

Report to:	Public Board of Directors	Agenda item:	15
Date of Meeting:	30 January 2019		

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 Claire Croxton, Deputy Divisional Manager Medicine

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

2.	Recommendations (Note, Approve, Discuss)
<p>The Board of Directors are asked to note the following:</p> <ul style="list-style-type: none"> December 2018 four hour performance not achieved 81.4% (All Types) Performance did not meet the performance improvement trajectory of 90.0% - noted achieved improvement from last month <p>Factors affecting performance</p> <ul style="list-style-type: none"> Ambulance conveyance activity +6.0% variance compared to 2017/18 up to week ending 30/12/18 Emergency presentations +6.5% year to date variance compared to last financial year Emergency Department attendances +4.6% year to date variance compared to last financial year There was a total of 380 beds closed in December due to infection (350 Norovirus & 30 Flu) There were 26 reported DTOCs in the December month end snapshot and 752 delayed days (4.3% reported) <p>Areas for improvement in January 2019</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 Improvement work that commenced in November to support Fit to Sit in the ED Observation Unit continues. Continued focus and improvement with ED 15 minute Time to Triage quality standard Review triggers for escalation for senior clinician review, ED and Medicine 	

Authors :Sarah Hudson, Divisional Manager Medicine & Claire Croxton, Deputy Divisional Manager Medicine Document Approved by: Francesca Thompson, Chief Operating Officer Agenda Item: 15	Date: 15 January 2019 Version: v1
---	--------------------------------------

- Frailty Summit Task & Finish Group to commence in January to review options around ACE Ward
- 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
- ECIST recommended '6As' Audit to take place during January

An additional slide has been added to the end of the presentation, which outlines the Christmas and New Year performance for 2018 compared to 2017.

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.

