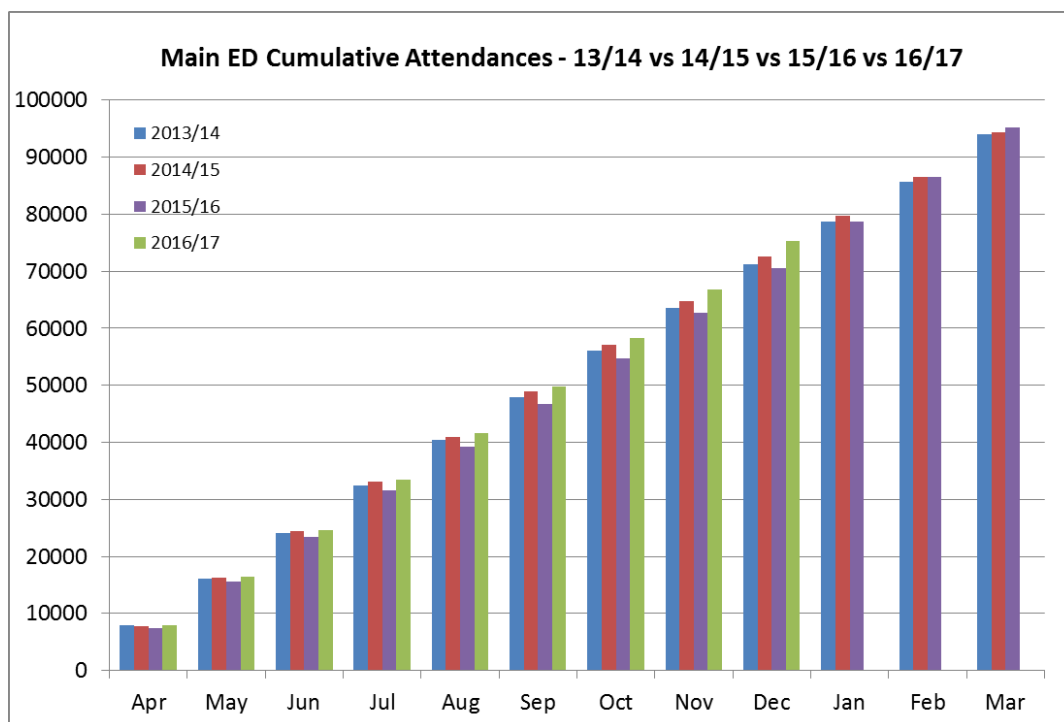


## Update on Emergency Flow in University Hospital Southampton

### Activity

The table below shows the demand for Main ED (ie excluding Minor Injuries Unit and Eye Casualty) over the current and previous 3 financial years:



Year-on-year monthly ED attendances are up for each month in 2016/17 when compared to 2015. This increase in demand has equated to approximately 7% growth in attendances and reflects the national picture of increasing attendance to the ED. However, it is also important to acknowledge the activity seen by Eye Casualty has increased. The table in Appendix 1 shows the same data but for Eye Casualty.

