

Urgent Care Improvement Programme: 4 Hour Performance Report March 2017

1.0 Overview - Executive Summary

Current Performance

- February 2017 four hour performance was not achieved: **79.6%** (All Types)

Improvement Trajectory

- Performance did not achieve the revised internal trajectory: **83.2 %** (All Types)

4 Hour Improvement Programme

The RUH 4 hour improvement programme has been developed considering the following;

- Emergency Care Improvement Programme (ECIP) diagnostic supported by the RUH Business Intelligence Unit (BIU)
- RUH Urgent Care Nine Point Plan for improvement 2016/17
- National ECIP Rapid Improvement Guides. A series of practical rapid improvement guides for health and social care staff to improve urgent and emergency care:
 - Making internal professional standards work for you
 - Identifying and managing frailty at your front door
 - Optimising medicines discharge to improve patient flow
 - Red and Green bed days
 - Multi-agency Discharge event
 - Expected date of discharge and clinical criteria for discharge
 - Maximising AEC services
 - 6As of managing emergency admissions
 - Safer Patient Flow bundle
 - Reviewing stranded patients
- NHSI recommendations
- ECIP recommendations
- A&E local delivery board improvement plan
- STP Urgent Care Subgroup
- CQC feedback
- Winter planning - including capacity and demand

Programme Key Deliverables

The 4 hour improvement programme focuses on the following key areas

- Ambulatory Care
- SAFER
- Discharge

Delivery will be via the Front Door Group, Specialty Group and Discharge Board.

Key performance indicators (KPIs) have been considered for each of the three key delivery areas and schemes within these. In addition the NHS Improvement KPIs for daily reporting have been included for daily, weekly and monthly monitoring (page 1).

Factor Affecting Performance (Appendix 1)

- Ambulance conveyance activity +11.5% variance compared to 2015/16 for week ending 19/02/2016
- Emergency presentations +5.9 % year to date variance in emergency presentations compared to the last financial year. To note for the month of February 2017 the non elective activity was 2.2% below February 2016.
- Emergency Department attendances +3.2% year to date variance in ED attendances compared to last financial year
- Negative impact on bed capacity due to high numbers of influenza
- Delays in discharges / increased length of stay

Governance and Assurance

- Weekly Urgent Care Action and Review Group – aim to provide challenge and pace to delivery of the agreed actions within the improvement programme
- The RUH Urgent Care Collaborative Board is responsible for the programme and reports monthly to both Management Board and Board of Directors
- Fit for the Future Board provides detailed additional Non-Executive Director level challenge to the improvement programme
- A&E Delivery Board focus and implementation of the national A&E improvement plan required to support performance recovery; BaNES CCG leading an improvement plan support by NHS England
- ORCP funding - impact assessment required by the A&E Delivery Board
- Monthly Tripartite meetings, ceased following NHS Improvement review of RUH Governance rating. Monthly NHS Improvement oversight meetings are in place

At a Glance Weekly Scorecard

Key Area	Description	Metric	Target	Jan-17			Feb-17			
				15/01/2017	22/01/2017	29/01/2017	05/02/2017	12/02/2017	19/02/2017	26/02/2017
Trust Pages 2-3	ED 4 Hour Breaches			379	355	428	451	151	318	367
	ED 4 Hour Performance		95.0%	74.4%	76.3%	72.4%	71.6%	89.1%	79.4%	76.6%
	Minors Performance	4 Hour Non Admitted Minors Performance	96.0%	94.5%	94.2%	93.3%	93.1%	97.4%	94.7%	91.4%
Ambulatory Care Pages 5 - 7	Increase non-elective ambulatory activity	Ambulatory Care Activity	30%	33%	31%	29%	38%	32%	30%	31%
	Direct Admissions	ESAC Activity	30	25	37	28	26	25	40	26
		GP Direct Admissions to SAU	40	17	10	9	14	34	20	13
		GP Direct Admissions to MAU	20	27	0	17	0	47	1	11
	Frailty Pathway	ED and GP Direct Admissions to ACE	5	3	9	7	0	6	3	2
	Hot Clinics	Ambulatory Cardiac Hot Clinic Attendances	7	4	11	12	8	0	7	7
SAFER Pages 8 - 12	Senior Review	ED Specialty 4 Hour Breaches	4	6	15	9	10	4	12	11
	>7 Day LoS Review	Patients with a >7 Day LoS - "Stranded Patient"	260	336	336	325	329	345	327	324
	Early Discharge	% Discharges Before Midday	33.0%	16.8%	15.8%	18.7%	17.1%	17.5%	14.9%	16.6%
	Flow of Patients	MAU Transfers by 10am	20	18	14	13	10	6	11	12
		SAU Transfers by 10am	5	9	7	13	16	5	1	9
		Average Daily Medical outliers	15	56	52	60	67	49	36	33
Discharge Pages 13 - 16	Integrated Discharge Service (IDS)	IDS forms completed		113	116	139	113	122	83	110
	Silver Patients	Silver Patients identified on discharge tracker	75	32	48	54	43	44	46	58

2.0 Current Performance Against Trajectory

National target 95%

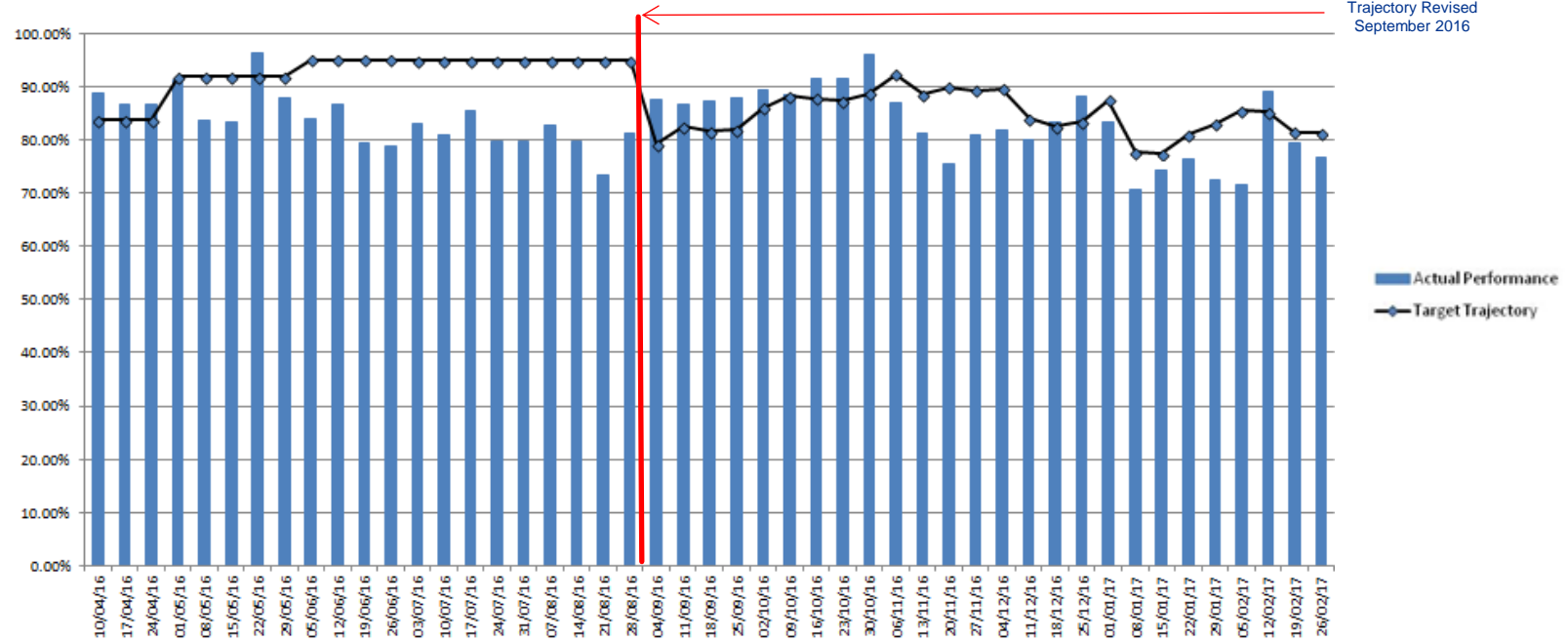
RUH 4 hour performance trajectory revised from September 2016

