To:	**Trust Board**
From:	Suzanne Hinchliffe
Date:	**5 January 2012**
CQC regulation	All

Title:	**Emergency Care Transformation**

Co-Author/Responsible Director: S.Hinchliffe, Chief Operating Officer/Chief Nurse

Purpose of the Report:
To provide members with a summary of November emergency care performance.

The Report is provided to the Board for:

Decision		Discussion	√
Assurance	√	Endorsement	

Summary / Key Points:

- In November 2011 a series of rapid changes were introduced to support the movement of patients from the emergency department to admission units within 30 minutes of the request for a bed.
- Following a significant activity increase in October, pre and post diversion activity in November has settled though continues to exceed 2010/11 levels.
- ED performance for November Type 1, 2 and UCC is 92.9%, an improving position. The year to date performance for ED (UHL+UCC) is 94.4%.
- Performance for the latter half of November has show a dramatic improvement in response to the Right Place, Right Time processes.
- From the 19th November through to 11th December (23 days) the average number of daily ED breaches was 9 a day. In the preceding 23 days the average daily number of breaches was 52 a day.
- For the week ending the 27 November the Trust (plus UCC) was ranked joint 7th highest performer against Acute Trust with a Type 1 ED
- There has been no patient safety incidents directly related to the new process since its commencement.

Recommendations: Members to note and receive the report

Strategic Risk Register Yes	**Performance KPIs year to date** CQC/MONITOR

Resource Implications (eg Financial, HR) Under review as part of workforce plans and transformation funds

Assurance Implications N/A

Patient and Public Involvement (PPI) Implications N/A

Equality Impact N/A

Information exempt from Disclosure N/A

Requirement for further review? Monthly review

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

REPORT TO: **Trust Board**

DATE: **5 January 2012**

REPORT FROM: **Jane Edyvean, Head of Strategic Change**
Suzanne Hinchliffe, Chief Operating Officer

SUBJECT: **Emergency Care Transformation**
Progress Report – 'Right Place, Right Time'

1.0 Introduction

The LLR weekly flash report has now been agreed among partner agencies and will be used as the basis for LLR activity reporting to respective Trust Boards and may be found as Appendix A.

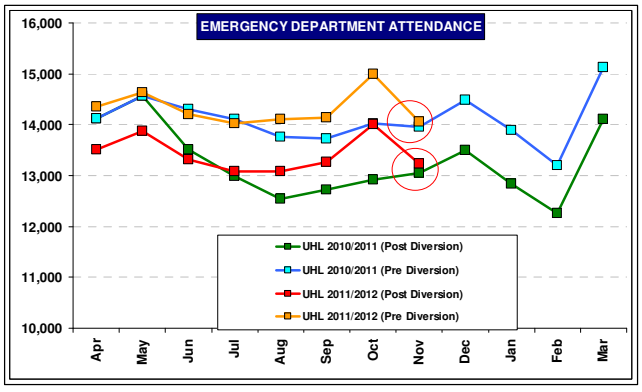
In light of the recent changes to emergency flows within UHL, the following report seeks to update the Finance & Performance committee and the Trust Board on current progress as additional information to the flash report.

In November 2011 a series of rapid changes were introduced to support the movement of patients from the emergency department to admission units within 30 minutes of the request for a bed. The initial work focussed on improving patient safety, reducing clinical risk within the Emergency Department (ED) and improving patient experience. This has resulted in a number of early successes as well as many challenges to other parts of the system.

2.0 Activity Summary

The following charts provide an overview of the total attendances to ED and Eye Casualty and activity both pre and post deflection. Following a significant activity increase in October, pre and post diversion activity in November has settled though continues to exceed 2010/11 levels as may be seen below.

EMERGENCY DEPARTMENT ATTENDANCE					
	UHL 2010/2011 (Post Diversion)	UHL 2010/2011 (Pre Diversion)	UHL 2011/2012 (Post Diversion)	UHL 2011/2012 (Pre Diversion)	Overall % Change 11/12 vs 10/11
Apr	14,117	14,117	13,507	14,358	1.7%
May	14,574	14,574	13,871	14,636	0.4%
Jun	13,509	14,298	13,318	14,197	-0.7%
Jul	12,983	14,100	13,075	14,014	-0.6%
Aug	12,544	13,757	13,086	14,109	2.6%
Sep	12,726	13,720	13,270	14,142	3.1%
Oct	12,918	14,022	14,002	15,000	7.0%
Nov	13,057	13,963	13,226	14,051	0.6%
Dec	13,500	14,488			
Jan	12,830	13,893			
Feb	12,263	13,202			
Mar	14,100	15,119			
Sum:	159,121	169,253	107,355	114,507	



3.0 Current Progress

Post implementation, a daily review has taken place with open invitation to review processes, system delays and identify priority improvements to be made. A number of areas are working well which include:

- Staff throughout the Trust have generally embraced the change and have taken local ownership for the resolution of issues and risks.
- Despite surges in demand and capacity constraints over the past four weeks the 30 minute rule has continued resulting in a sustained improvement in performance.
- Information provided through daily board rounds (improving) and bed meetings is highlighting where there are internal delays which are being proactively chased.
- Improved prediction of capacity requirements supported by improvements in the structure of bed meetings with the dismantling of the bed state board moving to an electronic capture of bed status (in its infancy)
- Greater emphasis on discharge earlier in the day is resulting in capacity and resources within the discharge lounges at LRI and GH being used to the fullest extent (now seeking additional capacity)
- Using IT as a lever for change and to reduce inefficiencies including implementation of EDIS on the medical assessment unit and trolley tracking.
- Leverage of further dialogue with partner organisations and commissioners regarding potential additional rehabilitation capacity and nursing/care home facilities for CHC patients which has been supported.

Further actions may be found in Appendix B.

