UHL Emergency Performance

Author: [Richard Mitchell] Date: [Thursday 2 July 2015]

Executive Summary

Trust Board paper M

Context

Although non-compliant, emergency performance continues to improve but UHL remains under pressure because of the continuing and unseasonably high levels of attendance and admissions. We (UHL) need to work more effectively with Leicester, Leicestershire and Rutland partners (LLR) to resolve this key problem.

Questions

1. What more can UHL do to resolve this problem?
2. What more can our partners do to resolve this problem?

Conclusion

1. We need to work more effectively on gaining greater control of the front door function. This may involve working with partners outside of LLR who have previous experience of resolving a similar problem.
2. CCG partners need to work more effectively on identifying the attendance/ admission avoidance schemes that are working in parts of the health economy and then need to develop an urgent plan to roll them out across the health system.

Input Sought

We would welcome the board's input regarding the pace and scale of change in the attendance and admission avoidance schemes.

For Reference

Edit as appropriate:

1.The following objectives were considered when preparing this report:

Safe, high quality, patient centred healthcare	[Yes /No /Not applicable]
Effective, integrated emergency care	[Yes /No /Not applicable]
Consistently meeting national access standards	[Yes /No /Not applicable]
Integrated care in partnership with others	[Yes /No /Not applicable]
Enhanced delivery in research, innovation & ed'	[Yes /No /Not applicable]
A caring, professional, engaged workforce	[Yes /No /Not applicable]
Clinically sustainable services with excellent facilities	[Yes /No /Not applicable]
Financially sustainable NHS organisation	[Yes /No /Not applicable]
Enabled by excellent IM&T	[Yes /No /Not applicable]

2.This matter relates to the following governance initiatives:

Organisational Risk Register	[Yes /No /Not applicable]
Board Assurance Framework	[Yes /No /Not applicable]

3.Related Patient and Public Involvement actions taken, or to be taken: [Insert here]

4.Results of any Equality Impact Assessment, relating to this matter: [Insert here]

5.Scheduled date for the next paper on this topic: 2 July 2015

6.Executive Summaries should not exceed 1 page. [My paper does comply]

7.Papers should not exceed 7 pages. [My paper does comply]

REPORT TO:	**Trust Board**
REPORT FROM:	**Richard Mitchell, Chief Operating Officer**
REPORT SUBJECT:	**Emergency Care Performance Report**
REPORT DATE:	**July 2015**

High level performance review

- 92.6% year to date (+6.4% on last year)
- Performance continues to improve with the last five months; 89.6%, 91.1%, 92.0%, 92.2% and 93.75% (as of 24 June 2015)
- Attendance +6.9%
- Admissions +7.1%
- 6,808 more patients treated within four hours in the first 11 weeks of the year
- UHL's ED performance is the third most improved nationally (out of 140 trusts) January to June 2015 v January to June 2014. Compared to the 18 largest teaching hospitals, UHL's performance has improved the most.
- The seven days week commencing 8 June 2015 was the second highest level of adult emergency admissions ever at UHL. 21 of the last 24 weeks have had higher attendance and admissions than the previous year.
- **Performance remains consistently below 95%.**

As discussed last month, UHL has a key role working with partners to improve inflow performance. Progress is being made regarding a joint understanding that the front door function must improve and there is a shared optimism that changes will be embedded before winter 2015-16. We do need to be cautious about the benefits that these changes will have though. For example, whilst an improved front door should reduce the wait to be seen time and ED occupancy, which are key factors in improving patient care and delivering improved performance (4Hr standard), it is unlikely to have an effect on the admissions rate and the attendance rate. The former in particular is a big problem. As a health economy we need to concentrate on improving access to care much earlier on for patients, rather than patients accessing emergency services at a time when they need to be admitted.

Simply improving the front door function will not be enough.

Beds reduction

Over the last six weeks through improved internal efficiencies and reductions in length of stay supported by Leicester Partnership Trust and other discharge teams, UHL has shut 71 emergency beds at the Leicester Royal Infirmary and Leicester Glenfield Hospital:

CMG	Speciality	Ward	Vol
RRCV	Cardiology	Wd 24	27
MSS	Trauma	Wd 17	6
CHUGGS	Gastroenterology	Wd 29	6
CHUGGS	Oncology	Wd 39/40	4
ESM	Medicine	Wd 42	28
			71

This is a fantastic achievement considering the high emergency admissions rate. As a reference point, we admitted 8,610 patients during the last five weeks (11 May – 14 June 2015) and in the first five weeks of the year January – February 2015, we admitted 8,371. This is an increase of two hundred and thirty nine more patients despite us having over 71 fewer beds open now.

UHL has fully delivered its component of the Better Care Together beds reduction for this year. As and when the left shift occurs, we hope to be able to shut more beds.

Update on UHL plan

We continue to make progress on our internal flow plan. The plan is monitored through the weekly Emergency Quality Steering Group and of the 59 actions identified most are on track or complete. Details are below.