Target trajectory 83.2% February 2017

The graph and tables show the current trajectory performance which is updated daily with actual performance

Key action to continue to review 4 hour performance daily linking the 4 Hour Improvement Programme

A&E Delivery Board ORCP actions are included in the trajectory



Month	Attendances	4 Hour Breaches	Performance
April 2016	6809	890	86.9%
May 2016	7107	880	87.6%
June 2016	6972	1299	81.4%
July 2016	7477	1322	82.3%
August 2016	7006	1428	79.6%
September 2016	6979	832	88.1%
October 2016	7238	625	91.4%
November 2016	6855	1281	81.3%
December 2016	7067	998	85.9%
January 2017	6755	1777	73.7%
February 2017	6066	1240	79.6%

3.0 Trajectory Performance and Delivery

4 Hour performance was **79.6%**, not achieving the internal trajectory target of 83.2% in February 2017

Diagnostic key messages;

Factors affecting Performance;

- Direct admissions to MAU limited due to flow out of the unit

- Additional Cardiac Hot Clinic capacity in place

- Increasing >7 day length of stay

- DTC improvements not sustained and continues to rise across all CCG's

- Impact of influenza

The table below details the calculated 4 hour performance benefit from RUH identified schemes and system wide reduction in DTC.

		Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17
3 Year Range	Max Performance	94.7%	98.2%	98.00%	94.4%	91.1%	89.3%	94.3%
	Min Performance	85.5%	93.4%	87.7%	84.2%	76.1%	83.3%	82.1%
Agreed Trajectory		95.0%	95.0%	94.6%	90.9%	84.5%	90.6%	89.0%
Revised Trajectory (1) with Performance Impact	Forecast	83.7%	86.5%	85.6%	81.0%	76.3%	78.2%	78.9%
	Frailty Direct Admits	0%	0%	0.05%	0.17%	0.17%	0.17%	0.17%
	Medical Ambulatory Care - Medical Nurse Practitioner Model	0%	0.7%	0.9%	0.9%	0.9%	0.9%	0.9%
	Medical Ambulatory Care - Additional Capacity and Waiting Area	0%	0%	0%	0.2%	0.4%	0.4%	0.4%
	Medical Assessment Unit Direct Admissions	0%	0.2%	1.3%	1.4%	1.4%	1.4%	1.5%
	Internal Professional Standards	0%	0%	0.2%	0.3%	0.3%	0.3%	0.3%
	Urgent Connect	0%	0.2%	0.4%	0.8%	0.8%	0.8%	0.8%
	Active Recovery Team (Phase 1)	0%	0%	0.7%	0.8%	0.8%	0.8%	0.8%
	Surgical Direct Admits	0.5%	0.5%	0.5%	0.5%	0.5%	0.5%	0.5%
	Weekend Discharges	0%	0.1%	0.3%	0.3%	0.3%	0.3%	0.3%
	MADE Event	0%	0%	0.1%	0.1%	0.1%	0.1%	0.1%
	Performance Trajectory with Impacts	87.8%	88.1%	90.0%	85.9%	81.5%	83.2%	84.2%
Revised Trajectory (2)	Best Case Performance Trajectory with DTC Reduction (Max 45 DTCs)	90.0%	89.8%	91.8%	87.7%	83.3%	85.0%	86.0%
	Best Case Performance Trajectory with DTC Reduction (Max 30 DTCs)	91.0%	90.7%	92.7%	88.6%	84.1%	86.0%	86.9%
	Best Case Performance Trajectory with DTC Reduction (Max 15 DTCs)	91.8%	91.6%	93.6%	89.5%	85.1%	86.8%	87.8%
Actual 4 Hour Performance	4 Hour Performance (all types)	88.1%	91.4%	81.3%	85.9%	73.7%	79.6%	

4.0 Four Hour Improvement Programme

Three key areas delivered via the Front Door, Specialty and Discharge Groups.

These priorities will develop and evolve as the programme delivers and new schemes identified for action

A weekly 'Big Room' methodology has been successfully introduced for Medical Ambulatory Care

Launch of the Bath Faculty FLOW Programme in February 2017 in collaboration with Sheffield, Health Foundation and AHSN. 8 of the delegates are RUH staff being taught co-coaching skills to implement the "Big Room" methodology for sustainable change. Builds on the 6 existing coaches who completed cohort 1.

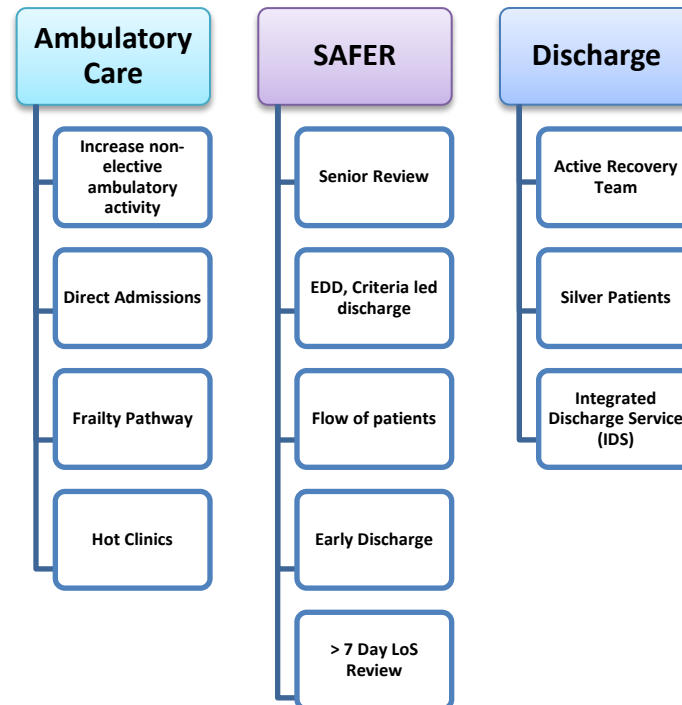
This approach had been applied to the Specialty Group from February 2017 to include multi-disciplinary, cross-divisional teams.

