UHL Emergency Performance

Author: [Richard Mitchell] Date: Trust Board 3 September 2015 Trust Board paper H

Executive Summary

Context

Whilst performance continues to be an improvement on last year, the difference in performance between this year and last year has reduced. UHL remains under pressure because of the continuing and unseasonably high levels of attendance and admissions. The continued pressure is atypical when compared to the national picture. 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. The proposed change to the front door is a positive development but more is required to improve performance in time for winter 2015-16.
2. The paper sets out five actions which have been agreed since the last Board meeting. These need to be pursued at pace and then further actions agreed in order to avoid an unsustainable winter position.

Input Sought

The Board is invited to consider whether internal and system-wide action is sufficient to address the issues raised.

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:	**3 September 2015**

High level performance review

- (As at week 21) 92.0% year to date (+3.2% on last year)
- Attendance +3.7%
- Admissions +8.3%
- July 2015 92.2% compared to 92.5% July 2014
- August 2015 (up until 26/8) 89.98% compared to 91.3% August 2014
- **Performance remains consistently below 95%.**

Whilst performance continues to be an improvement on last year, the difference between this year and last year has reduced. At the end of July 2015, performance was 4.0% up on last year and this has reduced to 3.2% as of 25 August 2015. Performance in July 2014 was better than July 2015 and it is likely that performance in August 2014 will be better than August 2015. One of the key reasons for this remains the high attendance and high admissions rate which has not reduced this summer as much as it has done in other years and in other health economies.

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 60 actions, 29 are complete, with the remaining 31 as follows:

1. Not yet commenced	5
2. Significant delay – unlikely to be completed as planned	5
3. Some delay – expected to be completed as planned	10
4. On track	11
Grand Total	**31**

Key achievements over the last month include:

- Implement headache pathway for patients in EDU
- Agreed funding for primary care coordinators at the Glenfield
- Designed and implemented a robust escalation policy for AMU
- Visited Derby FT, a top ten performing Trust, to learn more about their processes

The focus over the next month will be:

- Signing off of LLR winter plans
- Signing off a model of ambulatory care on CDU
- Trialling a new approach to the daily operational meetings to support information flows and recording of actions
- Implementing a frailty flag to identify patients requiring geriatrician input
- Designing an escalation plan for CDU to support continuous flow from the LRI

LLR KPIs

LLR KPIs were not received in time for the submission of this report. They will be circulated at a later date.

LLR plan

Following Trust Board in August 2015, the following actions have been agreed in response to the winter pressures this year:

- We will run a joint notes audit between GPs, commissioners and UHL clinicians which will take place in early September to review admissions – lead Julie Dixon and Jane Taylor.

- We will complete a full day "real time" review of attendances/admissions at the LRI utilising GPs and consultants to see whether there are alternative pre-hospital pathways that could have been followed or non-admission pathways that we could have used once the patients got to us. This should also provide ideas for new pathways that could be created – lead Andrew Furlong and Sue Lock.
- We will do some joint analysis underneath the headline data to try to work out why we are seeing such a large increase in admissions – lead Will Monaghan and Sue Lock.
- We will develop a bridge analysis which extrapolates activity trends to the year end and then abates that for the interventions that we have in train. This will then tell us the extent of the gap for a manageable winter and therefore guide further action. This will be commissioned via the planned vanguard PMO – lead Toby Sanders.
- A paper has been agreed at Urgent Care Board reviewing the process for reassessing MRET and readmission investments in 2016-17 – lead Jane Taylor.

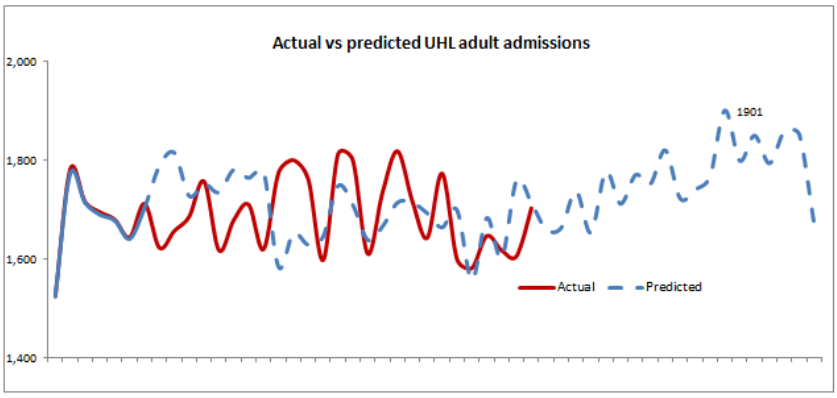
In addition to the five agreements above, the winter communication campaign has been signed off at the Urgent Care Board and details about it are attached.