In additional to the above changes, a number of investments on a non-recurrent basis have been taken supported by the Emergency Care Network which include:

- Introduction of three additional emergency theatre lists per week
- Introduction of surgical triage at the LRI site
- Introduction of additional CT and ultrasound sessions at the weekend
- Introduction of additional portering staff

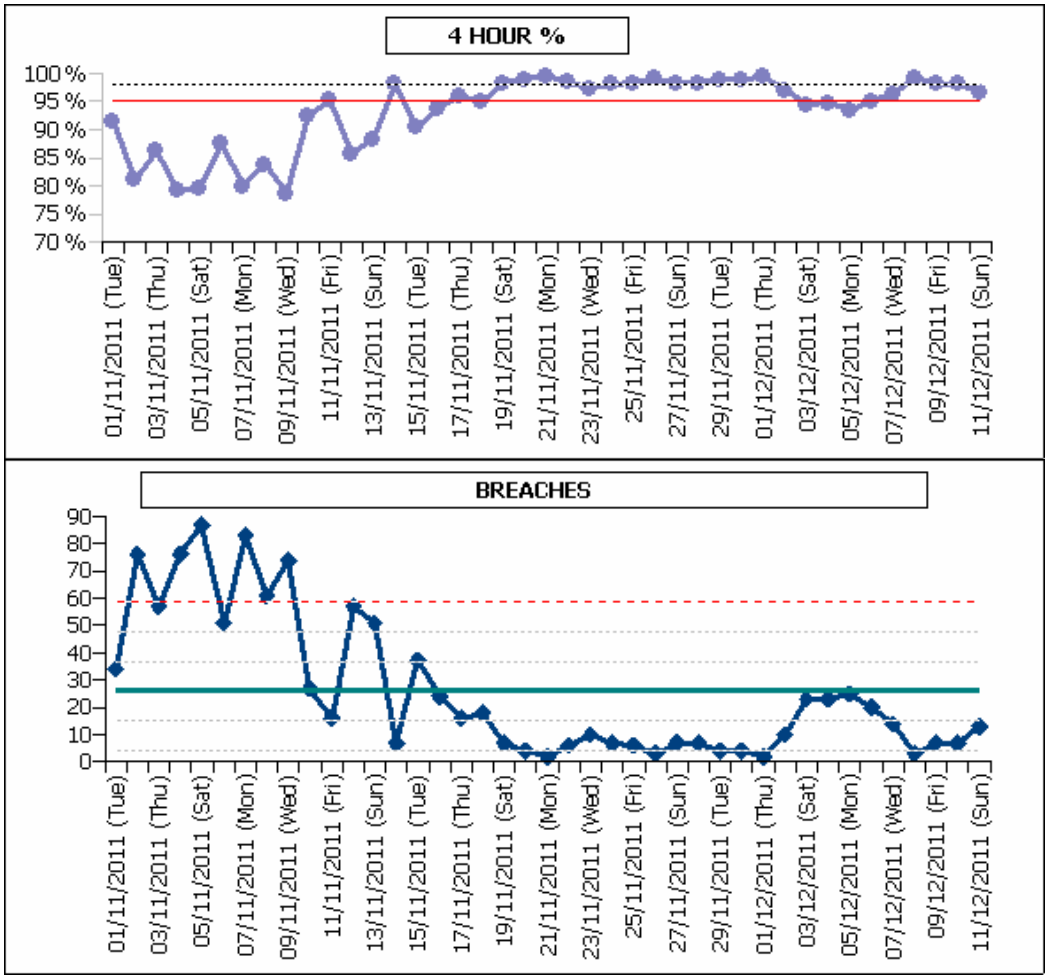
Costs for the above have been submitted to commissioners on a cost share basis over the winter months pending a benefit realisation report.

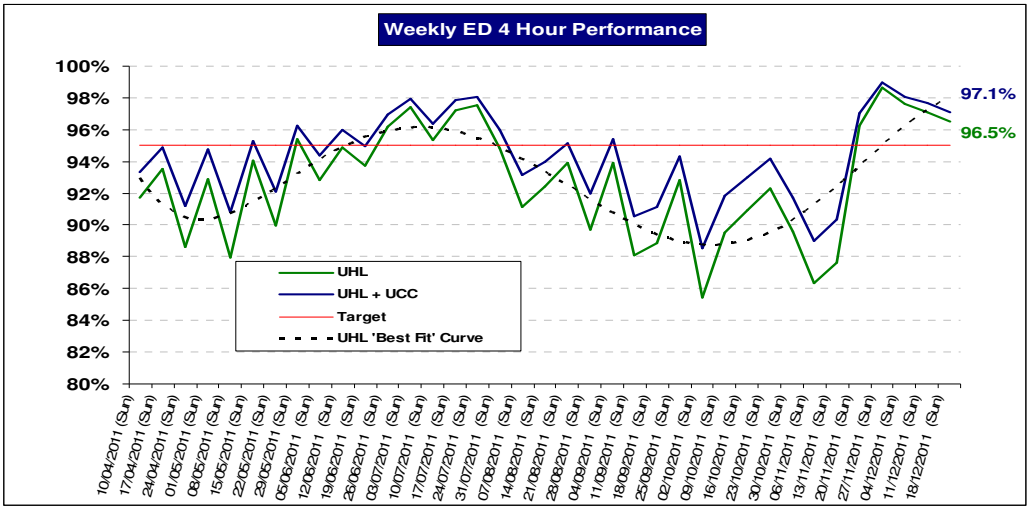
4.0 Performance improvement

4.1 Overall Performance

Performance for the latter half of November has show a dramatic improvement in response to the Right Place, Right Time processes which may

be seen below. Additionally, improvement in the wider ED quality indicators is also shown (national requirement to achieve a minimum of one indicator in each category) and early indications are achievements in four out of the five indicators in December.





ED CLINICAL INDICATORS

DATA to : Tuesday 20 December

min requirements MET for current month

PATIENT IMPACT

	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	TARGET
Unplanned Reattendance	5.9%	6.8%	5.6%	6.1%	5.8%	4.7%	<= 5%
Left without being seen	2.1%	2.8%	2.4%	2.9%	2.0%	2.3%	< 5%

TIMELINESS

	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	TARGET
Time in Department (Minutes) - 95th Percentile	239	304	338	341	288	239	<= 240
Time to Initial Assessment (Minutes) - 95th Percentile	39	48	48	61	48	42	<= 15
Time to Treatment (Minutes) - Median	34	34	39	44	43	42	<= 60

Headlines in overall performance in November include:

- From the 19th November through to 11th December (23 days) the average number of daily ED breaches was 9 a day. In the preceding 23 days the average daily number of breaches was 52 a day.
- For the week ending the 27 November the Trust (plus UCC) was ranked joint 7th highest performer against Acute Trust with a Type 1 ED.
- Breaches in minors and children's are now an exception with most days reporting zero
- The last time we had a low number of breaches recorded over a 23 day period was April 2010
- Nearly half the breaches reported are in Resuscitation which would suggest that the breach is more likely to be due to clinical reasons.
- The average bed request to departure time has been more than half of that reported at the same time last year.