Row Labels	Count of Actions
1. Not yet commenced	6
2. Significant delay – unlikely to be completed as planned	4
3. Some delay – expected to be completed as planned	6
4. On track	35
5. Complete	5
6. Complete and regular review	3
Grand Total	**59**

The detailed plan that went to EQSG on 24/6 is attached.

LLR KPIs

LLR KPIs are attached and are tracked through the fortnightly Urgent Care Board.

Key risks

The key risks identified over the last nine months remain:

1. Communications- **Attendances and admissions remain high.** LLR needs an effective communications message directly to GPs, care homes, nursing home and carers of patients restating the importance of choosing wisely and acknowledging where the risks currently are.
2. There remains an **urgent requirement to spot purchase nursing home and care home beds** to alleviate some of the pressure within UHL and LPT.
3. Surge capacity – we continue to see increasing rates of admissions and **we have no surge capacity**.
4. Progress has been made with short notice cancellations but **risks remain** around; EMAS capacity, overcrowding in ED/ CDU, handover delays in ED and overstretched nursing and medical capacity.
5. We need to **unite the deliverability of the urgent care agenda and Better Care Together**

The Royal College of Emergency Medicine has released a video entitled 'The facts about A&E' which Board colleagues may find interesting. https://www.youtube.com/watch?v=tCZrLctpISE&app=desktop

Conclusion

The fragile nature of the pathway means that slow adoption of improvements in one part of the health economy stops overall improvement. We must set challenging expectations for all parts of the health economy (including UHL) and work to ensure these expectations are met. Current progress is insufficient to provide a higher quality of care to our patients in winter 2015-16. Whilst there has been progress on a joint understanding that the front door needs to improve, this will not be enough. We also require dramatic improvements to primary care.

Recommendations

The Trust Board is recommended to:

- **Note** the contents of the report
- **Note** the UHL update against the delivery of the new operational plan
- Seek **assurance** on UHL and LLR progress

Row Labels	Count of Actions
1. Not yet commenced	6
2. Significant delay – unlikely to be completed as planned	4
3. Some delay – expected to be completed as planned	6
4. On track	35
5. Complete	5
6. Complete and regular review	3
Grand Total	59

