

Report to:	Public Board of Directors	Agenda item:	12
Date of Meeting:	28 November 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 31 st October 2018.

2. Recommendations (Note, Approve, Discuss)
<p>The Board are asked to note the following:</p> <ul style="list-style-type: none"> October 2018 four hour performance not achieved 81.7% (All Types) Performance did not meet the performance improvement trajectory of 90.0% <p>Factors affecting performance</p> <ul style="list-style-type: none"> Ambulance conveyance activity +8.5% variance compared to 2017/18 for week ending 28/10/18 Emergency presentations +6.6% year to date variance compared to last financial year Emergency Department attendances +5.7% year to date variance compared to last financial year There was a total of 595 beds closed in October due to infection (norovirus) – significant increase compared to September There were 35 patients reported in the October month end snapshot and 812 delayed days (4.5% reported, position has decreased compared to September 2018) <p>Areas for improvement in November 2018</p> <ul style="list-style-type: none"> 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 Ongoing PDSA for GP medically expected patients to go direct to MAU Area B 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 Frailty Summit planned for 29th November to discuss options around ACE ward

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.	

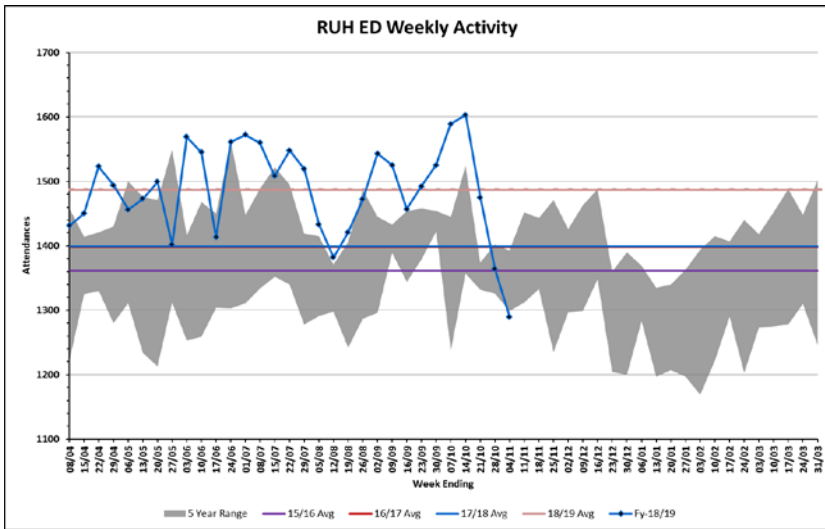
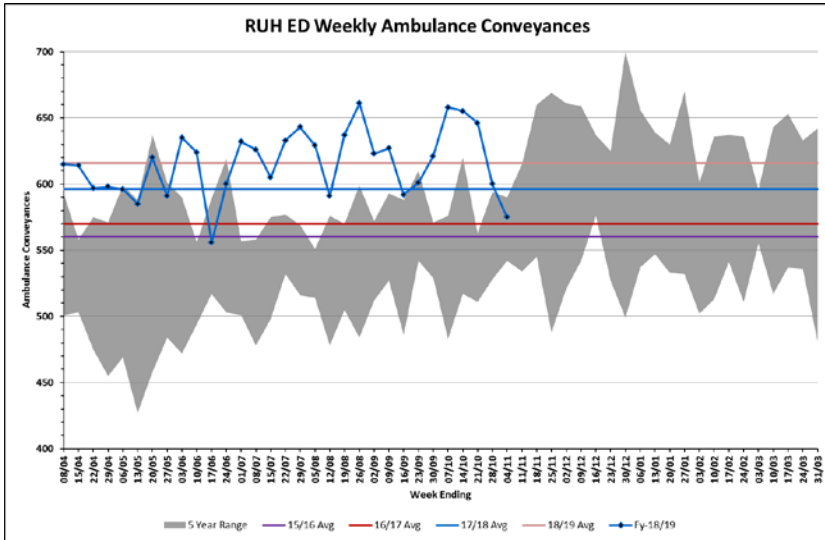
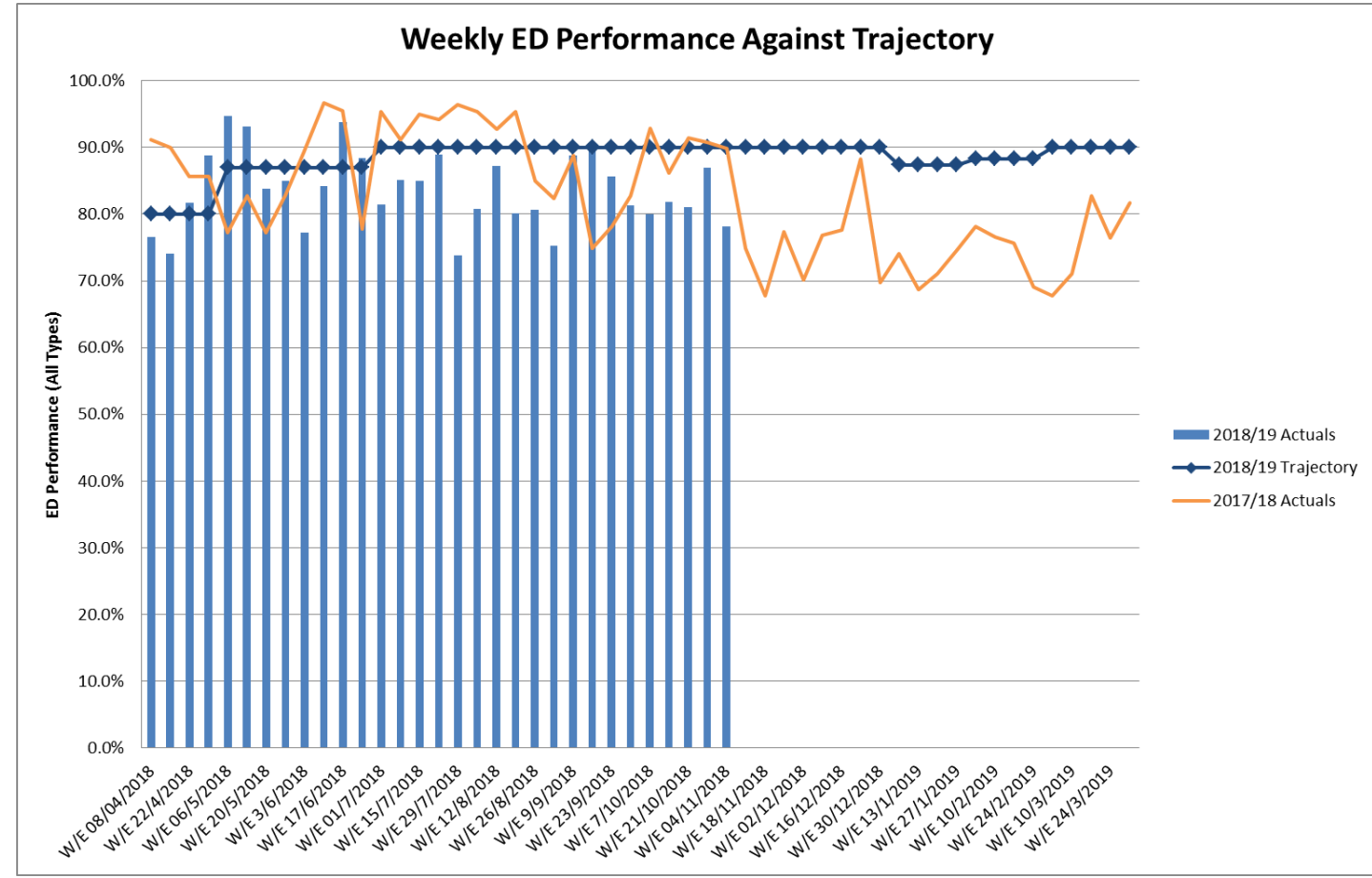
7.	References to previous reports
Monthly 4 hour performance reports and ECIP Recommendations.	