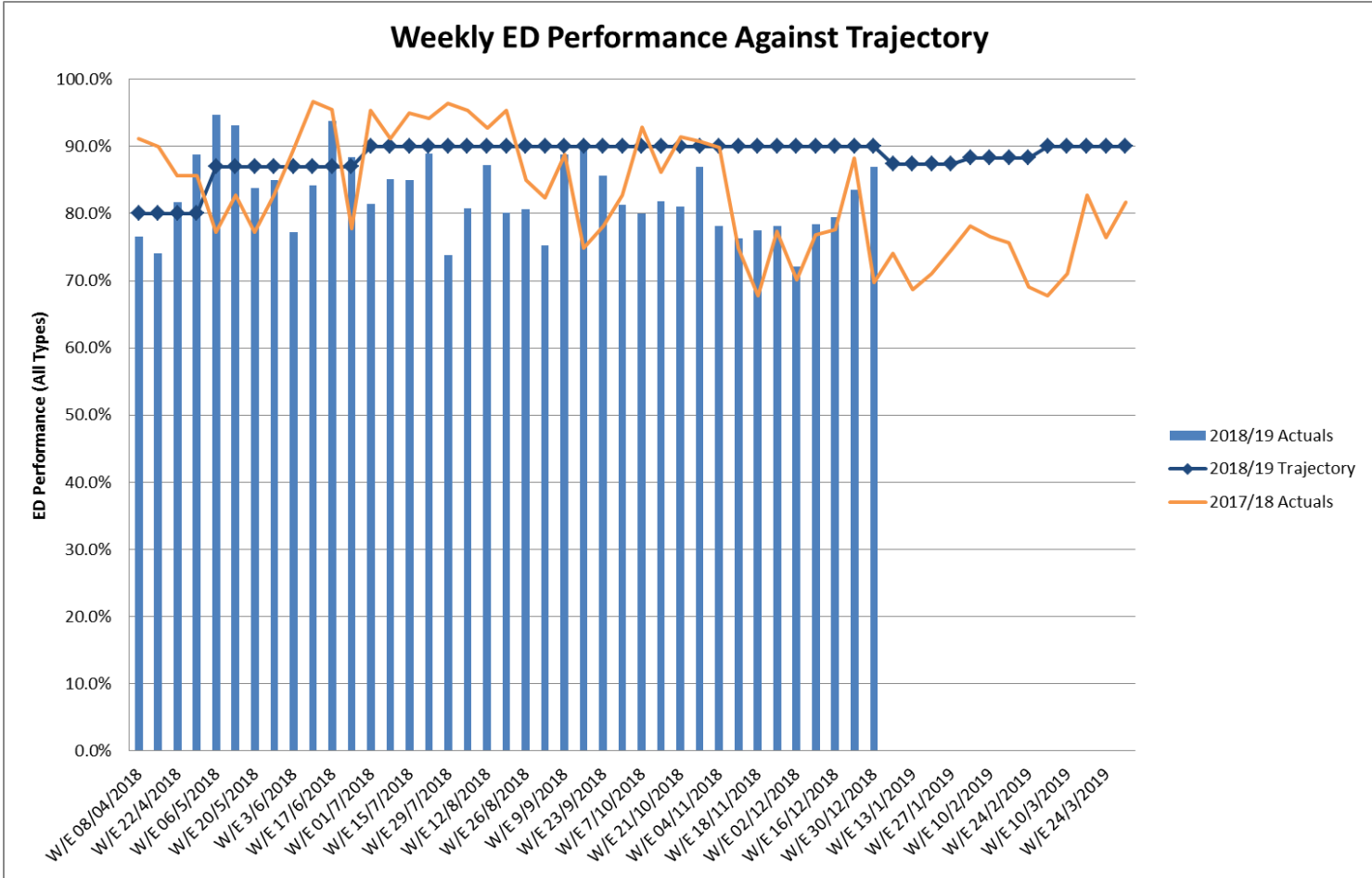
8. Freedom of Information

Public

1. RUH 4 Hour Performance: December 2018 Month 9

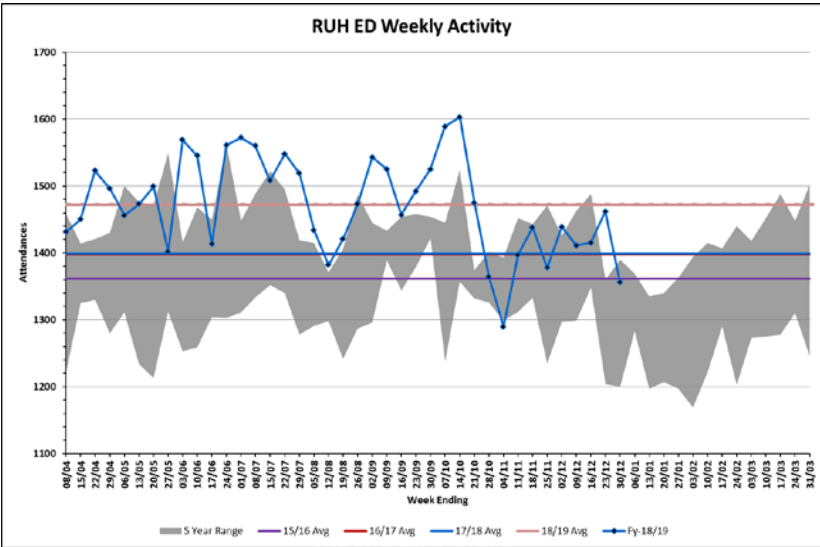
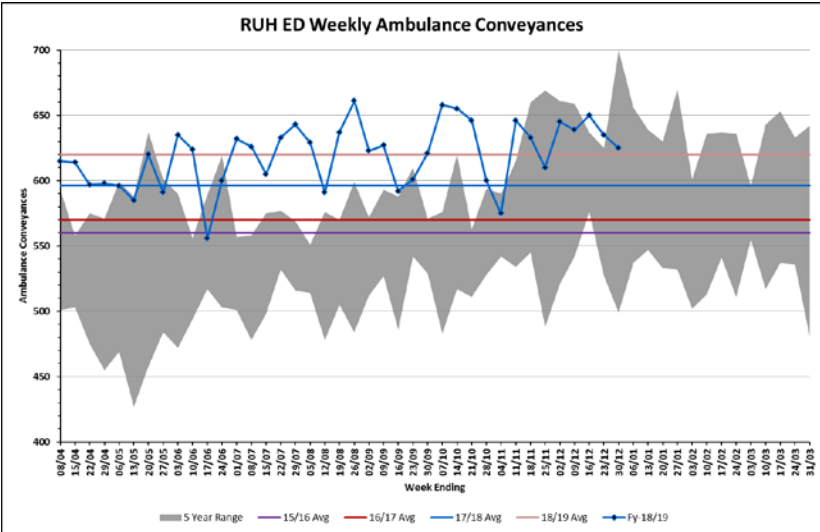
Improvement Trajectory – Category 4

- December 2018 four hour performance not achieved 81.4% (All Types)
- Performance did not meet the performance improvement trajectory of 90.0%

