

## Trust Board paper V

<b>To:</b>	<b>Trust Board</b>		
<b>From:</b>	<b>Richard Mitchell, Chief Operating Officer</b>		
<b>Date:</b>	<b>April 2014</b>		
<b>CQC regulation:</b>	<b>As applicable</b>		
<b>Title:</b>	Emergency Department Performance Report		
<b>Author:</b> Richard Mitchell, Chief Operating Officer			
<b>Purpose of the Report:</b> To provide an overview on ED performance.			
<b>The Report is provided to the Board for:</b>			
Decision	<input type="checkbox"/>	Discussion	<input type="checkbox"/>
Assurance	<input checked="" type="checkbox"/>	Endorsement	<input type="checkbox"/>
<b>Summary / Key Points:</b>			
<ul style="list-style-type: none"> <li>• Performance in March was 89.7%</li> <li>• Performance for the year was 88.37%</li> <li>• Performance remained poor in March because of: <ul style="list-style-type: none"> <li>• Increase in admissions and a fixed bed base</li> <li>• Deterioration in internal processes primarily because of the sustained pressure caused by the above</li> </ul> </li> <li>• Performance improved compared to February and continues to improve</li> <li>• Dr Ian Sturgess will be working across the health economy for six months from May 2014</li> <li>• Current level of performance is unacceptable</li> </ul>			
<b>Recommendations:</b> The Trust Board is invited to receive and note this report.			
<b>Previously considered at another UHL corporate Committee</b> N/A			
<b>Strategic Risk Register</b> Yes		<b>Performance KPIs year to date</b> Please see report	
<b>Resource Implications (eg Financial, HR)</b> Yes			
<b>Assurance Implications</b> The 95% (4hr) target and ED quality indicators.			
<b>Patient and Public Involvement (PPI) Implications</b> Impact on patient experience where long waiting times are experienced			
<b>Equality Impact</b> N/A			
<b>Information exempt from Disclosure</b> N/A			
<b>Requirement for further review</b> Monthly			

**REPORT TO:** Trust Board  
**REPORT FROM:** Richard Mitchell, Chief Operating Officer  
**REPORT SUBJECT:** Emergency Care Performance Report  
**REPORT DATE:** 24 April 2014

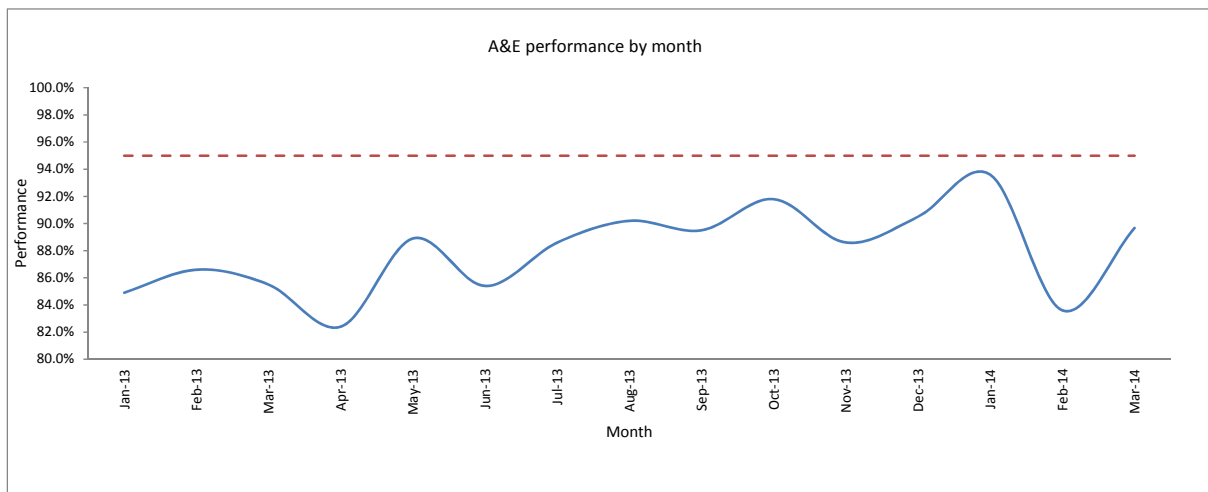
**Introduction**

Performance in March 2014 was 89.7%, which was an improvement of 6.1% on February 2014. Emergency admissions fell by 1.5% but were still the second highest month after February. UHL continues to struggle with high numbers of emergency admissions and the LLR health economy is unable to increase the UHL discharge rate as quickly. The final position for the financial year was 88.37%.

