

TRUST BOARD – 30 October 2014

Emergency Care Performance Report

DIRECTOR:	Richard Mitchell
AUTHOR:	Richard Mitchell
DATE:	30 October 2014
PURPOSE:	This paper explains the steps being taken and identifies two recommendations to deliver a sustainably improved emergency care pathway, which is the most important priority for the University Hospitals of Leicester and wider Leicester, Leicestershire and Rutland health economy.
PREVIOUSLY CONSIDERED BY:	None
Objective(s) to which issue relates *	<input checked="" type="checkbox"/> 1. Safe, high quality, patient-centred healthcare <input checked="" type="checkbox"/> 2. An effective, joined up emergency care system <input checked="" type="checkbox"/> 3. Responsive services which people choose to use (secondary, specialised and tertiary care) <input checked="" type="checkbox"/> 4. Integrated care in partnership with others (secondary, specialised and tertiary care) <input type="checkbox"/> 5. Enhanced reputation in research, innovation and clinical education <input checked="" type="checkbox"/> 6. Delivering services through a caring, professional, passionate and valued workforce <input checked="" type="checkbox"/> 7. A clinically and financially sustainable NHS Foundation Trust <input checked="" type="checkbox"/> 8. Enabled by excellent IM&T
Please explain any Patient and Public Involvement actions taken or to be taken in relation to this matter:	This service cares for some of the most vulnerable patients in LLR. Patient and public involvement is central to this and members from Health watch attend the monthly Urgent Care Steering Group.
Please explain the results of any Equality Impact assessment undertaken in relation to this matter:	
Organisational Risk Register/ Board Assurance Framework *	<input type="checkbox"/> Organisational Risk Register <input checked="" type="checkbox"/> Board Assurance Framework <input type="checkbox"/> Not Featured
ACTION REQUIRED *	
For decision <input checked="" type="checkbox"/>	For assurance <input type="checkbox"/>
	For information <input type="checkbox"/>

- ♦ We treat people how we would like to be treated
- ♦ We do what we say we are going to do
- ♦ We focus on what matters most
- ♦ We are one team and we are best when we work together
- ♦ We are passionate and creative in our work

* tick applicable box

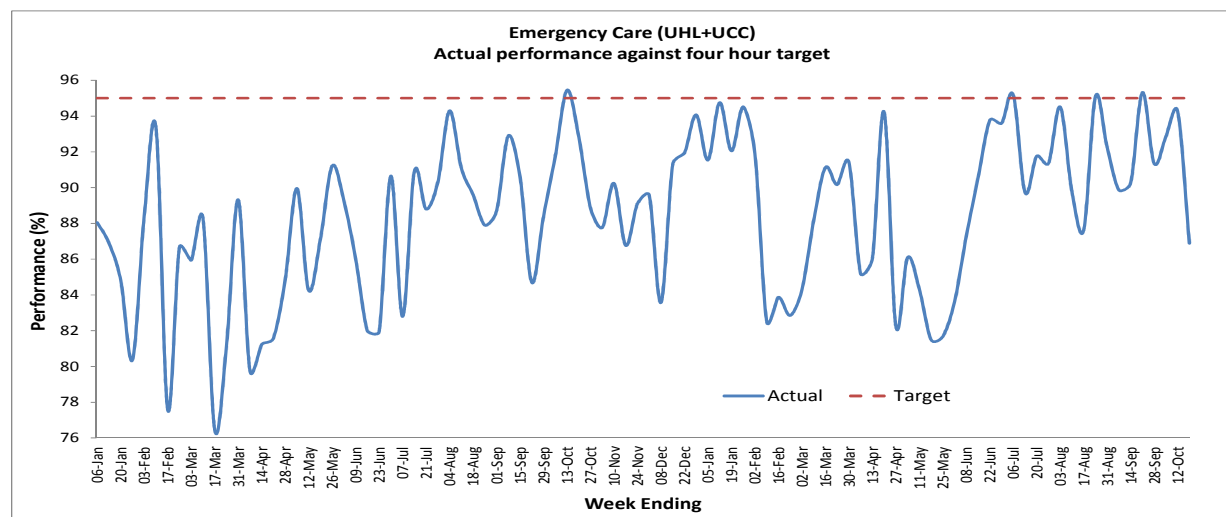
Introduction

Delivering a sustainably improved emergency care pathway is the most important priority for the University Hospitals of Leicester and wider Leicester, Leicestershire and Rutland health economy. UHL is the only part of the emergency care pathway that has unregulated demand and the Leicester Royal Infirmary and Glenfield General Hospital feel the majority of the emergency pressures across the health economy.

