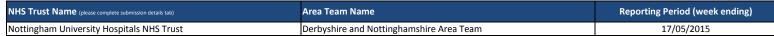
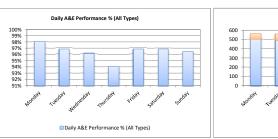
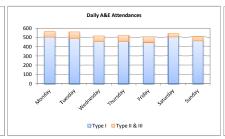
Emergency Care Standard Exception Report

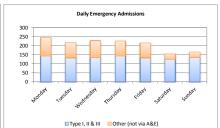




	Latest Week	Quarter to Date	Year to Date
Week Ending:		All Type (I, II & III) 4hr Performance %	
17/05/2015	96.48%	95.13%	95.13%
Same Period 2014/15	87.06%	88.65%	88.65%
% Change	10.82%	7.31%	7.31%
Week Ending:		All Type (I, II & III) Attendances	
17/05/2015	3722	25396	25396
Same Period 2014/15	3703	25402	25402
% Change	0.51%	-0.02%	-0.02%
Week Ending:	All Typ	pe Emergency Admissions (including 'oth	ier')
17/05/2015	1452	9927	9927
Same Period 2014/15	1512	10461	10461
% Change	-3.97%	-5.10%	-5.10%







		2 11 405	Number of A&E Breaches			Number of A&	E Attendances	Number of Emergency Admissions	
	Daily Escalation Level	Daily A&E Performance % (All Types)	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	green	98.06%	11	0	0	503	64	144	103
Tuesday	amber	96.80%	18	0	3	490	72	133	84
Wednesday	amber	96.15%	20	0	1	457	62	134	94
Thursday	amber	94.08%	31	0	0	456	68	143	83
Friday	amber	96.81%	16	0	2	444	58	133	82
Saturday	amber	96.86%	17	0	0	502	40	124	30
Sunday	amber	96.44%	18	0	0	461	45	134	31
	Total	96.48%	131	0	6	3313	409	945	507
	•			R	olling 6 week avg.			896	516
					% change	#DIV/0!	#DIV/0!	5.47%	-1.74%

	A&E Inc	cidents	Ambulances				ncelled Elective ations	
	Number of Clinical Incidents	Number of Serious Incidents	% attendances conveyed by ambulance	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	0	0		183	93	50.82%	9	3
Tuesday	0	0		165	78	47.27%	13	5
Wednesday	0	0		168	70	41.67%	8	2
Thursday	0	0		155	80	51.61%	4	1
Friday	0	0		176	80	45.45%	12	0
Saturday	0	0		195	101	51.79%	1	0
Sunday	0	0		169	60	35.50%	0	0
Total	0	0	#DIV/0!	1211	562	46.41%	47	11

	Acute Beds - Number of Discharges				ntients Awaiting narge	Acute Beds (G&A)				
	Med	dical	Sur	Surgical		otal Awaiting	% Beds Occupied		Number of Closed Beds	
	Predicted	Actual	Predicted	Actual	Discharge	acute bed base	Surgical	Medical	Surgical	Medical
Monday	60	146	34	64	69	21.50%	82.98%	88.14%	22	12
Tuesday	82	135	21	55	69	21.50%	85.76%	88.40%	20	12
Wednesday	56	164	36	72	81	25.20%	85.11%	88.27%	20	8
Thursday	61	153	34	57	68	21.20%	88.54%	88.14%	6	2
Friday	73	189	56	88	75	23.40%	84.12%	84.09%	6	2
Saturday	26	87	41	56	59	18.40%	77.74%	85.40%	6	2
Sunday	13	85	16	29	58	18.10%	79.38%	88.66%	6	2
Total	371	959	238	421						

	Community Beds - Number of Discharges			ically Fit Patients 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								
Tuesday								
Wednesday								
Thursday								
Friday								
Saturday								
Sunday								
Total	0	0						