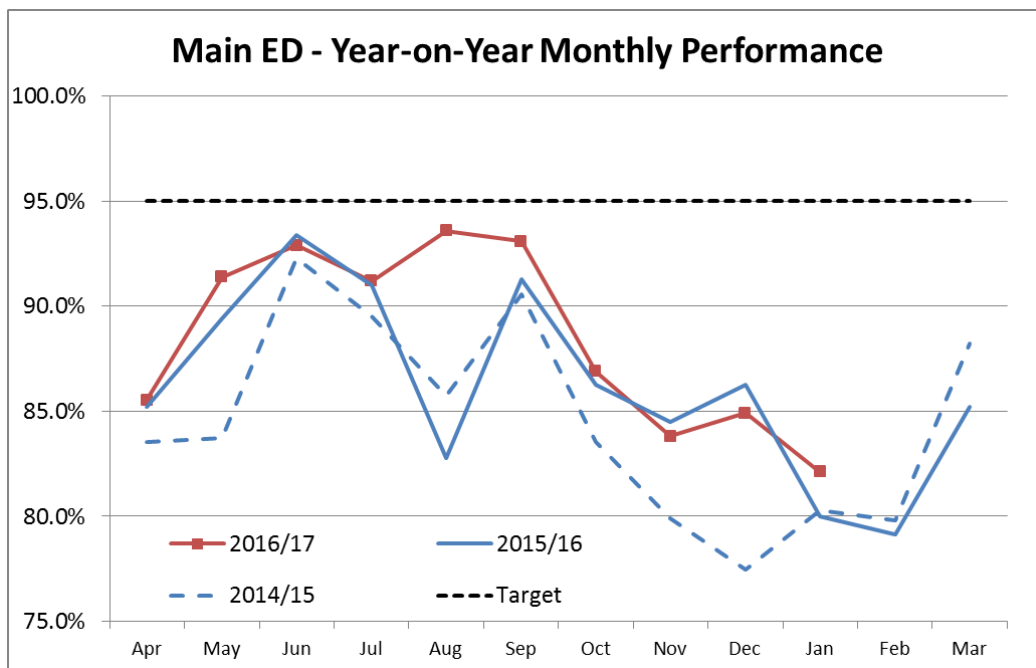
### Performance

The four-hour Emergency Department target states that at least 95% of patients attending the department must be seen, treated, and admitted or discharged in under four hours.

The performance by Main ED against the 95% target for can be seen on the table below, along with the 95<sup>th</sup> centile, mean and median treatment times:

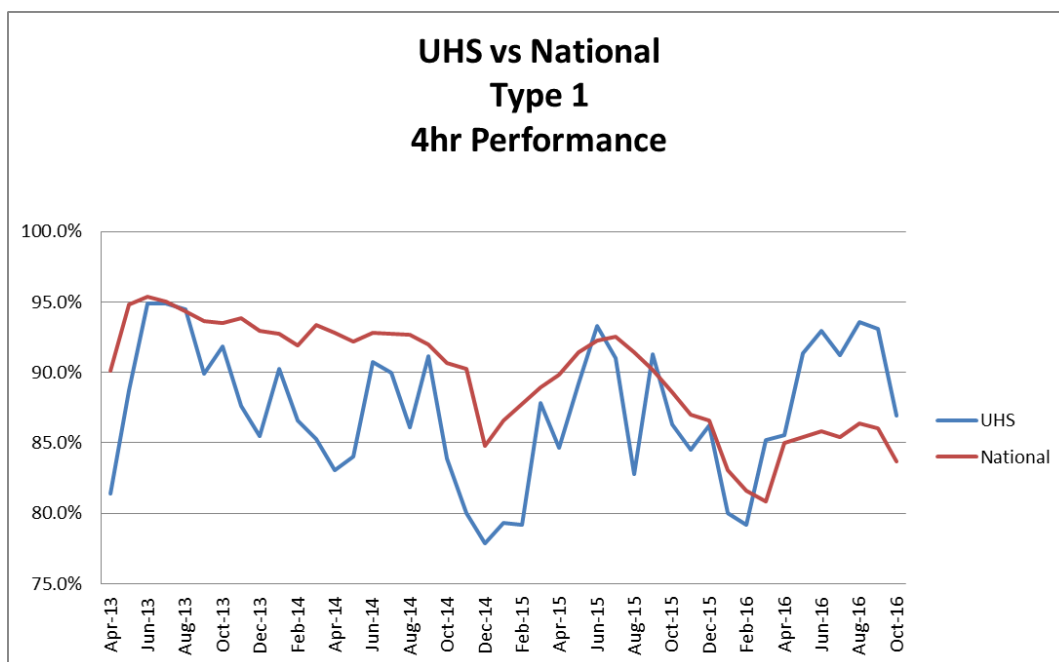
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Performance: Main ED	2015/16	85.2%	89.4%	93.4%	91.0%	82.8%	91.3%	86.3%	84.5%	86.3%	80.0%	79.2%	85.2%
	2016/17	85.5%	91.4%	92.9%	91.2%	93.6%	93.1%	86.9%	83.8%	84.9%	82.1%		
Performance: Main & Eye ED Combined	2015/16	87.6%	91.0%	94.5%	92.5%	85.6%	92.7%	88.5%	86.9%	88.4%	82.8%	82.5%	87.5%
	2016/17	87.8%	92.7%	94.0%	92.5%	94.6%	94.1%	88.8%	85.9%	86.9%	84.4%		
Wait: 95th Centile (Main ED)	2015/16	07:28	06:11	04:55	05:33	07:13	05:29	06:20	06:40	06:18	07:19	08:04	06:51
	2016/17	07:14	05:19	05:09	05:32	05:02	05:01	06:54	06:45	06:34	08:04		
Wait: Mean (Main ED)	2015/16	03:21	03:11	02:58	03:04	03:27	03:07	03:17	03:23	03:18	03:32	03:38	03:24
	2016/17	03:21	03:07	03:04	03:11	02:41	02:26	03:20	03:30	03:26	03:39		
Wait: Median (Main ED)	2015/16	03:11	03:11	03:03	03:09	03:22	03:12	03:19	03:24	03:21	03:29	03:24	03:21
	2016/17	03:15	03:15	03:10	03:17	03:07	03:12	03:15	03:04	03:21			

