Report to:	Public Board of Directors	Agenda item:	14
Date of Meeting:	31 October 2018		

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

1.	Executive Summary of the Report

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

2.	Recommendations (Note, Approve, Discuss)

The Management Board are asked to note the following:

- September 2018 four hour performance not achieved 85.5% (All Types)
- Performance did not meet the performance improvement trajectory of 90.0%

Factors affecting performance
- Ambulance conveyance activity +7.7% variance compared to 2017/18 for week ending 30/09/18
- Emergency presentations +6.4 % year to date variance compared to last financial year
- Emergency Department attendances +5.3% year to date variance compared to last financial year
- There was a total of 60 beds closed in September due to infection (norovirus)
- There were 35 patients reported in the September month end snapshot and 758 delayed days (4.3% reported, position has improved compared to August 2018)

Areas for improvement in October 2018

- Delivery of the weekly actions within the system wide 4 hour improvement plan including those to deliver the "10 by 10" objective
- Weekly urgent care performance meeting reinforcing action delivery against the 4 hour improvement plan
- 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 planning for w/c 22nd October 2018 – specialties pulling together PDSAs

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

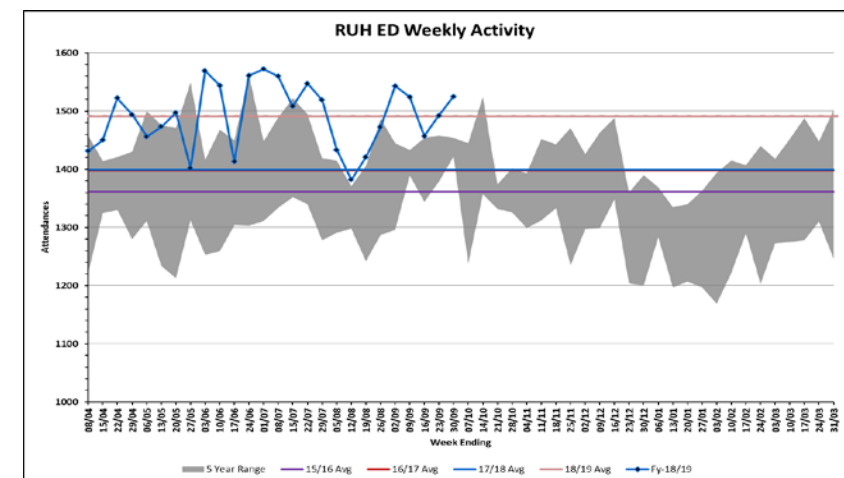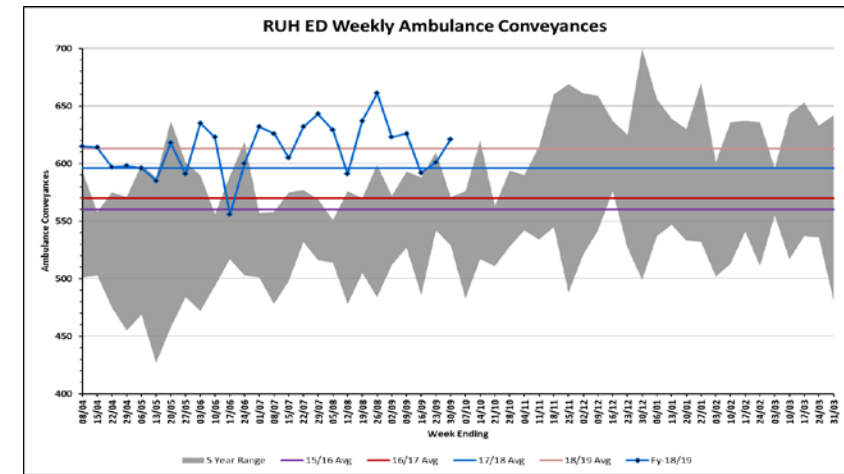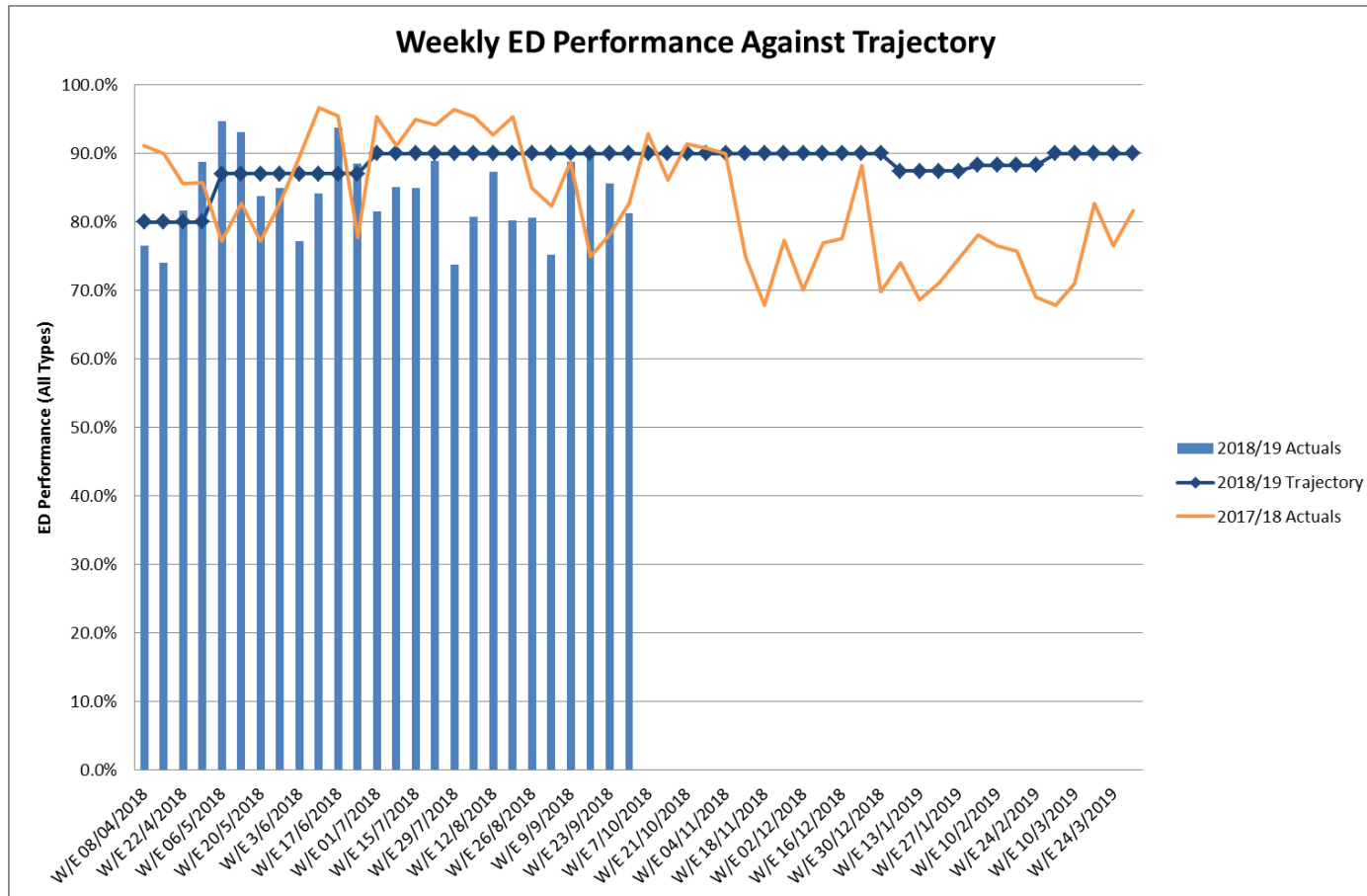All services are delivered in line with the Trust's Equality and Diversity Policy.

