

**LEICESTER, LEICESTERSHIRE AND RUTLAND PCT CLUSTER**

**BOARD MEETING**

**Front Sheet**

<b>Title of the report:</b>	LLR Emergency Care Network: Programme update
<b>Report to:</b>	Leicester, Leicestershire and Rutland PCT Cluster integrated board meeting
<b>Section:</b>	Public
<b>Date of the meeting:</b>	12 January 2012
<b>Report by:</b>	Catherine Griffiths, Chair, ECN Rachna Vyas, Cluster Urgent Care Lead
<b>Sponsoring Director:</b>	Catherine Griffiths, Chief Executive
<b>Presented by:</b>	Catherine Griffiths, Chief Executive

<b>Report supports the following corporate objective(s) 2011 – 2012:</b>			
Handing over a good legacy	√	Deliver the six identified transitional strands of work	
Manage Providers' performance against updated health goals and identified health inequalities		Develop and maintain an energetic stakeholder engagement programme throughout the transition	
Deliver agreed performance targets against the six identified transformation work streams	√		

**EXECUTIVE SUMMARY:**

The LLR Emergency Care Network continues to focus on 3 areas of the patient pathway across the urgent and emergency care system; inflow, throughput and outflow. This paper summarises the work of various contributory work streams and highlights the aims of the Emergency care Network over the next 30 days.

**RECOMMENDATIONS:**

The Board is requested to:

**NOTE** the content of this report.

**LEICESTER, LEICESTERSHIRE AND RUTLAND PCT CLUSTER**

**INTEGRATED BOARD MEETING**

**12 JANUARY 2012**

**LLR Emergency Care Network: Programme Update**

**1. Introduction**

The LLR Emergency Care Network continues to focus on 3 areas of the patient pathway across the urgent and emergency care system; inflow, throughput and outflow. This paper summarises the work of various contributory workstreams and highlights the aims of the Emergency care Network over the next 30 days.

**2. System performance – November 2011**

<b>Measure</b>	<b>Plan (Nov YTD)</b>	<b>Actual (Nov YTD)</b>
<b>INFLOW</b>		
Patients sent to UCC from ED	12397 7200 streamed + 5197 from ED	9325
Patients sent to UCC from EMAS	---	392
Attendances to UHL ED	103175	103808
Conversion rate	26%	29.1%
EMAS GP urgent conveyance rate (8am-8pm)	80% within 2-4 hours	79.17%
<b>THROUGHPUT</b>		
Time in Dept. (95 <sup>th</sup> percentile)	240 mins	288 mins
Time to assessment (95 <sup>th</sup> percentile)	15 mins	48 mins
Time to treatment (median)	60 mins	43 mins
<b>OUTFLOW</b>		
Discharge before 1pm – medicine	20%	17.4%
Discharge before 1pm – Respiratory	20%	13.7%
EMAS rebed rate	< 5 per week	0 per week

The full October performance dashboard is attached as Appendix 1.

**3. Actions taken to improve performance across the system**

### **CCG-led workstream - ED-UCC interface**

A clinical audit of attendances at the UCC has shown that approximately 46% of in-hours attendances would be better managed within GP Practices. The remaining 54% of in hour's attendances required further intervention that a GP would not normally provide. Analysis is now being undertaken to disaggregate this figure across LLR practices to further model requirements in each locality.

Concurrently, the Health Informatics Service are working with practices to ascertain the speed at which each practice system could be bought online to enable the booking of patient appointments directly from the UCC.

To expedite the delivery of this project, a full time project manager is being recruited and should commence in post in January 2012.

In the meantime, streaming at the front door continues daily from 10am to 10pm, with **a total 1218 patients treated at the UCC instead of the ED** throughout November 2011. A working group of UHL, GEH and CCG clinicians will be looking at the streaming protocols in January 2012 to determine whether an alternative algorithm could be adopted which would allow higher numbers of patients to be streamed to the UCC.

### **CCG-led workstream - Ambulatory Care pathways**

The 3 CCG's have each agreed on the ambulatory care pathways that they will focus on throughout 2012/13. These include community focussed pathways for COPD, DVT, Diabetes and congestive heart failure. Where possible, the pathways will be developed collaboratively to prevent fragmentation across LLR, with each CCG taking the lead in developing and commissioning a particular pathway.

The CCG's have also committed to working with UHL in developing emergency ambulatory care pathways in areas such as atrial fibrillation and falls.

