Royal United Hospitals Bath
NHS Foundation Trust

Report to:	Public Board of Directors	Agenda item:	15
Date of Meeting:	25 July 2018		

Title of Report:	Four Hour Improvement Plan 2018/19
Status:	For Approval
Board Sponsor:	Francesca Thompson, Chief Operating Officer
Author:	Sarah Hudson, Divisional Manager Medicine
Appendices	

1. Executive Summary of the Report

To update the Board of Directors on the 2018/19 RUH Urgent Care Collaborative Board programme performance. The report reflects information up to and including the 31st June 2018.

2. Recommendations (Note, Approve, Discuss)

The Board of Directors are asked to note the following:

- June 2018 four hour performance not achieved 85.8% (All Types)
- Performance did not meet the performance improvement trajectory of 87.0%

Factors affecting performance

- Ambulance conveyance activity +5.% variance compared to 2017/18 for week ending 01/07/18
- Emergency presentations +5.9% year to date variance compared to last financial year
- Emergency Department attendances +4.2% year to date variance compared to last financial year
- There were 178 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). 30 patients reported at the month end snapshot and 685 delayed days (4.0%) reported, position has deteriorated compared to May 2018

Areas for improvement in July 2018

- Delivery of the weekly actions within the system wide 4 hour improvement plan. Continue to work with ECIP and subject experts to make service improvements
- Review of the system wide 4 hour improvement plan, RUH focus on Emergency Department, length of stay and diagnostics
- 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 planned w/c 09/07/18
- Winter planning 2018/19, paper to be presented to Management Board September 2018

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

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.	

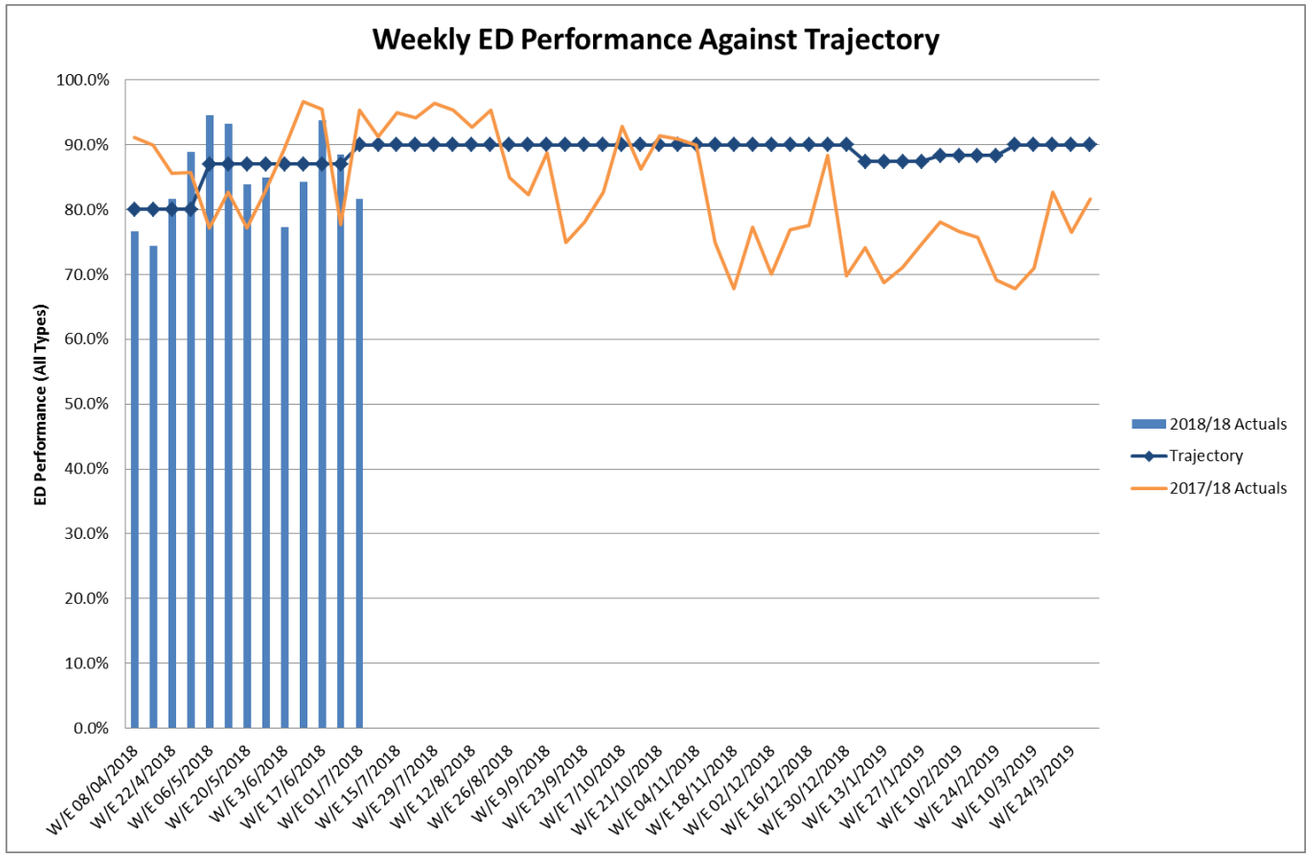
7.	References to previous reports
Monthly 4 hour performance reports and ECIP Recommendations.	