Organisation	Workstream	Action reference number	Link to 5 key improvement areas	Actions	KPI trajectory	Action lead within the organisation	Delivery date / Next Review	Delivery Status	Comments on delivery of the action, where closed what follow up actions are required
UHL	Ambulatory Care	UHL-AMB1	Increase internal and external awareness of ambulatory pathways at UHL	Design and implement a headache and post fit pathway for EDU to reduce admissions	Reduce admissions by 10%	Catherine Free	~~27/05/2015~~ 24/6/2015	3. Some delay – expected to be completed as planned	Headache pathway finalised and is being communicated to relevant staff. Post fit pathway in development. Both pathways due for roll out end of May. Update on 18/5: Final stages for headache pathway are upload onto intranet and signoff of patient information leaflet Update on 26/5: Awaiting finalisation of content for patient information leaflet from Martin Wiese ahead of uplodading. Post fit pathway due at consultant meeting this week - if signed off ready for implementation Update on 15/6: Post fit pathway on track for implementation. Headache pathway delayed due to reception at Grand Round from Queens and Neurology Radiography. Meetings being organised to
UHL	Ambulatory Care	UHL-AMB2	Increase internal and external awareness of ambulatory pathways at UHL	Establish current use of existing ambulatory care pathways in order to baseline performance and measure improvements	Reduce admissions by 10%	Catherine Free	~~06/05/2015~~ 06/06/2015	5. Complete	Initial baseline complete. Further meetings needed with each service to understand coding and refine. Agreement that method for tracking delivery is reduction in admissions relating to targeted HRGs
UHL	Ambulatory Care	UHL-AMB3	Increase internal and external awareness of ambulatory pathways at UHL	Produce ambulatory pathway repository for UHL staff and GPs to increase use of existing pathways	Reduce admissions by 10%	Catherine Free	~~27/05/2015~~ 17/6/2015	3. Some delay – expected to be completed as planned	Existing directory located. All services listed on directory being contacted to provide updated information. New services identified for inclusion in directory. Update on 26/5: This is a larger piece of work than anticipated due to need to meet with each service. This is on track for sharing with the GPs at event on 23rd June and being finalised following this. Update on 2/6: This is on track to be complete by 17/6 Update on 9/6: Information is being collated and checked with individual services. Potential delay in finalised document due to graphics team waiting list Update on 15/6: Information all collated and reviewed by services. Directory can be presented at GP event. The directory will not be ready for publication due to 2 month wait for Graphics.
UHL	Ambulatory Care	UHL-AMB4	Increase internal and external awareness of ambulatory pathways at UHL	Establish neurology ambulatory clinic to increase capacity in the AMC to treat GP referrals	Reduce admissions by 10%	Catherine Free	~~24/06/2015~~ 24/7/2015	3. Some delay – expected to be completed as planned	Feedback session from initial trial held 28/04/15. Next steps are to review registrar rota and confirm space requirements. Update on 12/5/15: staffing available for M-T and Friday AM. Working on staffing for Friday PM. Agreement at EQSG of need to clear Bay 0 for clinic. Update on 18/5/15: 1 registrar has resigned. This should not impact go live date. Update on 2/6: THis will not be feasible if the proposed closure of ward 42 goes ahead. Update on 15/6: Following closure of Ward 42 focus will switch to ward 26. Exploring reducing discharge delays to facilitate bed closures.
UHL	Ambulatory Care	UHL-AMB5	Increase internal and external awareness of ambulatory pathways at UHL	Work with CDU to develop ambulatory clinic to streamline flow through department	Reduce admissions by 10%	Catherine Free	30/06/2015	4. On track	Exploring potential staffing models. 18/5/15: Paper submitted for discussion at respiratory consultant meeting on 29/5 Update on 15/6/15: Staffinf option being presented on 24/6 at EQSG
		UHL-AMB6	Increase internal and external awareness of ambulatory pathways at UHL	Trial AMB score on CDU		Catherine Free	01/05/2015	5. Complete	AMB score trialled for one day on CDU. 8 patients seen, or which 7 were seen, treated and discharged within 4 hours.
UHL	AMU	UHL-AMU1	Reduce time from bed request to bed allocation (Improve flow from the Emergency Department to the Acute Medical Unit)	Improve the discharge process on AMU and utilisation of AMC to reduce the time from bed request to bed allocation	Time from bed request to bed allocation/Time from decision to discharge to discharge	Lee Walker	24/06/2015	4. On Track	Initial flow workshop held - next workshop scheduled for 19/5 Focus is on Junior Doctor working practices, nurse co-ordinator role, therapy input. Update 26/5: Second flow workshop held - Junior Doctor handbook updated, nurse coordinator role clarified, communication sent to Senior Registrars regarding decision making overnight, feedback of successful therapies trial on AMU. Next workshop schedule 9/6 to include update on sitting patients out and AMU escalation plan Update on 15/6: Third flow workshop scheduled for 22/6. Update on 22/6: Third flow workshop focussed on the development and agreement of the AMU escalation plan. Fourth workshop scheduled for w/c 6 July to discuss AAU utilisation and AMB score
UHL	AMU	UHL-AMU2	Reduce time from bed request to bed allocation (Improve flow from the Emergency Department to the Acute Medical Unit)	Refine escalation policy for AMU as part of the whole hospital response to improve flow through department	Increase the proportion of GP bed referrals going directly to AMU to 70%	Lee Walker	~~27/05/2015~~ 10/6/15	3. Some delay – expected to be completed as planned	Escalation policy is in draft form - to be shared with AMU staff at flow workshop on 9/6. Will be ready for EQSG sign off following this. Update on 9/6: The AMU flow workshop has been delayed due to diary availability. The escalation plan is written and will be going to the consultants meeting and the flow workshop on the 22/6 for sign off. It will be formally launched following this. Update on 22/6: To be discussed at EQSG on 30/6
UHL	AMU	UHL-AMU3	Reduce time from bed request to bed allocation (Improve flow from the Emergency Department to the Acute Medical Unit)	Introduce EDIS as a discharge tool on SSU to decrease transfer delays from AMU	Increase in the proportion of discharges between 8am and 12pm	Lee Walker	11/05/2015	5. Complete	EDIS now live. Awaiting log in details for staff, training and process for transfer (pull from SSU vs push from AMU) Update on 12/5/15: EDIS live and staff have log in profiles. Meeting booked with flow coordinator manager to discuss transfer process.
UHL	AMU	UHL-AMU4		Decrease LoS on SSU by 10% to increase throughput of patients through unit (Baseline LoS 2.8 days)	10% reduction in length of stay of patients	Lee Walker	24/06/2015	6. Complete and regular review	SSU pathway updated to exclude Dementia patients. Update on 15/6: April LoS was 2.08, 26% less than the baseline.
UHL	AMU	UHL-AMU5		Improve BB processes to reduce the proportion of GP referrals going directly to ED	Increase the proportion of GP bed referrals going directly to AMU to 70%	Julie Dixon	27/06/2015	4. On track	Session between GPs and Acute Physicians being organised to communicate current services and assess need for alternate services Update on 15/6: Session planned for 23/6. Additional work ongoing with BB team revewing information recorded.