### **AMU triage**

The AMU triage project continues to deflect unnecessary admissions by triaging and deflecting patients to other intervention sources. In November, this project achieved the following:

<b>Measure</b>	<b>November average</b>
% of Bed bureau referrals triaged	37.1%
% of those triaged deflected	50.7%
% of bed bureau referrals deflected	18.8%

The data shows that nearly 1 in 5 GP referrals to bed bureau was able to be deflected. The PCT Cluster continues to work with UHL to identify high-user

practices, especially those practices where patients are regularly deflected and implement a clinically-safe solution.

**Enhanced mental health liaison service in ED**

The enhanced mental health liaison service in ED commenced on **3<sup>rd</sup> December**, increasing the provision of the service to 7 days a week from 5 days, and will include bank holidays. This will then extend to 8pm from the 3<sup>rd</sup> January 2012 and then from 6<sup>th</sup> February will operate until midnight. Impact measures will be reported as the project progresses.

**Local Authority reablement schemes**

**Leicester city**

The table below shows the status of each of the reablement schemes that Leicester City Council had committed to deliver:

Service	Status
Extended integrated team (with City CCG)	Launched Dec 15 <sup>th</sup>
Practical help at home scheme	Launched Dec 19 <sup>th</sup>
10 additional reablement beds	Will be live Jan 3rd 2012
Integrated RIT and community reablement team	Will be live in Feb 2012

These services will be monitored via the ECN and impact will be reported in the next month. The ECN dashboard will be updated to reflect the impact of these schemes.

**Leicestershire County**

***Integrating social care reablement and health intermediate care services across Leicestershire***

Joint working arrangements for the management of all facilitated hospital discharges to the Homecare Assessment and Reablement Team (HART) went live across all localities in Leicestershire in November 2011. These arrangements include; the automatic referral to ICT of any facilitated hospital discharge to HART and a requirement for ICT to keep jointly managed patients on their caseload for a minimum of 30 days.

Running alongside this, is a piece of work to integrate the ICT and Domiciliary Therapy workforce in order to provide a single community rehabilitation service for Leicestershire which encompasses Intermediate Care.

**Care homes**

The Care Homes Advisory Group has taken forward the following key actions designed to increase patient flow across the system:

- Distribution of a Falls Pathway and educational materials to prevent unnecessary admission

- Agreement on communication mechanisms between Care Homes and UHL to ensure that reviews can be undertaken over the telephone and that the Discharge Co-ordinators are utilised to assist in timely discharge

Direct support is also now in place to homes identified as high admitters and late reviewers to facilitate patient flow.

### **EMAS – GP urgent conveyance**

Extra PCT-Cluster funded resources began in November 2011 with the aim of conveying GP referred patients into UHL within 2-4 hours of referral time. Performance against this target has been variable throughout 11/12 to date, with performance dipping the lowest point in September 2011 of 56.21%. Since the start of the extra crews, **November performance has risen to 79.17%**. However, EMAS and UHL continue to work collaboratively with the CCG's to ensure referral at the earliest point in the day to decrease the probability of unnecessary admission into UHL.

### **EMAS – discharge via PTS**

Again, Extra PCT-Cluster funded resources began in November 2011 with the aim of facilitating patient flow out of UHL. Since the launch of the resources, rebeds have continued to decline with November showing a **rebed rate of 0** for the whole month. However, discharges ready to be moved before 1pm are still fairly low and work will continue over this month to address the issue.

### **NHS 111**

In September 2011 assurance was provided to the NHS Midlands and East Strategic Health Authority that the LLR sub region is committed to planning for a March 2012 pilot of the NHS 111 service. The Government has indicated that all areas in England must have plans for a NHS 111 service to be live by April 2013.

Following extensive local modelling with stakeholders, the SHA and the Department of Health, LLR aims to have a **pilot live for the 15<sup>th</sup> May 2012**. The pilot is being co-led by EMAS and the PCT Cluster in conjunction with the LLR Out of Hours service, LPT and UHL.

A formal project board has been set up with representatives from each agency across LLR which will be responsible for the successful delivery of the pilot. The project board will be supported by a series of sub-groups covering clinical governance, IT, communications and pilot design.

The first meeting of the project board will be in January 2012, and sub-groups will meet to take forward actions following this initial meeting.

### **ED – Revised process**

Given the escalating risk and performance issues across the emergency process in ED a fundamentally different approach was implemented across UHL in late

November 2011. It required all specialities dealing with emergency admissions to achieve the following standard:

*Patients are referred from ED to a receiving specialty **within 15 minutes** of the patients' treatment being completed in ED. The patient will be sent to the receiving specialty **within 30 minutes** of initial referral.*

To deliver these standards a hospital-wide project was launched, including a robust clinical governance process.