7.	References to previous reports

Monthly 4 hour performance reports and ECIP Recommendations.

8.	Freedom of Information

Public

Authors :Sarah Hudson Divisional Manager Medicine
Document Approved by: Francesca Thompson, Chief Operating Officer
Agenda Item: 14

Date: 1 October 2018
Version: v1

1. RUH 4 Hour Performance: September 2018 Month 6

Improvement Trajectory – Category 4

• September 2018 four hour performance not achieved 85.5% (All Types)
• Performance did not meet the performance improvement trajectory of 90.0%

Weekly ED Performance Against Trajectory

RUH ED Weekly Ambulance Conveyances

RUH ED Weekly Activity

Key Diagnostics

• Ambulance conveyance activity +7.7% variance compared to 2017/18 for week ending 30/09/18

• Emergency presentations +6.4 % year to date variance compared to last financial year

• Emergency Department attendances +5.3% year to date variance compared to last financial year

• There was a total of 60 beds closed in September due to infection (norovirus)

• There were 35 patients reported DTOCs in the September month end snapshot and 758 delayed days (4.3% reported)


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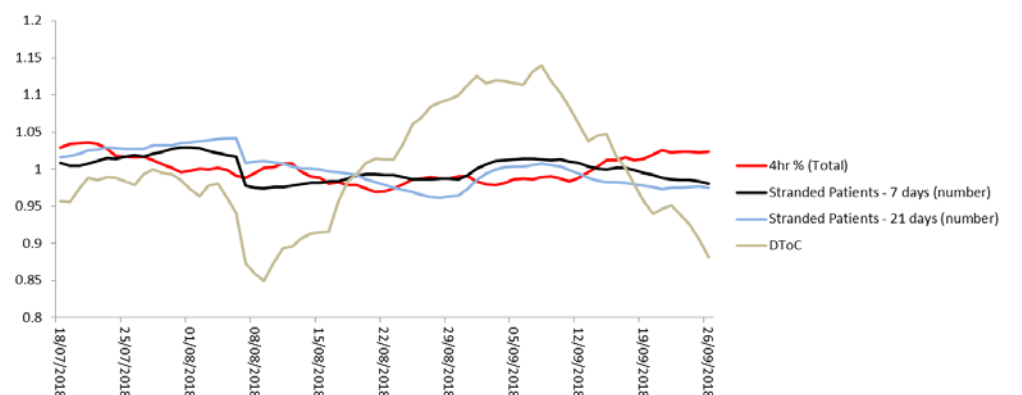
2. Four Hour Breach Reasons

Factors Influencing Breaches

- Sustained high levels of ambulance arrivals in month

- Bed occupancy 95.2% resulting in a high numbers of bed breaches

- Flow and 4 hour performance negatively impacted by

    - High bed occupancy
    - High ambulance arrivals
    - High Emergency Department delays
    - >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.

