To:	**Trust Board**
From:	**Jeremy Tozer, Interim Director of Operations**
Date:	**28 February 2013**
CQC regulation:	**As applicable**

Title:	Emergency Department Performance Report

Author: Jeremy Tozer, Interim Director of Operations

Purpose of the Report:
To provide an overview and update on the Emergency Care Delivery for UHL.

The Report is provided to the Board for:

Decision		Discussion	√
Assurance	√	Endorsement	

Summary / Key Points:
To be highlighted by the Interim Director of Operations at the meeting.

Recommendations:
The Trust Board is invited to receive and note this report.

Previously considered at another UHL corporate Committee N/A

Strategic Risk Register	**Performance KPIs year to date**
Yes	Please see report

Resource Implications (eg Financial, HR)
Monthly incentive payment for delivery of the 95% target.
Non recurrent funding to support winter pressures

Assurance Implications
The 95% (4hr) target and ED quality indicators.

Patient and Public Involvement (PPI) Implications
Impact on patient experience where long waiting times are experienced

Equality Impact
N/A

Information exempt from Disclosure
N/A

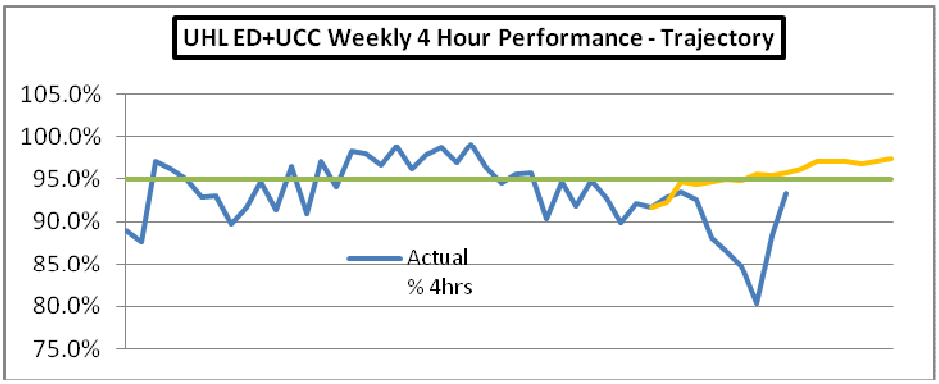
Requirement for further review ?
Monthly

REPORT TO:	**JEREMY TOZER – INTERIM DIRECTOR OF OPERATIONS**
REPORT FROM:	**MONICA HARRIS – DIVISIONAL MANAGER, ACUTE CARE**
REPORT SUBJECT:	**ED PERFORMANCE REPORT**
REPORT DATE:	**28 FEBRUARY 2013**

1.Introduction

UHL is experiencing significant problems achieving its A&E target. Our current level of performance for the month of January has reduced to 79.21% compared to December position of 88.91%. January is the worst performing month to date for 11/12

Achieving the emergency 95% target and clinical indicators on a sustainable basis, continues to remain a top priority for both UHL and the local health economy. Our current performance against the agreed trajectory is significantly behind plan but with the launch of the Emergency Care Pathway re-design on the 18th February 2013, it is anticipated that our performance will show a significant improvement.



January has seen increasing challenges, with a 2.3% rise in activity translating to extra 491 patients attending ED, and an increasing demand for bank and agency nurses, in response to the opening of additional capacity, this coupled with a decreasing fill rate and an increase in sickness, has resulted in some significant challenges in nurse and medical staffing. February has seen a closure in extra capacity beds due to staffing issues which has significantly impacted on our ability to maintain the four hourly target and our performance has consequently deteriorated.