Organisation	Workstream	Action reference number	Link to 5 key improvement areas	Actions	KPI trajectory	Action lead within the organisation	Delivery date / Next Review	Delivery Status	Comments on delivery of the action, where closed what follow up actions are required
UHL	AMU	UHL-AMU6	Reduce time from bed request to bed allocation (Improve flow from the Emergency Department to the Acute Medical Unit)	Simplify discharge letters to reduce discharge delays	10% reduction in length of stay of patients	Lee Walker	~~29/04/2015~~ 20/06/2015	2. Significant delay – unlikely to be completed as planned	Simplified TTOs received push back from various stakeholders. This was taken to EQB w/c 4/5 Update on 12/5/15: No decision taken at EQB. Providing further information for group to be able to make decision Update 14/05: further conversations with UHL MD and exploring possibility of redesigning digital layout of TTO form Update 26/5: template to be trialled on AMU following MER submission
UHL	AMU	UHL-AMU7		Implement Ambulance/Transport service to convey GP referrals that need to attend within 1 hour of GP request for transport to increase the utilisation of the AMC	Increase the proportion of GP bed referrals going directly to AMU to 70%	Julie Dixon	13/05/2015	6. Complete and regular review	Trial of UHL ambulance crew bringing in GP referral patients unsuccessful due to requirement for technical crews. Discussions with EMAS revealed issue to be with GP understanding of criteria. Will aim to address at GP Event on 23/6 To review 27/6 - currently being managed in existing resource
UHL	AMU	UHL-AMU8		Recruit to two Consultant vacancies on Acute Medical rota to ensure consistent 7 day early morning Consultant cover to facilitate morning discharges	Increase in the proportion of discharges between 8am and 12pm	Lee Walker	15/07/2015	4. On track	27/05 - 3 consultants interested in joint ED-Acute Medical post. Working through the recruitment process
UHL	Base Wards	UHL-BW1	Improve 7 day processes	Every base ward to have 3 junior doctors per ward at 8am to facilitate one stop wards rounds and early discharges	Increase in the proportion of discharges between 8am and 12pm	Ian Lawrence	01/08/2015	4. On track	Revised rota due for review mid June. Rapid cycle test of 8am - 4pm shift on ward 38.
		UHL-BW10		Review nursing staff cover and processes to provide safe and efficient care	Reduce number of patients with length of stay greater than 10 days	Maria McAuley	30/06/2015	4. On track	
UHL	Base Wards	UHL-BW2		Increase the accuracy of recorded discharge time to capture and encourage early discharges	Increase in the proportion of discharges between 8am and 12pm	Ian Lawrence	30/06/2015	3. Some delay – expected to be completed as planned	This impacts upon BW1-3. Need more clarity as to next steps. Meeting scheduled for w/c 1/6/15. Needs more work to achieve results.
UHL	Base Wards	UHL-BW3	Improve 7 day processes/ Reduce time from bed request to bed allocation (Improve flow from the Emergency Department to the Acute Medical Unit)	Implement "real-time bed state-'light' " to capture and encourage early discharges	Increase in the proportion of discharges between 8am and 12pm	Ian Lawrence	30/06/2015	3. Some delay – expected to be completed as planned	This impacts upon BW1-3. Need more clarity as to next steps. Meeting scheduled for w/c 1/6/15. Needs more work to achieve results.
UHL	Base Wards	UHL-BW4	Improve 7 day processes	Implement the 'home first' principle to reduce discharge delays	Reduce number of patients with length of stay greater than 10 days	Julie Dixon	30/06/2015	4. On track	Being achieved through D2A work and conference calls. Also ties in with proposed frailty stream.
UHL	Base Wards	UHL-BW5	Improve 7 day processes	Review internal processes (including discharge 2 assess) to reduce discharge delays due to internal processes	Reduce number of patients with length of stay greater than 10 days	Julie Dixon	30/06/2015	4. On track	Diagnostic completed. D2A process now being shortened.
