NHS
Royal United Hospitals Bath
NHS Foundation Trust

Report to:	Public Board of Directors	Agenda item:	15
Date of Meeting:	30 May 2018		

Title of Report:	Four Hour Improvement Plan 2018/19
Status:	For Action/Discussion
Board Sponsor:	Francesca Thompson, Chief Operating Officer
Author:	Sarah Hudson, Divisional Manager Medicine
Appendices	None

1.	Executive Summary of the Report

To update the Management Board on the 2018/19 RUH Urgent Care Collaborative Board programme performance. The report reflects information up to and including the 30th April 2018.

2.	Recommendations (Note, Approve, Discuss)

The Management Board are asked to note the following:

Factors affecting performance

- Ambulance conveyance activity +2.3% variance compared to 2017/18 for week ending 22/04/18
- Emergency presentations +5.6% year to date variance compared to last financial year
- Emergency Department attendances +3.4% year to date variance compared to last financial year
- There were 1007 beds closed in month due to infection (flu and norovirus), overall improved position.
- Negative impact on bed capacity due to Delayed Transfers of Care (DTOC). 24 patients reported at the month end snapshot and 533 delayed days (2.9%) reported

Areas for improvement in May 2018:

- Delivery of the weekly actions within the system wide 4 hour improvement plan, including the recommendations of the NHS Improvement Director of Urgent and Emergency Care. Continue to work with ECIP and subject experts to make service improvements
- System wide focus on patients with a length of stay of > 21 days, supported by the Integrated Discharge Service and Business Intelligence with daily reporting
- Super Discharge Week – delivery of 2 week programme and recommendations including Right Care and divisional focus on testing of the daily tactical flow meetings, improving escalation and communication with the aim to support early discharge and reduce length of stay across specialty ward areas

3.	Legal / Regulatory Implications
Care Quality Commission (CQC) Registration 2016/17	

4.	Risk (Threats or opportunities, link to a risk on the Risk Register, Board Assurance Framework etc)
The 4 hour performance is currently on the risk register ID: 634	

5.	Resources Implications (Financial / staffing)
Any requests for investment linked to this programme will continue to be reviewed monthly by the Urgent Care Collaborative Board and as directed by the Board, business cases taken through the usual Trust process.	

6.	Equality and Diversity
All services are delivered in line with the Trust's Equality and Diversity Policy.	

7.	References to previous reports
Monthly 4 hour performance reports and ECIP Recommendations.	

8.	Freedom of Information
Public	

# 1. RUH 4 Hour Performance: April 2018 Month 1

Improvement Trajectory – Category 4

- April 2018 four hour performance not achieved 80.7% (All Types)
- Performance met the performance improvement trajectory of 80.0%

