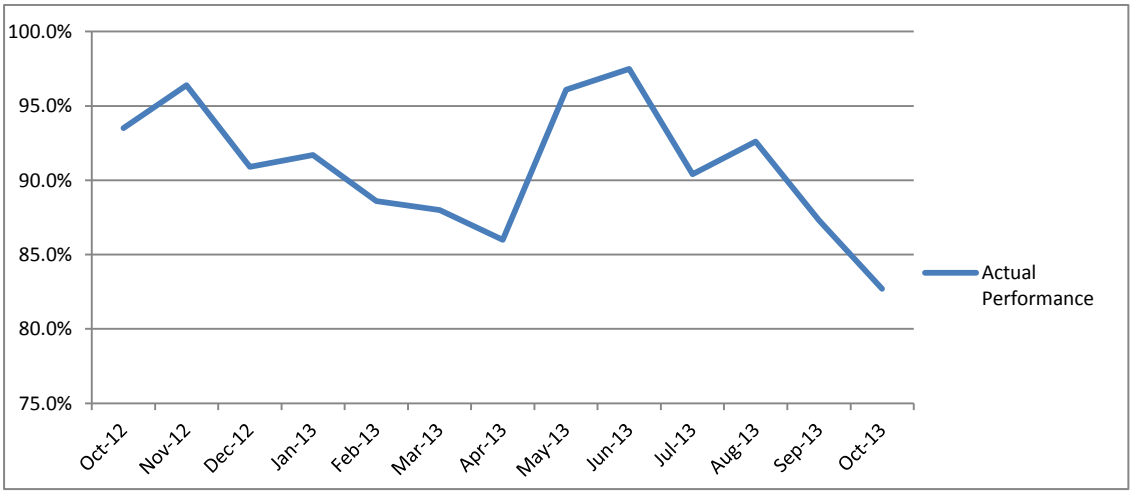
Locally in Bromley, the 4 hour A&E target has often been a challenge in recent years, but the whole health and social care economy has worked together to support the target, and it has often been possible to pull performance back to good levels. In recent months, the reconfiguration of acute services in South East London has seen some concurrent reductions in delivery of the 4 hour target.

For the purposes of measurement and comparison, patients attending A&E are divided into three categories – type 1, 2 and 3. Type 1 patients are the most severely ill and type 3 patients are the ones that might normally be seen and managed in the Urgent Care Centre.

Because of the challenges associated with taking over the PRUH, the CCG agreed with King's, a performance trajectory of 87% average (all types) for Quarter 3 and 90% (all types) for Quarter 4 of 2013/14. This was also agreed with Monitor and NHS England (London) as a realistic trajectory. Commissioners would ideally have preferred a trajectory that delivered a higher level of performance, but given the trend during Q2 and the change in management and staffing immediately prior to October, a more ambitious target was felt to be unrealistic.

Graph 1

The graph below covering the period October 2012 to October 2013 demonstrates the overall downward trend in performance.



2. Urgent Care Facilities in Bromley

A number of services are in place to help patients who need urgent health care, both in and out of hours.

In Bromley, the main A&E department is located at the Princess Royal Hospital in Locksbottom and is co-located with an Urgent Care Centre. Once a patient enters the building, they are streamed by a senior nurse to A&E or Urgent Care. In the A&E department, there is a triage nurse who can start investigation and treatment if necessary. There is another urgent care facility at Beckenham Beacon. Surrounding A&E departments include those in Lewisham, Greenwich and Croydon, with an Urgent Care Centre at Queen Mary's Sidcup.

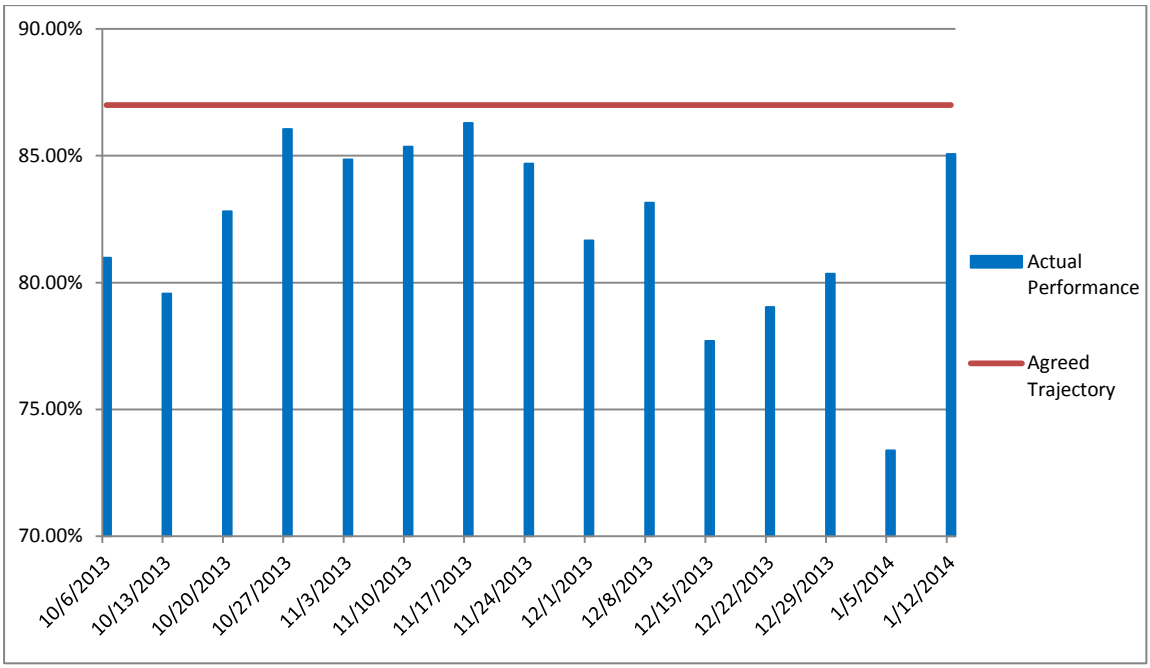
In addition to this, GPs are expected to see patients registered with them on an urgent basis according to need, within surgery hours. An out of hospital GP service is available and accessed through the 111 service which also provides telephone advice on health problems.