UHL	Base Wards	UHL-BW6		Increase the availability of blood results by the end of the ward round to reduce discharge delays	Reduce number of patients with length of stay greater than 10 days	Julie Dixon	30/06/2015	2. Significant delay – unlikely to be completed as planned	Budget issues. Meeting scheduled for w/c 1/6/15 with Chris Shatford Update on 3/6: Focus on time shifting the phlebotomist and taking to HOOs
UHL	Base Wards	UHL-BW7	Improve 7 day processes	Increase the proportion of nurse-delegated or therapy-delegated discharge at the weekend to 50 % to reduce length of stay	Reduce Los by 10%	Maria McAuley	30/06/2015	4. On track	Nurse delegated discharge pilot in progress on ward 37 with good clinical engagement.
UHL	Base Wards	UHL-BW8		Review bed bureau processes to reduce discharge-delays	Reduce Los by 10%	Julie Dixon	~~30/05/2015~~ 30/06/2015	3. Some delay – expected to be completed as planned	Update on 2/6:Pushback from community re: bed bureau processes. This is now sitting with community providers and there is a risk that this will not be achieved Update on 3/6: Looking to use the discharge letter as the BB1.
UHL	Base Wards	UHL-BW9		Review transport booking process to reduce discharge delays	Reduce number of patients with length of stay greater than 10 days	Julie Dixon	30/06/2015	4. On track	Quick wins with transport process.
UHL	ED	UHL-ED1		Work with EMAS and CCGs to introduce CAD+ as the sole data set to monitor ambulance handovers	Ambulance Handover - Hours Lost	Rachel Williams	30/05/2015	5. Complete	CAD+ went live on 01/06. This has been successful and will continue to be monitored for the next couple of weeks. Issues being worked through with EMAS support For update at EQSG on 10/06
UHL	ED	UHL-ED10		Map out EDU processes to understand areas of opportunity for improving flow through the unit. Numbers through unit were an average of 820 per month (Mar 14 - Feb 15)	Patients with decision for onward care within 120 minutes 95% patients seen within 4 hours	Mark Williams	30/06/2015	4. On track	Working on First Fits, Toxicology and Headache/Neurology pathways In process of working up business case for dedicated ED Pharmacy support to present to CMG Need to confirm with CMG as to status of getting additional Monitors
UHL	ED	UHL-ED11	Out of hours variability in the ED	Co-design with ED staff a process for having (?hourly) Situational Awareness updates from all ED areas to help with timely escalation	95% patients seen within 4 hours	Ben Teasdale	28/05/2015	6. Complete and regular review	This was launched on 23/05. Meeting held with trackers 3/6/15. New reporting template agreed & will be rolled out by end of June. Work will start with Paediatric ED to ensure the process is fully embedded there. This will then be extended to each area of the ED in turn. Need to get agreement as to how this links to Gold Command reporting and escalation
UHL	ED	UHL-ED12		Look at each stream within the ED separately to determine if their independent staffing patterns can cope with 85 percentile of activity (including number of staff, skill mix and rotas) to increase robustness of staffing cover	Patients with decision for onward care within 120 minutes 95% patients seen within 4 hours	Ben Teasdale	30/06/2015	4. On track	Raw data from 2012-2014 to define 85 per centile of demand.
UHL	ED	UHL-ED13		Work with EMAS and UCC to improve patient information (signage / meet & greet). Improve time to pain relief.		Rachel Williams	30/06/2015	1. Not yet commenced	
UHL	ED	UHL-ED14		Analyse patterns and reasons for UCC late referrals to inform solutions	Patients with decision for onward care within 120 minutes 95% patients seen within 4 hours	Ben Teasdale	30/06/2015	5. Complete	20/05 - Agreed at EQSG that will start taking any late referrals for discussion at weekly meeting with UCC 09/06 - Reviewed data on UCC late referrals to identify any patterns. Key findings were: a) Over the past 5 months, 20% of UCC referrals to the ED occured on over 60 minutes b) Potential opportunities to improve head injury and chest pains pathways c) Need to look into reasons for DVT referrals 22/06: Action marked as complete given work to introduce revised