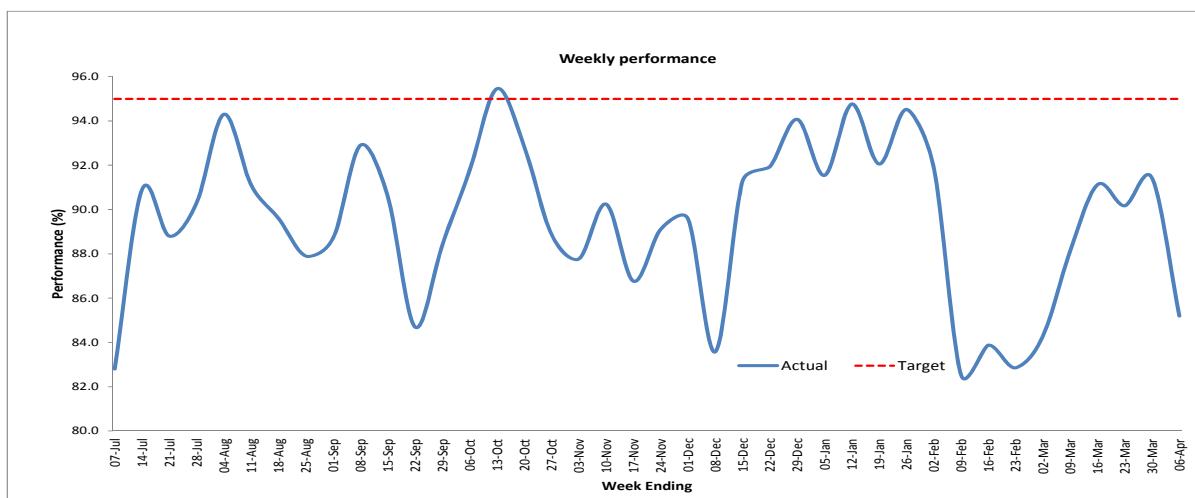
We continue to work on our internal actions and we implemented two super weekends in March. Internal actions are part of an Urgent Care Working Group plan (attached).

**Performance overview**

Performance in March was the eighth worst/ fifth best in the financial year 2014 – 15. 89.7% of patients were treated, admitted or discharges within four hours (graph one). There were five days of performance above 95%. There were three consecutive weeks of performance over 90%.



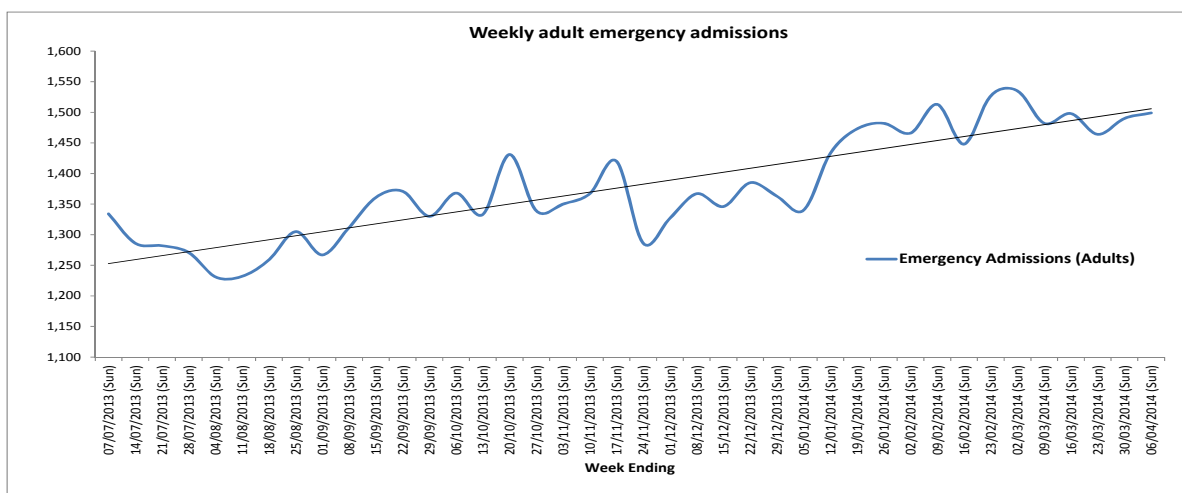
(graph one)