Weekly ED Performance Against Trajectory

RUH ED Weekly Ambulance Conveyances

RUH ED Weekly Activity
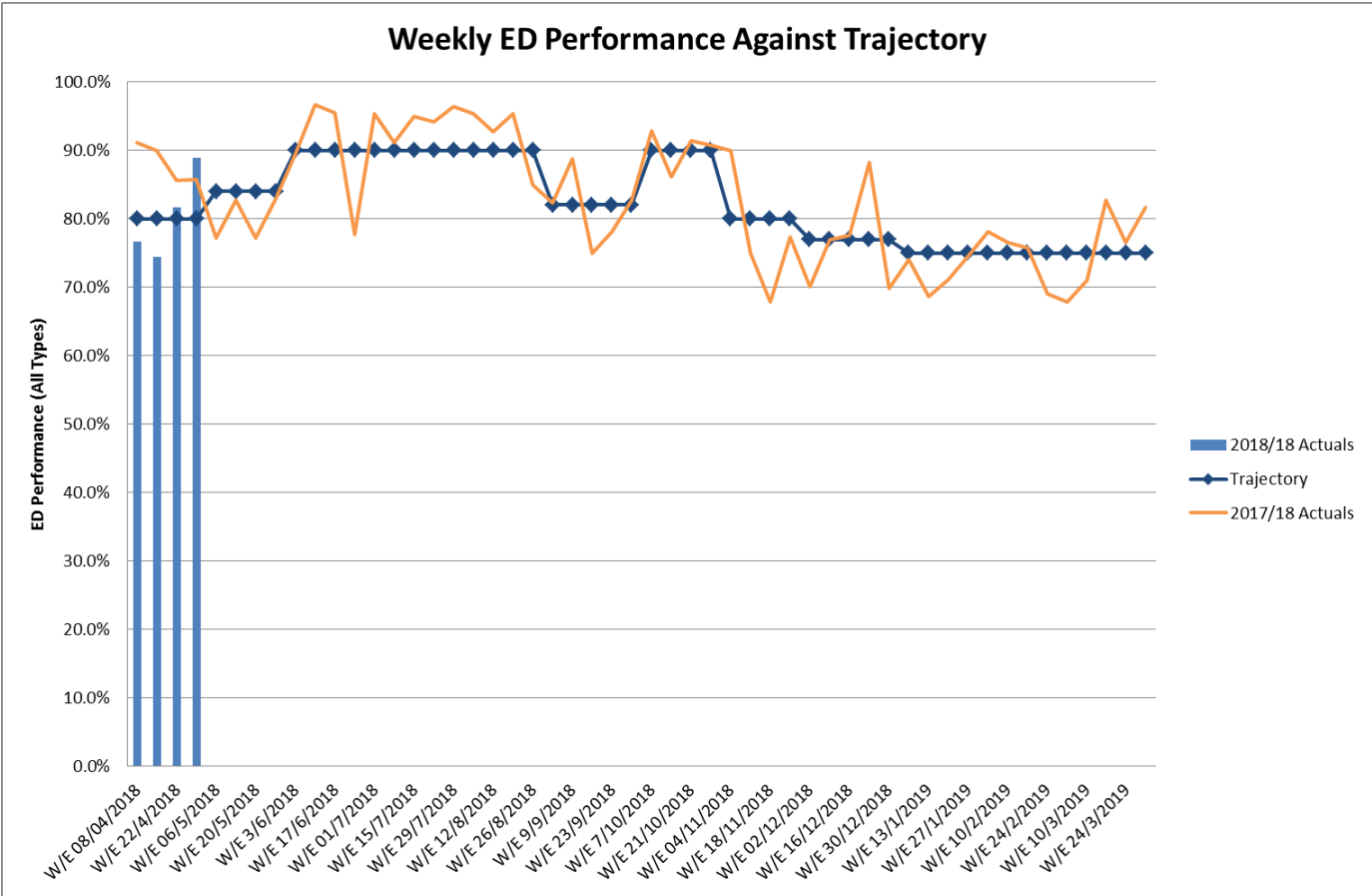
Key Diagnostics

- Ambulance conveyance activity +2.3% variance compared to 2017/18 for week ending 22/04/18

- Emergency presentations +5.6% year to date variance compared to last financial year