- Performance in September 2014 was **91.8%** compared to **89.5%** in September 2013 and **91.26%** in August 2014.
- October 2014, month to date (23/10/14) is **91.52%**. October will be the fifth month in a row where performance has been better than 90%.
- Emergency admissions (adult) continue to steadily rise in September; **209** compared to **207** per day in August and **204** per day the month before.
- Emergency admissions (adult) in September 2013 were **190** per day.
- Delayed transfers of care remain continually above the agreed performance level at **4.8%**. Twenty seven per cent of delays are internal reasons, 49% are external and 24% are nursing homes.

Performance overview

Weekly performance is detailed in graph one below. There was one week of compliant performance in September, with the four weeks performance; 89.9%, 90.3%, 95.3% and 91.4%.

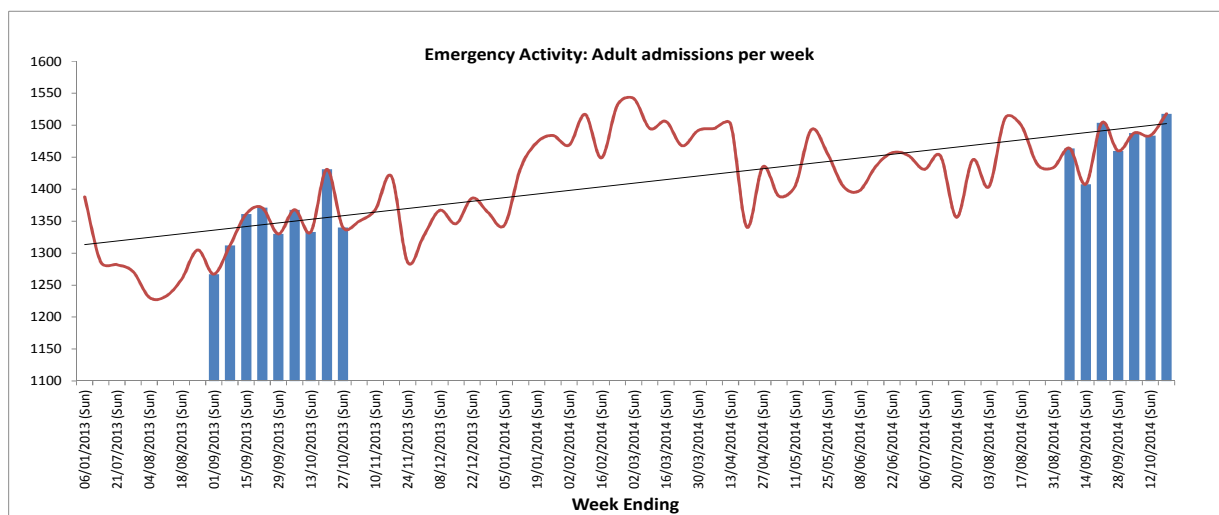


(graph one)

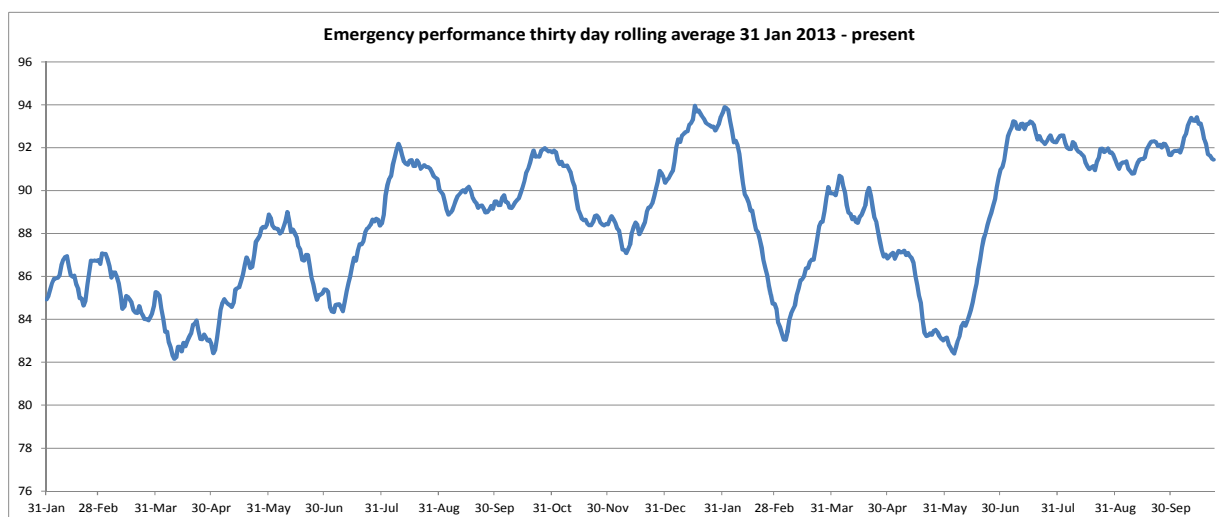
Performance is, in general, more stable than it has been for the last 22 months. Graph two plots the rolling 30 day average of performance. The rolling average has been over 90% for 118 days, including 14 weeks out of 19 over 90% and three weeks over 95%.

