

Emergency Care Standard Exception Report

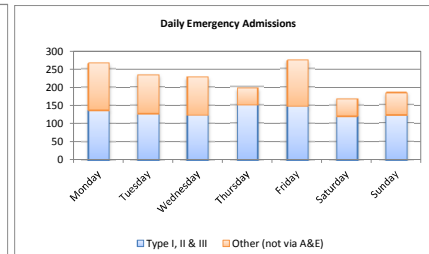
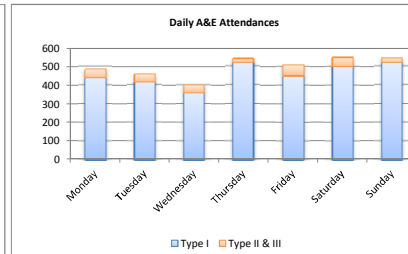
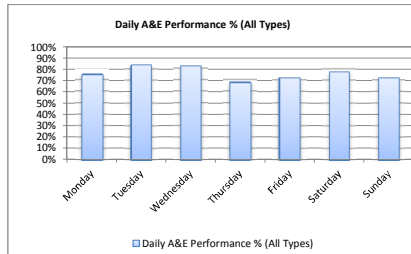


NHS Trust Name (please complete submission details tab)	Area Team Name	Reporting Period (week ending)
Nottingham University Hospitals NHS Trust	Derbyshire and Nottinghamshire Area Team	04/01/2015

Week Ending:	Latest Week	Quarter to Date	Year to Date
04/01/2015	75.75%	75.75%	86.32%
Same Period 2013/14	89.46%	89.46%	94.14%
% Change	-15.33%	-15.33%	-8.31%

Week Ending:	All Type Attendances
04/01/2015	3509
Same Period 2013/14	3168
% Change	10.76%

Week Ending:	All Type Emergency Admissions
04/01/2015	1557
Same Period 2013/14	1552
% Change	0.32%



	Daily Escalation Level	Daily A&E Performance % (All Types)	Number of A&E Breaches			Number of A&E Attendances		Number of Emergency Admissions	
			Type I	Type II & III	Patients > 8 hrs (arrival to departure)	Type I	Type II & III	Type I, II & III	Other (not via A&E)
Monday	red	75.20%	121	0	47	441	47	138	130
Tuesday	red	83.91%	74	0	16	417	43	128	107
Wednesday	red	82.67%	70	0	31	362	42	124	105
Thursday	red	68.20%	173	0	53	523	21	151	46
Friday	red	72.46%	141	0	58	453	59	148	127
Saturday	red	77.98%	122	0	66	504	50	121	48
Sunday	red	72.58%	150	0	71	521	26	123	61
Total			851	0	342	3221	288	933	624
Rolling 6 week avg.						3307	336	946	597
% change						-2.60%	-14.29%	-1.37%	4.52%

	A&E Incidents		Ambulances				Non Clinical Cancelled Elective Operations	
	Number of Clinical Incidents	Number of Serious Incidents	Conveyancing Rate	Number of Ambulances attending	Number of Clinical Handover delays > 15 mins	% Handover delays	Total Number of Operations Cancelled	Number of Operations Cancelled at the Last minute
Monday	ED	ED	? Source	150	90	60.00%	7	5
Tuesday	ED	ED	? Source	181	91	50.28%	4	2
Wednesday	ED	ED	? Source	171	87	50.88%	6	3
Thursday	ED	ED	? Source	250	171	68.40%	0	0
Friday	ED	ED	? Source	170	112	65.88%	3	0
Saturday	ED	ED	? Source	178	110	61.80%	0	0
Sunday	ED	ED	? Source	183	134	73.22%	0	0
Total	0	0	#DIV/0!	1283	795	61.96%	20	10