Breaches by Category
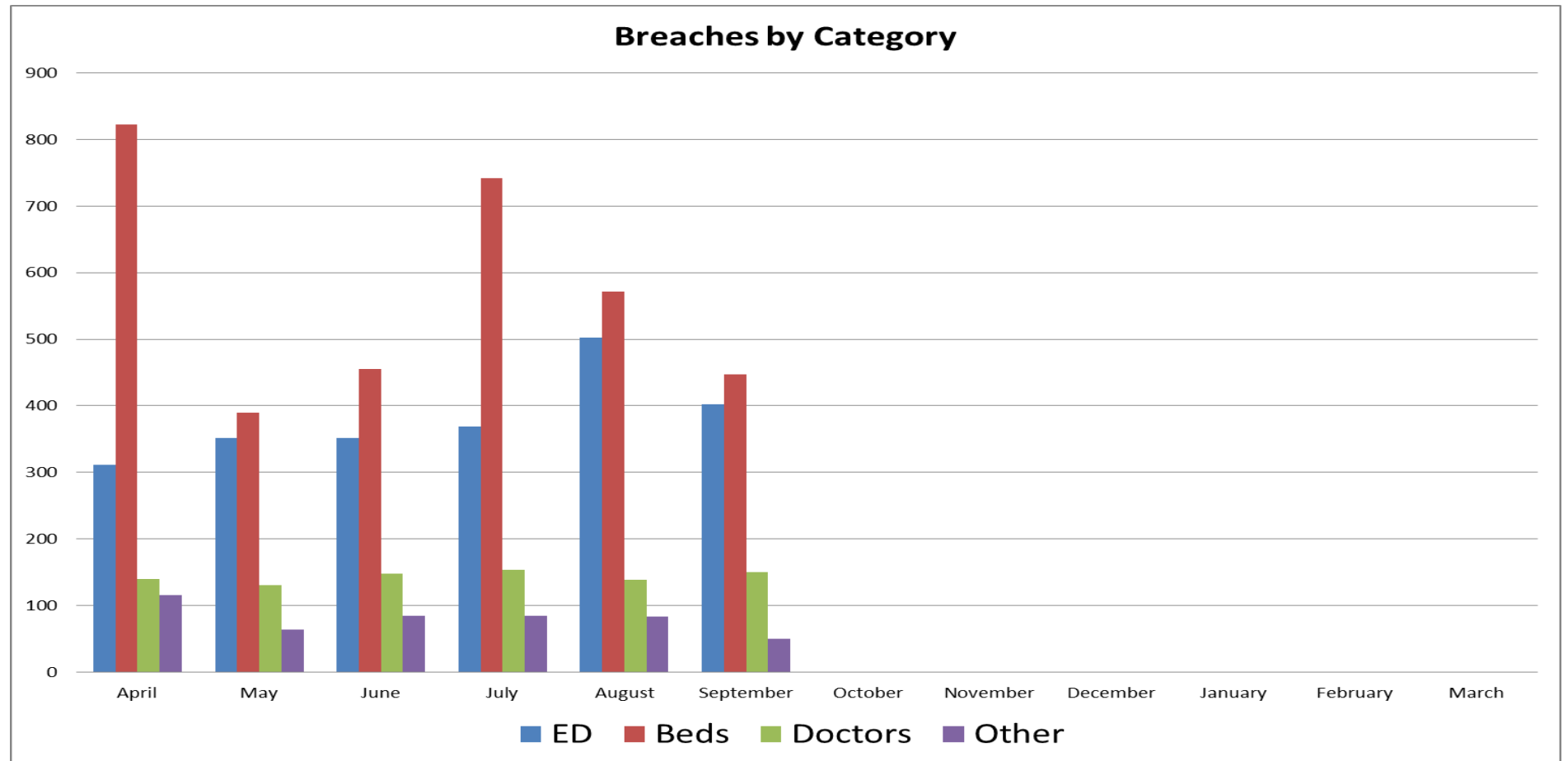
Category	Breach Reason	April	May	June	July	August	September	October	November	December	January	February	March	YTD	YTD %
ED	ED Delays	234	242	281	260	416	332							1765	25%
	Clinical Exception	77	109	71	109	86	70							522	7%
Beds	Medical Bed	591	313	344	608	471	375							2702	38%
	Surgical Bed	118	21	39	35	26	15							254	4%
	Observation Bed	20	14	9	22	14	11							90	1%
	Paediatric Bed	3	0	2	4									9	0%
	Side Room	49	31	39	48	40	31							238	3%
	Orthopaedic Bed	41	10	21	18	18	14							122	2%
	Medical Bed Gender		1	1	7	2	1							12	0%
Doctors	Medical Doctor	36	34	38	30	37	41							216	3%
	Surgical Doctor	30	12	15	9	10	12							88	1%
	Ortho Doctor	26	29	37	34	34	44							204	3%
	Mental Health	18	34	27	42	35	22							178	3%
	Radiology	30	21	31	39	23	31							175	2%
Other	Other	87	59	71	77	76	48							418	6%
	Unknown	28	5	13	7	7	2							62	1%
Total:		**1388**	**935**	**1039**	**1349**	**1295**	**1049**							**7055**	**100%**
OOH (7pm-8am) Arrival Breach Total:		**688**	**455**	**549**	**711**	**691**	**572**							**3666**	**52%**
Evening (8pm-Midnight) Arrival Breaches Total:		**300**	**207**	**237**	**288**	**284**	**223**							**1539**	**22%**