Since the launch of this project, the maximum time reported in ED has dropped from an average of 978 mins across the previous 3 months to **737 mins in December** to date. The 4 hour target has also been met on the whole, with breach levels well below the numbers seen previously.

### **Discharges before 1pm**

This project continues to show a positive impact on patient flow, with PCT-Cluster funding used to secure full time UHL resource to further embed the workstream within UHL and community hospitals.

Key highlights this month include:

- Production of an audio-visual teaching tool complete
- Internal UHL Discharge Implementation Group established to drive implementation of Board Rounds and increase use of the Discharge Lounge now linking with wider readmission work stream work for greater leverage.
- Focus internally in UHL from management on this initiative supported by new weekly report on use of Discharge Lounge and discharges before 1PM which is discussed at weekly meeting. Occupancy of the Discharge Lounge has increased at both LRI and GGH to the point that extending the footprint in LRI is under consideration
- Work to finalise CQUIN for UHL related to Discharge. Negotiations not complete. Further meetings between UHL Head of Operations and Cluster Director of Quality on going
- Problems associated with inaccurate data entry on patient centre now resolved for Ward 4 LGH
- Patients requiring standard Packages of Care in care homes can now be discharged without need for DST
- EMAS PTS representative now attending some morning Bed Meetings at LRI and a trial of having a representative attend Board Rounds on poorly performing wards has started
- Weekly Bed Meeting has started at Glenfield Hospital to mirror process at LRI and LGH

Discharge rates before 1pm show **Medicine running at 17.4% and Respiratory at 13.7%** in November 2011.

The system continues to work together to facilitate earlier discharge across the system and will focus on other key areas such as weekend discharges in the next phase of the work programme.

**Delayed Transfers of Care**

The average **DTOC rate for November was 5.7 per 100 000** against target of 6.2 delays per 100 000 for all providers. 2 projects have been launched this month to further drive down delays to discharge, whether formally reportable delays or not.

**Project 1: Medical step down beds – “Discharge to assess” model**

The health and social care community has also been working collaboratively to action a model commissioning a set of beds to be available in the nursing home sector for the assessment of patients awaiting further care. This would be for a specific cohort of patients who are medically stable and do not require acute care input for a period of 2 weeks maximum. This has been approved at CCG level and is now in the process of being actioned, with a target of mid Jan for the service to be launched.

**Project 2: Bridging the gap between package of care availability and actual discharge**

Again, a multi-disciplinary group is implementing a solution to this long-standing issue of patients awaiting packages of care once medically stable for discharge from UHL. A revised protocol has been drawn up between UHL and the local authorities outlining the process to restart or initiate a package of care and also making clear the responsibility of each agency within the process.

Impact measures for this will be available in January 2012 once the protocol is launched.

**Resilience and surge planning – winter 2011/12**

Winter reporting began on November 2<sup>nd</sup> with the following measures in place to ensure full and thorough communications across the LLR sub region in terms of patient flow:

Measure	Objective
Daily system wide teleconference at 9.30am	<ul style="list-style-type: none"> <li>To ensure the LLR sub region is aware of any pressure points within the system</li> <li>To implement any actions to mitigate pressures</li> </ul>
Daily system wide summary to the SHA at 11am	<ul style="list-style-type: none"> <li>To ensure that actions from the teleconference above are logged and followed up</li> <li>To inform the SHA of the daily situation in LLR</li> </ul>
Daily provider SitRep to SHA at 11am	<ul style="list-style-type: none"> <li>Required for national reporting</li> </ul>
Weekly PCT-SHA teleconference advising of winter pressures	<ul style="list-style-type: none"> <li>To advise the SHA of risks and issues across each sub-region</li> <li>To share good practice within the region</li> <li>To raise region-wide issues affecting</li> </ul>

	each sub-region i.e. Norovirus/repatriations
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To date, the LLR sub-region has coped well across each of the 6 measures that we are compared regionally against:

Measure	LLR performance
ED performance	Currently, LLR are 1 of 2 regions achieving the 4 hour wait regionally
Total ambulance queuing	6 <sup>th</sup> highest rate across the region
Length of ambulance queuing	The number of ambulances queuing between 30 and 60 minutes is increasing; however, 1 hour + waits are minimal.
Cancelled operations	UHL are showing fairly high for Elective cancellations but urgent cancellations are minimal.
Beds unavailable due to DTOC	UHL are showing one of the lowest DTOC rates in the region and have constantly been achieving the set threshold.
Beds closed due to Norovirus	No major issues reported

Work continues to ensure system resilience throughout January 2012. A recent letter (Dec 22<sup>nd</sup>) from David Flory has indicated that funding of £100m across the NHS in England will be available in 2011/12, to be used to support plans for the improvement of access to services and responses to winter pressures. Proposals on the allocation of these monies will be via the January Emergency Care Network before final sign off by the CCG's.