	Acute Beds - Number of Discharges				Number of Medically Fit Patients Awaiting Discharge		Acute Beds (G&A)			
	Medical		Surgical		Total Awaiting Discharge	As a % of adult acute bed base	% Beds Occupied		Number of Closed Beds	
	Predicted	Actual	Predicted	Actual			Surgical	Medical	Surgical	Medical
Monday	72	190	24	47	27	8.40%	86.78%	97.38%	1	0
Tuesday	117	167	17	69	32	10.00%	85.76%	97.20%	1	0
Wednesday	56	178	58	56	45	14.00%	87.46%	98.22%	2	0
Thursday	27	96	18	56	47	14.60%	90.17%	94.30%	3	0
Friday	87	154	29	75	43	13.40%	89.32%	97.57%	3	2
Saturday	47	109	22	38	39	12.10%	90.00%	97.54%	1	3
Sunday	34	84	31	45	50	15.60%	94.25%	98.89%	0	3
Total	440	978	199	386						

Community Beds - Number of Discharges		Number of Medically Fit Patients Awaiting Discharge		Community Based Capacity			
Predicted	Actual	Total Awaiting Discharge	As a % of adult bed base	% Beds Occupied	Number of Available Beds	Number of Closed Beds	
Monday	7	7	2	2	82	23	0
Tuesday	7	7	4	3	82	23	0
Wednesday	5	5	4	3	81	24	0
Thursday	2	2	2	2	90	12	0
Friday	3	3	2	2	90	12	0
Saturday							
Sunday							
Total	24	24					

Reasons For Breach		Total	No. in AM	No. in PM	% of Breaches	
Emergency Department	Nursing Staffing issues	0	0	0	0.00%	
	Medical Staffing Issues	7	6	1	0.82%	
	Delay in clinician making decision	111	52	59	13.04%	
	Delay in sending pathology sample	0	0	0	0.00%	
	Delay in transferring patient to radiology	2	1	1	0.24%	
	Scanned documents missing / unreadable	0	0	0	0.00%	
	Deviation from ED protocol	0	0	0	0.00%	
	Other ED Delay	43	20	23	5.05%	
Capacity Issues	ED Cubicles full	119	72	47	13.98%	
	CDU full	0	0	0	0.00%	
	Awaiting AMU / MAU	296	138	158	34.78%	
	Awaiting ITU / HDU	7	3	4	0.82%	
	Awaiting Surgical bed / SAU	24	12	12	2.82%	
	Awaiting T&O bed	7	4	3	0.82%	
	Awaiting Gen Med bed	14	8	6	1.65%	
	Awaiting Haem / Onc bed	2	1	1	0.24%	
	Awaiting Obs & Gynae bed	2	2	0	0.24%	
	Awaiting Paediatric bed	8	4	4	0.94%	
	Awaiting Stroke bed	0	0	0	0.00%	
	Awaiting Respiratory / NIV bed	21	8	13	2.47%	
	Awaiting Cardiology bed	5	2	3	0.59%	
	Other Department/ Area	Delay in Psychiatrist attending	17	5	12	2.00%
		Awaiting pathology results	60	24	36	7.05%
Awaiting radiology scan / report		30	14	16	3.53%	
Waiting for medical review		6	3	3	0.71%	
Waiting for surgical review		13	6	7	1.53%	
Awaiting Ambulance / Transfer		3	2	1	0.35%	
Awaiting Neuro Surgeon / QE		1	0	1	0.12%	
Waiting for other healthcare provider		1	1	0	0.12%	
Other delay / issue		18	8	10	2.12%	
Clinical Need		19	9	10	2.23%	
Clinical Need	Waiting for patient to become lucid	15	13	2	1.76%	
	Total	851	418	433		