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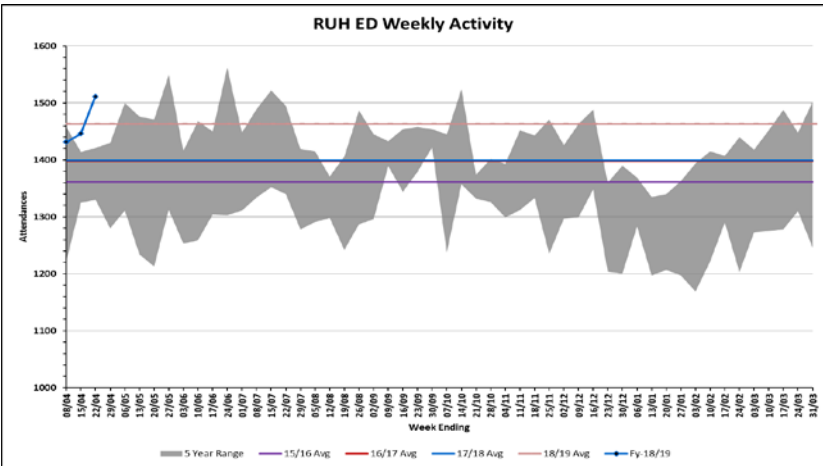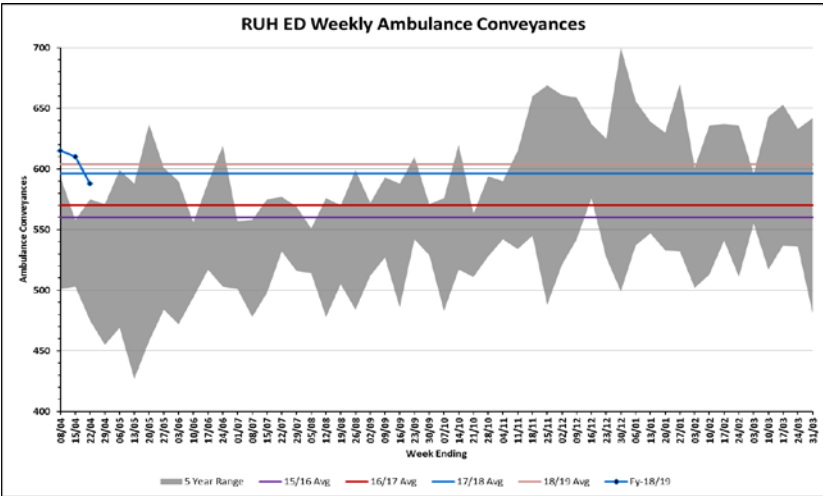

Metric comparison for Royal United Hospitals Bath NHS Foundation Trust
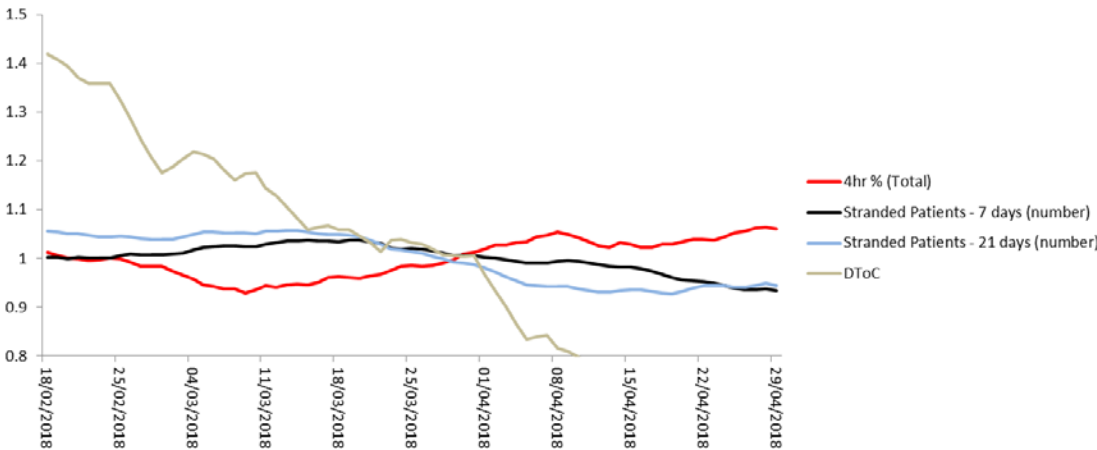
2. Four Hour Breach Reasons
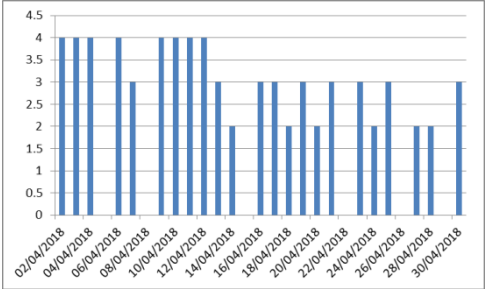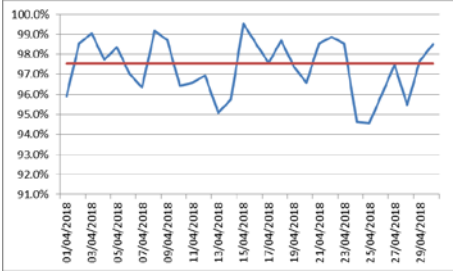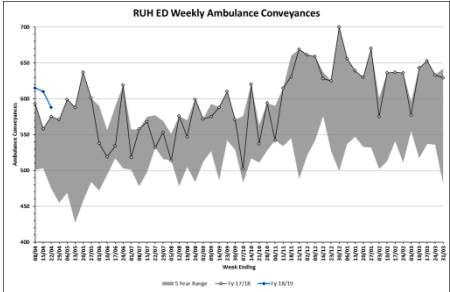
Factors Influencing Breaches