Front door improvements

Progress continues with the improvements to the front door interface between the Urgent Care Centre and the main Emergency Department. A weekly meeting chaired by Julie Dixon is tasked with ensuring that the operational aspects of the change will be completed on time. This meeting reports into the Emergency Quality Steering Group. The implementation date for the new front door may need to move back from the beginning of October to allow for staff recruitment but we remain optimistic that the benefits to be gained from the change will be in place for the majority of the winter.

Conclusion

As detailed above, there has been a slow down in improvement in emergency performance and over the last ten weeks we have actually seen a level of performance worse than this time last year. High attendance and admissions remain the largest concern. We are 33 weeks through the calendar year and are tracking at 99.6% of the forecast level of admissions, which peak at circa 1900 per week in November, graph below.



We need to continue working as a health economy to reduce the level of admissions AND we also need to plan for a higher level of admissions than last year without impacting on elective or cancer performance. As such it is essential that the actions in the LLR plan section above are vigourously pursued so as to ensure that we can abate the current trend in emergency activity. Otherwise, winter activity levels are likely to be unsustainable.

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
- Requests regular **updates** on the LLR wide actions identified and the introduction of the new Front Door.

Approach for winter 2015/16

This year, NHS England, Public Health England, the Department of Health, the NHS Trust Development Agency and Monitor are joining up winter campaigns. This year, one focused behaviour change programme will inform the public how they can keep well over the winter months.

The national campaign will aim to make patients and the public who are at risk of preventable winter admission aware of and motivated to take those actions that could prevent that admission. CCGs and their partners will develop local messages targeting specific groups as soon as they receive the collateral from October onwards.

Key messages for the national campaign

The national campaign will focus on those actions that are most likely to prevent an emergency admission, for example:

- Taking up the offer of flu vaccination
- Self-care (for example using over-the-counter medicines) and pharmacy as a first point of call
- For people who have long-term conditions, seeking prompt medical attention, so that minor illnesses do not escalate to the point where hospitalisation is necessary
- Keeping homes warm in cold weather
- Avoiding falls (for example by stocking up on food and medicines so that it is not necessary to go outside in icy conditions)
- Avoiding A&E except for emergencies (calling NHS 111 if in doubt)

LLR Winter campaign approach

As in previous years, the three CCGs will run a joint campaign across LLR adapting the nationally developed collateral with targeted messages aimed at specific groups. These groups will correspond with those presenting the highest attendance and/or demand on services across LLR the elderly, those with long term conditions, carers and parents with young children.

There will be a shift in emphasis from previous years. For the coming winter campaign there will be an increase in the media and social media outputs, greater coordination of messages and activity across the Urgent Care comms group partners and a clear focus on evidence based communications that will enable us to contextualise our messages for audiences by location, condition, age and/or access point.

The national campaign materials will be adapted specifically for use with target groups. The messages included in these materials will use patient insight to tap into their individual motivations and encourage take-up of flu vaccinations, self-care and making appropriate choices.

Campaign collateral will be developed for the target groups and delivered through trusted intermediaries in places they regularly use, e.g. Breathe Easy groups, lunch clubs etc. The collateral will be supported by advice and encouragement from the trusted intermediaries based on the key messages of the campaign included in the toolkit provided to the intermediaries. This will help to

embed the messages with the target groups and encourage greater take-up of flu vaccinations, self-care and appropriate choices of access to care.

Other communications activity concerning waiting times and access to services will be delivered to the LLR population supported by reactive communications where required.

