Report to:	Board of Directors	Agenda item:	11
Date of Meeting:	28 February 2018		

Title of Report:	Four Hour Improvement Plan 2017/18
Status:	For Discussion
Board Sponsor:	Francesca Thompson, Chief Operating Officer
Author:	Denise Moorhouse, Deputy Divisional Manager Medicine
Appendices	None

1.	Executive Summary of the Report

To update the Board of Directors on the 2017/18 RUH Urgent Care Collaborative Board programme performance. The newly formatted report reflects information up to and including the 31st January 2018.

2.	Recommendations (Note, Approve, Discuss)

The Board of Directors are asked to note the following:

- Ambulance conveyance activity +3.8% variance compared to 2016/17 for week ending 31/12/17.

- Ambulance conveyances highest in month compared to previous 5 year range

- Emergency presentations +1.6% year to date variance compared to last financial year

- Emergency Department attendances +1.6% year to date variance compared to last financial year

- There were 1852 beds closed in month due to infection (flu and norovirus)

- Negative impact on bed capacity due to high Delayed Transfers of Care (DTOC). 46 patients reported at the January month end snapshot and 870 delayed days (4.6%) reported

Areas for improvement in January 2018:
- In collaboration and supported by the Emergency Care Improvement Programme implement recommendations from the teams site visits in November and December 2017
- Delivery and KPI monitoring of the additional winter schemes
    - Home Hub to support the creation of earlier bed capacity
    - On the day/unplanned patient transport
    - Additional Emergency Department medical staffing during periods of greatest demand
    - The appointment of flow coordinators to support timely moves from the Emergency Department

Authors : Denise Moorhouse, Deputy Divisional Manager Medicine
Document Approved by: Francesca Thompson, COO
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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.	