#### 4. Key actions for the 30 days

The Emergency Care Network and subsequent sub groups will prioritise workstreams that will facilitate patient flow at specific pressure points in the system throughout winter 11/12. These include:

- Escalation and resilience: implementation of plans/allocations of DH funding
- Stabilising inflow in terms of attendances and admissions through the winter period
- Facilitating discharge and reducing delays for those patients who are medically stable but awaiting further interventions
- Priorities for 12/13 transformation and reablement funding

#### 5. Recommendation

The Board is asked to:

NOTE the contents of this report

Emergency Care Network Dashboard

OCTOBER 2011

Run Date: 24/05/2011

Right Care, Right Time	Target	Lead	RAG	Full Year			Monthly										YTD October							
				2008-09	2009-10	2010-11	Apr-10	May-10	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	2010-11	2011-12		
1 Admissions via Bed Bureau as a % of Total Referrals to Bed Bureau (% Referrals to BB not deflected - All Commissioners)	Medical	GP		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	82.4%	83.6%	84.0%	0.0%	-	81.3%
	Surgical			-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	87.4%	89.4%	92.7%	0.0%	-
2 % Patients Admitted via GP / Bed Bureau With 0-1 Day LOS	Not yet agreed	GP		9,626	10,633	10,316	1,005	930	906	897	830	792	839	818	805	885	918	846	826	836			6,199	5,934
3 In-hours ACSC Admission Rate	10% reduction	UHL/GP	R	41.0%	40.1%	38.0%	35.8%	36.8%	38.0%	37.6%	37.2%	41.4%	39.3%	36.9%	32.9%	34.6%	38.4%	38.0%	37.7%	38.0%			38.0%	36.6%
4 Admissions to Admissions Areas Not Suitable for an Acute Setting	5% reduction	UHL/GP	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-			-	-
5 Adult Conversion Rate (% Patients Attending A&E that were Admitted)	Contractual agreement?	UHL		24.2%	24.0%	26.0%	24.9%	25.2%	24.4%	25.5%	25.9%	27.1%	26.5%	26.6%	25.0%	25.7%	25.1%	23.5%	24.1%	24.1%			25.6%	24.9%
6a Average Total Time Spent in A&E (hours)		UHL		2.26	2.35	2.52	2.32	2.40	2.39	2.40	2.41	2.50	2.50	2.58	2.54	2.49	2.35	2.56	2.69	2.67			2.42	2.55
6b 95th Percentile: Time from Arrival to Departure (hours)		UHL		3.97	3.98	4.63	3.97	4.00	4.00	3.98	4.00	4.00	4.13	5.12	5.13	4.30	3.98	5.08	5.63	5.70			3.97	5.03
7 Total A&E Attendances (excluding Eye casualty)	10% reduction	GP	R	137,157	140,963	138,018	12,304	12,797	11,804	11,200	10,701	10,988	11,034	11,641	11,960	11,340	11,118	11,005	11,308	11,832			80,828	80,204
8 Attendances Potentially Avoidable (excluding Eye casualty)	% Avoidable	GP	G	22.1%	22.1%	18.9%	22.7%	23.2%	21.0%	18.6%	17.9%	17.6%	17.3%	17.5%	16.7%	14.4%	14.8%	15.6%	13.9%	14.8%			19.9%	15.4%
	Avoidable Attendances			10% reduction	30,368	31,168	26,018	2,788	2,971	2,481	2,078	1,911	1,934	1,909	2,035	2,000	1,630	1,647	1,714	1,569	1,746			16,072
9 Adult Divert Rate from ED Front Door	15% of total attendances		G	-	-	-	-	-	-	-	-	-	-	10.4%	13.1%	21.1%	20.2%	27.4%	33.0%	0.0%			-	16.6%
10 Adult Divert Rate from ED Triage (UHL attendance disposal is referred to UCC)		UHL		2.9%	5.3%	4.2%	6.5%	7.0%	5.4%	3.6%	3.1%	3.2%	3.2%	3.6%	2.6%	2.3%	2.4%	2.5%	2.3%	3.2%			4.6%	2.7%
11 % Time between 8am - 12 midnight where a senior shop floor clinician is present within the ED		UHL		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-			-	-
12 % Patients Admitted Within 30 minutes of a Decision to Admit Being Made (A&E Conclusion to Departure <= 30mins)		UHL		44.5%	52.5%	64.72%	61.5%	62.5%	63.1%	66.4%	68.6%	64.7%	67.2%	66.2%	61.5%	70.2%	63.4%	64.7%	63.0%	66.7%			64.8%	65.1%
13 Increase in Conveyance to Community Services	5% increase	EMAS		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-			-	-
14 Increase in Ambulance Conveyance Rate to UCC	5% increase	EMAS		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-			-	-
15 Increase in Timeliness of Transfer from ED to GGH	5% increase	EMAS		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-			-	-
16 Abort/Cancellation Reduction per Day	25% reduction	EMAS	R	-	-	-	-	-	-	-	-	-	-	15.6	15.9	18.5	12.9	12.8	11.8	12.6			-	14.3
17 NW Leics Pilot - No of PTS deflected to Community		EMAS/GP		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-			-	-
18 Increase in Deflected Admissions via PCC	Increase by 7 patients a week	LPT		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-			-	-