The 4 hour improvement programme focuses on the following key areas for delivery

1. Ambulatory Care
2. SAFER
3. Discharge

Delivery will be via the Ambulatory Care Group, Front Door Group, Specialty Group and Discharge Board.

Key performance indicators (KPIs) have been considered for each of the three key delivery areas and schemes within these. In addition the NHS Improvement KPIs for daily reporting have been included for daily, weekly and monthly monitoring. The following schematic shows the current workstreams underpinning the key areas, which will change as the schemes deliver and new schemes are added.



Key to trend for KPIs			
▲	Improvement in performance and within plan	▼	Deterioration in performance but still within plan
▲	Improvement in performance but still slightly off plan	▼	Deterioration in performance and slightly off plan
▲	Improvement in performance but off plan	▼	Deterioration in performance and off plan
▲	Improvement in performance	▼	Deterioration in performance

5.0 Ambulatory Care – Increasing Medical Ambulatory Care Activity

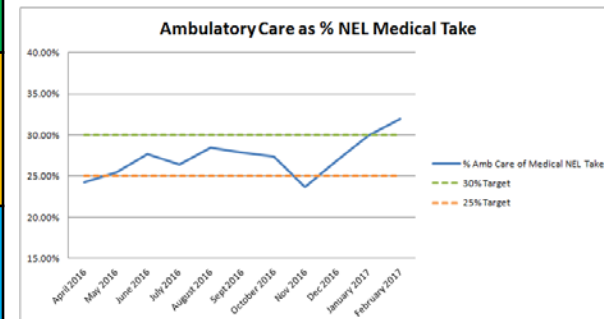
Delivery Group
Front Door
Project Leads
Dr Anu Garg Dr Sarah Gillett Matron Mandy Rumble Sarah Hudson
Success In Month
Maintained trend of increasing activity exceeding the 30% medical take KPI for the month at 32%.
Activity increase in ambulatory care supported by extension of Consultant hours Monday to Friday.
Big Room continues to meet weekly. Robust work plan in place.
Recruitment completed to appoint Band 5 nurse posts to enable medical nurse practitioners to focus on the medical take. Band 6 role now advertised as per plan, aim to appoint at the end of March 2017.
1 WTE Band 4 extended HCA role commenced in post to oversee infusion activity and support registered nurse activity in amb care
Next Steps
<ul style="list-style-type: none"> •Focus on lower actual activity days and where below 30% – understand the reasons is this how the medical take profiles or is it due to capacity? •Acute Medicine physician interview booked 28 March 2017 •Primary Care evening education event and launch of the recently refurbished unit to showcase services on offer •MNP role definition when Band 6 lead is appointed

Aim Increase the non-elective activity through medical ambulatory care, trajectory to achieve 30% of the medical take via this pathway. Key actions detailed below for delivery within the next 60 days.

Action / Milestone	By who	By when	Delivery Confidence
Acute Medicine Consultant Replacement; to ensure adequate ambulatory care cover. Mitigation in place with Consultant team to ensure the majority of clinical duties for this vacancy are covered to provide consistency within the service 7 days. <i>Action updated as recruitment not successful, advertised twice and no suitable candidates</i>	Anu Garg	Plan to advertise again in February 2017. Interview date 28 th March 2017. Candidates have been shortlisted	
Increase hours of consultant presence in Ambulatory Care out of hours – review of rotas and possible options to support extension of hours with a medical presence. <i>Action update: Consultant interviews planned 28 March 2017 aim to appoint 1.5 WTE Consultants, which will provide an opportunity to review additional clinical sessions in ambulatory care out of hours</i>	Sarah Gillett	1 st November 2016	
Nurse recruitment to an addition 2 WTE Band 5 and 1 WTE Band 3 ward clerk. Aim to provide a consistent nursing workforce in amb care to deliver an 8am to 8pm service without dependence upon medical nurse practitioners. Interviews planned January 2017. Band 4 advanced practitioner already recruited and due to commence in post 30 January 2017.	Helen Jeffcoat	27 th February 2017	Action Completed
Nurse recruitment to Band 6 Medical Ambulatory Care lead role. Advertisement placed and interviews planned for the end of March 2017	Helen Jeffcoat	1 st April 2017	
Understand the lower activity days in ambulatory care – is this due to the medical take profile or ambulatory care capacity. Via the Big Room agree next steps and possible PDSAs to improve activity levels if capacity is the constraint	Sarah Hudson	28 th April 2017	
Launch of the refurbished ambulatory care unit. An opportunity to open the unit at night and provide an educational session with primary care colleagues. Event being coordinated by RUH GP Liaison post holder and Clinical Lead for Ambulatory Care. Opportunity to launch the referral prompts which have recently been shared with primary care	Sarah Gillett	31 st May 2017	

KPI

Number of patients seen in ambulatory care per month as a % of the Medical Take



4 Hour Improvement Trajectory % Forecast

Scheme	4 Hour Improvement Trajectory Contribution						
	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17
Medical Ambulatory Care - Medical Nurse Practitioner Model	0%	0.7%	0.9%	0.9%	0.9%	0.9%	0.9%
Medical Ambulatory Care - Additional Capacity and Waiting Area	0%	0%	0%	0.2%	0.4%	0.4%	0.4%

Amb Care as % Medical Take	April 2016	May 2016	June 2016	July 2016	August 2016	Sept 2016	October 2016	Nov 2016	Dec 2016	January 2017	February 2017
Amb Care Inpatient Activity	356	382	402	377	455	415	397	342	412	449	410
Amb Care Outpatient Activity	6	14	18	11	18	20	27	27	11	32	20
Total Amb Care	364	397	421	390	473	440	431	380	429	488	441
Total Adult Non Elective Medical Admissions	1502	1559	1521	1477	1663	1580	1572	1603	1596	1633	1380
% Amb Care of Medical NEL Take	24.23%	25.47%	27.68%	26.40%	28.44%	27.85%	27.42%	23.71%	26.88%	29.88%	31.96%

5.1 Ambulatory Care – Frailty Pathways

Delivery Group
Front Door
Project Leads
Dr Chris Dyer Matron Anita West Sarah Hudson
Success In Month
<ul style="list-style-type: none"> Weekly Big Room continues with excellent attendance Consultant led Front door frailty flying squad in place until 6pm daily. One third of patients discharged home without admission Therapy and Medical nurse practitioners also identified to support the Frailty Flying Squad Significant change in how patients are managed non-electively ACE LoS reduced by 1day since April 2016 sustained
Next Steps
<ul style="list-style-type: none"> Q4 CQUIN milestones Continuation of Frailty Scoring and CGA embedding Daily and weekly review of Frailty Flying Squad KPIs including direct admissions "March on Frailty" month

Aim Shortest possible length of stay for frail older patients, increasing the number of patients discharged in <72 hours, direct admissions to ACE and the implementation of Clinical Frailty Score and Comprehensive Geriatric Assessment (CGA) to support overall length of stay reduction .

