

<b>Report to:</b>	<b>Public Board of Directors</b>	<b>Agenda item:</b>	<b>13</b>
<b>Date of Meeting:</b>	<b>25 April 2018</b>		

<b>Title of Report:</b>	<b>Four Hour Improvement Plan 2017/18</b>
<b>Status:</b>	<b>For Action</b>
<b>Board Sponsor:</b>	<b>Francesca Thompson, Chief Operating Officer</b>
<b>Author:</b>	<b>Sarah Hudson, Acting Divisional Manager Medicine</b>
<b>Appendices</b>	<b>None</b>

<b>1. Executive Summary of the Report</b>
To update the Board of Directors on the 2017/18 RUH Urgent Care Collaborative Board programme performance. The report reflects information up to and including the 31 <sup>st</sup> March 2018

<b>2. Recommendations (Note, Approve, Discuss)</b>
<p>The Board of Directors are asked to note the following:</p> <p>Factors affecting performance</p> <ul style="list-style-type: none"> <li>Ambulance conveyance activity + 4.4% variance compared to 2016/17 for week ending 25/03/18.</li> <li>Emergency presentations +1.8% year to date variance compared to last financial year</li> <li>Emergency Department attendances +0.1% year to date variance compared to last financial year</li> <li>There were 1494 beds closed in month due to infection (flu and norovirus)</li> <li>Negative impact on bed capacity due to Delayed Transfers of Care (DTOC). 20 patients reported at the month end snapshot and 735 delayed days (4.0%) reported</li> </ul> <p>Areas for improvement in April 2018:</p> <ul style="list-style-type: none"> <li>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</li> <li>System wide focus on patients with a length of stay of &gt; 21 days, supported by the Integrated Discharge Service and Business Intelligence with daily reporting</li> <li>Medicine division 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</li> </ul>