This report provides details for the current level of performance, an overview of the issues

2. Current Activity and Performance

2.1 Attendances rates and Diversion rates.

ED attendance remain higher than average when compared to the 11//12 activity by 2.3%. The trend for 11/12 and 12/13 is shown below in figure 1

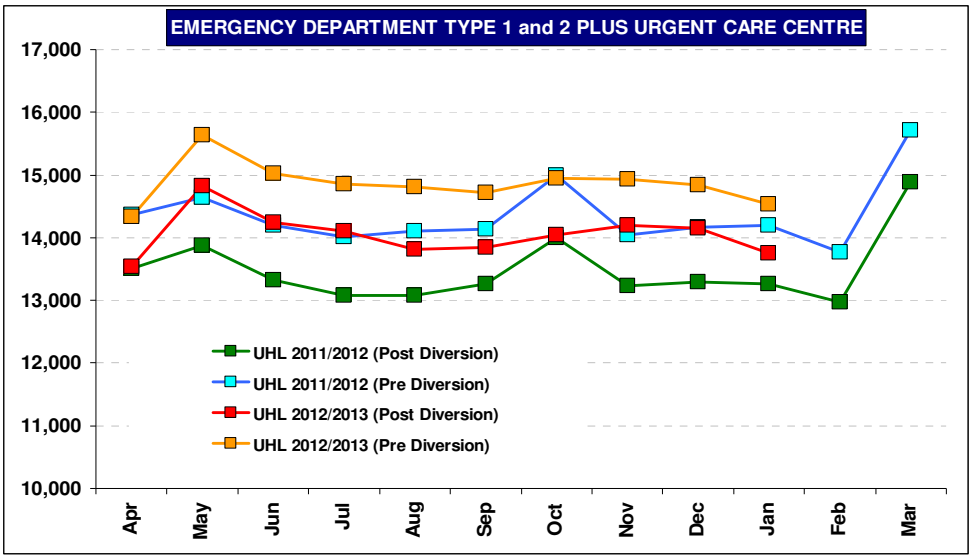


Figure 1. Attendances pre and post diversion for 11/12 and 12/13

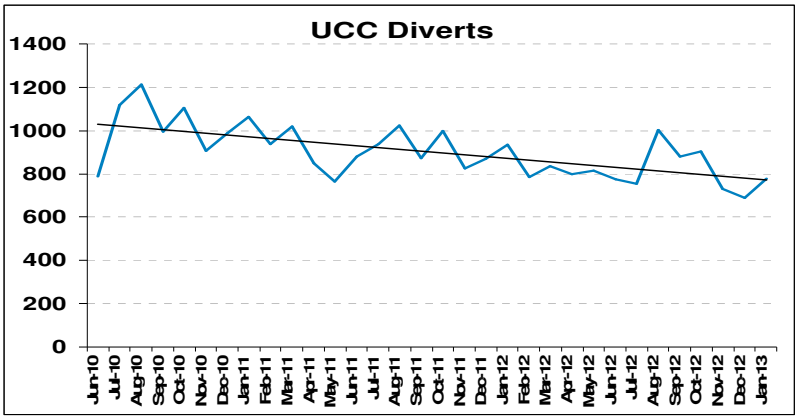
The activity for the last three years is shown below in table 1 and confirms the growth in activity currently being experienced in 2012/13 compared to past years

EMERGENCY DEPARTMENT TYPE 1 and 2 PLUS URGENT CARE CENTRE							
	UHL 2010/2011 (Post Diversion)	UHL 2010/2011 (Pre Diversion)	UHL 2011/2012 (Post Diversion)	UHL 2011/2012 (Pre Diversion)	UHL 2012/2013 (Post Diversion)	UHL 2012/2013 (Pre Diversion)	Overall % Change 12/13 vs 11/12
Apr	14,117	14,117	13,507	14,358	13,532	14,332	-0.2%
May	14,574	14,574	13,871	14,636	14,819	15,633	6.8%
Jun	13,509	14,298	13,318	14,197	14,248	15,022	5.8%
Jul	12,983	14,100	13,075	14,014	14,107	14,860	6.0%
Aug	12,544	13,757	13,086	14,109	13,815	14,817	5.0%
Sep	12,726	13,720	13,270	14,142	13,839	14,719	4.1%
Oct	12,918	14,022	14,002	15,000	14,051	14,955	-0.3%
Nov	13,057	13,963	13,226	14,051	14,201	14,933	6.3%
Dec	13,500	14,488	13,291	14,162	14,150	14,839	4.8%
Jan	12,830	13,893	13,260	14,196	13,751	14,528	2.3%
Feb	12,263	13,202	12,978	13,762			
Mar	14,100	15,119	14,884	15,719			
Sum:	159,121	169,253	161,768	172,346	140,513	148,638	

Table 1 three years activity of type 1 and type 2 attendances plus UCC

A prediction of the full year affect based on a monthly average for the remainder of the 12/13 (post diversion) will be 168,615. This is an overall 4.2% increase; 6,647 patients, in 2012/13 compared to 2011/12

Work has been undertaken to try and increase the current diversion rate, but to date this has not had a significant effect. To try to improve the impact of diversion a formal work stream has been established with our CCG's to establish a concept of "the single front door. Progress to date is very promising.

