

Trust Board paper X

To:	Trust Board		
From:	Richard Mitchell, Chief Operating Officer		
Date:	29 May 2014		
CQC regulation:	As applicable		
Title:	Emergency Department Performance Report		
Author: Richard Mitchell, Chief Operating Officer			
Purpose of the Report: To provide an overview on ED performance.			
The Report is provided to the Board for:			
Decision	<input type="checkbox"/>	Discussion	<input type="checkbox"/>
Assurance	<input checked="" type="checkbox"/>	Endorsement	<input type="checkbox"/>
Summary / Key Points:			
<ul style="list-style-type: none"> • Performance in April was 86.92% • Performance month to date (22 May 2014) was 83.31% • Performance remains poor because of: <ul style="list-style-type: none"> • Recent high attendances (700 patients on 19 May 2014) • High admissions and a fixed bed base • Deterioration in internal processes primarily because of the sustained pressure caused by the above • Little progress on the delayed transfer of care (DTOC) rate • Dr Ian Sturgess began working with UHL and LLR on 19 May 2014 • UHL has agreed an improvement plan with the TDA • Current level of performance is unacceptable 			
Recommendations: The Trust Board is invited to receive and note this report.			
Previously considered at another UHL corporate Committee N/A			
Strategic Risk Register Yes		Performance KPIs year to date Please see report	
Resource Implications (eg Financial, HR) Yes			
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: Trust Board
REPORT FROM: Richard Mitchell, Chief Operating Officer
REPORT SUBJECT: Emergency Care Performance Report
REPORT DATE: 29 May 2014

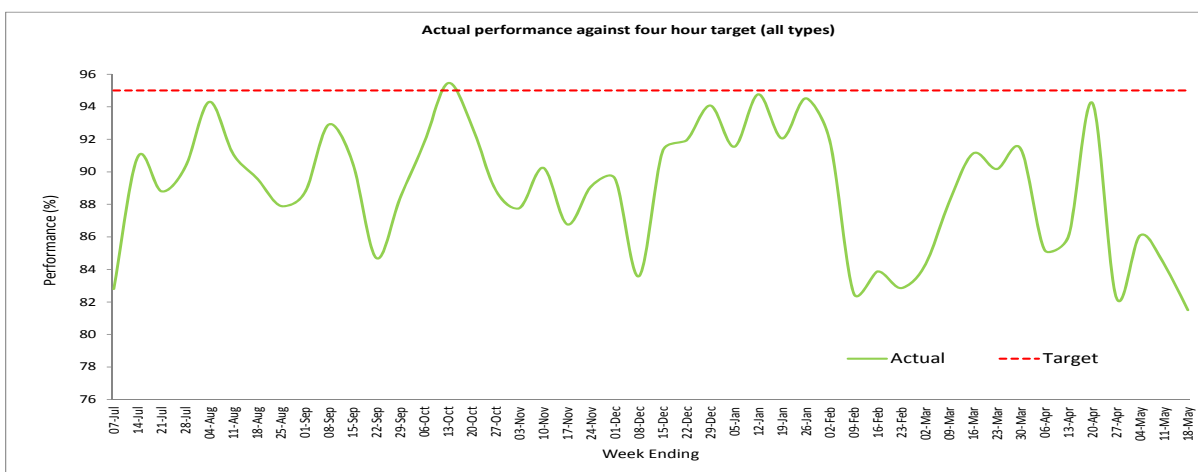
Introduction

Performance in April 2014 was 86.92%. Emergency admissions fell for the second month in a row but were 9.4% higher than April 2013. 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. In May we have seen spikes of attendances with 700 patients (campus level) attending in one day this week.

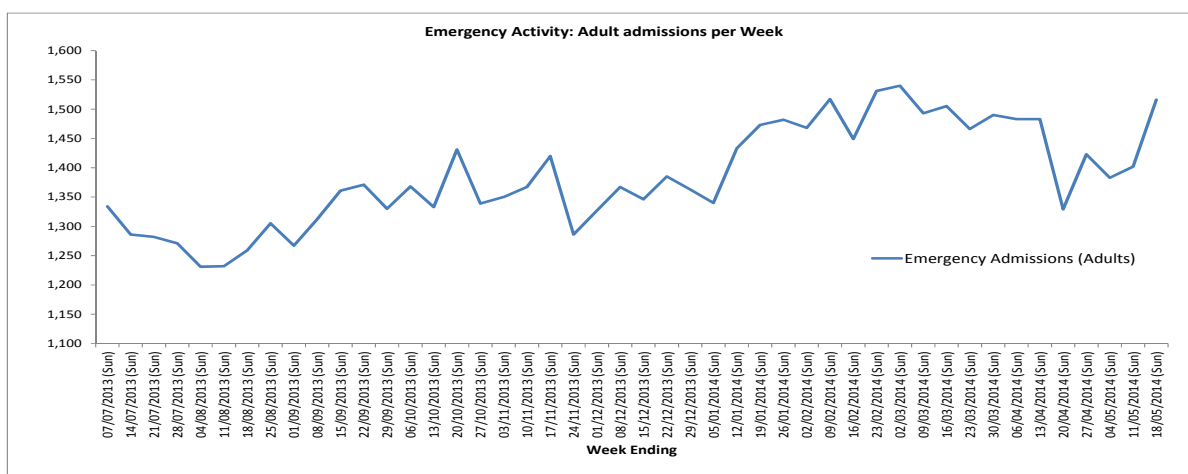
We continue to work on our internal actions and a new internal action plan has been agreed with the TDA.

Performance overview

Performance in April was poor despite one week of performance being 94.2% (graph one). There were four days of performance above 95% and relatively high levels of admissions throughout the month, apart from the week of strong performance when admission significantly dropped (graph two).



(graph one)



(graph two)

Reasons for deterioration in performance

High admissions – Admissions remain very high.

Internal process - Internal processes in April remain poor. This is the central feature to the updated plan (attached) and is the key work that Ian Sturgess will support UHL with.

Delayed transfers of care – DTOCs remain high.

The 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 have implemented a change in A&E where patients can only be admitted with senior sign off (mainly consultant)
- Move towards seven day services and use of 'super weekends'. Discharge rate is now consistently higher than before the super weekends
- Continue to work on maximising internal process

Recommendations

The Board is asked to:

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