- Sustained high levels of ambulance arrivals in month

- Bed occupancy 97.5% (high) resulting in a high numbers of bed breaches

- Flow and 4 hour performance negatively impacted by

  - High bed occupancy
  - >21 length of stay patients

- The Trust declared internal significant incident over 4 days in month, in response to capacity demand concerns and poor flow

- A system wide 4 hour performance improvement plan is in place with weekly monitoring via the Urgent Care Task and Finish Group. Progressed weekly in preparation for system wide Gold call.

Breaches by Category

Legend: ED, Beds, Doctors, Other
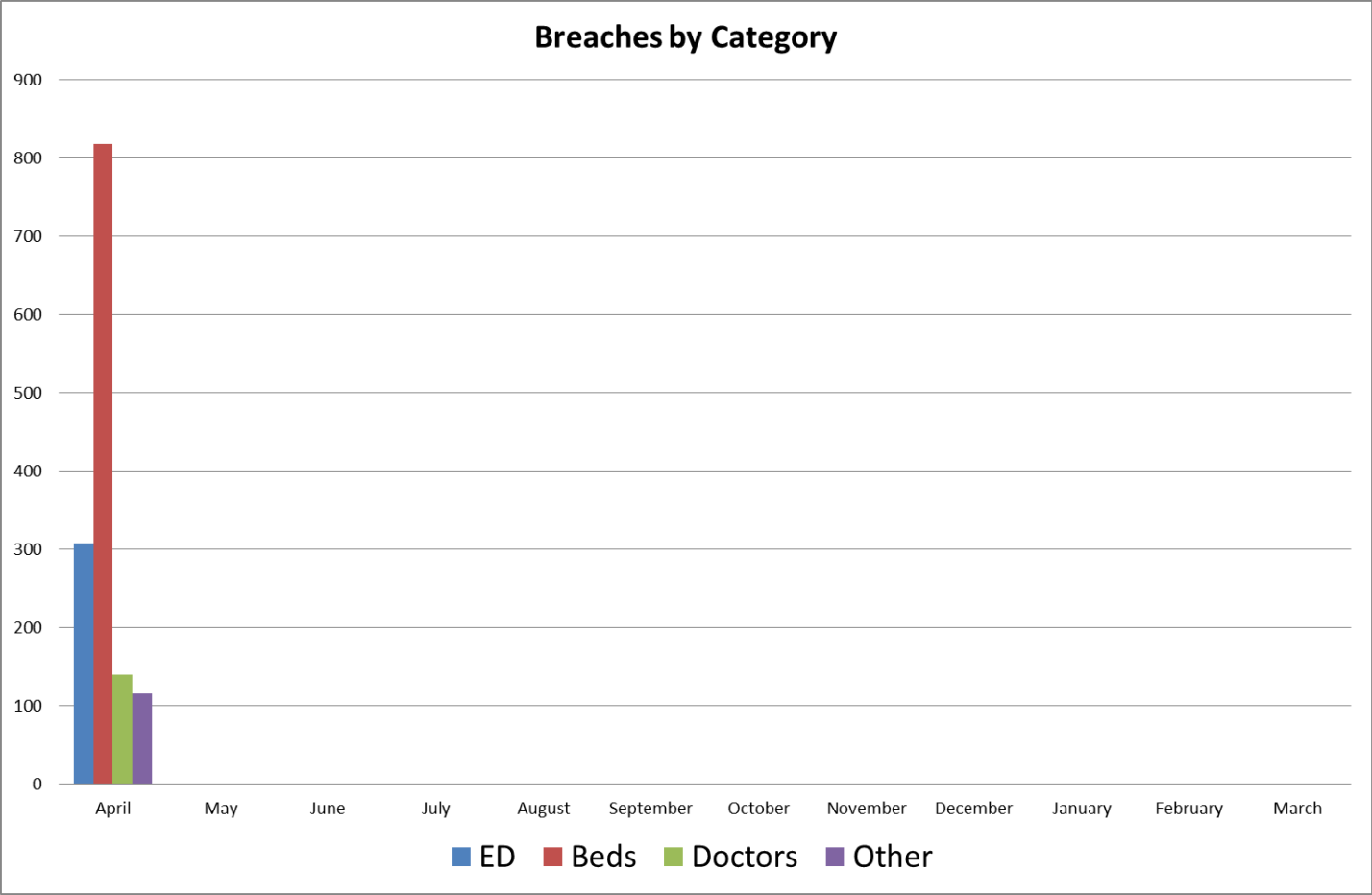
Category	Breach Reason	April	May	June	July	August	September	October	November	December	January	February	March	YTD
ED	ED Delays	233												233
	Clinical Exception	75												75
Beds	Medical Bed	589												589