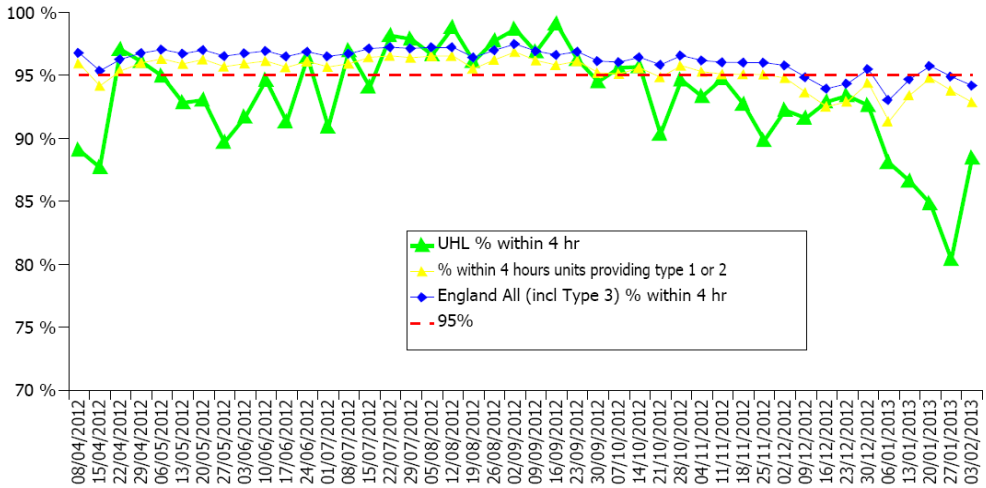


In addition to this work stream considerable work is being undertaken by the CCGs to review all ambulance requests by a GP, aimed at preventing ED attendance, whilst it is early in the trial the impact of this work seems very positive.

2.2 4-Hour Performance target

January performance deteriorated compared to December, with an average daily breach rate of 84 and 54 respectively.

As of the 3rd February UHL was ranked 124 out of 144 Acute Trusts for its weekly 4 hour performance of 88.4% and 142 out of 144 over the last 4 weeks, with a performance of 85.1%. Our trend in performance compared to other Acute Trusts, for ED type 1 2 and 3 attendance is shown below



2.3 ED 4hrly Performance Target – January 2013

The two tables below show the performance of the ED 4 hour target for January 2013 and our performance to date.:

4hr Wait 2012/13

Jan 13

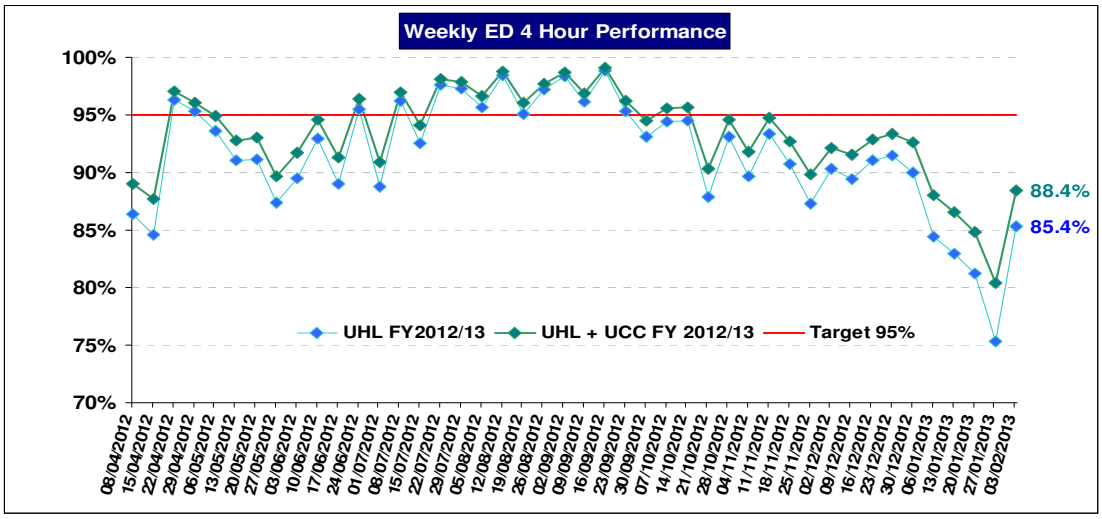
Site	Type	Atts	Breaches	% < 4 hr
UHL	Type 1 + 2	13,751	2,620	80.95%
Urgent Care Centre	Type 3	3,682	5	99.86%
UHL + UCC Total	All	17,433	2,625	84.94%