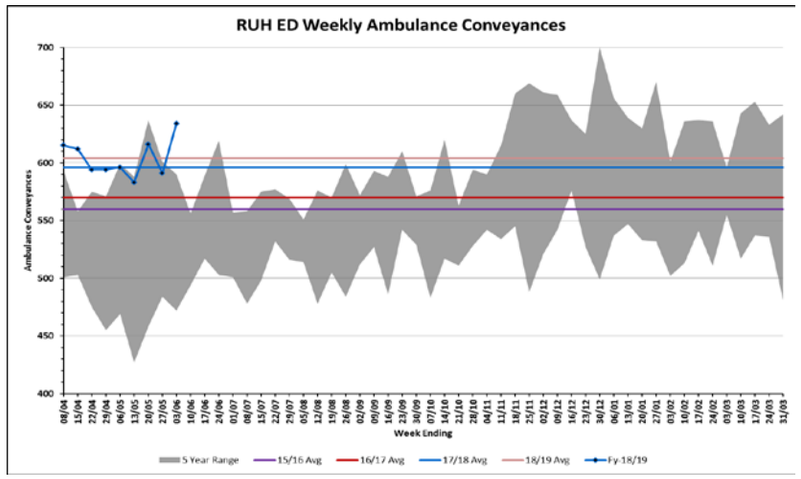
8.	Freedom of Information
Public	

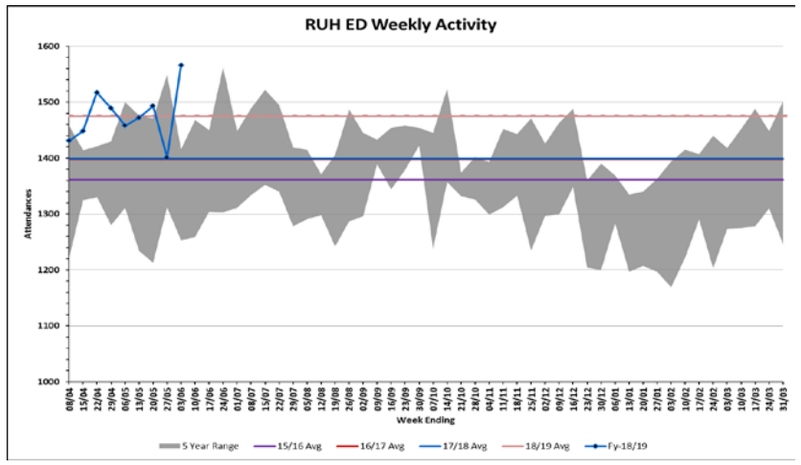
1. RUH 4 Hour Performance: June 2018 Month 3

Improvement Trajectory – Category 4

- June 2018 four hour performance not achieved 85.8% (All Types)
- Performance did not meet the performance improvement trajectory of 87.0%