Children's Urgent Care (Under 19 years old)	Target	Lead	RAG	2008-09	2009-10	2010-11	Apr-10	May-10	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	2010-11	2011-12
1 A&E Attendances (excluding Eye casualty)	10% reduction	GP	R	39,133	39,387	39,968	3,551	3,785	3,555	3,151	2,740	3,204	3,049	3,554	3,569	3,375	3,155	2,718	3,417	3,426	23,035	23,214
2 Attendances Potentially Avoidable (excluding Eye casualty)	% Avoidable	GP	G	5.1%	4.8%	4.3%	4.8%	4.8%	4.7%	4.6%	4.2%	3.9%	4.8%	3.7%	3.8%	3.3%	3.1%	3.2%	3.4%	3.5%	4.6%	3.4%
	Avoidable Attendances			10% reduction	2,009	1,889	1,702	172	181	167	144	116	126	146	131	136	110	97	86	115	119	1,052
3 Unplanned (Emergency) Admissions for Asthma, Diabetes and Epilepsy				559	465	409	27	29	40	32	24	50	31	35	33	31	33	24	40	38	233	234
4 Reduction in Paediatric Admissions	5% reduction	UHL	R	7,201	7,351	7,046	573	606	601	538	526	582	534	581	568	593	500	517	607	549	3,960	3,915
5 Child Divert Rate from ED Front Door	15% of total attendances			-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
6 Child Divert Rate from ED Triage (UHL Attendance Disposal is Referred to UCC)	10% increase	UHL	R	2.6%	5.3%	6.2%	6.1%	6.6%	5.1%	5.2%	5.6%	3.5%	4.8%	6.5%	5.2%	4.8%	4.3%	5.3%	4.3%	4.7%	5.3%	5.0%
7 Paediatric Conversion Rate (% Patients Attending A&E that were Admitted)	Contractual agreement?	UHL		4.5%	4.4%	4.1%	3.9%	4.4%	5.0%	4.1%	4.6%	3.9%	3.5%	4.4%	3.7%	4.7%	4.2%	5.1%	4.2%	4.3%	4.2%	4.3%

Mental Health Access	Target	Lead	RAG	2008-09	2009-10	2010-11	Apr-10	May-10	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	2010-11	2011-12
1 Response Time to ED by Crisis Resolution <4Hrs	< 4 hours	LPT		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
2 Waiting Time from MH Assessment to Bed		LPT		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
3 Time to prepare a social care package if somebody is not detained under the mental health act following an assessment		LPT		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
4 Increase in Home Treatments to National Standards		LPT		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		

Chronic Disease	Target	Lead	RAG	2008-09	2009-10	2010-11	Apr-10	May-10	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	2010-11	2011-12
1 Reduction in A&E Attendances	5% reduction	GP	G	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
2 Unplanned Hospitalisation for Ambulatory Care Sensitive Conditions	All Conditions	GP/UHL	R	12,380	13,014	13,159	1,157	1,049	1,078	986	912	990	1,034	1,114	986	1,104	1,057	993	947	1,054	7,206	7,255
	Chronic Conditions			6,255	6,387	6,336	577	510	546	444	452	507	535	490	466	512	489	454	461	507	3,571	3,379
3a Reduction in Admissions to Base Wards for Cellulitis	Base Wards	UHL/PCT	R	549	552	499	41	50	55	55	48	34	33	36	61	60	56	58	38	26	316	335
	AMU Wards			167	169	126	11	18	9	9	5	17	10	11	14	9	12	19	23	21	79	109
3b Reduction in Admissions to Base Wards for DVT	Base Wards	UHL/PCT	G	171	197	207	13	19	14	12	21	22	11	7	16	15	18	11	7	8	112	82
	AMU Wards			32	27	23	3	0	0	1	3	1	2	6	1	3	2	13	12	8	10	45
4 Emergency Admissions - Patients Diagnosed with a Long Term Condition				13,740	14,000	13,629	1,161	1,084	1,188	1,088	1,068	1,104	1,128	1,062	1,086	1,189	1,066	1,010	1,046	1,070	7,821	7,529
5 Patients with 3 or More Attendances in 6 months	As at Period End	UHL/PCT		2,112	2,418	2,486	2,396	2,424	2,466	2,512	2,564	2,478	2,419	2,458	2,502	2,524	2,492	2,536	2,579	2,579	2,419	2,579
6 Patients with 3 or More Emergency Admissions in 6 months	As at Period End	UHL/PCT		1,322	1,534	1,396	1,548	1,581	1,584	1,557	1,593	1,546	1,505	1,418	1,416	1,455	1,503	1,546	1,489	1,495	1,593	1,546