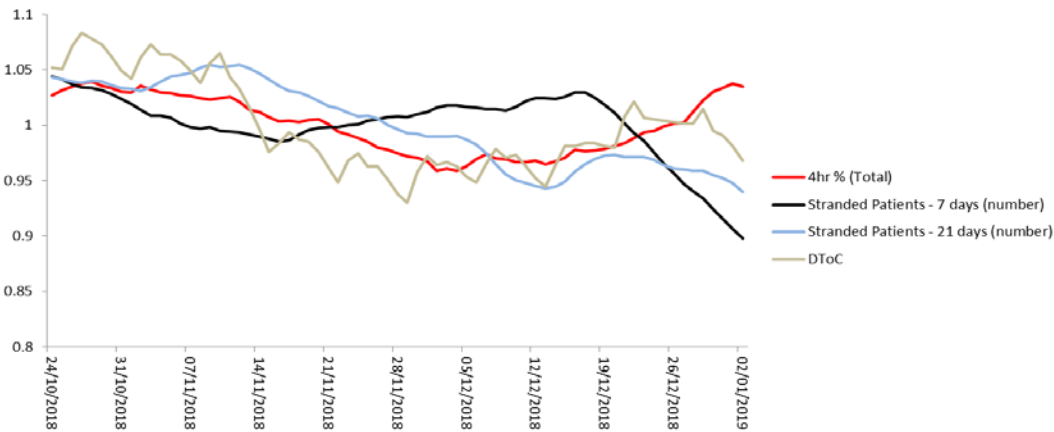


Key Diagnostics

- Ambulance conveyance activity +6.0% year to date variance compared to 2017/18 (w/e 30/12/18)
- Emergency presentations +6.5% year to date variance compared to last financial year (w/e 30/12/18)
- Emergency Department attendances +4.6% year to date variance compared to last financial year (w/e 30/12/18)
- In December there was a total of 380 beds closed due to infection (350 Norovirus & 30 Flu) with 30 closed & empty (23 Norovirus & 7 Flu)
- There were 26 patients reported DTOCs in the December month end snapshot and 752 delayed days (4.3% reported)



Metric comparison for Royal United Hospitals Bath NHS Foundation Trust



Urgent Care Improvement Plan

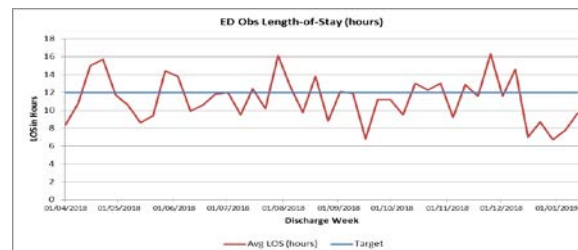
The 4 hour improvement plan is focused on three key areas of focus

- 1) Emergency Department Leadership
- 2) Capacity Management
- 3) Length of Stay Ambitions

Emergency Department Leadership

Emergency Department Observation Unit

Fit to Sit pilot commenced 28th November. Conversion of 2 beds to 4 chairs to increase throughput and support decrease in length of stay. Average length of stay reduced from 12.7 hours in November to 9.4 hours in December.



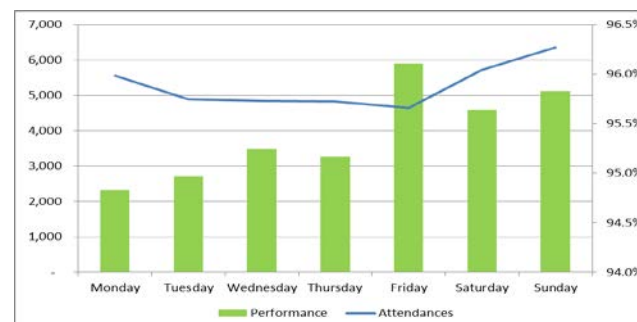
Non-Admitted Pathways

Focus to reduce the number of patients who are not admitted but breach the 4 hour standard. Senior Nurse structure implemented w/c 17/12/18 with responsibility for triaging in minors



4 Hour Performance Minors

YTD performance is currently at 95.4%. This has improved since July 2018. There is variation in the day of the week performance which is being investigated and will be actioned through the ED Big Room



2019-20 Work Plan

Urgent Care weekly monitoring group reviewing 2019-20 Work Plan during planning session on 17th January

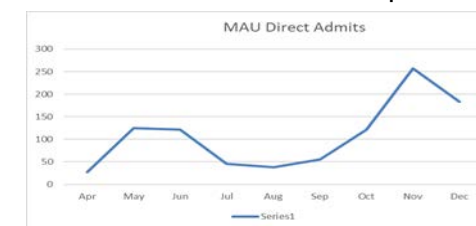
Capacity Management

Winter Elective Plan – Philip Yeoman (PY) Quarter 4

Model of care in place and working well. PY ward transferred from T&O elective care to non-elective care (trauma and OPU patients) to ensure the safety and flow of patients is maximised.