Full Year to Date
Jan 13

Site	Type	Atts	Breaches	% < 4 hr
UHL	Type 1 + 2	140,513	11,995	91.46%
Urgent Care Centre	Type 3	37,801	81	99.79%
UHL + UCC Total	All	178,314	12,076	93.23%

The graph below shows January continued to have significant issues with regards to flow across the emergency system resulting in further deterioration in performance when compared to December 2012; 89.4% for ED type 1 and 2 attendances to 85.4% to week ending 3rd February 2013 and 88.4% as shown below to week ending 8th February 2013. .

Overall weekly performance to 3rd February

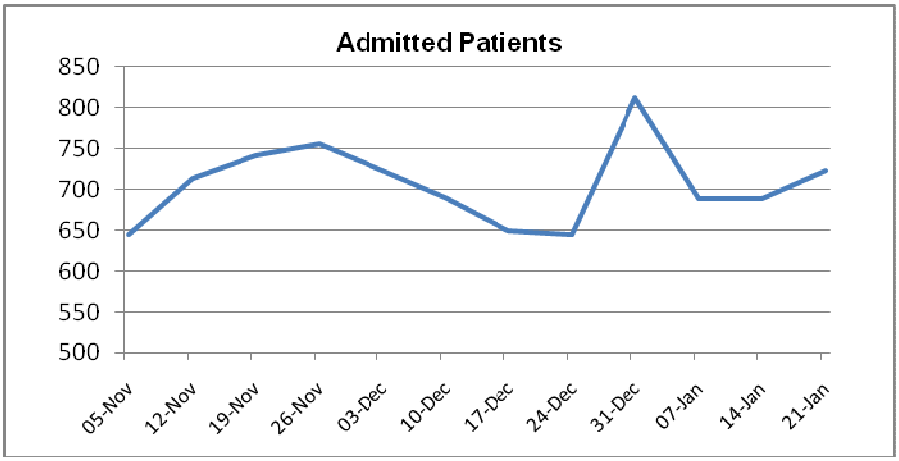


Our actual performance against the agreed trajectory has fallen short of the required target by 15.1% to 80.4% but early indication shows some improvement in the first two weeks of February, as shown below in the table.

Date w/c	Trajectory	Actual	Attendances	Breaches
13/01/2013	94.9%	86.6%	3,929	527
20/01/2013	94.8%	84.8%	3,593	546
27/01/2013	95.5%	80.4%	3,898	765
03/02/2013	95.4%	88.4%	4,217	488
10/02/2013	95.7%	93.3%	4,138	276

The CCGs are very supportive of our current position in regards to the transformational project with Right Place Consulting, but there remains a clear expectation that our performance will significantly improve following the 18th February, when phase one of the project will be implemented allowing the introduction of some of the new processes and systems to be implemented. Although this will still provide a real challenge to the Trust internally it is agreed that this is achievable and very welcomed change across all the multi-disciplinary team.
To demonstrate continued support CCG's have recently offered a weekly incentive payment for each week that the 95% target is achieved.

Based on performance year to date and the trajectory going forward the Trust would only achieve 93.7% against the 95% target for the year.



