REPORT TO:	**Health & Social Care Sub-Committee** 10th March 2020
SUBJECT:	Update on Urgent & Emergency Care
LEAD OFFICER:	Matthew Kershaw, Chief Executive, Croydon Health Services and Place Based Leader for Health

POLICY CONTEXT/AMBITIOUS FOR CROYDON:

Include here a brief statement on how the recommendations address one or more of the Council's Corporate Plan priorities:

Corporate Plan for Croydon 2018-2022

ORIGIN OF ITEM:	The Sub-Committee reviews urgent and emergency care provision in Croydon as part of its work programme
BRIEF FOR THE COMMITTEE:	The Sub-Committee is provided with an update on the performance of urgent and emergency care at Croydon University Hospital with a view to informing a discussion on the information contained.

1. 2019/20 NON-ELECTIVE PROGRAMME

1.1 Croydon CCG and Croydon Health Services (CHS) established a joint improvement programme for non-elective care in 2019/20, with wider system support through engagement with One Croydon Alliance PMO.

1.2 Our aim is to support people in Croydon to maintain their independence for as long as possible in the community and attend hospital only when necessary. When hospital care cannot be avoided, we want seamless and safe transfer back into the community once appropriate. By achieving this aim, we set out to:

- Improve four-hour performance and reduce length of stay in the Emergency Department. This is to be delivered by:
    - Improving pathways in and out of hospital
    - Transforming Urgent Treatment Centre and the non-admitted pathway
    - Extending ambulatory care opening hours
    - Increasing availability of beds on the wards
    - Improving medical specialist response time to the Emergency Department and staff productivity
- Safely optimise the hospital bed base, which will be delivered by:
    - Reducing demand for hospital admissions

    - Proactive early discharge planning for all admitted patients
    - Reducing long stays in hospital.

1.3 This work is being coordinated by the teams of two separate programmes that support patient flow – Out of Hospital and CHS' High Impact Improvement Programme (HIIP) – which were brought together at the start of the year. The integrated programme teams were relocated to a shared space at Croydon University Hospital, with weekly combined team meetings led by its joint executive SROs (CHS' COO and CCG Director of Strategy and Transformation).

1.4 The programme has five executive-led work-streams, which are summarised below:

1. 'Right care, right time, right place'

- Provide insight through analysis of trends in activity
- Use effective communication to help Croydon population access the right care, at the right time from the right place.
- Optimise existing alternative care pathways (ACPs) and identify new ACPs to develop
- Reduce demand from high intensity users
- Ensuring GP incentive schemes support locality development

2. 'Urgent and emergency care'

- Design and implement new non-admitted model of care
- Workforce delivery plan (with support of ECIST)
- Improve internal pathways
- Optimise on-site avoidance schemes

3. Leaving hospital

- Improve patient and public engagement.
- Embed effective discharge planning for all patients
- Ensure effective processes for patients with complex discharge needs, and reduce extended hospital stays.

4. Models of care

- Develop and implement Acute Frailty Service
- Increase ambulatory care offer to 7 days per week.
- Enhance SDEC offer through participation in AEC Accelerator programme
- Embedding effective escalation (including full capacity protocol)

5. UEC Mental Health

- Understand and reduce MH demand at Croydon University Hospital (including from high intensity users)
- Improve availability of mental health beds by reducing inpatient bed occupancy.
- Embed effective escalation within and across organisations
- Develop and implement suitable option for assessment/decision unit at Croydon University Hospital)

1.5 Winter initiatives were identified and delivered through the combined programme, with winter planning conducted on the principles of:

- optimising or increasing primary, community and out of hospital services in the first instance to support residents to live independently without requiring admission;
- transforming pathways to care for as many possible through ambulatory or same day emergency care services rather than simply admit; and
- Where patients are admitted, making sure they don't spend longer than necessary in an acute inpatient bed. This includes reducing the number of extended stays of 21+ days and sustaining it at a level of 70 or fewer.

1.6 An additional £460k was awarded to CHS to support winter initiatives. This has been used to fund additional medical cover for escalation areas; additional surgical escalation beds and increasing the specification of the surgical assessment unit; an extended pilot of new front door acute frailty service.

1.7 The Croydon system reforecast demand ahead of winter and the expected impact of initiatives, to ensure that there would be sufficient primary, community, mental health and acute capacity available. Flexible inpatient bed capacity was identified at Croydon University Hospital, and CHS implemented a full capacity protocol to further support patient flow should bed availability become severely restricted.

1.8 A Winter Management Group – with multi-agency membership including from Croydon CCG, Croydon Health Services, Croydon Council, and SLAM – was convened with weekly meetings to oversee winter performance and delivery during winter.

2. 2019/20 EMERGENCY CARE PERFORMANCE

2.1 Performance across the emergency care pathway in Croydon has been challenged and deteriorating year-on-year for a number of years. Through the 2019/20 Non-Elective Programme, this trend was reversed for the first half of the year across a range of metrics with the Croydon system bucking London-wide and national trends of continued deterioration.

2.2 However, despite the integrated planning for winter performance sharply deteriorated in winter with an increased length of stay in inpatient beds and more patients experiencing long hospital stays, alongside longer waits in the emergency department and more patients experiencing very long waits in the department of 12 hours or longer.