19th Nov to 11th Dec 2011	
Delay Reason	**Breaches**
Bed Breach	27
ED Process	30
ED Capacity (Cubicle Space)	5
ED Capacity (Inflow)	4
ED Capacity (Workforce)	37
Clinical Reasons	70
Specialist Assessment	4
Specialist Decision	2
Investigation (Imaging and Pathology)	16
Transport	9
Achieved 4 Hour Std	9
	213

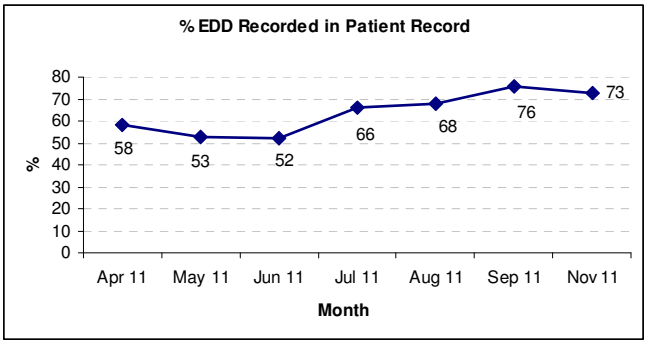
20th Nov to 12th Dec 2010	
Delay Reason	**Breaches**
Bed Breach	252
ED Process	140
ED Capacity (Cubicle Space)	143
ED Capacity (Inflow)	151
ED Capacity (Workforce)	27
Clinical Reasons	139
Specialist Assessment	28
Specialist Decision	8
Investigation (Imaging and Pathology)	33
Transport	44
Achieved 4 Hour Std	2
	967

2011	30 Oct to 6 Nov	4 Dec to 11 Dec
Admissions:	742	842
Average time to bed allocation:	48	15
Total time patients waited for bed allocation	591	214
Maximum wait for bed allocation	642 (10.7 hours)	237 (4.0 hours)
% allocated after 30 minutes	34%	15%
% allocated before 30 minutes	66%	85%

4.2 Discharge Arrangements

The following graphs show the latest improvements regarding discharge processes.

4.2.1 EDD



Positive progress has been made in most of the medical specialities with renal and respiratory bringing the overall % down for November. The addition of the wider trust specialities will also impact on the overall result which are included in the above figures.

4.2.2 Discharge before 13.00hrs

With a 20% required target (30% year end), results for the last week in November are as follows:

- Medicine = 26.3%
- Respiratory = 18.2%
- CRCC = 30%
    - Cardiology = 32.2%
    - Cardiac Surgery = 42%
    - Renal = 19%

4.2.3 Ward and Board Rounds

The summary below covers the period October to December 2011 and includes 9 Acute Care wards at the LRI. The roll out of board rounds now includes wards 24 (neurology) 25, 26 (acute stroke) and the Respiratory and Cardiac CBUs which will be included in the quarter 4 report. Within the Planned Care Division daily boards rounds are being introduced to trauma

wards and Oncology & Haematology wards and potentially elective orthopaedics.

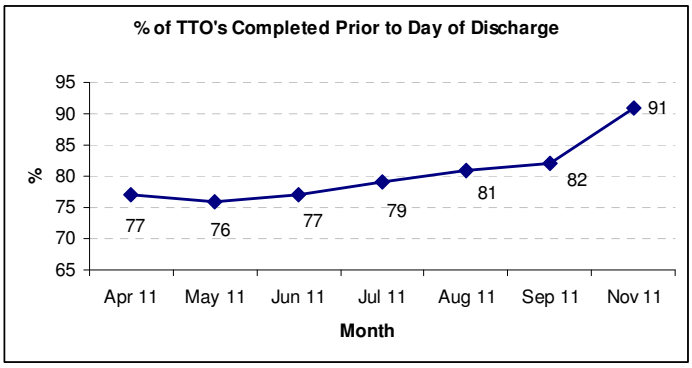
The overall frequency for the period was 92.2% (Q2 reporting 87%)

Attendance by discipline:

Discipline	% Attendance
Con/Reg	81.09
Any Medical	89.22
Nurse	92.09
OT	92.02
Physio	89.26

It is important to note that this target has been compiled to ensure greater engagement of the multi-disciplinary team (MDT). In some cases where patients are on a management plan, have nurse led discharge protocols in place or are attending as a day case, daily review by the MDT will not be required.

4.2.4 TTOs



5.0 Managing risk

It is apparent that implementing change at such a pace would not be without risk. However, these have been mitigated through:

- daily debriefing sessions,
- being visible on the shop floor,
- proactively seeking out issues on daily board rounds ,
- and encouraging staff to report incidents through the usual channels.

For the period 21st November to 11th December 2011 there were 19 formal incident reports registered on Datix that are attributed to the revised emergency flow processes predominantly from Wards 15 and 16 AMU at the LRI. There has been no patient safety incidents directly related to the new process since its commencement.

6.0 Challenges

Improving emergency flows across the system continues to be driven through an ambitious implementation plan. Inevitably there has been an impact on other parts of the system as a consequence of "getting it right at the front door". Along with this there are a number of key challenges that will need to be overcome by both UHL and the wider LLR community if we are to reform the whole emergency care pathway. These include:

- Clinical engagement – working practices of ward and board rounds and job plan variation
- Transforming GP admissions – streaming of Bed Bureau admissions and arrival times along with ambulatory management
- Discharge processes – Internal delays, access to community beds, re-starting packages of care, transfers back to referring trusts, social work assessments
- Transfers back to referring Trusts

7.0 Recommendations

Members to receive the report.

