

High Impact Interventions - Urgent and Emergency Care - Leicester, Leicestershire and Rutland																								
Rational : Diagnosis of the reasons for breaches over the last 12 months and subsequent simplification of the data identified key reasons for the poor performance. Key actions have been taken to reduce breaches and the KPIs reflect this.																								
High Impact Interventions	KPI	Owner	Last 6 weeks (Mon-Sun)						Last Week (Mon-Sun)							Total	Trend	Reason for under performance	Remedial Action	Notes				
			Wk Ending	09.02.14	16.02.14	23.02.14	02.03.14	09.03.14	16.03.14	Day	17.03.14	18.03.14	19.03.14	20.03.14	21.03.14						22.03.14	23.03.14		
HII 1 - Increasing Emergency Flow, Avoiding Non-Admitted Breaches and Reducing Admitted Breaches																								
Reducing late transfers from the UCC. Reducing Admitted Breaches through improved ED process and effective flow into the organisation. Avoiding non-admitted breaches through effective progress chasing and adherence to protocols. Recognising escalating pressure and maximising opportunities to intervene.	Proportion of patients seen and discharged from ED within 4 hours (Campus)	UHL	Target	95%	95%	95%	95%	95%	95%	Target	95%	95%	95%	95%	95%	95%	95%	95%	95%	↑	Slight deterioration in performance from week before but second consecutive week over 90. Admissions remained high. DTOCs increased from previous week. Week of two halves, first four days performance was 86.01% with 227 admissions on average. Second half of week was 95.89% with 185 admissions on average. Super weekend was a success.	Reduce DTOC, reduce readmissions and can then refocus on internal processes to keep flow out of ED		
	Number of >20minute waits transferred from UCC to ED	GEH	Target	TBC	TBC	TBC	TBC	TBC	TBC	Target	TBC	TBC	TBC	TBC	TBC	TBC	TBC	TBC	TBC	TBC	↑			A target needs to be agreed against this metric. MK has been unable to develop with KW due to annual leave. KW to develop with BT at the first operational UCC/ED meeting.
	Patients Waiting in ED for Beds at 08:00	UHL	Target	14	14	14	14	14	14	Target	2	2	2	2	2	2	2	2	2	2	↑	Insufficient beds overnight to accommodate admissions. Insufficient LLR capacity to accommodate patients	As above	
	Number of Non-Admitted Breaches	UHL	Target	35	35	35	35	35	35	Target	5	5	5	5	5	5	5	5	5	5	↑	High occupancy for long periods of time, changes in plan overnight and late referrals from the UCC	As above	* A proportion of these patients are the results of a late decision not to admit.
	Number of Patients with Total Time in ED of >480minutes	UHL	Target	0	0	0	0	0	0	Target	0	0	0	0	0	0	0	0	0	0	↑	Poor flow	As above	
	Proportion of time with >55 Patients Occupancy in ED	UHL	Target	15%	15%	15%	15%	15%	15%	Target	15%	15%	15%	15%	0%	15%	15%	15%	15%	15%	↓	Poor flow	As above	
			Actual	82.50%	83.90%	82.87%	84.20%	88.36%	91.19%	Actual	85.65%	87.85%	81.53%	89.00%	95.36%	96.75%	95.56%	90.24%						
			Actual	479	418	387	418	427	516	Actual	99	74	88	76	57	54	88	536						
			Actual	82	78	68	78	50	30	Actual	6	8	9	10	4	5	6	48						
			Actual	163	160	167	182	163	87	Actual	30	15	32	10	7	1	2	97						
			Actual	163	143	147	110	87	46	Actual	16	14	18	4	2	0	3	57						
			Actual	59.10%	49.1%	48.4%	47.4%	43.6%	45.3%	Actual	50.4%	47.3%	53.1%	55.5%	35.6%	33.0%	40.6%	45.1%						
HII 2 - Increasing Organisational Flow and Enhancing Operational Co-ordination Over a 24/7 Period																								
To manage and co-ordinate demand and capacity balance throughout the day.	LRI Cumulative Capacity at 16:30	UHL	Target	560	560	560	560	560	560	Target	80	80	80	80	80	80	80	80	80	80	↓	Inability to maximise discharge	As above	The target needs reviewing here as capacity at 4:30 on 19th March was 80 but performance was still poor.
	Number of Beds on AMU at 16:30	UHL	Target	28	28	28	28	28	28	Target	4	4	4	4	4	4	4	4	4	4	4	↓	Inability to maximise discharge	As above
			Actual	476	433	473	433	502	506	Actual	56	57	81	65	90	79	56	484						
			Actual	12	6	4	6	8	36	Actual	3	0	0	5	4	5	0	17						
HII 3 - Maximising Discharge																								
Reducing the time from medically fit to discharge with early identification of blocks to discharge - both internal and external. Bring forward discharges to earlier in the day. Maximising discharge 7/7.	LRI Medical Discharges Before 13:00	UHL	Target	175	175	175	175	175	175	Target	25	25	25	25	25	25	25	175	↑	Discharge before 1pm remain low . Work on real time discharge from the IT system continues				
	Total UHL Discharges Before 13:00	UHL	Target	355	355	355	355	355	355	Target	55	55	55	55	55	40	40	355	↓	as above				
	DTOC from UHL	UHL	Target	3.5%	3.5%	3.5%	3.5%	3.5%	3.5%	Target	3.5%	3.5%	3.5%	3.5%	3.5%	3.5%	3.5%	3.5%	↓	Daily Unify sitrep data indicates lower DTOC percentages due to variable daily occupancy.	Work continues to ensure accuracy of reported data			
	DTOC Numbers from UHL	UHL	Target	385	385	385	385	385	385	Target	55	55	55	55	55	55	55	385	↓	Improving position towards the end of the week - although data doesn't correlate to the daily DTOC sheets	Detailed weekly report on discharge and DTOC presented to the UCWG in addition to the actions described below			
	DTOC from Community Hospitals **	LPT	Target	3.5%	3.5%	3.5%	3.5%	3.5%	3.5%	Target	3.5%	3.5%	3.5%	3.5%	3.5%	3.5%	3.5%	3.5%	↑	No significant change in numbers although day to day turnover is increasing	Further work being undertaken on validation and sign off. Daily conference calls in place to support progress chasing. Daily analysis of reasons for delays are now being captured.	** Daily Data not readily collated. Weekly data not Mon-Sun and is for weekending on Thursday.		
			Actual	24	25	34	31	34	34	Actual	3	10	7	5	7	3	0	35						
			Actual	221	227	196	241	265	238	Actual	8	51	46	24	49	40	20	238						
			Actual	4.7%	4.8%	4.6%	4.4%	4.8%	2.63%	Actual	4.40%	4.90%	4.10%	4.10%	4.70%	3.40%	3.50%	4.16%						
			Actual					469			70	80	68	67	73	55	56	469						
			Actual	3.70%	5.05%	5.07%	4.13%	5.85%	7.29%	Actual	-	-	-	-	-	-	-	7.29%						