Direct admissions to MAU

PDSA which commenced in October to run MAU Area B as an assessment area has been positive.



Capacity Management (Patient Flow Management) System

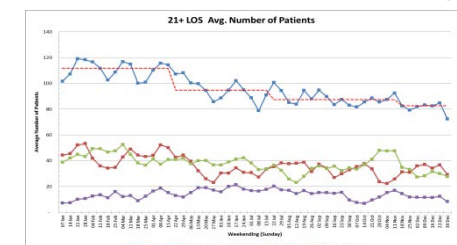
This will aid bed declaration and improve the flow of patients throughout the Trust. Project Group established and process mapping commenced through workshops held with Cerner on 9th & 10th January.

Length of Stay Ambitions

Reduction in 21 Day Length of Stay

Monthly 'Expert Panels' commenced in June which encourages system-wide focus on patients with a length of stay over 21 days.

The average number of patients has reduced from 116 in April to 83 in December 2018.



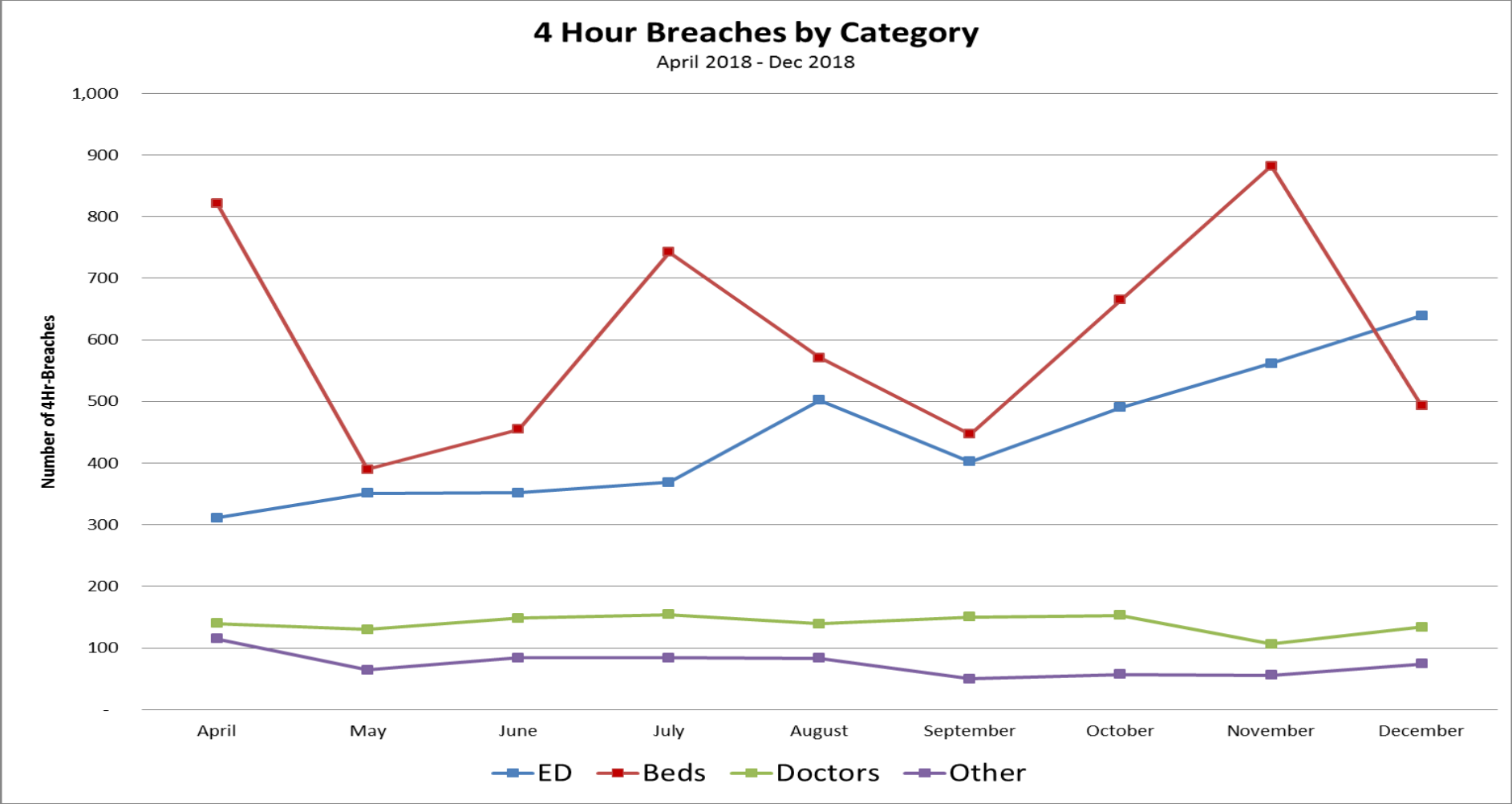
Home First Expansion

The capacity for Home First has expanded throughout the year, which has seen a significant increase in the numbers of patients being referred; average per week increased from 38 in May to 52 in December.

2. Four Hour Breach Reasons

Factors Influencing Breaches

- Sustained high levels of ambulance arrivals in month with a particular spike mid-December resulting in very high numbers of ED Delay breaches
- Bed occupancy 93.3% resulting in bed breaches
- 380 beds closed due to infection
- 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 3 occasions in month and 2 days in OPEL 5 (ISI) with rapid recovery
- 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

