

## Trust Board paper T

<b>To:</b>	<b>Trust Board</b>		
<b>From:</b>	<b>Richard Mitchell, Chief Operating Officer</b>		
<b>Date:</b>	<b>25 September 2014</b>		
<b>CQC regulation:</b>	<b>As applicable</b>		
<b>Title:</b>	Emergency Department Performance Report		
<b>Author:</b> Richard Mitchell, Chief Operating Officer			
<b>Purpose of the Report:</b> To provide an overview on ED performance.			
<b>The Report is provided to the Board for:</b>			
Decision	<input type="checkbox"/>	Discussion	<input type="checkbox"/>
Assurance	<input checked="" type="checkbox"/>	Endorsement	<input type="checkbox"/>
<b>Summary / Key Points:</b>			
<ul style="list-style-type: none"> <li>Performance in August 2014 was <b>91.26%</b> compared to <b>90.1%</b> in August 2013 and <b>92.52%</b> in July 2014.</li> <li>August 2014, month to date (18/9/14) is <b>90.54%</b>.</li> <li>Emergency admissions (adult) remain constant in August; <b>207</b> compared to <b>204</b> per day in July.</li> <li>Emergency admissions (adult) are much higher than at the same point last year.</li> <li>Delayed transfers of care remain continually above the agreed performance level at <b>4.8%</b>. Twenty seven per cent of delays are internal reasons, 49% are external and 24% are nursing homes.</li> </ul>			
<b>Recommendations:</b> The Trust Board is invited to receive and note this report.			
<b>Previously considered at another UHL corporate Committee</b> N/A			
<b>Strategic Risk Register</b> Yes		<b>Performance KPIs year to date</b> Please see report	
<b>Resource Implications (eg Financial, HR)</b> Yes			
<b>Assurance Implications</b> The 95% (4hr) target and ED quality indicators.			
<b>Patient and Public Involvement (PPI) Implications</b> Impact on patient experience where long waiting times are experienced			
<b>Equality Impact</b> N/A			
<b>Information exempt from Disclosure</b> N/A			
<b>Requirement for further review</b> Monthly			

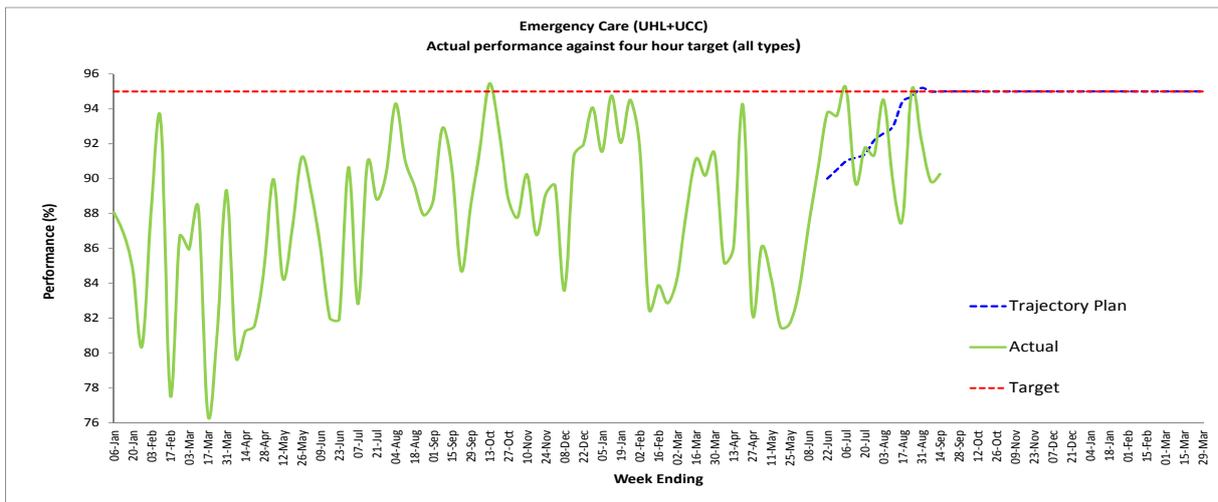
**REPORT TO:** Trust Board  
**REPORT FROM:** Richard Mitchell, Chief Operating Officer  
**REPORT SUBJECT:** Emergency Care Performance Report  
**REPORT DATE:** September 2014

**Introduction**

- Performance in August 2014 was **91.26%** compared to **90.1%** in August 2013 and **92.52%** in July 2014.
- August 2014, month to date (18/9/14) is **90.54%**.
- Emergency admissions (adult) remain constant in August; **207** compared to **204** per day in July.
- Emergency admissions (adult) are much higher than at the same point last year.
- Delayed transfers of care remain continually above the agreed performance level at **4.8%**. Twenty seven per cent of delays are internal reasons, 49% are external and 24% are nursing homes.