	Surgical Bed	158												158
	Observation Bed	20												20
	Paediatric Bed	3												3
	Side Room	48												48
Doctors	Medical Doctor	36												36
	Surgical Doctor	30												30
	Ortho Doctor	26												26
	Mental Health	18												18
	Radiology	30												30
Other	Other	86												86
		29												29
Total:		1381												1381
OOH (7pm-8am) Arrival Breach Total:		686												686
Evening (8pm-Midnight) Arrival Breaches Total:		300												300

** Change in IT system resulted in a period of non capture of breach codes (classified as unknown) which has now been resolved.
There are also additional breach codes available which for the purposes of this report have been grouped as "other"*
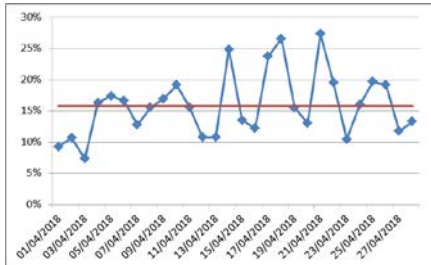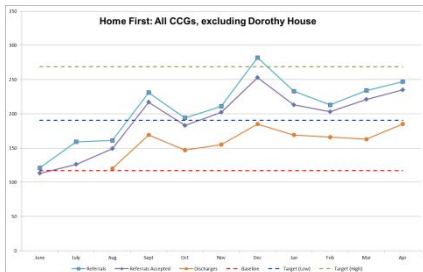
3.1 Monthly Urgent Care and Flow Dashboard – Diagnostics

