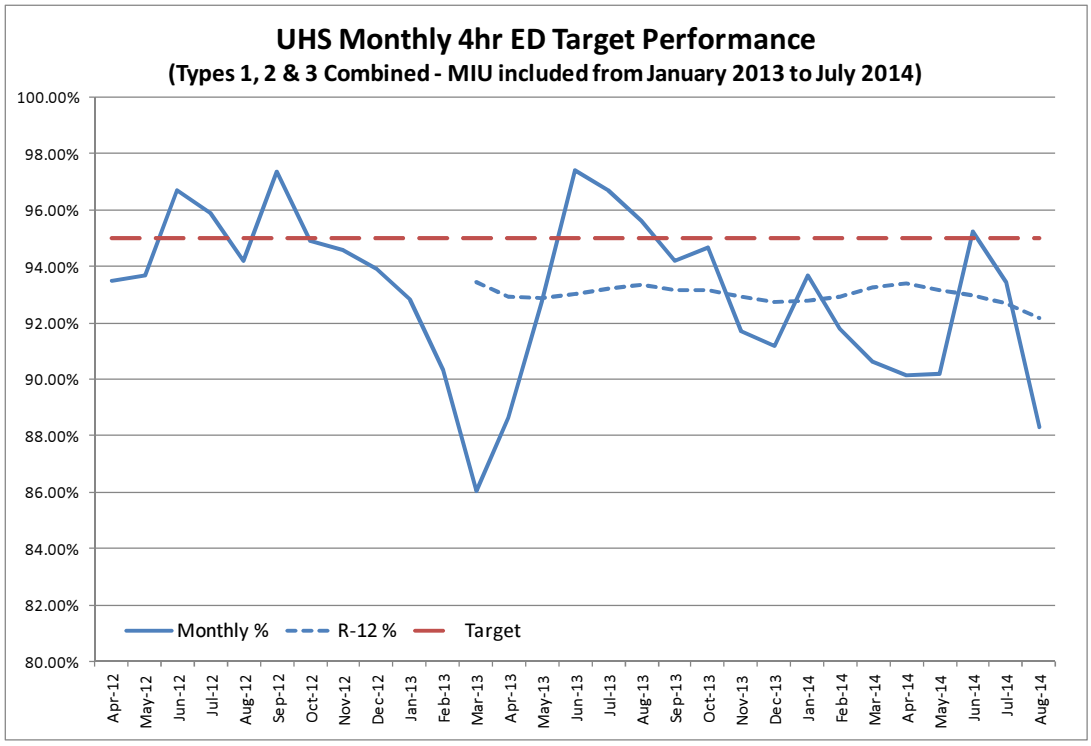
University Hospital Southampton NHS
NHS Foundation Trust

Emergency Department Report for Overview and Scrutiny Panel – September 2014

The Trust is monitored on its ED performance across all emergency departments – the main SGH Emergency Department (a Type 1 Dept.), Eye Casualty (a Type 2 Dept), and until August 1st when management was transferred, the RSH Minor Injuries Unit (a Type 3 Dept).

Whilst the Trust met the target to treat and admit or discharge more than 95% of patients within 4 hours during June 14, this performance has not been sustained during July and August of this year.



It should be noted that the removal of the MIU data from August makes it significantly harder for UHS to achieve the 95% target. Nationally, Type 1 Emergency Departments have not collectively achieved the ED 95% target in any given week for over a year. In most weeks the national performance for Type 1 EDs is between 92% and 93%.

As can be seen in the table below, in England Newcastle is the only major teaching hospital (taking major trauma etc) to consistently achieve this target for Type 1 activity.