8.	Freedom of Information
Public	

1. RUH 4 Hour Performance: October 2018 Month 7

Improvement Trajectory – Category 4

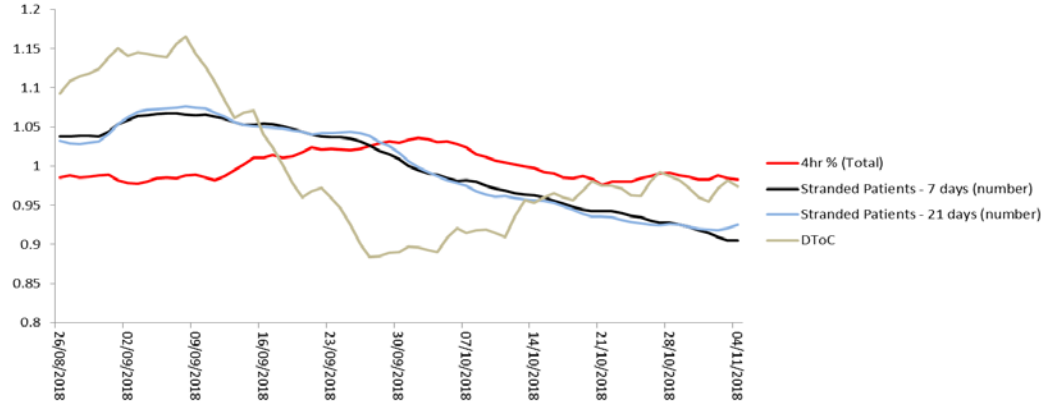
- October 2018 four hour performance not achieved 81.7% (All Types)
- Performance did not meet the performance improvement trajectory of 90.0%



Key Diagnostics

- Ambulance conveyance activity +8.5% year to date variance compared to 2017/18 (w/e 28/10/18)
- Emergency presentations +6.6 % year to date variance compared to last financial year (w/e 28/10/18)
- Emergency Department attendances +5.7% year to date variance compared to last financial year (w/e 28/10/18)
- There was a total of 595 beds closed in October with 80 closed & empty due to infection (norovirus)
- There were 35 patients reported DTOCs in the October month end snapshot and 812 delayed days (4.5% reported)

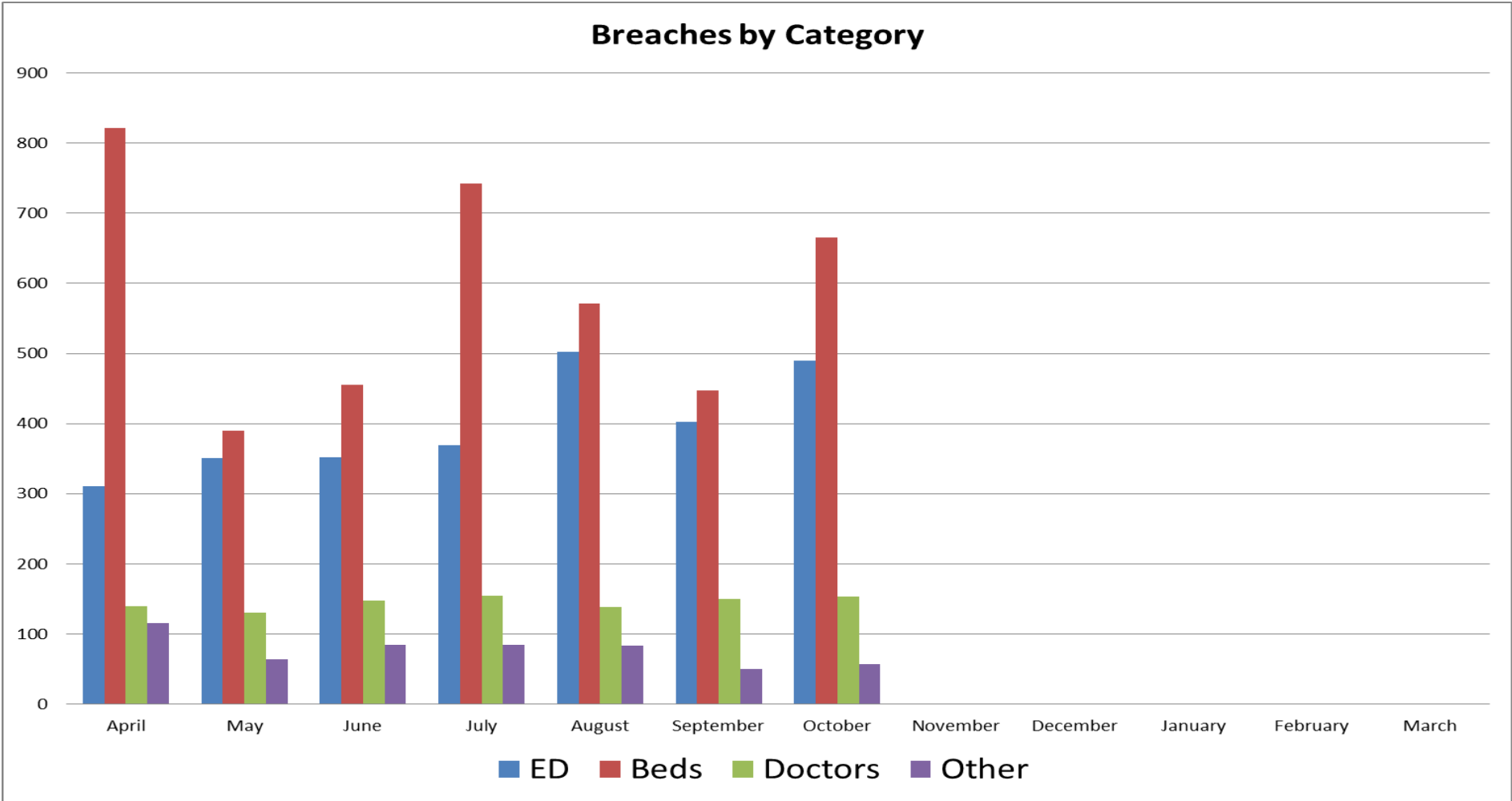
Metric comparison for Royal United Hospitals Bath NHS Foundation Trust