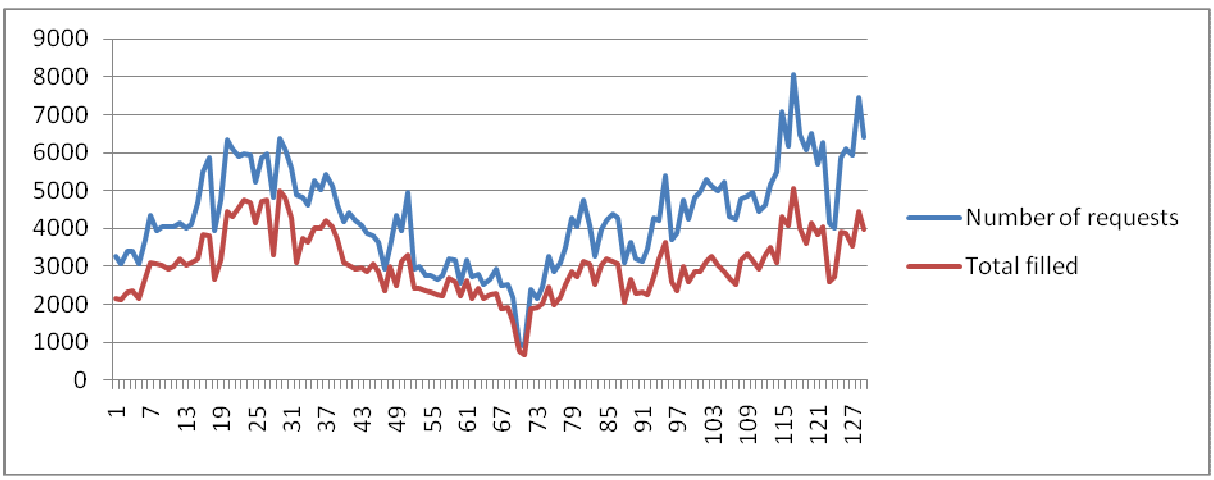
High numbers of admissions were observed in the first week of January, which revert back to similar averages for this time of year.

January saw some significant improvements in meeting the 11am and 1pm discharge target. The week of the 23rd of January saw the Acute Division exceed the 30% discharge before 1pm target out of the hospital, with a 19% achievement for the 11am discharge target. These achievements help to minimize some of the pressures on the system.

Ward occupancy rates remained red for the whole of January with levels exceeding 95% in the early weeks of January deteriorating to 97% in the latter half of the month..

Ward Occupancy in Acute Division					
Date	02-Jan	09-Jan	16-Jan	23-Jan	30-Jan
Occupancy (%)	95.9	95.6	97.1	97.4	97

Nurse and medical staffing has provided a challenge for both medicine and ED, agency and bank requests have continued to increase in response to increasing sickness rates, additional capacity, and vacancies. The graph below shows the nursing request and fill rate of bank and agency shifts required to staff all our additional bed stock. Our demands for bank and agency have increased, in response to increasing capacity and we appear to have outstripped the capacity and hence while there is an increase in shifts being filled there is a decrease in the fill rate. February has seen some of our additional capacity being closed, in order to ensure safe staffing levels, resulting in the reduction of our winter pressure bed-base This has had a significant impact on the acute flow and has resulted in increased 4-hourly breaches.



2.3.1. Staffing Impact on performance

Vacancy levels continue to remain high for the Emergency Department despite rigorous recruitment and retention activities supported by the Deputy Director of human Resources. In order to maintain throughput, clinical quality and patient safety there is therefore a necessity to use significant numbers of bank and agency staff. This necessary use of bank and agency staff presents a risk to throughput and decision making within the department, as temporary staff are less familiar with the environment and protocols. To mitigate this a singular contract for nurse agency staff is being used in order that some continuity can be achieved in terms of staff working within the department. Further to this there is a fully established induction programme for temporary staff. Temporary nursing staff are also allocated a bubby for the shift who they can contact for support and guidance.

ED continues to meet fortnightly with HR to address recruitment strategy which allows ED to highlight delays and solutions in the recruitment process. ED has been involved with the UHL recruitment day, and with the internal recruitment processes have short listed for band 5 and 6 nurses, with interviews planned for March 2013.

