

**TRUST BOARD – 8 JANUARY 2015**

**Emergency Care Performance Report**

<b>DIRECTOR:</b>	Richard Mitchell, Chief Operating Officer
<b>AUTHOR:</b>	Richard Mitchell
<b>DATE:</b>	8 January 2015
<b>PURPOSE:</b>	a) To update the Board on recent emergency care performance b) To update on progress against the LLR action plan
<b>PREVIOUSLY CONSIDERED BY:</b>	Emergency Quality Steering Group, Urgent Care Board and System Resilience Group
<b>Objective(s) to which issue relates *</b>	<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
<b>Please explain any Patient and Public Involvement actions taken or to be taken in relation to this matter:</b>	Healthwatch representatives on UCB and involved in BCT workstream.
<b>Please explain the results of any Equality Impact assessment undertaken in relation to this matter:</b>	None undertaken but will be in respect of new pathways within BCT.
<b>Organisational Risk Register/ Board Assurance Framework *</b>	<input type="checkbox"/> Organisational Risk Register <input checked="" type="checkbox"/> Board Assurance Framework <input type="checkbox"/> Not Featured
<b>ACTION REQUIRED *</b>	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:** 8 January 2015

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### Key points

- Performance in December 2014 was **82.9%** compared to **90.1%** in December 2013 and **89.1%** in November 2014.
- Emergency admissions (adult) continue to steadily rise in December; **221** compared to **216** per day in November and **215** per day the month before.
- Emergency admissions in December 2013 were 194 per day (**now 13% higher**).
- Delayed transfers of care remain at **5.7%**.

### Performance overview

Performance remains very poor since the last Trust Board meeting on 22 December 2014. Attendance, admissions and acuity remain high at the LRI ED and also at the CDU at the Glenfield Hospital, which is now receiving higher medical takes than ever before. The 'typical' Christmas and New Year lull did not occur locally or nationally.

### Actions since Trust Board on 22 December 2014

The UHL Chair called a short notice meeting for the three CCG Chairs, LPT Chair and other senior members of the health system following the UHL Trust Board in December because of the level of clinic risk linked to the unprecedented emergency demand, for this time of year, and to agree the actions we will take to more effectively manage this across the local health system.

Five actions came from this, with updates below:

1. The UHL Communications Team will work with CCG and Leicester Partnership Trust colleagues to write a joint message from the five Chairs urging patients to think carefully before accessing any part of the emergency care system this Christmas. Unless it really is an accident or emergency, the A&E Department at the Leicester Royal Infirmary is not a suitable destination for the patient's care - Update: complete
2. Following on from the Chief Nurse's call earlier today, we will re-look at the circa 120 patients across LPT and UHL who are delayed transfers of care. This number is too high and is one of the key reasons why emergency performance has been so poor. It is likely that this number will naturally reduce over the next couple of days because of the high discharges but it will increase over the weekend and early next week. A meeting took place on 29 December 2014 to identify the key themes to the DTOCs and to agree the actions taking place - Update: This was not discussed at the Urgent Care Board on 30 December but will be brought back to another UCB.
3. We agreed that there was 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 - Update: This was not discussed at the Urgent Care Board on 30 December but will be brought back to another UCB.
4. We noted that we do not currently have any surge capacity across LLR with all available beds in LPT and UHL full. This is a significant risk considering it is likely emergency pressures have not peaked yet and based on previous years, they will continue to rise until late March 2015. It has been requested that surge capacity plans are urgently reviewed - Update: This was not discussed at the Urgent Care Board on 30 December but will be brought back to another UCB.
5. We agreed that we need to undertake a collective risk assessment across LLR to jointly understand the nature and comparable size of the current risks – Update: this was discussed at

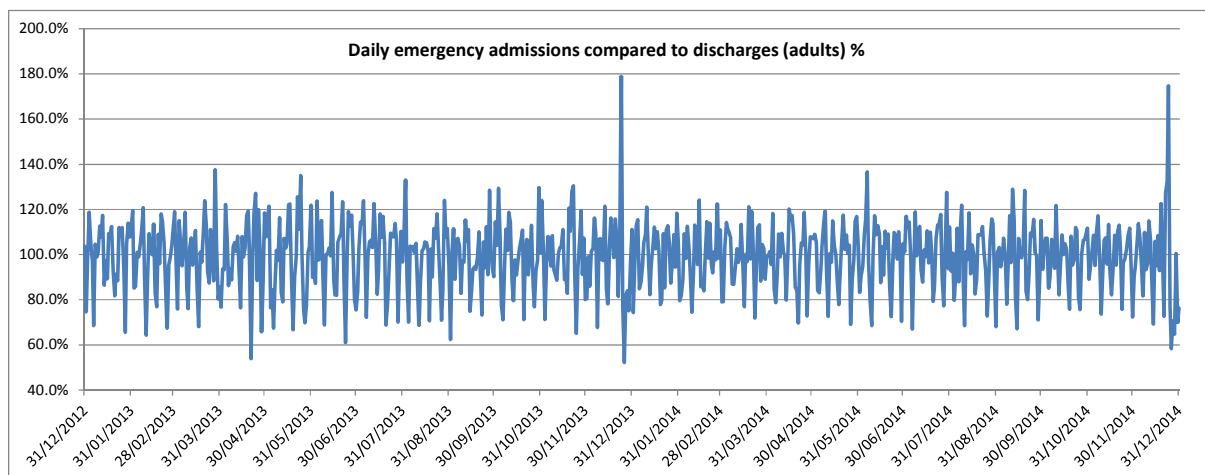
the Urgent Care Board on 30 December - 'Following an extensive discussion considering risk across all settings of care within the system, the UCB identified five key areas of greatest current risk (in no particular order):

- Lack of EMAS capacity resulting from volume/handover issues leading to patients waiting 'unsighted' in the community for a first response following initial telephone triage
- Overcrowding in ED/CDU leading to risk of high need patients being incorrectly prioritised and/or not being assessed and treated in line with their relative priority
- Handover delays for EMAS crews at LRI leading to risk of patients condition deteriorating while waiting
- Short notice cancellation of elective procedures as a result of bed availability resulting in patients (including cancer patients) deteriorating while waiting for treatment to be rescheduled
- Overstretched nursing and medical ward staff cover in UHL acute and LPT community hospital beds leading to harm from delays in care, treatment compliance and patient deconditioning'.

The Chief Nurse for East Leicestershire and Rutland CCG will co-ordinate pulling together and refining of these risks into a UCB risk log and this is going to the system resilience group on 5 January 2015.

Progress continues to be made with the UHL actions in the LLR action plan formulated in response to the Sturgess report, attached as appendix one. As of 5 January 2015, the four members of the EY management support team will be in place primarily working with clinical staff in ED, the assessment units and the base wards. Despite the activity that is taking place, little output progress is apparent.

Performance will only consistently improve when more patients are discharged than before and most importantly we need to see a change in the ratio of discharges to admissions. It is clear from the graph below that apart from Christmas Eve in 2013 and 2014, the daily emergency admission and discharge rate for adults track each other fairly consistently. Despite 11% more patients being discharged year to date compared to last year, the benefit of this has been completely offset by increasing admissions.



Real improvement requires external actions delivering outputs in parallel with internal actions delivering outputs. Locally and nationally the demand for emergency services is very high and we are not seeing the required movement on outputs.

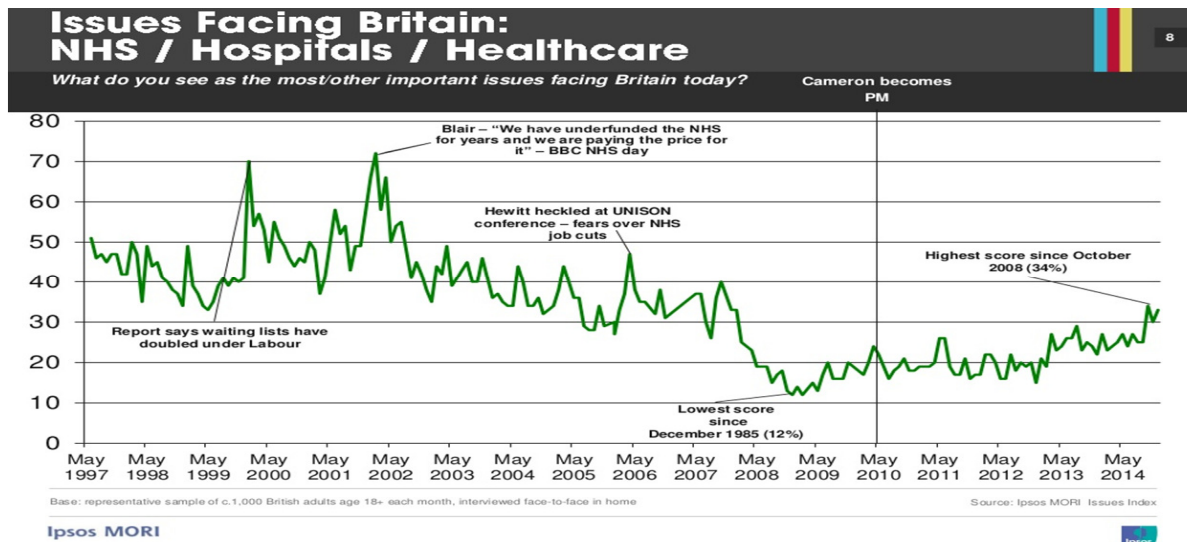
As detailed in the Sturgess report and in the last Trust Board papers, the actions taken must deliver:

- **Admission avoidance** – ensuring people receive care in the setting best suited to their needs rather than the Emergency Department.
- **Preventative care** – putting more emphasis on helping people to stay well with particular support to those with known long-term conditions or complex needs.

- **Improving processes within Leicester’s Hospitals** – improving the Emergency Department and patient flow within the hospitals to improve patient experience and ensure there is capacity in all areas.
- **Discharge processes across whole system** - ensuring there are simple discharge pathways with swift and efficient transfers of care

As requested by the Trust Board, the LLR urgent care dashboard is attached as appendix two.

Growing concerns about national performance are reflected in the most recent Ipsos Mori poll which show concerns about the NHS/ Hospitals and Healthcare reaching a six year high.

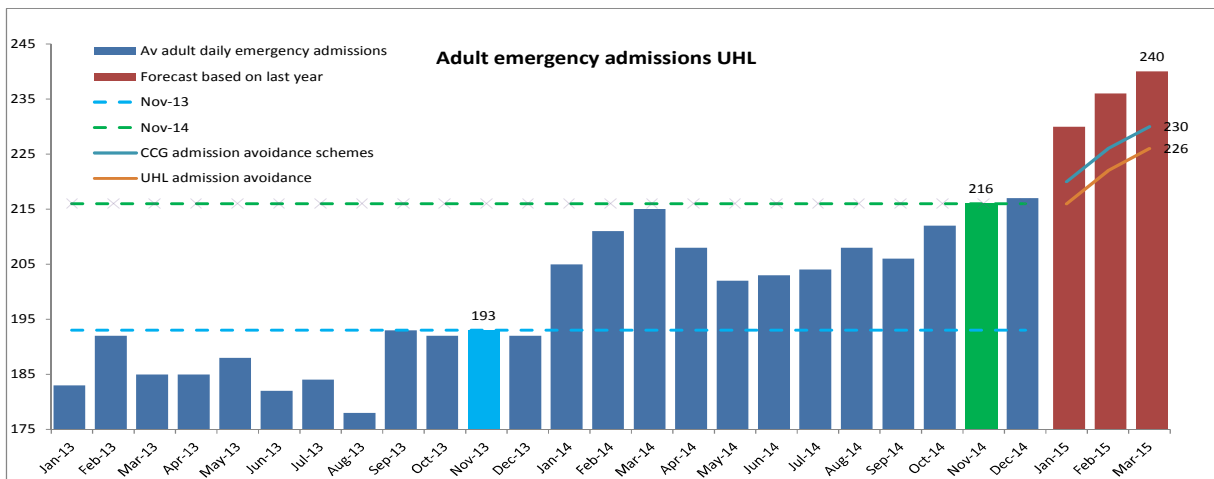


Source: <https://www.ipsos-mori.com/researchpublications/researcharchive/3496/EconomistIpsos-MORI-December-2014-Issues-Index.aspx>

### Conclusion

The conclusions from the December Trust Board are still valid. 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 and this is the intention of the new Operational Plan and its supporting arrangements.

Concerns remain about the rising level of admissions and plans to resolve this. If admissions rise at the same rate as last year, there will be 240 admissions per day in March 2015. 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

## Appendix One

Organisation	Improvement Requirement	Action(s)	KPI trajectory	Accountable lead	Delivery date	Operational delivery group	Status	Where closed, actions completed	Next Review Date
UHL	Implement the Ambulatory Emergency Care strategy	Re-implement acute physician GP phone triage (Newly added)	5% reduction in admissions (circa 4 patients per day)	Catherine Free	22-Dec-14	AMU subgroup of EQSG	4. On track	Plan was to trial from 22/12/14 but because of the requirement to open ward 42 at short notice whilst not shutting ward two and v high medical take meaning medical patients have been outlying across surgery, we have not had the doctors to implement this from 1700 to 2200. Bed bureau clinic are taking calls during the day.  1700 - 2200 action will be implemented 5/1/15	
UHL	Implement the Ambulatory Emergency Care strategy	1) Cohort six member of AEC network	5% reduction in admissions (circa 4 patients per day)	Lee Walker	31-Dec-14	AMU subgroup of EQSG	5. Complete	<u>Completed</u> Member of network	
UHL	Implement the Ambulatory Emergency Care strategy	2) Select priority pathways for implementation	5% reduction in admissions (circa 4 patients per day)	Lee Walker	31-Jan-15	AMU subgroup of EQSG	1. Not yet commenced	Information request in system	
UHL	Implement the Ambulatory Emergency Care strategy	3) Implement priority pathways	5% reduction in admissions (circa 4 patients per day)	Lee Walker	31-Mar-15	AMU subgroup of EQSG	1. Not yet commenced		
UHL	Improve ambulance turnaround	3) Continue to employ additional nurses to work in the assessment bay to minimise handover times	50% reduction in waits over 30 mins and 50% reduction in waits over one hour	Rachel Williams	14-Dec-14	ED subgroup of EQSG	5. Complete	<u>Completed</u> Additional nurses have been employed and are now working in the assessment bays to minimise handover times.	
UHL	Improve ambulance turnaround	1) Work with EMAS and CCGs to introduce RFID as the sole data set	50% reduction in waits over 30 mins and 50% reduction in waits over one hour	Rachel Williams	31-Dec-14	ED subgroup of EQSG	4. On track	Ongoing conversations about use of RFID vs CAD+ RM has emailed PB to ask for further confirmation of next actions.	
UHL	Improve ambulance turnaround	2) Use the new data set to agree the real scale of the problem	50% reduction in waits over 30 mins and 50% reduction in waits over one hour	Rachel Williams	31-Jan-15	ED subgroup of EQSG	1. Not yet commenced		
UHL	Improve front door (UCC/ED) interface/alignment	1) Continue weekly clinical meetings with UCC team	90% of patients triaged within 20 minutes	Julie Dixon	14-Dec-14	ED subgroup of EQSG	6. Complete and monthly review	<u>Monthly Review (Next review 14/1/15)</u> This has been implemented and weekly reviews with UCC Clinical Director in place.	14-Jan-15
UHL	Improve front door (UCC/ED) interface/alignment	3) Ensure UCC is supported to manage the '30 min' rule	90% of patients triaged within 20 minutes	Julie Dixon	14-Dec-14	ED subgroup of EQSG	6. Complete and monthly review	<u>Monthly Review (Next review 14/1/15)</u> This has been implemented and weekly reviews with UCC clinical director in place.	14-Jan-15
UHL	Improve front door (UCC/ED) interface/alignment	5) Ensure ED is not used as an admission route by other specialities from UCC	90% of patients triaged within 20 minutes	Julie Dixon	14-Dec-14	ED subgroup of EQSG	6. Complete and monthly review	<u>Monthly Review (Next review 14/1/15)</u> This has been implemented and weekly reviews with UCC Clinical Director in place. Notes audit on 3 days' worth of ED & UCC data to be undertaken. Results will be used to agree future clinical pathways.	14-Jan-15
UHL	Improve front door (UCC/ED) interface/alignment	4) Support the UCC where possible to ensure 'construction handover' date for the UCC takes place on the 19/12 and the move date is 23/12	90% of patients triaged within 20 minutes	Jane Edyvean	31-Dec-14	ED subgroup of EQSG	5. Complete	<u>Complete</u>	
UHL	Improve middle grade staffing resilience on AMU	1) Review remuneration rates for temporary medical staff on AMU	Greater than 40% in Q3 and greater than 70% in Q4 of GP referrals go directly to AMU	Lee Walker	31-Dec-14	AMU subgroup of EQSG	6. Complete and monthly review	<u>Next action due (by 31/12/14)</u> Verbal agreement for same remuneration as ED secured. Final documentation to be submitted.	31-Dec-14
UHL	Improve middle grade staffing resilience on AMU	2) Develop more resilient middle grade staffing model for AMU	Greater than 40% in Q3 and greater than 70% in Q4 of GP referrals go directly to AMU	Lee Walker	31-Mar-15	AMU subgroup of EQSG	1. Not yet commenced		