2. Four Hour Breach Reasons

Factors Influencing Breaches

- Sustained high levels of ambulance arrivals in month however there was a drop towards the end of October
- Bed occupancy 95.8% resulting in a high numbers of bed breaches
- High number of beds closed (595) due to Norovirus
- 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.



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	410						2,175	26%
	Clinical Exception	77	109	71	109	86	70	80						602	7%
Beds	Medical Bed	591	313	344	608	471	375	565						3,267	39%
	Surgical Bed	118	21	39	35	26	15	30						284	3%
	Observation Bed	20	14	9	22	14	11	11						101	1%
	Paediatric Bed	3	-	2	4			5						14	0%
	Side Room	49	31	39	48	40	31	40						278	3%
	Orthopaedic Bed	41	10	21	18	18	14	12						134	2%
Doctors	Medical Bed Gender		1	1	7	2	1	2						14	0%
	Medical Doctor	36	34	38	30	37	41	27						243	3%
	Surgical Doctor	30	12	15	9	10	12	12						100	1%
	Ortho Doctor	26	29	37	34	34	44	24						228	3%
	Mental Health	18	34	27	42	35	22	52						230	3%
Other	Radiology	30	21	31	39	23	31	38						213	3%
	Other	87	59	71	77	76	48	52						470	6%
Other	Ambulance Offload							2						2	
	Unknown	28	5	13	7	7	2	3						65	1%
Total:		1,388	935	1,039	1,349	1,295	1,049	1,365						8,420	100%
OOH (7pm-8am) Arrival Breach Total:		688	455	549	711	691	572	635						4,301	51%
Evening (8pm-Midnight) Arrival Breaches Total:		300	207	237	288	284	223	271						1,810	21%

- 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

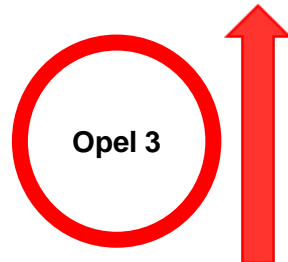
In Month Trend

Key Actions

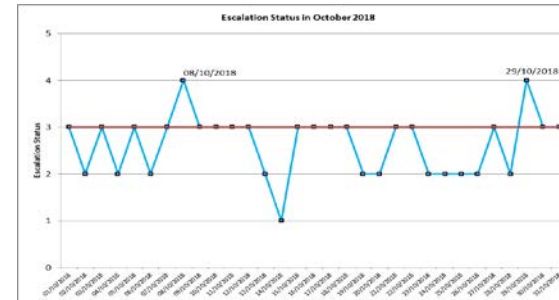
Target

Escalation Level

OPEL = Operating Performance Escalation Levels 1 – 4 (Highest)



The Escalation level was OPEL 3 + for 17 days in October.