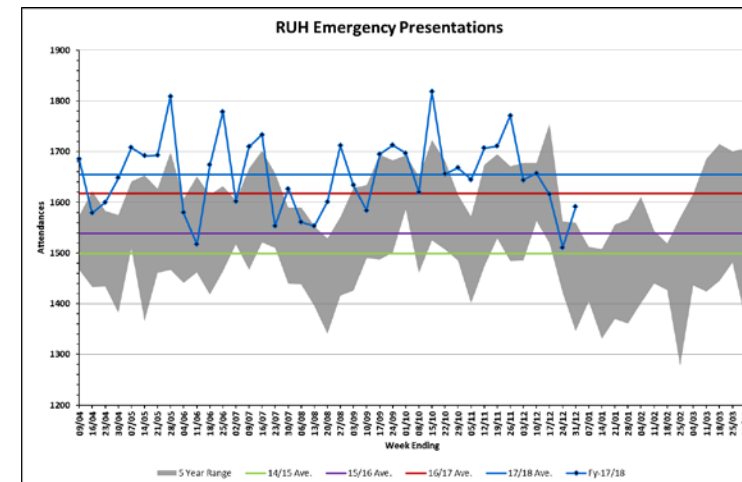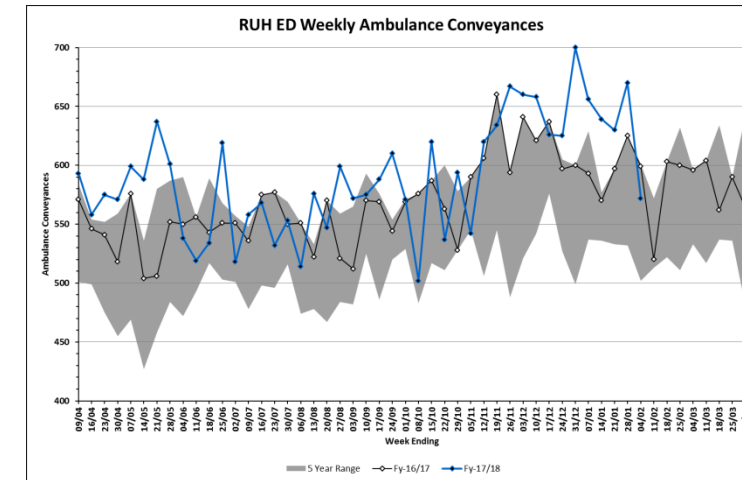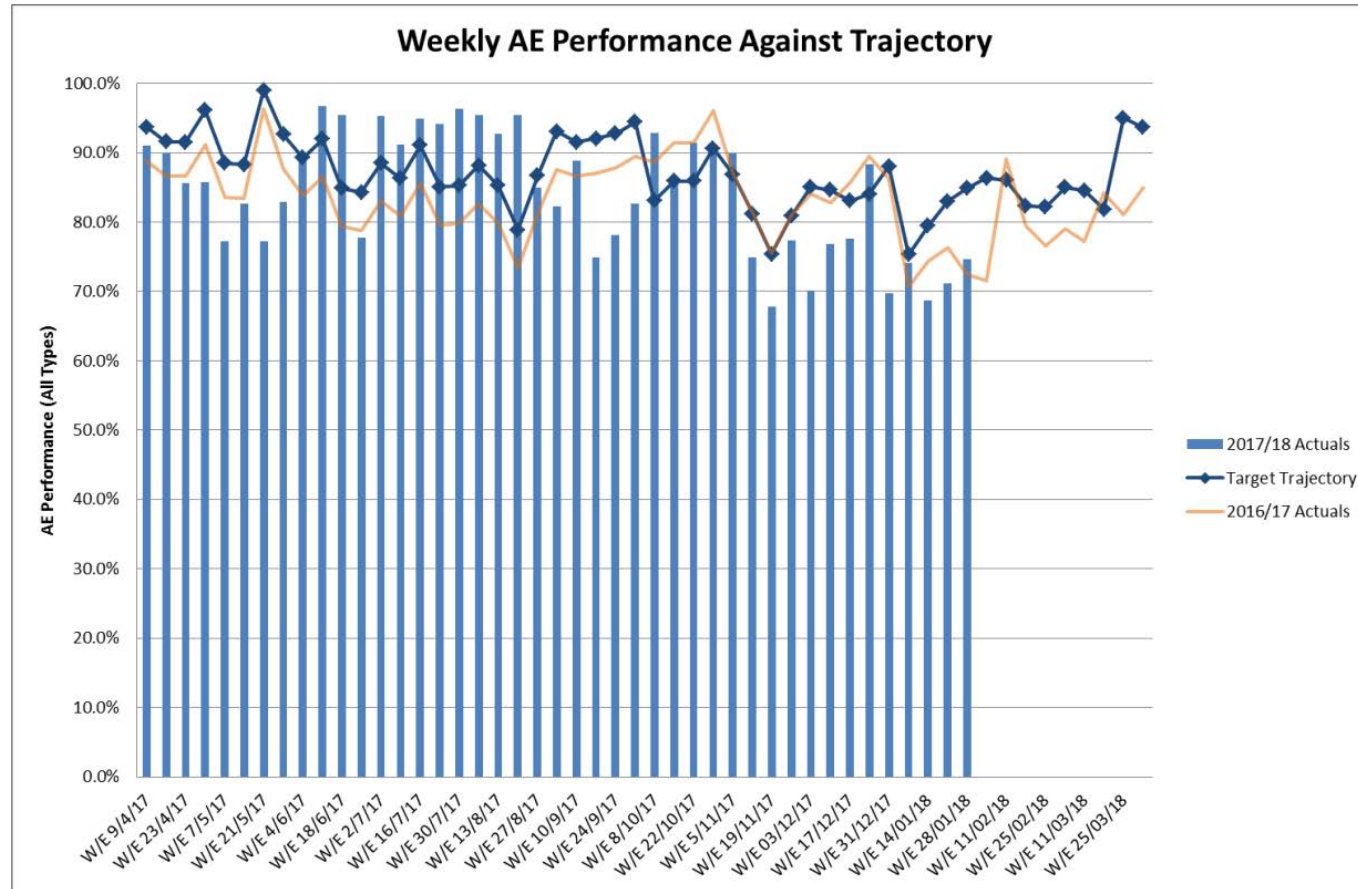| 6.	Equality and Diversity
All services are delivered in line with the Trust's Equality and Diversity Policy.	

