South East London Integrated Care System

Urgent & Emergency Care and Discharge

Joint Overview and Scrutiny Committee – February 2024

Urgent and Emergency Care (UEC) - Performance

As part of the SEL ICB's 2023/24 operational plans we made several commitments in relation to **access and performance improvement**, including the following key acute hospital related metrics:

- **Emergency Department (ED)** and wider urgent and emergency care (UEC) flow and performance, with a focus on securing 76% of patients being seen, treated and discharged/admitted within 4 hours of arrival by Mach 2024, improving bed occupancy and flow, plus improving ambulance handover times and performance.

The NHS was recently asked to undertake a mid-year planning refresh, which included a review of our operational plan commitments including for UEC.

Our refresh for **urgent and emergency care** reflected a recommitment to meeting our start year plans and national performance targets. This is recognised to be high risk, given our challenged performance since the summer and the rate of improvement required over the more pressured winter months to recover and further improve our position**.** Key supporting actions are:

- Work with the LAS to sustain and improve **hospital handover times**, with all sites now working to a 45-minute handover threshold and with good Category 2 performance for SEL.
- Implementing our system **discharge improvement** plan, with a focus on in hospital flow and length of stay, the transfer of care from hospital and delayed discharges. We will also see the backloaded benefit of Better Care Fund plans and the planned investment of discharge monies to support improved flow/reduced discharge delays over the coming months.
- Other improvement work is also taking place, for example to optimise **community alternatives** - virtual wards development and capacity expansion and the further expansion of our **same day emergency care** offer.
- **Mental health (MH) crisis** – agreed actions around Emergency Department (ED) interfaces, bed capacity and bed management to support reduced waits in ED, plus new Section 136 hubs and the go live of NHS 111 Press 2 for MH.

Urgent & Emergency Care overview

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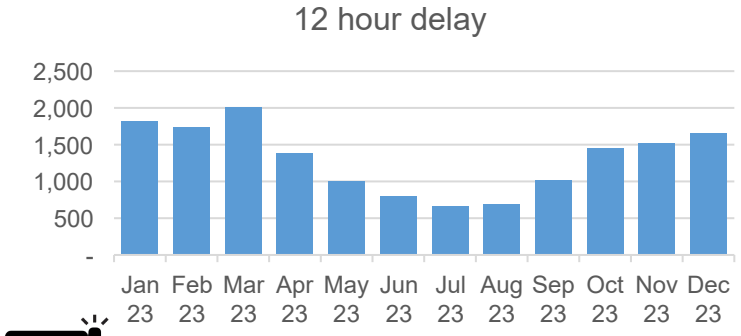
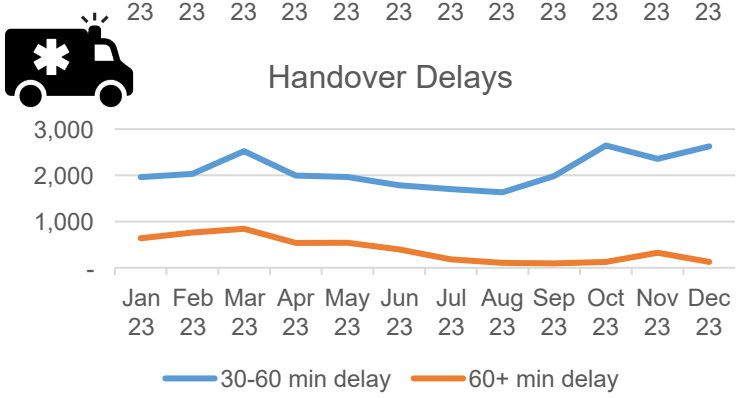
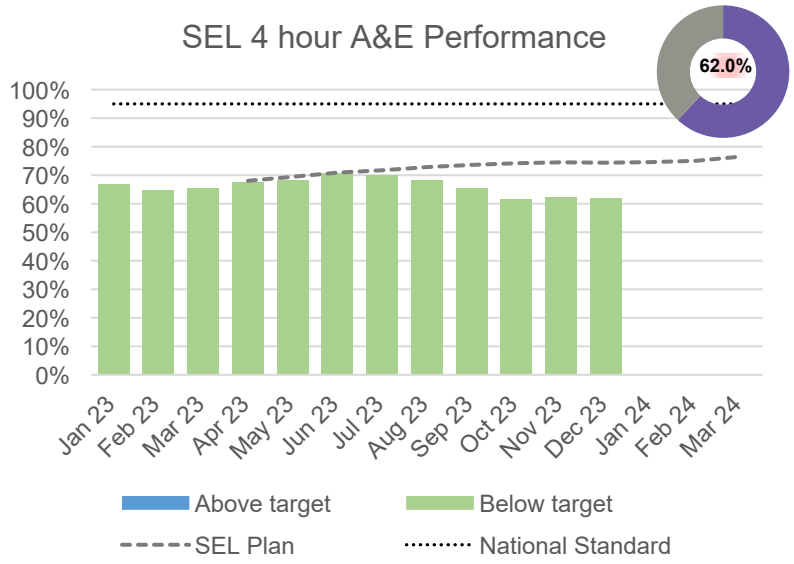
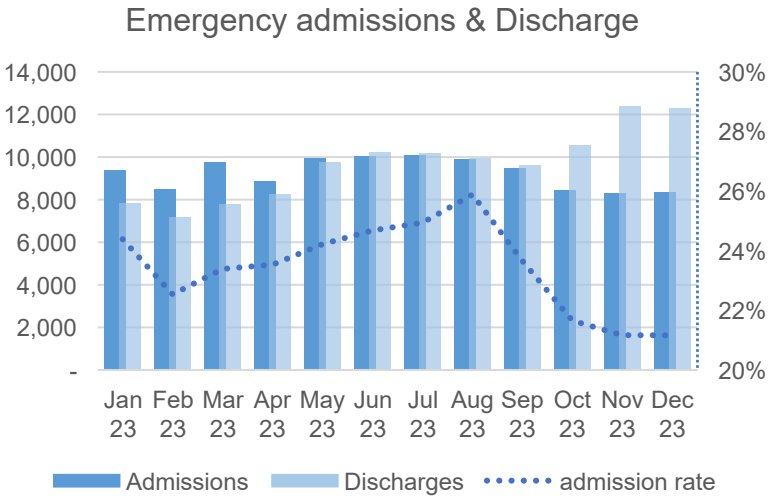
Notes and Issues