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

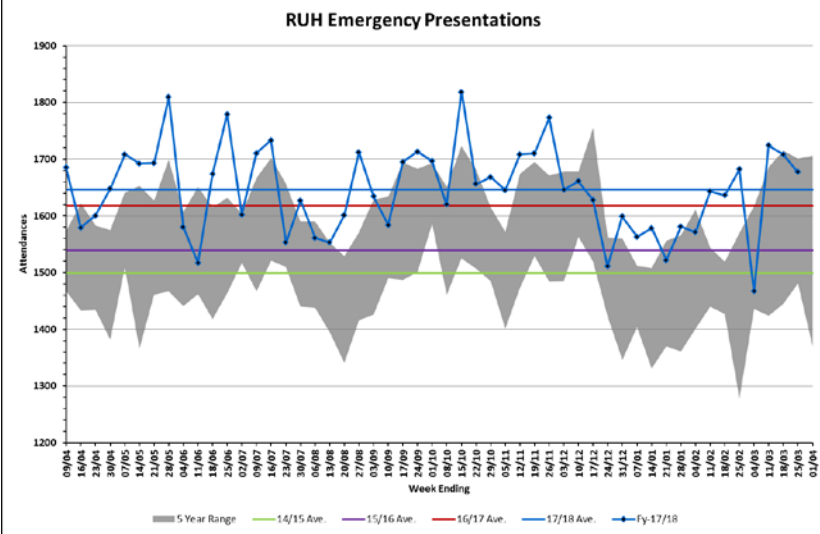
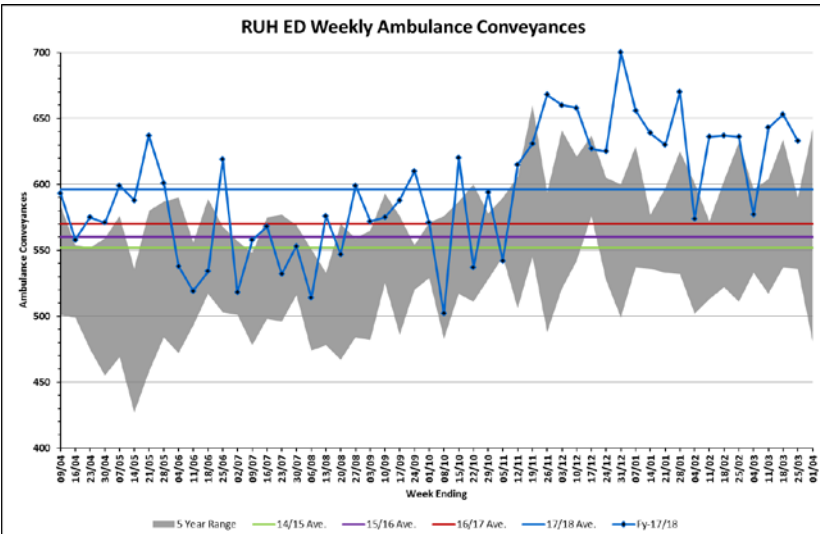
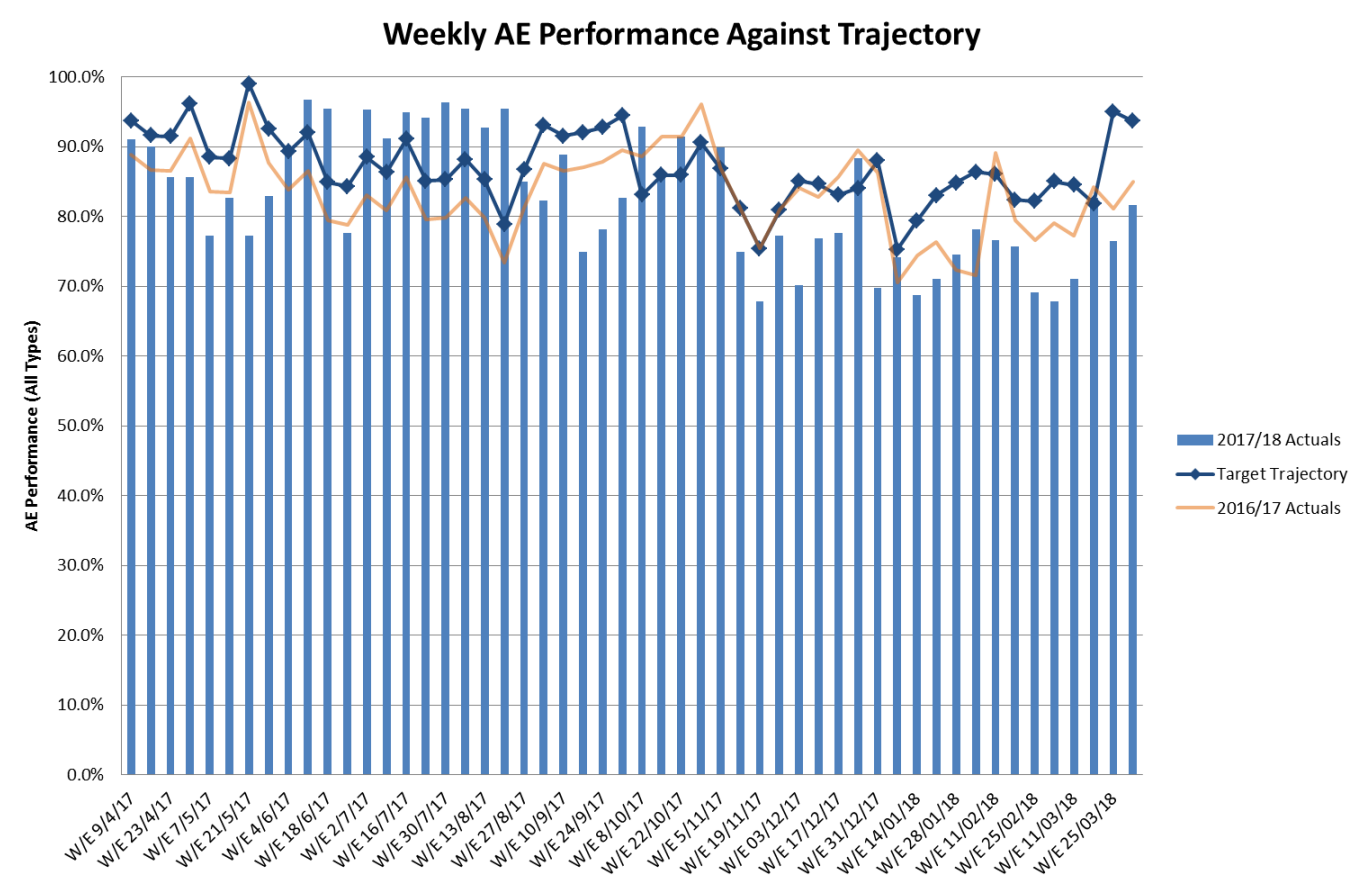
<b>4.</b>	<b>Risk (Threats or opportunities, link to a risk on the Risk Register, Board Assurance Framework etc)</b>
The 4 hour performance is currently on the risk register ID: 63	
<b>5.</b>	<b>Resources Implications (Financial / staffing)</b>
Any requests for investment linked to this programme will 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.	
<b>6.</b>	<b>Equality and Diversity</b>
All services are delivered in line with the Trust's Equality and Diversity Policy.	
<b>7.</b>	<b>References to previous reports</b>
Monthly 4 hour performance reports and ECIP Recommendations.	
<b>8.</b>	<b>Freedom of Information</b>
Public	