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

8.	Freedom of Information
Public	

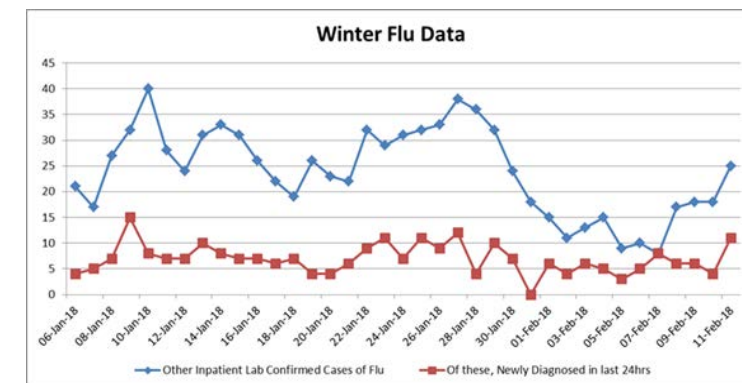# 1. RUH 4 Hour Performance: January 2018 Month 10

Improvement Trajectory – Category 4

• January 2018 four hour performance not achieved 72.3% (All Types)
• Performance did not meet the performance trajectory of 86.0%

Weekly AE Performance Against Trajectory

Legend: 2017/18 Actuals; Target Trajectory; 2016/17 Actuals

RUH ED Weekly Ambulance Conveyances

**RUH Emergency Presentations**

Key Diagnostics

- Ambulance conveyance activity +3.8% variance compared to 2016/17 for week ending 31/12/17 .

- Ambulance conveyances highest in month compared to previous 5 year range

- Emergency presentations +1.6% year to date variance compared to last financial year

- Emergency Department attendances +1.6% year to date variance compared to last financial year

- There were 1852 beds closed in month due to infection (flu and norovirus)

- Negative impact on bed capacity due to high Delayed Transfers of Care (DTOC). 46 patients reported at the January month end snapshot and 870 delayed days (4.6%) reported

Winter Flu Data

Legend: Other Inpatient Lab Confirmed Cases of Flu; Of these, Newly Diagnosed in last 24hrs

2. Four Hour Breach Reasons

Factors Influencing Breaches

- The Trust received the highest number of ambulances in month compared to the last 5 years

- Bed occupancy 97.1% (high) resulting in a high numbers of bed breaches

- Flow and 4 hour performance negatively impacted by

  - High bed occupancy
  - Closed ward areas due to infection (Flu and Norovirus)

- The Trust declared internal significant incident over 3 days in month, in response to capacity/ demand concerns

