

TRUST BOARD – 2 April 2015

Emergency Care Performance Report

DIRECTOR:	Richard Mitchell, Chief Operating Officer
AUTHOR:	Richard Mitchell
DATE:	2 April 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: April 2015

- Performance in February 2015 was 89.2% and is 91.6% month to date (26/3/15).
- As detailed in the attached report, admissions remain very high and are the key risk for sustainable performance in 2015-16.

Key points

Six key points were raised in the last trust board in March. Five of these remain:

1. Communications- **Attendances and admissions remain high**. LLR needs a 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**.

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 stops overall improvement.

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.

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

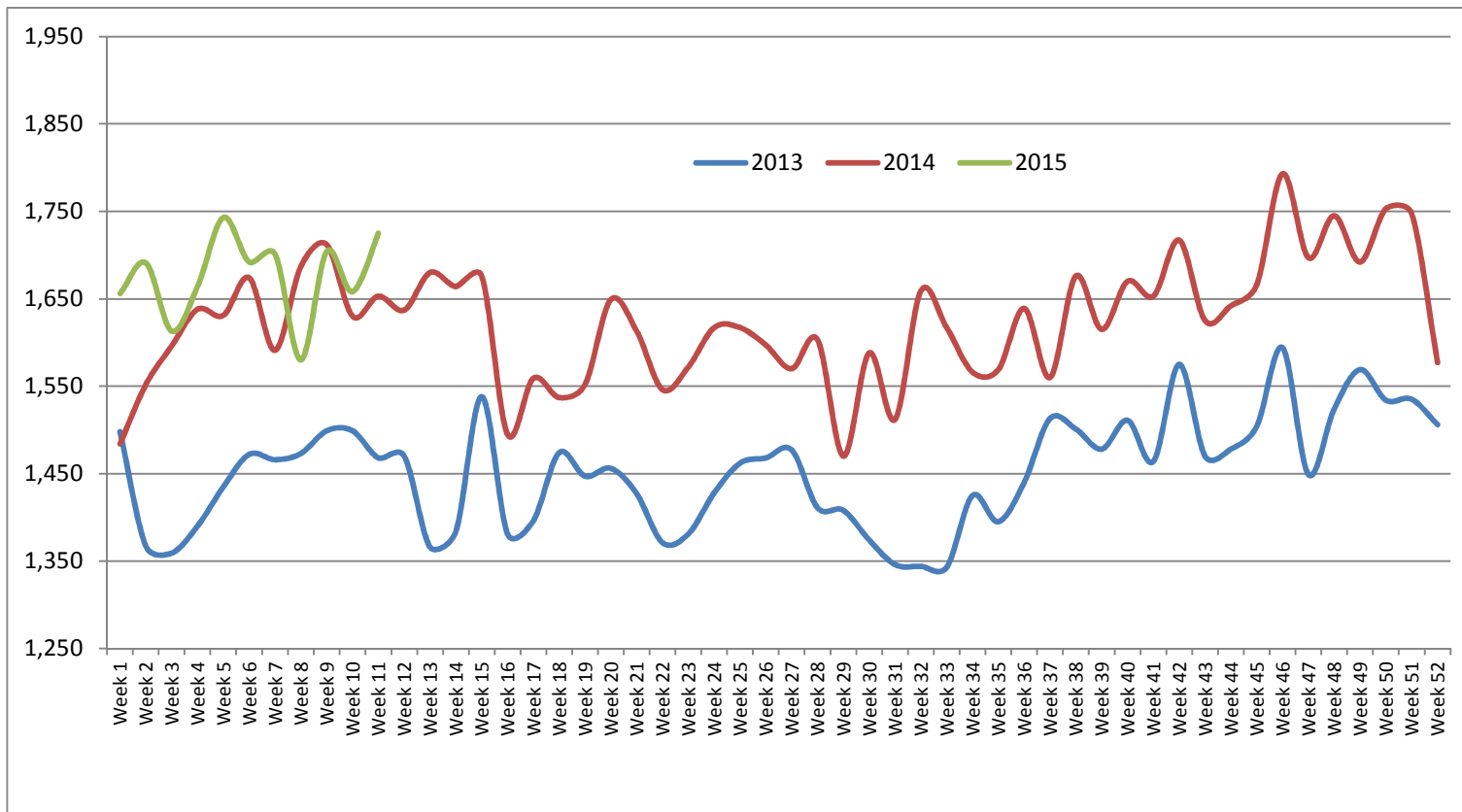
Sustainable emergency performance in 2015-16