Mrs S Hinchliffe
Chief Operating Officer/Chief Nurse
28th December 2011

NHS Leicester, Leicestershire & Rutland

URGENT CARE WEEKLY FLASH REPORT 2011/12

Week Ending 18 December 2011

Urgent Care Weekly Flash Report

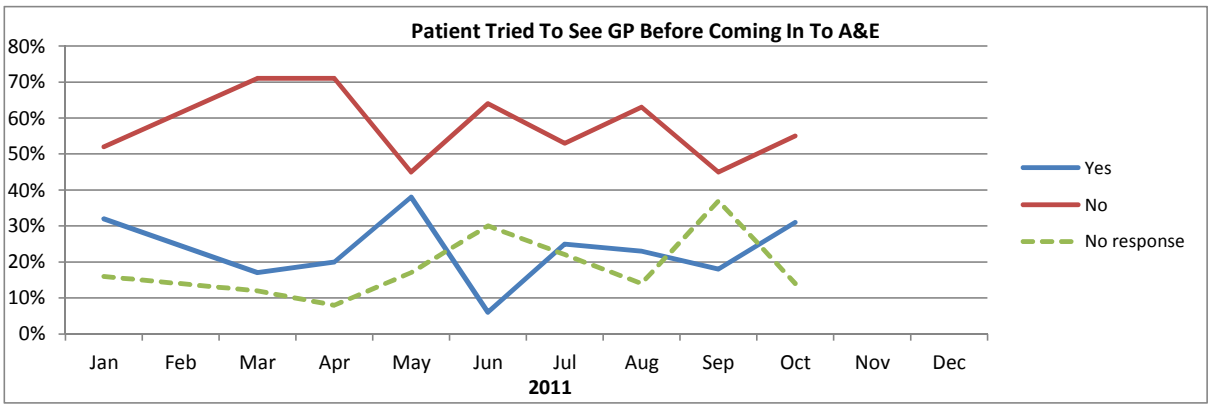
Week Ending 18 December 2011

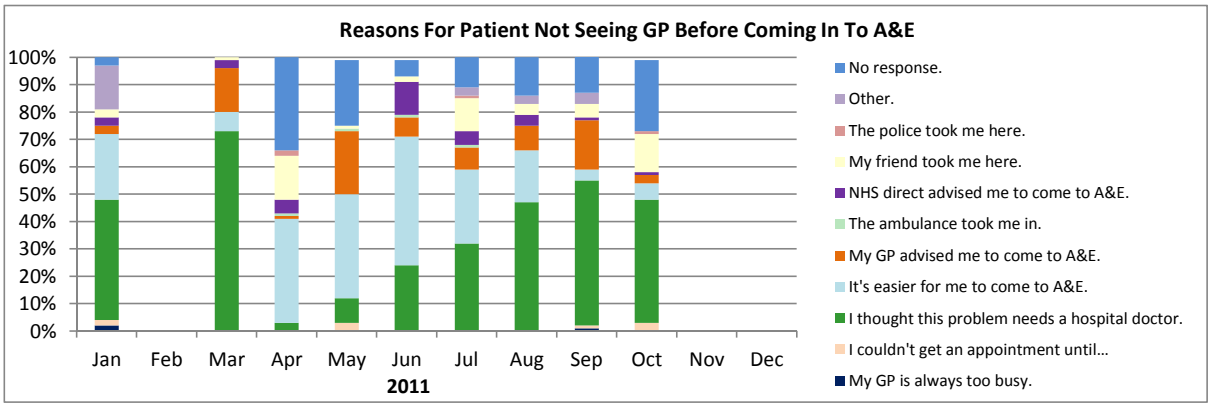
GP ACCESS

University Hospitals of Leicester
EMERGENCY DEPARTMENT - FRONT DOOR AUDIT

Data source: UHL - Front Door Audit Completed By Patient

Front Door Audit	2011												
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
No. of Patients Interviewed	100	-	84	119	78	100	100	100	98	100			**779**
Patient Tried To See GP Before Coming In To A&E													
Yes	32%		17%	20%	38%	6%	25%	23%	18%	31%			**22%**
No	52%		71%	71%	45%	64%	53%	63%	45%	55%			**58%**
No response	16%		12%	8%	17%	30%	22%	14%	37%	14%			**19%**
Reasons For Patient Not Seeing GP Before Coming In To A&E													
My GP is always too busy.	2%	-	0%	0%	0%	0%	0%	0%	1%	0%			**0%**
I couldn't get an appointment until...	2%	-	0%	0%	3%	0%	0%	0%	1%	3%			**1%**
I thought this problem needs a hospital doctor.	44%	-	73%	3%	9%	24%	32%	47%	53%	45%			**36%**
It's easier for me to come to A&E.	24%	-	7%	38%	38%	47%	27%	19%	4%	6%			**26%**
My GP advised me to come to A&E.	3%	-	16%	1%	23%	7%	8%	9%	18%	3%			**11%**
The ambulance took me in.	0%	-	0%	1%	1%	1%	1%	0%	0%	0%			**1%**
NHS direct advised me to come to A&E.	3%	-	3%	5%	0%	12%	5%	4%	1%	1%			**4%**
My friend took me here.	3%	-	1%	16%	1%	2%	12%	4%	5%	14%			**6%**
The police took me here.	0%	-	0%	2%	0%	0%	1%	0%	0%	1%			**0%**
Other.	16%	-	0%	0%	0%	0%	3%	3%	4%	0%			**3%**
No response.	3%	-	0%	34%	24%	6%	11%	14%	14%	26%			**13%**





Urgent Care Weekly Flash Report

Week Ending 18 December 2011

FLOW THROUGH A&E

LLR PROVIDERS SUMMARY

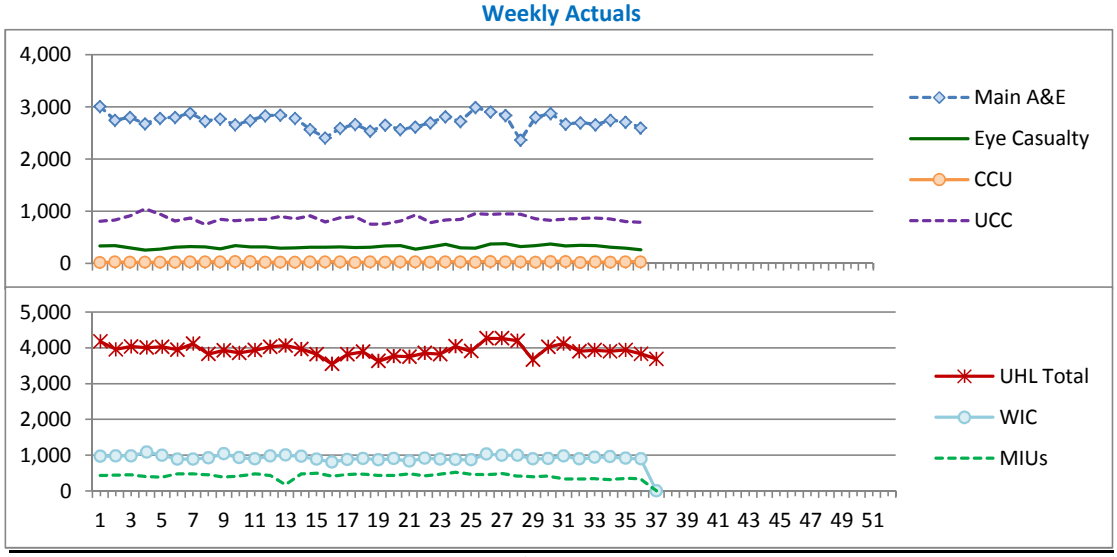
Data source: Performance reports from Provider - UHL = Daily Update, UCC, WIC + MIU = Weekly Sit Rep report