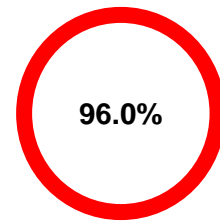


- Opel 5 reflects Internal significant incident declaration. Note, data sourced from clinical site team update of the RUH intranet OPEL status, data gaps relate to days where the OPEL status has not been updated i.e. remains unchanged

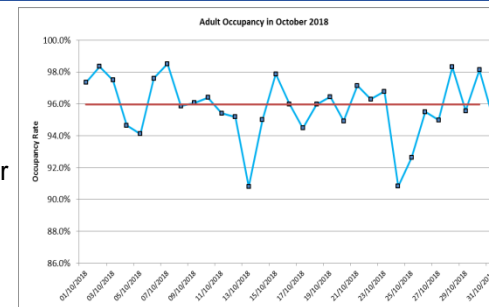


Bed Occupancy

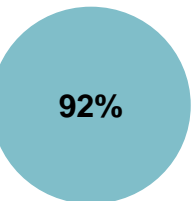
% of Adult Occupied Beds



For the latest month, occupancy was 96.0%. This position has worsened compared to September by 0.8%. Peaked at 98.5% near the start of October. Flow can be maintained when occupancy is at 92% and does not exceed 96%.

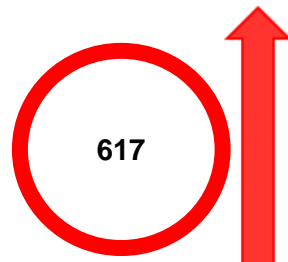


- Internal professional standards embed practice for timely referral and escalation to specialty teams – standards need to be live and monitored to demonstrate improvement
- System wide focus on DTOC and patients with a length of stay exceeding 21 days.

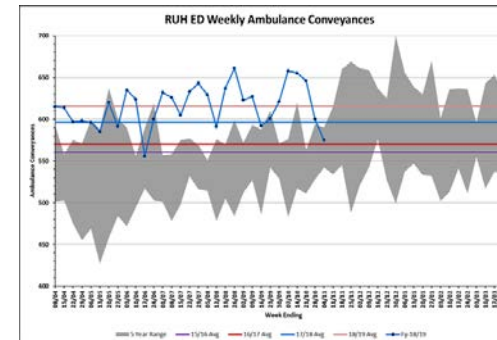


Ambulance Conveyances

The number of weekly ambulance arrivals to the Trust



The Trust continued to receive high number of ambulances conveyed in October compared to the last 5 years, and this is an increase compared to September.



- 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



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

Description

How We Did

In Month Trend

Key Actions

Target

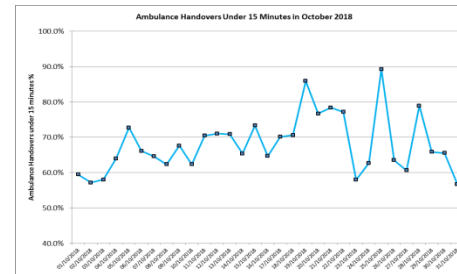
Emergency Department Time to Triage

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

68.0%



Millennium changes implemented 26/02/18. Data quality issues remain, identified and included on IT improvement plan. Time to triage range 56.7% - 89.3%, median 65.9% improvement of 1.3% overall and in the lower range value. The graph shows only time to triage for ambulance arrivals



- 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
- Further audit is being undertaken, the majority of patients who do not meet the 15min requirement are Minors patients.

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

120



120 patients seen, including patients who are still an inpatient. The majority of weekdays covered by Frailty Flying Squad throughout October. 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.
- Frailty Flying Squad in place in the Emergency Department weekdays and some weekends.

