

# University Hospital Southampton NHS Foundation Trust

## UHS ED Performance Benchmarking 2015/16

### Southampton Health Overview & Scrutiny Panel Briefing Paper – 28 April 2016

#### 1. Emergency Department Types

There are three nationally defined Emergency Department types:

Type 1 – Emergency departments with a consultant led 24 hour service with full resuscitation facilities and designated accommodation for the reception of accident and emergency patients.

Type 2 – Consultant led mono-specialty accident and emergency service (e.g. ophthalmology, dental) with designated accommodation for the reception of patients.

Type 3 – Other type of A&E/minor injury activity with designated accommodation for the reception of accident and emergency patients. The department may be doctor led or nurse led and treats at least minor injuries and illnesses and can be routinely accessed without appointment.

The table below shows national performance for each type of unit for January 2016 (the most recent published national data).

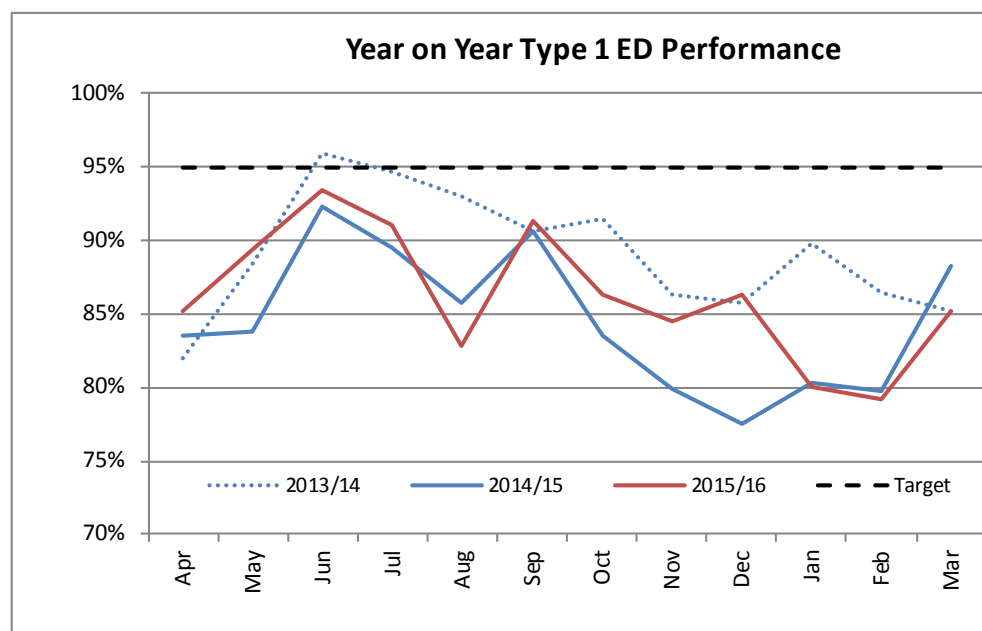
Unit Type	Attendances	Breaches	Performance
Type 1	1,250,005	212,136	83.0%
Type 2	47,208	435	99.1%
Type 3	609,707	3,716	99.4%

UHS operates two Emergency Departments – Main ED (type 1) and Eye Casualty (type 2). Until July 2014, UHS also operated the MIU (type 3) based at the Royal South Hants Hospital which is now run by Care UK.

Depending on how Hospital Emergency Departments are structured, some Type 1 units may treat patients that are treated in separate type 2 or 3 units elsewhere in the country, meaning direct comparison may not be appropriate.

