University Hospital Southampton ED Performance

UHS Emergency Department

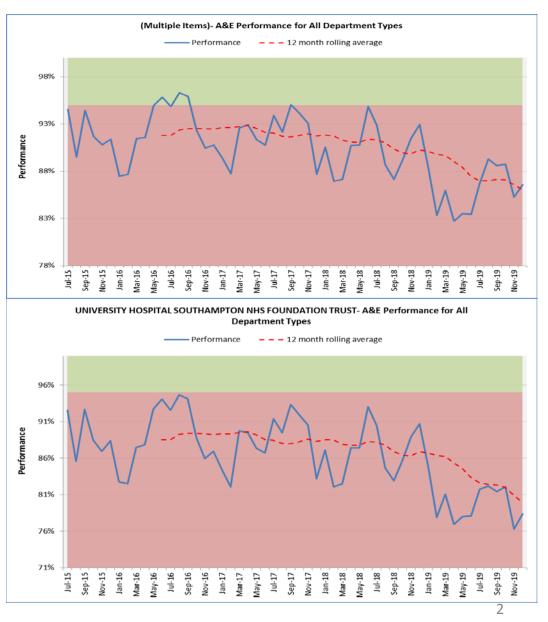
System Performance 4 hour A&E Target

November position was 88.72%

• December position was 86.57% System performance combines Type 1, 2 and 3 activity to give the overall achievement of the Southampton & West Hampshire system, and Type 3 activity has historically contributed 3-4%

UHS Performance (Type 1)

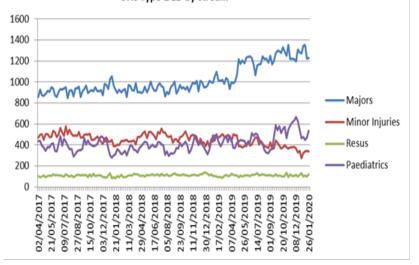
- December is a provisional 78.34%
- January is at a provisional 77.55%
- Q4 is provisionally 76.37%



UHS Emergency Department

Majors / Minors Attendances

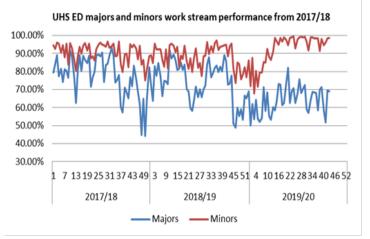
- Further focus on streaming, ambulatory majors, productivity in minors, and demand and capacity. These form part of an immediate recovery plan requested by NHSE/I to support recovery of performance against trajectory
- Year to date there have been 11,525 more type 1 attendances and 9,619 more breaches than for the same time period last year.



UHS Type 1 ED by stream

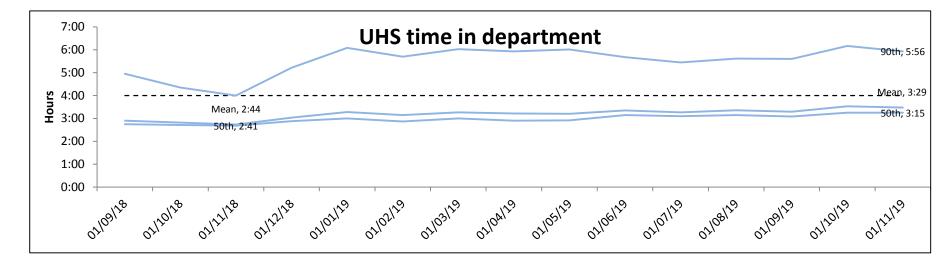
Minors / Majors Performance

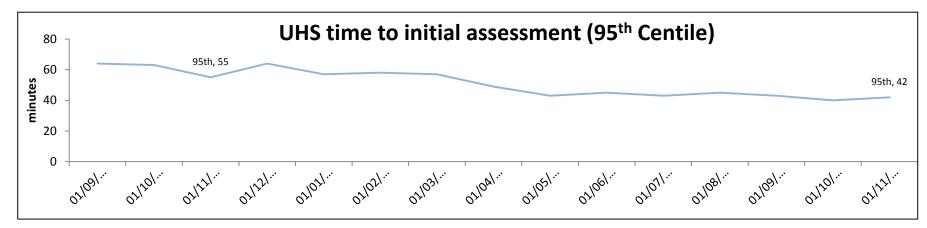
- Majors stream performance was at 68.9.6% for the week (averaging 63.8% year to date compared to 75.4% for the same time period last year).
- Minors stream performance was at 98.8% for the week (averaging 92.2% year to date compared to 89.0% for the same time period last year). There has been a sustained improvement in the minors work stream from week 14 (early July), as a result of implementing recommendations from Matthew Cook and 25 of the last 30 weeks have achieved over 95%.
- 52.2% of breaches are attributed to late being seen/breach before seen.



UHS Emergency Department

• Time in the department has stayed relatively static but time to initial assessment has seen a significant improvement in recent months.