3. Summary of Current Performance

Performance for Q3 year to date was at an average of 82.5% for all type attendances with some very significant daily and weekly fluctuations. Graph 2 gives the weekly performance from the beginning of October 2013.

Graph 2

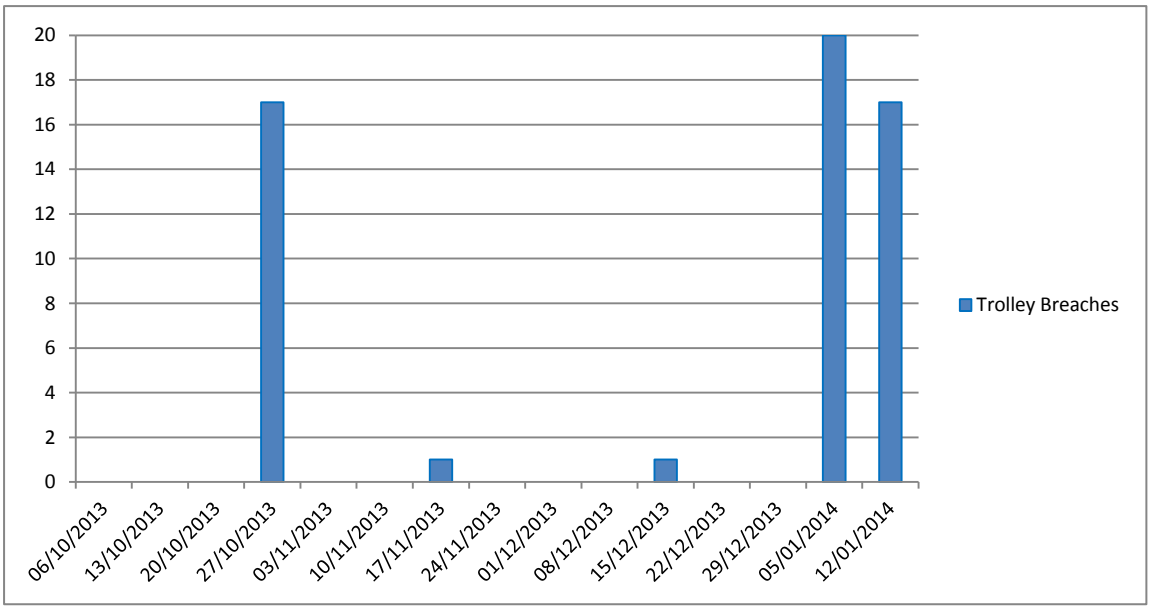
The graph below illustrates performance in Q3 leading into Q4 against the jointly agreed trajectory.



Fluctuations in performance over early January culminated in a number of 12 hour trolley breaches as demonstrated in graph 3. There were also a number of 12 hour breaches in October.

Graph 3

Weekly 12 hour trolley breaches taking place at the PRUH during Q3 entering into the first week of Q4.



KCH colleagues have undertaken detailed analyses for the reasons for the significant number of breaches; this includes a detailed root cause analysis and action planning to ensure lessons are learned and the likelihood of such occurrences occurring again are reduced.

4. Factors for Challenging Performance

The following factors are responsible for the challenged performance at the PRUH:

- Reduced staffing establishment, as a result of staff changing jobs or leaving during the three month period leading up to KCH acquisition, and prior to the changes taking place (and even before the acquisition was agreed). This was probably as a result of uncertainty about the future within South London Healthcare Trust (SLHT) during that time. KCH is has recruited a number of new staff and is in the process of recruiting more. Some temporary staff have also been recruited to meet some of the staffing challenges.

- Over the months prior to the acquisition, there had been some reduction in the cohesion of some patient pathways; these will take some time to re-organise and improve.

- Improved reporting systems since KCH took over the PRUH have helped give a clearer picture of the patient pathways in the ED.