Timeline and outputs

The winter campaign will be split into two phases of activity focussing initially on flu vaccinations followed by a second phase that focuses on preparedness, avoidance of admission and self-care. An outline timeline is attached showing an overview of the campaign activity. A detailed campaign plan and social media content planner will be used to monitor and deliver the campaign.

Outputs include:

- schedule of PR/media activity spanning the winter period, based on evidence that supports the key messages and targets appropriate audiences;
- shared social media plan with increased output throughout the campaign cycle using infographics for key issues and where required richer content;
- redistribution of materials to GP practices, pharmacies and other community venues;
- prominent positioning of the campaign on CCG and partner websites;
- work with local partners, voluntary and community organisations to help distribute materials, messages and provide them with a toolkit with which to do so.
- programme of public outreach activity to ensure the messages are disseminated into relevant communities;

The campaign materials and messages will be developed further through the Urgent Care comms group at their regular meetings and feedback from the Urgent Care Board at the beginning of September.

Urgent Care Board - Dashboard

Updated to Sunday 16/08/2015

Arden&GEM

Inflow

- 111 Total Calls
- % of 111 Calls sent to 999/ED
- Total Calls to EMAS
- EMAS Disposition - Non Conveyed
- EMAS Ambulance Handover: Hours Lost
- GP OOH Activity
- ED: LRI Attendances
- ED: UCC Attendances
- UHL Emergency Admissions
- GP Referrals to Bed Bureau that are Diverted to ED
- % of UHL Emergency Admissions that were Avoidable

Flow

- % of UHL & UCC Attendances seen within 4 Hours
- % of UHL ED with Decision about Onward Care within 120 mins
- % of UHL Ward Response to ED/Bed Requests within 30 mins
- % of UHL GP Referrals Direct to AMU
- UHL Empty Beds at Start of Day on AMU Ward
- % of UHL wards Achieving Targeted Weekly Discharges
- Aged 75+ with Length of Stay >10 Days at UHL
- % of Discharges before 12pm at UHL

Discharge

- UHL Discharges against Admissions
- UHL Discharges
- LPT Discharges
- % of UHL Delayed Transfer of Care
- % of LPT Delayed Transfer of Care
- % of UHL Discharged to Admitting Address
- % of LPT Discharged to Admitting Address
- Community Beds Open
- UHL Delayed Transfer of Care - Bed Days Lost
- LPT Delayed Transfer of Care - Bed Days Lost
- 30 Day Readmission Rate

Latest Week meets the Target

Latest Week is within 5% of the Target

Latest Week is > 5% from the Target

Information

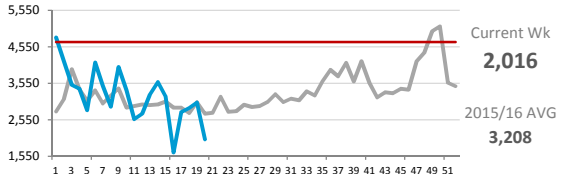
Delayed discharges data are based on a snapshot of midnight census of every Thursday.

All Metrics are shown Weekly with the Year Running from 1st April

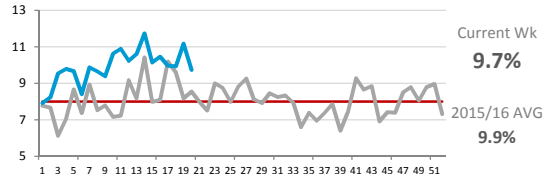
Updated to Sunday 16/08/2015

INFLOW

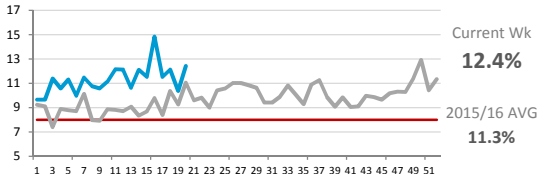
111 Total Calls



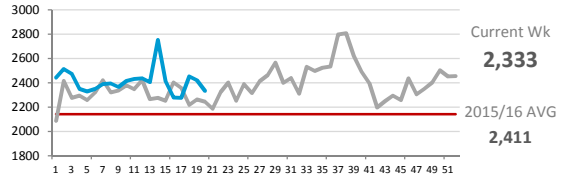
% of 111 Calls sent to Emergency Department