65 per month

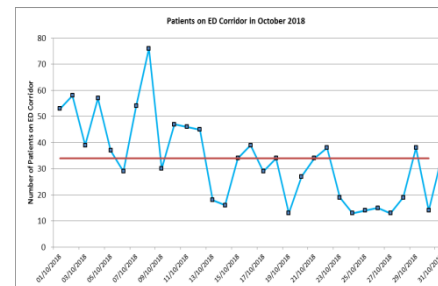
Patient Environment

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

16.0%



1032 patients spent part of their attendance outside of an ED cubicle (16.0% of all ED attendances in month). Improved by 3.9% compared to September 2018 performance



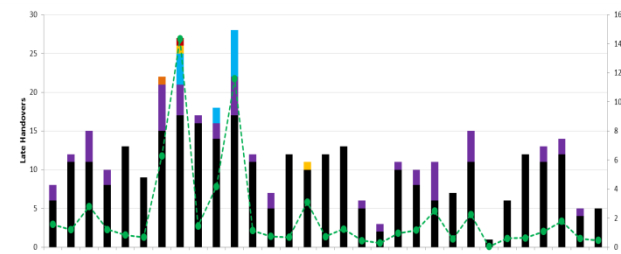
- Tactical flow meetings (Medicine & Surgery) to identify discharges and barriers to discharges to support planning for next day and enabling early flow
- HALO and SWAST duty manager support during periods of highest demand
- New ED Escalation SOP in place

0%

Ambulance handovers

All handovers should be within 60 minutes

96%



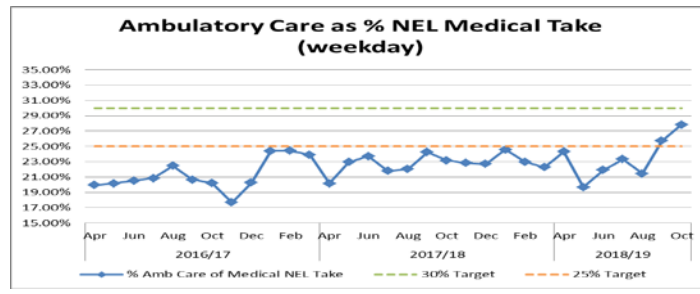
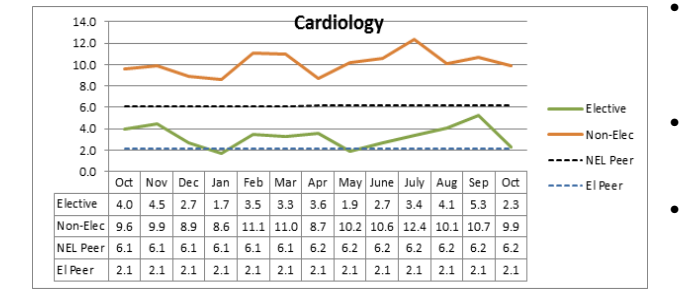
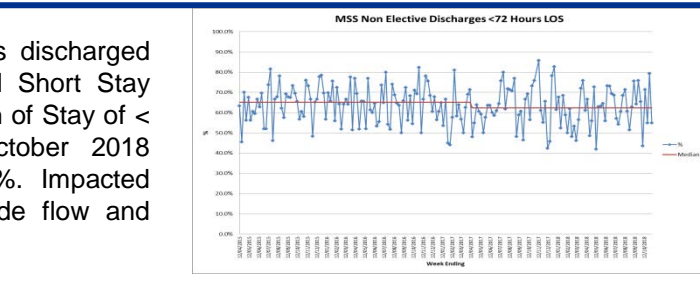
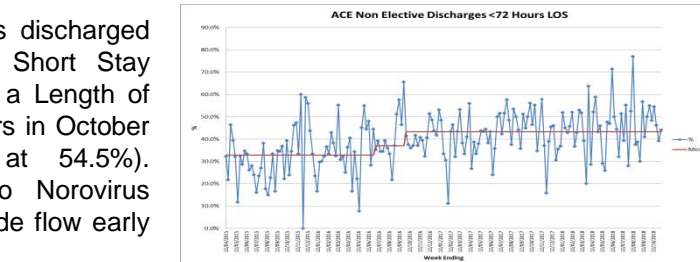
- Maintain high level of handovers from ambulance to ED and minimise ambulance delays
- Maintain good relationships and communication with SWAT
- Ambulance challenge audit completed, outcome and recommendations shared with A&E Delivery Board