Action / Milestone	By who	By when	Delivery Confidence
Increase Geriatrician of the day presence in the Emergency Department PDSA 2: new rota based upon South Warwick model to commence 3 rd January 2017 for a 2 month period. This model also includes additional medical nurse practitioner support "Frailty Flying Squad" providing a front door service until 6pm daily and continuity throughout early stages of admission – <i>Action update PDSA extended to March 2017</i>	Dr Chris Dyer	3 rd January 2017	Action complete
Delivery of the Frailty CQUIN deliverables including frailty scoring, completing of CGA and inclusion of CGA in discharge summaries. Milestones across Q1, Q2, Q3 and Q4	Sarah Hudson	Programme of FY 2016/17 quarter delivery in place	
Weekly review of Frailty Flying Squad KPIs in the Frailty Big Room, agree any changes and next steps. Aim to provide a review to the Head of Division by 24 th February with regard to outcome and recommendations to continue the service. – <i>Action update PDSA extended to March 2017</i>	Dr Chris Dyer	24 th February 2017	
Phlebotomy service in the Emergency Department supporting patient flow and expected patient management – supporting earlier access to diagnostics in preparation for Consultant review. Commenced 19 th December 2016. 6 Month pilot.	Dr Nickie Jakeman	31 st March 2017	
Frailty Big Room to lead a month of Trust wide events to promote frailty Promotion of movement and activity, decomposition, getting people dressed, frailty impact Delirium, falls, impact of increased LOS in hospital, education lying and standing BP to dip or not to dip, advanced care planning conversation project and 1 st March pyjama day.	Anita West	31 st March 2017	

4 Hour Improvement Trajectory % Forecast

Scheme	4 Hour Improvement Trajectory Contribution						
	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17
Frailty Direct Admits	0%	0%	0.05%	0.17%	0.17%	0.17%*	0.17%

*Number of direct admissions to ACE reduced due to closed beds on ward associated with Influenza

*Number of <72 hour discharges from ACE reduced due to closed beds on ward associated with Influenza

Metric	Baseline	Target	Trend	Apr 16	May 16	Jun 16	Jul 16	Aug 16	Sep 16	Oct 16	Nov 16	Dec 16	Jan 17	Feb 17
Number of patients discharged <72 hours ACE	29	50	▼	43	47	55	44	50	67	37	49	65	54*	39*
Direct Admission from ED or GP Expected to ACE OPU	12	25	▼	13	5	20	12	9	10	9	12	13	22	11

5.2 Ambulatory Care – Direct Admissions

Delivery Group
Front Door
Project Leads
Dr Anu Garg Ms Sarah Richards Matron Mandy Rumble Head of Nursing Ana Gleghorn Sarah Hudson
Success In Month
Completion of the Acute Medicine PDSA to provide senior presence in ED until 8pm
MAU standard to move within 30 minutes of bed being declared as "ready"
Direct admissions to MAU when flow allows assessment capacity to be held for expected patients. Note when flow poor patients can be admitted directly from ED to a ward
Next Steps
PDSA required to support protection of direct admit capacity in MAU – early flow out of MAU
Consistent movement to all Silver declared beds , linked to discharge tracker monitoring work led by the Deputy Director of Nursing and Midwifery

Aim to admit all medically and surgically expected patients through MAU and SAU respectively, without the need for an Emergency Department attendance unless clinically required

Action / Milestone	By who	By when	Delivery Confidence
PDSA to increase hours of consultant presence in ED and MAU – senior decision maker presence supporting admission avoidance , referral to Ambulatory Care and reduction in LoS. To commence w/c 31 st October 2016 and continue for 4 months	Anu Garg	28 th February 2017	
Proactive move before 10am to all Silver declared beds to support the creation of assessment capacity. <i>Action update: work linked to discharge tracker monitoring process</i>	Mandy Rumble	1 st November 2016	Action completed
Development of an Acute Medicine Big Room to focus on short stay and direct admission pathways to find a sustainable solution. Individuals identified to undertake the Sheffield FLOW programme due to commence 8 th February 2017	Anu Garg Jennifer Jones	28 th March 2017	
Front Door Clinical Lead to develop and propose clinical model to achieve and sustain the management of expected patients within acute medicine without the requirement to attend the Emergency Department unless clinically indicated. Work will link with the Divisional aspiration to fundamentally change the flow and management of non elective patients	Anu Garg	30 th June 2017	

4 Hour Improvement Trajectory % Forecast

Scheme	4 Hour Improvement Trajectory Contribution						
	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17
MAU Direct Admits	0%	0.2%	1.3%	1.4%	1.4%	1.4%	1.5%
SAU Direct Admits	0.50%	0.50%	0.50%	0.50%	0.50%	0.50%	0.50%
Urgent Connect	0.0%	0.2%	0.4%	0.8%	0.8%	0.8%	0.8%

Metric	Baseline	Target	Trend	Apr 16	May 16	Jun 16	Jul 16	Aug 16	Sep 16	Oct 16	Nov 16	Dec 16	Jan 17	Feb 17
Number of GP direct admits to MAU	73	121	▲	22	111	12	23	30	90	56	24	51	47	61
Number of Patients transferred from MAU by 10am	0	87	▼	45	24	38	29	51	44	41	68	45	76	39

Metric	Baseline	Target	Trend	Apr 16	May 16	Jun 16	Jul 16	Aug 16	Sep 16	Oct 16	Nov 16	Dec 16	Jan 17	Feb 17
Number of patients seen in ESAC	0	130	▼	116	137	131	133	118	159	140	165	149	130	124
Number of GP direct admits to SAU	0	130	▲	50	172	115	78	84	164	233	234	188	63	86

6.0 SAFER – Senior Review

Delivery Group
Specialty Group
Project Leads
Heads of Division Heads of Nursing Divisional Managers
Success In Month
Two meetings of the Specialty Big Room! Process mapping completed and themes identified for work plan
Baseline of availability of senior decision makers per specialty completed
Review of consultant job plans continues
Board round checklist in place across all ward areas
Visit to West Sussex NHS trust to review "Emergency and Medical Floor" principles completed and outcomes reported to February Management Board
Next Steps
Bullet round audits to assess effectiveness by "critical friend"
PDSA in ED of Rapid Assessment and Treatment (RAT) to support early senior decision maker inputs and improved time to assessment report to UCCB
Use of the National 7 day audit outcomes to identify SAFER "hotspots"

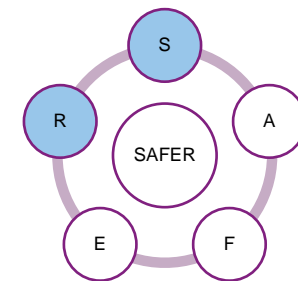
Aim All patients will have a senior review before midday by a clinician able to make management and discharge decisions.