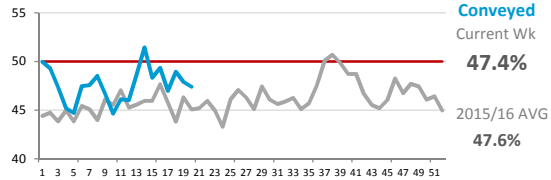
% of 111 Calls sent to 999



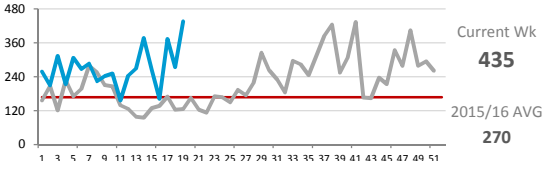
Total Calls to EMAS



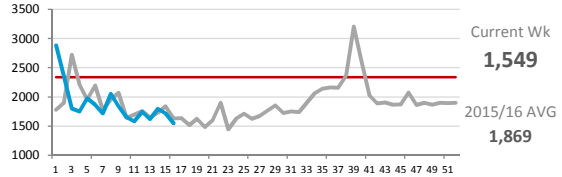
EMAS Disposition



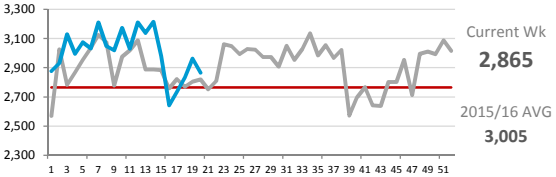
EMAS Ambulance Handover: Hours Lost



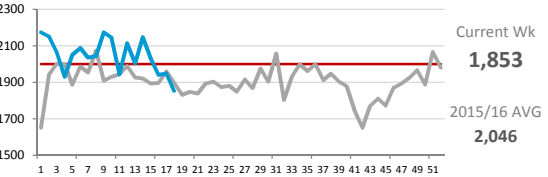
GP Total OOH Activity



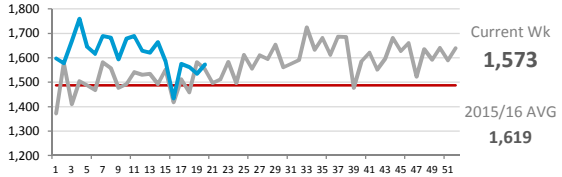
ED: LRI Attendances



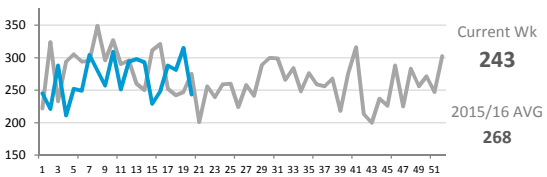
ED: UCC Attendances



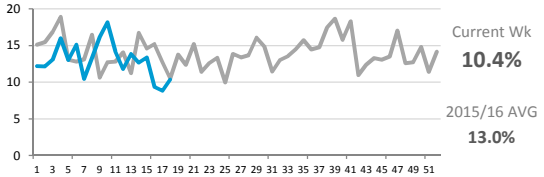
UHL Emergency Admissions

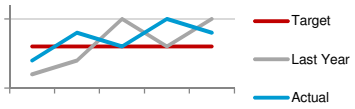


GP Referrals to Bed Bureau that are Diverted to ED



% of UHL Emergency Admissions that were Avoidable

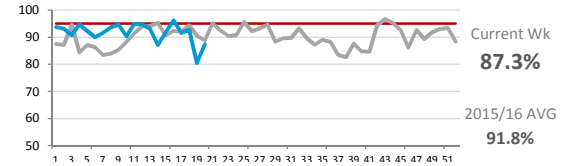




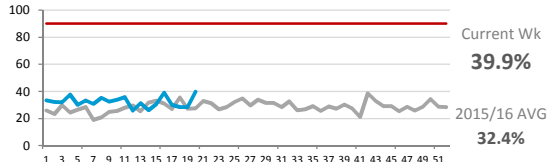
All Metrics are shown Weekly with the Year Running from 1st April