NUMBER OF A&E ATTENDANCES

Weekly Actuals	UHL					Other Providers	
Latest 8 Weeks Ending:	Main A&E	Eye Casualty	CCU	UCC	**UHL Total**	WIC	MIUs
30/10/2011	2,798	344	24	858	**4,024**	900	413
06/11/2011	2,876	374	40	829	**4,119**	976	332
13/11/2011	2,672	338	40	854	**3,904**	891	337
20/11/2011	2,699	349	22	865	**3,935**	935	341
27/11/2011	2,660	342	31	872	**3,905**	953	313
04/12/2011	2,745	314	27	852	**3,938**	909	349
11/12/2011	2,707	291	34	801	**3,833**	897	334
18/12/2011	2,601	264	35	790	**3,690**	n/a	n/a

Year To Date	UHL					Other Providers	
Latest 8 Weeks Ending:	Main A&E	Eye Casualty	CCU	UCC	**UHL Total**	WIC	MIUs
30/10/2011	81,780	9,524	895	25,951	**118,150**	27,906	13,067
06/11/2011	84,656	9,898	935	26,780	**122,269**	28,882	13,399
13/11/2011	87,328	10,236	975	27,634	**126,173**	29,773	13,736
20/11/2011	90,027	10,585	997	28,499	**130,108**	30,708	14,077
27/11/2011	92,687	10,927	1,028	29,371	**134,013**	31,661	14,390
04/12/2011	95,432	11,241	1,055	30,223	**137,951**	32,570	14,739
11/12/2011	98,139	11,532	1,089	31,024	**141,784**	33,467	15,073
18/12/2011	100,740	11,796	1,124	31,814	**145,474**	n/a	n/a

Weekly Actuals



Year to date is from 04.04.2011 to align with weeks included in 2011/12 year in the national weekly A&E SitRep submissions.
UCC figures supplied by UHL include an adjustment to exclude patients who have been to Main A&E and then referred on to UCC.

Urgent Care Weekly Flash Report

Week Ending 18 December 2011

FLOW THROUGH A&E

LLR PROVIDERS SUMMARY

Data source: Performance reports from Provider - UHL = Daily Update, UCC, WIC + MIU = Weekly Sit Rep report

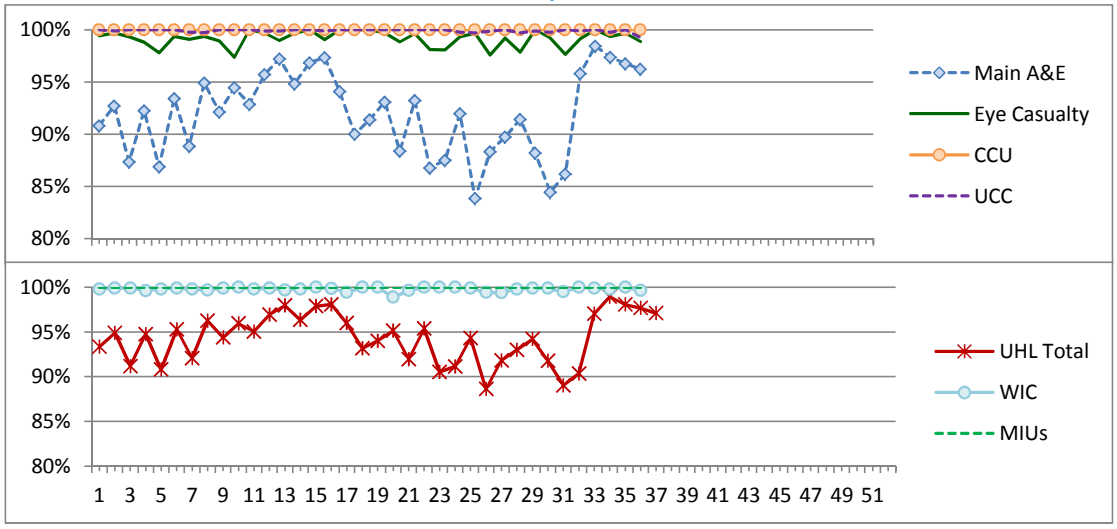
A&E PERFORMANCE - % Patients Seen Within 4 Hours

Weekly Actuals	UHL					Other Providers	
Latest 8 Weeks Ending:	Main A&E	Eye Casualty	CCU	UCC	UHL Total	WIC	MIUs
23/10/2011	91.42%	97.86%	100.00%	99.68%	94.20%	99.89%	100.00%
30/10/2011	88.21%	100.00%	100.00%	99.88%	91.77%	99.89%	100.00%
06/11/2011	84.46%	99.20%	100.00%	99.76%	89.03%	99.49%	100.00%
13/11/2011	86.19%	97.63%	100.00%	100.00%	90.34%	100.00%	100.00%
20/11/2011	95.81%	99.14%	100.00%	99.88%	97.03%	99.89%	100.00%
27/11/2011	98.46%	100.00%	100.00%	100.00%	98.95%	99.79%	100.00%
04/12/2011	97.38%	99.36%	100.00%	99.77%	98.07%	100.00%	100.00%
11/12/2011	96.75%	99.66%	100.00%	100.00%	97.68%	99.67%	100.00%

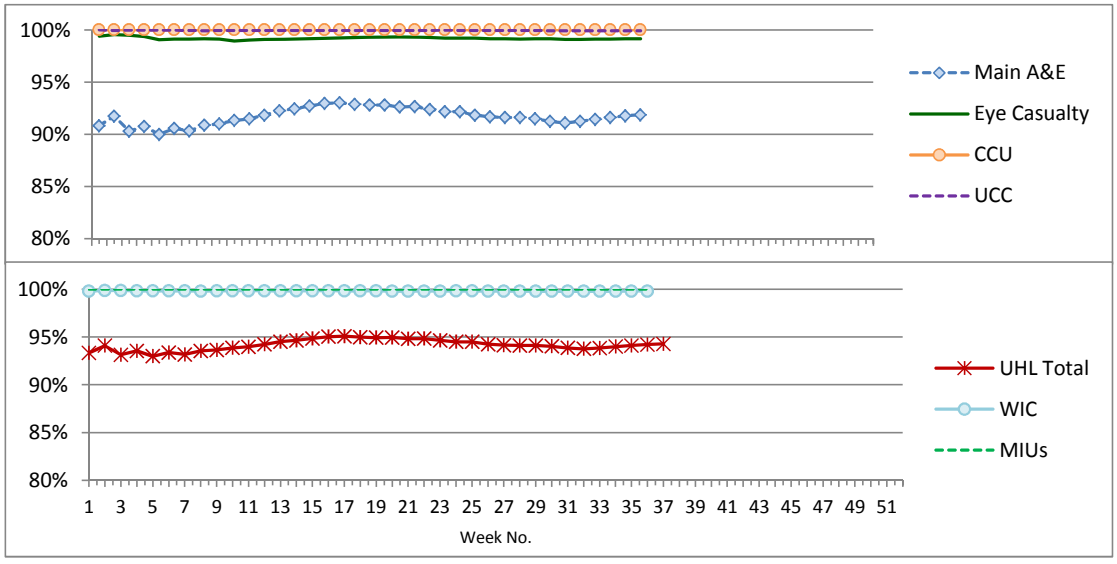
Year To Date	UHL					Other Providers	
Latest 8 Weeks Ending:	Main A&E	Eye Casualty	CCU	UCC	UHL Total	WIC	MIUs
23/10/2011	91.61%	99.11%	100.00%	99.93%	94.10%	99.78%	100.00%
30/10/2011	91.49%	99.14%	100.00%	99.93%	94.02%	99.78%	100.00%
06/11/2011	91.25%	99.14%	100.00%	99.93%	93.86%	99.77%	100.00%
13/11/2011	91.10%	99.09%	100.00%	99.93%	93.75%	99.78%	100.00%
20/11/2011	91.24%	99.09%	100.00%	99.93%	93.85%	99.78%	100.00%
27/11/2011	91.44%	99.12%	100.00%	99.93%	94.00%	99.78%	100.00%
04/12/2011	91.61%	99.13%	100.00%	99.92%	94.11%	99.79%	100.00%
11/12/2011	91.76%	99.14%	100.00%	99.93%	94.21%	99.78%	100.00%