# 1. RUH 4 Hour Performance: March 2018 Month 12

## Improvement Trajectory – Category 4

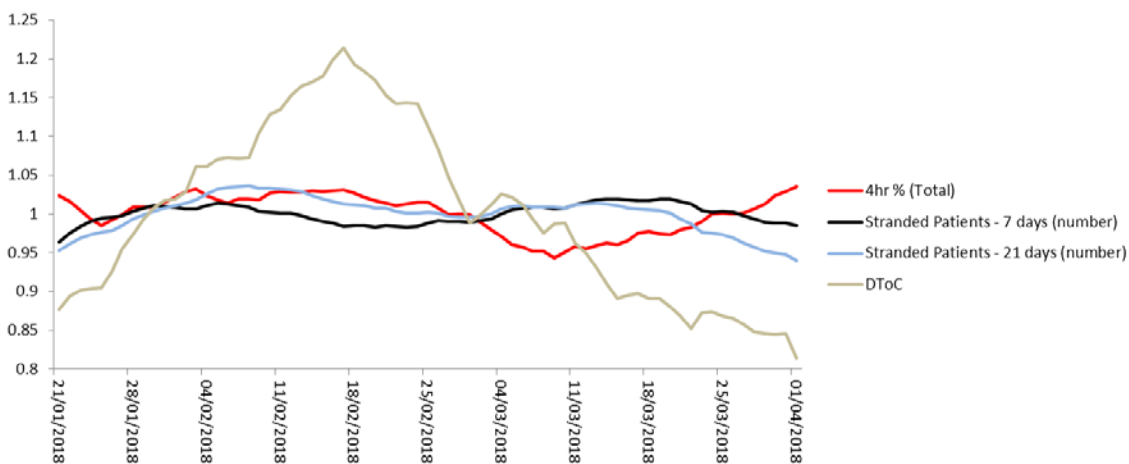
- March 2018 four hour performance not achieved 76.6% (All Types)
- Performance did not meet the performance trajectory of 83.4%



## Key Diagnostics

- Ambulance conveyance activity +4.4% variance compared to 2016/17 for week ending 25/03/18 .
- Emergency presentations +1.8% year to date variance compared to last financial year
- Emergency Department attendances +0.1% year to date variance compared to last financial year
- There were 1494 beds closed in month due to infection (flu and norovirus)
- Negative impact on bed capacity due to Delayed Transfers of Care (DToC). 20 patients reported at the month end snapshot and 735 delayed days (4.0%) reported

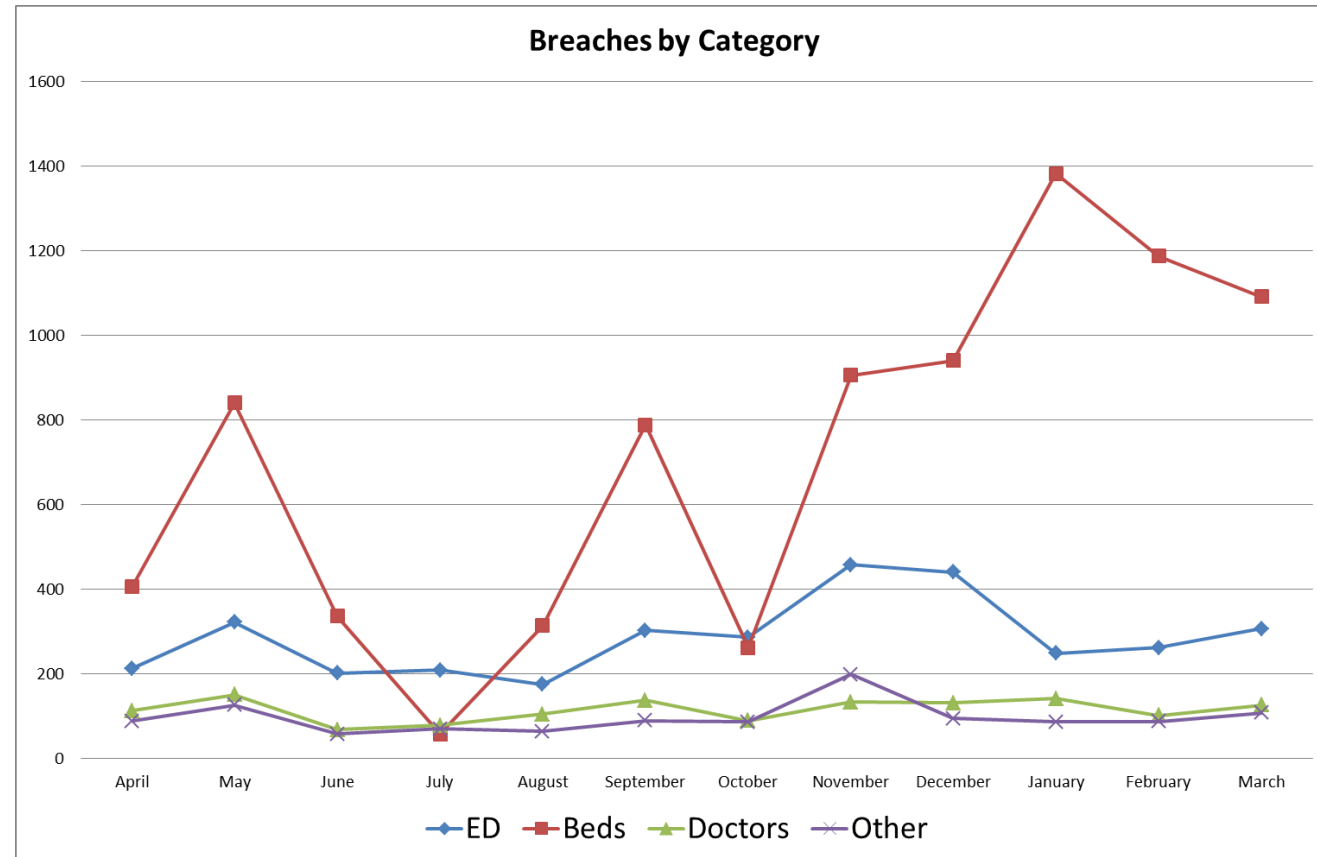
## Metric comparison for Royal United Hospitals Bath NHS Foundation Trust