- *Change in IT system resulted in a period of non capture of breach codes (classified as unknown).*
- *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
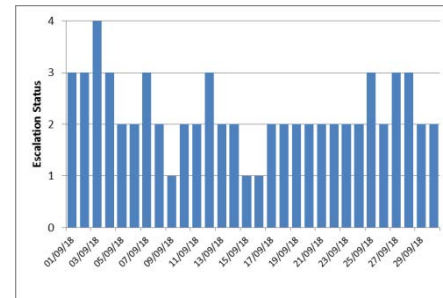
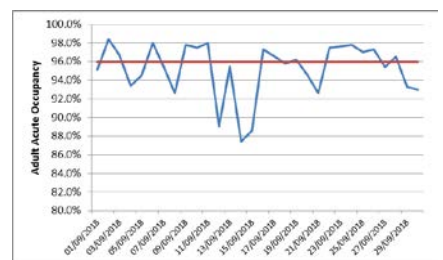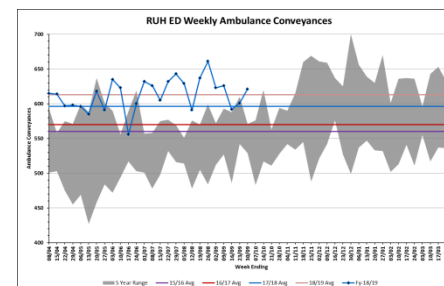| Description	How We Did	In Month Trend	Key Actions	Target
Escalation Level — OPEL = Operating Performance Escalation Levels 1 – 4 (Highest)	**OPEL 2** ↑ The Escalation level was OPEL 3 + for 9 days in September, recovery and de-escalation improved compared to August		• Opel 5 reflects Internal significant 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	**95.2%** ↑ For the latest month, occupancy was 95.2%. This position has improved compared to August by 0.8% Peaked at 98.4% at the start of August. . 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 – standards need to be live and monitored to demonstrate improvement • 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	**586** ↓ The Trust continued to receive high number of ambulances conveyed in September compared to the last 5 years, however there was a reduction compared to August.		• Conveyance rates per CCG reviewed by the A&E Delivery Board • SWAST prediction and escalation modelling required to support RUH planning an outstanding action with ECIP and A&E Delivery Board	**590 per week**

3. 2 Monthly Urgent Care and Flow Dashboard – SAFE (requires improvement)

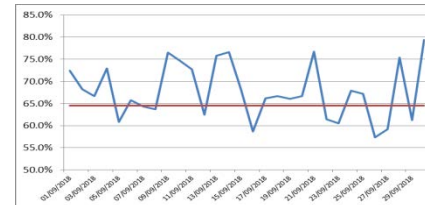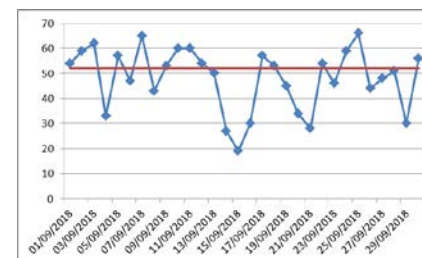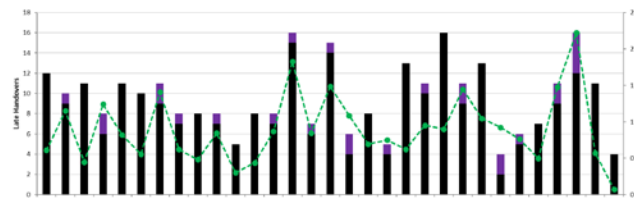| Description	How We Did	In Month Trend	Key Actions	Target
Emergency Department Time to Triage	The % of patients that are triaged within 15 minutes of arrival to the Emergency Department	**67.7%** ⚠️ Millennium changes implemented 26/02/18. Data quality issues remain, identified and included on IT improvement plan. Time to triage range 58.7% - 79.4%, median 67.7 improvement of 2.18% overall and in the lower range value.	• 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 continue to be held reviewing 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	**138** ⬆️ 138 patients seen, including patients who are still an inpatient. The majority of weekdays covered by Frailty Flying Squad throughout September. 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, frailty marker on Millennium • 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	**19.9%** ⬇️ 1444 patients spent part of their attendance outside of an ED cubicle (19.9% of all ED attendances in month). Deteriorated by 1.3% compared to August 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%** ⬆️	• Maintain high level of handovers from ambulance to ED and minimise ambulance delays • Maintain good relationships and communication with SWAT • 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 (requires improvement)