- Changes in the use of other local facilities that were part of the SLHT that enabled some patients to be treated elsewhere, for example some inpatient surgery at Queen Mary's Sidcup.

- Interface issues that have arisen partly as a result of transition, and partly because of new services being put in place. Actions are being taken to ensure that all agencies work together at all levels for the benefit of local patients

5. Actions to Improve local systems

All agencies are working on a whole system and collaborative basis to improve patient pathways in A&E, in terms of enhancing quality, ensuring safety and improving performance of the 4 hour target. A multi-agency A&E Recovery and Improvement Plan has been developed for 2014/15. Senior leadership from all agencies are committed to, and greatly involved in, the drive for improvement. Joint ownership has been taken of the issues and the need to achieve the performance targets.

Plans are constantly being reviewed and key actions fall under the following key categories:

- **ED Recovery and Improvement Plan**
  - Will contribute to both sustained A&E performance but also a high quality emergency care service at the PRUH.

- **Winter Plan**
  - Winter monies funded schemes for the PRUH will have an impact on performance over this winter.

- **Out of hospital investment**
  - Addressing key historic pressure points and ensuring appropriate utilisation of A&E and hospital services

Commitment across the health economy is further illustrated in the following actions that have already been taken:

- Re-commissioning of Intermediate Care Beds providing enhanced step down intermediate care services
- Re-commissioning of the PRUH Urgent Care Centre (UCC) which will enable enhanced and coordinated UCC and primary care out of hours. There has also been the provision for additional GP sessions in the UCC.
- A new step up community based service which is a combination of Rapid Response services and former intermediate care services.

- PACE (Post Acute Care Enablement) is facilitating the discharge of additional patients from the hospital on a daily basis, by providing enhanced support to patients in their own homes.
- Additional equipment and staff to install equipment are in position to enable all necessary modifications to be made to a patient's home to allow a more rapid and easy discharge. This has helped to support the independence of patients.
- There is additional staffing capacity in social care in order to provide emergency interim care, facilitate discharge of patients who are medically stable but have not been able to be discharged for non-clinical reasons.
- Implementation of new senior leadership team for the PRUH site to enable strong hospital management and clinical leadership.
- The introduction of additional nursing shifts in the emergency department and more portering shifts to help improve patient pathways and reduce waiting time and 12 hour trolley breaches, and to give improved access to diagnostics respectively.

Additional actions to help the situation will take place over the coming weeks and will include the following:

- The opening of additional 8 beds in Planned Investigation Unit (PIU) at the PRUH site - 10 beds opened with a further 6 beds planned from 14 February.
- The opening of two modular theatres at Orpington (in addition to the three already opened) to provide a shift of elective day cases from PRUH and enable the establishment of rapid access to surgery.
- Three additional paediatric beds opened and regularly staffed (already started).
- The Urgent Care Centre will be open 24/7 from the 24 January 2014.
- The Clinical Decision Unit (CDU) will be opened in mid-February and this will be fully staffed.
- Enhanced clinical leadership and staffing at PRUH in Medicine and Surgery with support provided by CCG Clinical Chair.
- Intensive Support Team (IST) representative working alongside senior ED staff to implement changes and improve A&E Pathway
- CCG Chief Officer leadership in senior stakeholder meetings to address current issues, especially those identified with discharges.
- New Fractured Neck of Femur (NoF) pathway implemented in late January.

6. Performance Assurance

In order to ensure that all these actions are on track, there is significant effort invested in providing assurance, for example:

- Normal twice weekly (currently daily) multi agency conference calls to review pressures and performance, and to trouble shoot any agency interface issues
- KCH internal PRUH site specific weekly Emergency Care Board meetings, which the CCG officers attend and daily breach meetings.
- Monthly performance meetings between CCG commissioners and KCH to review all key performance targets and recovery plan delivery.

- Monthly (currently two weekly) Urgent Care Working Groups and Network, review acute performance and ensure wider whole system actions to support admission avoidance and discharge processes are in place.
- Monthly Clinical Quality Review Group, which focuses specifically on issues related to patient safety and quality, and includes A&E as a specific standing item.
- Monthly Clinical Summit meeting, this provides the forum for senior leadership (Chief Executive and Medical Director) review and discussion as well as an escalation point. .
- KCH producing a fortnightly update for CCGs, NHSE and Monitor on ED performance at both sites.

7. Summary

There is a great deal of commitment to improve the quality and standard of urgent care services for Bromley patients across the whole health and care economy. There is confidence amongst agencies that the short term plans will be achieved, which will assist in ensuring the fluctuations in performance are reduced and the increased pressures are manageable.

The system wide outlook continues to focus on ensuring that arrangements for the longer term are sustainable in managing pressures in the future.

The way forward for longer term improvement includes implementing all agreed actions and reviewing their impact:

1. Implementing recommendations following the NHSE safety and quality visit, the CQC report and the IST review.
2. Ensuring assessment of the Recovery Plan after Q3 and Q4 and agreeing 14/15 performance trajectories and funding agreements as part of the 14/15 contracts.
3. Robust system management and assurance mechanisms as per the arrangements already in place

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