Action / Milestone	By who	By when	Delivery Confidence
Specialty Group to be reframed and relaunched in January 2017 in line with the FLOW Big Room methodology to drive forward in a sustained way the specialty elements of the SAFER Bundle. To be led by the Heads of Division and to have in place by the end of February 2017 a clear workplan	Robin Fackrell Jon McFarlane Sarah Hudson	24 th February 2017	Action Complete
Specialty Big Room agreed themes to develop and agree work plan throughout March in the weekly meeting; a) Earlier discharge b) Medical outlier management c) Right patient right bed first time d) Escalation management e) Community supported discharges & the wards role	Robin Fackrell Jon McFarlane Sarah Hudson	12 th April 2017	
ESAC consultant on site in ED to increase timeliness of decision making for surgical patients • ESAC consultant holding GP phone to increase numbers of patients that can be directed to ESAC clinic instead of admission (20-40% patients directed to ESAC) • ESAC consultant review notes of all SAU patients including outliers in order to identify potential delays and help to expedite	Sarah Richards	30 th April 2017	
Specialty Breach review in Orthopaedics and Paediatrics. Two meetings held to date and PDSA agreed for early review by orthopaedic team. In ED. 3 month PDSA and planned review in May 2017	Berne Marden Karen Driscoll	26 th May 2017	
Job planning across the medical division has been scheduled to occur across all specialties to include the specialty triumvirate in each session. Aim for full compliance for senior review before midday.	Robin Fackrell	14 th June 2017	

4 Hour Improvement Trajectory % Forecast

Scheme	4 Hour Improvement Trajectory Contribution						
	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17
Internal Professional Standards	0.0%	0.0%	0.2%	0.3%	0.3%	0.3%	0.3%

SAFER Bundle Scheme Impact



Metric	Baseline	Target	Trend	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17
Number of Specialty Breaches	41	0	▲	57	39	59	67	78	54	25	35	31	41	37

6.1 SAFER - All Patients will have an Expected Discharge Date and Clinical Criteria for Discharge

Delivery Group
Specialty Group Discharge Board
Project Leads
Dr Robin Fackrell Heads of Nursing DM Suzanne Wills
Success In Month
Escalation to matron of the day improving including escalation re medical outliers
Weekend discharge team in place until March 2017
Junior Doctor engagement. Weekend planning stickers in place across OPU wards
Weekend discharge registrar in place throughout the month delivering an average of 8 discharges on a Saturday, reduced on a Sunday but provides preparation for Monday discharges.
Next Steps
Define weekend discharge target and set improvement trajectory including weekend resilience planning process – requires processes to be consistent across all ward areas

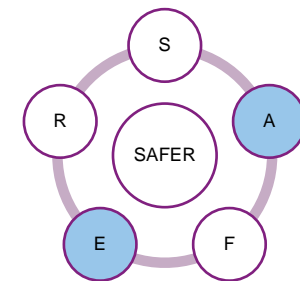
Aim All patients will have an Expected Discharge Date and Clinical Criteria for Discharge This is set assuming ideal recovery and assuming no unnecessary waiting.

Action / Milestone	By who	By when	Delivery Confidence
All new medical admissions to have an EDD recorded within 24 hours. audit planned January 2017 to assure compliance. <i>Action update: recording not consistent, further work required across all wards to be included in the Specialty Big Room Work plan</i> <i>Action update: Specialty Group PDSA planned to improve EDD – initial focus on Haygarth Ward</i>	Sarah Hudson	26 th January 2017	
Thursday “Weekend Resilience Planning” with the junior doctors to support weekend discharges including weekend discharge planning “sticker” process. <i>Action update: Processes not consistent across all wards, further actions required to be included in the Specialty Big Room Work plan</i>	Robin Fackrell	31 st December 2016	
Junior Doctor Feedback. Comments box has been placed in the Doctors Mess for open comments about what we do well, what we could do better and what “drives them nuts”. Senior Registrar to be the link between Juniors and Heads of Division to act upon information received. To be taken through as appropriate each Urgent Care Group for review and action.	Robin Fackrell Bernie Marden Jon McFarlane	7 th March 2017	Action Complete

4 Hour Improvement Trajectory % Forecast

Scheme	4 Hour Improvement Trajectory Contribution						
	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17
Weekend Discharges	0.00%	0.1%	0.3%	0.3%	0.3%	0.3%	0.3%

SAFER Bundle Scheme Impact



Metric	Target	Trend	Apr 16	May 16	Jun 16	Jul 16	Aug 16	Sep 16	Oct 16	Nov 16	Dec 16	Jan 17	Feb 17
Weekend discharges (Adult Elective & Non Elective)	20%	▼	18.6%	17.2%	16.1%	18.8%	13.6%	14.6%	20.9%	17.6%	18.7%	17.5%	16.6%
EDD accuracy (Adult EL & NEL)	80%	▲	62.3%	61.7%	60.0%	60.2%	63.7%	65.0%	68.8%	68.4%	66.9%	63.4%	65.5%

6.2 SAFER - Flow of Patients will Commence at the Earliest Opportunity

Delivery Group
Specialty Group Discharge Board
Project Leads
Dr Robin Fackrell Heads of Nursing DM Suzanne Wills
Success In Month
Increase in "pull" from MAU to Ambulatory care to create early capacity on MAU and sustaining activity
Increased reporting of silver patients using the discharge tracker – daily reporting in place with targeted actions
Weekly audit of SAFER principles
Next Steps
Medical outlier management embed agreed responsibilities
Movement to all Silver declared beds , linked to discharge tracker monitoring work led by the Deputy Director of Nursing and Midwifery
Impact of movement from ED to specialty bed, review of processes as affects overall MAU LoS

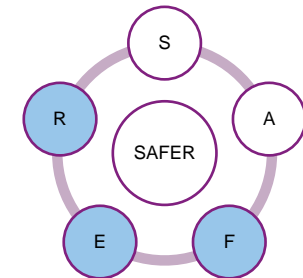
Aim flow of patients will commence at the earliest opportunity from assessment units to inpatient wards. Wards that routinely receive patients from assessment units will ensure the first patient arrives on the ward by 10am