Year to date is from 04.04.2011 to align with weeks included in 2011/12 year in the national weekly A&E SitRep submissions.

Weekly Actuals



Year To Date



PLEASE NOTE: In the Operating Framework these indicators are Provider Campus based.
UHL includes Main A&E, Eye Casualty, CCU and UCC with each WIC + MIU reporting individually.

Urgent Care Weekly Flash Report

Week Ending 18 December 2011

FLOW THROUGH A&E

Data source: Performance reports from Provider - UHL = Daily Update, UCC, WIC + MIU = Weekly Sit Rep report

A&E - CLINICAL QUALITY

Indicator:		UHL (Main A&E + Eye Casualty)				Urgent Care Centre			
		Last Week	This Week		YTD	Last Week	This Week		YTD
Patient Impact									
Unplanned Re-attendance Rate	Target: <= 5%	5.6%	4.4%	▼	5.9%	1.49%	0.80%	▼	n/a
Left Without Being Seen Rate	Target: < 5%	2.2%	2.2%	↔	2.4%	2.65%	2.17%	▼	n/a
Timeliness									
Total Time in the A&E Department (minutes) - 95th Percentile									
Admitted Patients:	Target: <=240	346	340	▼	472	-	-	↔	-
Non-Admitted Patients:	Target: <=240	235	235	↔	239	138	N/A	▼	n/a
All Patients:	Target: <=240	239	240	▲	296	138	N/A	▼	n/a
Time to Initial Assessment (minutes) - 95th Percentile									
(patients brought in by ambulance)	Target: <=15	43	43	↔	51	1	1	↔	n/a
Time to Treatment (minutes) - Median	Target: <=60	40	43	▲	44	30	19	▼	n/a

PLEASE NOTE: In the Operating Framework these indicators are Provider Campus based. UHL figures would therefore include Main A&E, Eye Casualty and UCC. However, data is currently only available for UHL Main A&E + Eye Casualty with UCC separately.

Data source: Local data from Provider - UHL_DataMart

BREACHES OF 4 HOUR WAIT - PRINCIPAL CAUSES

UHL - Main A&E + Eye Casualty (LLR Commissioners Only)	All Patient Types		Admitted - Medical		Admitted - Surgical		Majors* Not Admitted		Minors *	
	Week	YTD	Week	YTD	Week	YTD	Week	YTD	Week	YTD
Change in Clinical Condition	8	380	5	264	2	39	1	62	0	15
Clinical Exception	18	705	9	333	5	111	4	227	0	34
Miscoded	13	352	5	143	1	20	3	110	4	79
Waiting For Assessment	12	2,871	1	1,049	1	166	8	1,249	2	407
Waiting For Bed	4	2,275	3	1,728	0	237	1	259	0	51
Waiting For Diagnostic	1	344	0	121	1	26	0	192	0	5
Waiting For Specialist	1	283	0	55	0	85	1	99	0	44
Waiting For Transport	1	789	1	465	0	49	0	215	0	60
Waiting For Treatment	0	0	0	0	0	0	0	0	0	0
Unexpected Test Results	1	62	1	44	0	9	0	9	0	0
Other	0	0	0	0	0	0	0	0	0	0
Total Breaches	**59**	**8,061**	**25**	**4,202**	**10**	**742**	**18**	**2,422**	**6**	**695**

* Minors are identified based on HRG being low cost bands 3 and 5. All other Non-Admitted are assumed to be Major.

Data source: Performance reports from Provider - UHL = Daily Update, UCC, WIC + MIU = Weekly Sit Rep report

A&E - STREAMING

	Last Week	This Week		YTD
Number of patients diverted to UCC at UHL A&E front door	169	181	▲	6099

PLEASE NOTE:

These figures are estimated based on: UCC's Total Numbers of Referrals from A&E* *minus* UHL's Number of Patients attending A&E referred on to UCC.

* Total Referrals to UCC from A&E includes Patients referred on from UHL after attending A&E and Patients diverted from UHL A&E front door.