# Emergency Care Network Dashboard

OCTOBER 2011

Run Date: 24/05/2011

Improving Discharge		Target	Lead	RAG	2008-09	2009-10	2010-11	Apr-10	May-10	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	2010-11	2011-12
1 Emergency Readmissions Within 30 days (UHL as source and readmission provider)	Elective (Source)	10% decrease	PCT/UHL		-	-	-	-	-	-	-	-	-	-	183	181	200	214	255	296	0	-	1,329
	Emergency (Source)				-	-	-	-	-	-	-	-	-	-	-	-	612	570	617	689	601	632	0
2 % Discharge rate before 1pm (Between 07:00 and 12:59) Excludes Deaths, Maternity and Paediatrics	Emergency Spells	Increase from 18% to 30%	UHL	R	18.0%	16.1%	13.4%	15.5%	13.9%	14.1%	14.8%	12.3%	12.3%	12.9%	14.0%	12.2%	13.5%	14.4%	13.1%	13.1%	12.6%	13.7%	13.3%
	All Inpatient Spells			R	20.6%	18.6%	15.2%	16.6%	16.2%	15.7%	16.5%	14.3%	14.7%	14.4%	15.7%	14.1%	16.0%	16.4%	14.9%	15.1%	14.6%	15.5%	15.3%
3 % Discharge rate at Weekend & Bank Holiday Excludes Deaths, Maternity and Paediatrics	Emergency Spells	Increase from 18% to 30%	UHL	R	18.9%	20.0%	20.7%	23.4%	27.7%	17.9%	20.4%	21.0%	17.4%	21.1%	27.2%	24.5%	18.7%	22.0%	21.1%	17.8%	21.9%	21.3%	21.9%
	All Inpatient Spells			R	18.8%	20.0%	20.3%	22.7%	26.5%	17.8%	20.3%	20.8%	17.0%	21.0%	26.3%	23.6%	18.7%	21.7%	20.4%	17.5%	21.4%	20.9%	21.4%
4 Bed Occupancy rates < 85% (KH03 v2 Quarterly return) (Beds Open Overnight)	G&A Specialties	< 85%	UHL	A	-	-	87.6%	Q1 : 86.0%			Q2 : 87.1%			Q1 : 85.1%			Q2 : 86.6%			86.5%	85.8%		
	Maternity Specialties			G	-	-	64.6%	Q1 : 62.2%			Q2 : 66.7%			Q1 : 62.2%			Q2 : 61.9%			64.4%	62.0%		
	All Specialties			G	-	-	85.8%	Q1 : 84.2%			Q2 : 85.5%			Q1 : 83.4%			Q2 : 84.4%			84.8%	83.9%		
5 Occupancy Bed Days for Patients Who Do Not Require an Acute Bed		10% reduction	UHL		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
6 % Discharges With an Expected Discharge Date (EDD) % Discharges With an Expected LOS of Zero Days % Discharges With EDD that were Discharged On or Before that Date	Emergency Spells	98% to have an EDD	UHL		99.7%	99.3%	98.96%	99.4%	99.2%	99.2%	99.2%	98.9%	99.1%	98.7%	98.9%	98.7%	98.8%	98.7%	99.0%	99.2%	98.9%	99.10%	98.88%
	Emergency Spells				84.39%	85.29%	91.29%	84.9%	89.8%	91.3%	92.7%	91.3%	92.1%	91.9%	93.8%	92.6%	94.2%	95.9%	96.7%	96.6%	96.4%	90.55%	95.14%
	Emergency Spells				27.5%	27.1%	24.03%	28.3%	24.0%	24.0%	23.4%	23.6%	23.5%	23.2%	24.0%	26.1%	23.4%	23.3%	23.9%	23.7%	24.0%	24.29%	24.07%
7 % started within 48 hours on Reablement following initial referral			LA		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
8 Reduction in placement time from referral			LA		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
9 Reduction in delays to assessment			LA		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
10 Decrease in EMAS Re-beds		Nil	EMAS		-	669	592	8	5	61	57	61	51	39	37	48	44	31	30	17	23	282	230
11 Increase in usage of utilisation lounge			UHL		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-

