

Trust Board Paper U

To:	Trust Board										
From:	Richard Mitchell, Chief Operating Officer										
Date:	March 2014										
CQC regulation:	As applicable										
Title:	Emergency Department Performance Report										
Author:	Richard Mitchell, Chief Operating Officer										
Purpose of the Report:	To provide an overview on ED performance.										
The Report is provided to the Board for:	<table border="1"> <tr> <td>Decision</td> <td><input type="checkbox"/></td> <td>Discussion</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Assurance</td> <td><input checked="" type="checkbox"/></td> <td>Endorsement</td> <td><input type="checkbox"/></td> </tr> </table>			Decision	<input type="checkbox"/>	Discussion	<input type="checkbox"/>	Assurance	<input checked="" type="checkbox"/>	Endorsement	<input type="checkbox"/>
Decision	<input type="checkbox"/>	Discussion	<input type="checkbox"/>								
Assurance	<input checked="" type="checkbox"/>	Endorsement	<input type="checkbox"/>								
Summary / Key Points:	<ul style="list-style-type: none"> • Performance in February was 83.4% • Performance year to date is 88.34% • Performance deteriorated in February because of: <ul style="list-style-type: none"> • Increase in admissions and a fixed bed base • Deterioration in internal processes primarily because of the sustained pressure caused by the above • Performance has begun to improve towards the end of March • The new senior site manager will be a great addition to the emergency process team • Current level of performance is unacceptable 										
Recommendations:	The Trust Board is invited to receive and note this report.										
Previously considered at another UHL corporate Committee	N/A										
Strategic Risk Register	Performance KPIs year to date										
Yes	Please see report										
Resource Implications (eg Financial, HR)	Yes										
Assurance Implications	The 95% (4hr) target and ED quality indicators.										
Patient and Public Involvement (PPI) Implications	Impact on patient experience where long waiting times are experienced										
Equality Impact	N/A										
Information exempt from Disclosure	N/A										
Requirement for further review	Monthly										

REPORT TO: Trust Board
REPORT FROM: Richard Mitchell, Chief Operating Officer
REPORT SUBJECT: Emergency Care Performance Report
REPORT DATE: 27 March 2014

Introduction

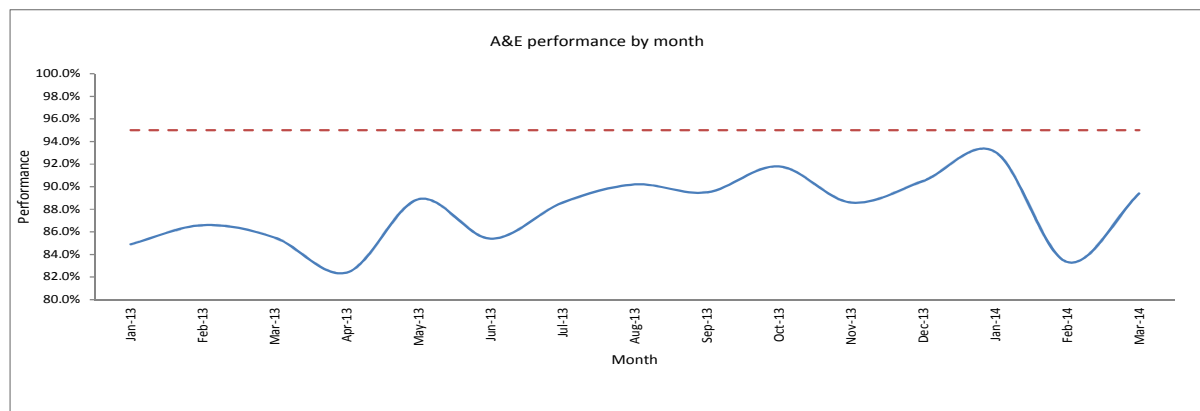
Performance in February 2014 was 83.4%, which was the worst performing month since April 2013. Performance dropped by 9.8% compared to January 2014. As detailed in the February 2014 Trust Board, this was primarily because of a significant increase in emergency admissions and LLR's inability to increase the UHL discharge rate as quickly.

We continue to refine our internal actions including; twice daily discharge meetings, command and control leadership through the site meetings, the focus on non-admitted breaches and have implemented two 'super weekends' during the last two weekends in March. Performance in March has improved to just below 90% but is not at the level of January 2014.