Week Endir	UHS	Birmingham	Bristol	Cambridge	Leicester	Newcastle	Nottingham	Oxford	Sheffield
06/04/2014	78.0%	96.6%	94.7%	89.9%	77.1%	95.5%	86.4%	86.2%	97.4%
13/04/2014	83.7%	96.3%	93.5%	92.9%	77.4%	96.8%	87.0%	93.8%	96.8%
20/04/2014	86.3%	95.1%	95.0%	93.9%	90.3%	97.7%	92.5%	90.3%	98.1%
27/04/2014	84.0%	95.4%	92.4%	89.1%	70.7%	95.3%	84.5%	88.7%	92.8%
04/05/2014	84.6%	95.8%	91.7%	89.9%	77.7%	95.8%	88.9%	94.7%	94.4%
11/05/2014	80.7%	95.9%	92.0%	88.5%	75.2%	98.2%	86.3%	89.8%	97.0%
18/05/2014	83.9%	95.3%	92.2%	88.5%	70.9%	97.5%	85.6%	90.9%	92.6%
25/05/2014	86.9%	95.7%	95.0%	87.3%	69.8%	97.7%	85.8%	90.7%	89.7%
01/06/2014	83.6%	95.3%	94.5%	93.0%	72.6%	95.0%	87.7%	89.1%	93.5%
08/06/2014	86.4%	95.3%	97.3%	88.7%	79.5%	95.2%	84.5%	89.7%	95.7%
15/06/2014	94.2%	93.3%	90.7%	87.8%	84.7%	97.8%	88.3%	94.2%	94.1%
22/06/2014	95.7%	94.6%	94.8%	89.5%	89.9%	98.7%	82.5%	89.0%	95.0%
29/06/2014	93.5%	93.9%	95.3%	86.2%	89.9%	96.8%	79.7%	91.2%	95.2%
06/07/2014	92.5%	94.5%	90.5%	85.9%	92.1%	98.2%	85.0%	91.7%	94.2%
13/07/2014	92.7%	95.4%	91.2%	88.4%	83.4%	95.9%	84.3%	95.5%	94.2%
20/07/2014	86.3%	96.0%	89.7%	92.6%	86.4%	98.4%	85.6%	90.8%	93.8%
27/07/2014	88.5%	95.5%	92.6%	92.4%	85.9%	96.7%	84.2%	96.4%	92.5%
03/08/2014	85.9%	94.3%	91.2%	95.3%	91.0%	98.1%	83.6%	93.4%	89.2%
10/08/2014	89.2%	95.0%	90.2%	91.0%	83.4%	97.1%	88.7%	92.8%	96.7%
17/08/2014	85.4%	92.9%	91.5%	92.3%	80.3%	96.6%	86.9%	96.7%	97.7%
24/08/2014	91.9%	93.9%	95.4%	96.4%	92.0%	94.7%	92.1%	93.1%	96.3%

College of Emergency Medicine
The College of Emergency Medicine launched their national campaign "Exit Block" last week. It is worth looking at the video link. : *Exit Block: Tackling exit block."*

This short video shows the problems that occur in ED when onward flow into the hospital is blocked. They include delays to ambulance hand-over and breaches of the 4 hour access target. The "exit block" is due to delays to patients being admitted, treated efficiently and discharged. In the video the whole hospital are shown "owning "the problem, from porters to Chief Executive.
At UHS we are similarly committed to addressing the problems by involving the whole hospital and by:

1. Addressing flow within the ED
2. Supporting rapid admission into hospital where necessary
3. Reducing delays to patient discharge once they are fit to leave, to allow sufficient bed stock for admissions.

1. Emergency Department Processes

Some patients have not had their treatment completed within 4 hours and we are working on improving the systems and processes within ED . The Trust has agreed a plan with the CCG commissioners to improve the performance in ED. In brief:

A) We will increase the staffing in ED. We have invested this year in new doctors to look after children in the ED and to help create a new team to manage a separate Children's ED when this is completed. We have also invested in a team of nurses to look after patients with fractures and injuries. This will complement our partnership with the Minor Injuries Unit at the RSH.

B) We will change our processes so that diagnostic investigations can be undertaken as quickly as possible. We are building a team of experienced nurses to receive patients as they arrive in the ED to initiate all necessary tests and pain relief within 20 minutes of arrival. This is known as the "pitstop" model and is successfully used in some other UK ED's..

C) We will review the use of our Clinical Decision Making Unit (CDU) and our other pathways that help avoid admission including the creation of a new pathway for elderly patients to ensure they can be seen by specialists from this field.