Frail Elderly		Target	Lead	RAG	2008-09	2009-10	2010-11	Apr-10	May-10	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	2010-11	2011-12
1 Conversion rates - 65 years and over - 75 years and over - 85 years and over	65 years and over				46.5%	45.6%	47.1%	45.7%	47.3%	45.8%	45.3%	46.3%	49.3%	47.3%	45.5%	44.5%	44.5%	43.1%	40.4%	42.4%	43.0%	46.7%	43.3%
	75 years and over				51.7%	51.0%	51.8%	50.4%	51.8%	50.4%	50.4%	51.7%	53.2%	52.3%	49.8%	48.5%	49.2%	46.9%	44.2%	46.7%	45.9%	51.5%	47.3%
	85 years and over				55.3%	55.6%	55.5%	54.4%	56.0%	55.9%	55.2%	56.6%	57.2%	54.2%	51.4%	50.3%	49.2%	48.2%	46.9%	46.5%	51.0%	55.7%	49.1%
2a Average Acute LOS for 65+ (days)	Emergency Spells		UHL		9.8	9.2	8.8	8.7	8.2	8.7	8.3	8.4	8.6	8.8	9.0	9.3	9.6	8.0	8.4	8.5	8.6	8.5	8.8
	All Inpatient Spells		UHL		8.7	8.3	8.0	8.0	7.4	7.8	7.4	7.6	7.7	7.8	8.1	8.3	8.4	7.3	7.5	7.7	7.8	7.7	7.9
Average Acute LOS for 75+ (days)	Emergency Spells		UHL		10.7	10.1	9.7	9.7	9.1	9.4	9.1	9.1	9.8	9.6	10.0	10.3	10.3	8.9	9.3	9.0	9.8	9.4	9.7
	All Inpatient Spells		UHL		9.8	9.3	9.0	9.1	8.4	8.8	8.4	8.5	9.1	8.8	9.2	9.6	9.4	8.2	8.5	8.4	9.0	8.7	8.9
Average Acute LOS for 85+ (days)	Emergency Spells		UHL		11.7	11.1	10.7	10.8	10.0	10.2	10.7	9.8	10.4	11.3	11.4	10.9	11.7	10.1	10.2	10.3	11.2	10.5	10.9
	All Inpatient Spells		UHL		11.2	10.7	10.3	10.5	9.6	9.8	10.2	9.4	9.8	10.9	10.9	10.4	11.0	9.5	9.9	10.0	10.6	10.0	10.3
2b Average Acute + CHS LOS for 65+ (days)	Emergency Spells		UHL		11.3	10.8	10.3	10.0	9.8	10.3	9.6	9.7	10.1	10.1	10.2	10.8	11.4	9.4	9.7	10.0	9.5	10.0	10.2
	All Inpatient Spells		UHL		10.1	9.7	9.3	9.1	8.8	9.3	8.6	8.7	9.2	9.0	9.3	9.6	9.9	8.4	8.7	9.0	8.5	9.0	9.1
Average Acute + CHS LOS for 75+ (days)	Emergency Spells		UHL		12.7	12.1	11.6	11.2	11.2	11.6	10.9	10.8	12.0	11.3	11.6	12.3	12.5	10.7	11.1	11.0	10.9	11.3	11.4
	All Inpatient Spells		UHL		11.6	11.2	10.8	10.5	10.4	10.9	10.0	10.0	11.2	10.4	10.8	11.3	11.3	9.8	10.1	10.3	10.0	10.5	10.5
Average Acute + CHS LOS for 85+ (days)	Emergency Spells		UHL		14.2	13.8	13.5	13.0	12.2	13.2	13.1	11.7	13.7	13.9	13.4	13.8	14.6	12.9	13.0	13.6	12.7	13.0	13.4
	All Inpatient Spells		UHL		13.7	13.3	13.0	12.8	11.7	12.7	12.5	11.3	13.3	13.6	13.0	13.1	13.8	12.1	12.7	13.1	12.0	12.6	12.9
3 No. hospital admissions avoided by FOPALS as % of those referred			UHL		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
4 Frail Older People assessed by FOPALS within 24 hrs of admission			UHL		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
5 Readmission rates - 65 years and over (UHL as source and readmission provider)	Emergency Spells		UHL		27,876	29,219	29,387	2,543	2,418	2,494	2,491	2,333	2,458	2,373	2,333	2,315	2,478	2,401	2,259	2,270	2,262	17,110	16,318
	Readmissions		UHL		-	-	-	-	-	-	-	-	-	-	365	352	401	440	412	440	0	-	2,410
	Rate		UHL		-	-	-	-	-	-	-	-	-	-	16%	15%	16%	18%	18%	19%	0%	-	15%
Readmission rates - 75 years and over (UHL as source and readmission provider)	Emergency Spells		UHL		18,809	19,934	20,209	1,757	1,623	1,677	1,672	1,618	1,681	1,679	1,629	1,569	1,693	1,627	1,506	1,574	1,551	11,707	11,149
	Readmissions		UHL		-	-	-	-	-	-	-	-	-	-	264	251	271	293	252	278	0	-	1,609
	Rate		UHL		-	-	-	-	-	-	-	-	-	-	16%	16%	16%	18%	17%	18%	0%	-	14%
Readmission rates - 85 years and over (UHL as source and readmission provider)	Emergency Spells		UHL		7,621	8,061	8,385	692	658	708	667	666	757	729	678	641	667	595	590	625	629	4,877	4,425
	Readmissions		UHL		-	-	-	-	-	-	-	-	-	-	105	107	106	96	79	94	0	-	587
	Rate		UHL		-	-	-	-	-	-	-	-	-	-	15%	17%	16%	16%	13%	15%	0%	-	13%
6 Occupancy Rates of Geriatric Assessment Clinics			UHL		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
7 % Patients who are fully independent following Reablement			LA		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
8 Reduction in Admissions to Base Wards via FOPAL/EFU		20% reduction	UHL		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
9 Reduction in Emergency Admissions from Care Homes			C. Trevithick		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
10 Reduction in Conveyance to ED via EMAS from Care Home			C. Trevithick		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-

