

App 1

Casualty Watch Results All Regions - Longest 60

Trolley Only

29 April 2002

CHC	Hospital	Health District	Age	Sex	Postcode	Time of arrival	Provisional Diagnosis/ Reason for Attending Casualty	Plan for patient	Time of decision to admit	Total wait so far CHC	DoH	Trolley/ Bed/Chair
WEST SURREY & NE HAMPSHIRE	FRIMLEY PARK	West Surrey Health Authority	34	M	GU14	28/4/02 17:19	COLLAPSE	AWAITING INVESTIGATIONS FOR EPILEPSY	01:30	23:11	15:00	T
REDBRIDGE	KING GEORGE, REDBRIDGE	Redbridge and Waltham Forest Health Authority	81	M	IG5	28/4/02 18:38	UNWELL	AWAITING WARD BED		21:52	0:00	T
NEWHAM	NEWHAM GENERAL	East London and The City Health Authority	29	F	E15	28/4/02 22:02	PULMONARY EMBOLISM	TO BE ADMITTED		18:28	0:00	T
SOUTH WEST SURREY	ROYAL SURREY COUNTY	West Surrey Health Authority	101	M		28/4/02 23:24	FALL	AWAITING BED	01:40	17:06	14:50	T
NEWHAM	NEWHAM GENERAL	East London and The City Health Authority	72	F	E6	28/4/02 23:45	CONGESTIVE CARDIAC FAILURE	TO BE ADMITTED		16:45	0:00	T
EAST SURREY	EAST SURREY HOSPITAL	East Surrey Health Authority	34	M		01:50	RENAL COLIC	AWAITING RESULTS		14:40	0:00	T
HARINGEY	NORTH MIDDLESEX	Barnet, Enfield and Haringey Health Authority	20	M	N9	02:35	ASTHMA	WAITING FOR PORTER TO GO TO WARD	08:30	13:55	9:00	T
HARINGEY	NORTH MIDDLESEX	Barnet, Enfield and Haringey Health Authority	36	M	N18	02:36	MENINGITIS	WAITING FOR BED	15:00	13:54	1:30	T
KIDDERMINSTER & DISTRICT	WORCESTER ROYAL INFIRMARY	Worcestershire Health Authority	22	M		03:23	FIT	WAITING FOR BED	05:40	13:07	10:50	T
KINGSTON	KINGSTON HOSPITAL	Kingston and Richmond Health Authority	34	M	SW15	03:29	CHEST PAIN	TO ADMIT		13:01	0:00	T
NEWHAM	NEWHAM GENERAL	East London and The City Health Authority	47	F	E6	03:48	UNSTABLE ANGINA	TO BE ADMITTED		12:42	0:00	T
BEXLEY	QUEEN MARYS SIDCUP	Bromley Health Authority	72	F		03:50	PER RECTAL BLEED	BOOKED BED		12:40	0:00	T
HARROW	NORTHWICK PARK	Brent and Harrow Health Authority	85	M		04:47	DIFFICULTY IN BREATHING		14:30	11:43	2:00	T
HARROW	NORTHWICK PARK	Brent and Harrow Health Authority	85	M		04:47	DIFFICULTY IN BREATHING		14:30	11:43	2:00	T
HILLINGDON	HILLINGDON HOSPITAL	Hillingdon Health Authority	62	M		04:58	EXARCEBATION OF CHRONIC OBSTRUVTIVE PULMONARY DISORDER	WAITING FOR BED	12:35	11:32	3:55	T
HILLINGDON	HILLINGDON HOSPITAL	Hillingdon Health Authority	62	M		04:58	CHRONIC OBSTRUCTIVE PULMONARY DISORDER	WAITING TO COME IN	12:35	11:32	3:55	T
KIDDERMINSTER & DISTRICT	WORCESTER ROYAL INFIRMARY	Worcestershire Health Authority	68	M		06:14	LEFT VENTRICULAR FAILURE	WAITING FOR BED	07:25	10:16	9:05	T
HARINGEY	NORTH MIDDLESEX	Barnet, Enfield and Haringey Health Authority	87	F	N18	06:32	CONGESTIVE CARDIAC FAILURE	WAITING FOR WARD TO PREPARE	11:30	9:58	5:00	T
SOUTH EAST KENT	WILLIAM HARVEY, ASHFORD, KENT	East Kent Health Authority	27	F	CT14	06:54	ABDOMINAL PAIN	REFERRED		9:36	0:00	T
KINGSTON	KINGSTON HOSPITAL	Kingston and Richmond Health Authority	34	M	KT3	06:58	ABDOMINAL PAIN	TO ADMIT		9:32	0:00	T
WANDSWORTH	ST GEORGES, TOOTING	Merton, Sutton and Wandsworth Health Authority	5	M		07:10	DIFFICULTY IN BREATHING	TO BE ADMITTED	16:00	9:20	0:30	T
MERTON & SUTTON	ST HELIER	Merton, Sutton and Wandsworth Health Authority	71	M	CR4	07:17	CEREBRAL BLEED	4 HOUR WAIT FOR MEDICS		9:13	0:00	T