UHL	Improve the discharge process in medicine and cardio-respiratory	3) Implement the long length of stay review process	Supports 5% (total) reduction in medical bed occupancy by the end of Q4	Ian Lawrence	31-Dec-14	Base ward subgroup of EQSG	6. Complete and monthly review	Monthly Review (Next review 31/1/15) This has been mandated. Initial audit completed. Reaudit to be completed.	31-Jan-15
UHL	Improve the discharge process in medicine and cardio-respiratory	6) All patients to have an EDD and CCD set at first review on base wards including criteria for nurse delegated discharge	Supports 5% (total) reduction in medical bed occupancy by the end of Q4	Ian Lawrence	31-Dec-14	Base ward subgroup of EQSG	6. Complete and monthly review	Next Actions Patient cards to be handed out/implemented (awaiting printing). Nurse delegated discharge plan in preparation. Audit of compliance to be undertaken in January post card implementation.	31/01/2015
UHL	Improve the discharge process in medicine and cardio-respiratory	4) Wards to generate a list of next morning discharges with TTOs written the previous day	Supports 5% (total) reduction in medical bed occupancy by the end of Q4	Maria McAuley	15-Jan-15	Base ward subgroup of EQSG	4. On track	Next Actions (Report due by 15/1/15) Diagnostic in progress. TTO and pharmacy planning meeting completed on 18/12/14.	15-Jan-15
UHL	Improve the discharge process in medicine and cardio-respiratory	7) Prioritise therapy and specialist input to expediate simple discharge	Supports 5% (total) reduction in medical bed occupancy by the end of Q4	Maria McAuley	15-Jan-15	Base ward subgroup of EQSG	1. Not yet commenced		
UHL	Improve the discharge process in medicine and cardio-respiratory	8) Reskill ward staff to facilitate simple discharges	Supports 5% (total) reduction in medical bed occupancy by the end of Q4	Maria McAuley	15-Jan-15	Base ward subgroup of EQSG	1. Not yet commenced		
UHL	Improve the discharge process in medicine and cardio-respiratory	9) Liberate nursing time to drive discharges	Supports 5% (total) reduction in medical bed occupancy by the end of Q4	Maria McAuley	15-Jan-15	Base ward subgroup of EQSG	1. Not yet commenced		
UHL	Improve the discharge process in medicine and cardio-respiratory	2) Implement one stop ward rounds	Supports 5% (total) reduction in medical bed occupancy by the end of Q4	Ian Lawrence	31-Jan-15	Base ward subgroup of EQSG	1. Not yet commenced		
UHL	Improve the discharge process in medicine and cardio-respiratory	5) Eliminate rebeds / failed discharges for non clinical reasons	Supports 5% (total) reduction in medical bed occupancy by the end of Q4	Maria McAuley	28-Feb-15	Base ward subgroup of EQSG	4. On track		
UHL	Improve the discharge process in medicine and cardio-respiratory	1) Standardise the assertive MDT board round process seven days per week	Supports 5% (total) reduction in medical bed occupancy by the end of Q4	Ian Lawrence	31-Mar-14	Base ward subgroup of EQSG	4. On track		
UHL	Improve the resilience of ED processes	1) Implement improvements to Gold Command	70% of time ED occupancy less than 55 and no more than one hour wait to be seen time	Julie Dixon	07-Dec-14	ED subgroup of EQSG	6. Complete and monthly review	Monthly Review (Next review 7/1/15) Gold command improvements implemented and running smoothly. Attendance to be monitored in January.	07-Jan-15
UHL	Improve the resilience of ED processes	6) Ensure ED is not used as an admission route by other specialities	70% of time ED occupancy less than 55 and no more than one hour wait to be seen time	Julie Dixon	14-Dec-14	ED subgroup of EQSG	6. Complete and monthly review	Monthly Review (Next review 14/1/15) This has been established and regularly being enforced.	14-Jan-15
UHL	Improve the resilience of ED processes	7) Ensure ED is supported to manage the '30 min' rule	70% of time ED occupancy less than 55 and no more than one hour wait to be seen time	Julie Dixon	14-Dec-14	ED subgroup of EQSG	6. Complete and monthly review	Monthly Review (Next review 14/1/15) Pilot of 1pm meeting with oncall teams is supporting this. CHUGs and ESM in agreement. <b>MSS discussion required.</b>	14-Jan-15

UHL	Improve the resilience of ED processes	2) Set up a weekly journey meeting which reviews delays in processes within the ED dept	70% of time ED occupancy less than 55 and no more than one hour wait to be seen time	Julie Dixon	31-Dec-14	ED subgroup of EQSG	6. Complete and monthly review	Monthly Review (Next review 31/1/15) Reviews in place supported by tracker analysis to identify improvements.	31-Jan-15
UHL	Improve the resilience of ED processes	4) Ensure consistent application of floor management standard operating procedures (SOPs)	70% of time ED occupancy less than 55 and no more than one hour wait to be seen time	Ben Teasdale	31-Dec-14	ED subgroup of EQSG	6. Complete and monthly review	Monthly Review (Next review 31/1/15) SOPs are being applied.	31-Jan-15
UHL	Improve the resilience of ED processes	11) Develop and enforce whole hospital response relating to ED exit block (i.e. poor flow)	70% of time ED occupancy less than 55 and no more than one hour wait to be seen time	Andrew Furlong	15-Jan-15	ED subgroup of EQSG	4. On track	Monthly Review (Next review 15/01/15) Initial review of other hospital responses completed on 17/12/14. Draft UHL document has been completed and sent to CMGs for comment by 9 January 2015 and completion of one page template of specialty actions for each level of response to be completed by 15.1.15	31-Jan-15
UHL	Improve the resilience of ED processes	3) Address systematic delays identified in journey meetings (e.g. portering, transport)	70% of time ED occupancy less than 55 and no more than one hour wait to be seen time	Julie Dixon	15-Jan-15	ED subgroup of EQSG	1. Not yet commenced		
UHL	Improve the resilience of ED processes	9) Refresh ED medical staffing recruitment plan	70% of time ED occupancy less than 55 and no more than one hour wait to be seen time	Ben Teasdale/Rachael Williams	31-Jan-15	ED subgroup of EQSG	1. Not yet commenced		
UHL	Improve the resilience of ED processes	10) Implement ED SOPs relating to managing activity spikes and when there is exit block	70% of time ED occupancy less than 55 and no more than one hour wait to be seen time	Ben Teasdale	31-Jan-15	ED subgroup of EQSG	1. Not yet commenced		
UHL	Improve the resilience of ED processes	5) Expand the use of EDU pathways	70% of time ED occupancy less than 55 and no more	Ben Teasdale/ Mark Williams	31-Mar-15	ED subgroup of EQSG	1. Not yet commenced		
UHL	Improve the resilience of ED processes	8) Implement the 0800 'safety team'	70% of time ED occupancy less than 55 and no more than one hour wait to be seen time	Catherine Free	31-Jan-15	ED subgroup of EQSG	1. Not yet commenced		
UHL	Increase the proportion of GP bed referrals going directly to AMU	4) Keep bed bureau clinic empty overnight enabling improved flow in the morning	Greater than 40% in Q3 and greater than 70% in Q4 of GP referrals go directly to AMU	Lee Walker	14-Dec-14	AMU subgroup of EQSG	5. Complete	Completed Communication has been sent to staff regarding keeping Bed Bureau empty. Bed Bureau has been empty (bar one occasion).	
UHL	Increase the proportion of GP bed referrals going directly to AMU	1) Validate and agree with CCG commissioning team that the data set is accurate	Greater than 40% in Q3 and greater than 70% in Q4 of GP referrals go directly	Rachel Williams	31-Dec-14	AMU subgroup of EQSG	6. Complete and monthly review	Monthly Review (Next review 31/1/15) Agreed with CCG. This is occurring.	31-Jan-15
UHL	Increase the proportion of GP bed referrals going directly to AMU	2) Ensure senior decision maker presence within acute medical clinic between 0900 and 1700 seven days a week	Greater than 40% in Q3 and greater than 70% in Q4 of GP referrals go directly to AMU	Lee Walker	31-Jan-15	AMU subgroup of EQSG	1. Not yet commenced		
UHL	Increase the proportion of GP bed referrals going directly to AMU	3) Increasing bed capacity by three within the acute medical clinic (capital scheme)	Greater than 40% in Q3 and greater than 70% in Q4 of GP referrals go directly to AMU	Jane Edyvean	28-Feb-15	AMU subgroup of EQSG	1. Not yet commenced		



UHL	Reduce bed occupancy on the base wards	3) Increase consultant presence on short stay and key speciality base wards (34, 37 and 38) at the weekend	Supports 5% (total) reduction in medical bed occupancy by the end of Q4	Ian Lawrence	14-Dec-14	Base ward subgroup of EQSG	5. Complete	Completed Rota now in place and consultants are now present at weekends.	
UHL	Reduce bed occupancy on the base wards	1) All patients leaving the assessment unit must have a main diagnosis, plan and EDD	Supports 5% (total) reduction in medical bed occupancy by the end of Q4	Lee Walker	31-Dec-14	Base ward subgroup of EQSG	6. Complete and monthly review	Monthly Review (Next review 31/1/15) This has been mandated. Initial audit completed. Reaudit to be completed.	31-Jan-15
UHL	Reduce bed occupancy on the base wards	5) Implement peer review of ward rounds and long stay patients	Supports 5% (total) reduction in medical bed occupancy by the end of Q4	Ian Lawrence	31-Dec-14	Base ward subgroup of EQSG	6. Complete and monthly review	Monthly Review (Next review 31/1/15) This has been mandated. Peer review occurring and report to be shared internally to confirm improvements.	31-Jan-15
UHL	Reduce bed occupancy on the base wards	6) Ensure that patients 'sit out' or move to the discharge lounge asap and book ambulances when TTOs are complete	Supports 5% (total) reduction in medical bed occupancy by the end of Q4	Maria McAuley	31-Dec-14	Base ward subgroup of EQSG	6. Complete and monthly review	Monthly Review (Next review 31/1/15) Junior doctors working group and diagnostic in progress. Process mapping of transport pathway occurring.	31-Jan-15
UHL	Reduce bed occupancy on the base wards	7) Use metrics to identify high/ low achieving wards and support low achieving wards to improve	Supports 5% (total) reduction in medical bed occupancy by the end of Q4	Ian Lawrence	31-Dec-14	Base ward subgroup of EQSG	6. Complete and monthly review	Monthly Review (Next review 31/1/15) Metrics and diagnostics being collated and to be carried out in January with full project team.	31-Jan-15
UHL	Reduce bed occupancy on the base wards	8) Ensure accuracy of real time bed state	Supports 5% (total) reduction in medical bed occupancy by the end of Q4	Gill Staton	31-Jan-15	Base ward subgroup of EQSG	1. Not yet commenced		
UHL	Reduce bed occupancy on the base wards	2) Start base ward rounds now at 0830 and then move to 0800 start by 31/3 five days a week	Supports 5% (total) reduction in medical bed occupancy by the end of Q4	Ian Lawrence	31-Mar-15	Base ward subgroup of EQSG	1. Not yet commenced		
UHL	Reduce bed occupancy on the base wards	4) Establish the manpower, rota requirements and finances and necessary support staff for further extension of weekend consultant cover (links to seven day plan)	Supports 5% (total) reduction in medical bed occupancy by the end of Q4	Ian Lawrence	31-Mar-15	Base ward subgroup of EQSG	1. Not yet commenced		
UHL	Reduce bed occupancy on the base wards	9) Develop plan to implement electronic bed management system	Supports 5% (total) reduction in medical bed occupancy by the end of Q4	Rachel Overfield	31-Mar-15	Base ward subgroup of EQSG	1. Not yet commenced		
UHL	Reduce discharge delays caused by TTOs	1) Increase the volume of TTOs completed the day before discharge	Supports 5% (total) reduction in medical bed occupancy by the end of Q4	Maria McAuley	31-Dec-14	Base ward subgroup of EQSG	6. Complete and monthly review	Next Actions (Report due by 15/1/15) Diagnostic in progress.	15-Jan-15
UHL	Reduce discharge delays caused by TTOs	2) Prioritise pharmacy support to admission areas and base wards	Supports 5% (total) reduction in medical bed occupancy by the end of Q4	Maria McAuley	31-Dec-14	Base ward subgroup of EQSG	6. Complete and monthly review	Next Actions (Report due by 15/1/15) Diagnostic in progress.	15-Jan-15
UHL	Reduce the time to assessment by a consultant on the AMU	3) Start ward rounds at 0800	Greater than 40% in Q3 and greater than 70% in Q4 of patients are seen by a consultant within six hours	Lee Walker	07-Dec-14	AMU subgroup of EQSG	6. Complete and monthly review	Monthly Review (Next review 7/1/15) Implemented and observed majority of time but need to maintain monthly review.	07-Jan-15
UHL	Reduce the time to assessment by a consultant on the AMU	1) Validate and agree with CCG commissioning team that the data set is accurate	Greater than 40% in Q3 and greater than 70% in Q4 of patients are seen by a consultant within six hours	Rachel Williams	31-Dec-14	AMU subgroup of EQSG	6. Complete and monthly review	Monthly Review (Next review 31/1/15) Agreed with CCG. This is occurring.	31-Jan-15

UHL	Reduce the time to assessment by a consultant on the AMU	2) Ensure consultant presence on AMU is continuous with roving ward rounds between 0800 and 2100 Monday to Friday and 0800 and 2000 at the weekend	Greater than 40% in Q3 and greater than 70% in Q4 of patients are seen by a consultant within six hours	Lee Walker	31-Dec-14	AMU subgroup of EQSG	6. Complete and monthly review	<u>Monthly Review (Next review 31/1/15)</u> Continuous consultant presence implemented.	31-Jan-15
UHL	Review ED staffing	1) Review existing ED staffing to ensure optimum balance of capacity and demand (faciliated with simulation)	70% of time ED occupancy less than 55 and no more than one hour wait to be seen time	Ben Teasdale	31-Dec-14	ED subgroup of EQSG	6. Complete and monthly review	<u>Monthly Review (Next review 31/1/15)</u> staffing changes made in Paeds as agreed. Initial simulation meeting completed 17/12/15. Further modelling to take place as part of the simulation work to test optimum staffing levels.	31-Jan-15

**URGENT CARE  
DASHBOARD REPORT  
WEEK 38**

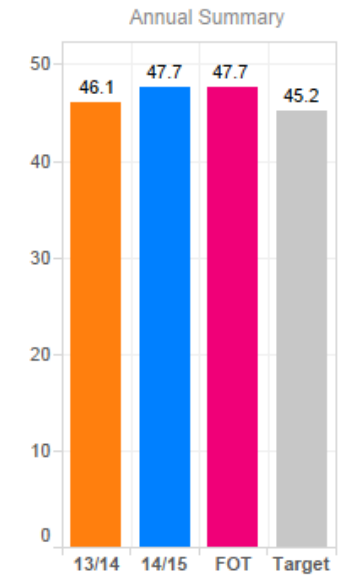
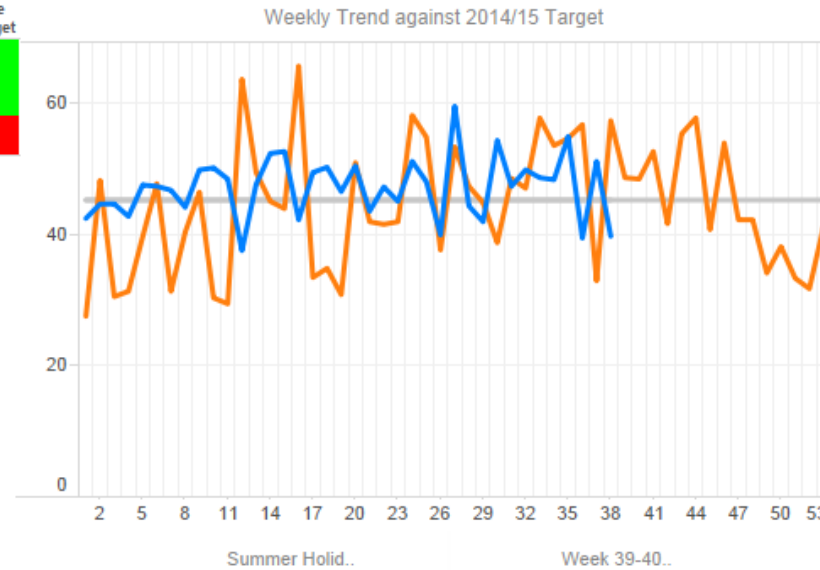
BASE WARDS

Urgent Care Weekly Dashboard

Week 38 - Run 29th December 2014

- Base Wards
- Discharge
- Emergency Department and Admission Units
- Inflow

	13/14	14/15	FOT	Target	Variance from Target
UHL EM 65+ <4 Days LOS by %	46.1	47.7	47.7	45.2	5.5%
UHL EM 65+ with LOS 10+	8,385	5,372	7,550	7,966	-5.2%
UHL EM <65 <4 Days LOS by %	78.3	74.2	74.2	75.8	-2.1%