	Reasons For Breach	Total	No. in AM	No. in PM	% of Breaches
	Nursing Staffing issues	0	0	0	0.00%
	Medical Staffing Issues	0	0	0	0.00%
	Delay in clinician making decision	32	12	20	24.43%
Emergency	Delay in sending pathology sample	0	0	0	0.00%
Department	Delay in transferring patient to radiology	0	0	0	0.00%
	Scanned documents missing / unreadable	0	0	0	0.00%
	Deviation from ED protocol	0	0	0	0.00%
	Other ED Delay	7	2	5	5.34%
	ED Cubicles full	0	0	0	0.00%
	CDU full	0	0	0	0.00%
	Awaiting AMU / MAU	5	3	2	3.82%
	Awaiting ITU / HDU	3	1	2	2.29%
	Awaiting Surgical bed / SAU	1	1	0	0.76%
	Awaiting T&O bed	0	0	0	0.00%
Capacity Issues	Awaiting Gen Med bed	0	0	0	0.00%
	Awaiting Haem / Onc bed	0	0	0	0.00%
	Awaiting Obs & Gynae bed	1	0	1	0.76%
	Awaiting Paediatric bed	2	0	2	1.53%
	Awaiting Stroke bed	0	0	0	0.00%
	Awaiting Respiratory / NIV bed	0	0	0	0.00%
	Awaiting Cardiology bed	1	0	1	0.76%
	Delay in Psychiatrist attending	12	3	9	9.16%
	Awaiting pathology results	5	4	1	3.82%
	Awaiting radiology scan / report	15	2	13	11.45%
Other	Waiting for medical review	16	3	13	12.21%
Department/	Waiting for surgical review	5	0	5	3.82%
Area	Awaiting Ambulance / Transfer	0	0	0	0.00%
	Awaiting Neuro Surgeon / QE	2	1	1	1.53%
	Waiting for other healthcare provider	0	0	0	0.00%
	Other delay / issue	9	6	3	6.87%
Clinian Name	Clinical Need	14	5	9	10.69%
Clinical Need	Waiting for patient to become lucid	1	0	1	0.76%
	Total	121	42	00	· ·

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	7	9.09%	4 days
Waiting for transfer to Acute Hospital for treatment e.g. for specialist surgery	0	0.00%	
Waiting for community hospital / bedded intermediate care	13	16.88%	13 days
Waiting for CHC paperwork to be completed	2	2.60%	10 days
Waiting for continuing care panel decision	9	11.69%	
Waiting for continuing health care package	1	1.30%	51 days
Waiting for equipment / adaptations	2	2.60%	12 days
Housing needs / homeless	0	0.00%	
Waiting for patient choice of care home	10	12.99%	19 days
Patient / family refusing to accept discharge	2	2.60%	18 days
Waiting for physiotherapy or occupational approval for discharge	1	1.30%	7 days
Waiting for hospice place	0	0.00%	
Waiting for internal transfer e.g. to /from high dependency	0	0.00%	
Discharge planned for tomorrow	10	12.99%	
Waiting for social care reablement or home based intermediate care	5	6.49%	5 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,	3	3.90%	4 days
Waiting for start or re-start of a care package	7	9.09%	10 days
Out of county/borough assessments	3	3.90%	7 days
Waiting for residential or nursing home place	2	2.60%	4 days
Patient is palliative, including patients on LCP or equivalent	0	0.00%	
Total		77	
Average Number of Medically Fit Patients Awaiting Discharge			

Emergency Care Standard Exception Report



	Timescale	Complete?	
Key drivers/ reasons for last week's underperformance:	Start Date	End Date	Yes / No
The highest reason for breaches continues to be delay in clinical decision accounting for 24.43% (32 breaches)			
The second highest reason for breaches is delay in speciality doctor review in ED with 12.21% (16 breaches) attributed across 9 specialities (4 spines, 3 medical registrar decision for level of bed, 2 plastics, 2 orthopaedic review, 1 cardiology, 1 gynaecology, 1 neurology,	1		
Delays in radiology scanning and reports accounted for 11.45% of breaches (15 in total)			
)The fourth highest breach reason was clinical need 10.69%			
)For note - NUH continue to complete the rolling deep clean programme across both city and QMC campuses			
rust Actions taken to improve ED performance	Start Date	End Date	Yes / No
ED to continue to improve time to initial assessment, supporting early medical assessment and decision through ongoing delivery of RATING and continuing trials underway to review consultant support in streaming. Weekly performance metrics on time to be seen in	n ED		
Weekly performance meetings continue led by the director of emergency pathway and deputy medical director with relevent specialities to discuss speciality response times			
Clear escalation processes in place for ED through the site matron team and deputy clinical lead for capacity & flow to contact all specialities who do not respond within 30 minutes to request from ED			
Each speciality area preparing root cause analysis on all breaches allocated to them and shared with deputy director of ops and task team when appropriate			
CG / Area Team actions taken by primary care to improve ED performance	Start Date	End Date	Yes / No
Continued commissioning of Ramsey Woodthorpe beds for NWB patients waiting for Lings Bar			
Health economy have agreed a new 4 hour trajectory for achieving the target			
, , , , , , , , , , , , , , , , , , , ,			
fider System Actions taken (including Community/ Local Authority/ UCWG actions)	Start Date	End Date	Yes / No
Dupdate and standardisation of workstream reports across the system			
New project manager in place for work stream 2 and to start for work stream 2 next week			
Whole system engagement in Breaking the Cycle at QMC campus debrief			
Whole system planning started for BTC at City campus			
Agreement reached with all external partners to achieve 38 supported discharges each day (Monday to Friday) with trajectory and weekly monitoring to SRIG			
ny other important information:			
y other important information.			