- Emergency care pathways remain pressured and a deterioration in 4-hour performance is evident over the last five months. Performance in December was 62% compared to the peak of 71% in June.
- The total number of ambulance handover delays increased in December, but the number of longer handover delays (+1 hour) has reduced.
- Nationally there is a focus on ensuring all core bed capacity is open in line with H2 plans – SEL is on track.
- Mental health pressures remain high, but the ED position appears to have improved over recent weeks.



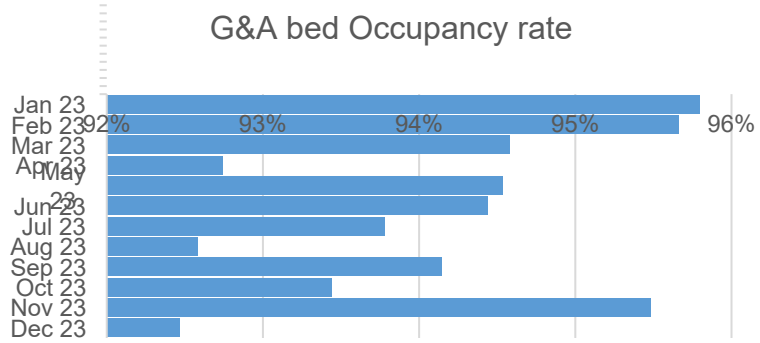






Recovery Actions

- Block purchase of additional mental health beds.
- 45-minute rapid handover initiative with LAS embedded.
- Phased introduction of continuous flow model for mental health admissions from acute sites to mental health beds.
- Front door management – use of alternatives to ED, ED triage and streaming, redirection, use of admission avoidance, MH crisis pathway, hospital handovers.
- In hospital management – same day emergency care, length of stay improvement.
- Transfer of care from hospital – plans to support a reduction in the number of patients remaining in hospital (physical and mental health) once they no longer meet the criteria to reside