## 2. Four Hour Breach Reasons

### Factors Influencing Breaches

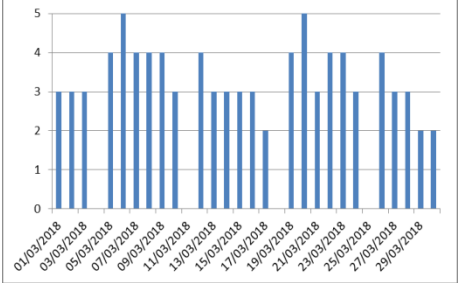
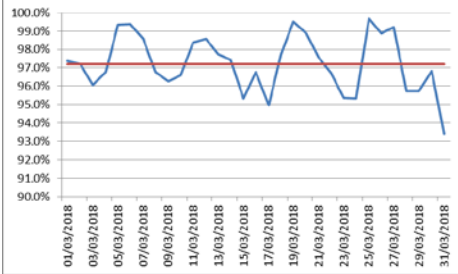
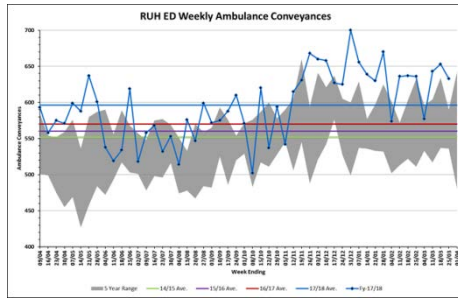
- Sustained high levels of ambulance arrivals in month and continuing into April 2018
- Bed occupancy 97.2% ( high) resulting in a high numbers of bed breaches
  - High bed occupancy
  - Closed ward areas due to infection ( Flu and Norovirus)
- The Trust declared internal significant incident over 4 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 calls.



Category	Breach Reason	April	May	June	July	August	September	October	November	December	January	February	March	YTD	YTD %
ED	ED Delays	109	226	156	126	116	219	180	356	340	172	179	227	2406	17%
	Clinical Exception	104	96	46	83	59	84	106	102	101	77	83	80	1021	7%
Beds	Medical Bed	280	635	269	17	254	612	207	687	709	1000	892	851	6413	44%
	Surgical Bed	87	140	41	19	30	128	30	161	143	228	188	131	1326	9%
	Observation Bed	19	20	14	7	6	10	15	20	18	19	12	15	175	1%
	Paediatric Bed		2			1	2		4	8	8	0	2	27	0%
	Side Room	21	44	12	15	23	37	10	34	63	127	96	93	575	4%
Doctors	Medical Doctor	17	16	5	14	27	28	18	23	34	29	21	25	257	2%
	Surgical Doctor	44	66	25	37	41	55	39	62	52	65	41	41	568	4%
	Other Doctor	12	9	4	4	5	15	4	1	0	0	0	0	54	0%
	Mental Health	33	50	32	21	28	30	22	28	30	25	22	37	358	2%
Other	Radiology	7	10	2	2	4	9	6	19	15	23	18	23	138	1%
	Other	88	124	58	70	64	89	86	116	70	63	75	77	980	7%
		0	2	0	0	0	0	0	83	25	23	12	31	176	1%
<b>Total:</b>		<b>821</b>	<b>1440</b>	<b>664</b>	<b>415</b>	<b>658</b>	<b>1318</b>	<b>723</b>	<b>1696</b>	<b>1608</b>	<b>1859</b>	<b>1639</b>	<b>1633</b>	<b>14474</b>	<b>100%</b>
<b>OOH (7pm-8am) Arrival Breach Total:</b>		<b>372</b>	<b>647</b>	<b>306</b>	<b>179</b>	<b>321</b>	<b>595</b>	<b>387</b>	<b>754</b>	<b>799</b>	<b>771</b>	<b>705</b>	<b>797</b>	<b>6633</b>	<b>46%</b>
<b>Evening (8pm-Midnight) Arrival Breaches Total:</b>		<b>147</b>	<b>302</b>	<b>120</b>	<b>91</b>	<b>138</b>	<b>257</b>	<b>150</b>	<b>331</b>	<b>340</b>	<b>323</b>	<b>286</b>	<b>331</b>	<b>2816</b>	<b>19%</b>