Key Diagnostics

- Ambulance conveyance activity +5.% variance compared to 2017/18 for week ending 01/07/18
- Emergency presentations +5.9% year to date variance compared to last financial year
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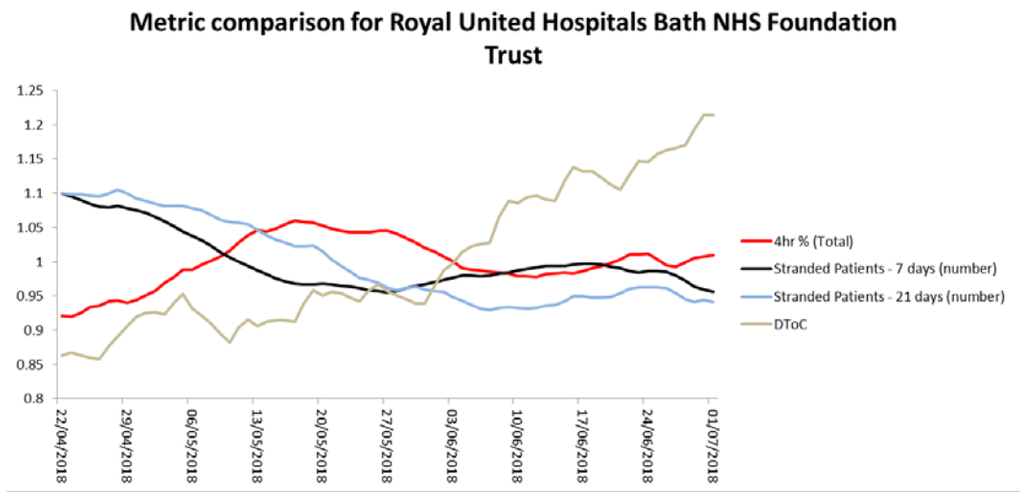
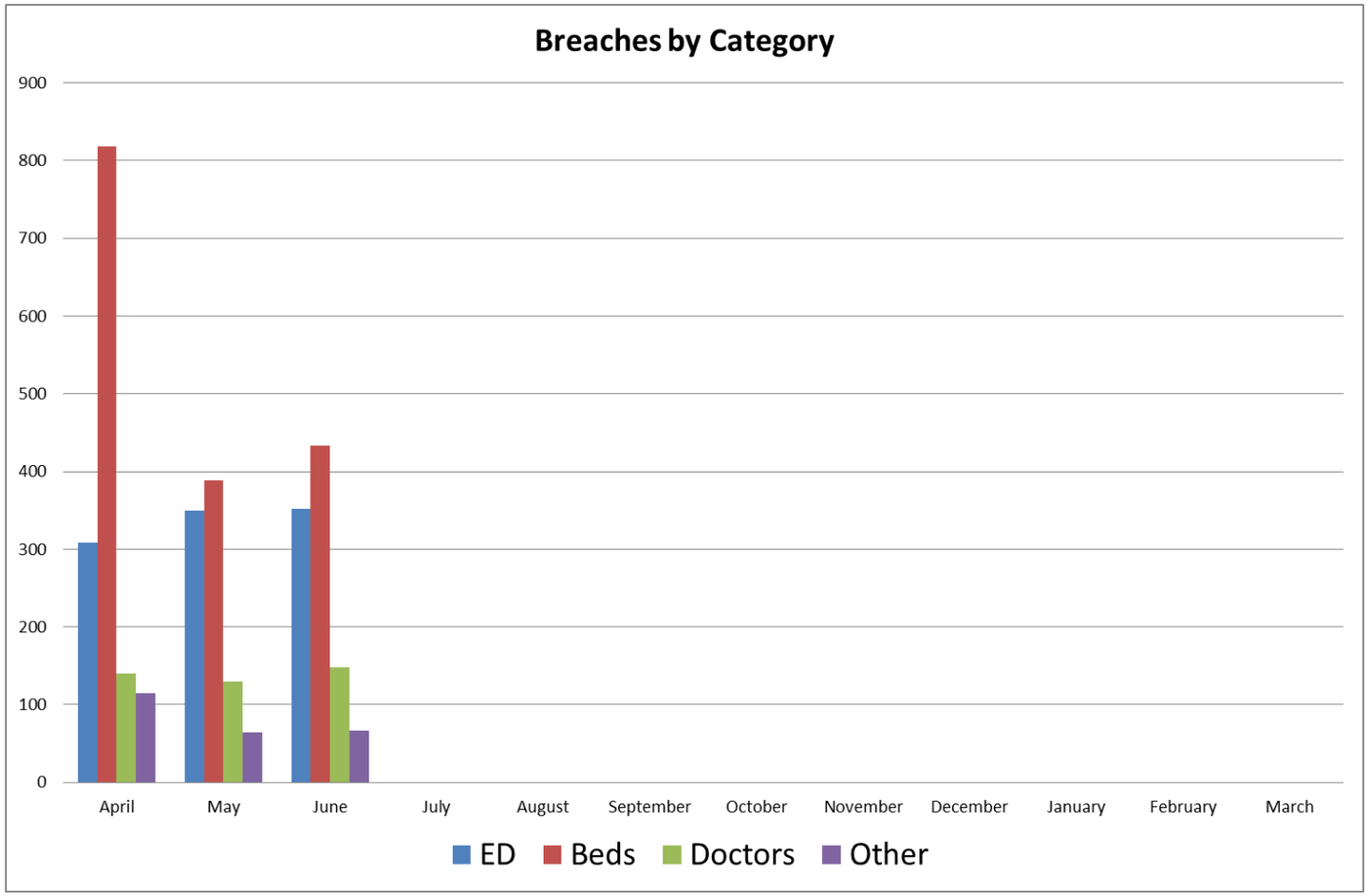


