Annex 2

Epsom and St Helier University Hospitals NHS Trust

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Dear Councillor Chapman

Thank you for your letter dated 25th January 2017 requesting information in relation to Accident and Emergency performance during winter pressures.

I am pleased to confirm that Epsom and St Helier University Hospitals NHS Trust is reporting a year to date performance of 95.15% against the 95% 4 hour operational standard. The Trust is one of a very few hospitals nationally who is successfully delivering this standard.

Our approach to successfully delivering the 4 hour operational standard has focussed on managing an increase in demand through our emergency departments and on streamlining our inpatient systems and processes to ensure that we are able to create available capacity for patients who require admission to a hospital bed.

We have worked closely with partners in health and social care to manage the increased demand to our emergency departments. At Epsom we have established Epsom Health and Care which is a partnership alliance involving GP Health Partners, CSH Surrey (community provider), Surrey County Council, and the Acute Trust. This has enabled us to develop an enhanced @home service which is a single, integrated service providing people over the age of 65 at serious risk of admission with an alternative to an inpatient stay. The service also provides supported discharge and 'discharge to assess' interventions for those people where admission is unavoidable, which in many cases will be an alternative to a longer hospital stay.

At St Helier Hospital we have a multi-disciplinary community in-reach team who assess patients presenting to the emergency department to support admission avoidance for appropriate patients.

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Both hospital sites benefit from co-located GP services so that patients presenting to the emergency department with a minor illness/injury can be seen by a primary care clinician. This means that clinical staff in A&E can focus on treating patients with more serious and life threatening conditions.

In order to support flow through our emergency departments we have established a dedicated hub for GP accepted/medically accepted patients on both acute medical units. This means that patients can transfer directly to the hub for initial medical assessment rather than wait in our emergency departments. The units are consultant-led so patients benefit from an early senior clinical review with a focus on admission avoidance for appropriate patients.

At St Helier Hospital we have established a medically fit for discharge ward which is led by a nurse consultant with input from local GPs, social care, and community service providers. This is an area where we cohort all of our medically fit patients which supports a multidisciplinary approach to complex discharge planning. Our teams can focus their efforts in one area rather than across multiple wards and departments, therefore, supporting a reduction in length of stay.

In order to support the implementation of new systems and processes we have embarked on a non-elective patient flow transformation programme which commenced in April 2015. This involved implementation of lean methodology across our inpatient emergency bed base and clinical site teams across both hospital sites. The methodology involved implementing 10 tools and techniques over a 12-week period aimed at improving patient flow through the hospital and ensuring that patients were admitted to the right bed, first time. The programme is now being rolled out in Pharmacy. Progress in relation to the programme is monitored through our patient flow steering group and we have a KPI performance dashboard to assess overall effectiveness, which has resulted in less daily discharge variability and a reduction in medical and surgical outliers compared to the same time period last year.

In addition, we have a very robust operational approach to managing flow through the hospital. We have redesigned our site-specific bed meetings ensuring that there is whole hospital involvement and engagement in the management of emergency demand. We also have twice daily (more often if required) director-led cross-site conference calls every day in order to assess the situation on both hospital sites and put in place early actions to maintain effective patient flow. We have also put in place additional consultant and junior doctor support over the weekend period to support the assessment of patients who are appropriate for discharge.

We have established an urgent care board with wide clinical involvement to focus on key actions required to further improve non-elective systems and processes. We have a long list of other initiatives that we have implemented/are implementing and monitor progress against these schemes on a monthly basis.

It is likely that we will continue to see an increase in emergency demand throughout 2017/18 and the changes that we have put in place throughout this year will mean that we are better

able to successfully manage a future increase in demand. In addition, we continue to work closely with our health and social care partners to further develop existing systems and processes to better manage admission avoidance and complex discharge. An example of this is a focussed piece of work in the Sutton locality which supports the implementation of 'discharge to assess' resulting in complex discharge planning assessments taking place in the patients home rather than in hospital, resulting in a shorter length of stay for appropriate patients.

We continue to remain focussed on maintaining our strong delivery of the 95% 4 hour emergency department operational standard and working with external partners to further improve existing systems and processes for our patients. We look forward to discussing this in more detail at the Health Scrutiny Committee on 13th March 2017

Yours sincerely

Daniel Elkeles

Chief Executive Officer

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