FLOW

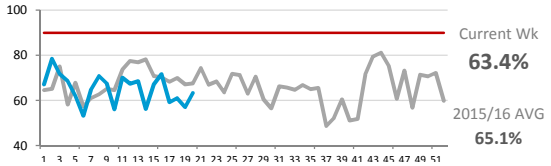
% of UHL and UCC Attendances seen within 4 Hours



% of UHL ED with Decision about Onward Care within 120 mins

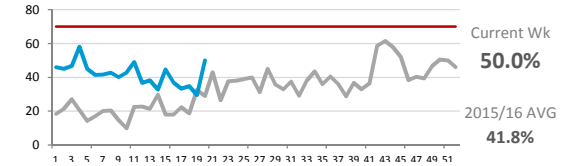


% of UHL Ward Response to ED/Bed Requests within 30 mins

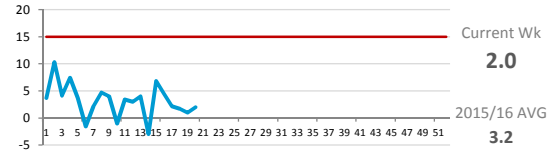


nks

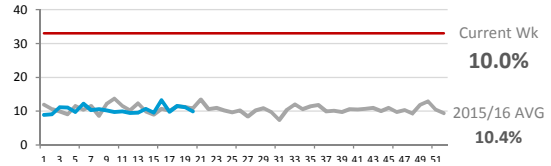
% of UHL GP Referrals Direct to AMU



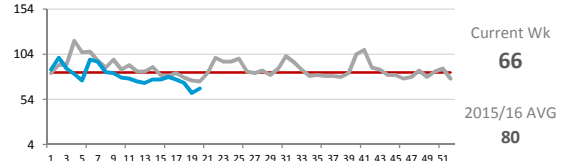
UHL Empty Beds at Start of Day on AMU Ward

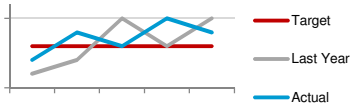


% Discharges before 12pm at UHL



Patients aged 75+ with Length of Stay >10 days at UHL

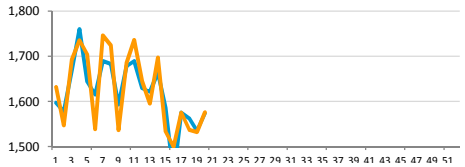




All Metrics are shown Weekly with the Year Running from 1st April

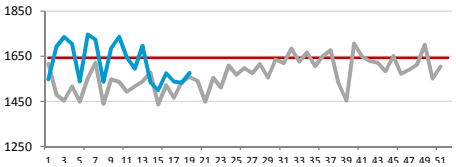
DISCHARGES

Patients Admitted to & Discharged from UHL



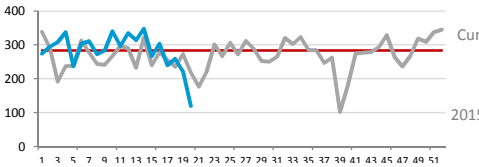
	ADM	DIS
Current Wk	1,573	1,576
2015/16 AVG	1,619	1,623