- A system wide 4 hour performance improvement plan is in place with weekly monitoring via the Urgent Care Task and Finish Group
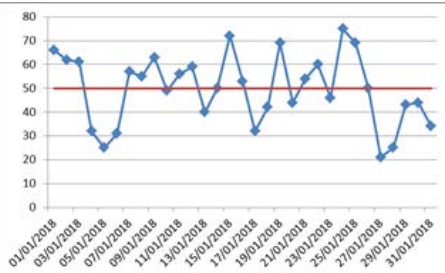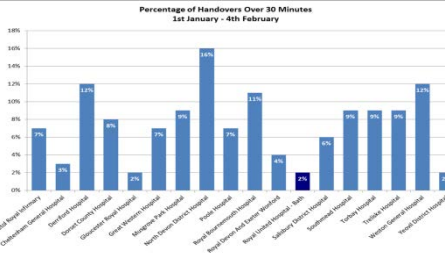
Breaches by Category
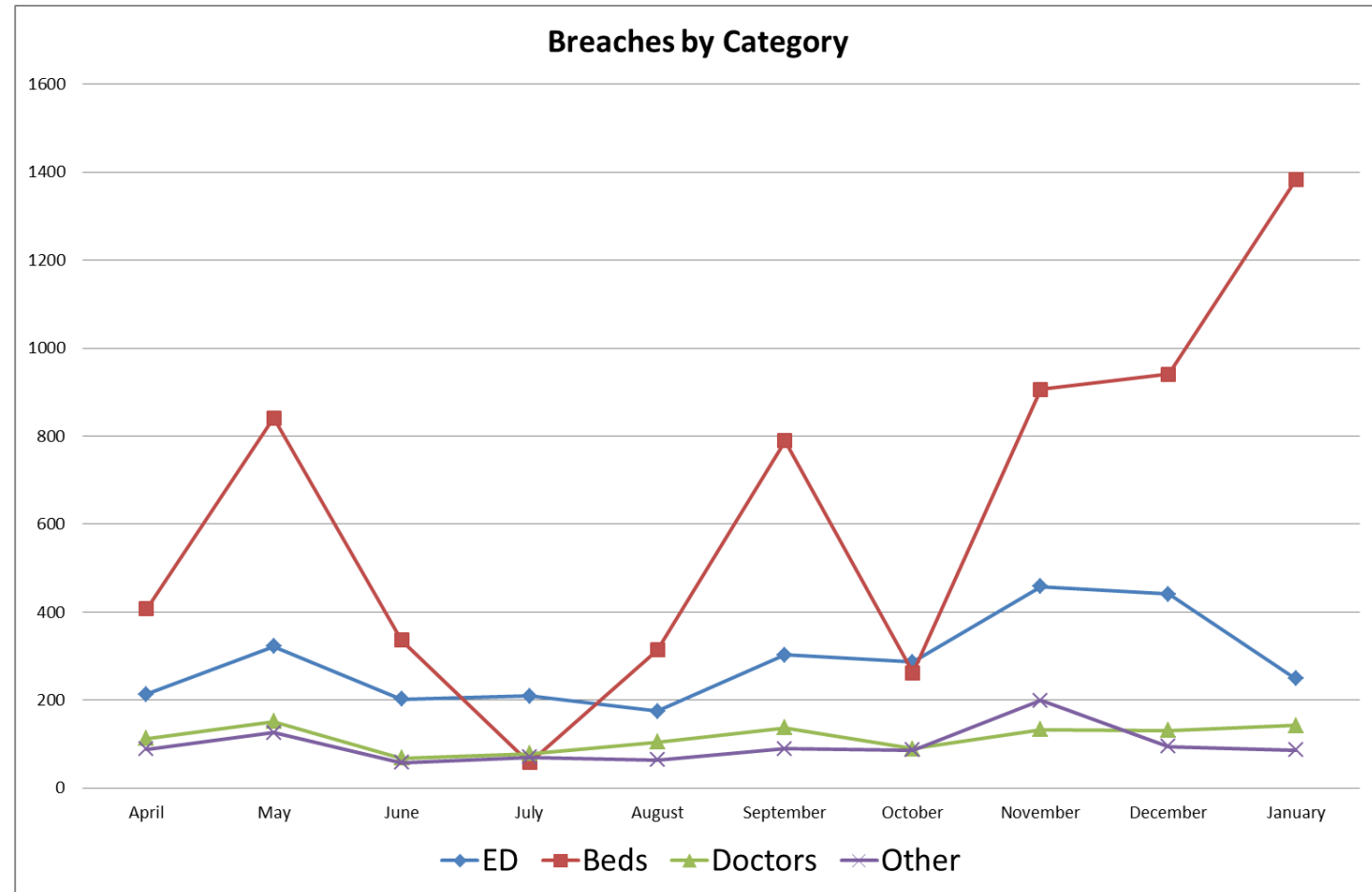
Category	Breach Reason	April	May	June	July	August	September	October	November	December	January	YTD	YTD % Total
ED	ED Delays	109	226	156	126	116	219	180	356	340	172	2000	18%
	Clinical Exception	104	96	46	83	59	84	106	102	101	77	858	8%
Beds	Medical Bed	280	635	269	17	254	612	207	687	709	1000	4670	42%
	Surgical Bed	87	140	41	19	30	128	30	161	143	228	1007	9%
	Observation Bed	19	20	14	7	6	10	15	20	18	19	148	1%
	Paediatric Bed	0	2	0	0	1	2	0	4	8	8	25	0%
	Side Room	21	44	12	15	23	37	10	34	63	127	386	3%
Doctors	Medical Doctor	17	16	5	14	27	28	18	23	34	29	211	2%
	Surgical Doctor	44	66	25	37	41	55	39	62	52	65	486	4%
	Other Doctor	12	9	4	4	5	15	4	1	0	0	54	0%
	Mental Health	33	50	32	21	28	30	22	28	30	25	299	3%
	Radiology	7	10	2	2	4	9	6	19	15	23	97	1%
Other	Other	88	124	58	70	64	89	86	116	70	63	828	7%
		0	2	0	0	0	0	0	83	25	23	133	1%
Total:		821	1440	664	415	658	1318	723	1696	1608	1859	11202	100%
OOH (7pm-8am) Arrival Breach Total:		372	647	306	179	321	595	387	754	799	771	5131	46%
Evening (8pm-Midnight) Arrival Breaches Total:		147	302	120	91	138	257	150	331	340	323	2199	20%