Description	How We Did	In Month Trend	Key Actions	Target
Escalation Level — OPEL = Operating Performance Escalation Levels 1 – 4 (Highest)	**3- 4** The Escalation level was OPEL 3 + for 24 days in April. Improved compared to previous month		• Opel 5 reflects Internal significant incident declaration. Note, data sourced from clinical site team update of the RUH intranet OPEL status, data gaps relate to days where the OPEL status has not been updated i.e. remains unchanged	**OPEL 1- 2**
Bed Occupancy — % of Adult Occupied Beds	**97.5%** For the latest month, occupancy was 97.5%. This position has deteriorated compared to March by 0.3%. Flow can be maintained when occupancy is at 92% and does not exceed 96%.		• Internal professional standards embed practice for timely referral and escalation to specialty teams • System wide focus on DTOC and patients with a length of stay exceeding 21 days.	**92%**
Ambulance Conveyances — The number of weekly ambulance arrivals to the Trust	**615** The Trust continued to receive high number of ambulances conveyed in April compared to the last 5 years, sustained for the first 3 consecutive weeks of the month.		• Conveyance rates per CCG reviewed by the A&E Delivery Board • ECIP support with demand profile and actions to manage demand – ECIP subject expert on site as part of Super Discharge Week • SWAST prediction and escalation modelling required to support RUH planning an outstanding action with ECIP	**590 per week**

Description	How We Did		In Month Trend	Key Actions	Target

Emergency Department Time to Triage

The % of patients that are triaged within 15 minutes of arrival to the Emergency Department

55.7% ⚠️

Millennium changes implemented 26/02/18. Data quality issues identified and included on IT improvement plan. Time to triage range 44% - 74%, median 55.7%

- April 2018 reported data full months dataset following Millennium changes end of February 2018. Data quality issues remain, identified in IT improvement plan
- Meeting with Executives, medicine division and ED triumvirate and IT lead planned May 2018 to review actions and progress to resolve IT and ED workflow

95%

Frailty Flying Squad (FFS)

Patients over 75 years attending ED with a frailty score of >5 receive a speciality multidisciplinary review by the Frailty Flying Squad

Weekly Average 25.5 ⬆️

Full Frailty Flying Squad service in place throughout March weekdays. Manual data capture in place, further KPI analysis through Frailty Big Room to determine admission avoidance rate and overall impact on length of stay with early intervention

- Manual data capture in place, IT supporting work to capture frailty marker on Millennium being piloted
- Fast log in for Flying Squad in ED and ability to record flying squad reviews, data reporting process established PDSA methodology applied
- Frailly Flying Squad in place in the Emergency Department weekdays

15 per week

Patient Environment

Number of patients in month that ED cared for queuing in the department

19.5% ⬇️

1398 patients spent part of their attendance outside of an ED cubicle (19.5% of all ED attendances in month). Reduced total number of patients compared to March 2018

- Tactical flow meetings (Medicine & Surgery) to identify discharges and barriers to discharges to support planning for next day and enabling early flow
- Super Discharge week focused on fit to sit and the use of the Observation Unit, further work required supported by ECIP
- HALO and SWAST duty manager support during periods of highest demand

0%

Ambulance handovers

All handovers should be within 60 minutes

98% ⬆️

98% of ambulances were handed over to Emergency Department staff within 30 minutes (data source SWAST)

- Maintain high level of handovers from ambulance to ED and minimise ambulance delays
- Maintain good relationships and communication with SWAT
- ECIP ambulance subject expert on site 15/03/18 and as part of the Super Discharge Week. – Ambulance challenge audit completed, outcome awaited from ECIP

Benchmark in top tensile regionally

Description		How We Did	In Month Trend	Key Actions	Target
Nursing staffing rota coverage in ED	The percentage of nurse shifts in the Emergency Department that are not filled with substantive or bank staff	**Currently unable to report**		• Unable to report for April 2018 shifts, data capture now in place • Nurse rostering data confirmed as available	**>85%**
Medical staffing rota coverage in ED	The percentage of doctor shifts in the Emergency Department that are not filled with substantive or bank staff	**Currently unable to report**		• Reporting in place for April 2018 shifts • Consultant hours extended to midnight 7 days per week • Middle grade rota gaps remain an issue, mitigation through use of locum/agency where available	**>85%**
National Early Warning Score	National Early Warning Score (NEWS) compliance Emergency Department	**100%**		• Quality improvement team continue to work in the Emergency Department to improve performance and compliance.	**>90%**