## UHL ADMISSIONS AND A&E ATTENDANCES INDICATORS:

DATA SOURCE: Local data received from UHL (Server - LakesidesDB : Database - UHL\_Datamart)

### Please Note:

All activity is for LLR Commissioners only, based on provider submitted commissioner.

#### Inpatient Admission Activity:

- This includes completed spells where patient was discharged during period stated.
- Day Case activity is not included.
- Discharge Rates exclude Deaths, Maternity and Paeditrics (>18 years)
- Activity for private and overseas patients is excluded.
- Activity for Well Babies is excluded.
- G&A: General and Acute Specialties - Exclude Maternity (Obstetrics + Midwife Episodes) and Mental Health specialties.

#### A&E Attendance Activity:

- This includes attendances where patient arrived at A&E (Main ED & Eye Casualty departments) during period stated .
- Activity is included for UHL Main ED & Eye Casualty departments unless otherwise stated. It does not include Urgent Care Centre (UCC) or Coronary Care Unit (CCU).
- Admission Unit Attendance activiy is excluded (Patients attending A&E and referred on to Emergency Decisions Unit (EDU) or Childrens Assessment (CAU) and discharged from these units.)

Children / Paediatric activity is for patients under 19 years of age at time of admission or attendance.

Re-Admissions use the 2011-12 PbR rules for activity inclusion for UHL as both source and re-admission provider.

**Admissions Via Bed Bureau:** Weekly UHL report. Includes all commissioners. Please note that this is weekly data aggregated to the closest month.

**Adult Divert Rate from ED Front Door:** Weekly UHL report for A&E SitRep return. Includes all commissions. Please note that this is weekly data aggregated to the closest month  
Diverts: Estimated from UCC Weekly Total referrals from A&E to UCC including ED Front Door and ED Triage LESS UHL figure for number of ED attendances referred to UCC.

**Abort / Cancellations:** EMAS. Includes all commissioners.

**Bed Occupancy Rates:** Bed Availability & Occupancy Quarterly Return (Unify 2 : KH03\_V2). Includes all commissioners.

**EMAS Re-Beds:** UHL data for Weekly Urgent Care report - monthly re-beds stats. Includes all commissioners.

**RAG RATINGS:** These compare This Year's year to date against Last Year's year to date performance up to the same date.

G	Green = Target Achieved
A	Amber = Up to and including 2.5% under-performance against target
R	Red = Over 2.5% under-performance against target