Organisation	Workstream	Action reference number	Link to 5 key improvement areas	Actions	KPI trajectory	Action lead within the organisation	Delivery date / Next Review	Delivery Status	Comments on delivery of the action, where closed what follow up actions are required
UHL	ED	UHL-ED2	Reduce delays due to ambulance handover delays	Use insight gained from analysis of EMAS / ED Auditors data to further reduce handover delays between EMAS and ED. Data from the Mar audit found average (max) handover times of: EMAS - 22 (59) ED - 14 (49)	Ambulance Handover - Hours Lost	Rachel Williams	15/09/2015	4. On track	13/05 - Assessment Bay Action Plan presented at EQSG Assessment Bay auditors will begin monitoring compliance with the SOP from 25/05 26/05 - Medical lead for Assessment Bay identified
UHL	ED	UHL-ED3	Out of hours variability in the ED	Review ED process delays through monthly journey meetings to identify causal factors	Patients with decision for onward care within 120 minutes 95% patients seen within 4 hours	Julie Dixon	01/05/2015	6. Complete and regular review	First journey meetings held on 21/05 and 04/06. Agenda now agreed and a live Action / Issue log has been created. Already seeing areas for improvement being identified e.g. proposal for a new way of organising imaging for admitted patients
UHL	ED	UHL-ED4	Out of hours variability in the ED	Identify and plan next 5 priority areas based on learnings from Journey Meetings to reduce delays in ED processes	Patients with decision for onward care within 120 minutes 95% patients seen within 4 hours	Ben Teasdale	30/06/2015	1. Not yet commenced	
UHL	ED	UHL-ED5	Out of hours variability in the ED	Trial iPorter in ED with a view to permanent implementation to reduce portering delays	Patients with decision for onward care within 120 minutes 95% patients seen within 4 hours	Ben Teasdale	30/06/2015	5. Complete	Trial finished for 8am - 8pm. Interserve working up options of how this can be done on a permanent basis and extended to cover nights. Data from the trial is being analysed to understand ED portering demand profile 22/06: Moved to complete. Outstanding work to move to 24x7 should be agreed at review meeting scheduled for 02/07
UHL	ED	UHL-ED6		Eliminate IT delays between visibility of results in imaging and in ED to reduce delays in decision making	Patients with decision for onward care within 120 minutes 95% patients seen within 4 hours	John Clarke	30/05/2015	4. On track	Sign off for ED to be able to see unverified images received. IT in process of making relevant changes although they have raised a concern around the impact of this on system processing time. Further work to be done to understand the driver behind delays in seeing Reports. Also running pilot with Imaging to look at benefit from an exclusive ED CT scanner
UHL	ED	UHL-ED7	Out of hours variability in the ED	Work with each area in the ED to reduce time from bed allocation to departure from department	95% patients seen within 4 hours	Ben Teasdale	30/09/2015	4. On track	Requested data on current performance - by ED area - against time from allocation to departure
UHL	ED	UHL-ED8	Out of hours variability in the ED	Analyse data to determine the optimal opening hours for ED Minors and develop action plan if changes are required to improve patient flow	Patients with decision for onward care within 120 minutes 95% patients seen within 4 hours	Ben Teasdale	~~15/06/2015~~ 15/07/2015	3. Some delay – expected to be completed as planned	Initial analysis completed using the Simulation Tool. In process of agreeing a small trial of different operating hours based on results Update on 09/06: Exploring option of getting ENPs to cover a trial of keeping Minors open 2-8am. Also looking into opportunity of working with an Orthopaedic registrar to refer overnight patients to a next day hot clinic. 22/06: Action delayed as need to find an ENP with the correct skill set and get them introduced to the department / access to e.g. x-ray so that they can be effective over night.
UHL	ED	UHL-ED9		Investigate impact of inappropriate ED referrals by improving consistency of EDIS data capture with a view to reducing inappropriate referrals	10% reduction in ED attendances	Ben Teasdale	31/08/2015	1. Not yet commenced	
UHL	GGH	UHL-GGH1		Review nursing rotas and working practices to ensure that patients are triaged within 15 minutes	95% of patients to be triaged within 15 minutes	Lisa Graham	03/06/2015	4. On track	Work in progress. Sue Mason: staffing levels adequate. Recruitment week 16/6/15
UHL	GGH	UHL-GGH10		Increase numbers of monitored cardiology beds in base wards	CDU occupancy to remain below 35 at 95% of the time	Jan Kovac	30/06/2015	4. On track	Scoped numbers required and applied for charitable funding aplication. Total cost of £110k. Charitable funds element £60k.
UHL	GGH	UHL-GGH2		Design a robust system to ensure that patients receive clinical assessment within 60 minutes	95% of patients to receive clinical assessment within 60 minutes	Catherine Free	~~03/06/2015~~ 24/6/2015	4. On track	Options to be presented at EQSG around optimal staffing based on modelling work. Kim meeting Tim Coates Thursday 18/6/15
UHL	GGH	UHL-GGH3		Design a robust system to deliver cardiology consultant review within 14 hours to 95% of patients	95% of patients to receive senior (consultant) review within 14 hours	Jan Kovac	~~03/06/2015~~ 24/6/2015	4. On track	CDU Medical Workforce Planning Group meeting in progress
UHL	GGH	UHL-GGH4		Design a robust system to deliver respiratory consultant review within 14 hours to 95% of patients	95% of patients to receive senior (consultant) review within 14 hours	Kim Ryanna	~~03/06/2015~~ 24/6/2015	4. On track	CDU Medical Workforce Planning Group meeting in progress
UHL	GGH	UHL-GGH5		Ensure there is PCC (primary care coordinator) support at Glenfield to match AMU at LRI	CDU occupancy to remain below 35 at 95% of the time	Sam Leak	13/05/2015	2. Significant delay – unlikely to be completed as planned	Awaiting discussion at UCB Update from LPT - if get money for new model connected to bed shift there will be resource. This should be finalised 5/6/15. For discussion at EQSG 10/6/15 Update on 3/6: Timescale for agreement of costs and finding finances has slipped. Need LPT to confirm that they have the money available. This should be finalised by end of June.
UHL	GGH	UHL-GGH6		Improve computer access and reduce overcrowding in CDU to reduce delays	95% of patients to be assessed by doctor within 60 minutes	Kim Ryanna	30/06/2015	4. On track	New equipment installation authorised and pending (included in service improvement costs)
UHL	GGH	UHL-GGH7		Improve pharmacy support for CDU out-of-hours, to reduce discharge delays	CDU occupancy to remain below 35 at 95% of the time	Bhavisha Pattani	01/07/2015	4. On track	Better out of hours cover and pharmacy packs being finalised
UHL	GGH	UHL-GGH8		Develop SLA with CSI to optimise therapy cover in CDU to reduce discharge delays	CDU occupancy to remain below 35 at 95% of the time	Jodie Billings	30/06/2015	4. On track	Wider therapy recruitment issues to address. Extended physio support in interim.
UHL	GGH	UHL-GGH9		Improve imaging access to match AMU /AFU to reduce discharge delays	90% of plain films to be turned around in 30 minutes & 60 minutes out-of-hours (Feasilbilty of 90% of CT's to be scanned and reported in 1 hour TBC)	Dan Barnes/Cathy Lea	30/06/2015	2. Significant delay – unlikely to be completed as planned	Need clarity on CT utilisation going forwards Update on 27/5: This is amalgamated as part of 7 day working and reconfiguration. Update on timescales needed from AF