#### 2. UHS ED Performance

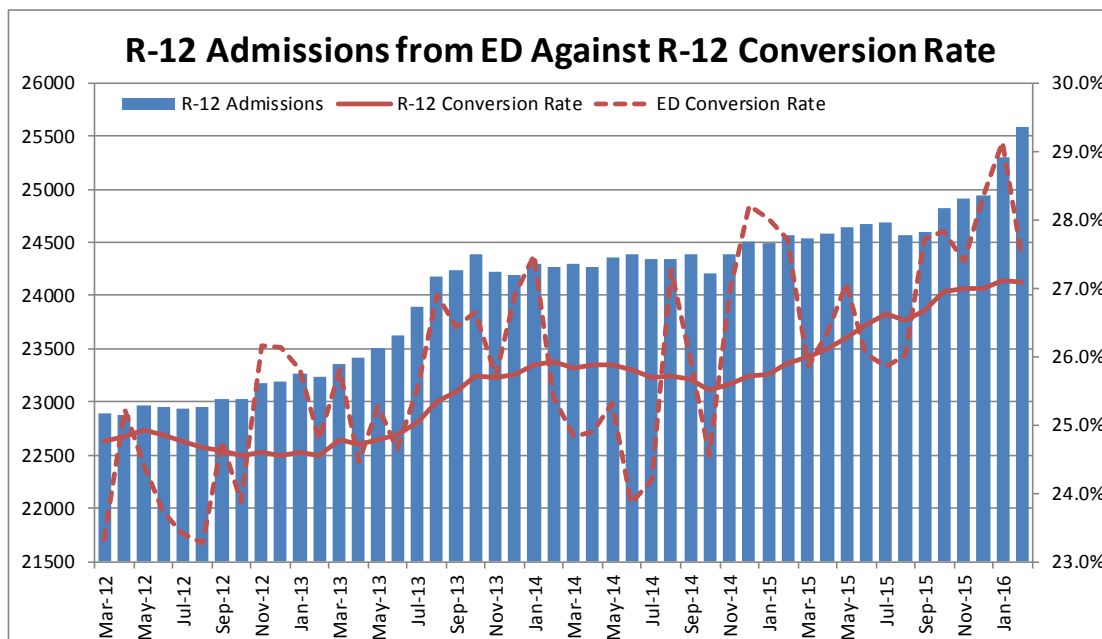
The primary factor in governing overall UHS ED performance is the performance in Main ED. In 2015/16, the Main ED accounted for 83.8% of the A&E activity seen by the Trust. Year on year performance against the 4hr target for solely Main ED (type 1) activity can be seen in the chart below.



Performance against the 4hr target for the year as a whole rose from 84.7% in 2014/15 to 86.2% in 2015/16.

This increase in performance needs to be set against a rise in activity. In 2014/15 there were a total of 94,376 attendances to main ED. In 2015/16 this rose to 95,218, an increase of 842 (+0.9%). However, this rise was primarily seen in January to March, which went from 21,830 to 24,642, an increase of 2,812 (+12.9%).

These winter months are when the Trust typically sees patients with more serious and complex conditions and the fact that these additional attendances were not solely patients with more simple complaints is borne out by the conversion rate data (the conversion rate is the percentage of attendances which result in a patient requiring an admission for further treatment). The chart below shows the rise in admissions and the conversion rate.



### 3. Performance Against Peers

NHS England publishes monthly data on ED performance for all Trusts in England. Prior to June 2015 this data was collected and reported weekly. Currently the available data runs to January 2016. The tables on the next page demonstrate UHS performance against 3 different groups of peers since June – firstly local NHS Trusts, then Major Trauma Centres and finally a select peer group of University Teaching Hospital Trusts.

These show UHS as performing in the middle of each peer group but straight comparisons are not necessarily appropriate across these groups. A simple example is that the Southampton Treatment Centre listed is the MIU run by Care UK and formerly run by UHS. The aggregated performance of 99.7% for June to January is only for the simple cases appropriate to attend an MIU. Likewise, even a comparison to an NHS Hospital Foundation Trust such as Bournemouth is not truly comparable as while that centre does not have a separate type 3 unit, there is no type 3 unit in Bournemouth and so the equivalent attendances will arrive as part of their type 1 activity. By contrast, UHS performance figures do not benefit from the same proportions of lower complexity patients as part of type 1 ED activity.

Local Providers:

	Hampshire								Soton Treatment			England
	UHS	B'mouth	Hospitals	IoW	Poole	Portsmouth	Salisbury	Solent	Centre	Southern		
Jun-15	94.5%	93.5%	93.0%	92.1%	96.0%	85.3%	97.4%	100.0%	100.0%	98.6%	94.8%	
Jul-15	92.5%	97.4%	92.9%	88.7%	95.6%	82.2%	97.5%	100.0%	99.9%	98.8%	95.0%	
Aug-15	85.6%	96.0%	90.1%	88.9%	94.8%	86.9%	95.9%	100.0%	100.0%	99.4%	94.3%	
Sep-15	92.7%	93.8%	90.1%	86.0%	95.8%	83.9%	95.1%	100.0%	99.1%	98.8%	93.4%	
Oct-15	88.5%	91.3%	88.5%	87.3%	90.1%	77.8%	94.5%	100.0%	99.7%	99.5%	92.3%	
Nov-15	86.9%	92.8%	88.8%	86.2%	92.5%	78.4%	93.9%	N/A	99.9%	99.2%	91.3%	
Dec-15	88.4%	95.7%	85.8%	91.7%	90.7%	78.3%	93.9%	N/A	99.1%	99.2%	91.0%	
Jan-16	82.8%	90.9%	82.6%	86.8%	87.1%	75.1%	94.1%	N/A	99.7%	99.4%	88.7%	
<b>Grand Total</b>	<b>89.0%</b>	<b>93.9%</b>	<b>89.0%</b>	<b>88.5%</b>	<b>92.9%</b>	<b>81.0%</b>	<b>95.3%</b>	<b>100.0%</b>	<b>99.7%</b>	<b>99.1%</b>	<b>92.6%</b>	

NB: Southampton Treatment Centre is the MIU run by Care UK, formerly managed by UHS.