Description		How We Did	In Month Trend	Key Actions	Target

Nursing staffing rota coverage in ED

The percentage of registered nurse shifts in the Emergency Department that are filled with substantive or bank staff – Day and Night Shifts

96%   98%

- RUH has a Nurse Staffing Authorising process 7 days per week to support nurse staff allocation. This is a senior nurse.

>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
- Coverage of rota will be available for August reporting

>85%

National Early Warning Score

National Early Warning Score (NEWS) compliance Emergency Department

100%

Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18
94%	100%	100%	96%	93%	100%	100%	94%	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

4.4-38.2%

An average of 15.3% of discharges occurred before Midday, improved by 1.1% compared to August

- 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	Wiltshire	Somerset	South Gloucestershire
1.8 days	3.5 days	6.5 days	1.0 days

Home First: All CCGs, excluding Dorothy House

- 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 (Good)
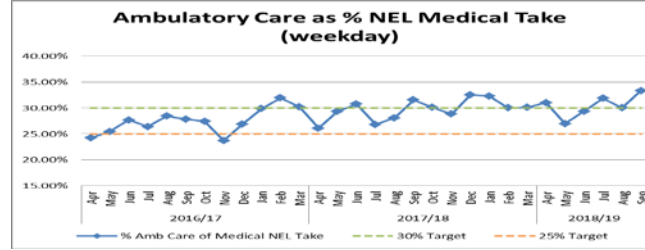
Description	How We Did	In Month Trend	Key Actions	Target

Ambulatory care

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

33.3% (↑)

Ambulatory Care as % NEL Medical Take (weekday)

- Ambulatory care additional capacity to open - 2 consulting rooms and additional waiting area

30%

Specialty Review

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

97 (↓)

	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr 18	May 18	Jun 18	July 18	Aug 18	Sept 18
Medical Doctor	27	28	18	23	34	29	21	25	36	34	38	30	37	41
Surgical Doctor	41	55	39	62	52	65	41	41	56	41	52	43	44	56

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

- Internal professional standards, embed escalation with ED team – further work required to ensure consistency of escalation
- Monitoring of the response within 60 minutes of request by the ED team
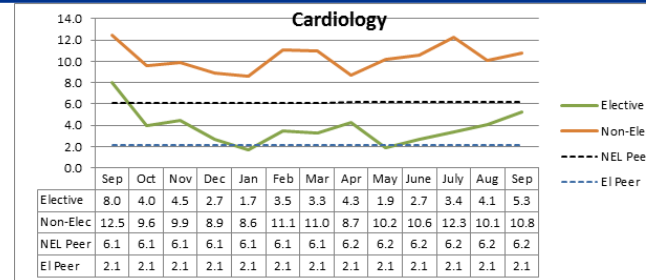- T&O response improved, Ambulatory care ongoing

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

10.8 days (↑)

Non-Elective length of stay has increased by 0.5 day in month, Elective deteriorated by almost 1.0 day