Patients Discharged from UHL



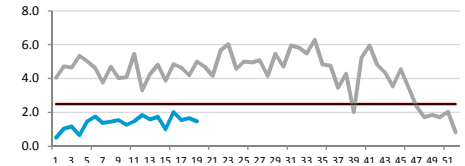
Current Wk: 1,576
2015/16 AVG: 1,623

Patients Discharged from LPT



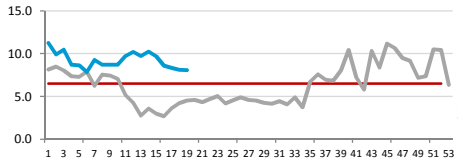
Current Wk: 120
2015/16 AVG: 283

% UHL Delayed Transfers of Care



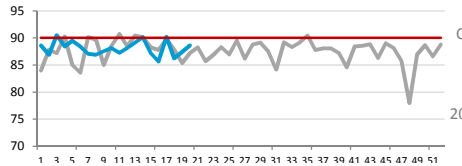
Current Wk: 1.5%
2015/16 AVG: 1.4%

% LPT Delayed Transfers of Care



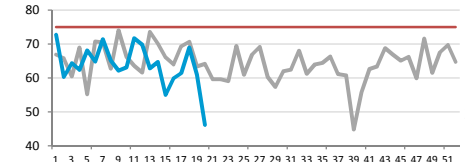
Current Wk: 8.1%
2015/16 AVG: 9.2%

% of UHL Patients Discharged To Admitting Address



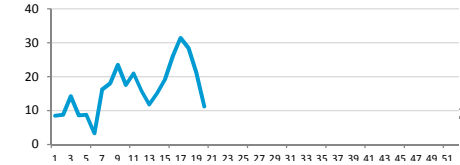
Current Wk: 88.6%
2015/16 AVG: 88.1%

% of LPT Patients Discharged to Admitting Address



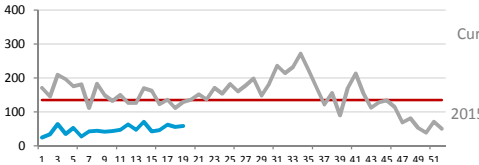
Current Wk: 46.2%
2015/16 AVG: 63.8%

Average Patients Community Beds Available at Start of Day



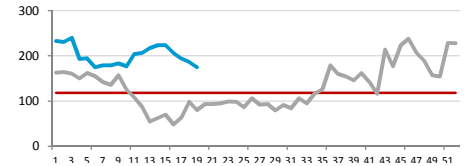
Current Wk: 11
2015/16 AVG: 16

UHL Delayed Transfers of Care - Bed Days Lost



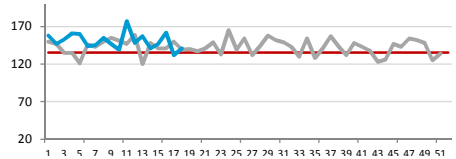
Current Wk: 58
2015/16 AVG: 47

LPT Delayed Transfers of Care - Bed Days Lost



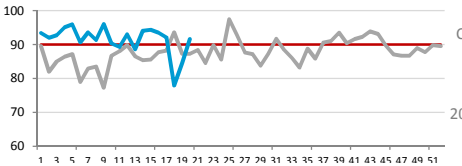
Current Wk: 175
2015/16 AVG: 201

30 Day Readmission Rate

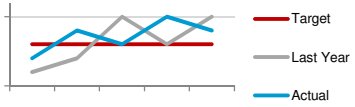


Current Wk: 141
2015/16 AVG: 151

% of LPT ICS Beds Used by Patients



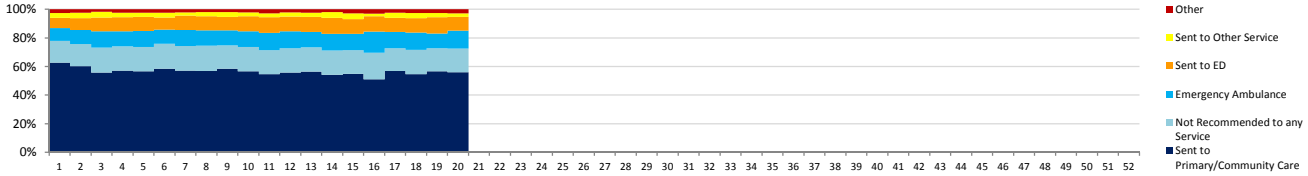
Current Wk: 91.7%
2015/16 AVG: 91.5%



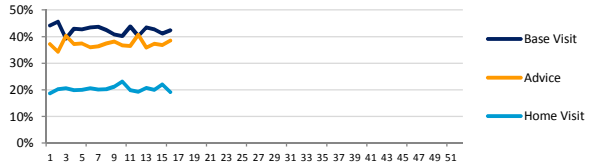
All Metrics are shown Weekly with the Year Running from 1st April