2. Four Hour Breach Reasons

Factors Influencing Breaches

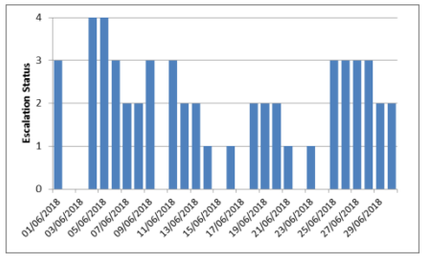
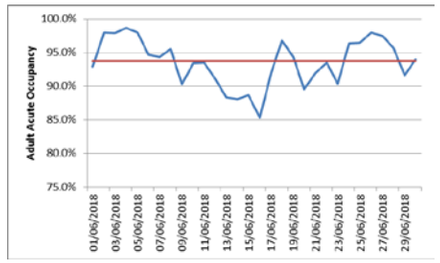
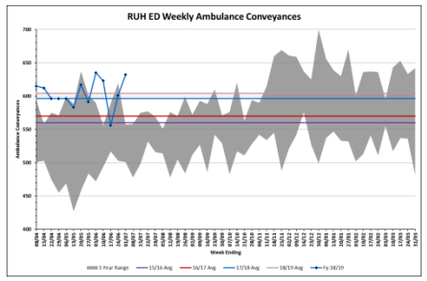
- Sustained high levels of ambulance arrivals in month
- Bed occupancy 93.8% resulting in a high numbers of bed breaches
- Flow and 4 hour performance negatively impacted by
    - High bed occupancy
    - >21 length of stay patients
    - DTOC
- The Trust declared OPEL 4 on two occasions in month with rapid recovery on the day
- A system wide 4 hour performance improvement plan is in place which has been recently revised. Weekly monitoring via the Urgent Care Task and Finish Group.