Admissions continue to increase and as detailed above are much higher (9.0%) than at the same time last year (graph three). UHL has not been able to open any more beds over this period of time so the increase in activity has been accommodated by productivity improvement. It is important to note that the

increase in admissions will only be paid at 30% of tariff with the other 70% of tariff being spent on activities outside of UHL designed to reduce admissions.



(graph two)



(graph three)

Delivering sustainable emergency performance across LLR requires progress against all three of the interlinked components; reduction in emergency admissions, internal UHL improvements, improvement in the discharge function.

Reduction in emergency admissions

It is apparent that despite many efforts and much money being spent outside of UHL, emergency admissions are not reducing. The health economy strategic plan is for a reduction of 3.5% but admissions are consistently running at 9.0% higher than the same time last year. Joint LLR audits have been completed on the notes of patients who are admitted on the emergency pathway and there is no evidence that UHL clinicians are incorrectly admitting patients. There is evidence though that patients are being admitted because out of hospital services are inconsistently available. The importance of reducing emergency admissions is evident. Last week (w/e 19 October 2014), was the third highest week of emergency admissions on the LRI site in the last 104 weeks and performance dropped by 8% compared to the week before. There is more UHL needs to do to deal with peaks in demand and to reduce fragility but if a patient attends A&E or is referred in by a GP, there is a chance they will be admitted. If a patient does not attend, there is no chance they will be admitted. We need to concentrate on ensuring fewer patients attend or are referred in by their GPs, especially out of hours.

It is recommended that a thorough review of the LLR plans for reducing emergency admissions takes place with joint agreement on how the MRET, emergency readmissions and winter monies can be most effectively spent.

Internal UHL improvements

- Internal flow has been much better apart from the week with the very high numbers of admissions.
- ED leadership – the increased efforts from the ED leadership are evident.
- Expansion of [#everybodycounts](#) social media campaign. The videos have been watched over 17,000 times.
- Emergency quality steering group continues to meet with focus on quality dashboard and discharges linked to internal delays.
- Rapid cycle testing initiatives continue in ED, MAU, base wards and CDU.
- The gold, silver and bronze command management structure is fully embedded.
- Changes have been made to the assessment bay model in ED.
- Specialities are providing more support to ED out of hours.

Improvement in the discharge function

As detailed above, delayed transfers of care remain continually above the agreed performance level at **4.8%**. Twenty seven per cent of delays are internal reasons, 49% are external and 24% are nursing homes. The UHL emergency quality steering group is refocusing on discharges because of internal delays but wider LLR work is required. Discharging is made more difficult by there being substantially fewer community beds open this winter than last winter.

It is recommended that a thorough review of LLR discharges is completed with a clear plan put in place including the request to commissioners and other LLR provider functions that at least the same number of winter beds are open this year as last winter.

Winter monies

UHL and the wider LLR health economies have received winter monies this year to improve performance. UHL is spending its money on opening 16 additional beds on the LRI site and transferring the ward two function from LGH to LRI. Money will also be spent on increasing out of hours support on the emergency pathway and supporting seven day services.

It is important to note that the emergency pathway is for life not just Christmas. The winter monies will help performance over the next six months but significant reconfiguration of the emergency pathway is required to maintain the current levels of improvement and to permanently move to 95%.

National context

Many of our peers continue to struggle to improve with a number of big local trusts delivering performance between 80 and 85%.

Recommendations

The board are asked to:

- Note the contents of the report
- Support the two recommendations
- Support the actions being taken to improve performance.