Non-Elective Admissions

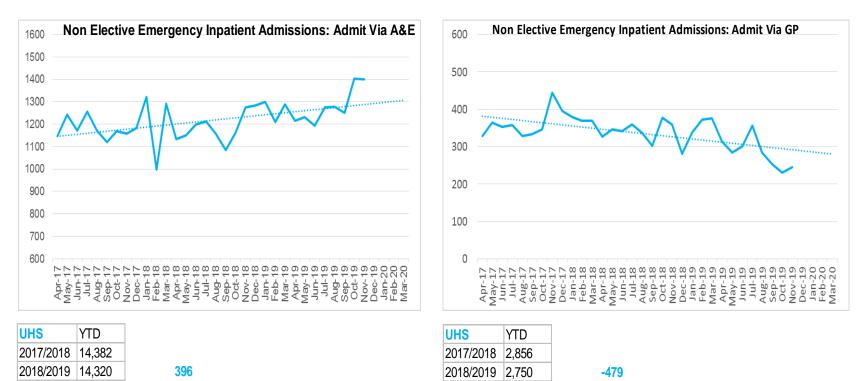
Non elective admissions for UHS:

2019/2020 14,716

2.8%

- via A&E are 14,716 YTD for 19/20 up 2.8% on 18/19
- via GP are 2,271 YTD for 19/20 down 17.4% on 18/19
- via Other are 2,196 YTD for 19/20 down 0.1% on 18/19

Total Non elective admissions for UHS are 19,183 YTD for 19/20 down 0.45% on 18/19

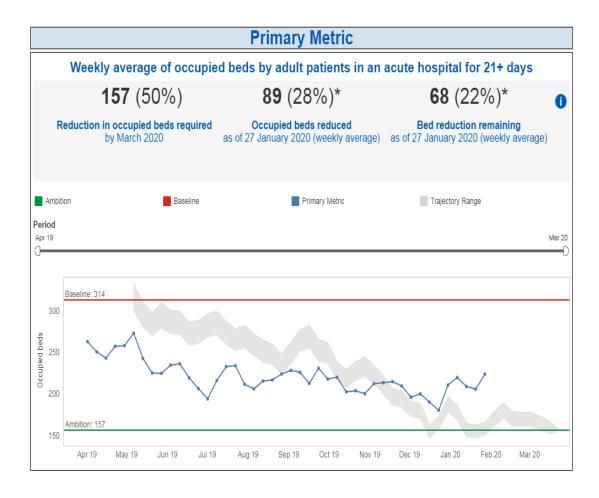


2019/2020 2.271

-17.4%

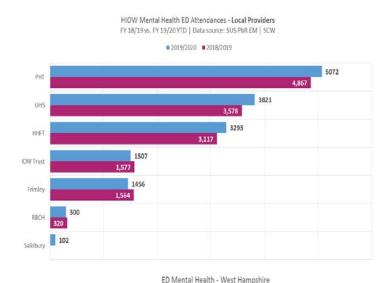
UHS Long Stay Patients

- For 19/20, UHS are expected to build upon recent improvements, reducing patient stays over 21 days by a further **19%**
- The monthly trajectory has been proposed as 4 extra patients per month to deliver the ambition by March 2020.



Mental Health

- UHS has seen an increase of 6.8% in MH attendances in the last year
- The percentage of MH A&E attendances waiting over 4hrs in A&E at UHS has increased by 9% in 19/20.







Up to 1 hour	114	49	65
Up to 2 hours	259	234	254
Up to 3 hours	618	532	549
Up to 4 hours	1,883	1,679	1,471
Over 4 hours	813	1,084	1,468

% Activity

3%	1%	2%
7%	7%	7%
17%	15%	14%
51%	47%	39%
22%	30%	39%
	7% 17% 51%	7% 7% 17% 15% 51% 47%





NHSI/E Feedback

- UHS had a System Assurance Visit in November 2019. Feedback was received in January 2020. The feedback noted the significant performance challenges in Emergency Care but also the number of schemes and pathway changes that are being implemented to drive improvement.
- UHS was commended on its strong minor injuries performance, but it was also noted that efforts to improve elsewhere had not been successful quickly enough.
- UHS was asked to continue to work with system partners to ensure robust governance and effective system wide plans, which will be monitored monthly.

Always Improving

- UHS has recently started an 'Always Improving' project in both inpatients and the ED. Significant external support is helping to facilitate. In ED the focus is on key pathway improvements and standardisation. Key areas of improving ED performance are:
 - Clarify & standardise roles & responsibilities make documentation fit for purpose.
 - Coaching & process confirmation to ensure long term adherence.
 - Maintain senior decision maker at PitStop / Streaming to ensure early patient differentiation.
 - Implement ED Operations Hub location for Nurse in Charge, ED huddles, escalation & support.
 - Implement 2 hourly huddles (target length 8 minutes) to proactively manage differentiation, in department flow and all potential breaches.
 - AMU and ASU to be represented at ED huddles.

- Review all Pathways standardise and clarify.
- Outline appropriate escalation routes.
- Define and implement appropriate governance structure.
- Coach ED staff to use Pathways and escalation for non adherence.
- Work with AMU and ASU 'always improving inpatients' coaches to improve 'pull' of patients.
- Work with 'always improving inpatients' Ward & Site team coaches to promote use of revised Pathways and Escalation policies.
 - Process confirmation and coaching to ensure digital systems are utilised.
- Consolidate management reporting and embed its use for decision making.
- Use ED huddle structure to systematically review all potential breaches on Symphony.

System plans

• UHS has worked with the wider system to develop plans across the system to improve ED performance:

Prevention:

- Choose Well Campaign
- Enhanced frailty offer
- Increased use of alternatives to ED

Responsive Services:

- Additional transport
- Scale-up SDEC and community support
- Move the crisis lounge to Shirley

Effective Flow:

- Enhanced re-ablement capacity
- Repatriation plan
- 'Where's Best Next' and 'Use the Right Services' campaigns
- D2A
- Deep dive into community flow
- Improve services supporting patients to return to their care home