* 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"

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 31 days in January. The Trust was in higher escalation than December 2017.

- 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

97.1%

For the latest month, occupancy was 97.1%. This position has worsened compared to December 2017. Flow can be maintained when occupancy is at 92% and does not exceed 96%.

- Internal professional standards, embed escalation processes to facilitate timely review and discharge.
- 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

625

The Trust saw the highest number of ambulances conveyed in January compared to the last 5 years, peaking the week ending 28/01/18, +4% compared to 2016/17.

RUH ED Weekly Ambulance Conveyances

- Review conveyance rates per CCG by the A&E Delivery Board
- ECIP support with demand profile and actions to manage demand
- SWAST prediction and escalation modelling required to support RUH planning
- Fit to Sit programme

590 per week

3. 2 Monthly Urgent Care and Flow Dashboard – SAFE

Description	How We Did	In Month Trend	Key Actions	Target
Emergency Department (ED) Time to Triage — The % of patients that are triaged within 15 minutes of arrival to the ED	**Currently unable to report**		• Unable to report for January 2018, data fields included in First Net from 16/02/18 and will be included in the next report • Rapid Assessment and Treatment (RAT) pilot commenced focused on peak arrival times	**95%**
Frailty Flying Squad (FFS) — All patients over 75 years admitted to ED with a frailty score >5 receive a speciality multidisciplinary review by the Frailty Flying Squad	**Currently unable to report**		• Unable to report for January 2018, available February 2018 • Frailty Flying Squad in place in ED, manual data collection processes to capture Flying Squad review as a % of those attending	**80%**
Patient environment — The % of patients that ED cared for queuing out of an ED cubicle and remaining in the department awaiting transfer	**22.9%** ↓ — 22.9% of triaged patients spent part of their attendance out of an ED cubicle. This is an increase from December 2017.		• Continued promotion of Home Hub to support early flow out of ED. • Tactical flow meetings in Medicine to identify discharges and barriers to support planning for next day and enabling early flow • HALO and SWAST duty manager support during periods of highest demand • Additional staff deployment	**0%**
Ambulance handovers — All handovers should be within 60 minutes	**98%** ↑ — 98% of ambulances were handed over to Emergency Department staff within 60 minutes. Sustained performance (data source SWAST)		• Maintain high level of handovers from ambulance to ED and minimise ambulance delays • Maintain good relationships and communication with SWAST	**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**			• Unable to report for January 2018 • Nurse rostering data confirmed as available and will be included in the next report • Zero agency use	**100%**
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**			• Unable to report for January 2018 • Doctor rota data confirmed as available and will be included in the next report • Consultant hours extended to midnight 7 days per week • Middle grade rota gaps remains challenging, mitigation through use of locum/agency where available	**100%**
Use of ED checklist & National Early Warning Score	Academic Health Science dashboard (National best practice). See quality report	**84%**		NEWS accurate — Oct-17: 94%, Nov-17: 96%, Dec-17: 96%, Jan-18: 84%	• Quality improvement team continue to work in ED	**>90%**
Discharges by Midday	The % of Non-Elective inpatients discharged by Midday	**17.9%**	17.9% of discharges occurred before Midday. An improvement compared to December 2017.		• Patients for Home Hub the next day to be identified at Tactical Flow meetings to support early flow out of ED. • See winter schemes slide	**33%**
Mean number of days from referral to discharge with Home First		BaNES **1.8 days**	Wiltshire **2.7 days** Somerset **3.0 days** South Gloucestershire **2.0 days**		• Weekly Home First Group in place • Home First Group are attending intensive FLOW training to develop and improve QI and coaching skills, supported by NHS Leadership Academy funding. • Home First pathway for patients with delirium being designed	**1 day**