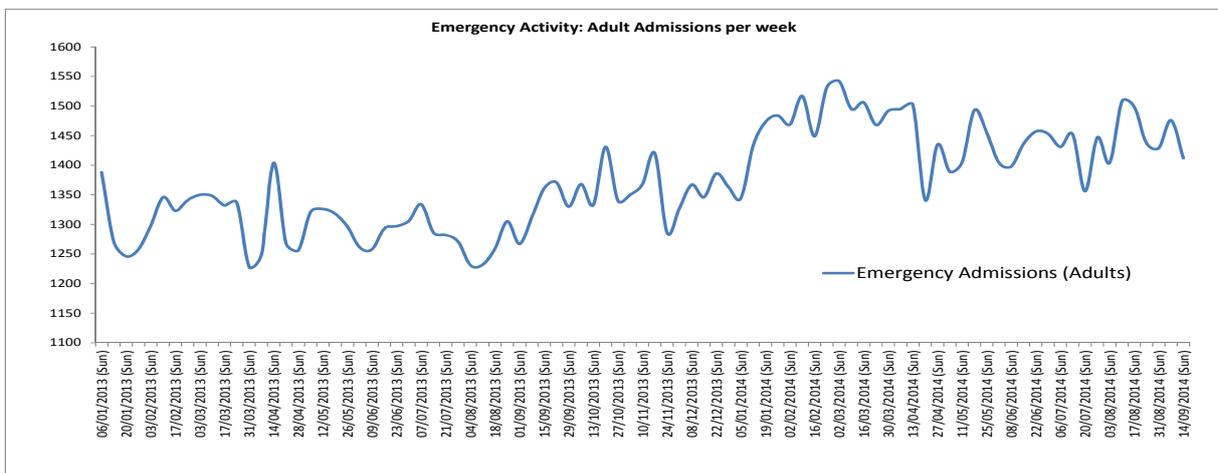
**Performance overview**

Weekly performance is detailed in graph one below. There was one week of compliant performance in August, with the five weeks performance; 94.5%, 89.8%, 87.6%, 95.1% and 92.2%. An improvement trajectory has been agreed with the NTDA and is shown as the dotted blue line in graph two. The expectation was that UHL became sustainably compliant by the last week in August 2014. We did not achieve this and are reporting performance to the NTDA on a daily basis.



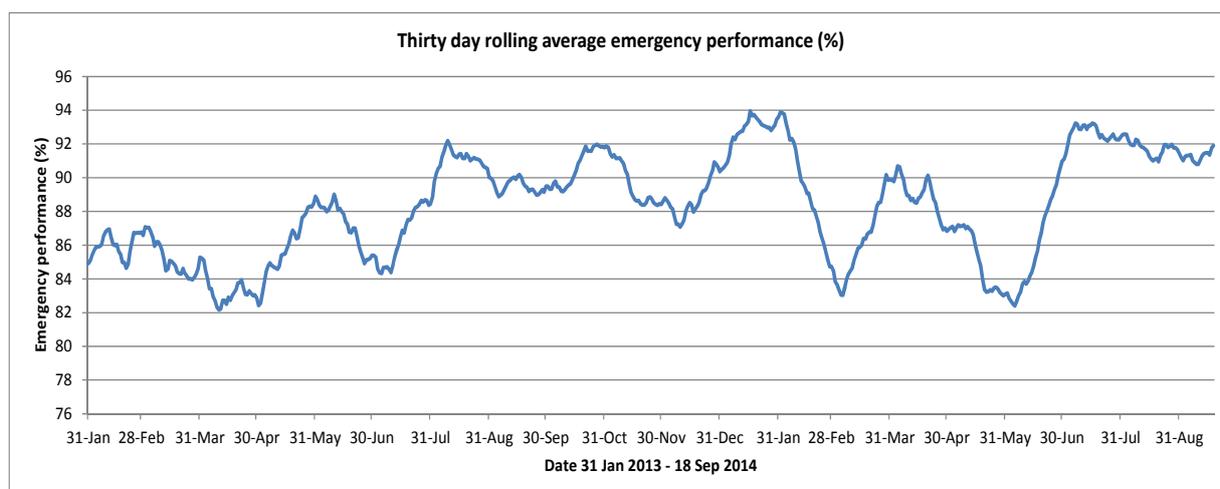
(graph one)

Admissions have stabilised but remain high compared to the same time last year.



(graph two)

Performance is, in general, more stable than it has been for the last 18 months. Graph three plots the rolling 30 day average of performance. The rolling average has been over 90% for nearly three months, including ten weeks out of 13 with performance over 90% and two weeks over 95%.



(graph three)

### Key actions since the last report

- Expansion of [#everybodycounts](#) social media campaign. The videos have been watched 13,262 times.
- Emergency quality steering group continues to meet with focus on quality dashboard.
- Rapid cycle testing initiatives continue in ED, MAU, base wards and CDU.
- The gold, silver and bronze command management structure is fully embedded.
- COO and CMGD for ESM met with all ED consultants and band seven nurses to remind them of the importance of improving emergency performance.
- Changes have been made to the assessment bay model in ED.
- Specialities are providing more support to ED out of hours.

### Performance has not improved in line with the trajectory

Performance has improved but is not in line with the trajectory nor is it sustainably compliant. The key reasons are below:

- Internal flow – there are periods when flow out of the department is poor and occupancy increases
- ED leadership – there are periods when despite good flow, the department do not assess and treat all patients in a timely manner.
- Delayed discharges – there has been no discernible change to the rate of delayed discharges over the last 18 months.
- Delays from the UCC – The urgent care centre increasingly struggles to triage all patients in the 20 minutes agreed. Last weekend 56 patients were triaged and transferred to the ED two hours into their pathway.
- High admissions and increasing high attendances – admissions remain high and attendance and acuity is beginning to increase as we move into winter.
- National context – many of our peers are struggling to improve with a number of big local trusts delivering performance between 80 and 85%.

Delivering high quality emergency care for all, day in, day out, must be the number one priority for UHL and LLR. [#everybodycounts](#)

**Recommendations**

The board are asked to:

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