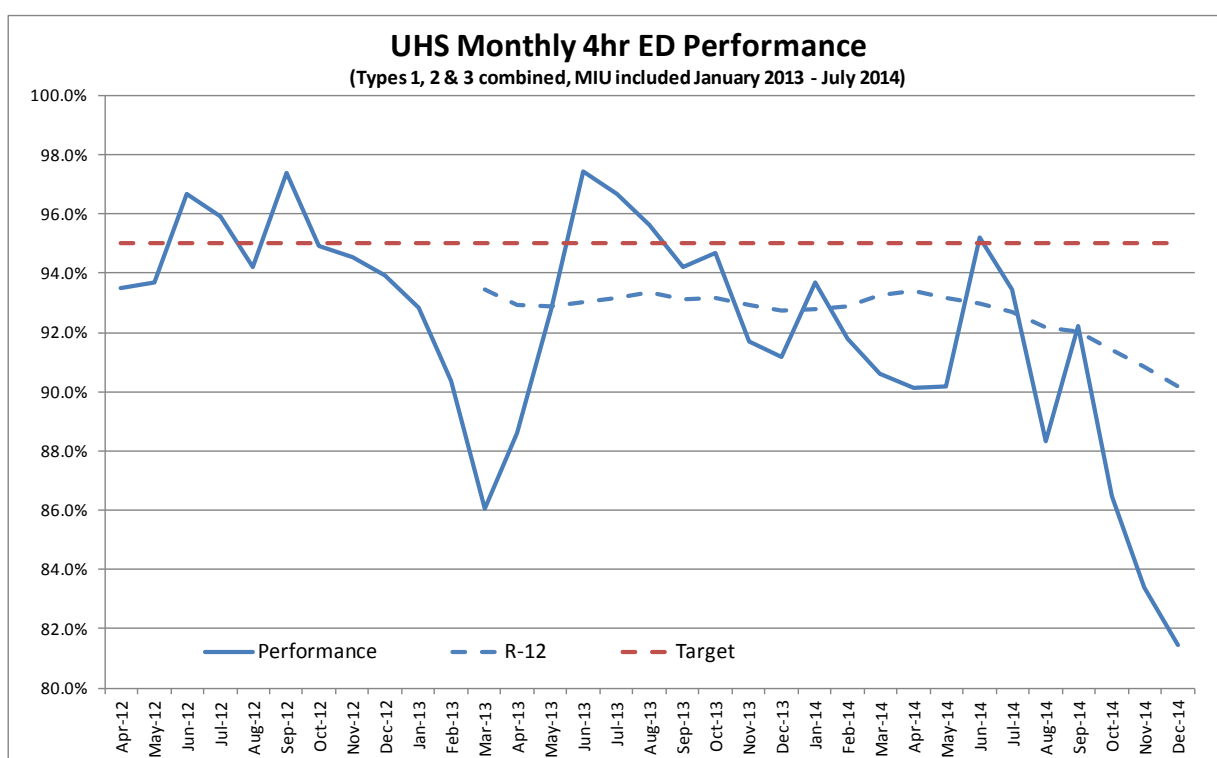


Emergency Department Report for Overview and Scrutiny Panel – January 2015

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.



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 since July 2013. In most weeks the national performance for Type 1 EDs is between 92% and 93%, although since the week ending October 12, 2014, the highest national performance has been 90.8%, with the lowest being 83.1% for the week ending December 21, 2014).

As can be seen in the table below, no major English teaching hospital (taking major trauma etc) consistently achieves this target for Type 1 activity although other hospitals (notably Birmingham and Newcastle) do much better at this target than UHS.

Week Endir	UHS	Birmingham	Bristol	Cambridge	Leicester	Newcastle	Nottingham	Oxford	Sheffield
23/11/2014	85.9%	95.4%	90.9%	78.6%	77.0%	92.8%	89.5%	81.0%	88.2%
30/11/2014	88.7%	95.2%	83.5%	70.8%	80.6%	96.0%	91.5%	83.9%	90.4%
07/12/2014	79.4%	94.2%	89.6%	76.2%	78.6%	88.8%	85.1%	80.7%	86.3%
14/12/2014	77.4%	94.3%	80.1%	67.1%	69.4%	90.8%	81.4%	88.7%	73.8%
21/12/2014	79.2%	91.5%	78.5%	70.9%	67.3%	87.8%	78.4%	76.3%	78.6%
28/12/2014	75.3%	95.1%	86.7%	66.0%	76.1%	90.7%	81.6%	82.8%	82.4%

Whole System Approach

Since this was last discussed at the Overview and Scrutiny Committee performance the performance against the 4 hour target has been formally reviewed.