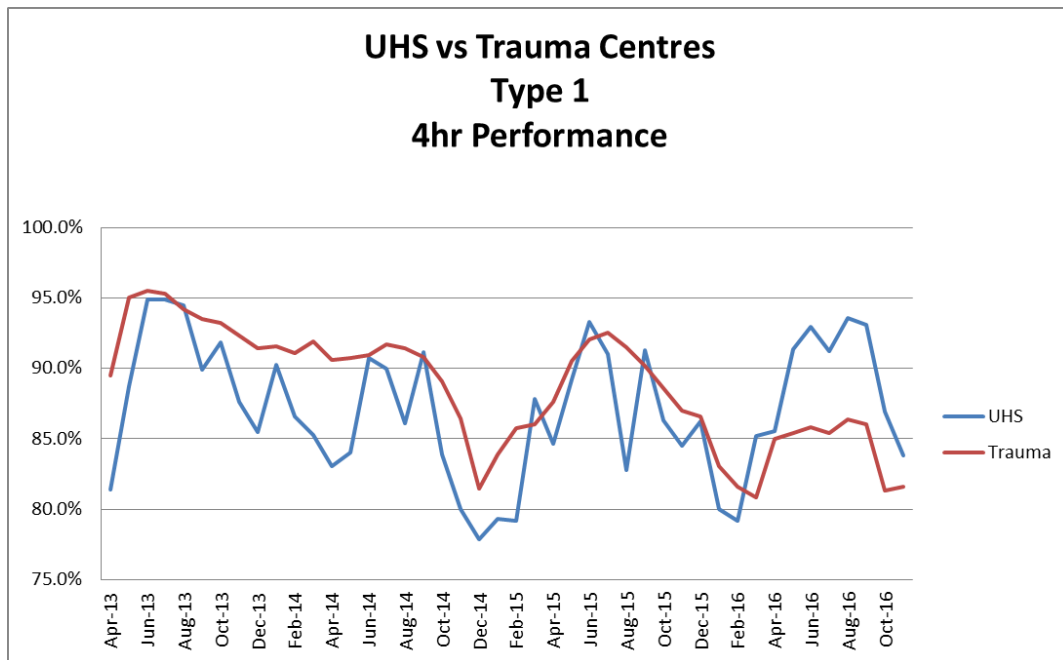
For the first half of 2016-17 performance has improved over 2015-16 most notably in August. However, from month 7 performance has not been sustained in every month as pressure on hospital beds has increased due to a rise in emergency admissions.



**Performance in comparison**

Despite the increase in attendances to ED, UHS continues to perform well when compared to similar Trusts and the national position. The graphs below track UHS ED Type 1 (i.e. excluding Minor Injuries Unit and Eye Casualty) Performance against the 4 hour target and demonstrate that UHS has fared better than the national position for the previous eight consecutive months. Similarly, when compared to other NHS Trauma Centres, UHS has continued to perform better than its peers. National benchmarking data is reported in arrears therefore the data represented in the graphs reflects the most recently published position.





### Next Steps

The Trust has an agreed action plan in place. A monthly monitoring meeting is in place with the CCGs and a fortnightly internal meeting chaired by Fiona Dalton.

The action plan focuses on 5 key areas:

- Ensuring there are clear admission pathways that fast track patients into beds
- Enhancing the skills of the nursing team to allow more independent decision making
- Reviewing the skills and competencies of the shift leaders
- Increasing Home before Lunch to increase flow
- Ensuring there is a robust plan for August when the new junior teams start and special event planning.

Reductions in delayed transfers of care are not included within the plan itself but undoubtedly have made the biggest difference in the most recent months. November and the first half of December were some of the worst months ever recorded for delayed transfers of care but the second half of December has been one of the best. Focused work in partnership with the Clinical Commissioning Groups in reducing delayed transfers of care is on-going and will remain a priority for the Trust. Going forward the focus will remain on improving the 'Home before Lunch' figures and a continued collaborative approach with specialties in rapidly identifying patients requiring an admission and fast tracking these patients to wards.