APPENDIX 2A

Data Provided by Homerton University Hospital to Hackney Healthwatch on 21 November 2013

21/11/2013	Daily			Week to date position			Month to date position			Quarter to date position
	Total attends	> 4 hr Breach(es)	% seen < 4 hr	Total attends	> 4 hr Breach(es)	% seen < 4 hr	Total attends	> 4 hr Breach(es)	% seen < 4 hr	Total attends
A&E Adults	167	10	94.01	674	47	93.03	3,605	260	92.79	8,764
Paediatrics	80	6	92.50	259	30	88.42	1,199	65	94.58	2,854
Primary Care	89	0	100.00	374	1	99.73	1,986	6	99.70	4,934
Total	336	16	95.24	1,307	78	94.03	6,790	331	95.13	16,552

Percentage of patients diverted to PUC (Urgent Care Centre) during attendance = 30.36%

APPENDIX 2B

DATA PROVIDED BY HOMERTON UNIVERSITY HOSPITAL TO HACKNEY HEALTHWATCH ON NOVEMBER 21ST 2013

BREAKDOWN OF DATA ON LONG WAITS IN A&E

ACHIEVEMENT AGAINST 95% TARGET

CCG quarterly A&E target:
95.53%
4 week rolling A&E target:
95.54%
13 week rolling A&E target:
95.82%
Year to A&E date:
95.93% (Attendances=76728, Breaches=3124)
Reasons for breaches – 21/11/2013
1 - A&E holding
2 - Clinical need
1 - Long wait for diagnostics
1 - Long wait for medic
1 - Long wait for orthopaedics
4 - Long wait for paediatrics
1 - Medical holding
3 - No female bed
1 - No paed bed available
1 - No side room available

Guide Notes for Casualty Watch Form

Gender	Enter M or F
Patient's Home Postcode	Should be available and is useful for determining the effects of closures of neighbouring A&E Departments. Enter the first part of the post code, eg: SE24 – B4 – TN13 – N33
Arrival Time	Use the 24-hour clock – in some cases, patients may have arrived on the previous day, in which case please specify the date as well.
Time of Decision to Admit	A decision may or may not have been made, depending upon the results of tests, etc. If a decision has been made, please give the time.
Provisional Diagnosis	Reason for attendance, eg: fractured femur, lacerations to hand, abdominal pain, overdose, shortness of breath, sickle cell crisis, etc. Do not use general terms (eg: medical, surgical).
Trolley Bed Chair	<p>Enter:</p> <p>T – if the patient is lying on a trolley in A&E Department, waiting to see Casualty staff, waiting to be admitted to a Ward, or waiting to be discharged.</p> <p>B – if the patient is lying on a bed in A&E Department, waiting to see Casualty staff, waiting to be admitted to a Ward, waiting to be discharged, or under observation.</p> <p>C – if the patient is sitting on a chair in the Waiting Room, or a wheelchair in A&E Department waiting to be seen by Casualty staff, waiting to be admitted to a Ward, or waiting to be discharged.</p> <p>It is important to distinguish between patients lying on trolleys, patients lying on beds in cubicles or observation wards, and patients waiting on chairs in the Waiting Room. This will give a clearer picture of the state of the A&E Department.</p>
Plan for Patient	Could be admission, discharge home, awaiting further tests, awaiting a review, observation, waiting for suture/s, transfer to a Ward, or to another Hospital, etc.
Comments	Could be: busy, major accident in the area, staff not available to give details, staff off due to illness, etc.