Three ambitious and deliverable goals for **LLR** in 2015-16:

1. 10% admission reduction
2. 10% improvement in LOS/ discharge:
 - 10% reduction in LOS in ESM
 - LPT to increase pull from UHL by 10%
3. 10% improvement in ED/ CDU productivity:
 - Reliable out of hours ED performance
 - Improved CDU/ Glenfield performance

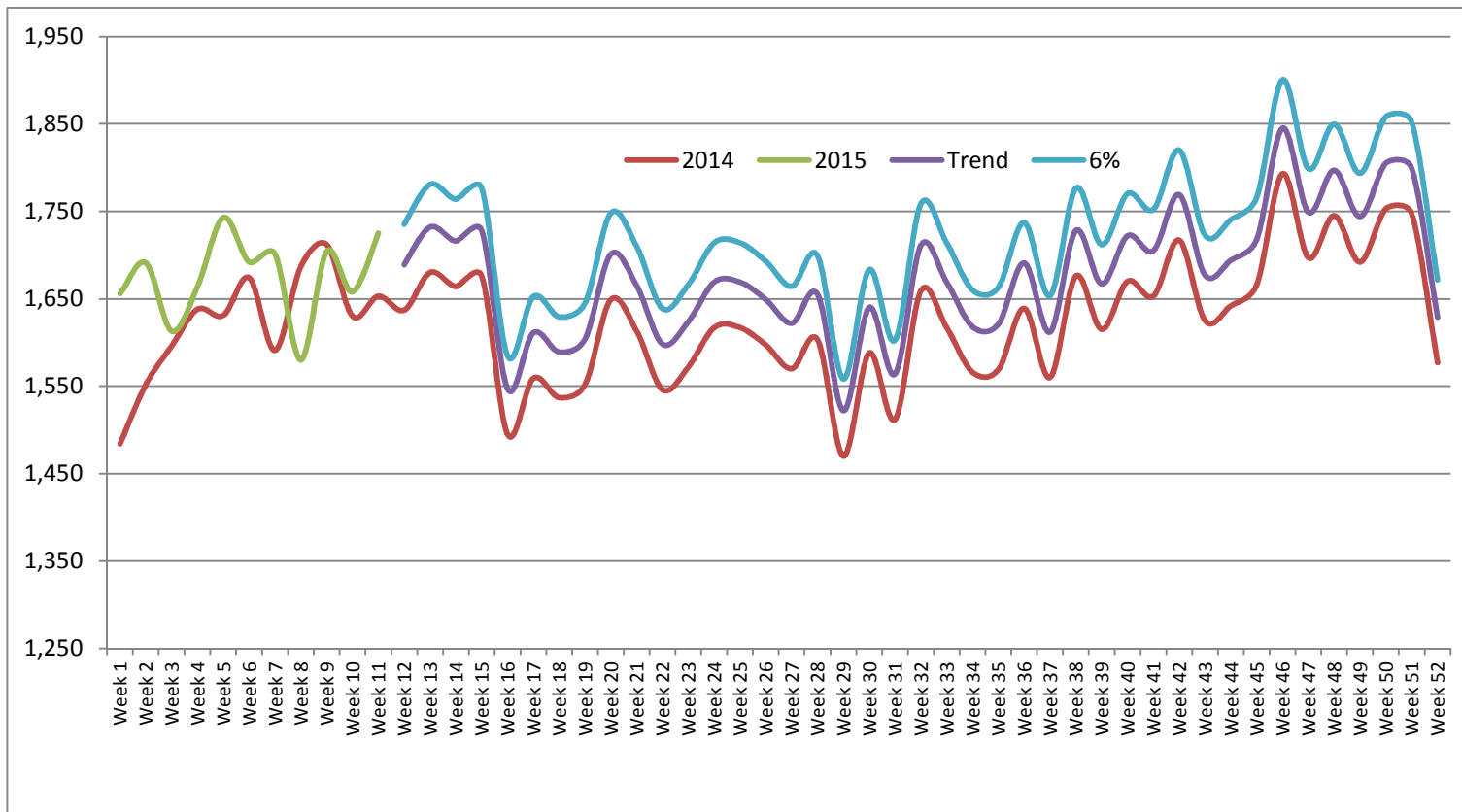
One team shared values

Current



One team shared values

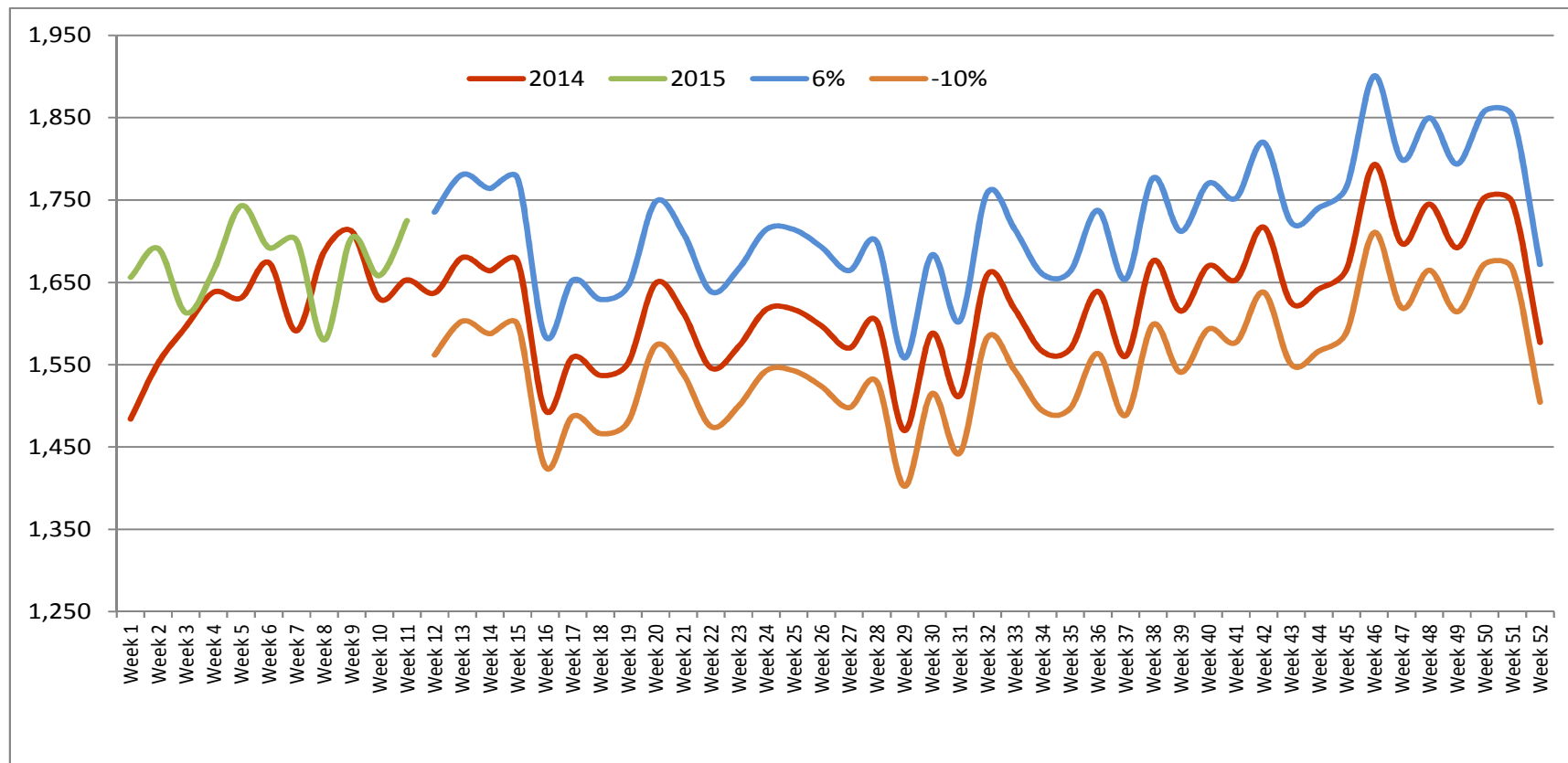
2015-16 trend and forecast



One team shared values

10% admission avoidance

- 173 fewer patients admitted per week than forecast
