

Agenda Item: Trust Board Paper K

TRUST BOARD – 5 March 2015

Emergency Care Performance Report

DIRECTOR:	Richard Mitchell , Chief Operating Officer
AUTHOR:	Richard Mitchell
DATE:	5 March 2015
PURPOSE:	a) To update the Board on recent emergency care performance b) To update on progress against the LLR action plan
PREVIOUSLY CONSIDERED BY:	Emergency Quality Steering Group, Urgent Care Board and System Resilience Group
Objective(s) to which issue relates *	<input type="checkbox"/> 1. Safe, high quality, patient-centred healthcare <input checked="" type="checkbox"/> 2. An effective, joined up emergency care system <input type="checkbox"/> 3. Responsive services which people choose to use (secondary, specialised and tertiary care) <input 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 type="checkbox"/> 6. Delivering services through a caring, professional, passionate and valued workforce <input type="checkbox"/> 7. A clinically and financially sustainable NHS Foundation Trust <input 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:	Healthwatch representatives on UCB and involved in BCT workstream.
Please explain the results of any Equality Impact assessment undertaken in relation to this matter:	None undertaken but will be in respect of new pathways within BCT.
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

REPORT TO: Trust Board
REPORT FROM: Richard Mitchell, Chief Operating Officer
REPORT SUBJECT: Emergency Care Performance Report
REPORT DATE: 5 March 2015

- Performance in January 2015 was 90.2%.
- As detailed in the attached report admissions remain very high.
- There has been recent progress on delayed transfers of care.

Key points

As discussed in previous trust boards, the following remain key risks:

1. Communications- Attendances and admissions remain high. It is felt that an LLR 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, may gain more traction than the current plan.
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, whilst noting concerns about opening additional nursing and care home beds at short notice
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. Plans have not been agreed yet for the spend of investment monies for emergency admissions and readmissions in 2015- 16.
6. We need to unite the deliverability of the urgent care agenda and Better Care Together.

Conclusion

To achieve sustainable improvement requires all parts of the health economy to improve. The fragile nature of the pathway means that slow adoption of improvements in one part of the health economy will hinder the overall improvement. We need to be ambitious for the level of improvement we require of each other.

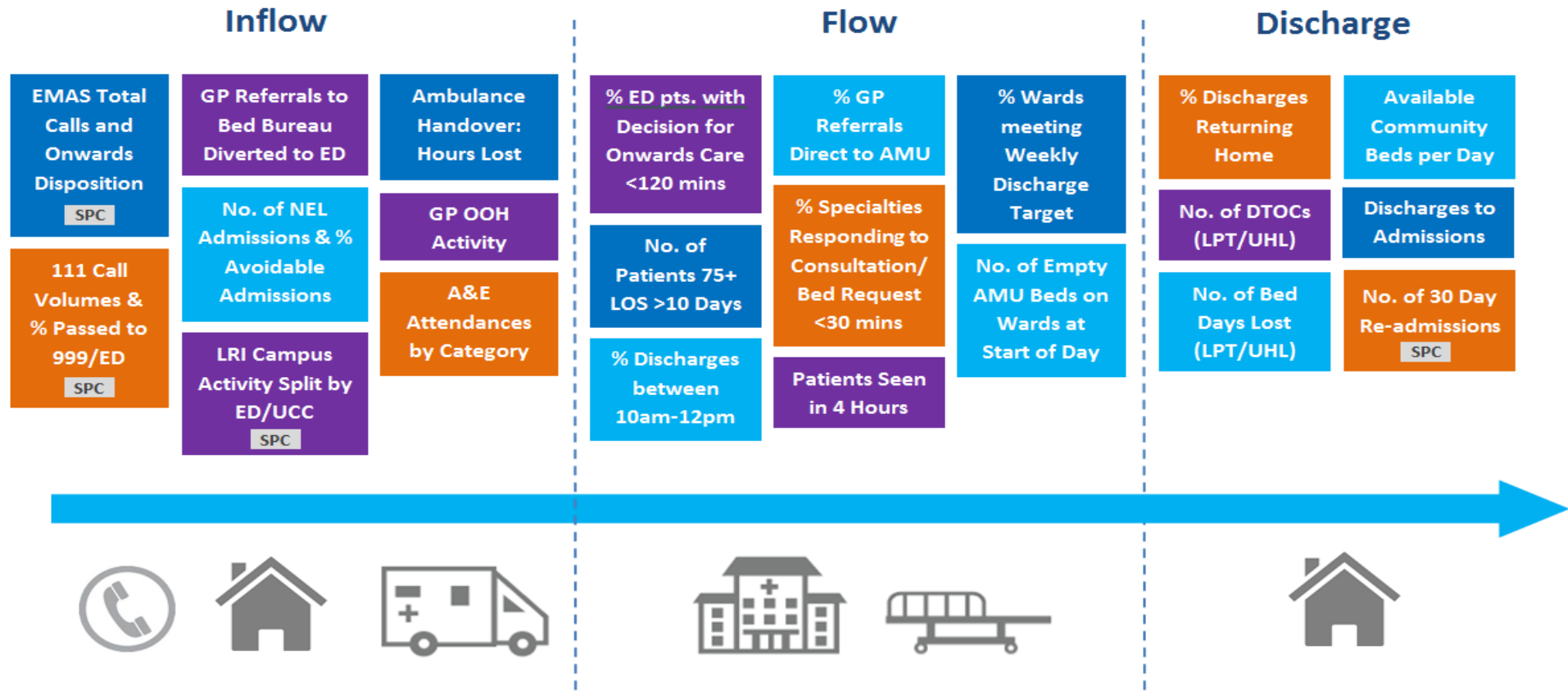
Concerns remain about the rising level of admissions and plans to resolve this. We must therefore set challenging expectations for all parts of the health economy (including UHL) and work to ensure these expectations are rapidly met.