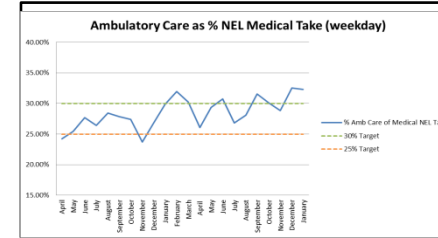| Description	How We Did	In Month Trend	Key Actions	Target

Ambulatory care

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

32.3%
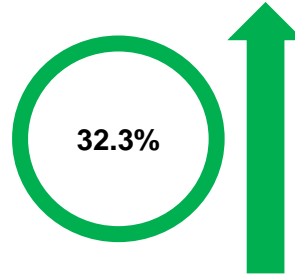
Sustained performance above national requirement of 30% of the medical take through ambulatory care
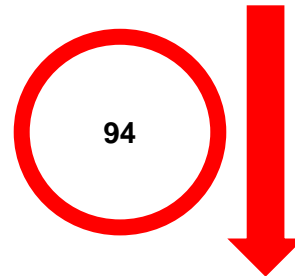

Ambulatory Care as % NEL Medical Take (weekday)

- Winter planning 2018/19 increase physical capacity of the Ambulatory Care Unit to further improve opportunity to manage more patients through this pathway

30%

Specialty Review

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

94

	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Total
Medical Doctor	17	16	5	14	27	28	18	23	34	29	211
Surgical Doctor	44	66	25	37	41	55	39	62	52	65	486

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

- Internal professional standards, embed escalation processes to facilitate timely review and decision to admit or discharge
- Monitoring of the response within 60 minutes of request by the ED team

20

Length of Stay SSSU

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

58.8%
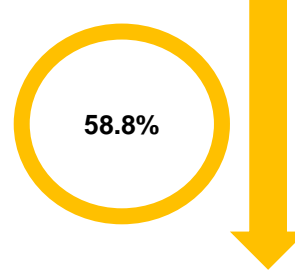
58.8% of patients discharged from the Surgical Short Stay Unit had a Length of Stay of < 72 in January 2018. Impacted by poor trust wide flow, escalation and high occupancy.
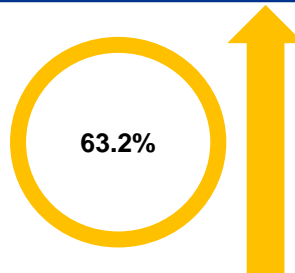

SSS Non Elective Discharges <72 Hours LOS
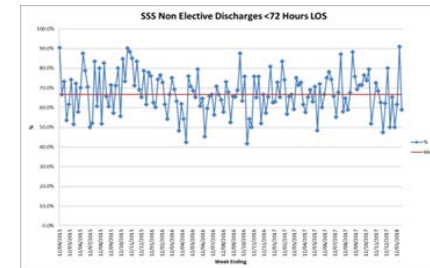
- Medical Outlier review processes to ensure timely review and supporting discharge
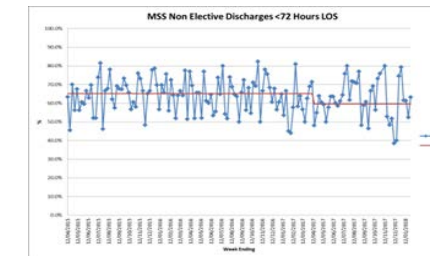
66.7%