In December the whole system, including Alison Elliott from Southampton City Social Services attended a tri-partite meeting with NHS England, the Trust Development Authority and Monitor. A letter summarising this meeting is attached as appendix 1. Prior to this meeting a detailed presentation was prepared, this can be made available to Councillors if required, which summarised the plans in place and the issues currently faced by the system. In summary this formal review concluded:

Overall the system partners were able to assure us that there was a good understanding of the issues facing the system, and that a clear action plan was in place to deliver the 95% target from January 2015. We will continue to work with you over the coming months to gain assurance that the action plans are being delivered and that risks to delivery are being appropriately managed.

This conclusion was drawn from the following statement.

You agreed that the target performance can only be achieved if all partners deliver against the action plan.

In particular the system has agreed to increase discharges to 26 per day, increase the number of patients discharged within 3 days to 60% of those deemed to be medically fit. The Trust agreed to increase the number of patients discharged before 11am to 20% of all patients discharged that day (currently they are discharged much later in the day) and increase the number discharged at the weekend to 23% of all patients discharged over the 7 day period.

The meeting and the presentation was based on the whole system operational resilience capacity plan (ORCP, attached). This action plan is presented monthly to a senior committee within each organisation in the local system and is overseen by the System Resilience Group. SRG is lead by a CCG Chief Accountable officer and attended by the local system chiefs.

The ORCP is supported by over £8m of one off funding, this money is currently being deployed and it is believed services available to patients will peak in January and be sustained through to the end of March 2015.

As set out in the ORCP and the response letter from the tri-partite meeting it is important that there continues to be a focus on flow out of the Hospital as well as flow through the Hospital.

Going forward, and using the Better Care Fund as a vehicle, I am sure you will recognise that there needs to be more long term planning for workforce and capacity in the City to meet the needs of the population. I believe this is something the Overview and Scrutiny Committee and Health and Wellbeing Board need to take a joint view on in 2015.

Fiona Dalton
Chief Executive

22 December 2014

By email to
Fiona Dalton
Katrina Percy
Sue Harriman
John Richards
Gill Duncan
Alison Elliot
Heather Hauschild
John Trewby

Dear all,

Southampton Urgent Care System

Thank you for meeting with us on 15 December. The purpose of the meeting was to discuss and understand how you plan to improve the performance of the urgent care system in Southampton and specifically how you plan to recover and sustain performance against the NHS constitution standard for A&E.

Key issues

You set out your analysis that the system had demonstrated improvement in three of the five key areas identified by the Emergency Care Intensive Support Team (ECIST), namely:

- Minimising type 1 attendances;
- Reducing growth in non-elective admissions; and
- Creating capacity through elective choice and outsourcing.

However, further action is required to address the remaining two areas:

- The flow of discharges to the community; and
- Internal flow within the hospital.

We discussed the implication of workforce capacity constraints downstream of the hospital, in particular in relation to social care and the planned action by the local authorities to address the challenges in this market.

Key actions

You set out a range of actions you are taking which the system considers is sufficient to return the system to compliance with the 95% standard from January 2015. In particular, as a system you committed to:

- Additional capacity within the hospital: 6 beds from January and 23 further beds from February;
- Action to improve matching of admissions and discharges within the hospital to make more effective use of capacity;
- 20 'virtual' beds within the city and extended use of discharge to assess and trusted assessor;
- Hampshire County Council and Southampton City Council will be re-tendering adult social care in April 2015 with the aim of securing a more stable and attractive market.

You agreed that the target performance can only be achieved if all partners deliver against the action plan. You also highlighted that delivery will be put at risk by factors outside of the systems control, such as Norovirus, and availability of domiciliary capacity in the private sector. We expect you to escalate any significant risks to delivery early to the national tripartite partners and ensure that mitigating plans are in place and ready to be enacted.

Better Care Fund

During the meeting we discussed the local commitments under the Better Care Fund (BCF). Consequently we reviewed the feedback on your BCF plans, which suggested there could be more ambition around reduction in delayed transfers of care (DTOCs) for both councils. Southampton City Council need to assure the care system that changes to social care services introduced earlier in the year will result in more timely services with a model that meets demand and protects services next year; and for Hampshire County Council there needs to be greater clarity in how changes to social care planned through the BCF are effectively overseen by multiple partners. It is imperative that there is transparency about how NHS resources are being used to protect social care services as a result of the BCF investment, and we expect the respective councils to quantify the expected impact on domiciliary care in particular and reduction in DTOCs

Conclusion

Overall the system partners were able to assure us that there was a good understanding of the issues facing the system, and that a clear action plan was in place to deliver the 95% target from January 2015. We will continue to work with you over the coming months to gain assurance that the action plans are being delivered and that risks to delivery are being appropriately managed.

Yours Sincerely,

PAUL STREAT

Regional Director (South)
Monitor

ANDREW RIDLEY

Regional Director (South)
NHS England

JIM LUSBY

Director of Delivery and Development
NHS TDA