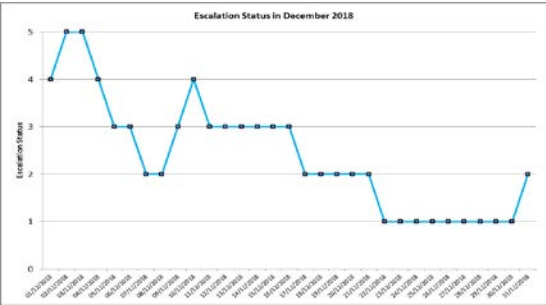
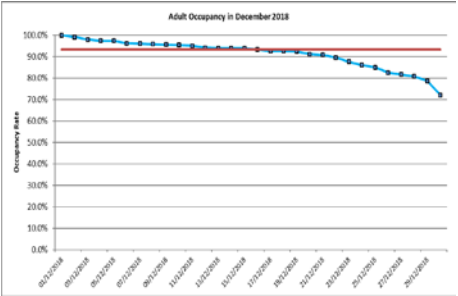
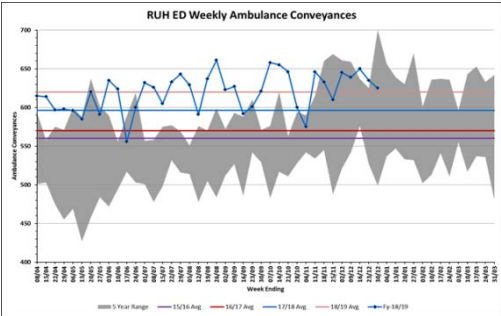


Category	Breach Reason	April	May	June	July	August	September	October	November	December	January	February	March	YTD	YTD %
ED	ED Delays	234	242	281	260	416	332	410	520	579				3,274	29%
	Clinical Exception	77	109	71	109	86	70	80	42	60				704	6%
Beds	Medical Bed	591	313	344	608	471	375	565	748	381				4,396	39%
	Surgical Bed	118	21	39	35	26	15	30	28	24				336	3%
	Observation Bed	20	14	9	22	14	11	11	8	18				127	1%
	Paediatric Bed	3	-	2	4			5	9	3				26	0%
	Side Room	49	31	39	48	40	31	40	68	52				398	4%
	Orthopaedic Bed	41	10	21	18	18	14	12	19	13				166	1%
	Medical Bed Gender		1	1	7	2	1	2		1				15	0%
	Surgical Bed Gender								2	1					
Doctors	Medical Doctor	36	34	38	30	37	41	27	30	57				330	3%
	Surgical Doctor	30	12	15	9	10	12	12	9	9				118	1%
	Ortho Doctor	26	29	37	34	34	44	24	17	9				254	2%
	Mental Health	18	34	27	42	35	22	52	29	33				292	3%
	Radiology	30	21	31	39	23	31	38	21	26				260	2%
Other	Other	87	59	71	77	76	48	52	42	50				562	5%
	Ambulance Offload							2		-				2	
	Unknown	28	5	13	7	7	2	3	14	24				103	1%
Total:		1,388	935	1,039	1,349	1,295	1,049	1,365	1,606	1,340				11,366	100%
OOH (7pm-8am) Arrival Breach Total:		688	455	549	711	691	572	635	757	725				5,783	51%
Evening (8pm-Midnight) Arrival Breaches Total:		300	207	237	288	284	223	271	318	286				2,414	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”