Only improving the rate of discharge does not constitute a sustainable plan.

Recommendations

The Trust Board is recommended to:

- **Note** the contents of the report
- **Note** the actions taken since December's Trust Board
- **Note** the UHL update against the delivery of the new operational plan
- Seek **assurance** on UHL and LLR progress



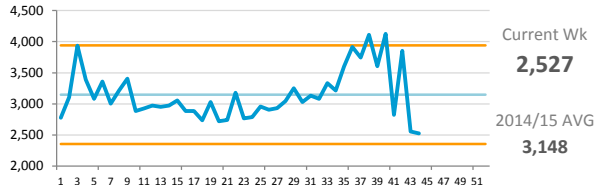
Data Quality

Low Data counts for UHL Admissions and Discharges (last 2 weeks - reported to UHL Info Team).

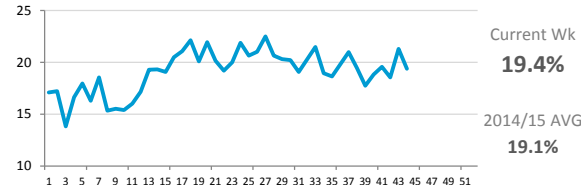
All Metrics are shown Weekly with the Year Running from 1st April 2014

INFLOW

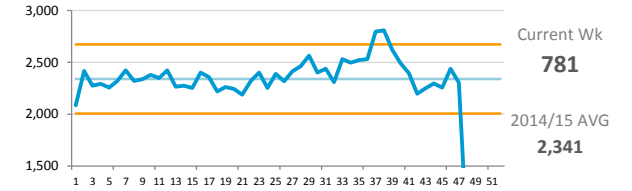
111 Total Calls



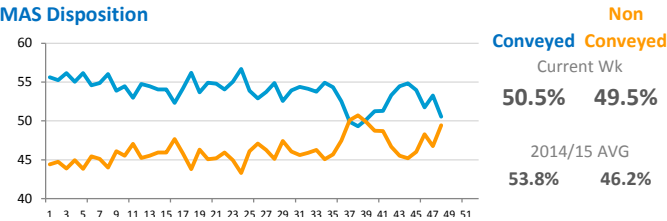
% of 111 Calls sent to 999/ED



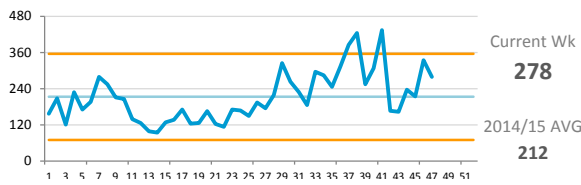
EMAS Calls



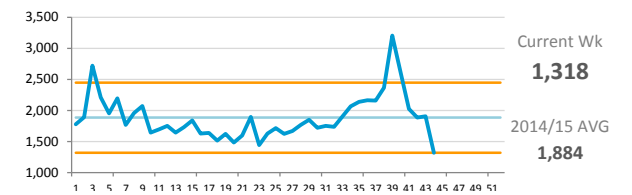
EMAS Disposition



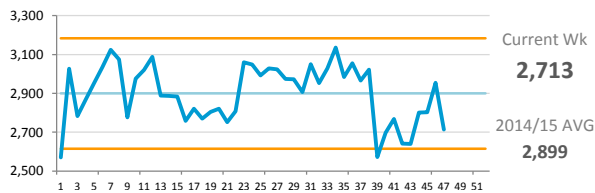
EMAS Ambulance Handover: Hours Lost



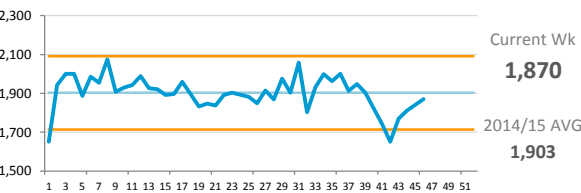