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																		
<p>Nursing staffing rota coverage in ED</p>	<p>The percentage of registered nurse shifts in the Emergency Department that are filled with substantive or bank staff – Day and Night Shifts</p>	<p>99.9% 94.4%</p>	<ul style="list-style-type: none"> RUH has a Nurse Staffing Authorising process 7 days per week to support nurse staff allocation. This is a senior nurse. 	<p>>85%</p>																		
<p>Medical staffing rota coverage in ED</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"> Consultant hours extended to midnight 7 days per week Substantive recruitment of two Consultants (previous locums) Middle grade rota gaps remain an issue, mitigation through use of locum/agency where available 	<p>>85%</p>																		
<p>National Early Warning Score</p>	<p>National Early Warning Score (NEWS) compliance Emergency Department</p>	<p>100%</p> <table border="1"> <thead> <tr> <th>Jan-18</th> <th>Feb-18</th> <th>Mar-18</th> <th>Apr-18</th> <th>May-18</th> <th>Jun-18</th> <th>Jul-18</th> <th>Aug-18</th> <th>Sep-18</th> </tr> </thead> <tbody> <tr> <td>94%</td> <td>100%</td> <td>100%</td> <td>96%</td> <td>93%</td> <td>100%</td> <td>100%</td> <td>94%</td> <td>100%</td> </tr> </tbody> </table>	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%	<ul style="list-style-type: none"> Quality improvement team continue to work in the Emergency Department to improve performance and compliance. 	<p>>90%</p>
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%														
<p>Discharges by MIDDAY</p>	<p>The % of Non-Elective inpatients discharged by MIDDAY</p>	<p>17.3%</p> <p>17.3% of discharges occurred before MIDDAY during October which is a decrease compared to September</p>	<p>Discharges identified at Divisional Tactical Flow meetings to support early flow out of the Emergency Department.</p>	<p>33%</p>																		
<p>Mean number of days from referral to discharge with Home First</p>	<p>BaNES</p> <p>2.0 days</p>	<p>Wiltshire</p> <p>3.6 days</p>	<p>Somerset</p> <p>3.0 days</p>	<p>South Gloucestershire</p> <p>1.0 days</p> <ul style="list-style-type: none"> 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). 	<p>1 day</p>																	

3.4 Monthly Urgent Care and Flow Dashboard – Effective (Good)

Description	How We Did	In Month Trend	Key Actions	Target																								
<p>Ambulatory care</p> <p>Medical Ambulatory Care as % of Adult Non Elective Medical Take (weekday)</p>	<p>27.8%</p> <p>↑</p>	<p>Data has changed to only include patients who are true 'admission avoidance' and excludes booked patients and HOT clinic</p> 	<ul style="list-style-type: none"> Ambulatory care additional capacity to open - 2 consulting rooms and additional waiting area 	<p>30%</p>																								
<p>Specialty Review</p> <p>The number of 4 hour breaches due to specialty doctor review delays</p>	<p>63</p> <p>↓</p>	<table border="1"> <thead> <tr> <th></th> <th>April</th> <th>May</th> <th>June</th> <th>July</th> <th>August</th> <th>September</th> <th>October</th> </tr> </thead> <tbody> <tr> <td>Medical Doctor</td> <td>36</td> <td>34</td> <td>38</td> <td>30</td> <td>37</td> <td>41</td> <td>27</td> </tr> <tr> <td>Surgical Doctor</td> <td>56</td> <td>41</td> <td>52</td> <td>43</td> <td>44</td> <td>56</td> <td>36</td> </tr> </tbody> </table> <p>Performance remains below internal standard, negatively impacting on 4 hour performance</p>		April	May	June	July	August	September	October	Medical Doctor	36	34	38	30	37	41	27	Surgical Doctor	56	41	52	43	44	56	36	<ul style="list-style-type: none"> 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 MAU area B pilot commenced 	<p>20</p>
	April	May	June	July	August	September	October																					
Medical Doctor	36	34	38	30	37	41	27																					
Surgical Doctor	56	41	52	43	44	56	36																					
<p>Length of Stay Cardiology</p> <p>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</p>	<p>9.9 days</p> <p>↓</p>	<p>Non-Elective length of stay has decreased by 0.5 day in month, Elective deteriorated significantly by 2.0 days</p> 	<ul style="list-style-type: none"> 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 Engagement and LoS improvement 	<p>6.1 days</p>																								
<p>Length of Stay MSS</p> <p>The median length of stay for patients admitted on Medical Short Stay Unit will be less than 72 Hours</p>	<p>65.4%</p> <p>↑</p>	<p>65.4% of patients discharged from the Medical Short Stay Unit had a Length of Stay of < 72 hours in October 2018 peaking at 79.3%. Impacted by poor trust wide flow and high occupancy.</p> 	<ul style="list-style-type: none"> Opportunity identified to increase throughput, 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 	<p>66.7%</p>																								
<p>Length of Stay ACE</p> <p>The median length of stay for patients admitted on Frailty Short Stay Unit (ACE) will be less than 72 Hours</p>	<p>48.3%</p> <p>↓</p>	<p>48.3% of patients discharged from the Frailty Short Stay Unit (ACE) had a Length of Stay of < 72 hours in October 2018 (peaked at 54.5%). Impacted due to Norovirus and poor trust wide flow early in the month.</p> 	<ul style="list-style-type: none"> 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 	<p>66.7%</p>																								

