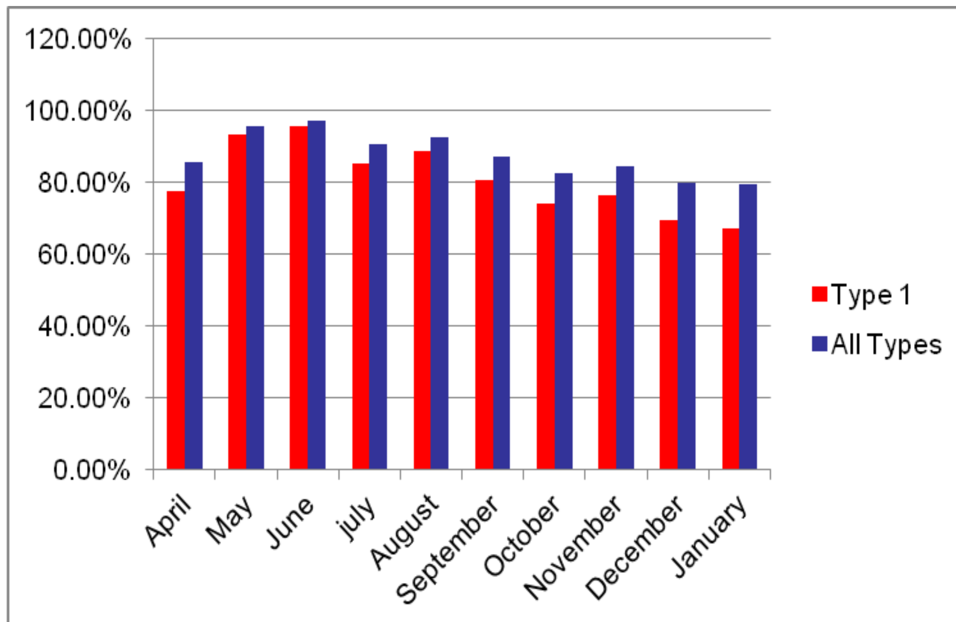
King's College Hospital NHS

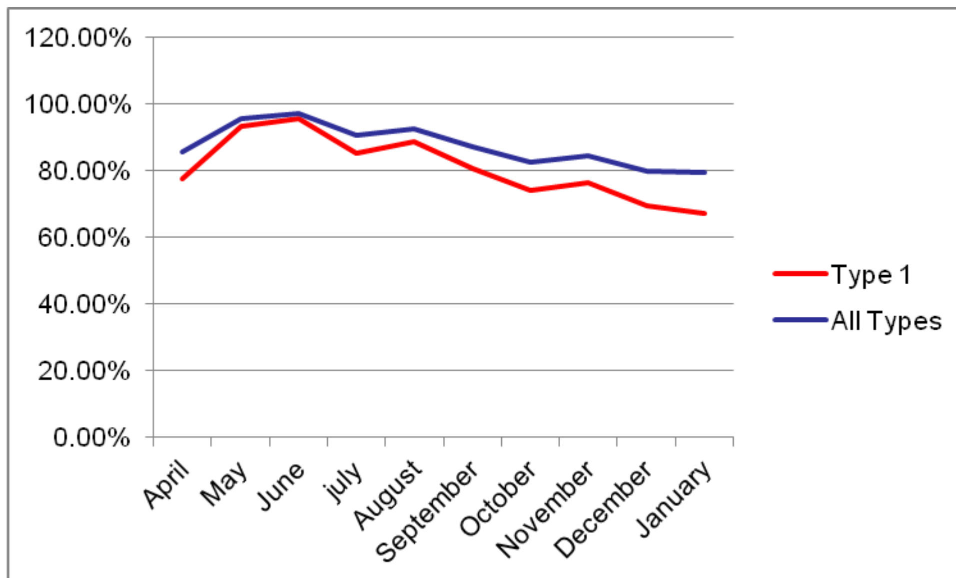
NHS Foundation Trust

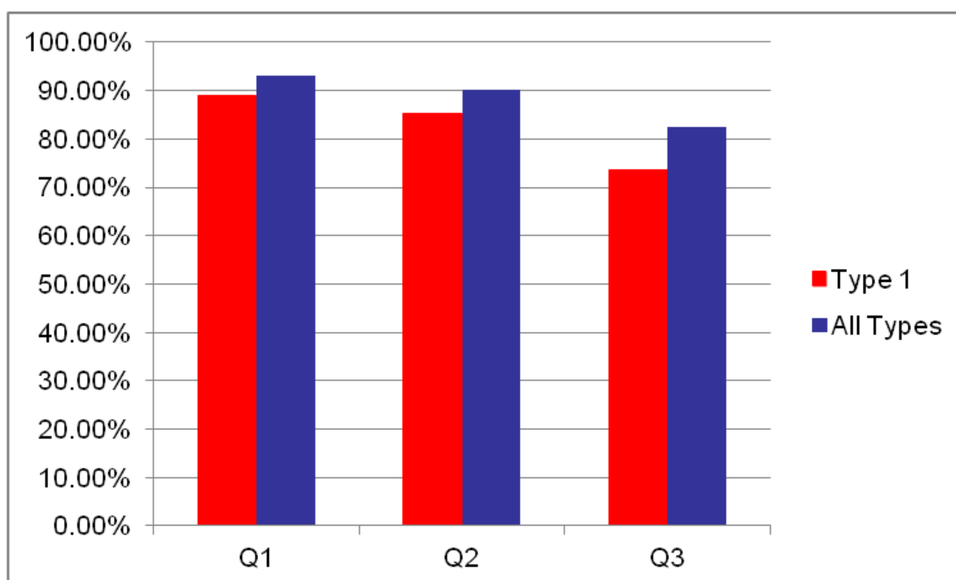
Emergency Care Performance - Princess Royal University Hospital