The ability to recruit to posts will continue to be impacted by the national difficulties in recruiting to posts within Emergency Departments for the foreseeable future. The department continues to advertise for permanent and locum consultant positions.

2.4 Early February performance

The current nursing vacancies to date are 266wte, with 165wte appointed but still within the recruitment process, and there are currently 73 leavers. There is a sickness across the Trust of 3.44%.

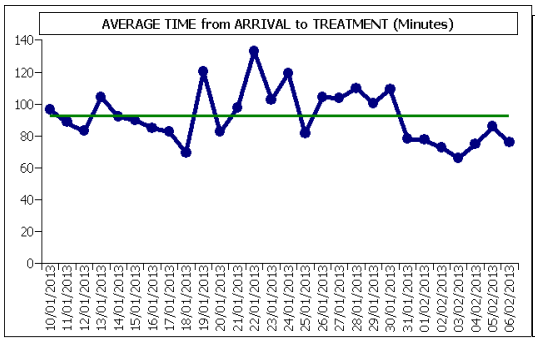
The demand for agency and bank has been further complicated by the expansion of the assessment area in ED which makes further demands on the central pool. As identified above, sickness has seen a significant increase in medicine from 3.47% in December to 5.02% in January, which is significant as they are the main bed holding directorate. There is a smaller but significant increase in sickness in ED of 4.74% to 5.01% further creating pressure.

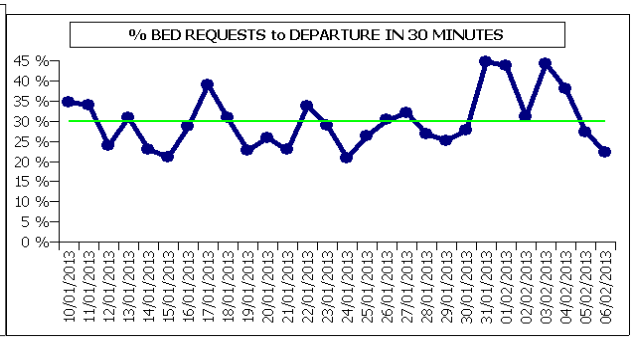
2.5 Delay Reasons

The top cause this month for breaches is the ED process, compared to December when the main cause was recorded as bed breaches, shown in the table below. The top three reasons for breaches are summarized as

- ED Process – 39%
- Bed Breaches – 34%
- Clinical Reasons – 9%

ED is experiencing a larger number of patients in the department due to the availability of beds on assessment units and access to speciality beds, which is a key element to allow the timely flow of patients out of the Emergency Department. This does result in an overcrowded ED department, placing additional pressures on the ED team to manage and care for the additional patients. Both the availability of beds at the time of request and the ability of the emergency department to transfer a patient from the department without delay once a bed is available result in lengthy waits for patients. The average wait between the request for a bed and the patient leaving the emergency department continuously exceeds 30 minutes. As shown by the graph below the average time from bed request to departure is just below 28%





More detail of the reasons for breaches are shown below. It is worth noting that there is a significant increase in breaches attributed to beds and ED process in January than in December reflecting the significant pressures in January for beds. December showed bed breaches to be the greater issues whereas January the main cause was ED process.

Delay Reason	Nov-12	Dec-12	Jan-13	1st to 6th Feb-13	Total	Cumulative %
Bed Breach	434	397	866	57	1754	**32%**
ED Process	382	340	997	49	1768	**33%**
ED Capacity (Cubicle Space)	8	17	89		114	**2%**
ED Capacity (Inflow)	94	128	46		268	**5%**
ED Capacity (Workforce)		4	8	2	14	**0%**
Clinical Reasons	186	245	232	39	702	**13%**
Specialist Assessment	33	36	62	3	134	**2%**
Specialist Decision	8	7	5		20	**0%**
Investigation (Imaging & Pathology)	80	56	66	8	210	**4%**
Transport	105	73	131	13	322	**6%**
Treatment	39	18	50	10	117	**2%**
Sum:	**1369**	**1321**	**2552**	**181**	**5423**	**100%**