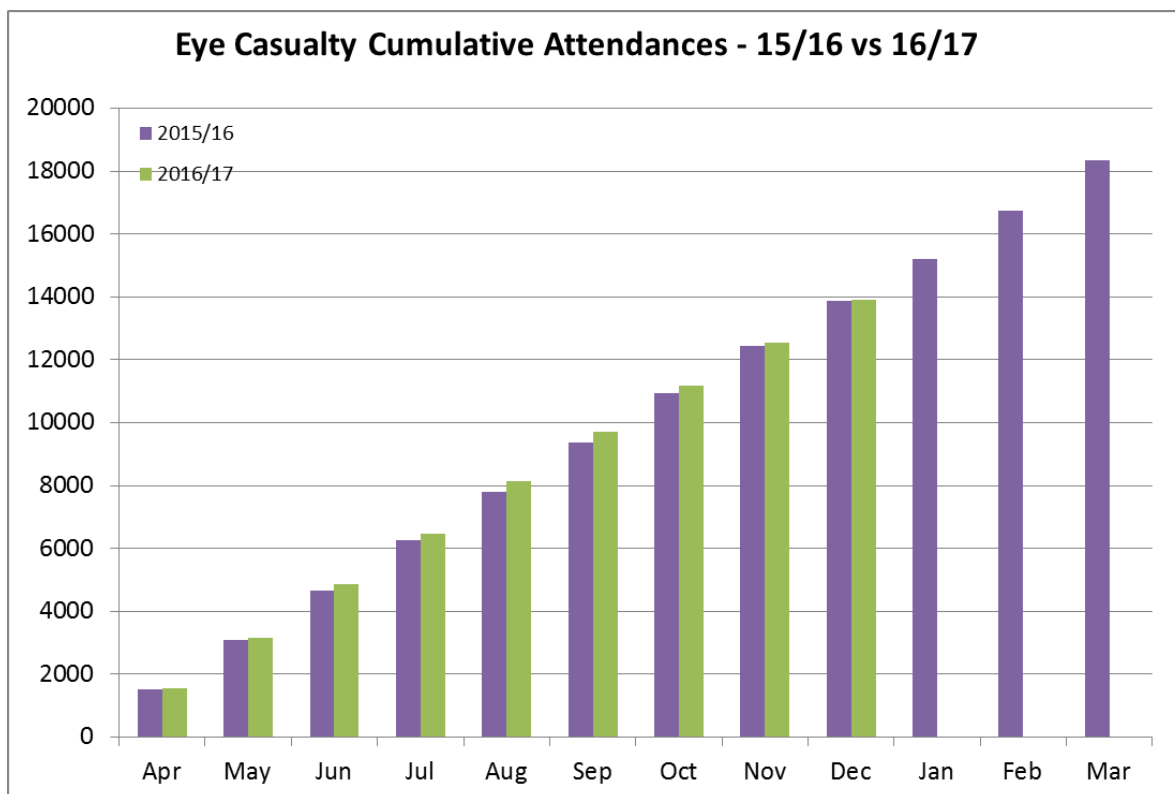
### Conclusions

In the past 9 months the ED has seen sustained and unprecedented rises in attendance levels. The latest data demonstrates that attendances are continuing to increase with month-on-month growth rates reaching 7%. Despite the October to December positions being below the recovery trajectory for the month, the year-to-date performance has remained ahead of expectation. When ranked against all providers according to the yearly overall Type 1 performance UHS demonstrates a pattern of continual improvement rising from 135<sup>th</sup> out of 144 providers in 2013-14 to 42<sup>nd</sup> out of 144 as of

October 2016. And when compared to Major Trauma Centres UHS ranked 9<sup>th</sup> out of the 11 Major Trauma Centres that deal with both paediatric and adult patients in 2013-14 but as of October 2016 UHS is now 3<sup>rd</sup> out of the 11 similar Major Trauma Centres. Even with the increasing trend in demand the Trust is continuing to work to improve ED performance against the 4hr target on a year-on-year basis.

## Emergency pathway metrics

### Eye Casualty Attendances



Activity in Eye ED has not seen the same increases in demand as main ED as cumulative attendance is up by less than .5%.

NB: In April 2015, a change was made in the way in which Eye ED attendances are counted and was applied retrospectively to 2014/15 data to aid with trend monitoring. This resulted in a reduction in the total number of attendances reported and had an impact of approximately 0.5% to the Trust's combined overall ED performance. Data is not presented in this chart for years prior to 2014/15 as it would not be comparable.