GP OOH Activity



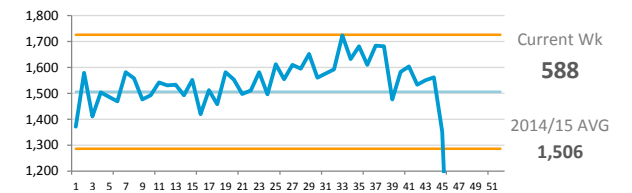
ED: LRI Attendances



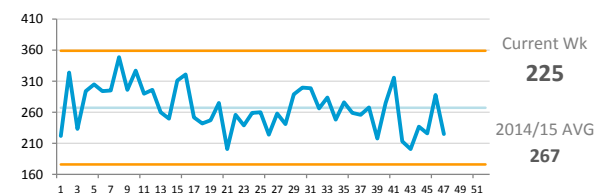
ED: UCC Attendances



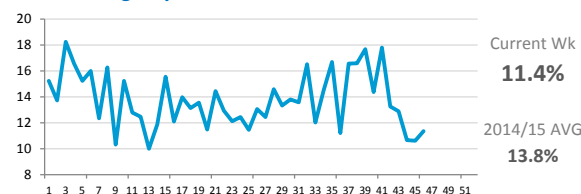
UHL Emergency Admissions



GP Referrals to Bed Bureau that are Diverted to ED



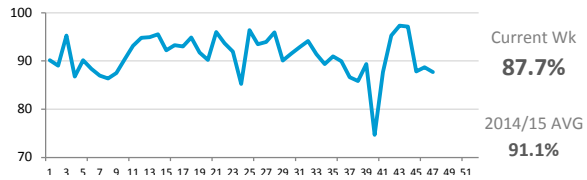
% of UHL Emergency Admissions that were Avoidable



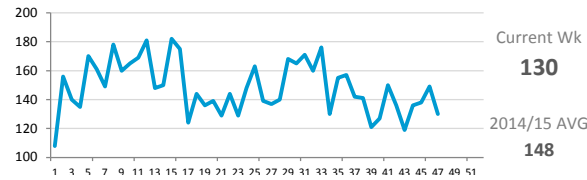
All Metrics are shown Weekly with the Year Running from 1st April 2014

FLOW

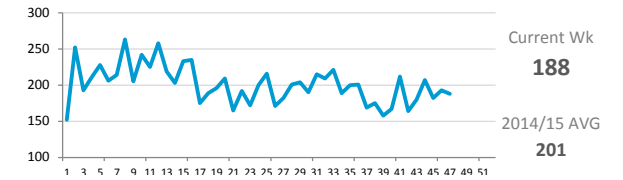
% of UHL and UCC Attendances seen within 4 Hours



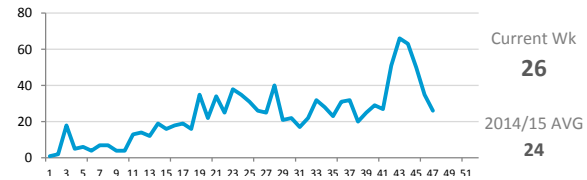
UHL ED with Decision about Onward Care within 120 mins (Actual)



UHL Ward Response to ED/Bed Requests within 30 mins (Actual)



UHL GP Referrals Direct to AMU (Actual)



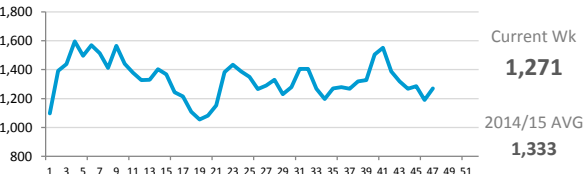
UHL Empty Beds at Start of Day on AMU Ward



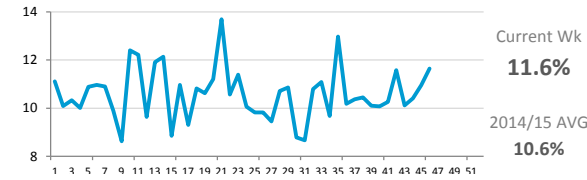
% of UHL Wards Achieving Targeted Weekly Discharges