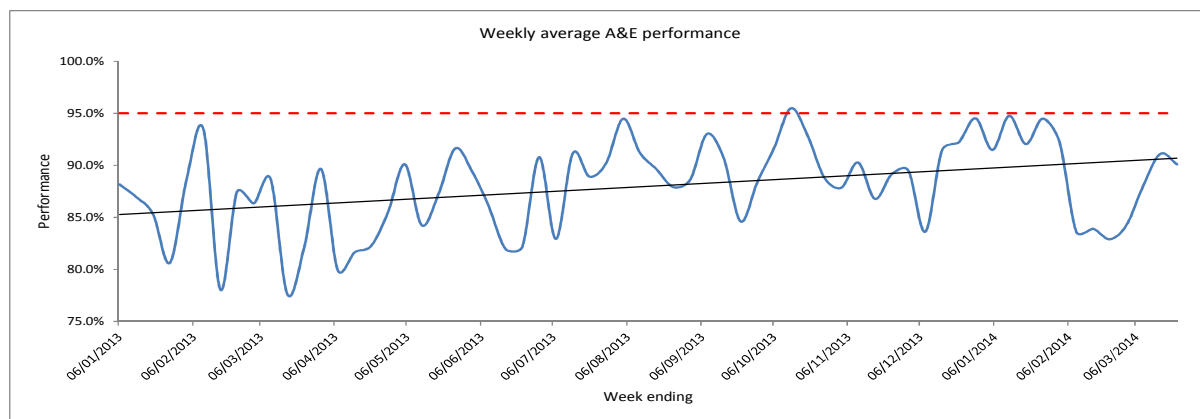
Performance overview

Performance in February was poor when compared to previous months at UHL. 83.4% of patients were treated, admitted or discharges within four hours (graph one). There were zero days of performance above 95%.

In Q4 last year there were 12 days (12/ 90 = 13%) of performance greater than 95% and in Q4 this year, as of 23 March 2014, there have been 18 days (18/ 82 = 22%) greater than 95%. Performance has begun to improve over the last two weeks in March (graph two) with two weeks in a row greater than 90%. At the end of January there had been eight consecutive weeks greater than 90%.



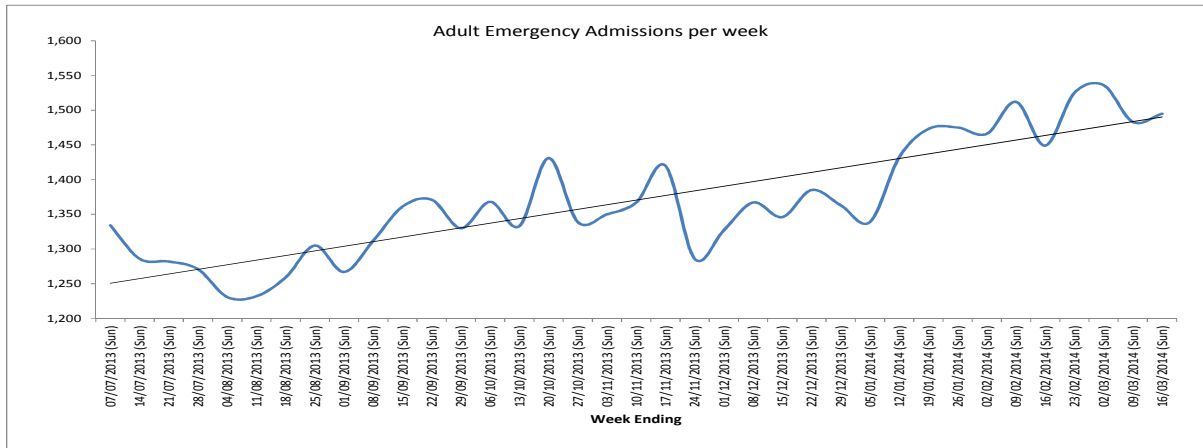
(graph one)



(graph two)

