

## **Health Overview and Scrutiny Committee Briefing**

### **Kent and Medway emergency care performance in east and west Kent**

**January 2018**

#### **Background**

This paper provides members of the Kent County Council Health Overview and Scrutiny Committee (HOSC) with an overview of emergency care systems in east and west Kent, including performance over the Christmas and New Year period.

It provides information on the actions taken by the system to support the pressures experienced by acute hospitals to ensure the safe and timely care of patients in the local area over the challenging winter months.

It also provides an update on SECamb 111 and OOH performance.

#### **East Kent Local A&E Delivery Board**

Emergency care whole-system improvement plan

The NHS in east Kent is committed to improving the A&E 4 hour performance standard (the waiting time for patients to be seen, treated and admitted to a hospital bed or discharged).

The NHS in east Kent is delivering a whole system emergency care improvement plan which was launched on 26 September 2017, which focuses on:

- Admission avoidance – increasing access to appropriate support in primary and community care so that patients attend A&E only when emergency treatment is necessary
- Decongesting the emergency departments to improve patient experience and make it easier for patients to be seen and treated
- Improving patient flow within and out of our hospitals. (Our clinical teams are exchanging learning and good practice from each other as part of a 12-week, rapid improvement programme, to kick start improved flow throughout the hospital)
- Recruiting substantively and increasing our workforce, including extending services like access to therapists and a 7-day cardiac catheter laboratory
- Communicating to the public appropriate alternatives to A&E and prevention.

#### **Funding to increase capacity**

East Kent's NHS has been successful in a bid for money from NHS England to increase capacity over the whole health system for this winter.

East Kent has been allocated £1.9m, to buy more packages of care for patients who are living with dementia or who have challenging behaviour; more beds in the community for non-weight bearing patients; additional hospice beds for fast track end-of-life patients; and additional health and social care beds for patients who have been in a hospital bed unnecessarily for more than seven days.

### **Update on performance**

East Kent saw an improvement in its performance for patients admitted, transferred or discharged within four hours in October (75.35 per cent) and November (79.9 per cent). Demand during the latter part of December, especially among older patients with complex conditions affected this performance with a reduction to 73.6 per cent for the month.

This performance for December reflects demand and increasing acuity of patients, which is being felt across the whole country. While patients are being cared for safely, congested emergency departments designed to care for half the number of patients they are seeing at peak times, do not provide a good experience for patients and need to be expanded and modernised.

East Kent's clinical strategy includes capital investment to provide modern and more spacious emergency care facilities. The strategy will deliver more local care options, manageable rotas, co-location of specialist services and teams and certainly for staff, making east Kent a more attractive place to work.

### **West Kent Local A&E Delivery Board**

#### **Whole system improvement plan**

The NHS in West Kent is committed to improving the A&E 4 hour performance standard (the waiting time for patients to be seen, treated and admitted to a hospital bed or discharged). The West Kent LA&EDB is collectively responsible for delivering whole system urgent and emergency care improvements with support from both NHS England and Improvement, with a focus on:

- Admission avoidance; Home Treatment Service – increasing access to appropriate support in primary and community care so that patients only attend A&E or Emergency Departments (ED) when emergency treatment is necessary
- Working with NHS experts ECIS and 2020 to analysis the flow and improve the EDs, enhancing patient experience by providing efficient and effective care in a timely manner
- Improving patient flow through and out of our hospital. Working with the Home First Board to improve the discharge process by assessing and supporting a greater cohort of patients in their own homes

Development of the Home First Pathway 3, for those patients whose care and treatment can be delivered outside of the acute hospital, for example in a care home. This has allowed us to **deliver** greater bed capacity in MTW

- MTW Focus on Stranded (length of stay >7days) and Super Stranded patients (length of stay >21 days) and understand where inefficiency exist in the current process, reducing length of stay and Delayed Transfers of Care (DToC) and effectively increasing bed capacity.

### **Funding to increase capacity**

West Kent LA&EDB has been successful in a bid for money from NHS England to increase capacity and develop a number of schemes which have supported the whole health system over the winter period. This collaborative work has resulted in a reduction of the number of Delayed Transfers of Care (DToC) (December 3.8 per cent), but we still have significant opportunities to further improve the both the health and social care systems

West Kent has been allocated £1.2m, to provide financial support to a number of schemes promoting effective and efficient discharge; Pathway 1 assessment in a patient's own home and a short period of additional support while the patients regain independence. Pathway 3; longer term rehab and care in a non-acute hospitals setting. Increased capacity in the Home Treatment service and providing a hospital at home service in West Kent, linking with MTW to maximise the Ambulatory care approach to care.

### **Update on performance**

In January, NHS England published the December 4 hour waiting time figures for all Trusts. Maidstone and Tunbridge Wells NHS Trust is continuing to slowly improve, with 84.8 per cent of patients admitted, transferred or discharged within four hours overall, compared with 85.1 per cent nationally. This does not reflect the significant operational pressures experienced on a number of days particular after the Christmas and New Year bank holidays. Both social and health care staff have worked tirelessly to maintain quality of care to all patients in challenging environments.

During December we have seen an increase in the acuity of patients (particular those with respiratory presentations and complications) coming into the A&E departments, along with increased high levels of demand being felt across the whole country.

Ambulance handovers delays have on the whole been well controlled in West Kent, we have worked closely with SECAmb to identify any period when delays have increased and we used additional resources and clinicians to help assess and handover patients in a timely safe manner.

### **SECAmb 999 and 111**

SECAmb 999 and 111 approached the winter period using their normal demand planning methodology, with additional focus on specific days during the Christmas and New Year period.

Covering key shifts both operationally and in the control room, as well as in the 111-call centre, was a priority to ensure that sufficient resourcing levels were in place to meet planned demand.

Whilst demand was expected to increase over the festive period, the SECamb 999 service, experienced an increased level of sustained demand over the 26 and 27 December as well as the 1 and 2 January in its 999 service.

During other challenging days, notably the 24 and 25 December as well as New Year's Eve, the Trust successfully managed its responsiveness to patients. Senior Management and Executive support was maintained throughout this period on 24/7 basis.

During the week following New Year, performance targets started to be achieved but as SECamb entered the second week of January, performance once again has proven challenging. SECamb 999 missed its C1 & C2 and call answering targets during this period and for the month of December, although performance on the highest priority calls was above national average for December.

Handover delays at the hospitals also contributed to the pressure placed on the 999 service with 3,200 operational ambulance hours lost to delays during the 10-day festive period. The 999 service, despite the pressures, conveyed to hospital approx. 5 per cent fewer patients than the same period last year.

The KMSS 111 service also experienced a significant increase in the number of calls that it was receiving during this period, reaching 9,000 calls on the 23 and 24 December, which was a record number when the predicted demand was circa 6,000 calls.

Despite this demand and during the period of escalation, the 111 service continued to act as a gateway for patients and maintained a high level of clinical quality to support the most vulnerable patients.

SECamb's 999 and 111 services worked collaboratively in response to the increased demand and escalation, as well as working alongside other system partners, to ensure that patients were supported during this operationally challenging time.

In addition to this the 111 service maintained and at times increased its number of Clinical Coach floor-walkers, which proved invaluable in reviewing non-emergency ambulance dispositions, as well as ensuring that suitable patients were signposted to appropriate pathways e.g. Walk in Centres, Minor Injury Units, and Urgent Care Centres.

The 111 service did suffer the 'knock-on' effects of an 'Out of Hours' and Primary Care service equally in escalation, but despite this, the clinical performance of 111 was exceptionally strong with a clear focus on patient care and protecting the wider healthcare system throughout this period.