Organisation	Workstream	Action reference number	Link to 5 key improvement areas	Actions	KPI trajectory	Action lead within the organisation	Delivery date / Next Review	Delivery Status	Comments on delivery of the action, where closed what follow up actions are required
UHL	WHR	UHL-WHR1		Work with key specialties to improve the referral process when ED is an appropriate route and reduce numbers of patients which are inappropriately sent via ED	95% patients seen within 4 hours Specialties responding to consult / bed requests within 30 minutes	Julie Dixon	01/08/2015	1. Not yet commenced	Wrote to MSS Transformation Lead to understand best way of getting meetings with relevant clinicians/managers in Plastics/Orthopaedics/ENT/Max-Fax Looking at Bed Bureau process to evaluate best way of managing diverts to ED
UHL	WHR	UHL-WHR10	Reduce time from bed request to bed allocation (Improve flow from the Emergency Department to the Acute Medical Unit)	Create rapid bed turnaround (cleaning) team to reduce time from bed request to bed allocation	Time from bed request to bed allocation within 30 minutes	Julie Dixon	30/06/2015	4. On track	Update 09/06: Unit Support Workers in post - 9 x band 1 until 31/10/15 Data being gathered on volume & nature of requests handled by this team; initial indication that they are filling a key gap in service provision not covered by Domestic, Porter or Nursing staff Low likelihood that this team could be equipped to handle steam clean but it is felt that they could still provide a vital cleaning service for low risk patients Need steer from EQSG as to what evidence would be required to support extension of this service
UHL	WHR	UHL-WHR11	Out of hours variability in the ED	Introduce iPorter across the Trust to reduce portering delays	95% patients seen within 4 hours	Julie Dixon	01/09/2015	1. Not yet commenced	Will review post trial of iPorter in ED and the introduction of the new version of iPorter in June/July which may be iPad compatible
UHL	WHR	UHL-WHR2	Out of hours variability in the ED	Complete "ED Road Tour" to improve links between specialties and ED and promote understanding of 'Exit Block'	95% patients seen within 4 hours Specialties responding to consult / bed requests within 30 minutes	Julie Dixon	30/06/2015	4. On track	Wrote to MSS Transformation Lead to understand best way of getting meetings with relevant clinicians/managers in Plastics/Orthopaedics/ENT/Max-Fax Looking to agree times with ITU
UHL	WHR	UHL-WHR3	Out of hours variability in the ED	Define on call competencies for Whole Hospital Response roles and self assess current state to inform escalation training	95% patients seen within 4 hours	Julie Dixon	19/06/2015	6. Complete and regular review	Created draft list of competencies & working to refine plus create training plan to support any identified gaps Doing a read across with the competencies expected for Major Incident management 22/06: Competencies distributed to all attendees of the Whole Hospital Response Training and replies being collated. Will review to see if this should be extended across all relevant staff
UHL	WHR	UHL-WHR4	Out of hours variability in the ED/Reduce time from bed request to bed allocation (Improve flow from the Emergency Department to the Acute Medical Unit)	Hold escalation scenario training for X% (?80%) of relevant staff to reduce variability in response	95% patients seen within 4 hours	Julie Dixon	19/06/2015	5. Complete	12th June workshop held with good turnout; over 40 people attended, including external partners - EMAS, Arriva, NHS England, City CCG Session identified a need for further actions to improve UHL's escalation management. These will be prioritised and a relevant action plan developed to take forward
UHL	WHR	UHL-WHR5	Out of hours variability in the ED/Reduce time from bed request to	Work with specialties to update their whole hospital response and design role cards to improve confidence / consistency in performing escalation protocols	95% patients seen within 4 hours	Julie Dixon	31/07/2015	4. On Track	Following WHR training, each CMG has been asked to review their section in the WHR document
UHL	WHR	UHL-WHR6	Out of hours variability in the ED	Design and implement a robust management framework for monitoring & addressing actions taken when on escalation to ensure consistent, timely response	95% patients seen within 4 hours	Julie Dixon	30/06/2015	3. Some delay – expected to be completed as planned	Proposal to pilot new Operational Meeting structure and link with Trust wide work being led to introduce Safety Huddles across all Wards Working with the Patient Safety lead to design pro forma for
UHL	WHR	UHL-WHR7	Out of hours variability in the ED	Put in place new protocols to monitor adherence to outlier criteria to ensure that actions taken during escalation do not compromise patient experience and lead to sustainable	95% patients seen within 4 hours	Julie Dixon	30/08/2015	4. On track	Met with Heather Leathem (11/06) to discuss how to take this forward. Focus on Dementia is being progressed by Patient
UHL	WHR	UHL-WHR8		Explore use of anaesthetists to support airways instead of ITU	95% patients seen within 4 hours Specialties responding to consult / bed requests within 30 minutes	TBC	30/06/2015	5. Complete	At the present moment, the pressure on ITU & Anaesthetics is such that this is not a viable option. The ED propose that this action is now replaced with the Trust exploring option of investing in ACPs
UHL	WHR	UHL-WHR9		Look into improving efficiency during handover times	95% patients seen within 4 hours Specialties responding to consult /	Julie Dixon	30/06/2015	3. Some delay – expected to be completed as planned	Initial step to review data on bed breaches by hour to identify if this is a significant issue
UHL	Frail-Elderly Care	UHL-FE1		Assess the pattern of demand for frailty care in ED to understand any opportunities for better utilisation of senior specialist input	Produce an activity map for ED attendance of Frailty patients (85+ OR 70+ with Care home domicile, falls or confusion)	Richard Wong	18/07/2015	1. Not yet commenced	
UHL	Frail-Elderly Care	UHL-FE2		Review Geriatrician Job Plans to create consistent cover for EFU and ED in-reach 7 days a week	Reduce ED conversion rate for the +85 group of patients	Richard Wong	01/12/2015	1. Not yet commenced	
UHL	Frail-Elderly Care	UHL-FE3		Work with the ED, admissions wards and IT to implement a Frailty Flag on EDIS	Achieve >90% compliance with Frailty Flag on audit of admissions ward	Richard Wong	18/09/2015	1. Not yet commenced	
UHL	Frail-Elderly Care	UHL-FE4		Develop robust frailty in-reach services for those patients with a frailty flag and not currently on geriatric base wards based on tiered input from tracker nurses, PCCs, FOPAL	Reduce number of 85+ patients with LoS>10 d	Richard Wong	18/11/2015	1. Not yet commenced	