- 127 fewer per week than current (-10% + 6% = 4% reduction)

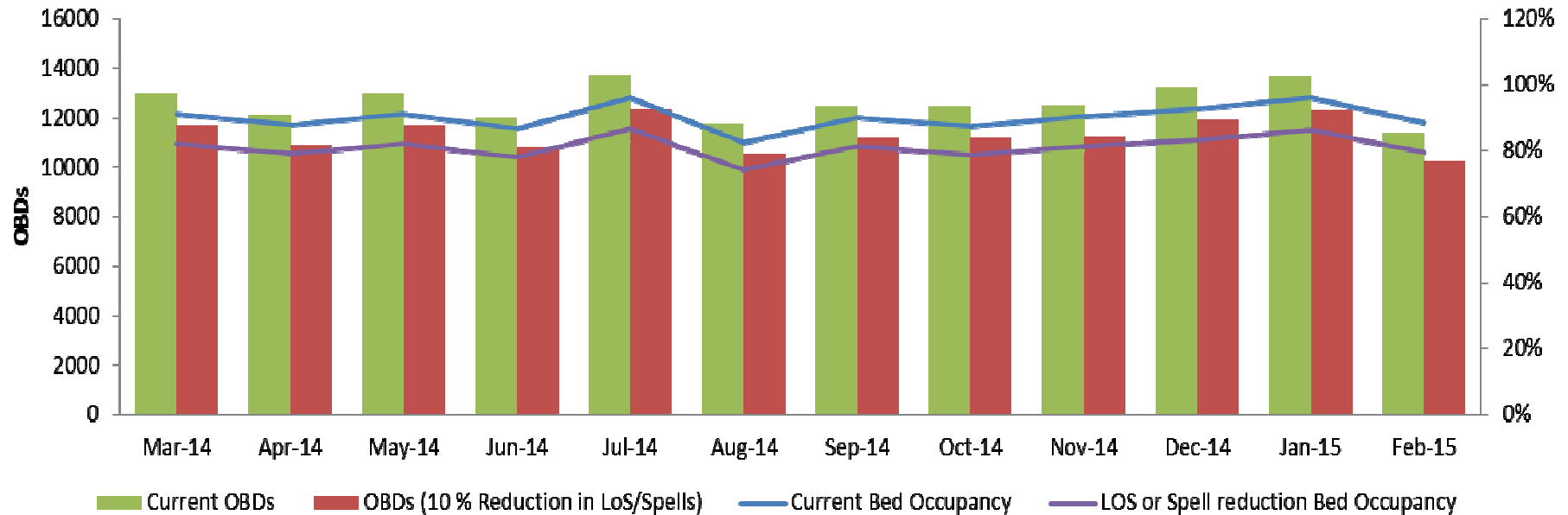


One team shared values

10% reduction in ESM LOS

- ESM has seen a 4.2% reduction in LOS in 2014/15
- 10% reduction in admissions and LOS results in a bed occupancy of 81% with a range of 74% to 87%