CASUALTY WATCH FORM - Please print

App 4

Hospital:	Date/time of Visit:	Local Healthwatch:
Staff in Charge	A&E Tel:	Name of CW visitor:

Gender	Age	Postcode	Arrival Time (24 hr) See note	Time of Decision to Admit (24 hr)	Provisional Diagnosis	Trolley Chair Bed T/C/B	Plan for Patient

Note: If the date of the patient's arrival is not the same as the date of the LHW visit, please indicate

Page No: _____ of _____

Comments:

Fax this form to Casualty Watch on: _____

News

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Patients face 12-hour waits on trolleys as bed closures soar

APP 5

Sophie Goodchild

HOSPITALS are struggling to cope with the pressures of winter, with bed closures almost doubling since Christmas and dozens of patients left waiting on trolleys for more than 12 hours.

Patients in the capital are also facing an increase in cancelled operations and

long waits in ambulances, according to the latest NHS England figures.

More than 30 patients were left to wait on trolleys for more than 12 hours before they saw a doctor in the first week in January.

This compares with just a dozen over the Christmas and New Year fortnight. The number of beds closed because of

winter vomiting bug norovirus rose to 473 in the first week of January, up from 257 closures over Christmas and New Year.

A total of 155 urgent and elective operations were cancelled between January 2 and 9.

The figure was 126 for the Christmas and New Year fortnight - December 19

to January 1. The number of beds "blocked" because of delayed care transfers reached 1,311 in only a week in January, compared with 1,839 in the two weeks in December.

Emergency vehicles are still stacking up outside hospitals because patients are not admitted quickly enough.

Ambulance handover delays lasting more than 30 minutes occurred 369 times at the capital's hospitals in the first week in January. The figure was 557 times overall for the Christmas and New Year fortnight.

North Middlesex had the highest number of ambulance handover breaches, with Lewisham second.

NHS England (London) said diarrhoea and vomiting outbreaks were "very common" at this time of year and that bed closures were lower than in the same period last year.

But it added that "unnecessary delays" when admitting patients were not acceptable and safety must always come first.

The majority of 12 hour trolley waits occurred at Princess Royal University Hospital (PRUH) in Bromley, which is run by King's College Hospital Foundation Trust.

Two were at Barnet and Chase Farm Hospitals NHS Trust.

King's College Hospital Foundation Trust took over the running of the PRUH in October 2013, after the South London Healthcare Trust was disbanded.

King's said it was taking a number of steps to address the problem.

A spokesman said: "Since October, we've made a number of changes, including increasing staffing levels in the ED (emergency department) and putting in place additional capacity.

"Longer-term, we are implementing many of the pathways we have developed at our Denmark Hill



ASSOCIATION OF COMMUNITY HEALTH COUNCILS FOR ENGLAND AND WALES (/)

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The History of Casualty Watch Project

Casualty Watch was the first example of co-ordinated, data- collection and analysis to assess service quality in the history of CHCs.

Casualty Watch began in King's College Hospital (London) in 1990, and was initiated by Camberwell (later Southwark) CHC's Acute Group. This followed a decision by King's College Hospital to close hundreds of beds in August 1989; a decision which immediately led to the widely publicised 'warehousing' of seriously ill people on trolleys - a practice that has since spread widely to other hospitals.