Monthly Values and Variance against the 2014/15 Target

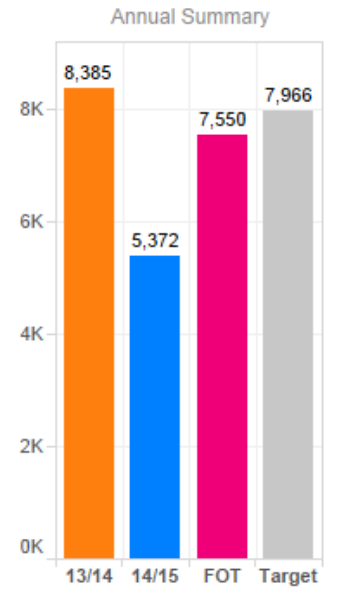
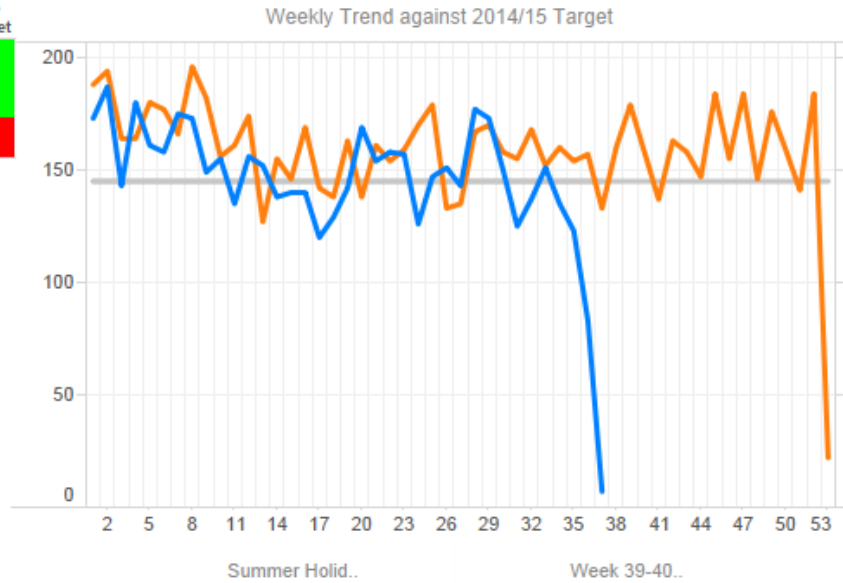
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	
2013/14	36.2	37.5	43.8	44.8	39.8	48.2	46	53	48.6	52.6	44	37.5	44.4
2014/15	43.9	46.3	47.9	49.1	46.6	49.8	48.6	48	48.9				47.7
Target	45.2	45.2	45.2	45.2	45.2	45.2	45.2	45.2	45.2				45.2
Variance by %	-2.9	2.4	6.0	8.6	3.1	10.2	7.5	6.2	8.2				5.5
	<span style="color: red;">■</span>	<span style="color: green;">■</span>	<span style="color: green;">■</span>	<span style="color: green;">■</span>	<span style="color: green;">■</span>	<span style="color: green;">■</span>	<span style="color: green;">■</span>	<span style="color: green;">■</span>	<span style="color: green;">■</span>				

# Urgent Care Weekly Dashboard

Week 38 - Run 29th December 2014

- Base Wards
- Discharge
- Emergency Department and Admission Units
- Inflow

	13/14	14/15	FOT	Target	Variance from Target
UHL EM 65+ <4 Days LOS by %	46.1	47.7	47.7	45.2	5.5%
UHL EM 65+ with LOS 10+	8,385	5,372	7,550	7,966	-5.2%
UHL EM <65 <4 Days LOS by %	78.3	74.2	74.2	75.8	-2.1%



Monthly Values and Variance against the 2014/15 Target

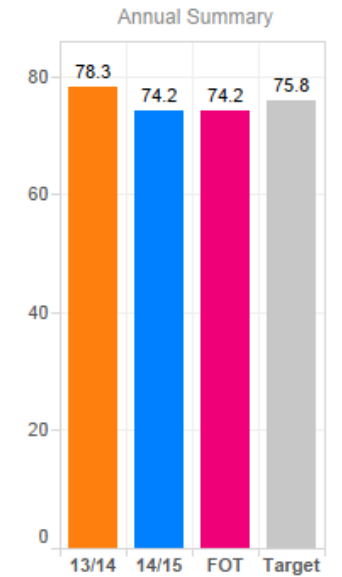
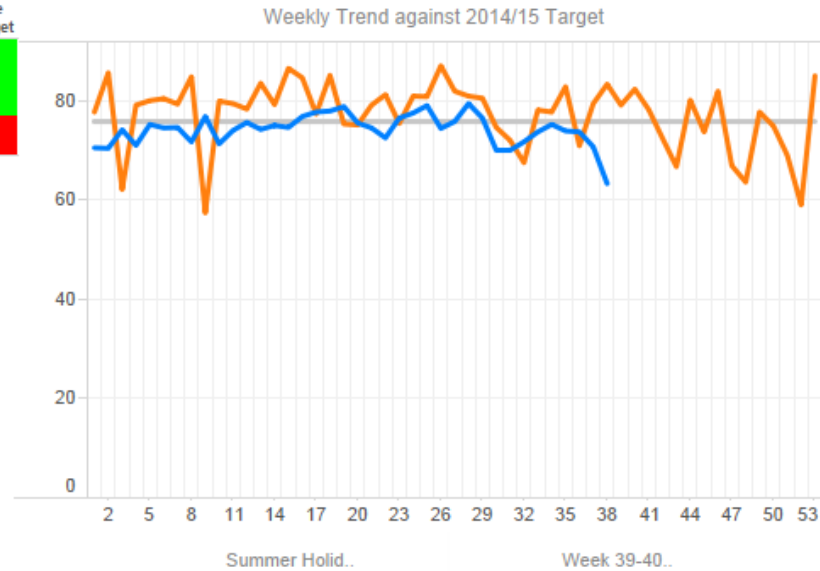
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	
2013/14	751	828	650	662	679	684	699	683	701	683	656	722	8,398
2014/15	727	735	635	595	681	619	697	578	105				5,372
Target	664	664	664	664	664	664	664	664	664				664
Variance by %	9.5	10.7	-4.4	-10.4	2.6	-6.8	5.0	-13.0	-84.2				709.0
	<span style="color: red;">■</span>	<span style="color: red;">■</span>	<span style="color: green;">■</span>	<span style="color: green;">■</span>	<span style="color: red;">■</span>	<span style="color: green;">■</span>	<span style="color: red;">■</span>	<span style="color: green;">■</span>	<span style="color: green;">■</span>				

# Urgent Care Weekly Dashboard

Week 38 - Run 29th December 2014

- Base Wards
- Discharge
- Emergency Department and Admission Units
- Inflow

	13/14	14/15	FOT	Target	Variance from Target
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UHL EM <65 <4 Days LOS by %	78.3	74.2	74.2	75.8	-2.1%



Monthly Values and Variance against the 2014/15 Target

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	
2013/14	78	77.1	73.9	82.5	78.4	82.7	78.4	74.3	79.5	74.7	77.6	68.7	77.2
2014/15	72.1	74.5	74.6	76.8	76.3	75.4	73.6	72.6	71.3				74.2
Target	75.8	75.8	75.8	75.8	75.8	75.8	75.8	75.8	75.8				75.8
Variance by %	-4.9	-1.7	-1.6	1.3	0.7	-0.5	-2.9	-4.2	-5.9				-2.1
	■	■	■	■	■	■	■	■	■				

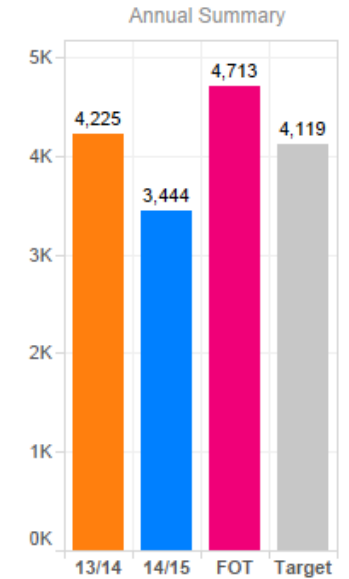
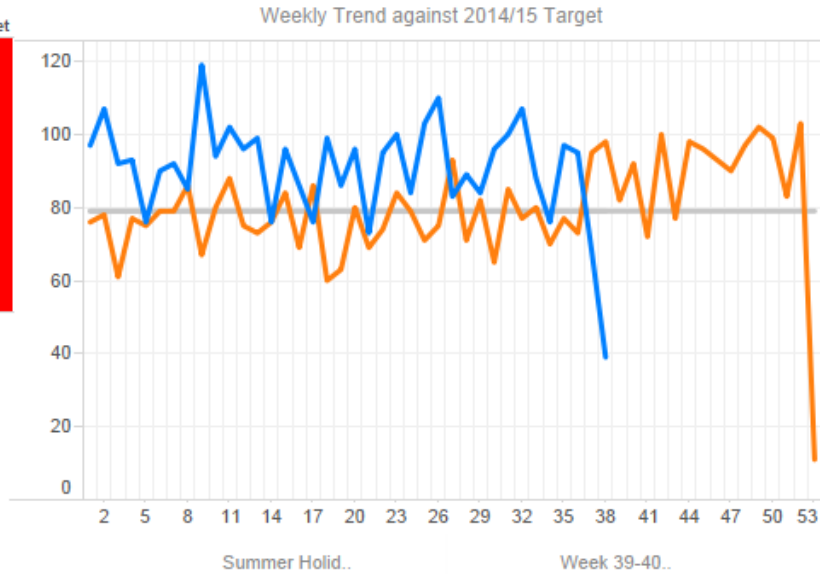
DISCHARGE

Urgent Care Weekly Dashboard

Week 38 - Run 29th December 2014

- Base Wards
- Discharge
- Emergency Department and Admission Units
- Inflow

	13/14	14/15	FOT	Target	Variance from Target
30 Days Medical Readmissions 65+	4,225	3,444	4,713	4,119	14.4%
30 Days Medical Readmissions <65	2,438	1,972	2,699	2,377	13.5%
DTOC days delayed up to census date	12,196	9,524	13,033	10,976	18.7%
DTOC Patients Delayed by %	4.4	4.8	4.8	3.5	37.1%
EM 30 Days Medical Readmissions	6,663	5,416	7,411	6,496	14.1%
UHL EM Discharged to Admitting Address by %	81.4	84	84	89.4	-6.0%
UHL Non Elective Pre-Midday Discharges by %	17.7	17.6	17.6	25	-29.6%



Monthly Values and Variance against the 2014/15 Target

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	
2013/14	320	343	331	345	307	333	355	324	376	400	376	415	4,225
2014/15	415	403	424	392	376	427	411	383	213				3,444
Target	343	343	343	343	343	343	343	343	343				343
Variance by %	21.0	17.5	23.6	14.3	9.6	24.5	19.8	11.7	-37.9				904.1

Legend: Red square indicates negative variance, Green square indicates positive variance.





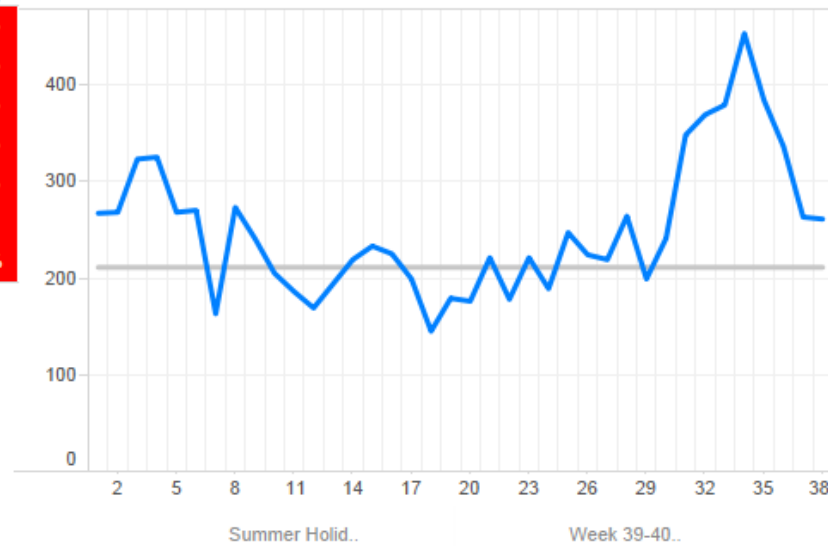
# Urgent Care Weekly Dashboard

Week 38 - Run 29th December 2014

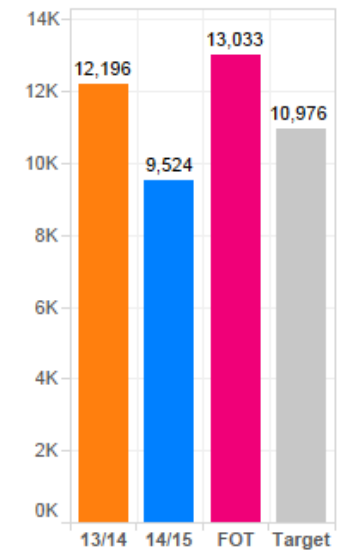
- Base Wards
- Discharge
- Emergency Department and Admission Units
- Inflow

	13/14	14/15	FOT	Target	Variance from Target
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Weekly Trend against 2014/15 Target

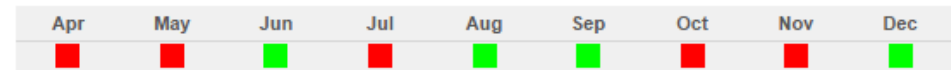


Annual Summary



Monthly Values and Variance against the 2014/15 Target

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	
2014/15	1,183	1,215	754	1,021	754	881	1,271	1,585	860	9,524

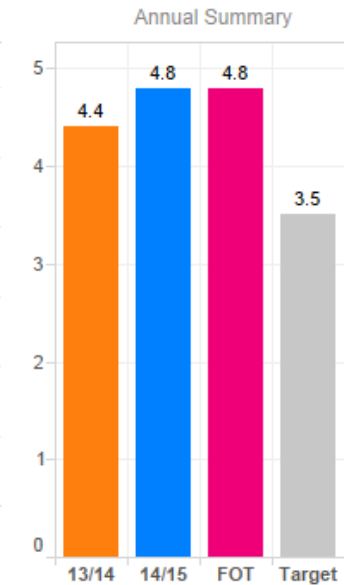
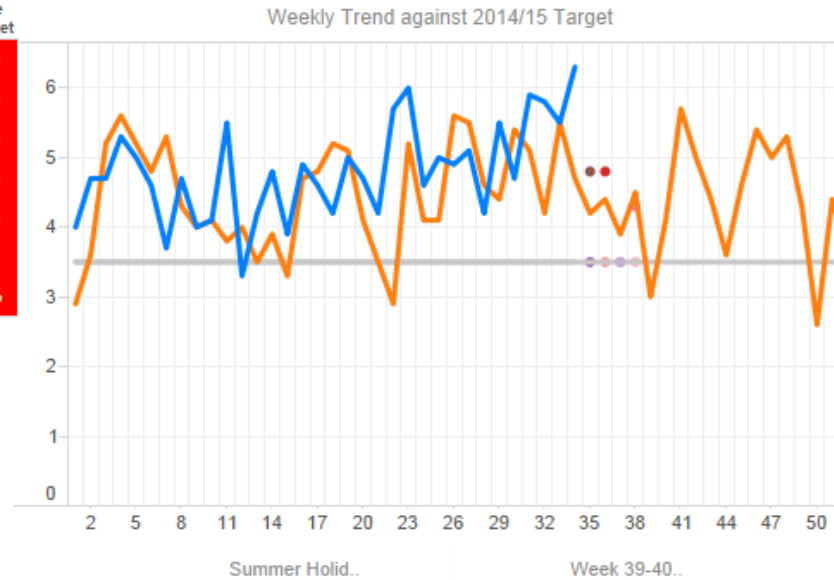


# Urgent Care Weekly Dashboard

Week 38 - Run 29th December 2014

- Base Wards
- Discharge
- Emergency Department and Admission Unit
- Inflow

	13/14	14/15	FOT	Target	Variance from Target
30 Days Medical Readmissions 65+	4,225	3,444	4,713	4,119	14.4%
30 Days Medical Readmissions <65	2,438	1,972	2,699	2,377	13.5%
DTOC days delayed up to census date	12,196	9,524	13,033	10,976	18.7%
<b>DTOC Patients Delayed by %</b>	<b>4.4</b>	<b>4.8</b>	<b>4.8</b>	<b>3.5</b>	<b>37.1%</b>
EM 30 Days Medical Readmissions	6,663	5,416	7,411	6,496	14.1%
UHL EM Discharged to Admitting Address by %	81.4	84	84	89.4	-6.0%
UHL Non Elective Pre-Midday Discharges by %	17.7	17.6	17.6	25	-29.6%