Aged 75+ with Length of Stay >10 days at UHL

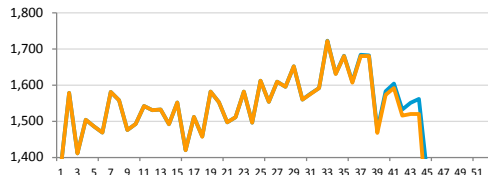


% of Discharges between 10am and 12pm at UHL



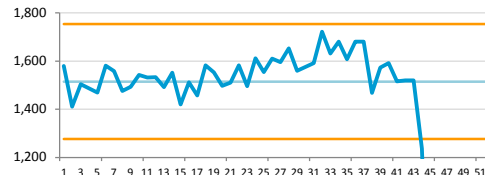
DISCHARGES

UHL Discharges against Admissions



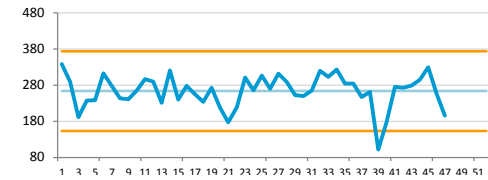
ADM **DIS**
 Current Wk
588 **305**
 2014/15 AVG
1,506 **1,515**

UHL Discharges



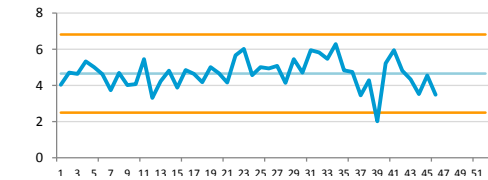
Current Wk
305
 2014/15 AVG
1,515

LPT Discharges



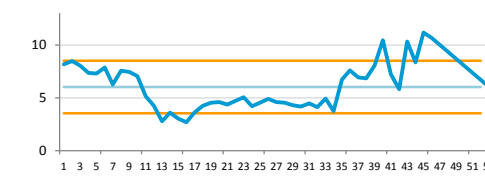
Current Wk
196
 2014/15 AVG
264

UHL Delayed Transfers of Care



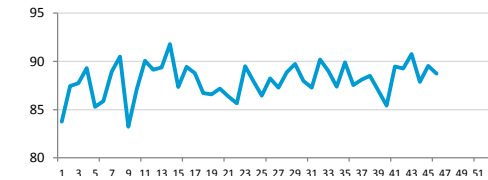
Current Wk
3.5
 2014/15 AVG
4.7

LPT Delayed Transfers of Care



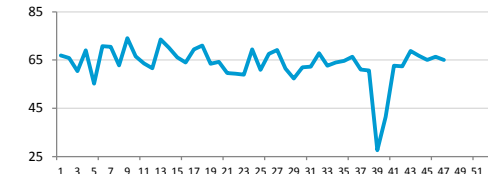
Current Wk
10.6
 2014/15 AVG
10.6

% of UHL Discharged to Admitting Address



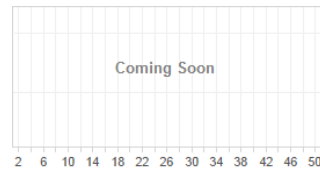
Current Wk
88.7%
 2014/15 AVG
88.0%

% of LPT Discharged to Admitting Address

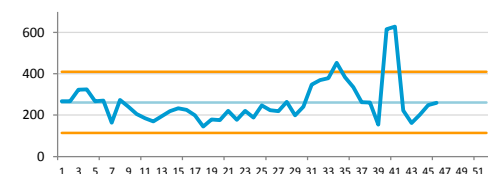


Current Wk
65.0%
 2014/15 AVG
63.6%

Average Beds Available in Community

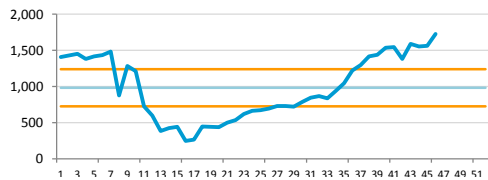


UHL Delayed Transfers of Care - Bed Days Lost



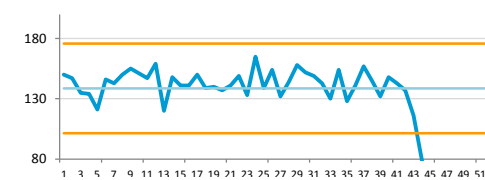
Current Wk
259
 2014/15 AVG
261

LPT Delayed Transfers of Care - Bed Days Lost



Current Wk
1,725
 2014/15 AVG
984

30 Day Readmission Rate



Current Wk
27
 2014/15 AVG
139



All Metrics are shown Weekly with the Year Running from 1st April 2014