Solent NHS Trust provide community and mental health services in Southampton, Portsmouth and southern Hampshire

Southern Health NHS Trust provide community health, mental health, learning disability and social care services in Hampshire, Berkshire and Oxfordshire

Hampshire Hospitals NHS Trust run Winchester and Basingstoke Hospitals.

Major Trauma Centres:

	UHS	Barts	Cambridge	Imperial	King's	Leeds	Newcastle	North Bristol	Nottingham	Oxford	South Tees	St George's	England
<b>Jun 15</b>	94.5%	90.5%	91.7%	95.4%	92.9%	95.7%	94.6%	97.2%	96.1%	96.2%	96.3%	91.3%	94.8%
<b>Jul 15</b>	92.5%	89.1%	89.8%	94.7%	92.4%	96.2%	95.7%	96.5%	94.1%	96.5%	96.4%	92.2%	95.0%
<b>Aug 15</b>	85.6%	90.9%	92.3%	94.9%	93.2%	96.2%	96.6%	95.4%	93.2%	93.8%	97.0%	94.4%	94.3%
<b>Sep 15</b>	92.7%	89.0%	93.5%	93.5%	89.9%	95.1%	94.7%	88.5%	92.5%	90.6%	97.3%	90.7%	93.4%
<b>Oct 15</b>	88.5%	86.7%	93.8%	92.1%	91.7%	93.8%	95.3%	86.3%	86.9%	88.0%	96.4%	91.9%	92.3%
<b>Nov 15</b>	86.9%	86.5%	92.5%	89.1%	88.8%	92.2%	92.7%	80.3%	81.1%	88.8%	95.7%	89.1%	91.3%
<b>Dec 15</b>	88.4%	86.5%	95.5%	88.5%	87.5%	90.6%	92.7%	79.9%	80.5%	88.2%	95.0%	89.8%	91.0%
<b>Jan 16</b>	82.8%	86.4%	92.8%	89.7%	86.2%	87.8%	92.2%	74.9%	76.2%	84.4%	93.8%	88.7%	88.7%
<b>Grand Total</b>	<b>89.0%</b>	<b>88.1%</b>	<b>92.7%</b>	<b>92.2%</b>	<b>90.3%</b>	<b>93.4%</b>	<b>94.3%</b>	<b>87.4%</b>	<b>87.5%</b>	<b>90.8%</b>	<b>96.0%</b>	<b>91.0%</b>	<b>92.6%</b>

University Teaching Hospitals Peer Group:

	UHS	Birmingham	Bristol	Cambridge	Derby	Leicester	Newcastle	Nottingham	Oxford	Sheffield	England
Jun-15	94.5%	95.8%	95.2%	91.7%	95.0%	92.6%	94.6%	96.1%	96.2%	96.4%	94.8%
Jul-15	92.5%	94.4%	95.5%	89.8%	96.0%	92.2%	95.7%	94.1%	96.5%	94.5%	95.0%
Aug-15	85.6%	94.3%	95.0%	92.3%	95.3%	90.6%	96.6%	93.2%	93.8%	94.3%	94.3%
Sep-15	92.7%	93.6%	91.7%	93.5%	95.2%	90.3%	94.7%	92.5%	90.6%	N/A	93.4%
Oct-15	88.5%	92.7%	92.2%	93.8%	94.1%	88.9%	95.3%	86.9%	88.0%	N/A	92.3%
Nov-15	86.9%	91.0%	89.6%	92.5%	94.1%	81.7%	92.7%	81.1%	88.8%	N/A	91.3%
Dec-15	88.4%	90.2%	88.9%	95.5%	94.3%	85.1%	92.7%	80.5%	88.2%	N/A	91.0%
Jan-16	82.8%	87.4%	83.8%	92.8%	88.4%	81.2%	92.2%	76.2%	84.4%	N/A	88.7%
<b>Grand Total</b>	<b>89.0%</b>	<b>92.4%</b>	<b>91.4%</b>	<b>92.7%</b>	<b>94.0%</b>	<b>87.7%</b>	<b>94.3%</b>	<b>87.5%</b>	<b>90.8%</b>	<b>95.1%</b>	<b>92.6%</b>

#### 4. Impact of MIU Activity

The lack of type 3 activity in UHS performance figures has a significant effect on the performance against the 95% target for treatment with 4 hours. The nationally published A&E data includes activity volumes and so it is possible to demonstrate the impact MIU activity would have on UHS performance figures.