What was Casualty Watch?

A representative from the CHC - often a member - visited the local A&E Department at 4.30pm on the last Monday of each month and saw a Nurse or Consultant-in-Charge to check details about patients waiting in A&E. For each patient, data is collected on:

- Age
- Gender
- Postcode (only the first letters in order to preserve the patient's confidentiality)
- Arrival time
- Time of decision to admit (if applicable)
- The provisional diagnosis
- The treatment plan for the patients
- Whether the patients were sitting on a chair, lying on a trolley or a bed
- How long the patients had been waiting.

Collecting the data, particular if the groundwork has been done, should have taken no longer than 30 minutes. The patients' name is never recorded, and neither are the patients interviewed.

Why do Casualty Watch?

Casualty Watch was used because it was a quick, highly effective and non-labour intensive method of data collection. Collecting Casualty Watch data enabled Southwark CHC to monitor its local Casualty Department every month for several years, and to relate the data to other service changes.

Casualty Watch became a powerful tool in discussions with providers and commissioners, and enabled the CHC to press for better services, more beds and humane treatment for seriously ill people. It also gave the CHC an opportunity to press the case for more resources with central Government, and was successful campaigning tool in persuading the old Regional Health Authority to provide capital to re-develop King's College Hospital's Casualty Department.

Co-ordinated Casualty Watches

Fears about widespread hospital bed and Casualty closures, following the Tomlinson Report on London's health services, led to an agreement between London CHCs to co-ordinate 'Casualty Watch' visits, and to collate the results to demonstrate waiting times across London at a fixed point in time.

At 4.30pm on 28 March 1994, Lambeth, City & Hackney and Southwark CHCs took part in a trial run. This showed that 26 patients were waiting on trolleys in excess of 4 hours. Five patients in excess of 20 hours, with the worst case being a man of 84 waiting over 87 hours on a trolley at St. Bartholomew's Hospital.

The first multi-site co-ordinated simultaneous Casualty Watch took place on 25 April 1994. On this occasion, CHCs monitored Casualty Departments at:

King's College Hospital	The Royal London Hospital	Greenwich General Hospital
Guy's Hospital	Homerton Hospital	Queen Mary's Hospital, Sidcup
St. Thomas' Hospital	St. Bartholomew's Hospital	Bromley Hospital
Newham General Hospital	The Brook Hospital	Tunbridge Wells Hospital
Brighton Hospital		

The co-ordinated, multi-site Casualty Watch continued to take place on a monthly basis, and included many hospitals from London, Kent, Sussex, Surrey, Hertfordshire, Birmingham, Liverpool and Newcastle.

Why 4.30pm?

This was a frequently asked question. Many people thought that Casualty Watch would be more effective if it were carried out on a Friday or Saturday evening - when A&E Departments are traditionally known to be busy.

Reasons for not doing Casualty Watch on a Friday or Saturday evening, included:

- CHC representatives are less likely to want to be in the Departments at these, often distressing times
- A&E staff are less likely to have time to help with the collection of data
- Casualty Watch would cause no disruption to an A&E Department

Reasons for doing Casualty Watch on a Monday, included:

- Long waits had been recorded in A&E Departments on Mondays, because patients had not been discharged from the hospital Wards over the previous weekend. This could lead to a shortage of beds when admissions to hospital from the A&E Departments was necessary.
- Research published in 1995** found that 'while there was consistency in overall numbers attending across most days of the week, markedly higher volumes of patients attended on the Monday during the day (2.00pm - 10.00pm), and at night on the Friday and Saturday'.
- CHC representatives would feel more comfortable visiting the A&E Department early on a Monday evening, than they would on a Friday or Saturday evening.

Nationwide Casualty Watch

In 1997, ACHCEW became involved with Casualty Watch, and it was agreed to attempt a Nationwide Casualty Watch to see if London's problems were replicated elsewhere.

Following a trial run in November 1997, the first Nationwide Casualty Watch took place in January 1998. CHCs from