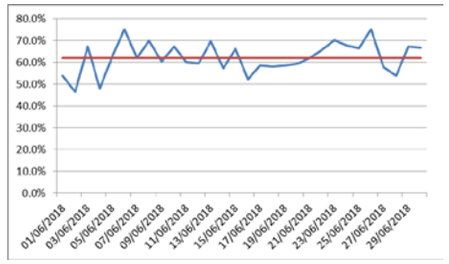
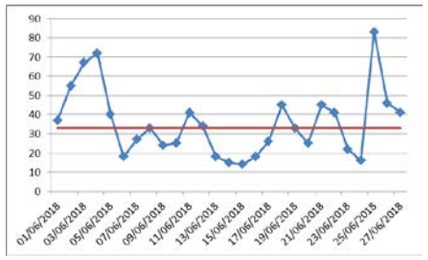
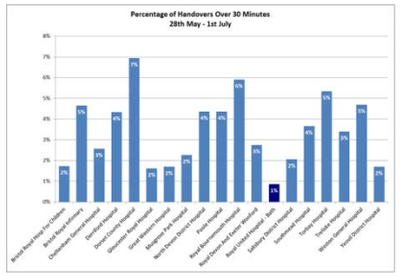
Category	Breach Reason	April	May	June	July	August	September	October	November	December	January	February	March	YTD	YTD %
ED	ED Delays	233	242	281										756	23%
	Clinical Exception	75	108	71										254	8%
Beds	Medical Bed	589	313	344										1246	37%
	Surgical Bed	158	21	39										218	7%
	Observation Bed	20	14	9										43	1%
	Paediatric Bed	3	0	2										5	0%
	Side Room	48	30	39										117	4%
	Orthopaedic Bed	0	10	21										31	1%
	Medical Bed Gender	0	1	1										2	0%
Doctors	Medical Doctor	36	34	38										108	3%
	Surgical Doctor	30	12	15										57	2%
	Ortho Doctor	26	29	37										92	3%
	Mental Health	18	34	27										79	2%
	Radiology	30	21	31										82	2%
Other	Other	86	59	53										198	6%
		29	6	14										49	1%
	Total:	1381	934	1022										3337	100%
	OOH (7pm-8am) Arrival Breach Total:	686	456	456										1598	48%
	Evening (8pm-Midnight) Arrival Breaches Total:	300	208	208										716	21%

** 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"

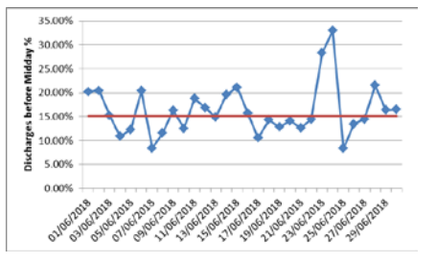
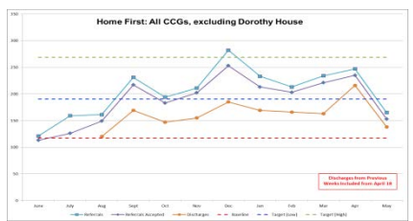
3.1 Monthly Urgent Care and Flow Dashboard – Diagnostics

Description	How We Did	In Month Trend	Key Actions	Target
Escalation Level OPEL = Operating Performance Escalation Levels 1 – 4 (Highest)	**OPEL 2** The Escalation level was OPEL 3 + for 10 days in June, recovery and de-escalation improved compared to May		• 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	**93.8%** For the latest month, occupancy was 93.8%. This position has deteriorated compared to May by 0.3%. Flow can be maintained when occupancy is at 92% and does not exceed 96%.		Median • 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	**603** The Trust continued to receive high number of ambulances conveyed in June compared to the last 5 years, sustained throughout the month, peaking at 632		• 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**

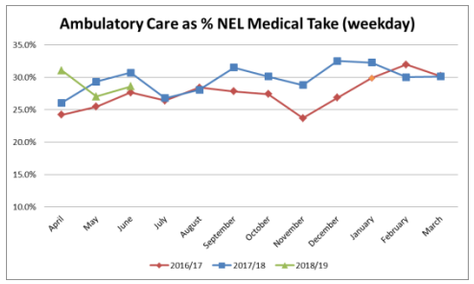
3. 2 Monthly Urgent Care and Flow Dashboard – SAFE