	UHS	UHS+MIU	Difference
Jun-15	94.5%	96.0%	1.5%
Jul-15	92.5%	94.5%	2.0%
Aug-15	85.6%	89.5%	3.9%
Sep-15	92.7%	94.4%	1.8%
Oct-15	88.5%	91.7%	3.2%
Nov-15	86.9%	90.8%	3.9%
Dec-15	88.4%	91.4%	3.0%
Jan-16	82.8%	87.5%	4.7%
<b>Grand Total</b>	<b>89.0%</b>	<b>92.0%</b>	<b>3.0%</b>

This level of performance would put UHS into the top half of Major Trauma Centre providers.

#### 5. Hospital Flow

The hospital alert status is an indicator of the levels of flow being attained by the Trust. When the Trust has a black alert this indicates that there are no available beds and that flows into and out of the hospital are compromised. Through a long and ongoing programme of work focusing on patient flow through the hospital, UHS has significantly reduced the number of occasions when a black alert has been declared (alert status is recorded twice a day, though may be changed more frequently). In 2014/15, a black alert was declared on 91 occasions. In 2015/16 this was reduced to only 7. This indicates that the Trust was in a much better position to support timely admission of patients through our Main ED, but also on occasions accept diverted ambulances from other Trusts in the region who declared a black alert.

The primary pressure on hospital flow is the number of Delayed Transfers of Care. These are patients who no longer need to be cared for in an acute hospital setting but do need ongoing care, ranging from assisted living in a care home to daily visits from a healthcare practitioner. UHS cannot discharge these patients until a community care package is in place, which must be organised with community healthcare providers and local authorities. The Trust provides a monthly submission to the Department of Health. In the returns for January to March 2015 the Trust reported a total of 5,005 bed days lost to delayed transfers. For the same period in 2016 the Trust reported a total of 8,001 bed days lost. This rise in lost bed days creates additional pressure on the Trust's ability to flow patients into the hospitals from ED.

The Trust has been working with local providers and commissioners to address the challenges brought by Delayed Transfers of Care. This has succeeded in reducing the pressure felt from those patients within Southampton but the number of delayed patients from the wider Hampshire area have continued to rise despite this focused work.

In addition, pressure has increased on all emergency departments across the country. When other local Trusts struggle to admit patients attending their departments, ambulances can be re-routed to alternative providers. As the largest hospital Trust in the region, and the Major Trauma Centre, UHS is often the Trust to receive these diverted patients, increasing demand for services. Anecdotal evidence suggests the number of ambulance diverts increased in 2015/16. It is often difficult to then repatriate these patients to their local hospital after they have been stabilised.

## **6. Improvement Plans**

Despite these mitigations, there are still improvements to be made to UHS ED performance, with returning to 2013/14 type 1 performance levels the first step. In order to achieve this, the Trust, working with the wider healthcare community, will put the following plans into place:

- Increased overnight and weekend cover in ED
- CCGs and Southern Health have agreed a plan to improve the Psychiatric Liaison Service at UHS ED to achieve the presence of a Psychiatric Liaison Nurse on site 24/7 (overnight cover is not currently based at UHS)
- Redesigning care pathways through and out of ED for patients requiring admission, with best practice learning from other Trusts
- Relocation of Emergency CT Scanner into the Emergency Department
- Increased focus on pre-noon discharge to open capacity and aid flow into the hospital
- Ongoing work with Commissioners and Local Authorities to improve discharge pathways for complex discharge patients
- Increase weekend discharge rates

## **7. Conclusion**

UHS performance against the 4hr ED target has improved in the most recent year despite an increase in activity and patients requiring admission into the Trust.

Comparisons of performance between departments are difficult without the appropriate context to understand the casemix of patients attending. The lack of type 3 activity in UHS figures means that performance should be expected to be lower than other hospitals which run a type 3 department or include that activity within their own type 1 activity.

UHS A&E performance would be approximately 3% higher with the inclusions of activity from the Southampton Minor Injuries Unit.

There are external factors, primarily Delayed Transfers of Care, which impact on the Hospital's patient flow and reduce the Trust's ability to admit patients in a timely manner.

The Trust can evidence improved internal processes by the reduction in black alerts issued in 2015/16.

The Trust have been working with the local healthcare providers to build a sustainable plan for improving future performance with a continuation of the year-on-year improvements anticipated in 2016/17.