111 or 999

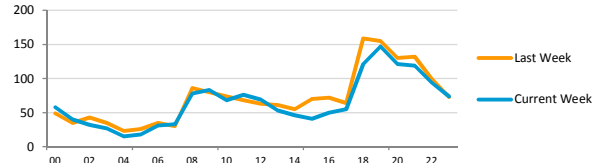
% of Dispositon of 111 Calls



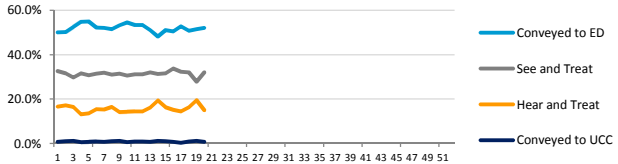
% of Disposition from Out of Hours

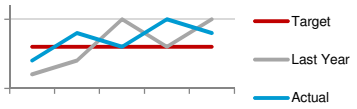


Time Profile of Out of Hours Patients



% of Disposition of EMAS Calls

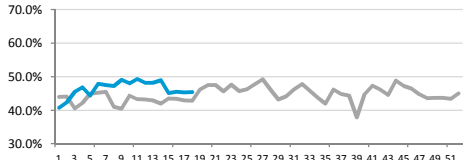




All Metrics are shown Weekly with the Year Running from 1st April

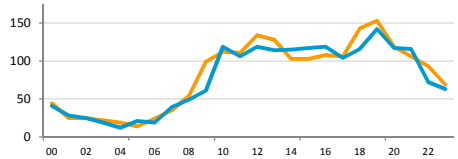
AE Interface

% of Outcome at LRI UCC



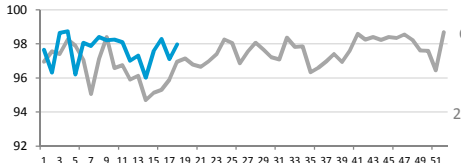
Referred
Current Wk
45.4%
2015/16 AVG
46.4%

Time Profile of LRI UCC Attendances



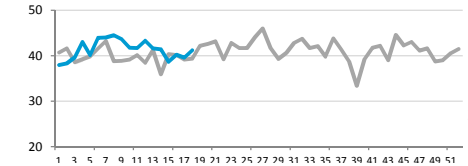
Last week affected by Incorrect UCC Data.