\* 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
<p><b>Escalation Level</b></p> <p>OPEL = Operating Performance Escalation Levels 1 – 4 ( Highest)</p>	<p><b>3- 4</b></p> <p>The Escalation level was OPEL 3 + for 28 days in March. Consistent with February performance</p>		<ul style="list-style-type: none"> <li>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</li> </ul>	<p><b>OPEL 1- 2</b></p>
<p><b>Bed Occupancy</b></p> <p>% of Adult Occupied Beds</p>	<p><b>97.2%</b></p> <p>For the latest month, occupancy was 97.2%. This position has deteriorated compared to February by 1.1%. Flow can be maintained when occupancy is at 92% and does not exceed 96%.</p>		<ul style="list-style-type: none"> <li>Internal professional standards, embed escalation processes to facilitate timely review and discharge.</li> <li>System wide focus on DTOC and patients with a length of stay exceeding 21 days.</li> </ul>	<p><b>92%</b></p>
<p><b>Ambulance Conveyances</b></p> <p>The number of weekly ambulance arrivals to the Trust</p>	<p><b>626</b></p> <p>The Trust continued to receive high number of ambulances conveyed in March compared to the last 5 years, sustained for last 3 consecutive weeks of the month.</p>		<ul style="list-style-type: none"> <li>Conveyance rates per CCG reviewed by the A&amp;E Delivery Board</li> <li>ECIP support with demand profile and actions to manage demand – ECIP subject expert on site 15/03/18</li> <li>SWAST prediction and escalation modelling required to support RUH planning</li> </ul>	<p><b>590 per week</b></p>

# 3. 2 Monthly Urgent Care and Flow Dashboard – SAFE

## Description

## How We Did

## In Month Trend

## Key Actions

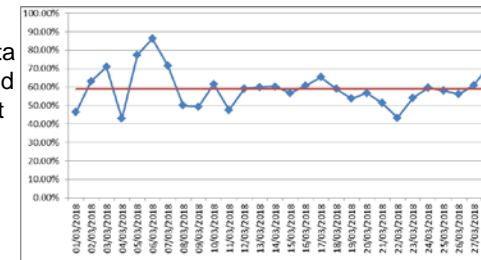
## Target

### Emergency Department Time to Triage

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

59%

Millennium changes implemented 26/02/18. Data quality issues identified and included on IT improvement plan. Time to triage range 40% - 72%, median 59%



- March 2018 reported data full months dataset following Millennium changes in place end of February 2018. Data quality issues remain, identified in IT improvement plan
- Rapid Assessment and Treatment (RAT) pilot commenced focused on peak arrival times, PDSA concluded end of March 2018 outcomes to be reviewed at the Urgent Care Collaborative Board April 2018

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

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
- Frailty Flying Squad in place in the Emergency Department weekdays

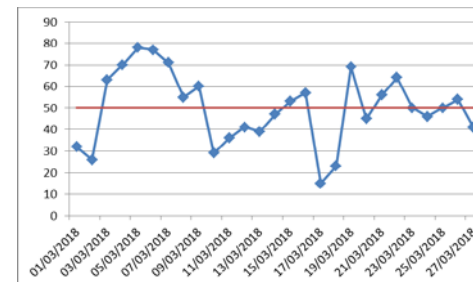
15 per week

### Patient Environment

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

21%

1480 patients spent part of their attendance outside of an ED cubicle (21% of all ED attendances in month). Reduced total number of patients compared to February 2018



- Continued promotion in month of the Home Hub to support early flow out of the Emergency Department
- Tactical flow meetings (Medicine & Surgery) to identify discharges and barriers to discharges to support planning for next day and enabling early flow
- HALO and SWAST duty manager support during periods of highest demand

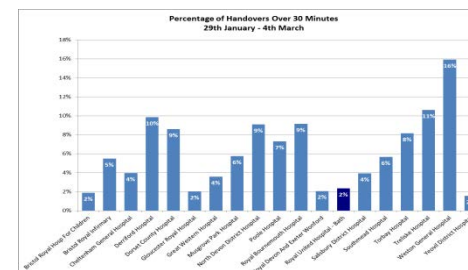
0%

### Ambulance handovers

All handovers should be within 60 minutes

98%

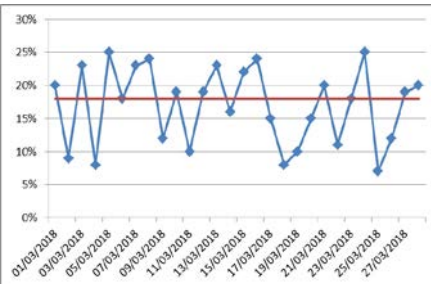
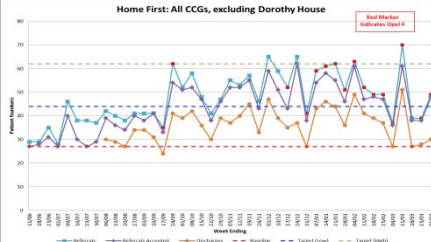
98% of ambulances were handed over to Emergency Department staff within 30 minutes (data source SWAST)