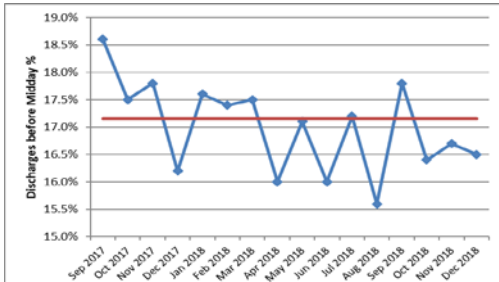
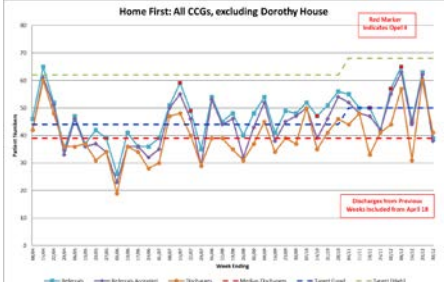
3.1 Monthly Urgent Care and Flow Dashboard – Diagnostics

Description	How We Did	In Month Trend	Key Actions	Target
<div>Escalation Level</div> <p>OPEL = Operating Performance Escalation Levels 1 – 4 (Highest)</p>	<div>Opel 3</div> <p>The Escalation level was OPEL 3 + for 14 days. The escalation level was OPEL 1 for 9 consecutive days.</p>		<ul style="list-style-type: none">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	<div>OPEL 1-2</div>
<div>Bed Occupancy</div> <p>% of Adult Occupied Beds</p>	<div>93.3%</div> <p>For the latest month, occupancy was 93.3%. This position has improved compared to November. Peaked at 100% at the beginning of December. Flow can be maintained when occupancy is at 92% and does not exceed 96%.</p>		<ul style="list-style-type: none">Internal professional standards embed practice for timely referral and escalation to specialty teams – standards need to be live and monitored to demonstrate improvementSystem wide focus on DTOC and patients with a length of stay exceeding 21 days.	<div>92%</div>
<div>Ambulance Conveyances</div> <p>The number of weekly ambulance arrivals to the Trust</p>	<div>639</div> <p>The Trust continued to receive high number of ambulances conveyed in November compared to the last 5 years, which was a sustained volume from October. This peaked at 650 w/e 16th December.</p>		<ul style="list-style-type: none">Conveyance rates per CCG reviewed by the A&E Delivery BoardSWAST prediction and escalation modelling required to support RUH planning an outstanding action with ECIP and A&E Delivery Board	<div>590 per week</div>