Monthly Values and Variance against the 2014/15 Target

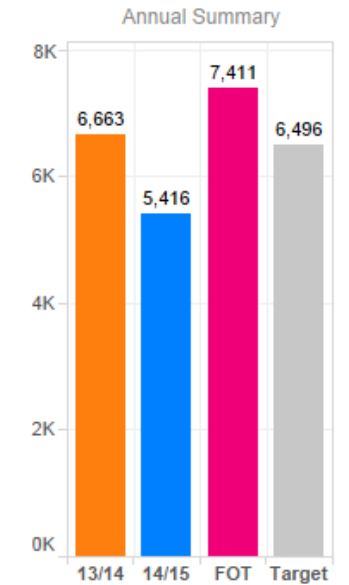
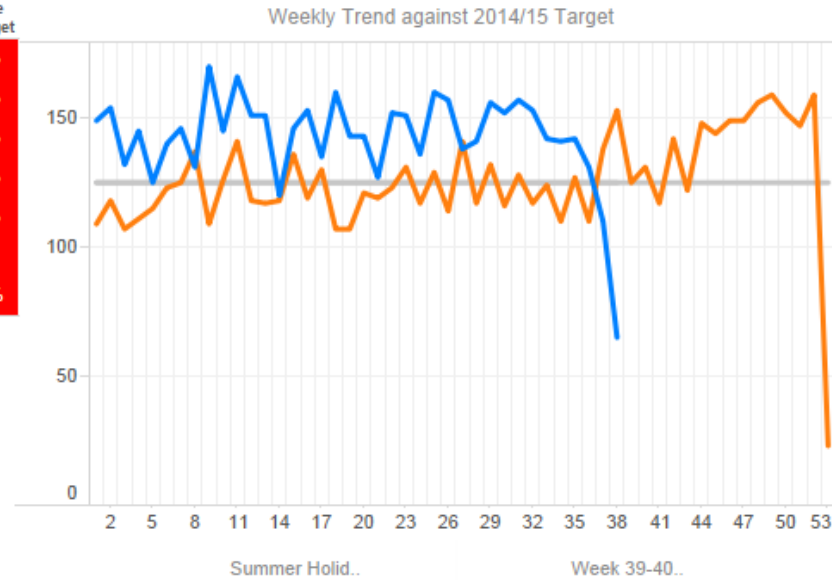
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Target
2013/14	4.3	4.7	3.8	4.2	4.2	4.8	5	4.7	3.9	4.6	5.1	3.8	4.4
2014/15	4.7	4.4	4.3	4.5	4.9	5.1	5.1	5.9					4.8
2014/16								4.8					4.8
Variance by %	34.3	25.7	22.9	28.6	40.0	45.7	45.7	68.6					37.1
2014/15								4.8					4.8

# Urgent Care Weekly Dashboard

Week 38 - Run 29th December 2014

- Base Wards
- Discharge
- Emergency Department and Admission Units
- Inflow

	13/14	14/15	FOT	Target	Variance from Target
30 Days Medical Readmissions 65+	4,225	3,444	4,713	4,119	14.4%
30 Days Medical Readmissions <65	2,438	1,972	2,699	2,377	13.5%
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DTOC Patients Delayed by %	4.4	4.8	4.8	3.5	37.1%
<b>EM 30 Days Medical Readmissions</b>	<b>6,663</b>	<b>5,416</b>	<b>7,411</b>	<b>6,496</b>	<b>14.1%</b>
UHL EM Discharged to Admitting Address by %	81.4	84	84	89.4	-6.0%
UHL Non Elective Pre-Midday Discharges by %	17.7	17.6	17.6	25	-29.6%



Monthly Values and Variance against the 2014/15 Target

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	
2013/14	484	550	522	552	514	526	575	505	571	596	600	668	6,663
2014/15	628	615	662	641	614	657	667	611	321				5,416
Target	541	541	541	541	541	541	541	541	541				541
Variance by %	16.1	13.7	22.4	18.5	13.5	21.4	23.3	12.9	-40.7				901.1

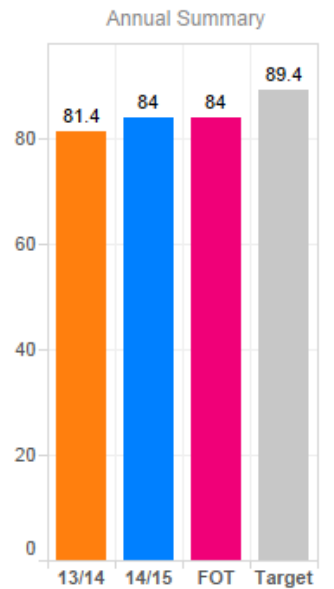
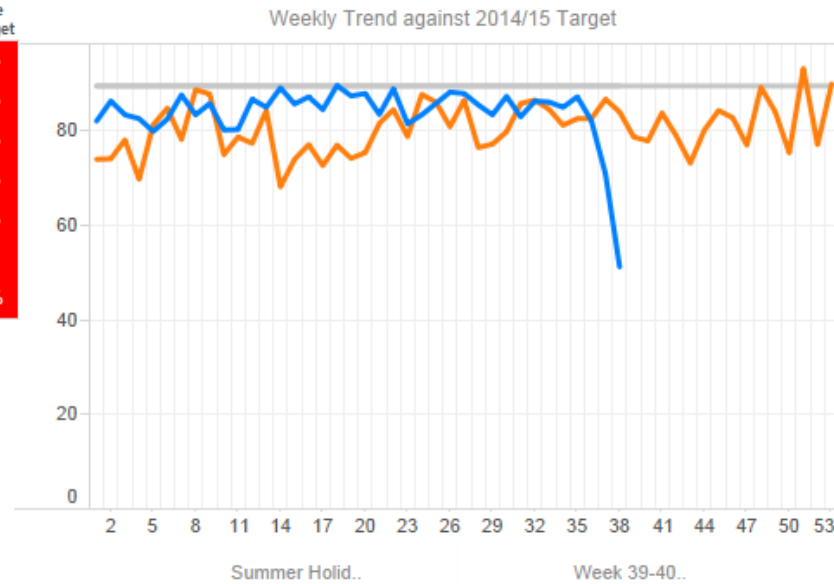
Legend for Variance by %: Red square indicates negative variance, Green square indicates positive variance.

# Urgent Care Weekly Dashboard

Week 38 - Run 29th December 2014

- Base Wards
- Discharge
- Emergency Department and Admission Units
- Inflow

	13/14	14/15	FOT	Target	Variance from Target
30 Days Medical Readmissions 65+	4,225	3,444	4,713	4,119	14.4%
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<b>UHL EM Discharged to Admitting Address by %</b>	<b>81.4</b>	<b>84</b>	<b>84</b>	<b>89.4</b>	<b>-6.0%</b>
UHL Non Elective Pre-Midday Discharges by %	17.7	17.6	17.6	25	-29.6%



Monthly Values and Variance against the 2014/15 Target

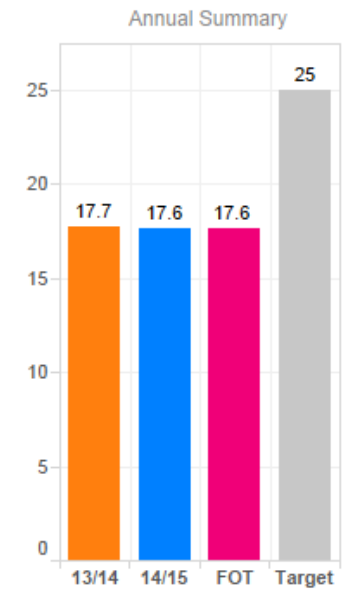
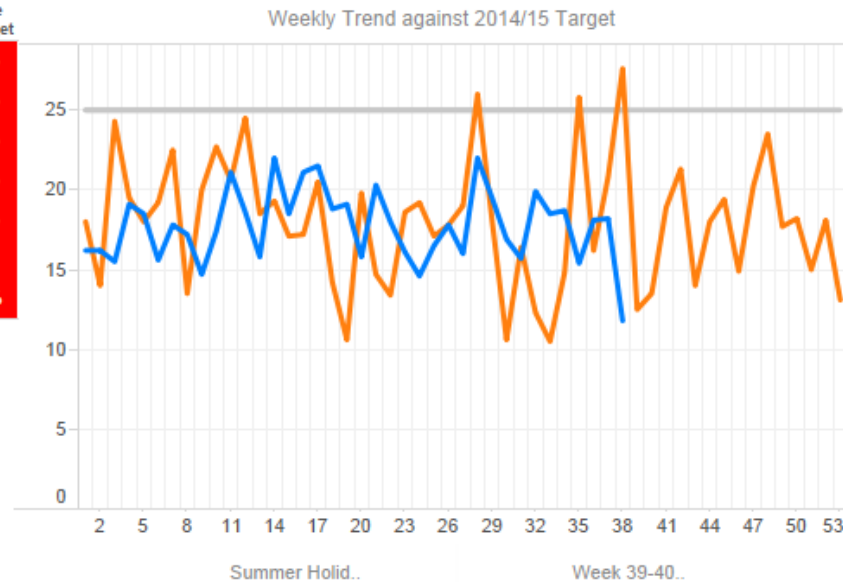
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	
2013/14	77	82.6	80.4	73.5	78.1	85.3	79.2	84.4	81.8	80.2	81.6	85	80.9
2014/15	81.6	85.1	83.3	87.8	86.2	86.5	84.6	85.5	73.3				84
Target	89.4	89.4	89.4	89.4	89.4	89.4	89.4	89.4	89.4				89.4
Variance by %	-8.7	-4.8	-6.8	-1.8	-3.6	-3.2	-5.4	-4.4	-18.0				-8.0

# Urgent Care Weekly Dashboard

Week 38 - Run 29th December 2014

- Base Wards
- Discharge
- Emergency Department and Admission Units
- Inflow

	13/14	14/15	FOT	Target	Variance from Target
30 Days Medical Readmissions 65+	4,225	3,444	4,713	4,119	14.4%
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UHL EM Discharged to Admitting Address by %	81.4	84	84	89.4	-6.0%
<b>UHL Non Elective Pre-Midday Discharges by %</b>	<b>17.7</b>	<b>17.6</b>	<b>17.6</b>	<b>25</b>	<b>-29.6%</b>



Monthly Values and Variance against the 2014/15 Target													
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	
2013/14	17.9	17.7	23.1	18	15.2	16.3	18.2	15.1	19.8	17.4	19.5	17.1	17.9
2014/15	17.2	16.8	17.3	19.6	20.2	15.3	18.5	17.9	15.4				17.8
Target	25	25	25	25	25	25	25	25	25				25
Variance by %	-31.2	-32.8	-30.8	-21.6	-19.2	-38.8	-26.0	-28.4	-38.4				-29.6

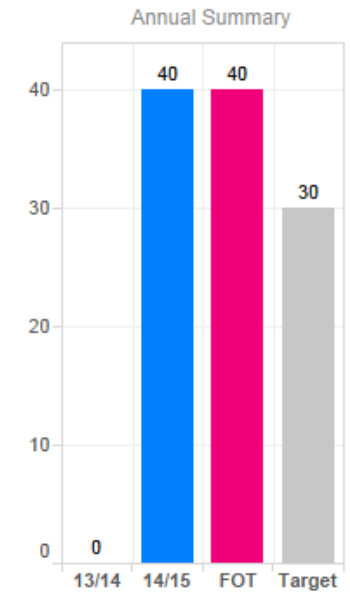
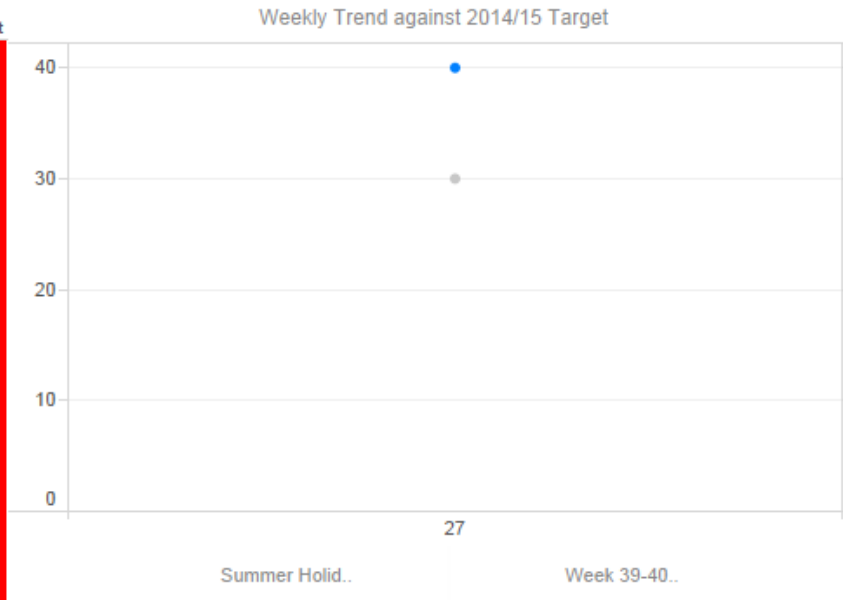
EMERGENCY DEPARTMENTS AND ADMISSION UNITS

Urgent Care Weekly Dashboard

Week 38 - Run 29th December 2014

- Base Wards
- Discharge
- Emergency Department and Admission Units
- Inflow

	13/14	14/15	FOT	Target	Variance from Target
ED occupancy is above 55 pts by %	0	40	40	30	33.3%
Empty beds in AMU at 6pm	0	4	4	8	-50.0%
Medical gap in ED workforce	0	15	15	7	114.3%
Nursing gap in ED workforce	0	10	10	5	100.0%
UHL AE 4 hrs Admitted by %	55.9	59	59	95	-37.9%
UHL AE 4 hrs by %	90.5	90.5	90.5	95	-4.7%
UHL AE 4 hrs Non-Admitted by %	91.5	91.1	91.1	95	-4.1%
UHL AE by % Nurse Led Assessment <20 Mins..	40.2	35	35	44.2	-20.8%
UHL AE Waiting in for Admission at 8am	0	7	7	4	75.0%
UHL EM Falls 65+	2,073	1,471	2,013	1,866	7.9%
UHL EM Admissions	75,029	61,732	84,475	71,278	18.5%
UHL EM via AE	38,265	30,226	41,362	36,352	13.8%
UHL EM via Bed Bureau	11,639	9,206	12,598	11,057	13.9%
UHL EM via Consultant (OP)	2,274	1,791	2,451	2,160	13.5%
UHL EM via GP	8,018	6,130	8,388	7,617	10.1%
UHL EM via GP/Bed Bureau with 0 LoS	5,710	4,247	5,812	5,139	13.1%
UHL EM via Other Means	14,833	14,379	19,677	14,091	39.6%



Monthly Values and Variance against the 2014/15 Target

Year	Sep	Target
2014/15	40	40

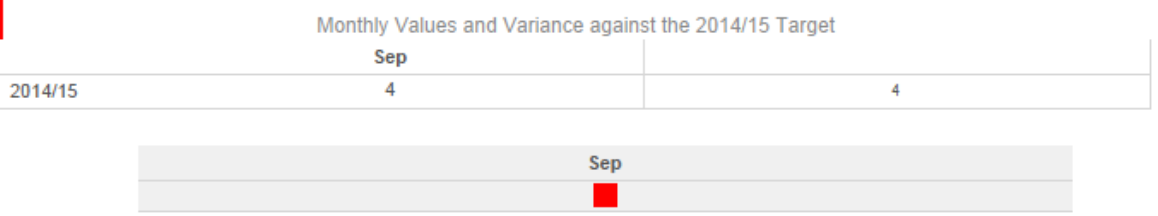
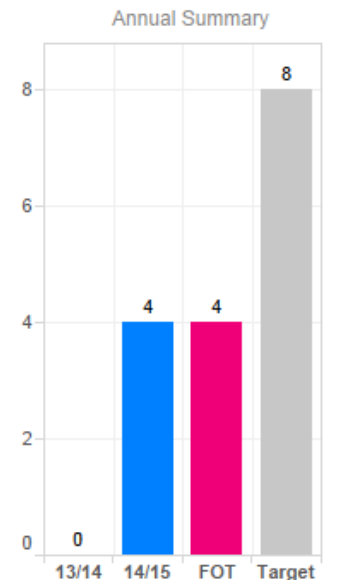
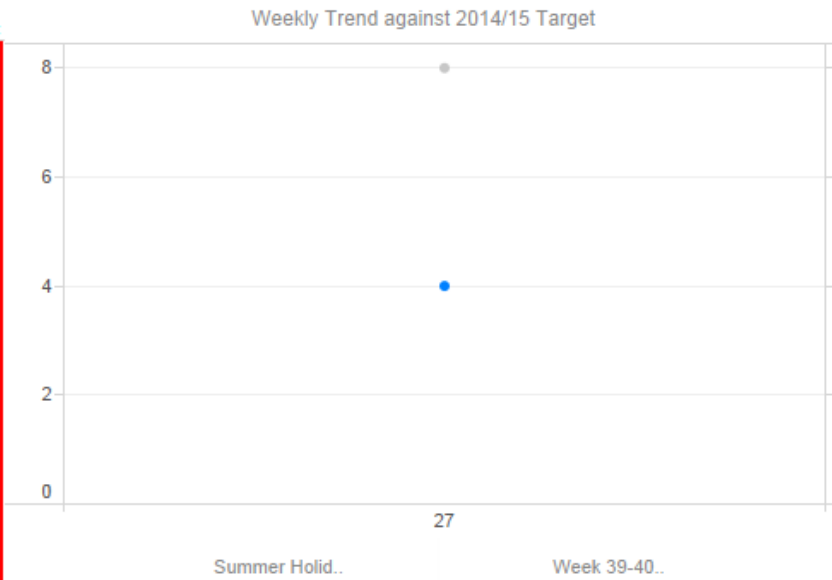