National Early Warning Score trend:

Nov 17	Dec 17	Jan 18	Feb 18	March 18	April 18
100%	98%	94%	100%	100%	96%

Description		How We Did	In Month Trend	Key Actions	Target
Discharges by Midday	The % of Non-Elective inpatients discharged by Midday	**16.3%**	16.3% of discharges occurred before Midday, Decrease compared to March 2018	• Patients identified at Divisional Tactical Flow meetings to support early flow out of the Emergency Department. • Super Discharge week to monitor impact on increasing discharges before midday	**33%**
Mean number of days from referral to discharge with Home First	BaNES **1.8 days** Wiltshire **2.4 days** Somerset **1.7 days** South Gloucestershire **4.0 days**			• Weekly Home First Group in place. Focus on referral, capacity, overall in month performance has deteriorated. • Mid range targets for referrals (graph) achieved	**1 day**

3. 4 Monthly Urgent Care and Flow Dashboard – Effective

Description	How We Did	In Month Trend	Key Actions	Target

Ambulatory care

Medical Ambulatory Care as % of Adult Non Elective Medical Take (weekday)

31.1%

Sustained performance above national requirement of 30% of the medical take through ambulatory care

Ambulatory Care as % NEL Medical Take (weekday)

- Winter planning 2018/19 to increase physical capacity of the Ambulatory Care Unit further improving opportunity to manage more patients through this pathway. Capital funding agreed (national allocation) and works commenced, completion June 2018

30%

Specialty Review

The number of 4 hour breaches due to specialty doctor review delays

92

	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr 18
Medical Doctor	17	16	5	14	27	28	18	23	34	29	21	25	36
Surgical Doctor	44	66	25	37	41	55	39	62	52	65	41	41	56

Performance remains below internal standard, negatively impacting on 4 hour performance

- Internal professional standards, embed escalation with ED team
- Monitoring of the response within 60 minutes of request by the ED team
- T&O response improved, business case to establish a T&O amb care service options being reviewed.

20

Length of Stay Cardiology

The median length of stay for patients admitted to Cardiology will have a length of non-elective stay of 6.1 day on line with peers

10.0 days

Non-elective length of stay improved in month. ((March 10.9 days)

Cardiology

	Apr	May	June	July	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr
Elective	1.2	2.6	1.4	1.6	3.5	8.0	4.0	4.5	2.7	1.7	3.5	3.3	4.3
Non-Elec	11.9	11.2	11.3	9.3	14.1	12.5	9.6	9.9	8.9	8.6	11.1	10.9	10.0
NEL Peer	6.1	6.1	6.1	6.1	6.1	6.1	6.1	6.1	6.1	6.1	6.1	6.1	6.1
El Peer	2.1	2.1	2.1	2.1	2.1	2.1	2.1	2.1	2.1	2.1	2.1	2.1	2.1

- Review of process for the management of patient on outlying wards requiring cardiac input and or procedure
- Focus on transfers to the Bristol Heart Institute in line with network repatriation policy
- Tactical flow engagement and LoS improvement trajectory against peers

6.1 days

Length of Stay MSS

The median length of stay for patients admitted on Medical Short Stay Unit will be less than 72 Hours

62.5%

62.5% of patients discharged from the Medical Short Stay Unit had a Length of Stay of < 72 hours in March 2018. Impacted by poor trust wide flow and high occupancy and cardiac procedure waiters

MSS Non Elective Discharges <72 Hours LOS

- Opportunity identified to increase throughout, currently limited by patients awaiting cardiac procedures
- Clinical lead for cardiology supporting work to prioritise non-elective procedures within 72 hours of request

66.7%

Length of Stay ACE

The median length of stay for patients admitted on Frailty Short Stay Unit (ACE) will be less than 72 Hours

55.9.%

55.9% of patients discharged from the Frailty Short Stay Unit (ACE) had a Length of Stay of < 72 hours in April 2018 (peaked at 55.9%). Impacted due to poor trust wide flow early in the month.