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

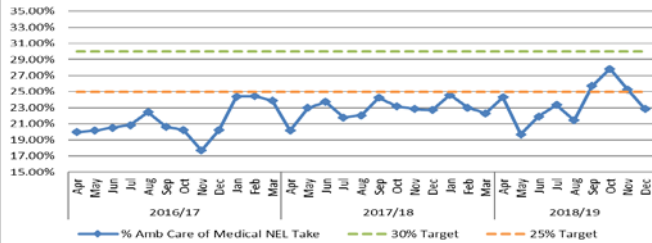
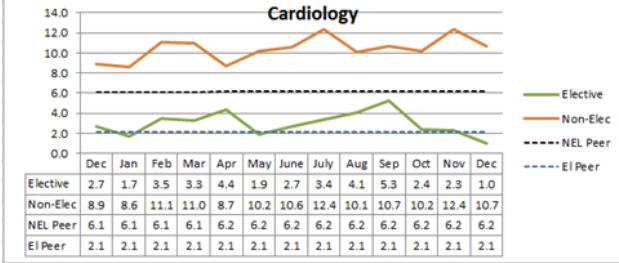
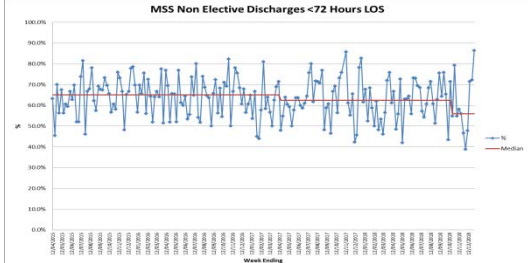
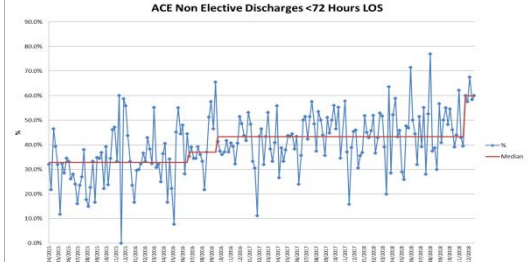
Description		How We Did	In Month Trend	Key Actions	Target	
<div>Emergency Department Time to Triage - Majors</div>	The % of patients that are triaged within 15 minutes of ambulance arrival to the Emergency Department	<div>59.4%</div> <div></div>	Improvement in performance seen. 59.4% performance for December 2018 which is 4.3% improvement from November 2018	<div>Run Chart Showing Performance for Time to Initial Assessment within 15 minutes (Adult Majors)</div>	<ul style="list-style-type: none">Some data quality issues remain, identified in IT improvement plan,. Priority to make time fields mandatory with daily validation reporting to improve data qualityMeeting with Executives, medicine division and ED triumvirate and IT lead continue to be held reviewing actions and progress to resolve IT and ED workflow.	<div>95%</div>
<div>Emergency Department Time to Triage - Minors</div>	The % of patients that are triaged within 15 minutes of arrival to ED Minors	<div>33.6%</div> <div></div>	Improvement seen with Triage Nurse in post. 33.6% for December 2018, which is an 18.4% improvement compared to November 2018	<div>Run Chart Showing Performance for Time to Initial Assessment within 15 minutes (Adult Minors)</div>	<ul style="list-style-type: none">Further audit is being undertaken, the majority of patients who do not meet the 15min requirement are Minors patients.Role of dedicated 24/7 Triage Nurse in minors commenced mid-December.Work underway linking with UTC streaming.	<div>95%</div>
<div>Frailty Flying Squad (FFS)</div>	Patients over 75 years attending ED with a frailty score of >5 receive a speciality multidisciplinary review by the Frailty Flying Squad	<div>122</div> <div></div>	122 patients seen, including patients who are still an inpatient. The majority of weekdays covered by Frailty Flying Squad throughout December. 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	<ul style="list-style-type: none">Manual data capture in place, frailty marker on MillenniumFast 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.	<div>65 per month</div>	
<div>Patient Environment</div>	Number of patients in month that ED cared for queuing in the department	<div>14.2%</div> <div></div>	863 patients spent part of their attendance outside of an ED cubicle (14.2% of Type 1 ED attendances in month). The position improved by 3.6% compared to November 2018 performance	<div>SPC Chart Showing Number of Patients on ED Corridor (for at least 15 minutes)</div>	<ul style="list-style-type: none">Tactical flow meetings (Medicine & Surgery) to identify discharges and barriers to discharges to support planning for next day and enabling early flowHALO and SWAST duty manager support during periods of highest demandNew ED Escalation SOP in place	<div>0%</div>
<div>Ambulance handovers</div>	All handovers should be within 60 minutes	<div>99%</div> <div></div>	<div>Late Handovers</div>	<ul style="list-style-type: none">Maintain high level of handovers from ambulance to ED and minimise ambulance delaysMaintain good relationships and communication with SWATAmbulance challenge audit completed, outcome and recommendations shared with A&E Delivery Board	<div>Benchmark in top tensile regionally</div>	

3. 3 Monthly Urgent Care and Flow Dashboard – Well Led (requires improvement)