Action / Milestone	By who	By when	Delivery Confidence
Medical outlier management to support surgical flow and earlier discharge . <i>Action update each specialty to commit to increased frequency of patient review- audit in place January 2017 to review compliance. To be included in the Specialty Big Room Work plan and identified as a first theme for the Big Room</i>	Robin Fackrell	1 st December 2016	
Medical assessment unit new standard to ensure patient move is completed from MAU within 30 minutes of the bed being declared as "ready". PDSA underway, KPI being monitored daily	Many Rumble	12 th April 2017	
Medical Nurse Practitioner role definition in acute medicine – essential that this roles links to early and proactive identification and movement from MAU to Ambulatory care for appropriate patients admitted out of hours. Define role and PDSA proposed model of working. Supporting "pull" and early flow out of MAU.	Many Rumble	31 st May 2017	
Work developing on a revised bed management model, creating a Flow coordinator (B6) to be based on SAU, responsible for maintaining oversight of surgical bed demand and capacity	Ana Gleghorn	31 st May 2017	

4 Hour Improvement Trajectory % Forecast

Enabler scheme to support the creation of assessment capacity and the management of expected patients to be directly admitted to the assessment units

SAFER Bundle Scheme Impact



Metric	Target	Trend	Apr 16	May 16	Jun 16	Jul 16	Aug 16	Sep 16	Oct 16	Nov 16	Dec 16	Jan 17	Feb 17
Number of patients moved from MAU < 10am	87	▼	45	24	38	29	51	44	41	68	45	76	39
Number of patients discharged from MAU with LOS < 24 hours	208	▲	168	195	166	193	202	188	243	197	185	120	151
Average Daily Medical Outliers	15	▼	34.6	31.8	32.1	37	29.7	21.7	22.3	43.2	29.0	54.0	44.0

6.3 SAFER – Early Discharge

Delivery Group
Specialty Group Discharge Group
Project Leads
Dr Robin Fackrell Heads of Nursing
Success In Month
Declaration of Silver Patients increased, however still below daily target
Reinforcement of initiative and communication of benefits
Ability to pre-empt before 10am – coupled with Front Door discharges can support early Flow and direct admissions
Launch of Day Case chairs initiative
Surgical Tactical Flow Meetings
Next Steps
Continue to embed process and monitor KPIs daily
Ward rewards for Silver delivery

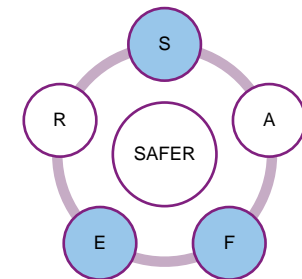
Aim early discharge; 33% of patients will be discharged from base inpatient wards before midday. Silver initiative supporting discharge of a minimum of one patient per ward before 10am to support early flow out of the assessment and short stay units to support early ED Flow and Direct Admission Capacity

Action / Milestone	By who	By when	Delivery Confidence
Deputy Director of Nursing and Midwifery to meet with all Matron on 13 th January 2017 to critically review the Silver process, identified themes and agree next steps to achieve the early flow out of assessment areas and increase discharges before midday. Clear actions required. Early discharge is also linked to the success of the Silver initiative. Review at UCCB January 2017 completed. Further work required and link to Specialty Big Room	Lisa Cheek Jo Miller Ana Gleghorn	27 th January 2017	
Specialty BIG room agreed theme for the groups work plan is earlier discharge and pull from MAU and outlying wards. Initial work to commence on Haygarth Ward (Gastroenterology). Baseline work to commence w/c 20/03/17. FLOW QI methodologies being applied to develop detailed action plan.	Sarah Hudson Ben Colleypriest	4 th May 2017	
Tactical Flow Meetings in Surgery <ul style="list-style-type: none"> 10am daily stock take, chaired by Divisional Manager, Deputy Divisional Manager or Divisional Head of Nursing All senior sisters completing a set pro forma and reporting for a 5 minute briefing Chair provides ad hoc direction and acts as conduit into Silver escalation call 	Ana Gleghorn	30 th April 2017	
Installation of 5 day case chairs, increasing the number of day case patients who can be discharged without the need for an inpatient bed. Saving of 33 bed days per month (conservative estimate) from SSSU to improve patient flow and enable inpatient APO repatriation	Laura Macdonald	30 th April 2017	

4 Hour Improvement Trajectory % Forecast

Enabler scheme to support the creation of assessment capacity and the management of expected patients to be directly admitted to the assessment units

SAFER Bundle Scheme Impact



Metric	Baseline	Target	Trend	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan 17	Feb 17
% discharges before midday	0	33%	▲	13.6%	13.8%	12.4%	14.9%	14.4%	15.3%	15.7%	16.0%	17.8%	15.9%	16.3%
Total number of silver patients declared on the Discharge Tracker Board	0	325	▲	NA	NA	NA	NA	53	208	248	240	189	181	198
Number of Patients transferred from MAU by 10am	0	87	▼	45	24	38	29	51	44	41	68	45	76	39 ¹¹

6.4 SAFER – Review

Delivery Group
Specialty Group Discharge Group
Project Leads
Dr Robin Fackrell Heads of Nursing DM Suzanne Wills
Success In Month
Daily “Green” review throughout February 2017 with the community Process in place to review >6 day LoS in medicine (to focus all medical wards on the opportunity to discharge, medical LoS averages 7 days) Weekly audit of SAFER principles following MADE event Green lists now correlate to Integrated Discharge Service referred patients
Next Steps
Planning for the Division of Medicine Perfect Week Update of “Green” list to cross reference with those patients referred to the Integrated Discharge Service

Aim: Review

A systematic MDT review of patients with extended lengths of stay (> 7 days – ‘stranded patients’) with a clear ‘home first’ mind set.

Action / Milestone	By who	By when	Delivery Confidence
7 day LoS review processes and actions - Agree what actions are to be taken at a Trust wide and ward level with a defined escalation process to highlight delays to discharge. Linked to national stranded patient reporting	Robin Fackrell	1 st November 2016	
14 day LoS review processes and actions - Agree what actions are to be taken at a Trust wide and ward level with a defined escalation process to highlight delays to discharge	Robin Fackrell	1 st November 2016	
MADE event – Trust Wide November 2016 evaluation and learning from event to inform next steps and actions	Anita West	31 st December 2016	Action complete
Medicine Division Stranded Patient . Weekly review of all wards and all patients with a LoS of > 6 days to be coded on a Friday . Data collated and all internal delays addressed. Weekly “Stranded patient” call in place with the community. <i>Action update; this is an ongoing weekly action for the medical wards</i>	Suzanne Wills	17 th February 2017	Action complete
Daily challenge of the EDD. Matron of the day ward visits. Clinical Leads to ensure that all ward areas have robust bullet rounds in place and are challenging EDD. Review at the Weekly Urgent Care Action Group	Suzanne Wills Robin Fackrell	3 rd March 2017	Action complete
Division of Medicine <i>Perfect Week</i> , commencing Monday 27 th March across all medical wards focused on all elements of SAFER and in particular “red day” and stranded patient reduction	Suzanne Wills Robin Fackrell Jo Miller Sarah Hudson	10 th April 2017	

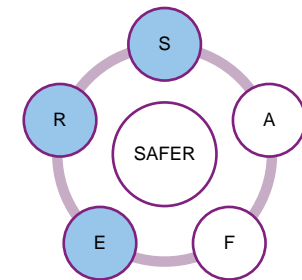
KPI

- Monthly reporting metrics under review as >7 day and >14 day reporting is based upon a daily midnight snapshot.