Urgent Care Weekly Flash Report

Week Ending 18 December 2011

FLOW THROUGH MEDICAL UNITS

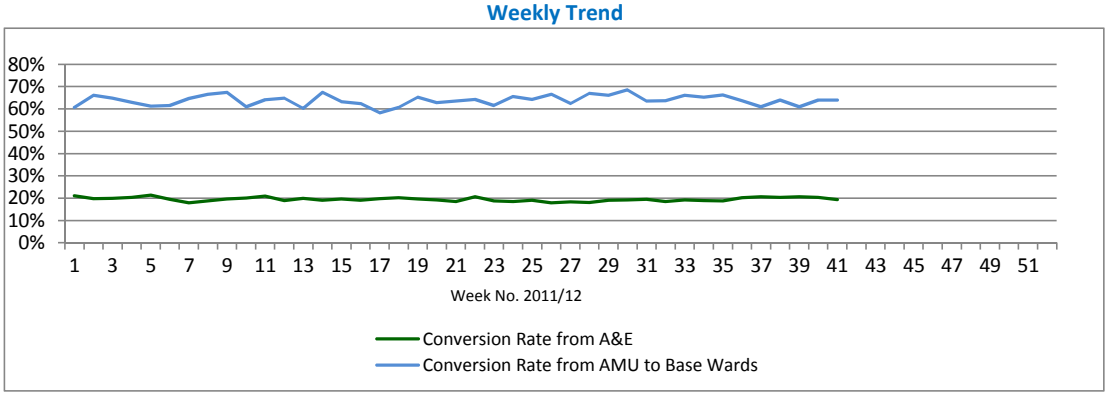
University Hospitals of Leicester

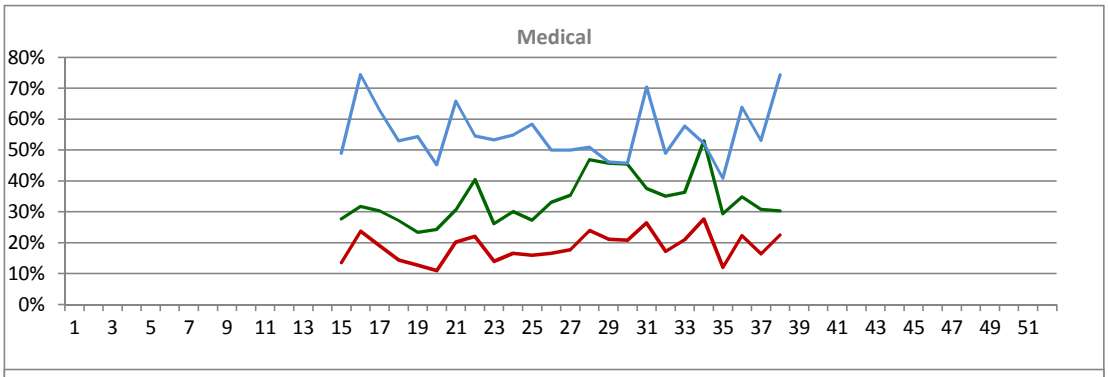
Data source: Local data from Provider - UHL_DataMart; UHL Bed Bureau report

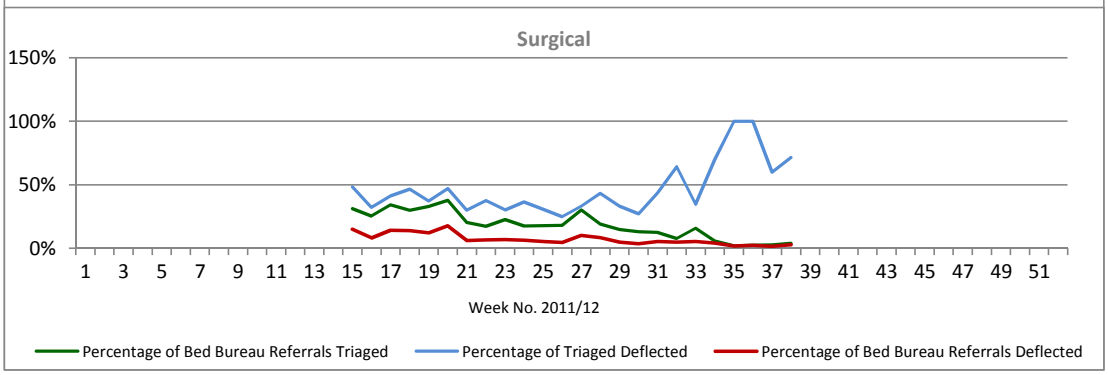
Acute Medical Units (AMU)	Last Week	This Week		YTD
Conversion Rate from A&E - LLR Commissioners (% Patients admitted to hospital at conclusion of A&E attendance, any ward)	20.58%	20.34%	▼	19.41%
Conversion Rate from AMU to Base Wards - LLR Commissioners (% Emergency Admissions admitted via AMU and discharged from base ward)	61.01%	63.93%	▲	63.96%
Bed Bureau Referrals				
Medical - LRI (AMU) Triage Clinic				
No. Bed Bureau Referrals	104	129	▲	-
No. Triaged Through AMU Clinic	32	39	▲	-
No. Deflected	17	29	▲	-
Percentage of Bed Bureau Referrals Triaged	30.8%	30.2%	▼	-
Percentage of Triaged Deflected	53.1%	74.4%	▲	-
Percentage of Bed Bureau Referrals Deflected	16.3%	22.5%	▲	-
Surgical - LGH (Triage Clinic) + LRI (Next Day OPD Clinic)				
No. Bed Bureau Referrals	180	172	▼	-
No. Triaged Through AMU Clinic	5	7	▲	-
No. Deflected	3	5	▲	-
Percentage of Bed Bureau Referrals Triaged	2.8%	4.1%	▲	-
Percentage of Triaged Deflected	60.0%	71.4%	▲	-
Percentage of Bed Bureau Referrals Deflected	1.7%	2.9%	▲	-

Please note: AMU Wards include those with the codes: FCDU, R15, R16, GUEA, RSAU, GSAC, RAMU and RAFU
Admissions: This activity counts completed emergency spells with a discharge date during period stated.
Weekly data based on Monday - Sunday, as per national weekly A&E SitRep reporting.

Weekly Trend







Urgent Care Weekly Flash Report

Week Ending 18 December 2011

OUTFLOW

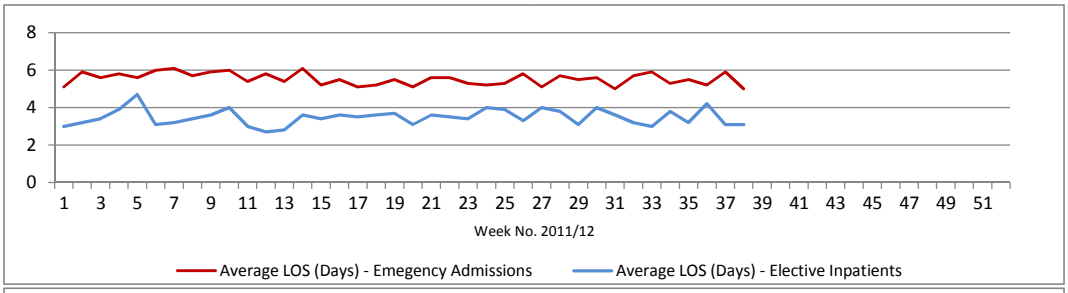
University Hospitals of Leicester

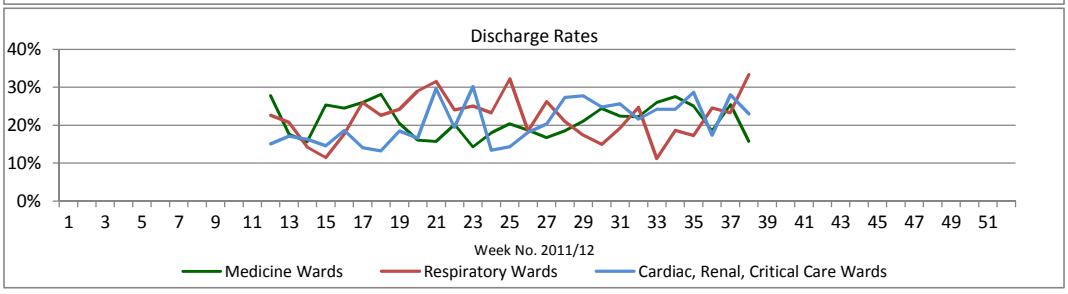
Data source: Local data from Provider UHL DataMart; UHL LOS + DTOC report