ED performance against the 4hr target 2013/14 – Monthly All types



	Type 1	All Types
April	77.69%	85.77%
May	93.42%	95.86%
June	95.85%	97.32%
July	85.28%	90.63%
August	88.65%	92.72%
September	80.86%	87.45%
October	74.24%	82.79%
November	76.62%	84.44%
December	69.43%	80.07%
January	67.11%	79.55%





	Type 1	All Types
Q1	88.98%	92.98%
Q2	85.19%	90.27%
Q3	73.51%	82.45%

Key

National Codes:

01 Emergency departments are a CONSULTANT led 24 hour service with full resuscitation facilities and designated accommodation for the reception of accident and emergency PATIENTS

02 Consultant led mono specialty accident and emergency service (e.g. ophthalmology, dental) with designated accommodation for the reception of

PATIENTS

03 Other type of A&E/minor injury ACTIVITY with designated accommodation for the reception of accident and emergency PATIENTS. The department may be doctor led or NURSE led and treats at least minor injuries and illnesses and can be routinely accessed without APPOINTMENT. A SERVICE mainly or entirely APPOINTMENT based (for example a GP Practice or Out-Patient Clinic) is excluded even though it may treat a number of PATIENTS with minor illness or injury. Excludes NHS walk-in centres

Inherited position from South London Healthcare Trust

On 1 October 2013, when the management of the Princess Royal Hospital transferred to King's College Hospital NHS Foundation Trust, the Emergency Department had key issues that were of concern. These were highlighted during an earlier Assurance Visit which took place in May 2013. A series of recommendations were made as a result of that visit which highlighted that improvement was needed in various areas including: governance, safeguarding, staffing, quality, and culture. Since the acquisition, various action plans have been formulated and implemented, in order to address these issues.

Position March 2014/ mitigating actions

Post Acquisition there was a requirement to prioritise key areas :

Culture

- Safety is paramount and actions to immediately support the delivery of high quality care and manage risk in the Emergency Department have been the priority.
- King's is embedding a culture where staff are actively encouraged to ask for support, identify and report risk.
- A strong and transparent governance structure is being built with adverse incident reporting, mortality reviews and complaint analysis.
- Low morale was evident after a long period of uncertainty and leadership changes. Ensuring staff are supported, listened to and when issues are raised actions are seen to be taken is central to our leadership approach.
- We have invited external support and peer review from multiple sources including – National Intensive Support Team, NHS England, CQC as we believe constructive challenge is vital to improvement.
- King's has an extremely strong level of expertise in safeguarding identifying and supporting both adults and children at risk. This has been transferred to the PRUH.
- We have launched 'Internal Professional Standards' across the PRUH to clearly set out the response expected from staff to the ED as well as a set

clarifying the process for ward round management – frequency and leadership

- KCH has taken a whole Trust, whole system approach recognising that the ED cannot work in isolation with integrated action plans, regular senior leaders meetings and external partner engagement.

Staffing

- Staffing levels have been immediately increased across all staff groups to support safe and effective care including portering, housekeeping and transport.
- Additional senior clinical leaders have been recruited including consultants and matrons.

Quality

- Physical hospital beds were made available in the department to ensure any patient experiencing an extended length of stay in the ED was able to be made comfortable.
- Quality care rounds were introduced to ensure support with personal care was given as needed and documented including pressure area reviews, hot meals and beverages.

Audits/Change Programmes

We have already completed a number of different audits and change programmes these include

- Safer Faster Hospital Week – from Friday 7th March for 7 days the Trust is testing multiple new ways of working in partnership with external agencies, primary care, social care etc. to identify blocks in the system, with a focus on length of stay and discharge, and to work together to remove them. A full evaluation will be undertaken at the end of the week.
- Bed management processes – a total review of the systems has been undertaken.
- A Length of stay audit was conducted where all patients in the Trust who had been an inpatient for more than 7 days had their case notes reviewed to understand what was keeping them in hospital 0- this was done in partnership with the Clinical Commissioning group and Social care.

Future plans

We have a detailed Recovery and Improvement Plan that is reviewed weekly at a PRUH Emergency Care Board (ECB). Multiple stakeholders are present at this and plans are very transparent and have clear timelines and progress updates. Highlights include:

- Identify and continue best practice examples that emerge from the safer faster hospital week
- Increased Staffing, significant recruitment and investment continues – nursing, medical, pharmacy, therapy, cleaning, portering etc
- IT systems – the patient information system for the PRUH as well as the ED system are being replaced. This will allow joined up electronic records, notes tracking, ease of data extraction and audit, visual management and GP letters.

- A Clinical Decision Unit is opening in April 2014 next to the ED where we can support the management of short stay patients.
- Gerontology pathways – significant attention and investment will be directed towards care of the older adult such as consultant appointments, rapid access clinics, falls services and specialist nurses.
- A review of emergency pathways as a whole has started and we have joined a national work programme to introduce changes. Direct access for GPs to receive specialist advice and support, more rapid access and ambulatory pathways with a focus on admission avoidance. This will be supported by increased availability of various blood tests and other diagnostics in the ED.
- Space – The ED as a whole requires a significant redesign in terms of how space is allocated and patients are managed.
- Our focus will not only be on internal pathways, staffing and estate but on developing excellent relationships with our external partners such as Age UK, Bromley Healthcare, Urgent Care, Primary Care , Oxleas, Healthwatch etc.

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