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	**62.0%**	Millennium changes implemented 26/02/18. Data quality issues remain, identified and included on IT improvement plan. Time to triage range 46.3% - 75%, median 62.0%			• Data quality issues remain, identified in IT improvement plan,. Priority to make time fields mandatory with daily validation reporting to improve data quality • Meeting with Executives, medicine division and ED triumvirate and IT lead held in 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	**110**	110 patients seen, not including patients who are still an inpatient. The majority of weekdays covered by Frailty Flying Squad throughout June. Manual data capture in place and testing automated capture in ED, 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. Process with MAU in progress. • Frailly Flying Squad in place in the Emergency Department weekdays	**65 per month**
Patient Environment	Number of patients in month that ED cared for queuing in the department	**14.2%**	1043 patients spent part of their attendance outside of an ED cubicle (14.2% of all ED attendances in month). Comparable to May 2018 performance			• 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	**99%**	99% 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 as part of the Super Discharge Week. – Ambulance challenge audit completed, outcome and recommendations shared with A&E Delivery Board	**Benchmark in top tensile regionally**

3. 3 Monthly Urgent Care and Flow Dashboard – Well Led

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		• 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		• 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%	Jan 18: 94%; Feb 18: 100%; March 18: 100%; April 18: 96%; May 18: 93%; Jun 17: 100%	• Quality improvement team continue to work in the Emergency Department to improve performance and compliance.	>90%
Discharges by Midday	The % of Non-Elective inpatients discharged by Midday	15.1%	15.1% of discharges occurred before Midday, same performance as in May 2018 	• Patients identified at Divisional Tactical Flow meetings to support early flow out of the Emergency Department.	33%
Mean number of days from referral to discharge with Home First	BaNES: 3.4 days; Wiltshire: 3.9 days; Somerset; South Gloucestershire			• Weekly home first group in place. Focus on referral, capacity. Overall performance in month has deteriorated. • Data now more accurately based on mean days over 2 weeks (previously 1 week).	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)	**28.6%**		• 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 ongoing completion due second week in July (delayed by 2 weeks)	**30%**

Specialty Review

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

90

	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr 18	May 18	Jun 17
Medical Doctor	5	14	27	28	18	23	34	29	21	25	36	34	38
Surgical Doctor	25	37	41	55	39	62	52	65	41	41	56	41	52

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

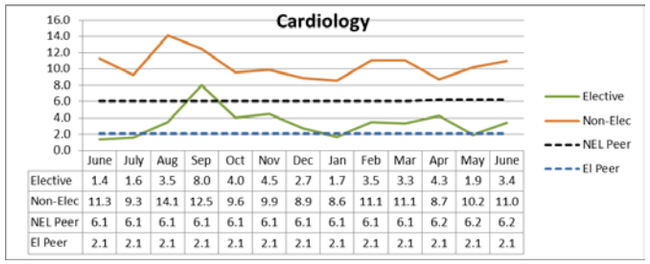
20

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

11.0 days

Elective length of stay improved in month, non-elective deteriorated by 0.8 days



	June	July	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June
Elective	1.4	1.6	3.5	8.0	4.0	4.5	2.7	1.7	3.5	3.3	4.3	1.9	3.4
Non-Elec	11.3	9.3	14.1	12.5	9.6	9.9	8.9	8.6	11.1	11.1	8.7	10.2	11.0
NEL Peer	6.1	6.1	6.1	6.1	6.1	6.1	6.1	6.1	6.1	6.1	6.2	6.2	6.2
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

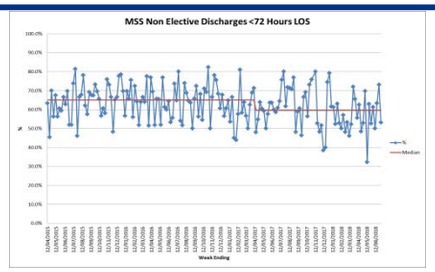
6.1 days

Length of Stay MSS

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

53.1%

53..1% of patients discharged from the Medical Short Stay Unit had a Length of Stay of < 72 hours in June 2018. Impacted by poor trust wide flow and high occupancy and cardiac procedure waiters