Outflow	Last Week	This Week		YTD
Average LOS (Days) - Emergency Admissions	5.9	5.0	▼	5.5
Average LOS (Days) - Elective Inpatient Admissions	3.1	3.1	↔	3.5
Discharge Rates Before 1 pm Target: >= 20%				
Medicine Wards	25.4%	15.7%	▼	-
Respiratory Wards	23.3%	33.3%	▲	-
Cardiac, Renal, Critical Care Wards	28.0%	22.9%	▼	-
- Cardiology	24.3%	26.8%	▲	-
- Cardiac Surgery	44.8%	17.4%	▼	-
- Renal Specialties	25.0%	8.0%	▼	-
Delayed Dishcarges				
Occupied Beddays for Delayed Discharges at UHL				
A - Awaiting assessments	52	25	▼	-
B - Awaiting public funding	30	31	▲	-
C - Awaiting further non-acute NHS care	23	40	▲	-
D(i) - Awaiting Residential Home placement	3	0	▼	-
D(ii) - Awaiting Nursing Home placement	28	26	▼	-
E - Awaiting Domiciliary Package	9	12	▲	-
F - Awaiting Community Equipment	0	6	▲	-
G - Awaiting patient / family choice	19	22	▲	-
H- Disputes	0	0		
I- Housing- Patients not covered by NHS/ Community Care Act	0	0		
Total	164	162	▼	-
Occupied Beddays for Rehab / Community Bed Delays (City + County)	49	58	▲	-
	Oct 2011	**Nov 2011**		**YTD**
Re-Beds due to Patient Transport Issues (EMAS)	23	0	▼	230

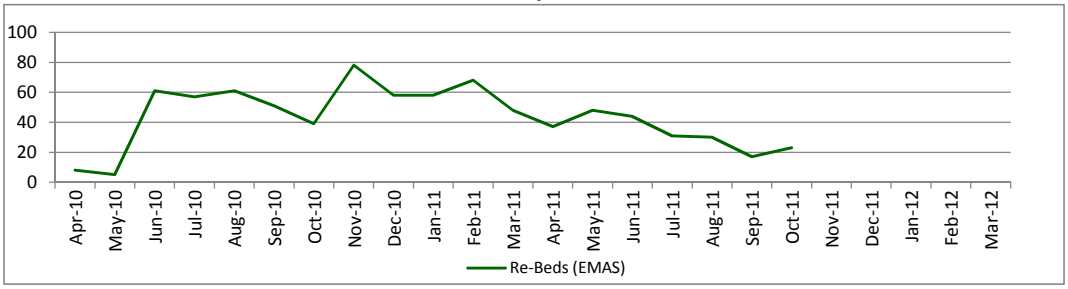
Please note: Average LOS excludes Obstetrics, Well Babies and any spells with a stay on wards GBIU, GYDU and G8.
Discharge rates: Emergency discharges before 1pm excluding admissions units and patients discharged via discharge lounge.
Figures are subject to change on refresh.
Weekly data: Admissions + Delayed discharges - based on Monday - Sunday, as per national weekly A&E SitRep reporting.
Discharge rates based on Friday to Thursday.

Weekly Trend





Monthly Trend



Appendix B

We said we would…	We have.....	The difference is..…
Implement 30 minute rule for patients transferring to assessment units	Made sure that wherever possible patients transfer to an assessment unit within 30 minutes of a bed being requested.	There is a continuous outflow from ED Overcrowding, especially in the majors area of ED is limited Patient and staff experience has improved. Clinical incidents have reduced and there have been improvements in clinical safety
Consolidate and ensure continuous implementation of 2 teams within the majors area in ED (red/blue model).	Implemented two teams within the majors areas.	Teams now take responsibility for a given area and workload. Improved ability to manage workload and decision making within majors.
Agree metrics for support services and robust plan to deliver against metrics	Drafted a set of metrics for all areas for agreement.	
Implement systems to maximise the safe use of chairs in assessment units.	Increased capacity on the Surgical Assessment Unit and introduced new processes to support the flow. Put in place processes within the Clinical Decisions Unit (CDU) at the Glenfield in order to maintain flow. Improved triage within AMU at the LRI. Introduced surgical triage at the LRI	There is increased capacity on the assessment units. Improved flexibility of the assessment units to absorb surges in flow. Chairs used for patients that are ambulatory and have a high likelihood of being discharged.
Scope usage of key IT systems (including EDIS, live bed state) within clinical areas and develop robust plan to implement and integrate the systems into the existing processes	Implemented EDIS on AMU and CDU. Plans are in place to roll this out to the SAU early in the new year. Implemented a tracking system for all ED trolleys. Consideration is being given to the application elsewhere across the emergency process. Implemented the electronic ordering of ECHO. Resolved many local IT issues and developed a programme of work to exploit the benefits of IT.	Use of live information in clinical environment. Receiving wards and units are aware of patients awaiting admission Trolley availability. Improvements are being made to the electronic ordering for diagnostics.
Use the predictor tool to indicate prospective activity and the conversion estimate impact on capacity and flow Undertake detailed analysis of surge/capacity from ED, assessment units and wards. Align capacity to flow	Regression modelling has been incorporated into daily bed meetings in order to predict demand. This is being used in conjunctions with the implementation of the live bed state.	Capacity is better understood. Areas can plan to create required capacity earlier in the day.
Develop clear processes for escalation and addressing internal delays within the	Escalation plans have been developed to support a surge in demand across the	Staff are reassured and understand who to escalate to and when.

Appendix B

We said we would…	We have.....	The difference is..…
organisation	Trust. Local escalation plans have also been developed.	Issues and risks in system are immediately known action taken to mitigate them.
Maintain fast track process for accessing community hospital beds and use of care home capacity.	A new one stop process is in place for City patients referred for rehabilitation. New processes for CHC patients to commence w/e 2.1.12	Elimination of delays. Improved available community hospital capacity.
Implement daily review and decision making meetings escalating to ET members where appropriate	Meetings continue to be held - now on a bi-weekly basis and open to all staff groups across LLR.	61 issues raised have now been addressed out of a total of 186 logged to date.