# Urgent Care Weekly Dashboard

Week 38 - Run 29th December 2014

- Base Wards
- Discharge
- Emergency Department and Admission Units
- Inflow

	13/14	14/15	FOT	Target	Variance from Target
ED occupancy is above 55 pts by %	0	40	40	30	33.3%
Empty beds in AMU at 6pm	0	4	4	8	-50.0%
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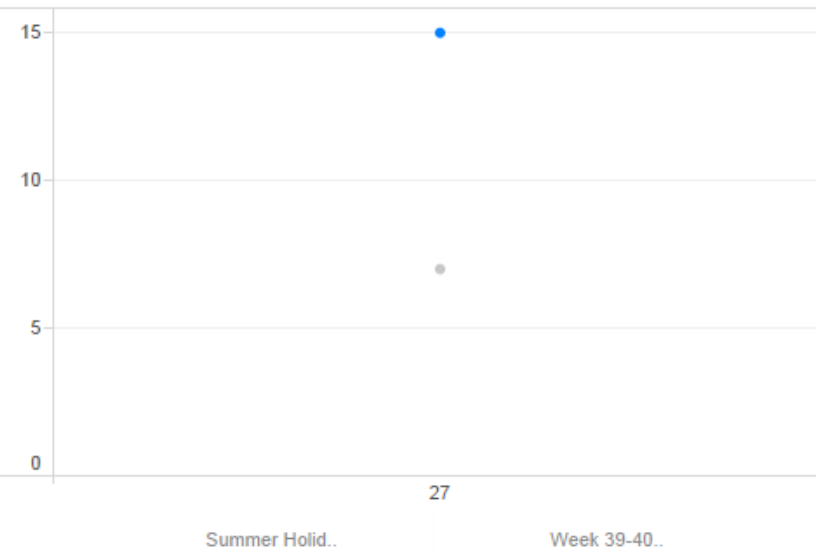
# Urgent Care Weekly Dashboard

Week 38 - Run 29th December 2014

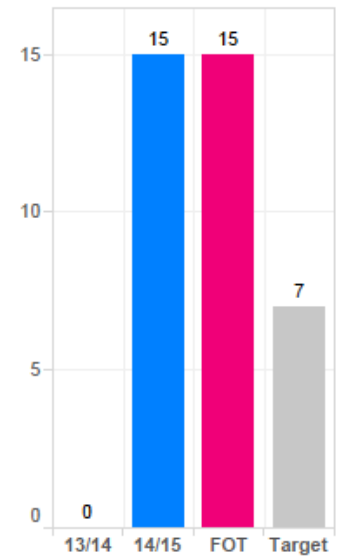
- Base Wards
- Discharge
- Emergency Department and Admission Units
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	13/14	14/15	FOT	Target	Variance from Target
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Weekly Trend against 2014/15 Target

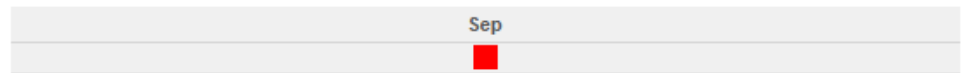


Annual Summary



Monthly Values and Variance against the 2014/15 Target

	Sep	
2014/15	15	15





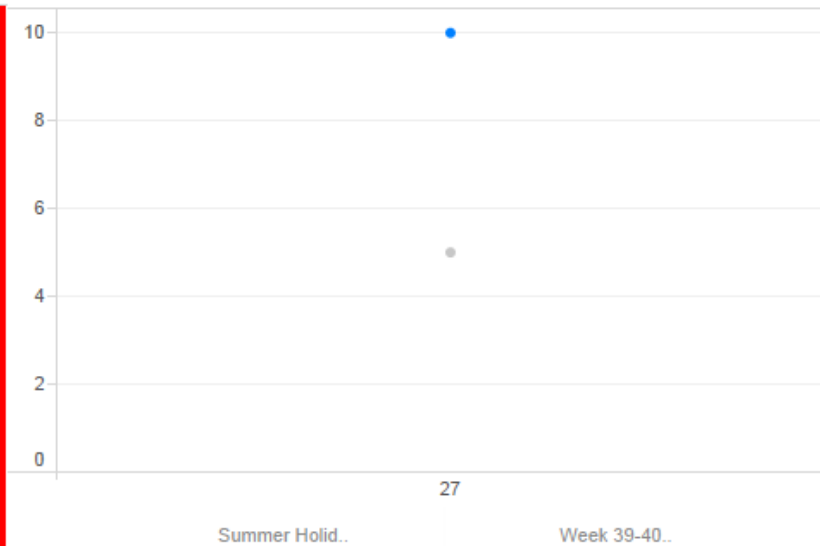
# Urgent Care Weekly Dashboard

Week 38 - Run 29th December 2014

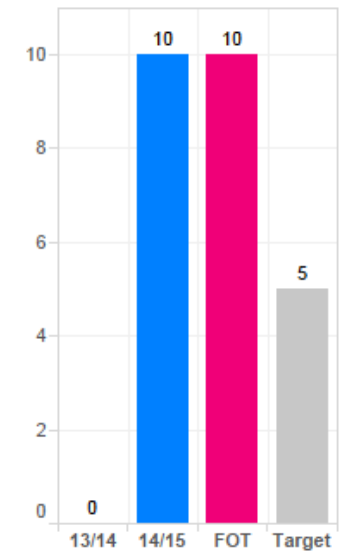
- Base Wards
- Discharge
- Emergency Department and Admission Units
- Inflow

	13/14	14/15	FOT	Target	Variance from Target
ED occupancy is above 55 pts by %	0	40	40	30	33.3%
Empty beds in AMU at 6pm	0	4	4	8	-50.0%
Medical gap in ED workforce	0	15	15	7	114.3%
<b>Nursing gap in ED workforce</b>	<b>0</b>	<b>10</b>	<b>10</b>	<b>5</b>	<b>100.0%</b>
UHL AE 4 hrs Admitted by %	55.9	59	59	95	-37.9%
UHL AE 4 hrs by %	90.5	90.5	90.5	95	-4.7%
UHL AE 4 hrs Non-Admitted by %	91.5	91.1	91.1	95	-4.1%
UHL AE by % Nurse Led Assessment <20 Mins..	40.2	35	35	44.2	-20.8%
UHL AE Waiting in for Admission at 8am	0	7	7	4	75.0%
UHL EM Falls 65+	2,073	1,471	2,013	1,866	7.9%
UHL EM Admissions	75,029	61,732	84,475	71,278	18.5%
UHL EM via AE	38,265	30,226	41,362	36,352	13.8%
UHL EM via Bed Bureau	11,639	9,206	12,598	11,057	13.9%
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UHL EM via GP	8,018	6,130	8,388	7,617	10.1%
UHL EM via GP/Bed Bureau with 0 LoS	5,710	4,247	5,812	5,139	13.1%
UHL EM via Other Means	14,833	14,379	19,677	14,091	39.6%

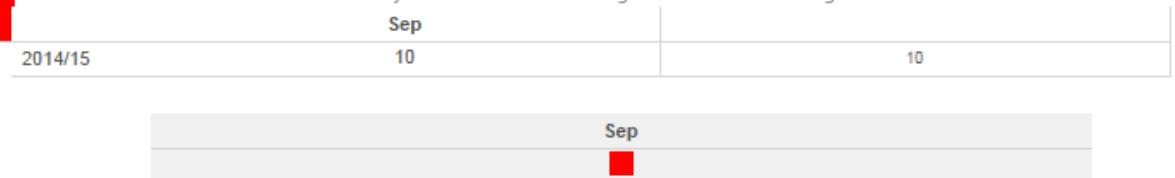
Weekly Trend against 2014/15 Target



Annual Summary



Monthly Values and Variance against the 2014/15 Target

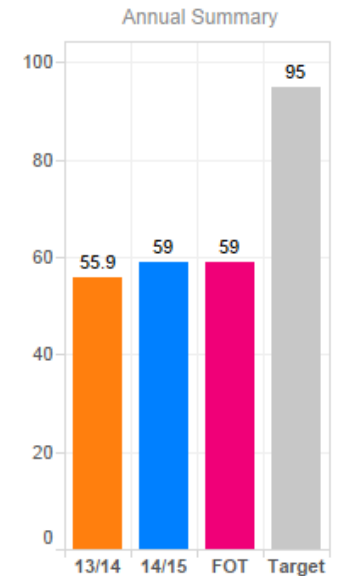
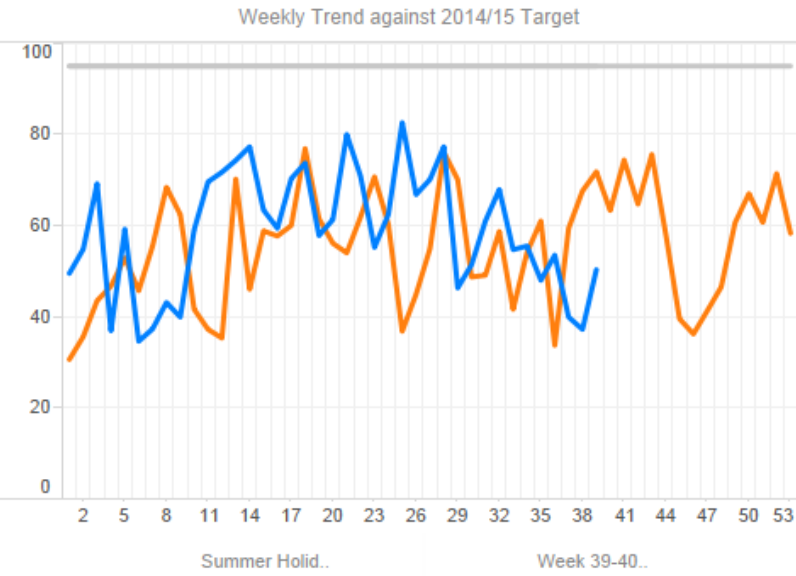


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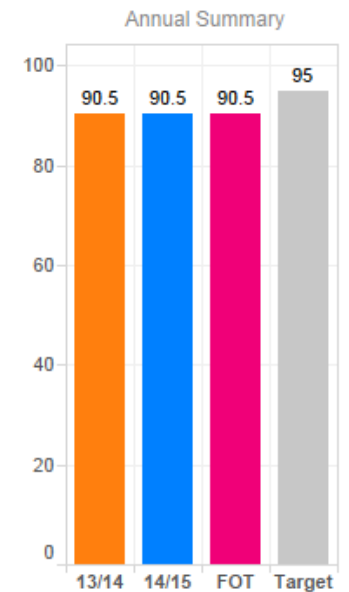
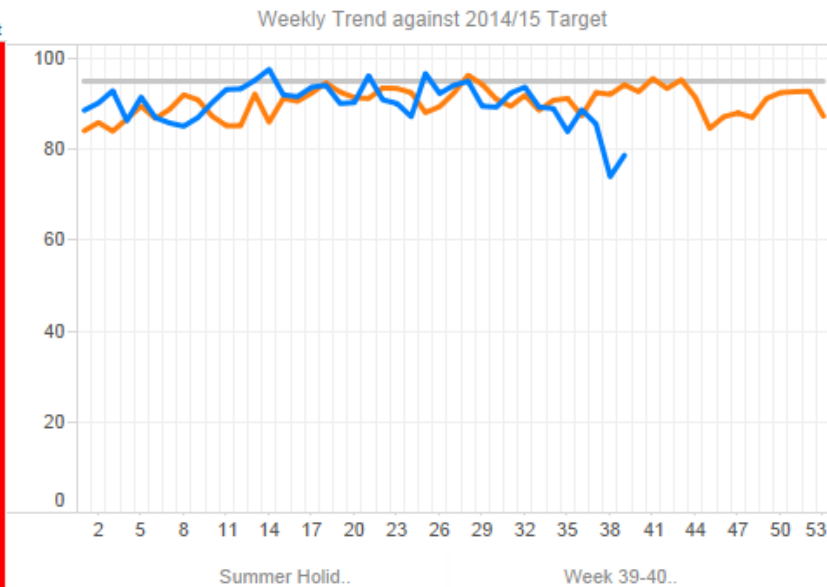
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	
2013/14	38.4	62	47.8	58.7	61.5	56.6	60.3	52.3	59.8	69.6	42.2	60.1	55.9
2014/15	53.3	44.3	62.1	69.7	68.1	68.1	59.7	60.3	44				59
Target	95	95	95	95	95	95	95	95	95				95
Variance by %	-43.9	-53.4	-34.6	-26.6	-28.3	-28.3	-37.2	-36.5	-53.7				-37.9

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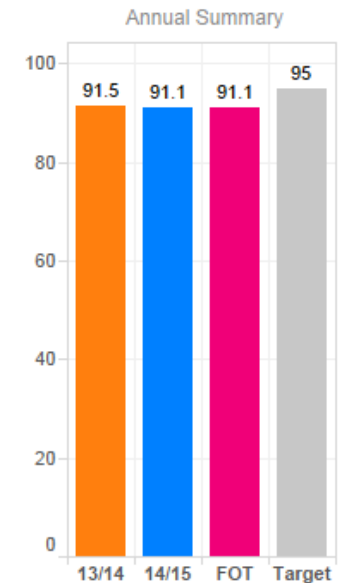
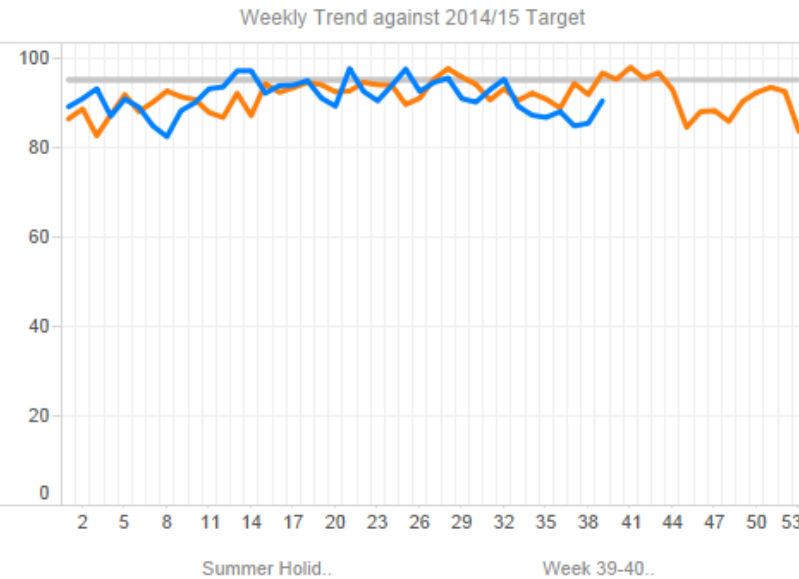
Monthly Values and Variance against the 2014/15 Target													
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	
2013/14	85.2	90.6	88	90.5	92.7	91.8	93.2	89.8	91.8	94.2	87.4	90.3	90.5
2014/15	90.2	87.5	92.4	93.8	92.5	91.7	92	91.3	81.1				90.5
Target	95	95	95	95	95	95	95	95	95				95
Variance by %	-5.1	-7.9	-2.7	-1.3	-2.6	-3.5	-3.2	-3.9	-14.6				-4.7
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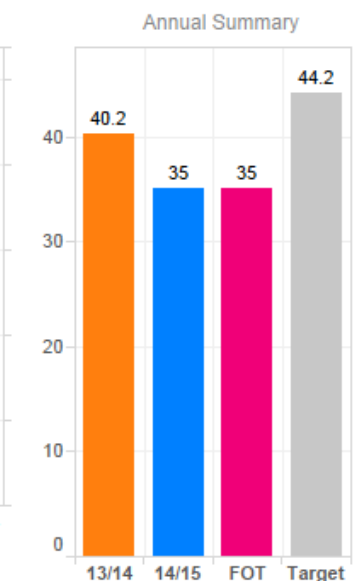
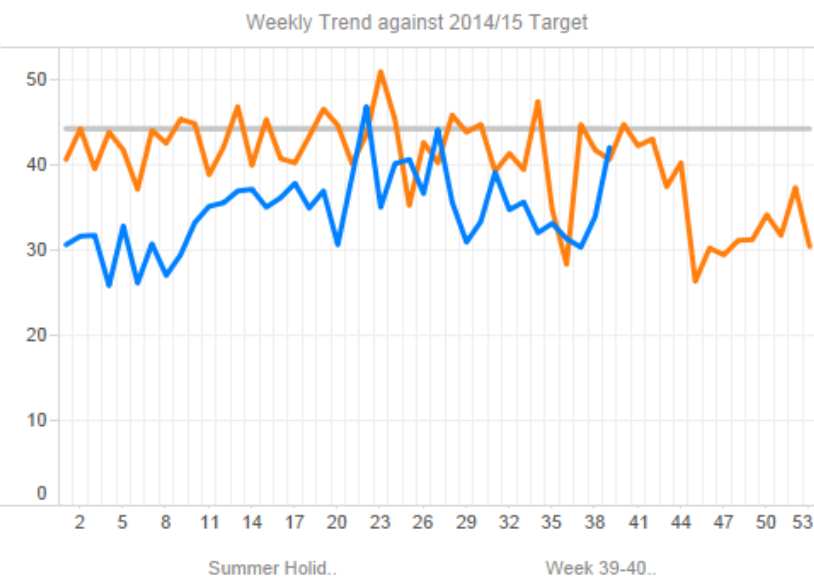
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	
2013/14	86.6	91.5	89.5	91.6	93.7	93.4	94.9	90.6	92.9	96.4	87.7	89	91.5
2014/15	90.6	86.6	92.1	94.7	92.6	93.1	92.8	91.2	86.3				91.1
Target	95	95	95	95	95	95	95	95	95				95
Variance by %	-4.6	-8.8	-3.1	-0.3	-2.5	-2.0	-2.3	-4.0	-9.2				-4.1