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

Description	How We Did	In Month Trend	Key Actions	Target
<p>4 Hour performance</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>81.7%</p> <p>October 2018 four hour performance not achieved 81.7% (All Types)</p> <p>Performance did not meet the performance trajectory of 90.0%</p>		<ul style="list-style-type: none"> 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 	<p>95%</p>
<p>Ambulance handovers</p> <p>All handovers should be within 60 minutes</p>	<p>99%</p>		<ul style="list-style-type: none"> Maintain high level of handovers from ambulance to ED and minimise ambulance delays 	<p>Benchmark in top tensile regionally</p>
<p>Decision to Admit (DTA) to Admission</p> <p>Median wait from DTA to Admission should not exceed 120 minutes</p>	<p>134</p> <p>In October median trolley wait was 134 minutes. This has got worse compared to September 2018 by 19 minutes.</p>		<ul style="list-style-type: none"> Specialty response time and internal professional standards require embedding and recoding of review in the ED (IT solution has been agreed) Referral to ambulatory care for patients in hours awaiting results ED Escalation SOP now in place 	<p>120 minutes</p>
<p>Direct Admissions MAU</p> <p>Total number of direct admissions to MAU</p>	<p>121</p> <p>Direct admissions to MAU when flow allows assessment capacity to be held for expected patients. Significantly improved position compared to October</p>		<ul style="list-style-type: none"> 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 	<p>87</p>
<p>Length of stay >7 Days</p> <p>Median Number of Patients with a LOS >7 days</p>	<p>271</p> <p>October median was 271 peaking at 281 for admission after week ending 07/10/18</p>		<ul style="list-style-type: none"> 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") 	<p>250</p>
<p>Length of Stay >21 Days</p> <p>Median Number of Patients with a LOS 21+ Days</p>	<p>85</p> <p>October median 85 peaking at 89 in month of patients with a LoS exceeding 21 days</p>		<ul style="list-style-type: none"> 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 	<p>82</p>

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

Description

How We Did

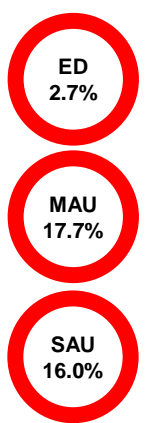
In Month Trend

Key Actions

Target



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



October position has seen a huge increase compared to previous month particularly for MAU and SAU. Overall Front Door Response 3.5%

FFT Board Report for Emergency Dept for Oct 2018

	Oct 2018			
	Total number of patients eligible	No of Responses	Response Rate	% Recommending
A&E	4,273	115	2.7%	95
Medical Assessment Unit	158	28	17.7%	100
Surgical Admissions Unit	363	58	16.0%	97
UTC	898	1	.1%	100
Emergency Dept Total	5,692	202	3.5%	96

Focus across the Front Door to increase distribution of FFT cards