Cardiology

	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June	July	Aug	Sep
Elective	8.0	4.0	4.5	2.7	1.7	3.5	3.3	4.3	1.9	2.7	3.4	4.1	5.3
Non-Elec	12.5	9.6	9.9	8.9	8.6	11.1	11.0	8.7	10.2	10.6	12.3	10.1	10.8
NEL Peer	6.1	6.1	6.1	6.1	6.1	6.1	6.1	6.2	6.2	6.2	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
Surgical pathway to Barts Health NHS Trust when Bristol Heart Institute unable to accept for surgery
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

64.3% (↑)

64.3% of patients discharged from the Medical Short Stay Unit had a Length of Stay of < 72 hours in September 20188 peaking at 75.9%. Impacted by poor trust wide flow and high occupancy.

MSS Non Elective Discharges <72 Hours LOS
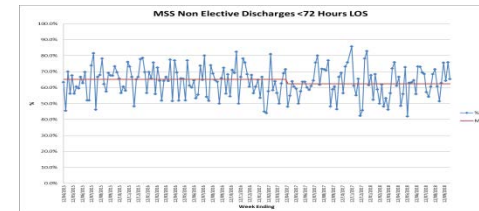
- Opportunity identified to increase throughout, currently limited by patients awaiting cardiac procedures
- Clinical lead for cardiology supporting work to prioritise non-elective procedures within 72 hours of request and cath lab efficiency
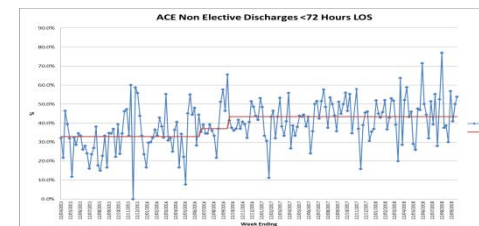
66.7%

Length of Stay ACE

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

53.8.% (↑)

53.8% of patients discharged from the Frailty Short Stay Unit (ACE) had a Length of Stay of < 72 hours in September 2018 (peaked at 76.9%). 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%

3.5 Monthly Urgent Care and Flow Dashboard – Responsive (requires improvement)

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	**85.5%** ↑	September 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%** ↑			• Maintain high level of handovers from ambulance to ED and minimise ambulance delays	**Benchmark in top tensile regionally**
Decision to Admit (DTA) to Admission	Median wait from DTA to Admission should not exceed 120 minutes	**115 minutes** ↑	In September median trolley wait was 115minutes. This has improved compared to August 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	**56** ↑	Direct admissions to MAU when flow allows assessment capacity to be held for expected patients. Improved position compared to August		• Senior Decision makers increased at the Front Door • PDSA to support protection of direct admit capacity in MAU planned to start September 2018 • W/C 22nd October MAU Area B launch	**87**
Length of stay >7 Days	Median Number of Patients with a LOS 7+ days	**272** ↕	September median was 272 peaking at 290 for admission after week ending 09/09/18		• 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	**90** ↕	September median 90 peaking at 97 in month 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	**82**

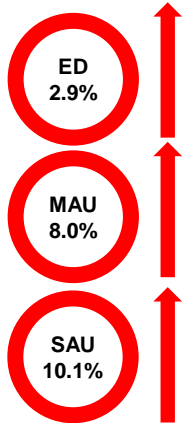# 3. 6 Monthly Urgent Care and Flow Dashboard – Caring (Good)

Description

Friends and Family Test

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

How We Did

ED 2.9%

MAU 8.0%

SAU 10.1%

September position has increased compared to previous month. Overall Front Door Response 3.1% (

In Month Trend

	Sep 2018			
	Total number of patients eligible	No of Responses	Response Rate	% Recommending
A&E	4190	123	2.9%	98
Medical Assessment Unit	162	13	8.0%	85
Surgical Admissions Unit	316	32	10.1%	94
UTC	816	4	.5%	75
Emergency Dept Total	5484	172	3.1%	95

Key Actions

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

Target

>20%