- 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, recommendations received and action plan being developed with on site ECIP support

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												
<p><b>Nursing staffing rota coverage in ED</b></p>	<p>The percentage of nurse shifts in the Emergency Department that are not filled with substantive or bank staff</p>	<p>Currently unable to report</p>	<ul style="list-style-type: none"> <li>Unable to report for March 2018 shifts, data capture now in place</li> <li>Nurse rostering data confirmed as available and will be included in the next report</li> <li>Winter funded scheme additional nurse shift fill reported on page 10</li> </ul>	<p>&gt;85%</p>												
<p><b>Medical staffing rota coverage in ED</b></p>	<p>The percentage of doctor shifts in the Emergency Department that are not filled with substantive or bank staff</p>	<p>Currently unable to report</p>	<ul style="list-style-type: none"> <li>Reporting in place for April 2018 shifts</li> <li>Consultant hours extended to midnight 7 days per week</li> <li>Middle grade rota gaps remain an issue, mitigation through use of locum/agency where available</li> <li>Winter funded scheme additional nurse shift fill reported on page 10</li> </ul>	<p>&gt;85%</p>												
<p><b>National Early Warning Score</b></p>	<p>National Early Warning Score (NEWS) compliance Emergency Department</p>	<p>100%</p>	<table border="1"> <thead> <tr> <th>Oct 17</th> <th>Nov 17</th> <th>Dec 17</th> <th>Jan 18</th> <th>Feb 18</th> <th>March 18</th> </tr> </thead> <tbody> <tr> <td>93%</td> <td>100%</td> <td>98%</td> <td>94%</td> <td>NA</td> <td>100%</td> </tr> </tbody> </table>	Oct 17	Nov 17	Dec 17	Jan 18	Feb 18	March 18	93%	100%	98%	94%	NA	100%	<ul style="list-style-type: none"> <li>Quality improvement team continue to work in the Emergency Department</li> <li>Data validation required for February 2018</li> </ul> <p>&gt;90%</p>
Oct 17	Nov 17	Dec 17	Jan 18	Feb 18	March 18											
93%	100%	98%	94%	NA	100%											
<p><b>Discharges by MIDDAY</b></p>	<p>The % of Non-Elective inpatients discharged by MIDDAY</p>	<p>18.0%</p>	<p>18.0% of discharges occurred before MIDDAY, increase of 0.5% compared to February 2018</p> 	<ul style="list-style-type: none"> <li>Patients for Home Hub the next day to be identified at Divisional Tactical Flow meetings to support early flow out of the Emergency Department</li> </ul> <p>33%</p>												
<p><b>Mean number of days from referral to discharge with Home First</b></p>	<p><b>BaNES</b> 2.5 days</p>	<p><b>Wiltshire</b> 1.6 days</p>	<p><b>Somerset</b> Data Not Received</p>	<p><b>South Gloucestershire</b> 2.0 days</p>  <ul style="list-style-type: none"> <li>Weekly Home First Group in place</li> <li>Home First Group completed FLOW training to develop and improve QI and coaching skills, supported by NHS Leadership funding.</li> <li>Mid range targets for referrals (graph) achieved</li> </ul> <p>1 day</p>												

# 3.4 Monthly Urgent Care and Flow Dashboard – Effective

## Description

## How We Did

## In Month Trend

## Key Actions

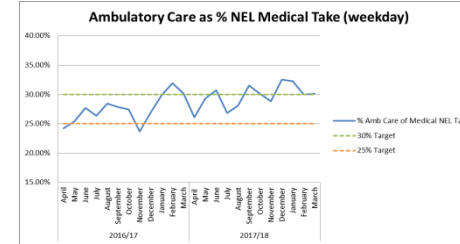
## Target

Ambulatory care

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

30.2%

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



- Winter planning 2018/19 increase physical capacity of the Ambulatory Care Unit to further improve opportunity to manage more patients through this pathway. Capital funding agreed (national allocation).

30%

Specialty Review

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

66

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

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
- T&O response within 20 minutes to be tested (PDSA)

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

11.3 days

Non-elective length of stay deteriorated on month. (February 11.1 days)



- 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

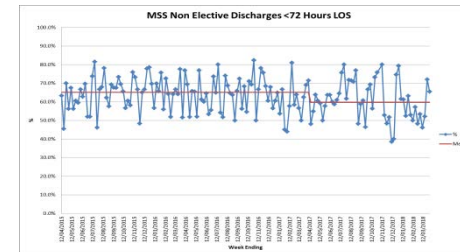
6.1 days

Length of Stay MSS

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

57.8%

57.8% 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



- 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

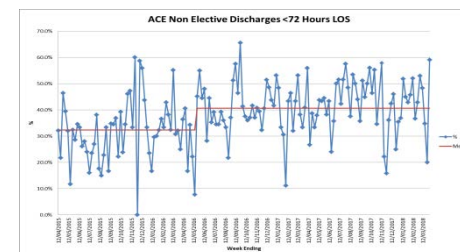
66.7%

Length of Stay ACE

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

53.7%

53.7% of patients discharged from the Frailty Short Stay Unit (ACE) had a Length of Stay of < 72 hours in March 2018 (peaked at 59.1%). Impacted due to poor trust wide flow and bed closures due to infection