(graph two)

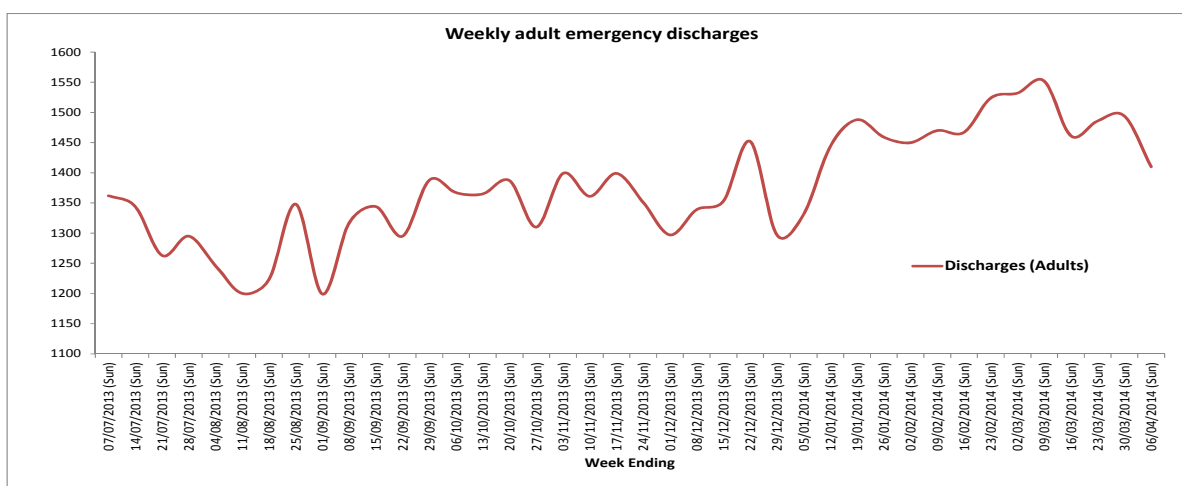
## Reasons for deterioration in performance

**Increasing admissions** – Admissions remain very high.



(graph three)

Discharges have, in general, remained very high (graph four). This is linked to high admissions but also the continual improvement on the discharge process. Many of the actions that are now standard were not in place in January.



(graph four)

**Internal process** - Internal processes in March were not as good as they were in January. This is primarily because of the sustained level of pressure resulting from the very high admissions. On days when they are low levels of admissions and flow out of the department, process is good and performance is strong (98.26% Monday 14 April 2014).

### Actions

We continue to work closely with CCGs and external providers to deliver compliant performance. The level of performance since the end of January has been disappointing and many difficult decisions to open additional capacity within UHL continue to be taken. The UHL process is not broken and we proved for a prolonged period of time that we can deliver many days of strong performance and weekly performance touching 95%.

Key actions remain:

- Reduction in the number of GP patients being admitted – we have shared with the CCGs information at a practice level about where the increase in admissions is coming from
- Reduction in the number of admissions – we are implementing a change in A&E where patients can only be admitted with senior sign off (mainly consultant)
- Final sign off on beds plan for 2014 – 15 on 22 April 2014 at the Executive Team meeting
- Move towards seven day working and use of 'super weekends'. Discharge rate is now consistently higher than before the super weekends
- Continue to work on maximising internal process

In addition to these, Dr Ian Sturgess who has worked at University Hospitals of Coventry and Warwickshire NHS Trust will be working across the health economy from the middle of May 2014 for six months. Stuart Logan has started with us as Deputy General Manager for Medicine with the specific role of managing ED and Julie Dixon has started as Senior Site Manager. They are much needed new members of the team.

### **Recommendations**

The board are asked to:

- Note the contents of the report
- Acknowledge the reasons for why performance continues to be poor
- Support the actions being taken to improve performance.