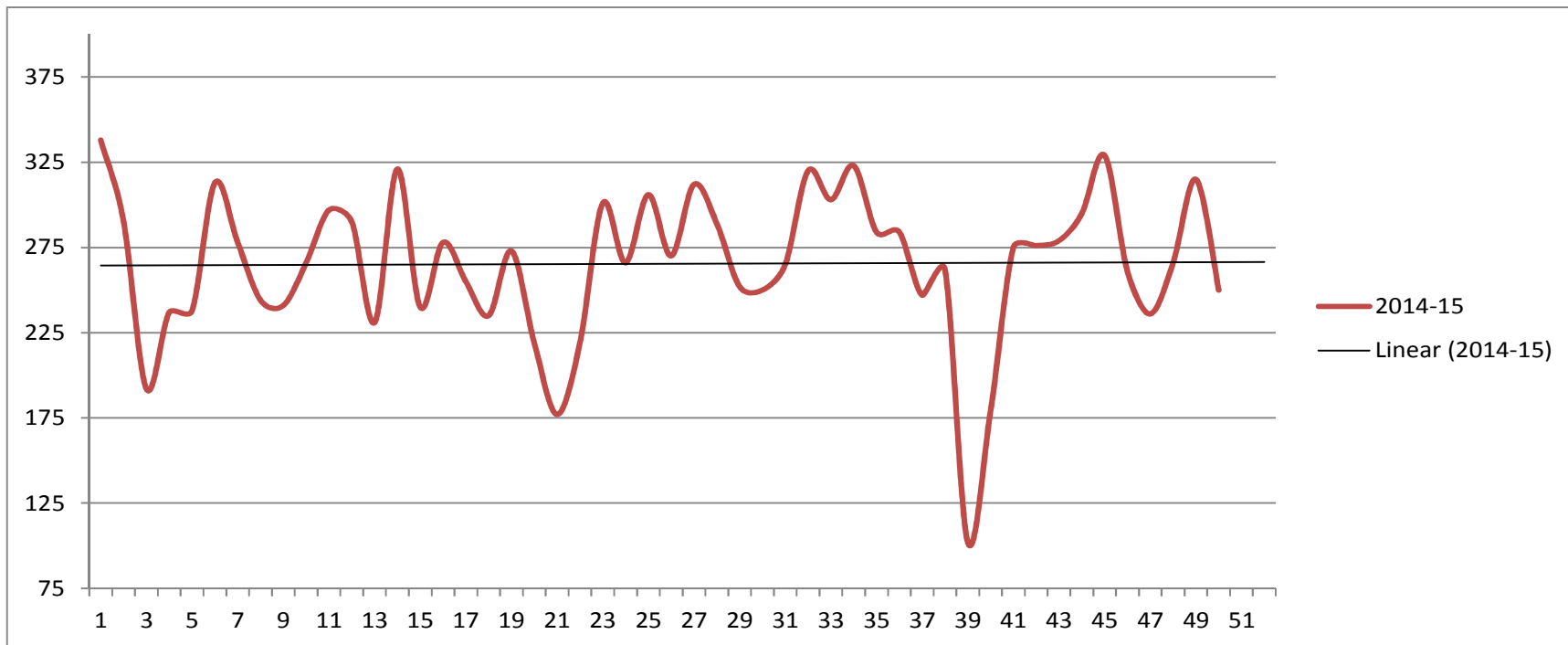
ESM Spells and ALOS (inc. CC)



One team shared values

LPT to increase discharge by 10%

- Static discharge profile over the last 52 weeks
- +10% increase = 26 more beds for UHL to access per week



One team shared values

ED/ CDU improvement

- Continue to have a specific focus on ensuring reliable ED performance in the evening
- Implement a dedicated work stream to focus on CDU flow
- This will also be a natural product of reduced admissions and improved outflow
- Aim for 10% increase in productivity

One team shared values

Sustainable performance

1. 10% admission reduction improves (type one performance) by up to 7% (Dec 2014 levels)
 2. 10% reduction in LOS with 10% improvement in LPT 'pull' supports meaningful flow and improves performance by up to 11%
 3. Improvement in ED process improves performance by 14%
- 1, 2, and 3 are not isolated therefore some double counting

One team shared values

Recommendation

Three ambitious and deliverable goals for LLR in 2015-16:

1. 10% admission reduction

2. 10% improvement in LOS/ discharge:

- 10% reduction in LOS in ESM
- LPT to increase 'pull' from UHL by 10%

3. 10% improvement in ED/ CDU productivity:

- Reliable out of hours ED performance
- Improved CDU/ Glenfield performance

One team shared values