Acute Trust Medically Fit Patients Awaiting Discharge - Reason for Delay (snapshot as at midnight Sunday)	Total Number of Patients	% of Breaches	Please state the longest reported delay
Waiting repatriation to other Acute Hospital e.g. trauma or stroke repatriation	5	6.94%	14 days
Waiting for transfer to Acute Hospital for treatment e.g. for specialist surgery	0	0.00%	
Waiting for community hospital / bedded intermediate care	22	30.56%	7 days
Waiting for CHC paperwork to be completed	0	0.00%	
Waiting for continuing care panel decision	0	0.00%	
Waiting for continuing health care package	2	2.78%	32 days
Waiting for equipment / adaptations	0	0.00%	
Housing needs / homeless	0	0.00%	
Waiting for patient choice of care home	4	5.56%	35 days
Patient / family refusing to accept discharge	4	5.56%	19 days
Waiting for physiotherapy or occupational approval for discharge	0	0.00%	
Waiting for hospice place	0	0.00%	
Waiting for internal transfer e.g. to /from high dependency	0	0.00%	
Discharge planned for tomorrow	8	11.11%	
Waiting for social care reablement or home based intermediate care	8	11.11%	17 days
Waiting for internal assessments (e.g. Surgical patient waiting for cardiology Ax)	0	0.00%	
Waiting for external agency assessment (e.g. care home coming to Ax, psychiatry)	4	5.56%	10 days
Waiting for start or re-start of a care package	6	8.33%	8 days
Out of county/borough assessments	5	6.94%	12 days
Waiting for residential or nursing home place	4	5.56%	28 days
Patient is palliative, including patients on LCP or equivalent	0	0.00%	
Total	72		
Average Number of Medically Fit Patients Awaiting Discharge		72	

Emergency Care Standard Exception Report



Commentary	Timescale for delivery		Complete?
Key drivers/ reasons for last week's underperformance:	Start Date	End Date	Yes / No
1)Limited capacity (assessment and base medical wards) to allow flow out of ED was the single biggest cause of breaches throughout the week (34.78%)			
2) QMC was 'full' with very few beds available for admission and outlying into Sunday afternoon and evening resulting in 12 hour waits in ED over the weekend			
3)Discharges did not create sufficient capacity in medical specialities across both QMC and City sites with the highest number of outliers seen in 12 months, with 70 recorded at at QMC campus and 75 at the City campus.			
4)Activity over the week was 10% higher than the same period last year however admissions are at similar levels but high acuity levels and higher attendances through majors has resulted in slightly increased lengths of stay			
5)Volumes in ED have regularly been over 100, with over 20 patients waiting for admission into medical beds throughout the day resulting in higher numbers of patients in majors and ED cubicles being full accounting for 14% of breaches			
6)The highest outlying speciality has been respiratory at the City campus (45) with flow from ED into respiratory at the city campus showing as a breach cause of the first time			
7)			
Trust Actions taken to improve ED performance	Start Date	End Date	Yes / No
1)Gold executive on site every day managing the situation with support from members of the Chief Exec Team			
2)C31 opened additional 8 beds on 05/01/15 and new pathways for surgical admission started through Surgical triage unit			
3)Respiratory opened additional beds Friday 2nd Jan, with 5 consultants identified daily to ensure prompt review and plans in place for all outlying patients			
4)Additional beds opened within medical assessment area on Sunday afternoon to support ED, off duty staff contacted to provide nursing support			
5)Review of reduced elective lists commenced to look further to reduce planned admissions for the rest of the week without impacting on 18 week and cancer targets			
6)HCOP and medical consultants released from other duties to concentrate on management of patients in base wards, outlying wards, assessment areas and ED.			
7)			
CCG / Area Team actions taken by primary care to improve ED performance	Start Date	End Date	Yes / No
1)Additional community staff came into NUH to support the earlier identification of patients to move into community capacity over the 7 days			
2)Additional community capacity being identified through use of private sector beds for health waits			
3)			
4)			
5)			
6)			
7)			
Wider System Actions taken (including Community/ Local Authority/ UCWG actions)	Start Date	End Date	Yes / No
1)Daily escalation system wide phone calls to identify support for discharges into community facilities			
2)Additional social services staff in over the weekend to perform assessments			
3)			
4)			
5)			
6)			
7)			
Any other important information:	Number of 12 hour breaches which occurred over Saturday and Sunday are still undergoing validation		