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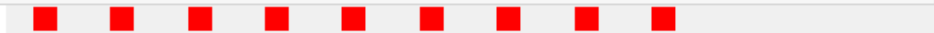
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2013/14	41.4	42.3	44	41.5	44.1	43.3	43.3	39.9	39.7	40.3	31.8	32.2	40.2
2014/15	31.3	29.1	33.4	36.1	35.6	43.2	33.7	37.3	33.5				35
Target	44.2	44.2	44.2	44.2	44.2	44.2	44.2	44.2	44.2				44.2
Variance by %	-29.2	-34.2	-24.4	-18.3	-19.5	-2.3	-23.8	-15.6	-24.2				-20.8



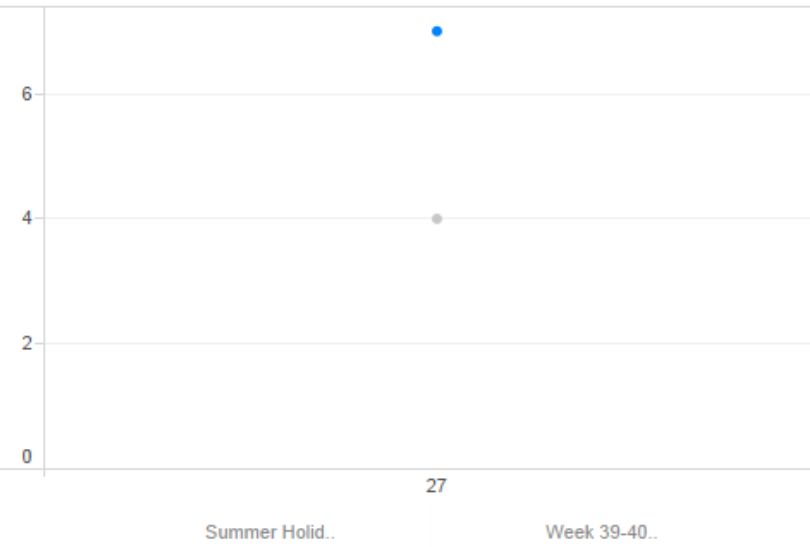
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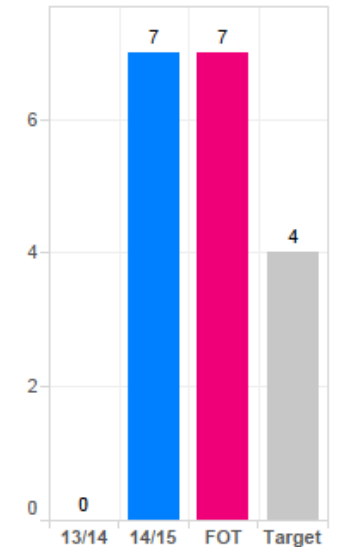
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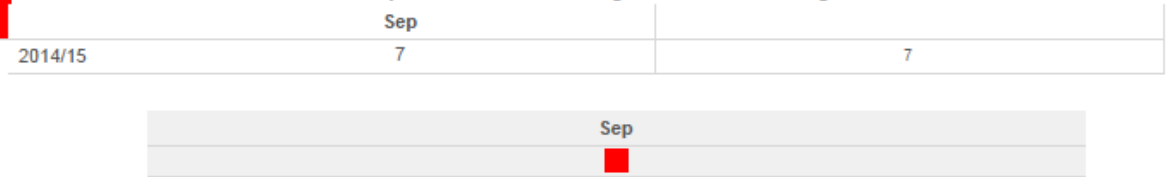
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Annual Summary



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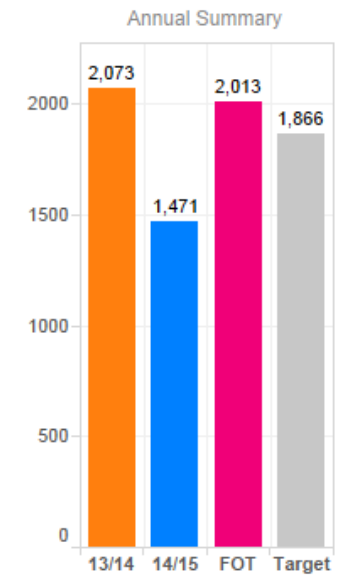
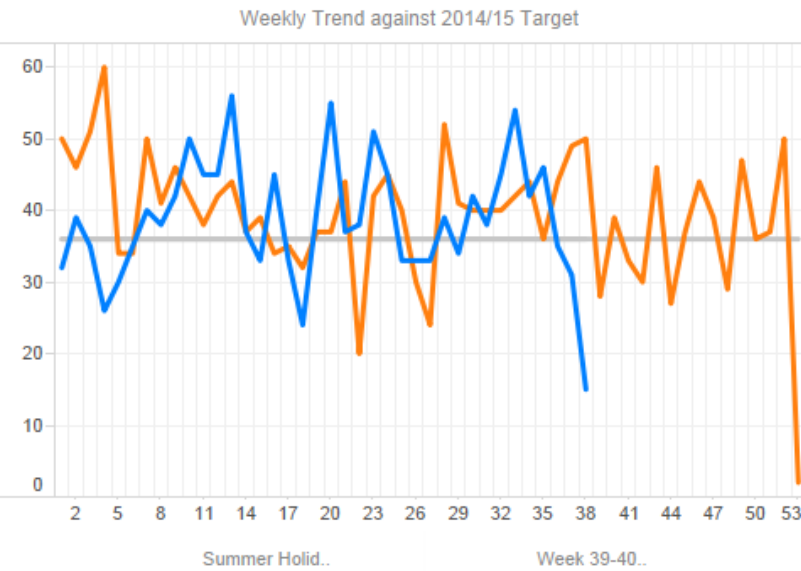


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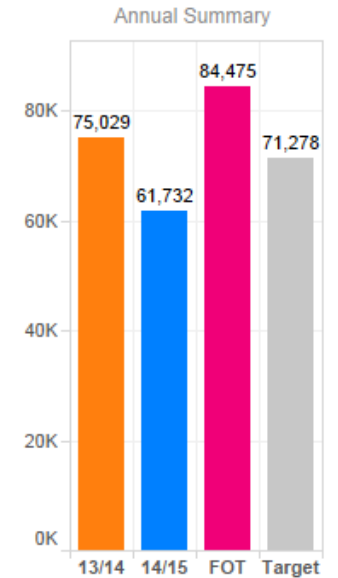
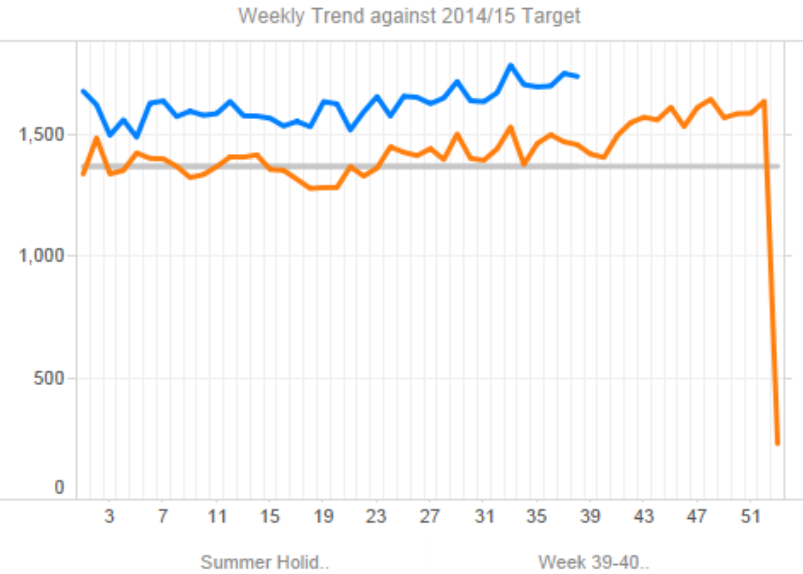
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2013/14	215	189	174	159	153	168	179	170	188	152	154	175	2,076
2014/15	138	170	205	162	170	180	167	195	84				1,471
Target	155	155	155	155	155	155	155	155	155				155
Variance by %	-11.0	9.7	32.3	4.5	9.7	16.1	7.7	25.8	-45.8				849.0
	<span style="color: green;">■</span>	<span style="color: red;">■</span>	<span style="color: red;">■</span>	<span style="color: red;">■</span>	<span style="color: red;">■</span>	<span style="color: red;">■</span>	<span style="color: red;">■</span>	<span style="color: red;">■</span>	<span style="color: red;">■</span>	<span style="color: green;">■</span>			

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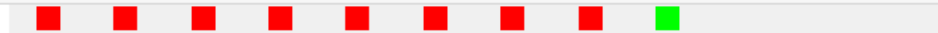
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2013/14	5,945	6,197	5,834	6,041	5,795	6,043	6,364	6,211	6,466	6,797	6,391	6,990	75,074
2014/15	6,836	7,029	6,822	6,925	6,996	7,014	7,418	7,259	5,433				61,732
Target	5,940	5,940	5,940	5,940	5,940	5,940	5,940	5,940	5,940				5,940
Variance by %	15.1	18.3	14.8	16.6	17.8	18.1	24.9	22.2	-8.5				939.3



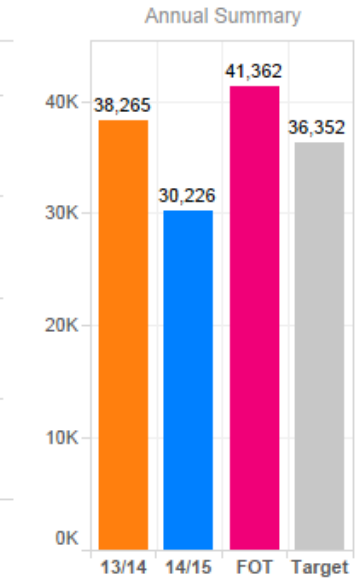
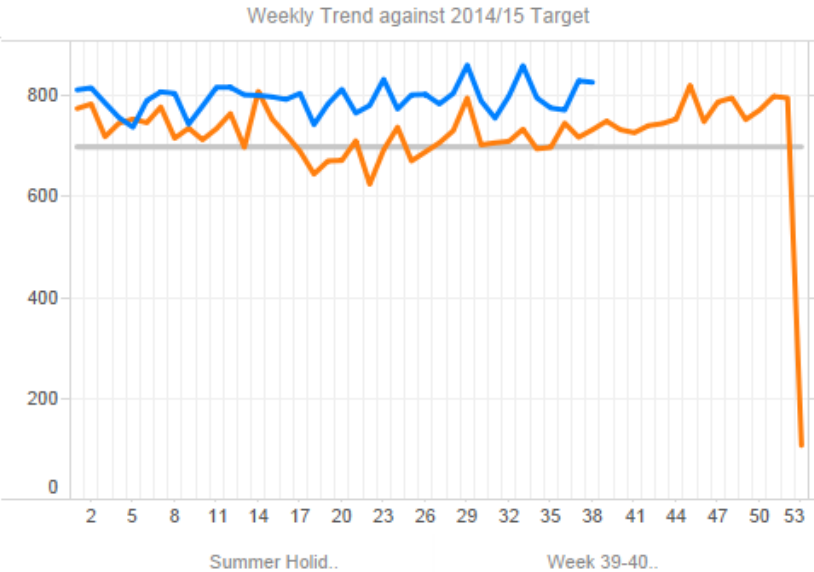


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UHL AE by % Nurse Led Assessment <20 Mins..	40.2	35	35	44.2	-20.8%
UHL AE Waiting in for Admission at 8am	0	7	7	4	75.0%
UHL EM Falls 65+	2,073	1,471	2,013	1,866	7.9%
UHL EM Admissions	75,029	61,732	84,475	71,278	18.5%
<b>UHL EM via AE</b>	<b>38,265</b>	<b>30,226</b>	<b>41,362</b>	<b>36,352</b>	<b>13.8%</b>
UHL EM via Bed Bureau	11,639	9,206	12,598	11,057	13.9%
UHL EM via Consultant (OP)	2,274	1,791	2,451	2,160	13.5%
UHL EM via GP	8,018	6,130	8,388	7,617	10.1%
UHL EM via GP/Bed Bureau with 0 LoS	5,710	4,247	5,812	5,139	13.1%
UHL EM via Other Means	14,833	14,379	19,677	14,091	39.6%



Monthly Values and Variance against the 2014/15 Target

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	
2013/14	3,227	3,327	3,112	3,254	2,954	2,974	3,233	3,053	3,268	3,294	3,125	3,445	38,266
2014/15	3,375	3,477	3,421	3,503	3,480	3,419	3,589	3,439	2,523				30,226
Target	3,029	3,029	3,029	3,029	3,029	3,029	3,029	3,029	3,029				3,029
Variance by %	11.4	14.8	12.9	15.6	14.9	12.9	18.5	13.5	-16.7				897.9

Legend for Variance by %: Red square indicates negative variance, Green square indicates positive variance.

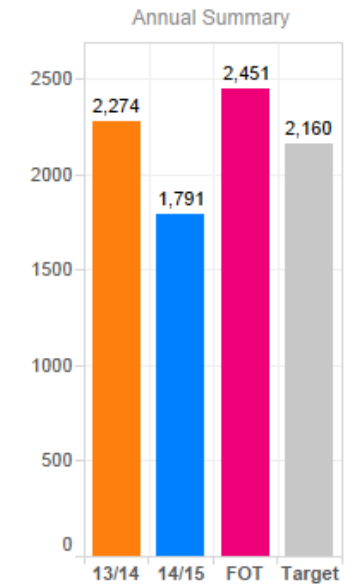
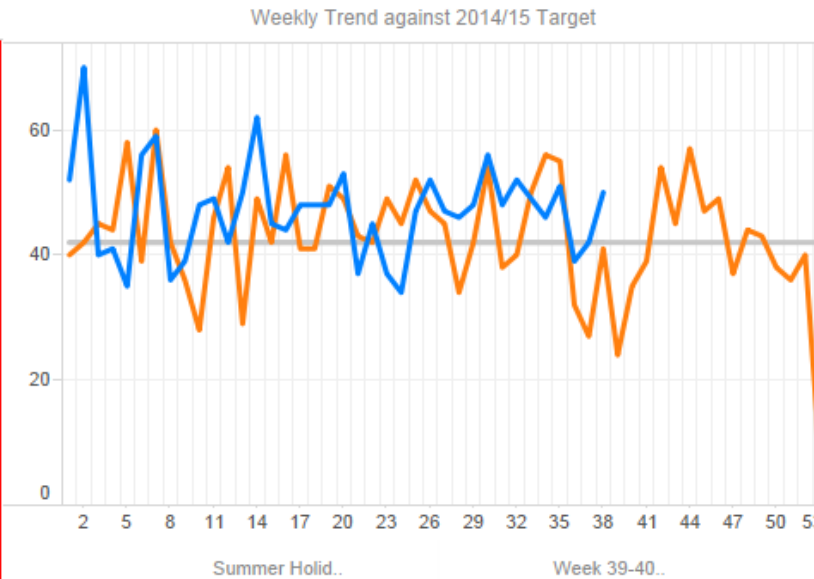


# Urgent Care Weekly Dashboard

Week 38 - Run 29th December 2014

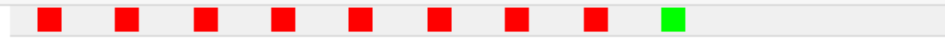
- Base Wards
- Discharge
- Emergency Department and Admission Units
- Inflow

	13/14	14/15	FOT	Target	Variance from Target
ED occupancy is above 55 pts by %	0	40	40	30	33.3%
Empty beds in AMU at 6pm	0	4	4	8	-50.0%
Medical gap in ED workforce	0	15	15	7	114.3%
Nursing gap in ED workforce	0	10	10	5	100.0%
UHL AE 4 hrs Admitted by %	55.9	59	59	95	-37.9%
UHL AE 4 hrs by %	90.5	90.5	90.5	95	-4.7%
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UHL EM via Other Means	14,833	14,379	19,677	14,091	39.6%



Monthly Values and Variance against the 2014/15 Target

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	
2013/14	201	204	158	216	197	201	199	208	141	212	176	167	2,280
2014/15	221	202	194	231	191	189	229	195	139				1,791
Target	180	180	180	180	180	180	180	180	180				180
Variance by %	22.8	12.2	7.8	28.3	6.1	5.0	27.2	8.3	-22.8				895.0