Status	RAG
1. Not yet commenced	
2. Significant delay – unlikely to be completed as planned	Red
3. Some delay – expected to be completed as planned	Amber
4. On track	Green
5. Complete	Green
6. Complete and regular review	Blue

Report to: Leicester, Leicestershire and Rutland (LLR) Urgent Care Board

Report Title: Urgent Care Dashboard to 23rd June 2015

Report by: Urgent Care Team

Meeting Date: 25th June 2015

---

1. Introduction

The following highlight report supports the 'Summary Urgent Care Dashboard' and draws out the key metrics and trends for discussion at the Urgent Care Board.

2. Inflow

ED LRI attendance continues to be above last year's activity levels, standing at 3,210 for the last week. The gap between actual and the target is not reducing.

UHL Emergency Admissions also remains high and remains above plan with figures matching those that were experience through the winter period.

Ambulance hours lost increased to 243 hours last week from 156 hours the week before. EMAS disposition for non conveyed remains at 46% a reduction on the levels seen early in year.

3. Flow

The percentage of UHL & UCC attendances seen within 4 hours at week four is currently showing errors due to UCC data errors for weeks 10 and 12. The position from the daily figures shows an average for the week of 94.46% and a year to date figure of 92.61%.

The percentage of discharges before 12 mid-day seems to have flat-lined around the 10% figure. A drive to improve this figure would have sufficient knock on effect for capacity and is an area where gains can be relatively easily obtained.

Data for the number of over 75's with a 10 day length of stay has been updated and now shows and average of 73 patients which is an improving trend. .

4. Discharge

The number of admissions has exceeded the number of discharges for the week by 31 and reflected in the daily pressures on flow.

DTOC position for UHL remains within national trajectory.

5. Further Information on metric data

- 1 New Metric has been added Crisis Response LCCCG Clinical Response Team, outcome (referred) and time profile on attendances (3 additional charts on report)
- GP OOH – Received up until 7th June
- UHL Metrics up to date - 21st June 2015
- 111 Calls have been separated into Sent to Emergency Department and Sent to 999
- There is an anomaly with the UCC data from week 10 – this is being looked into as from the data distortion from last week.
- Patients aged 75+ with length of stay>10 days at UHL – is now being shown as a daily average.
- Avoidable Emergency Admissions data will show a sudden decrease due to the data provided. This normally corrects itself each week
- 30 Day and 90 Readmissions data will show sudden decrease due to the data provided. This normally corrects itself each week
- UHL Admission data is only up until Saturday 30th May 2015

Please could all data submissions be sent in to GEM by 9am Tuesday morning each week. There have been delays with respect to GP OOH activity and UHL data.

The Urgent Care Board is asked to:

- **Receive the report**
- **To consider the actions within the next steps and discuss further action to enable further improvements to delivery.**