- 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
<p><b>4 Hour performance</b></p> <p>The Trust should see 95% of all patients (type 1 and 3) within 4 hours from arrival to admission, transfer or discharge</p>	<p><b>76.6%</b></p> <p>March 2018 four hour performance not achieved 76.6% (All Types)</p> <p>Performance did not meet the performance trajectory of 83.4%</p>		<ul style="list-style-type: none"> <li>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&amp;E Delivery Board</li> </ul>	<p><b>95%</b></p>
<p><b>Ambulance handovers</b></p> <p>All handovers should be within 60 minutes</p>	<p><b>98%</b></p> <p>98% of ambulances were handed over to Emergency Department staff within 30 minutes (data source SWAST)</p>		<ul style="list-style-type: none"> <li>Maintain high level of handovers from ambulance to ED and minimise ambulance delays</li> <li>Maintain good relationships and communication with SWAT</li> <li>ECIP ambulance subject expert on site 15/03/18, recommendations received and action plan being developed with on site ECIP support</li> </ul>	<p><b>Benchmark in top tensile regionally</b></p>
<p><b>Decision to Admit (DTA) to Admission</b></p> <p>Median wait from DTA to Admission should not exceed 120 minutes</p>	<p><b>129 minutes</b></p> <p>In March median trolley wait was 129 minutes. This has improved compared to February 2018 by 10 minutes. Performance impacted by medical staffing shift fill and flow out of the department</p>		<ul style="list-style-type: none"> <li>Specialty response time and internal professional standards require embedding and recoding of review in the ED (IT solution has been agreed)</li> <li>The use of home hub to facilitate patients sitting out and enable early flow from the Emergency Department and Assessment Units</li> </ul>	<p><b>120 minutes</b></p>
<p><b>Direct Admissions MAU</b></p> <p>Median Number of Patients with a LOS 7+ days</p>	<p><b>9</b></p> <p>Direct admissions to MAU when flow allows assessment capacity to be held for expected patients</p>		<ul style="list-style-type: none"> <li>Senior Decision makers increased at the Front Door</li> <li>PDSA to support protection of direct admit capacity in MAU planned w/c 16/04/18</li> </ul>	<p><b>87</b></p>
<p><b>Length of stay &gt;7 Days</b></p> <p>Median Number of Patients with a LOS 7+ days</p>	<p><b>325</b></p> <p>March median was 325, peaking at 346 for admission after 25/02/18</p>		<ul style="list-style-type: none"> <li>System wide review of all patients with a &gt; 21 day length of stay</li> <li>Tactical flow review of &gt; 7 day of stay</li> <li>Daily data reporting of all &gt; 7 day length of stay to each CCG (replacing the "green list")</li> </ul>	<p><b>250</b></p>
<p><b>Length of Stay &gt;21 Days</b></p> <p>Median Number of Patients with a LOS 21+ Days</p>	<p><b>20.2%</b></p> <p>March end snapshot 20.2% of patients with a LoS exceeding 21 days</p>		<ul style="list-style-type: none"> <li>Improve assessment of stranded and super stranded patients</li> <li>Escalate delays in assessment and discharge plans via Silver call</li> <li>Gold focus on system wide improvement plan</li> </ul>	<p><b>14%</b></p>

# 3. 6 Monthly Urgent Care and Flow Dashboard – Caring

## Description

## How We Did

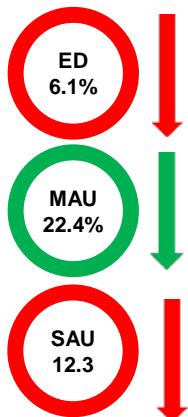
## In Month Trend

## Key Actions

## Target



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



March position deteriorated compared to February 2018. Overall Front Door Response 7.2% (ED, MAU & SAU)

	March 2018			
	Total number of patients eligible	No of Responses	Response Rate	% Recommending
A&E	3752	228	6.1%	99
Medical Assessment Unit	180	44	24.4%	95
Surgical Admissions Unit	236	29	12.3%	100
Emergency Dept Total	4168	301	7.2%	98

- Focus across the Front Door to increase distribution of FFT cards



## 4. National Urgent and Emergency Care Recommendations

On the 7th March 2018, the NHS Improvement National Urgent & Emergency Care Director and NHSE Director of Commissioning & Operations visited the RUH and met with members of the Executive team and the Medicine Division.

The focus was visiting the emergency department and gaining an understanding of the root causes to our level of 4 hour performance.