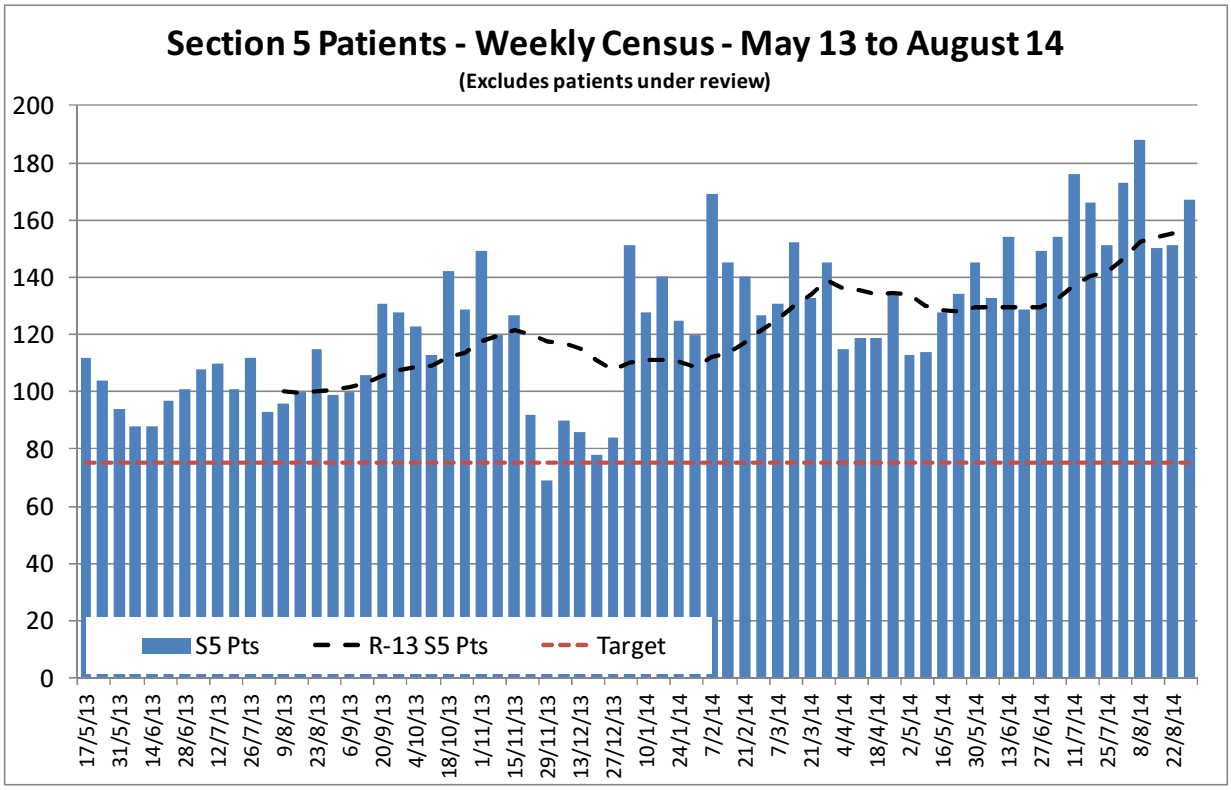
2. Supporting Rapid Admission

We will ensure if patients do need to be admitted to a Hospital bed that this process is as simple as possible for the patients, their families and the staff.

- We have created a senior team of clinicians to ensure that admission decisions can be made with minimal delay
- We are creating rapid admission pathways for some common conditions

3. Bed Availability

Bed availability is the primary problem for UHS during the winter months, as this prevents patients from being admitted from the Emergency Department in a timely manner. Normally this pressure reduces during the summer but this pattern has not been seen this year. The hospital has been under sustained pressure all summer and in part this is due to the ongoing rise in Section 5 patients (complex discharges).



The number of medically fit patients (section 5 patients) has peaked at 176 patients in August, almost 16% of the total bed stock. The health and social care system's plan is to introduce new pathways for patients to allow them to undertake complex assessments to determine the type of care the patient needs and how this will be funded in a community bed, this is known as discharge to assess. At the same time Hospital staff will become trusted assessors and will be able to support social services teams to complete some of their tasks in facilitating hospital discharge. UHS staff are being trained by social services in late September 2014 and hope to be able to start "Trusted Assessment immediately afterwards.

This will then support and be supported by the new pathways and ways of caring for patients being delivered through the Better Care Fund plans to introduce locality working and new out of hospital services.

These words below are from the draft Better Care Plan submission and as such they represent our consensus as a healthcare community:

“Taking pressure off the acute hospital sector remains a priority of the local health and social care system. In 2012, following sustained difficulty in maintaining the national A&E waiting time standard (of 95% of people being admitted or discharged within four-hours), the Emergency Care Intensive Support Team (ECIST) carried out a review of provision both within UHS and across the wider health and social care system. They concluded that, despite some successes, there had been an over-reliance on schemes to avoid admission and insufficient emphasis on improving discharge planning and onward care. In essence they concluded the whole health and care system needed to change from a culture of trying to ‘push’ people out of hospital to release capacity, to one where community services intervened to help ‘pull’ patients through by means of pre-planning effective community or home-based support. Our Better Care plans reflect this focus.

Throughout 2013, it became clearer that sustained very high levels of bed occupancy (in excess of 95%) were creating difficulty in admitting patients in urgent need, and creating unacceptable risks to the safety and quality of patient care across the hospital. We are starting to see a decline in the number of A&E attendances and there is some evidence that the growth in emergency admissions has been stemmed. There is renewed determination across the whole system to build on progress, to sustain efforts to alleviate these problems and to support the hospital in every way possible. However, performance against the 95% standard remains less than acceptable and this is important because this standard is a key indicator of challenges across the entire system: failure to safely and effectively discharge people leads to significant pressure on elective capacity which in turn means that meeting other crucial national standards (such as referral to treatment times and waiting times for cancer) becomes challenging. Delayed transfers of care remain high in Southampton and we have seen significant growth in the beginning of 2014/15 compared to 2013/14. “

We welcome the united approach to this problem and are keen to work closely with our partners to ensure that patients are managed in the most suitable setting for their needs.

At the same time as the changes for patients with ongoing care needs we will open additional beds to compensate for the increase in demand and the growing length of stay. Over and above this we plan to continue to open additional virtual beds by creating new community provision.

Fiona Dalton
Chief Executive