2.3 Performance against key metrics:

	Target	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-19
A&E demand											
Attendances at Croydon University Hospital		11,912	11,584	11,972	11,174	11,493	11,883	11,914	12,286	11,902	11,650
2018/19 attendances at Croydon University Hospital		10,666	11,249	10,631	10,940	9,917	10,403	10,920	10,867	11,424	11,865
Emergency care trajectories											
All type four-hour performance	95%	84.0%	84.9%	85.1%	85.3%	85.3%	85.8%	84.1%	82.5%	79.4%	78.9%
Extended length of stay: beds occupied by patients with 21+ day length of stay (six-week average)	52	105	103	103	94	98	89	89	78	79	90
Over-30min LAS handovers	5.0%	12.6%	13.8%	13.3%	10.9%	13.9%	13.2%	18.6%	20.0%	23.8%	27.8%
Mental Health Performance											
Mental Health referrals		290	274	300	339	292	281	310	248	267	298
Mental health referrals as proportion of CUH attendances		2.5%	2.3%	2.6%	2.8%	2.6%	2.4%	2.6%	2.1%	2.1%	2.5%
Mental health proportion of CUH breaches		6.4%	5.5%	7.4%	7.4%	6.6%	5.6%	6.2%	4.8%	3.5%	4.7%
Inpatient bed position											
Bed occupancy (%)	92.0%	98.9%	99.4%	99.1%	98.5%	98.7%	98.0%	98.4%	99.3%	98.5%	98.8%
Open G&A beds (daily average)		476	482	467	459	458	451	453	454	458	458
Patients with decision to admit in department at 8am (daily average)		10.0	12.8	10.5	13.8	12.4	14.9	14.1	18.0	19.7	21.4

3. RESPONDING TO CURRENT CHALLENGED PERFORMANCE

Taking immediate action: CHS Discharge event

3.1 In response to the sustained challenges on the acute emergency care pathway, CHS implemented an internal action plan on 27 February to increase the number of medically fit patients discharged home or transferred to our community care or partner social care teams. This was needed to ensure that we were able to admit patients requiring medical treatment into the hospital as quickly as possible and to support our teams across the Trust by enabling our assessment services to function effectively.

3.2 CHS used its internal major incident processes to free-up resources and focus more time and energy on supporting our clinical teams in hospital and in the community to work together. Senior manager from adult social care team were on site to help us work together to unblock unnecessary delays for patients.

3.3 The exercise has had an immediate positive impact:

- Bed occupancy was brought down to 93% on Friday 28 February (from 100% on Monday), and using 20 fewer flexible escalation beds.
- Extended hospital stays (ELoS) was reduced to 70, from 89 on Monday (and 105 two weeks again). This is the lowest it has been since Christmas.
- Capacity created in medical and surgical assessment areas to operate as intended and not as escalation areas.

2020/21 plans to improve emergency care

3.4 National planning guidance for 2020/21 requires acute hospitals to:

- Deliver a material improvement year-on-year in four-hour performance
- Reduce bed occupancy to 92%, with the expectations that the number of beds open throughout winter 2019/20 is maintained until this is achieved
- Reduce the number of patients that experience an extended hospital stay by 40% (against a baseline taken in April 2018)

3.5 The Croydon system faces a number of constraints as we seek to improve emergency care, including the availability of staff to expand our current service models and the need to deliver services within available financial resources. We need to identifying different ways of working, including for our workforce, to be able to deliver improvement.

3.6 Detailed planning with clinical leads is underway to ensure we meet these objectives in Croydon. This will build upon the integrated approach taken in 2019/20, with work likely to continue in the five areas of the current programme (but now be aligned with the longer-term transformational change being overseen by the ‘Modern Acute – physical health’ and ‘Localities’ boards).

3.7 CHS is launching a new programme in 2020/21 focused on improving infrastructure and systems to sustainably reduce extended hospital stays. The programme will be

clinically-led by a medical lead for reducing extended stay, supported by a programme director and general manager.

New clinical standards

3.8 NHS England has proposed changes to the national constitutional standards for emergency care, following a clinical review by the NHS national Medical Director Professor Stephen Powis. Under these proposals the current four-hour standard would be replaced by a basket of new metrics:

- Time to initial clinical assessment in Type 1 and Type 3 A&E departments
- Time to emergency treatment for critically ill and injured patients (including mental health crisis)
- Time in A&E (all A&E departments and mental health equivalents)
- Utilisation of Same Day Emergency Care

3.9 There is still uncertainty around the final standards that will be implemented and when they will come into effect. However, preparation in Croydon has already begun.

3.10 The proposed more nuanced approach to national performance measures will demonstrate the aspects of emergency care that the Croydon system does well:

- low conversion rate of ED attendances to admissions (best quartile nationally)
- well established same-day emergency care offer (best quartile for proportion of admissions that have a 0-2 day LoS) with 30-40% of all non-elective activity being undertaken on same day basis.

3.11 It will also highlight, however, areas where our performance is could and should be better. This includes a long average wait time in ED and a high volume of patients that stay in ED for over 12 hours.

CONTACT OFFICER: Simon Trevaskis – Senior Democratic Services & Governance Officer.

APPENDICES TO THIS REPORT

None.

BACKGROUND DOCUMENTS:

None