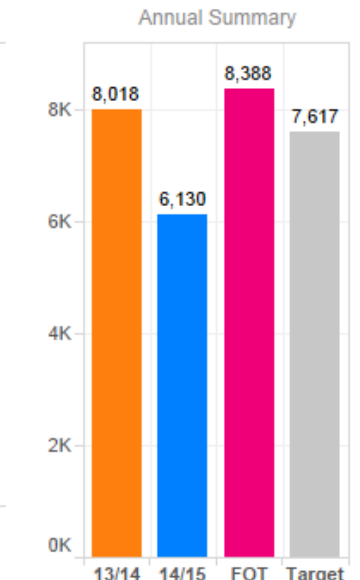
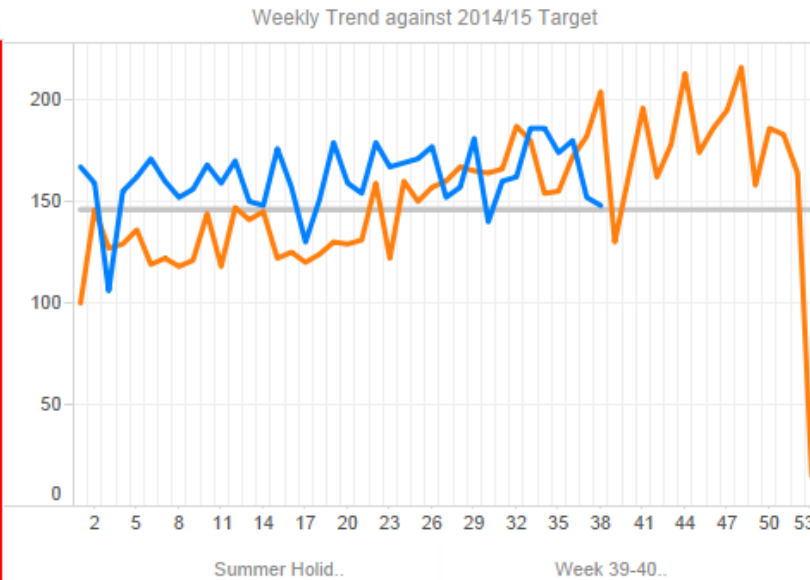


# Urgent Care Weekly Dashboard

Week 38 - Run 29th December 2014

- Base Wards
- Discharge
- Emergency Department and Admission Units
- Inflow

	13/14	14/15	FOT	Target	Variance from Target
ED occupancy is above 55 pts by %	0	40	40	30	33.3%
Empty beds in AMU at 6pm	0	4	4	8	-50.0%
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UHL EM via Other Means	14,833	14,379	19,677	14,091	39.6%



Monthly Values and Variance against the 2014/15 Target

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	
2013/14	547	547	574	571	604	635	735	718	757	816	772	741	8,017
2014/15	645	704	686	687	708	740	710	739	511				6,130
Target	635	635	635	635	635	635	635	635	635				635
Variance by %	1.6	10.9	8.0	8.2	11.5	16.5	11.8	16.4	-19.5				885.4

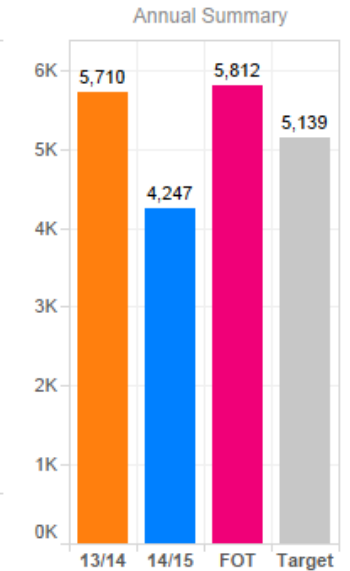
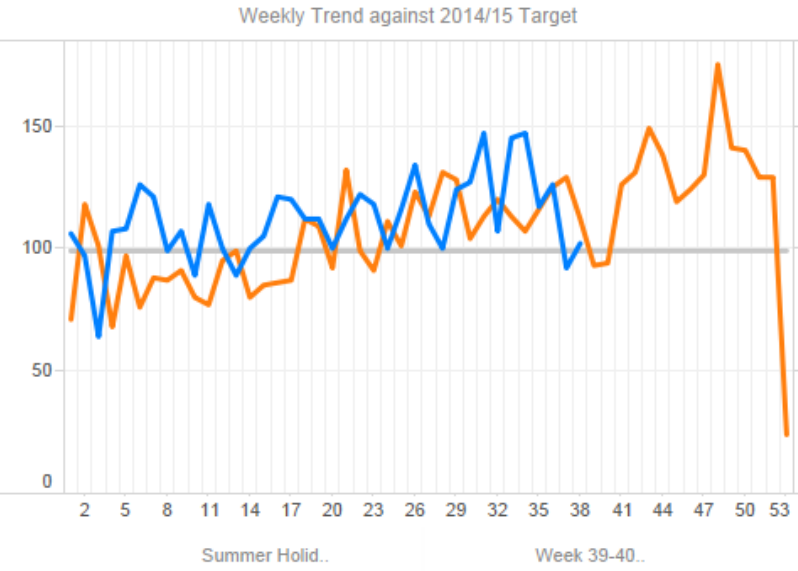
Legend for Variance by %: Red square indicates negative variance, Green square indicates positive variance.

# Urgent Care Weekly Dashboard

Week 38 - Run 29th December 2014

- Base Wards
- Discharge
- Emergency Department and Admission Units
- Inflow

	13/14	14/15	FOT	Target	Variance from Target
ED occupancy is above 55 pts by %	0	40	40	30	33.3%
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UHL EM via Other Means	14,833	14,379	19,677	14,091	39.6%



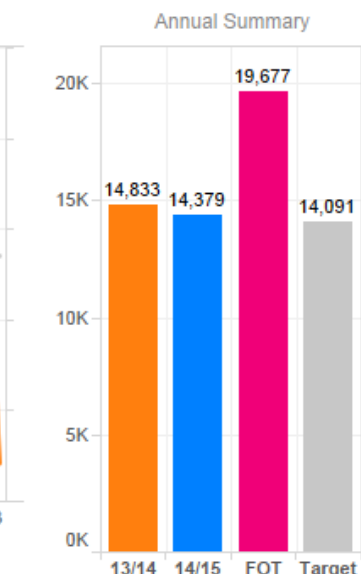
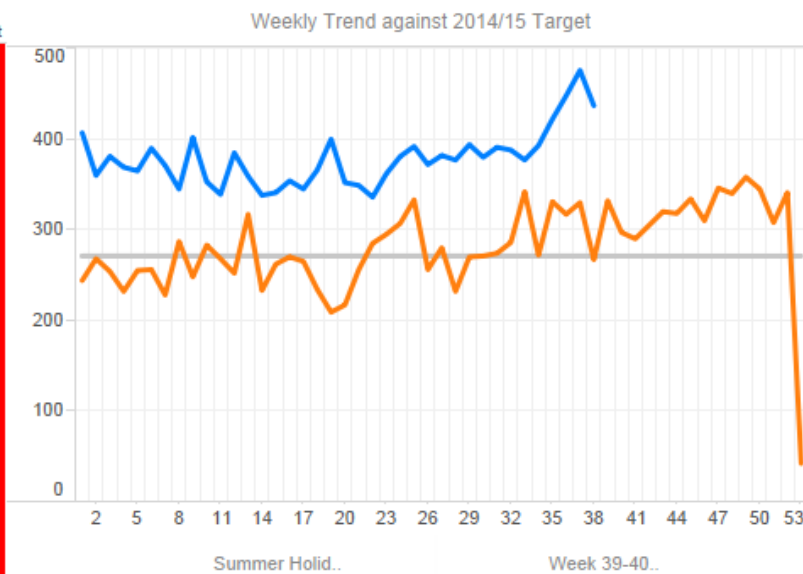
Monthly Values and Variance against the 2014/15 Target													
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	
2013/14	389	390	369	389	487	447	544	479	500	583	547	585	5,709
2014/15	413	506	412	502	482	499	538	558	337				4,247
Target	428	428	428	428	428	428	428	428	428				428
Variance by %	-3.5	18.2	-3.7	17.3	12.6	16.6	25.7	30.4	-21.3				892.3
	■	■	■	■	■	■	■	■	■				

# Urgent Care Weekly Dashboard

Week 38 - Run 29th December 2014

- Base Wards
- Discharge
- Emergency Department and Admission Units
- Inflow

	13/14	14/15	FOT	Target	Variance from Target
ED occupancy is above 55 pts by %	0	40	40	30	33.3%
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UHL EM via Other Means	14,833	14,379	19,677	14,091	39.6%



Monthly Values and Variance against the 2014/15 Target

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	
2013/14	1,072	1,140	1,180	1,139	1,053	1,279	1,164	1,307	1,365	1,346	1,357	1,470	14,872
2014/15	1,632	1,628	1,566	1,544	1,591	1,601	1,714	1,685	1,418				14,379
Target	1,174	1,174	1,174	1,174	1,174	1,174	1,174	1,174	1,174				1,174
Variance by %	39.0	38.7	33.4	31.5	35.5	36.4	46.0	43.5	20.8				1,124.8



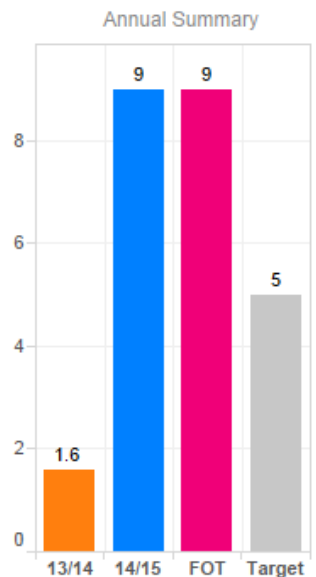
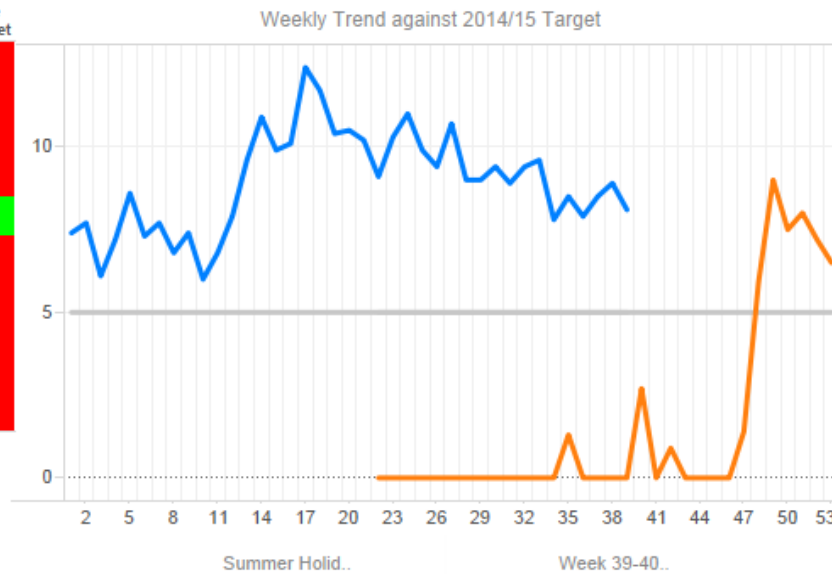
INFLOW

Urgent Care Weekly Dashboard

Week 38 - Run 29th December 2014

- Base Wards
- Discharge
- Emergency Department and Admission Units
- Inflow

	13/14	14/15	FOT	Target	Variance from Target
111 disposition to ED by %	1.6	9	9	5	80.0%
EMAS Non Conveyance Rate by %	0	46	46	50	-8.0%
EMAS Turnaround: 15 Minutes or Less by %	49.4	46.1	46.1	50	-7.8%
UCC Conversion Rate to AE by %	27.4	36.4	36.4	32.8	11.0%
UCC Seen In 20 Mins by %	99.2	99.2	99.2	99	0.2%
UHL AE Attendances	136,422	100,695	134,260	128,640	4.4%
UHL AE Attendances 65+	32,580	24,796	33,061	30,951	6.8%
UHL AE Attendances after 18:00 65+ by %	5.5	5.9	5.9	5.2	13.5%
UHL AE Attendances after 18:00 by %	32.5	32.8	32.8	30.9	6.1%
UHL Avoidable EM	13,481	10,603	14,509	12,806	13.3%



Monthly Values and Variance against the 2014/15 Target

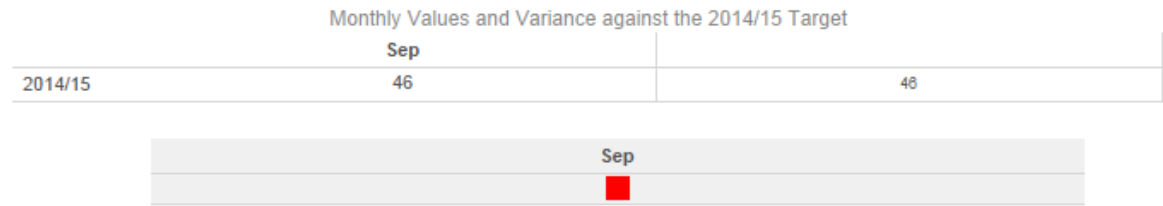
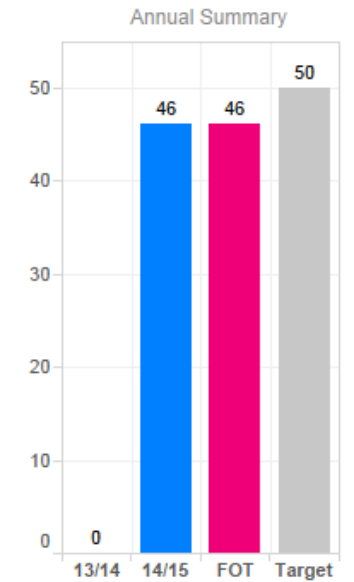
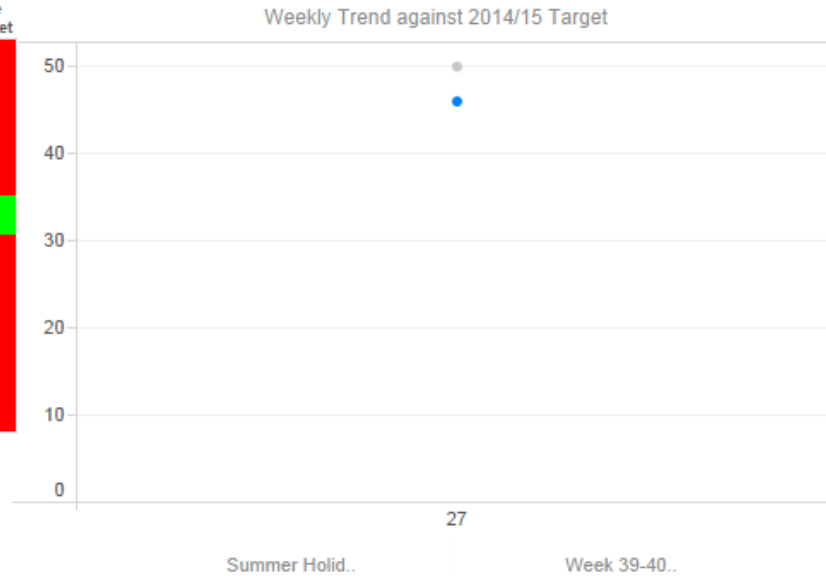
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	
2013/14						0	0	0.5	0.9	0.2	1.4	7.4	1.6
2014/15	7.8	7.1	8.3	11.5	9.8	10.9	9.2	8.5	8.4				9
Target	5	5	5	5	5	5	5	5	5				5
Variance by %	56.0	42.0	66.0	130.0	96.0	118.0	84.0	70.0	68.0				80.0

# Urgent Care Weekly Dashboard

Week 38 - Run 29th December 2014

- Base Wards
- Discharge
- Emergency Department and Admission Units
- Inflow

	13/14	14/15	FOT	Target	Variance from Target
111 disposition to ED by %	1.6	9	9	5	80.0%
<b>EMAS Non Conveyance Rate by %</b>	<b>0</b>	<b>46</b>	<b>46</b>	<b>50</b>	<b>-8.0%</b>
EMAS Turnaround: 15 Minutes or Less by %	49.4	46.1	46.1	50	-7.8%
UCC Conversion Rate to AE by %	27.4	36.4	36.4	32.8	11.0%
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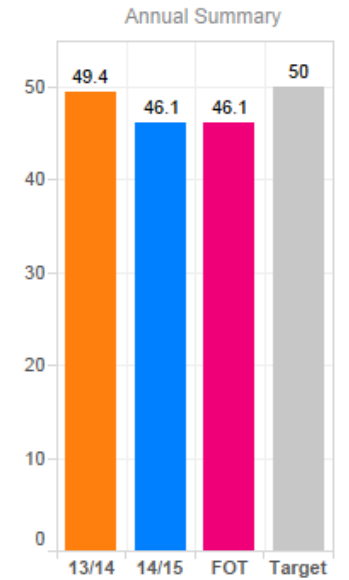
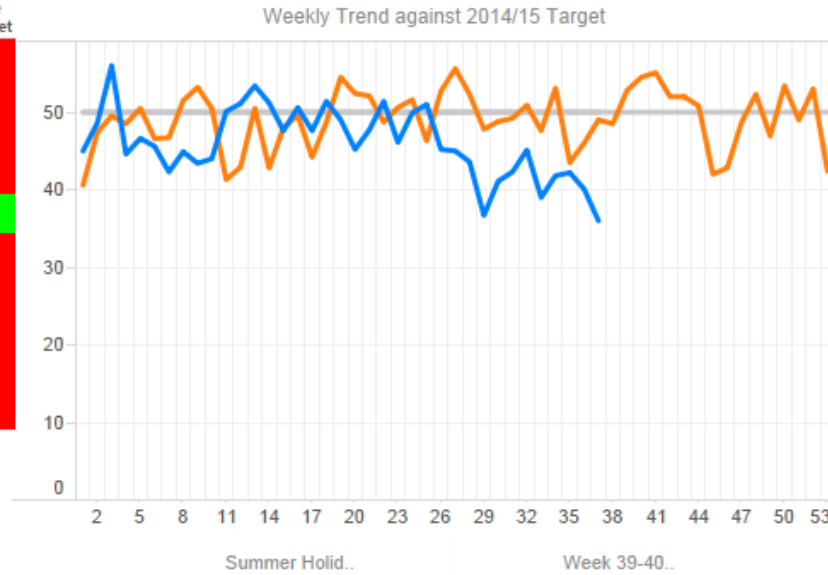