Length of Stay MSS

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

63.2%

63.2% of patients discharged from the Medical Short Stay Unit had a Length of Stay of < 72 in January 2018. Impacted by poor trust wide flow and high occupancy.
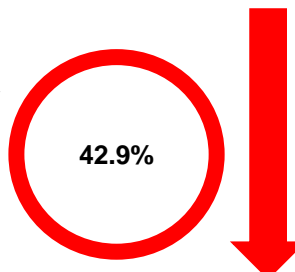

MSS Non Elective Discharges <72 Hours LOS

- Opportunity identified to increase throughout, currently limited by patients awaiting cardiac procedures
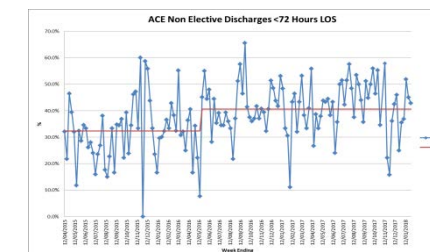
66.7%

Length of Stay ACE

The median length of stay for patients admitted on Frailty Short Stay Unit (ACE) will be less than 72 Hours
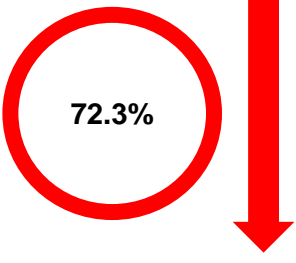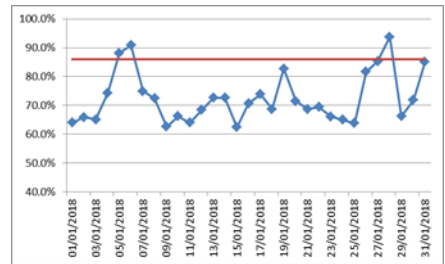
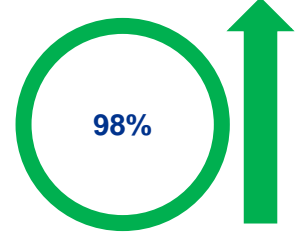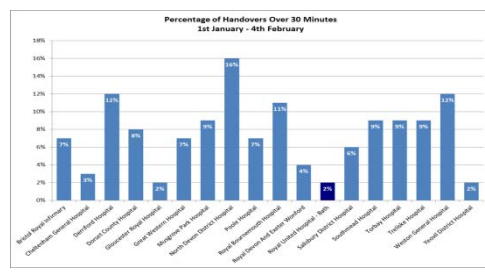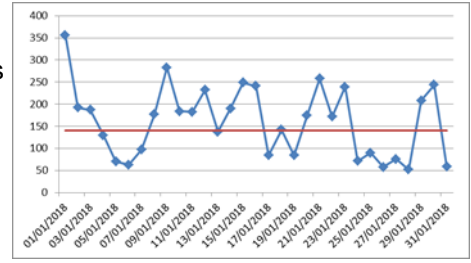42.9%

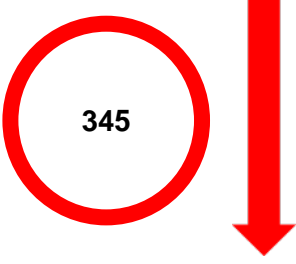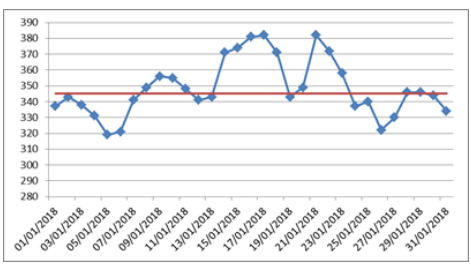42.9% of patients discharged from the Frailty Short Stay Unit (ACE) had a Length of Stay of < 72 hours in January 2018. Impacted due to poor trust wide flow and bed closures due to flu.