Allocation	Nov-12	Dec-12	Jan-13	1st to 6th Feb-13	Total	Cumulative %
CHILDREN	72	66	62	2	202	4%
MAJORS	873	815	1769	131	3588	66%
MINORS	118	127	252	8	505	9%
RESUS	306	313	469	40	1128	21%
Sum:	**1369**	**1321**	**2552**	**181**	**5423**	**100%**

The most significant breach numbers continue to appear within the major's area of the department, totalling 1,769, 69%, in the month of January 2013, which is a notable increase when compared to December 2012 and previous months. Resus breaches have reduced in January by 7% totalling 16% of breaches:

2.6 ED Quality Indicators

Only one of the clinical quality indicators was met in January as shown below. The time in the department has continued to increase month on month changing from Green to Amber in October 2012. The reasons for this are multi-faceted and include, poor acute flows due to lack of bed availability, poor ED processes and staffing difficulties. As explained above a work stream has been established to focus on innovative recruitment strategies to resolved what has become a significant on-going problem.

CLINICAL QUALITY INDICATORS

PATIENT IMPACT

	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	TARGET
Left without being seen %	2.7%	2.4%	2.1%	2.2%	2.7%	2.5%	2.5%	2.8%	<=5%
Unplanned Re-attendance %	5.9%	6.4%	5.6%	5.3%	5.0%	5.2%	5.2%	5.5%	< 5%

TIMELINESS

	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	TARGET
Time in Dept (95th centile)	322	240	238	240	298	326	344	457	< 240 Minutes
Time to initial assessment (95th	25	20	15	16	23	24	24	25	<= 15 Minutes
Time to treatment (Median)	59	57	53	58	64	69	68	79	<= 60 Minutes

3. CCG Support

There is significant support that has been put in place to support the Trust in reduced attendance, improving diversion, and improved access to primary care placements as a means to reduce delayed transfers, but more importantly in enabling improved access to social and health to prevent admission.
The CCG's fully support the work undertaken by Right Place Consulting and have provided a window to allow the required transformation to improve our performance.

CCGs have undertaken some innovative work to help support the Trust reducing attendance to ED; GPs have been allocated to 999 calls to review patients prior to transfer to ED– whilst it is early days it appears to be very effective. The project is being expanded and it is anticipated that further impact on attendance will be seen.

The CCG have very much linked the single front door to the UHL work stream improvement program – integrating the change program will enable an implementation date of the 4th April –early indication from some of the pilots suggests there could be an improvement in the diversion rate

4. REVIEW OF NON ELECTIVE FLOWS

The work undertaken by Right Place Consulting (RPC) continues. Significant progress has been made by work stream 1, ED and work stream 2, assessment units, to establish new practices and processes to improve assessment, flow and decision-making aimed at ensuring that the patients are in the right place at the right time, seen by the right health professional.

Work stream 1 undertook two pilots, one on the 8Th February 2013, which highlighted the need to revise some of the processes and a second on the 14th February 2013, to test and reaffirm the changes. Results of the latter were very positive
Work stream 2, undertook one pilot, on the 8Th February 2013 of which worked very well in the assessment units.

The Acute Care bay transferred on the 11th February, and whilst there have been some initial issues with process, it is now working well.

Engagement of all stakeholders is critical to the success of the project, formal and informal opportunities are in place to update on the progress of each work stream and encourage feedback from staff at all levels.

5.0 ESTATES SOLUTIONS

Various estates solutions are being undertaken to support the relocation of services aligning clinical adjacencies, and supporting the changes in patient flows, ensuring the right clinical

staff are in the right place to support the new acute flow. The Key estates solutions are outlined below:

- The conversion of the current Orthopaedic Seminar room to a clinical are to support EMAS handover to the assessment room staff.
- Relocation of offices to support the transfer of EFU, and role change of the bed co-ordinator role to ensure clinical staff are co-located to services.
- The relocation of Bed Bureau enabling the Acute Physicians to review referrals and when appropriate talk to the referring GP.
- ED enabling schemes within the assessment area to create more assessment rooms. The additional triage room has now been completed and is in use with the aim to improve the diversion of patients to the UCC.

6.0 RECOMMENDATIONS

The board are asked to:

- Note the contents of this report.
- Acknowledge the significant work and opportunity created by the right place consulting work.
- Note that there is significant support from the CCG and associated incentive for the weekly achievement of performance.