G&A bed Occupancy

92.5% of G&A beds are currently occupied

84% at GSTT

96% at KCH

97% at LGT

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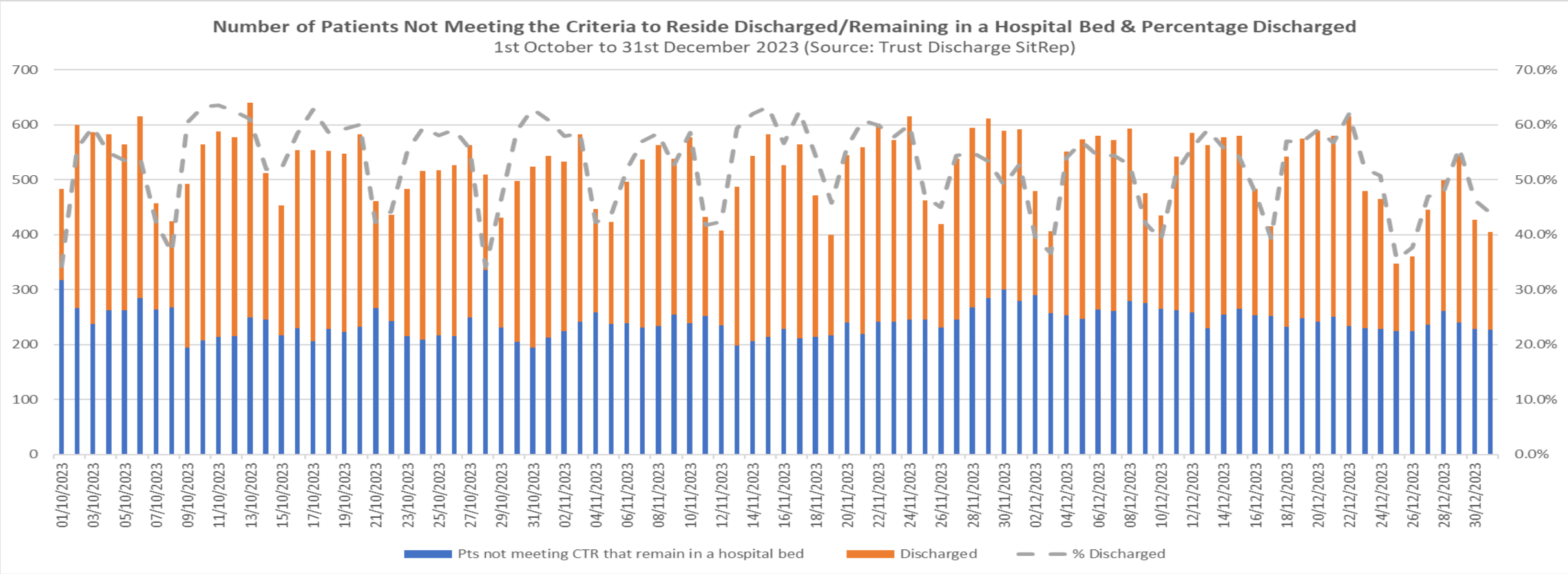
Discharge Performance



In quarter 3 2023/24 SEL discharged 53.6% of patients that were identified as not meeting the 'criteria to reside'. Performance is variable by day and by site, with the highest SEL wide performance of the quarter reported at 63.6% and the lowest at 34.1%. Across the quarter there was an average of 242 patients a day who remained in a hospital bed despite not meeting the criteria to reside.

Of the total discharged (25,773) over the quarter, 52.4% were discharged before midday and 47.6% after midday.

The number of discharges at the weekends remain significantly below the level of discharges on weekdays. A lower number of discharges may be expected at weekends due to the profile of elective activity, however, there is still an opportunity to increase the number of discharges, particularly for those patients leaving the hospital requiring little/no support (pathway 0).

SEL Discharge Improvement Plan

A SEL system Discharge Summit was held in March 2023 - resulting in a co-designed the **SEL Discharge Improvement Plan.** Four overarching objectives and commitments agreed as follows:

1) We will work to a common framework to deliver transfer of care standards
2) We will secure pathways that are safe, personalised and promote independence and recovery
3) We will meet complex patient needs
4) We will focus on avoiding unnecessary admissions

Key actions to support delivery of discharge processes and performance are:

Investment

- Agreed investment in discharge through the Discharge Fund and Better Care Fund.
- Review of and investment in our transfer of care (TOC) hubs to ensure smooth transition from hospital to community care for both mental and physical health and establishing the TOC network for hub leads to enable sharing of learning and mutual support

Demand and capacity planning

- Increased focus on demand and capacity planning via BCF reporting with additional SEL mapping and gap analysis, plus specific reviews in areas such as intermediate care and the commissioning of additional capacity.

Discharge improvement

- Targeted work on safe and appropriate pathway for patients with complex clinical or discharge challenges, for example dementia & delirium and homelessness.
- Place-led work to increase access to improve, promote and enable recovery through the transfer of care model including increasing intermediate care and reablement services and maximising recovery. Supporting residents' wellbeing and living as independently as they can with no ongoing or minimum levels of on-going support.
- Acute-led work to improve weekend, simple and pre-5pm discharge, including increased use of discharge lounges, discharge review events, clinical care navigators and weekend consultants, and focused work on discharge of those with a long length of stay.

SEL Discharge Improvement Plan

SEL and Regional approaches and sharing of best practice

- We continue to develop our system relationships through our Discharge Improvement & Solutions Group where we share opportunities, learning and issues to make best use of the experience and knowledge across our SEL system. In 23/24 the group was expanded to include mental health to provide equity of focus across both mental and physical health.
- We continue to engage with the regional discharge group and share good practice from other areas in London and escalation of issues which require a co-ordinated response, for example change of equipment provider and the impact of changes in policy in the processing of asylum claims.

Discharge in context

- Discharge and flow does remain a challenge and opportunity in our system.
- Current performance is in the context of continued pressure across our acute, mental health and social care pathways and services, wider operational, workforce and financial pressures and the impact of industrial action, major IT change in two of our acute hospitals, and winter pressures.