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

72.3%

•January 4 hour performance not achieved 72.3% (All Types)
•Performance did not meet the performance trajectory of 86.0%

- A system wide 4 hour performance improvement plan is in place with weekly monitoring via the Urgent Care Task and Finish Group

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
1st January - 4th February

- Maintain high level of handovers from ambulance to ED and minimise ambulance delays
- Maintain good relationships and communication with SWAST

Benchmark in top tensile regionally

Decision to Admit (DTA) to Admission

Median wait from DTA to Admission should not exceed 120 minutes

141 minutes

In January the median trolley wait from decision to admit was 141 minutes.
This was longer compared to December 2017. Impacted by medical staffing shift fill

- Specialty response time and internal professional standards require embedding and recoding of review in the ED (IT solution has been agreed)
- The use of home hub to facilitate patients sitting out and enable early flow from ED and Assessment Units

120 minutes

Length of stay >7 Days

Median Number of Patients with a LOS 7+ days

345

January median was 345. This was a worsening of performance from December 2017

- Improve systematic assessment of patients 7 + and 21+LOS
- Escalate delays in assessment and discharge plans via Silver call

250

3. 6 Monthly Urgent Care and Flow Dashboard – Caring

Description	How We Did	In Month Trend	Key Actions	Target

Length of Stay >21 Days

Median Number of Patients with a LOS 21+ Days

132

January median was 132. This was a worsening position from December 2017.

- Improve assessment of stranded and super stranded patients
- Escalate delays in assessment and discharge plans via Silver call

100

Friends and Family Test

- See integrated balanced scorecard and patient experience report
- Benchmarking demonstrate sustained top decile positive patient response

Top decile

The RUH is committed to schemes for the Winter to support flow within the Trust.

Monitoring at the weekly Urgent Care Task & Finish Group

These schemes include:

Home hub – dedicated space where confirmed discharges are located whilst waiting for transport

Additional transport – FAST ambulance for discharge and transfer activity, transport lead working on-site

Additional Front Door staffing – to support the increase activity anticipated in ED. During January Front Door staff funding has also been allocated to support a Pilot RAT (Rapid Assessment and treatment) in week.

Test of FLOW coordinators to support ED & MAU coordinator to monitor and progress patients out of the department and achieve the 4 hour quality standard.

In addition to the schemes outlined, a system wide 4 Hour improvement plan is reviewed weekly at the Urgent care Weekly Task and Finish group

Description	Lead	January performance per week	Key Actions	Target
Home Hub	Head of nursing, Medicine	**51 patients per week** — AIM: Improve patient experience and early flow	• January 3.0% discharges via Home Hub • 59% of patients to Home Hub by 12noon, weekly monitoring • Weekly increase seen • Focus on increasing pull form MAU and ED • Use patient stories in Trust Communications	**70**
Transport	Resilience manager	**115 weekly transfers** — AIM: To facilitate early discharges	• Reviewed December activity and set KPIs • Agreed on-site booking process • Confirmed weekend support on-call and on-site • KPI monitoring in-place, January - 50% of patients collected before 12noon. 55minutes from booking to collection on-day. • Continue to monitor weekly	**100**
Front Door Staffing	Specialty Manager, urgent care	Evenings **40% Shift Fill Rate** Weekends **62.5% Shift Fill rate** — Aim: To respond to increase demand and maintain ED flow	• Focus on weekends and in-week evenings • January agreed set up of Rapid Assessment and Treatment pilot in ED • Monitor sickness within the department, reducing impact of additional staff • Monitoring ED breaches and mapping by time of day	**Weekend Shifts 70% fill**
Flow coordinators	Deputy head of Nursing, medicine, ED matron	**N/A** — Aim: To focus on flow out of ED and MAU, improve communication	• Recruitment completed • Posts to commence 26th Feb 2018, PDSA planned • Working with ECIP on process and interim support until posts start	**Transfers by 12 noon from MAU**