- 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 and cath lab efficiency

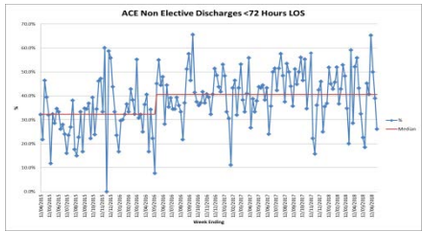
66.7%

Length of Stay ACE

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

38.9.%

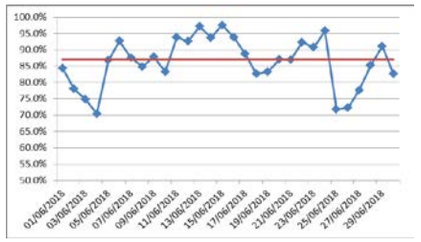
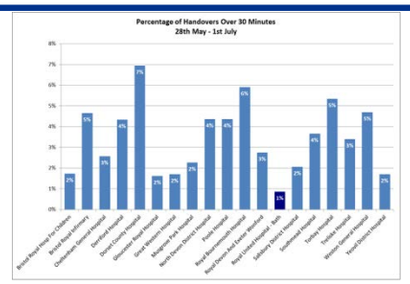
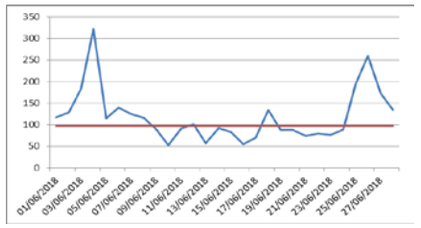
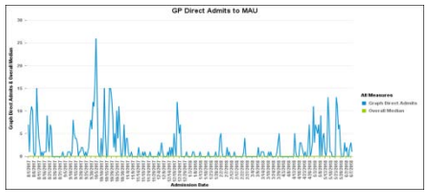
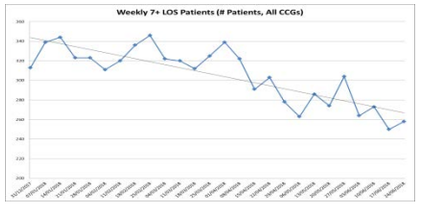
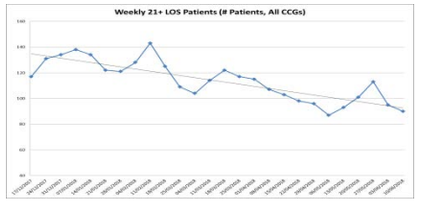
38.9% of patients discharged from the Frailty Short Stay Unit (ACE) had a Length of Stay of < 72 hours in June 2018 (peaked at 65.3%). Impacted due to poor trust wide flow early in the month.



- 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%

3. 5 Monthly Urgent Care and Flow Dashboard – Responsive

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	**85.8%**	June 2018 four hour performance not achieved 85.8% (All Types) Performance did not meet the performance trajectory of 90.0%		• 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	**99%**	99% 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 • ECIP ambulance subject expert on site as part of the Super Discharge Week. – Ambulance challenge audit completed, outcome and recommendations shared with A&E Delivery Board	**Benchmark in top tensile regionally**
Decision to Admit (DTA) to Admission	Median wait from DTA to Admission should not exceed 120 minutes	**97 minutes**	In June median trolley wait was 97 minutes. This has improved compared to May 2018 by 2 minutes.		• 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	Total number of direct admissions to MAU	**121**	Direct admissions to MAU when flow allows assessment capacity to be held for expected patients. Improved position compared to May.		• 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	**261**	June median was 261 peaking at 273 for admission after 17/06/18		• 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%**	June median peaking at 113 of patients with a LoS exceeding 21 days		• 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%**

3. 6 Monthly Urgent Care and Flow Dashboard – Caring

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 7.5% ↓ MAU 21.0% ↓ SAU 15.8% ↓ June position deteriorated compared to previous month. Overall Front Door Response 7.3%	• Focus across the Front Door to increase distribution of FFT cards	>20%

FFT Board Report for Emergency Dept for Jun 2018

	Jun 2018			
	Total number of patients eligible	No of Responses	Response Rate	% Recommending
A&E	4323	323	7.5%	96
Medical Assessment Unit	162	34	21.0%	100
Surgical Admissions Unit	310	49	15.8%	96
UTC	885	8	.9%	88
Emergency Dept Total	5680	414	7.3%	96