4 Hour Improvement Trajectory % Forecast

Scheme	4 Hour Improvement Trajectory Contribution						
	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17
MADE Event	0.0%	0.0%	0.1%	0.1%	0.1%	0.1%	0.1%

SAFER Bundle Scheme Impact



7.0 Discharge – Active Recovery Team (ART)

Delivery Group

Specialty Group
Discharge Board

Project Leads

Dr Chris Dyer
Head of Therapies G Sargeant

Success In Month

Total bed days saved continues to exceed the monthly target, with extended waits for care in community.

98% patients left hospital before 10.00 as planned.

Have begun increased capacity for wils in March/April of to up to 3 discharges/day and Afternoon discharges introduced.

Establishing trusted relationships at pace with patient and families – key to successful shared HF aims.

Ongoing great examples of shared risk taking across a patient's journey, good understanding of each teams challenges and working together to solve issues and apply HF principles in complex scenarios. Maintaining patient safety - 1 readmission due to new medical need.

Next Steps

Recruitment to extend the service into March/April 2017 – underway

ART presentation at system wide HF re-launch March 14th

Agree next phase of the service – Home First System needs to maintain Push/Pull from acute into community.

Aim: The opportunity to establish an active recovery team to allow patients to be discharged home when limited additional home support is required.

Action / Milestone	By who	By when	Delivery Confidence
Early evaluation post implementation, series of PDSA's in place to test change. Operational KPIs agreed.	Gina Sargeant	31 st December 2016	Action complete
Deliver against agreed trajectory for discharges out with the ART Team – weekly monitoring in place	Gina Sargeant	31 st December 2016	Action complete
Review of services provided and patient feedback evaluate and agree actions to improve service offering	Gina Sargeant	31 st December 2016	Action complete
Critical review of the 2 re-admissions in December 2016 to support ongoing service development and learning	Kerrie Hopson	3 rd February 2017	
Continue with the PDSA approach with the wards increasing knowledge and experience with Home First across wards.	Kerrie Hopson	24 th February 2017	
Continue to challenge and plan with Wiltshire to increase potential patient cohort and manage the flow within the care capacity in community.	Kerrie Hopson	24 th February 2017	
Management Board review of ART service progress and next phase of the service including next steps with community stakeholders	Gina Sargeant	22 nd March 2017	

4 Hour Improvement Trajectory % Forecast

Scheme	4 Hour Improvement Trajectory Contribution						
	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17
Active Recovery Team (Phase 1)	0.0%	0.0%	0.7%	0.8%	0.8%	0.8%	0.8%

Metric	Target	Trend	Nov 16	Dec 16	Jan 17	Feb 17	Mar 17
Number of patients suitable for supported discharge with ART per month (8 discharges per week)	44	▲	8	24	45	56	
Actual	44	▲	3	19	36	42	
Total bed days saved (3.4 day LoS reduction per patient)	149.6	▲	10.2	153	282	602	

7.1 Discharge – Integrated Discharge Service (IDS)

Delivery Group	Action / Milestone	By who	By when	Delivery Confidence
Discharge Board	Introductory meetings with Virgin reablement leads booked in November and December.	Clare O'Farrell	14 th October 2016	
Project Leads				
Deputy COO Clare O'Farrell Head of Therapies G Sargeant IDS Lead Lee Warner-Holt	Agree performance target for RUH Green Bed Days IDS referred. Based on 4 months of data – set at 8 days (improvement of 1.2 days required)	IDS Senior Management Group	1 st February 2017	
Success In Month				
IDS programme lead appointed – IDS priority 1 completed.	Interview for IDS Programme Lead on 1 st March 2017 – IDS Key priority 1	Clare O'Farrell & IDS Senior Management Group	1 st March 2017	Action complete
KPIs show that the number of IDS referrals has decreased in month and is below target.	IDS Pathway Agreement Meeting: Review IDS SOP and across the system confirm pathways - IDS Key Priority 2	Operational Management Group	1 st March 2017	
RUH 65+ years and IDS referred green bed days compared to previous months activity have not significantly changed	IDS Programme Lead role when in place develop and confirm key objectives and work plan	Clare O'Farrell	31 st May 2017	
Recommendations from ECIP D2A review and MADE event linked to 2017/18 programme priorities/objectives	Multiagency Homefirst meeting held 14 th March 2017. Outcome consistent model across community partners is not agreed. Lead role required supported by the A&E Delivery Board	Clare O'Farrell	31 st May 2017	
Review planned of IDS referral form planned in 2017/18 IDS priorities/objectives				
Next Steps				
Review IDS SOP – agree pathways and standardise across all partners. IDS Priority 2				

Aim: To improve and simplify discharge processes and support the principles of 'HomeFirst' and Discharge to Assess. through the co-location of the discharge teams working at the RUH and reducing time to discharge, delays and improve quality through collaborative working.

4 Hour Improvement Trajectory % Forecast

Scheme	4 Hour Improvement Trajectory Contribution						
	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17
RUH DTOC reduction	0.0%	0.0%	0.1%	0.1%	0.1%	0.1%	0.1%

Metric	Baseline	Target	Trend	Sept 16	Oct 16	Nov 16	Dec 16	Jan 17	Feb 17	Mar 17
Number of IDS referral forms completed	0	500	▼	404	472	532	498	554	422	
RUH 0.1% reduction in DTOC (snapshot)	52	44	▲	61	53	62	39	53	58	
RUH Best Case DTOC reduction (max 15 DTOC)	52	15	▲	61	53	62	39	53	58	
RUH Green bed days 65+ years (days)	5.2	5.0	▼	5.4	4.6	4.9	5.2	6.0	5.4	
RUH Green bed days IDS referred (days)	9.6	8.0	↔	6.7	10.0	9.4	11.0	10.9	10.9	

8.0 Four Hour Improvement Programme and System Wide Contribution with DTOC Reduction

4 Hour Improvement plan in place with system wide contribution

Key focus area for A&E Delivery Board

Discharge to Assess (D2A) is 1 of the 5 priority areas as in the National A&E Improvement Plans