% of LRI UCC Triaged within 20 minutes



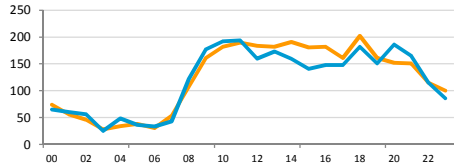
Current Wk
98.0%
2015/16 AVG
97.7%

% of Patient Transfers from LRI UCC to LRI ED

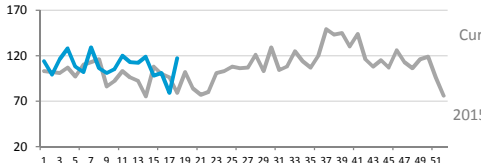


Current Wk
41.2%
2015/16 AVG
41.3%

Time Profile of UHL AE Attendances

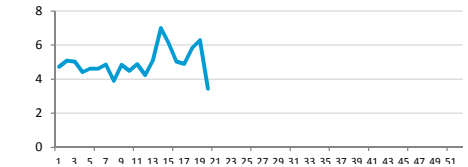


UHL Admissions with Ambulatory Care Sensitive Conditions



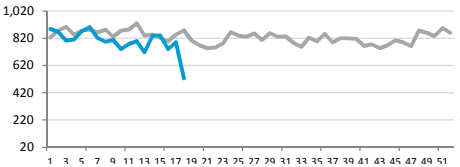
Current Wk
117
2015/16 AVG
109

% of AE VB11Z: No investigation with no significant treatment



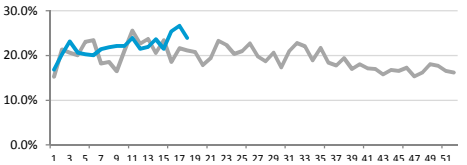
Current Wk
3.4%
2015/16 AVG
5.0%

Loughborough UCC Attendances



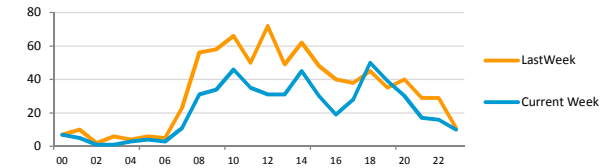
Current Wk
527
2015/16 AVG
796

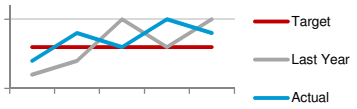
% Loughborough UCC Outcome



Referred
Current Wk
23.9%
2015/16 AVG
22.1%

Time Profile of Loughborough UCC Attendances

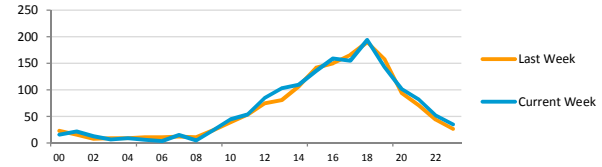




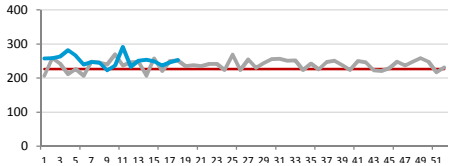
All Metrics are shown Weekly with the Year Running from 1st April

Additional Discharge

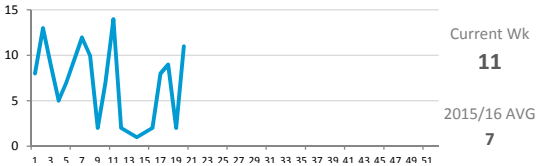
Time Profile of UHL EM Discharges



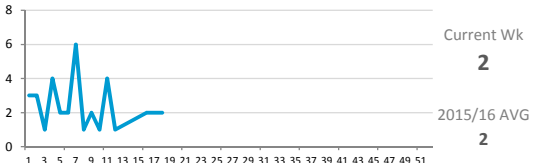
90 Day Readmission Rate



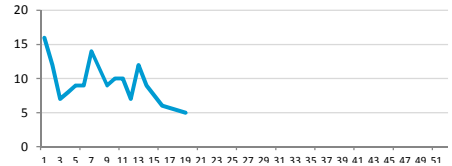
Number of Re-Beds (Arriva Aborts)

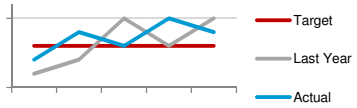


UHL Discharge to Assess Number of Patients - Pathway 1 & 2



UHL Discharge to Assess Number of Patients - Pathway 3

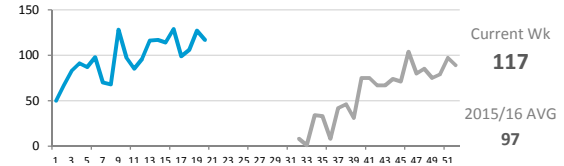




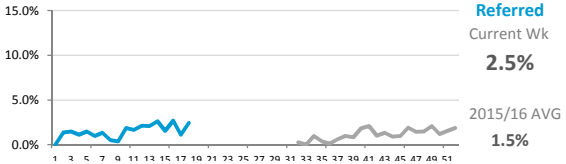
All Metrics are shown Weekly with the Year Running from 1st April

Crisis Resolution

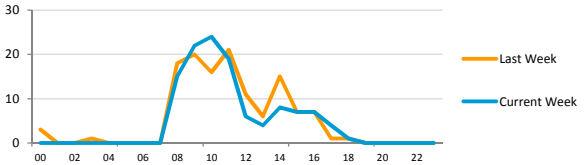
Patients Referred to Leicester City CCG Crisis Resolution Team Utilisation

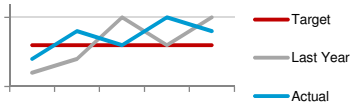


% of Outcome at Leicester City CCG Crisis Resolution Team



Time Profile of Leicester City CCG Crisis Resolution Team





All Metrics are shown Weekly with the Year Running from 1st April