# Urgent Care Weekly Dashboard

Week 38 - Run 29th December 2014

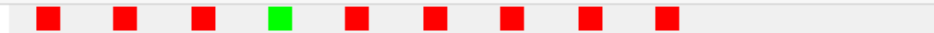
- Base Wards
- Discharge
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	13/14	14/15	FOT	Target	Variance from Target
111 disposition to ED by %	1.6	9	9	5	80.0%
EMAS Non Conveyance Rate by %	0	46	46	50	-8.0%
<b>EMAS Turnaround: 15 Minutes or Less by %</b>	<b>49.4</b>	<b>46.1</b>	<b>46.1</b>	<b>50</b>	<b>-7.8%</b>
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Monthly Values and Variance against the 2014/15 Target

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	
2013/14	47.3	49.2	48.2	46.3	51.3	52.9	48.4	51	47.7	52.8	46.4	50.1	49.4
2014/15	47.6	44.7	48.5	50.5	49	46.4	42.2	42.6	38				46.1
Target	50	50	50	50	50	50	50	50	50				50
Variance by %	-4.8	-10.6	-3.0	1.0	-2.0	-7.2	-15.6	-14.8	-24.0				-7.8

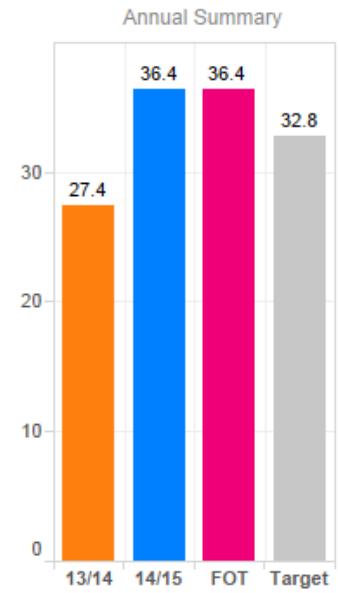
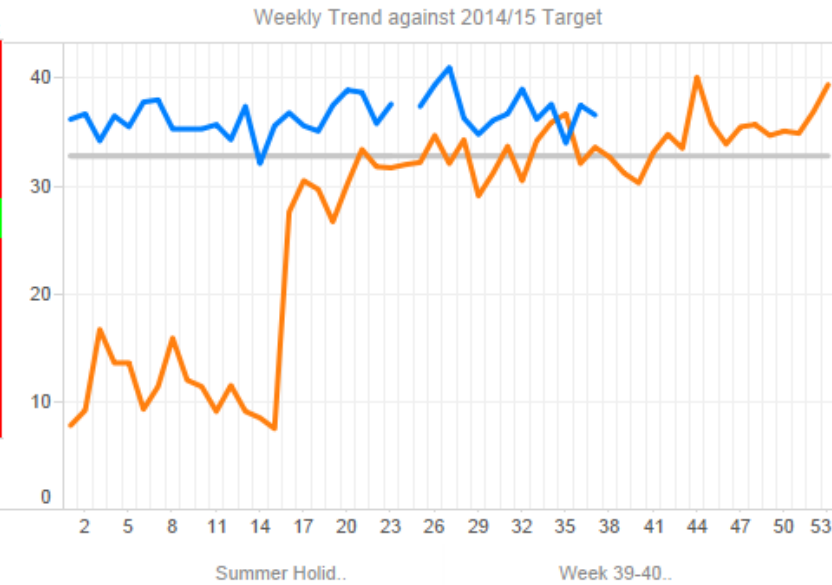


# Urgent Care Weekly Dashboard

Week 38 - Run 29th December 2014

- Base Wards
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- Emergency Department and Admission Units
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	13/14	14/15	FOT	Target	Variance from Target
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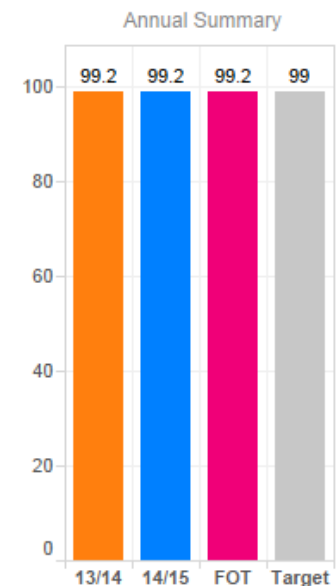
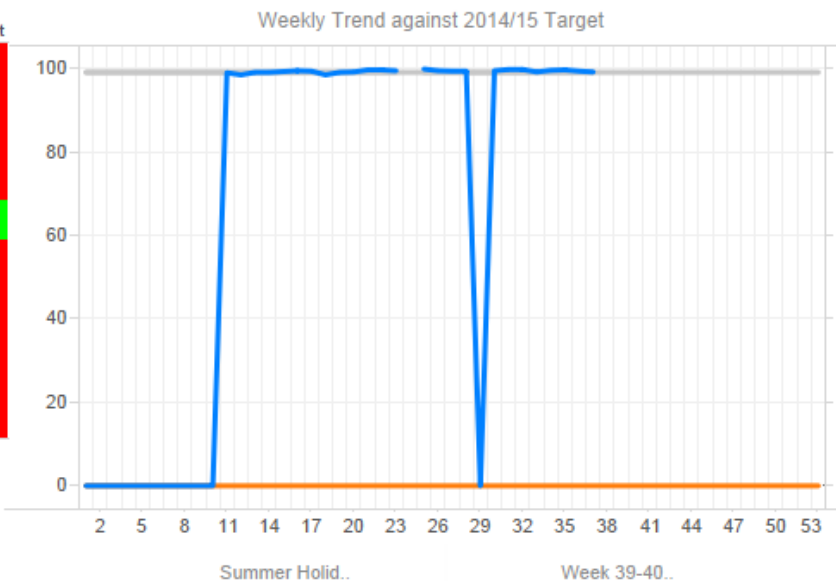
Monthly Values and Variance against the 2014/15 Target													
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	
2013/14	12.8	12.1	10.4	21.1	29.7	32.5	32.6	33.4	33	34.3	36.3	36.4	27.4
2014/15	35.4	36.2	35.5	35.2	37	39.2	37	36.4	37				36.4
Target	32.8	32.8	32.8	32.8	32.8	32.8	32.8	32.8	32.8				32.8
Variance by %	7.9	10.4	8.2	7.3	12.8	19.5	12.8	11.0	12.8				11.0
	■	■	■	■	■	■	■	■	■				

# Urgent Care Weekly Dashboard

Week 38 - Run 29th December 2014

- Base Wards
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	13/14	14/15	FOT	Target	Variance from Target
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Monthly Values and Variance against the 2014/15 Target

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	
2013/14	0	0	0	0	0	0	0	0	0	0	0	0	0
2014/15	0	0	65.9	99.2	98.9	99.5	79.5	99.6	99.2				68.6
Target	99	99	99	99	99	99	99	99	99				99
Variance by %	-100.0	-100.0	-33.4	0.2	-0.1	0.5	-19.7	0.6	0.2				-30.8
	■	■	■	■	■	■	■	■	■				■

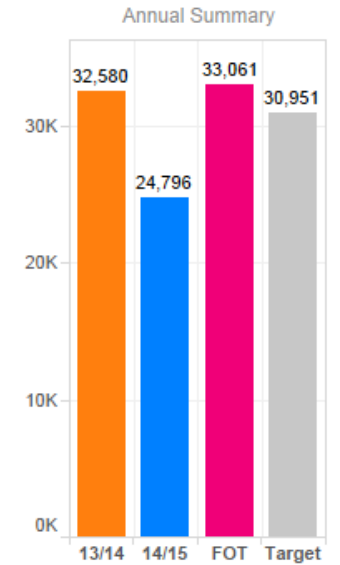
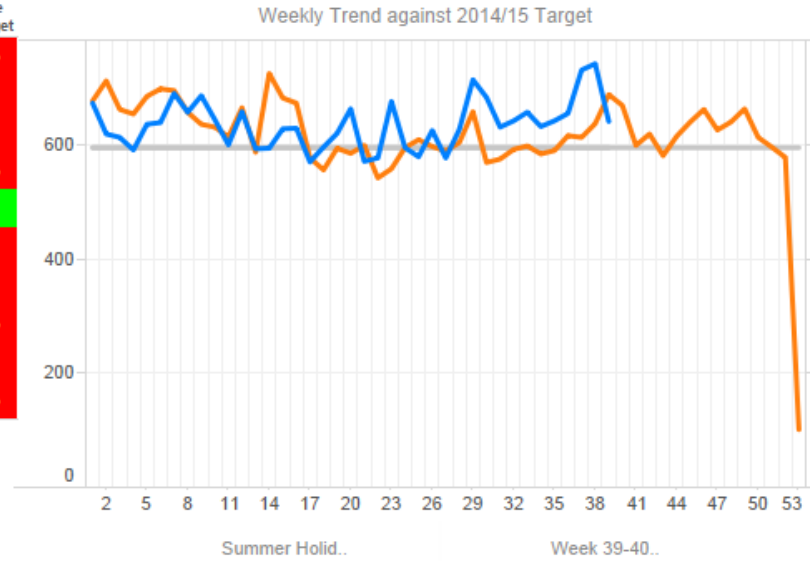


# Urgent Care Weekly Dashboard

Week 38 - Run 29th December 2014

- Base Wards
- Discharge
- Emergency Department and Admission Units
- Inflow

	13/14	14/15	FOT	Target	Variance from Target
111 disposition to ED by %	1.6	9	9	5	80.0%
EMAS Non Conveyance Rate by %	0	46	46	50	-8.0%
EMAS Turnaround: 15 Minutes or Less by %	49.4	46.1	46.1	50	-7.8%
UCC Conversion Rate to AE by %	27.4	36.4	36.4	32.8	11.0%
UCC Seen In 20 Mins by %	99.2	99.2	99.2	99	0.2%
UHL AE Attendances	136,422	100,695	134,260	128,640	4.4%
<b>UHL AE Attendances 65+</b>	<b>32,580</b>	<b>24,796</b>	<b>33,061</b>	<b>30,951</b>	<b>6.8%</b>
UHL AE Attendances after 18:00 65+ by %	5.5	5.9	5.9	5.2	13.5%
UHL AE Attendances after 18:00 by %	32.5	32.8	32.8	30.9	6.1%
UHL Avoidable EM	13,481	10,603	14,509	12,806	13.3%



Monthly Values and Variance against the 2014/15 Target

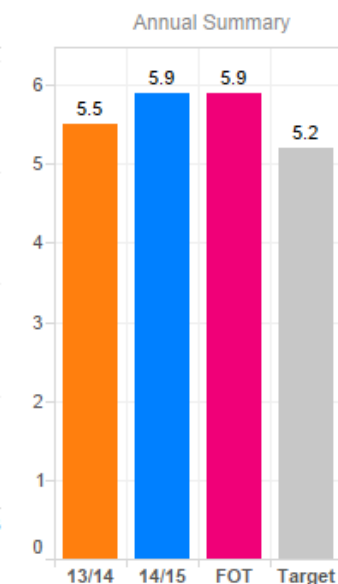
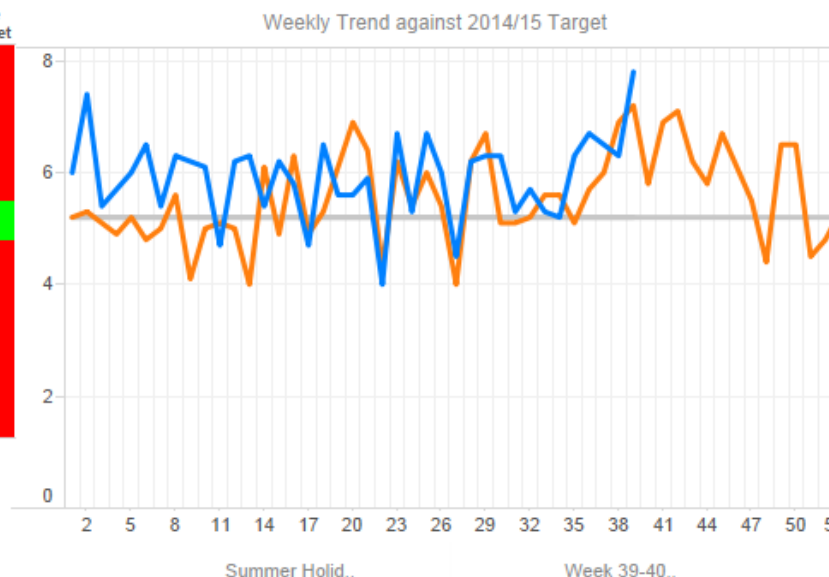
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	
2013/14	2,889	3,031	2,653	2,893	2,558	2,511	2,674	2,518	2,839	2,711	2,579	2,724	32,580
2014/15	2,671	2,909	2,719	2,669	2,724	2,602	2,895	2,740	2,867				24,796
Target	2,579	2,579	2,579	2,579	2,579	2,579	2,579	2,579	2,579				2,579
Variance by %	3.6	12.8	5.4	3.5	5.6	0.9	12.3	6.2	11.2				881.5

# Urgent Care Weekly Dashboard

Week 38 - Run 29th December 2014

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111 disposition to ED by %	1.6	9	9	5	80.0%
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UHL AE Attendances 65+	32,580	24,796	33,061	30,951	6.8%
UHL AE Attendances after 18:00 65+ by %	5.5	5.9	5.9	5.2	13.5%
UHL AE Attendances after 18:00 by %	32.5	32.8	32.8	30.9	6.1%
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Monthly Values and Variance against the 2014/15 Target

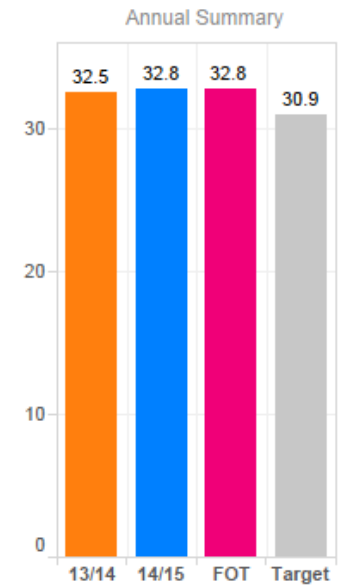
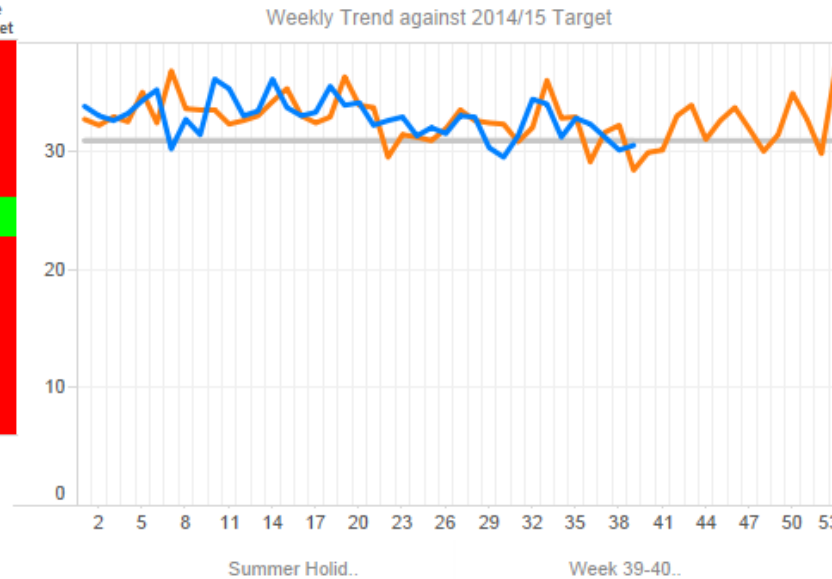
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	
2013/14	5.1	5.1	4.5	5.4	6	4.9	6	5.2	6	6.3	6.1	5.1	5.5
2014/15	6.3	6	5.8	5.7	5.8	5.3	5.9	5.3	6.8				5.9
Target	5.2	5.2	5.2	5.2	5.2	5.2	5.2	5.2	5.2				5.2
Variance by %	21.2	15.4	11.5	9.6	11.5	1.9	13.5	1.9	30.8				13.5

# Urgent Care Weekly Dashboard

Week 38 - Run 29th December 2014

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UHL Avoidable EM	13,481	10,603	14,509	12,806	13.3%



Monthly Values and Variance against the 2014/15 Target

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	
2013/14	32.9	34.6	32.8	33.7	34	30.8	32.4	32.8	30.7	31.9	31.8	32.3	32.5
2014/15	33.7	32.7	33.6	34.8	33.1	32.1	32.2	32.2	31.3				32.8
Target	30.9	30.9	30.9	30.9	30.9	30.9	30.9	30.9	30.9				30.9
Variance by %	9.1	5.8	8.7	12.6	7.1	3.9	4.2	4.2	1.3				6.1