ACE Non Elective Discharges <72 Hours LOS

- Frailty Big Room weekly review of data and applying QI methodology to continually improve position and patient throughput
- Earlier discharge Impacted by limitation in Home First Capacity

66.7%

Description	How We Did		In Month Trend	Key Actions	Target
4 Hour performance	The Trust should see 95% of all patients (type 1 and 3) within 4 hours from arrival to admission, transfer or discharge	80.7%	April 2018 four hour performance not achieved 80.7% (All Types) Performance did met the performance trajectory of 80.0%		• A system wide 4 hour performance improvement plan is in place with weekly monitoring via the Urgent Care Task and Finish Group and weekly reporting to the A&E Delivery Board	95%
Ambulance handovers	All handovers should be within 60 minutes	98%	98% of ambulances were handed over to Emergency Department staff within 30 minutes (data source SWAST)	 Percentage of Handovers Over 30 Minutes 2nd April - 6th May	• Maintain high level of handovers from ambulance to ED and minimise ambulance delays • ECIP ambulance subject expert on site 15/03/18 and as part of the Super Discharge Week. – Ambulance challenge audit completed, outcome awaited from ECIP	**Benchmark in top tensile regionally**
Decision to Admit (DTA) to Admission	Median wait from DTA to Admission should not exceed 120 minutes	134 minutes	In April median trolley wait was 134 minutes. This has deteriorated compared to March 2018 by 5 minutes. Performance impacted by medical staffing shift fill and flow out of the department		• Specialty response time and internal professional standards require embedding and recoding of review in the ED (IT solution has been agreed) • Fit to sit opportunities and referral to ambulatory care for patients in hours awaiting results being tested with ECIP support.	120 minutes
Direct Admissions MAU	Median Number of Patients with a LOS 7+ days	27	Direct admissions to MAU when flow allows assessment capacity to be held for expected patients		• Senior Decision makers increased at the Front Door • PDSA to support protection of direct admit capacity in MAU planned as part of the Super Discharge week and linked to Right Care	87
Length of stay >7 Days	Median Number of Patients with a LOS 7+ days	316	April median was 316 peaking at 339 for admission after 01/04/18	 7 Day LOS by CCG	• System wide review of all patients with a > 21 day length of stay • Tactical flow review of > 7 day of stay • Daily data reporting of all > 7 day length of stay to each CCG (replacing the "green list")	250
Length of Stay >21 Days	Median Number of Patients with a LOS 21+ Days	19.7%	April end snapshot 19.7% of patients with a LoS exceeding 21 days	 21 Day LOS by CCG	• Improve assessment of stranded and super stranded patients • Escalate delays in assessment and discharge plans via Silver call • Gold focus on system wide improvement plan	14%

Description | **How We Did** | **In Month Trend** | **Key Actions** | **Target**

Friends and Family Test

Response rate of > 20% for Front Door Services Emergency Department and Medical Assessment Unit

ED 6.0%

MAU 16.1%

SAU 11.2

April position deteriorated compared to previous month. Overall Front Door Response reduced to 6.8% from 7.2% ED, MAU & SAU)

	Apr 2018			
	Total number of patients eligible	No of Responses	Response Rate	% Recommending
A&E	3938	236	6.0%	99
Medical Assessment Unit	211	34	16.1%	94
Surgical Admissions Unit	242	27	11.2%	100
Emergency Dept Total	4391	297	6.8%	98

Focus across the Front Door to increase distribution of FFT cards

>20%