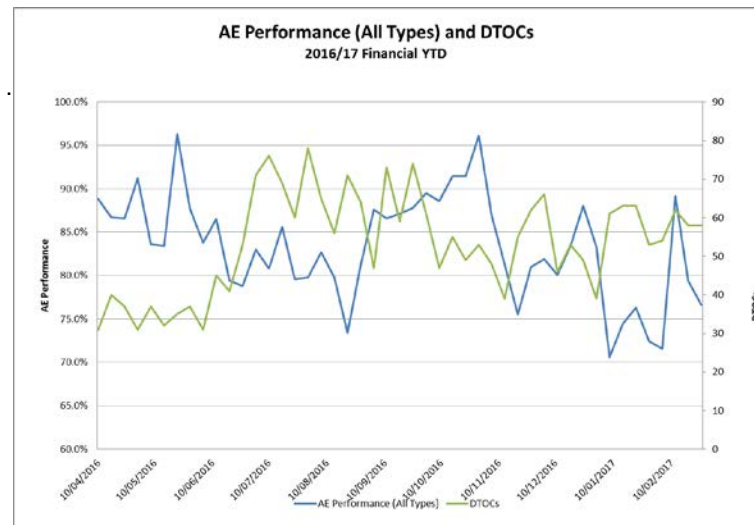
The trust anticipates that the combined key actions will reduce the number of breaches in the Trust through a combination of front door, specialty, discharge and system wide improvements

CCG and ORCP contribution to breach avoidance to be confirmed by the A&E Delivery Board

System Wide 4 Hour Breach Avoidance

The Trust has created a low, medium or high range target reduction per week based on a calculation of how many breaches the system will avoid depending upon the level of DTOC reduction. This metric does not take into account green patient numbers and any community focus on green reduction. The table below details the performance improvement trajectory including the DTOC reduction.

		Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17
Revised Trajectory	RUH Performance Trajectory with Impacts	87.8%	88.1%	90.0%	85.9%	81.5%	83.2%	84.2%
	LOW Performance Trajectory with DTOC Reduction (Max 45 DTOCs)	88.5%	88.2%	90.2%	86.2%	81.6%	83.5%	84.4%
	MEDIUM Performance Trajectory with DTOC Reduction (Max 30 DTOCs)	89.4%	89.2%	91.1%	87.0%	82.6%	84.4%	85.3%
	HIGH Performance Trajectory with DTOC Reduction (Max 15 DTOCs)	90.3%	90.0%	92.1%	88.0%	83.5%	85.3%	86.2%
Actual 4 Hour Performance		4 Hour Performance (all types)	88.1%	91.4%	81.3%	85.9%	73.7%	79.6%



Appendix 1: Factors Affecting 4 Hour Performance

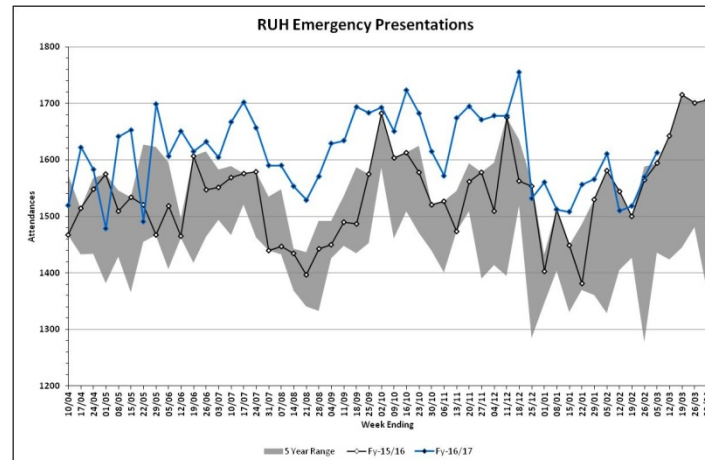
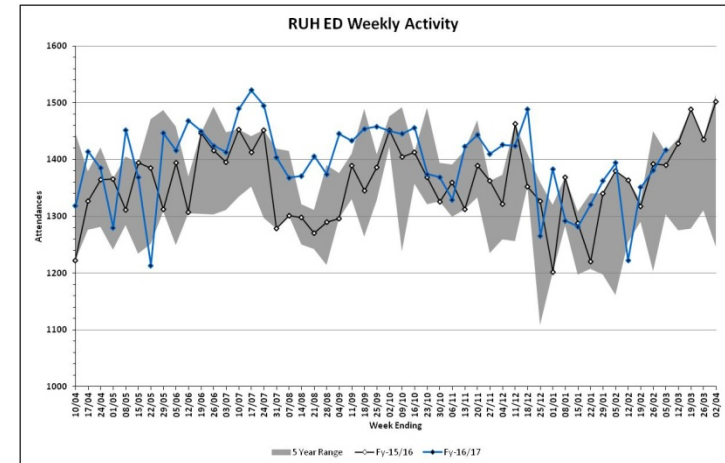
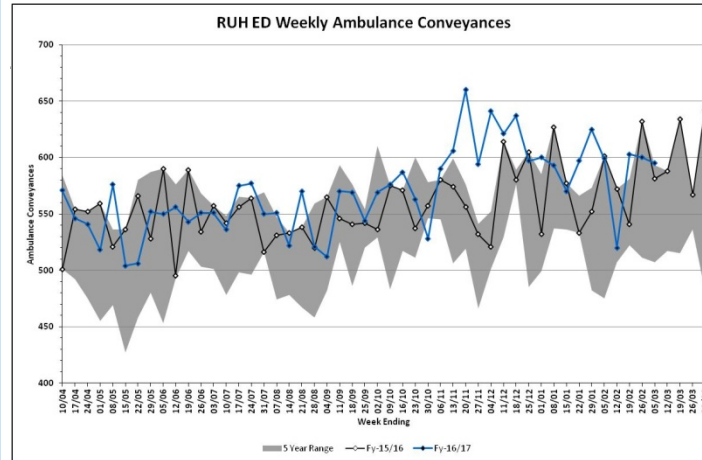
Ambulance conveyance activity +11.5% variance compared to 2015/16 for week ending 19/02/2016

Emergency presentations +5.9 % year to date variance in emergency presentations compared to the last financial year

Emergency Department attendances +3.2% year to date variance in ED attendances compared to last financial year

Emergency Department Activity

The Trust has seen unprecedented ambulance activity, in excess of the highest activity over the last 3 years, mirroring the increase in Emergency Department activity and Emergency presentations.



Appendix 2: Emergency Department “Amazing Things We Have Done In 2016”

The Amazing Things We Have Done in

2016 DAT saw over 2000 patients and enabled more than 60% to return home



In 2016 we saw 85 955 patients a 5.7% increase on the year before

Our most complex patients are our elderly patients. Almost 20% of the patients we saw were over 75.



We saw 3062 patients over the age of 90 an 8% increase over the year before



We took 4014 patients to CT which is about 11 a day and 1 more per day than the previous year

The ENPs saw a massive 18199 patients

We received 186 letters of thanks



29760 patients arrived by ambulance, 1109 more than the previous year representing an increase of 3.8%



Despite our increased workload our doctors, ENPs and ANPs managed to see most of our patients within an hour of arrival