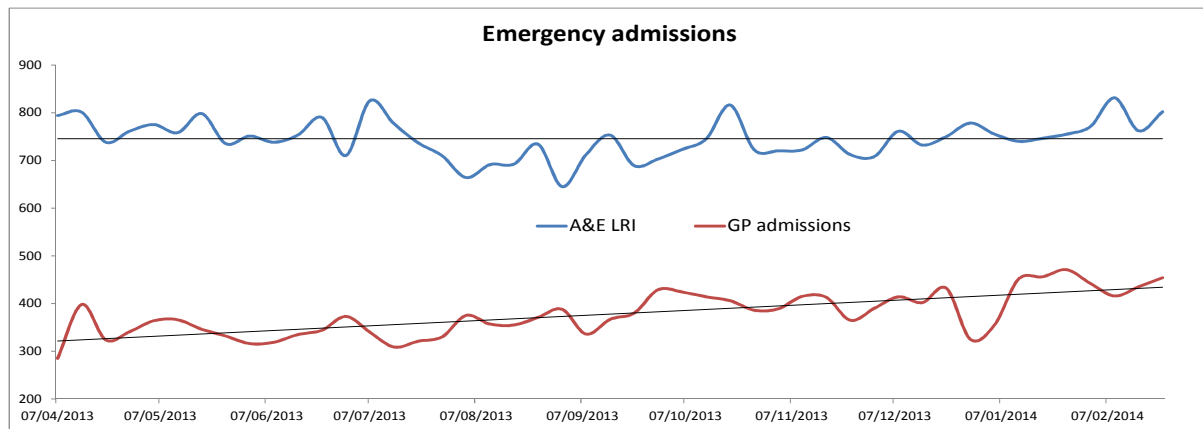
Reasons for deterioration in performance

Increasing admissions – Admissions were very high in February (graph three). At the beginning of the month, admissions were 9.5% higher than January and they averaged 4.5% higher across the month. UHL’s bed shortage is clearly documented and when we have increased levels of admissions, we quickly become unable to cope. Admissions have remained high in March.



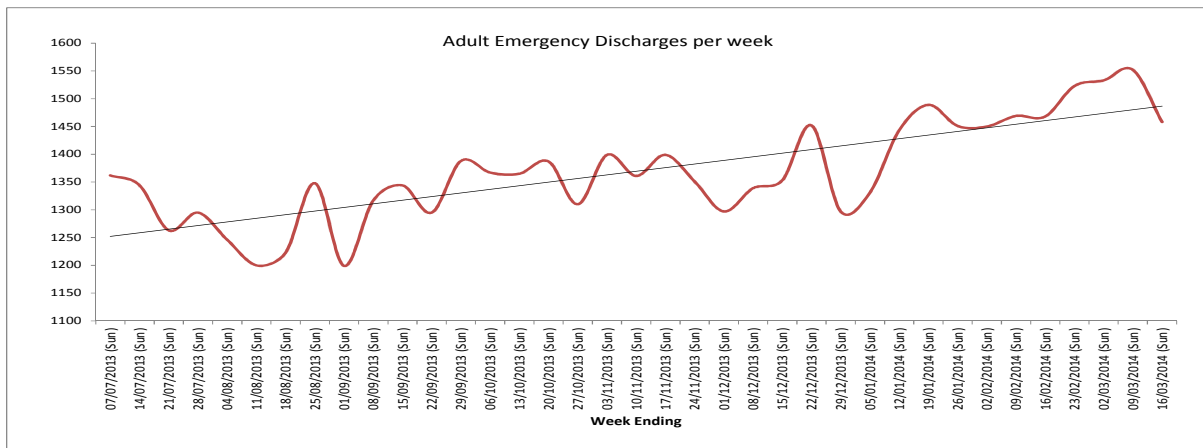
(graph three)

In particular, it was the GP admissions that have continued to increase in 2013 - 14 (graph four).



(graph four)

Discharges have, in general, remained very high (graph five). This is linked to high admissions but also the continual improvement on the discharge process. Many of the actions that are now standard were not in place in January.



(graph five)

Internal process - Internal processes in February and March were not as good as they were in January. This is primarily because of the sustained level of pressure resulting from the very high admissions. On days when they are low levels of admissions and flow out of the department, process is good and performance is strong.

Actions

We continue to work closely with CCGs and external providers to deliver compliant performance. The level of performance since the end of January has been disappointing and many difficult decisions to open additional capacity within UHL continue to be taken. The UHL process is not broken and we proved for a prolonged period of time that we can deliver many days of strong performance and weekly performance touching 95%.

Key actions are:

- Reduce the number of GP patients being admitted – we have shared with the CCGs information at a practice level about where the increase in admissions is coming from
- Reduce the number of admissions – we are implementing a change in A&E where patients can only be admitted with senior sign off (mainly consultant)
- Deputy General Manager for Medicine with the specific role of managing ED and Senior Site Manager are joining in the first week in April 2014. These are much needed new members of the team
- Sign off on beds plan for 2014 – 15
- Move towards seven day working and use of ‘super weekends’. Discharge rate is now consistently higher than before the super weekends
- Continue to work on maximising internal process

Recommendations

The Board is asked to:

- Note the contents of the report
- Acknowledge the reasons why performance continues to be poor
- Support the actions being taken to improve performance.