The following is a summary of the NHS Improvement National Directors ED pathway observations and thoughts, following discussion with the NHSE National Director of Operations who has also recently visited the RUH

These points have all been included in the system improvement plan and monitored weekly by the urgent task and finish group, Chaired by the Divisional Manager for Medicine.

- an expectation that frontline staff should continually trial and experiment on making changes to achieve better outcomes
- a determination that the Urgent Care Centre will be optimised at the point of mobilising the new contract, through the use of acute staff skillset
- an expectation that the emergency department is freshly decorated to enhance the patient and staff experience
- a positive view that the emergency department is right sized and minors and paediatrics is functioning to national expectation
- an expectation that the orthopaedic inter professional standard for patient review is set at 20 minutes opposed to 60 minutes
- an expectation that ITU capacity is prioritised to facilitate timely ED transfers
- an expectation that a bed management system will be prioritised and implemented with ease for frontline staff
- an expectation that the senior review of patients is taking place twice daily and with a level of continuity
- an expectation of Executive oversight in stranded patients and overall length of stay
- an acknowledgement of the super stranded patient levels and the collective action required in order for this to be reduced

# 5. Monthly Urgent Care and Flow Dashboard – Winter Schemes January – March

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



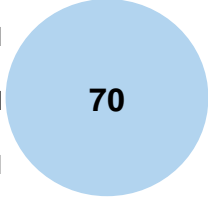
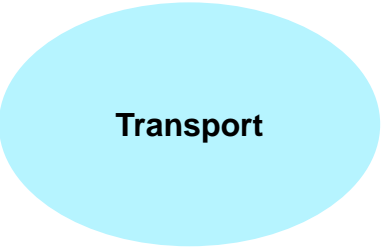

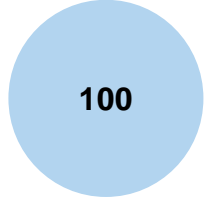



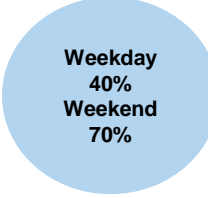
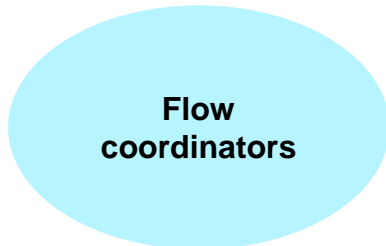


**Additional Front Door staffing** to support the increase activity anticipated in ED. During January Front Door staff funding has also been allocated to support a Pilot RAT (Rapid Assessment and treatment) in week which has continued throughout March

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

A system wide 4 Hour improvement plan is reviewed weekly at the Urgent care Weekly Task and Finish group

Review paper presented to the March Urgent Care Collaborative Board. Recommendations

- Continuation of additional transport (CCG funded)
- Home Hub to close end of March 2018
- Continuation of ED staffing at the weekend until end of April 2018

Description	Lead	March performance per week	Key Actions	Target
 <p><b>Home Hub</b></p>	Head of nursing, Medicine	 <p><b>46 patients per week</b></p> <p>AIM: Improve patient experience and early flow</p>	<ul style="list-style-type: none"> <li>• Weekly decrease seen overall</li> <li>• 4.04% of trust discharges transferred to the home hub</li> <li>• Focus on increasing pull form MAU and ED</li> <li>• Ongoing trust wide communication and Matron of the day leadership</li> <li>• Home Hub considered as part of tactical flow information declared</li> <li>• Review of outcomes and decision re continuation as a winter scheme 2018/19</li> </ul>	 <p><b>70</b></p>
 <p><b>Transport</b></p>	Resilience Manager	 <p><b>132 weekly transfers</b></p> <p>AIM: To facilitate early discharges</p>	<ul style="list-style-type: none"> <li>• Agreed on-site booking process</li> <li>• Confirmed weekend support on-call and on-site</li> <li>• KPI monitoring in-place, March increase in transfers</li> <li>• Continue to monitor weekly</li> </ul>	 <p><b>100</b></p>
 <p><b>Additional Front Door Staffing</b></p>	Specialty Manager Urgent Care	<p>Evenings </p> <p>Weekends </p> <p>AIM: To respond to increase demand and maintain ED flow</p>	<ul style="list-style-type: none"> <li>• Focus on weekends and in-week evenings</li> <li>• Monitor sickness within the department, reducing impact of additional staff</li> <li>• Monitoring ED breaches and mapping by time of day</li> </ul>	 <p><b>Weekday 40% Weekend 70%</b></p>
 <p><b>Flow coordinators</b></p>	Deputy head of Nursing, medicine, ED matron	 <p><b>100%</b></p> <p>AIM: To focus on flow out of ED and MAU, improve communication</p>	<ul style="list-style-type: none"> <li>• Recruitment completed and postholders have completed induction</li> <li>• Commenced 26<sup>th</sup> Feb 2018, PDSA in place, review in weekly urgent task and finish group</li> <li>• Working with ECIP on processes and KPI's</li> </ul>	 <p><b>Transfers by 12 noon from MAU</b></p>

# 6. Governance Structure