Description	How We Did	In Month Trend	Key Actions	Target																			
<div>Nursing staffing rota coverage in ED</div>	<div>The percentage of registered nurse shifts in the Emergency Department that are filled with substantive or bank staff – Day and Night Shifts</div> <div><div>99.8%</div><div>94.7%</div></div>		<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.	<div>>85%</div>																			
<div>Medical staffing rota coverage in ED</div>	<div>The percentage of doctor shifts in the Emergency Department that are not filled with substantive or bank staff</div> <div>Currently unable to report</div>		<ul style="list-style-type: none">Consultant hours extended to midnight 7 days per weekSubstantive recruitment of two Consultants (previous locums)Middle grade rota gaps remain an issue, mitigation through use of locum/agency where available	<div>>85%</div>																			
<div>National Early Warning Score</div>	<div>National Early Warning Score (NEWS) compliance Emergency Department</div> <div>89%</div> <table><tr><td>NEWS accurate</td><td>Apr-18</td><td>May-18</td><td>Jun-18</td><td>Jul-18</td><td>Aug-18</td><td>Sep-18</td><td>Oct-18</td><td>Nov-18</td><td>Dec-18</td></tr><tr><td>ED Obs</td><td>92%</td><td>96%</td><td>96%</td><td>100%</td><td>88%</td><td>90%</td><td>95%</td><td>N/A</td><td>89%</td></tr></table>	NEWS accurate	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	ED Obs	92%	96%	96%	100%	88%	90%	95%	N/A	89%	<ul style="list-style-type: none">Quality improvement team continue to work in the Emergency Department to improve performance and compliance.	<div>>90%</div>
NEWS accurate	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18														
ED Obs	92%	96%	96%	100%	88%	90%	95%	N/A	89%														
<div>Discharges by Middy</div>	<div>The % of Non-Elective inpatients discharged by Middy</div> <div>16.5%</div> <div>16.5% of discharges occurred before Middy during December which is a slight decrease compared to November</div> <div></div>	<ul style="list-style-type: none">Patients identified at Divisional Tactical Flow meetings to support early flow out of the Emergency Department.	<div>33%</div>																				
<div>Mean number of days from referral to discharge with Home First</div>	<div>BaNES</div> <div>2.6 days</div> <div>Wiltshire</div> <div>1.9 days</div> <div>Somerset</div> <div>3.7 days</div> <div>South Gloucestershire</div> <div>No referrals</div> <div></div>	<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).	<div>1 day</div>																				

Page 6

3. 4 Monthly Urgent Care and Flow Dashboard – Effective (Good)

Description	How We Did	In Month Trend	Key Actions	Target																																																								
<div>Ambulatory care</div> <p>Medical Ambulatory Care as % of Adult Non Elective Medical Take (weekday)</p>	<div>22.8%</div> <p>NB: Data changed in October to only include patients who are true 'admission avoidance' and excludes booked patients and HOT clinic</p>	<p>Ambulatory Care as % NEL Medical Take (weekday)</p> 	<ul style="list-style-type: none">Ambulatory care additional capacity to open - 2 consulting rooms and additional waiting areaPlanned patients arriving later in the morning to provide additional capacity for admission avoidance at 08:00	<div>30%</div>																																																								
<div>Specialty Review</div> <p>The number of 4 hour breaches due to specialty doctor review delays</p>	<div>75</div> <p>Performance remains below internal standard, negatively impacting on 4 hour performance</p>	<table><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><td>30</td><td>57</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><td>26</td><td>18</td></tr></table>	Medical Doctor	36	34	38	30	37	41	27	30	57	Surgical Doctor	56	41	52	43	44	56	36	26	18	<ul style="list-style-type: none">Internal professional standards, embed escalation with ED team – further work required to ensure consistency of escalationMonitoring of the response within 60 minutes of request by the ED teamT&O response improved, Ambulatory care ongoingMAU area B pilot commenced	<div>20</div>																																				
Medical Doctor	36	34	38	30	37	41	27	30	57																																																			
Surgical Doctor	56	41	52	43	44	56	36	26	18																																																			
<div>Length of Stay Cardiology</div> <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>	<div>10.7 days</div> <p>Non-Elective length of stay has decreased significantly by almost 2 days in month, Elective improved by 1.3 days</p>	<p>Cardiology</p>  <table><tr><td>Elective</td><td>2.7</td><td>1.7</td><td>3.5</td><td>3.3</td><td>4.4</td><td>1.9</td><td>2.7</td><td>3.4</td><td>4.1</td><td>5.3</td><td>2.4</td><td>2.3</td><td>1.0</td></tr><tr><td>Non-Elec</td><td>8.9</td><td>8.6</td><td>11.1</td><td>11.0</td><td>8.7</td><td>10.2</td><td>10.6</td><td>12.4</td><td>10.1</td><td>10.7</td><td>10.2</td><td>12.4</td><td>10.7</td></tr><tr><td>NEL Peer</td><td>6.1</td><td>6.1</td><td>6.1</td><td>6.1</td><td>6.2</td><td>6.2</td><td>6.2</td><td>6.2</td><td>6.2</td><td>6.2</td><td>6.2</td><td>6.2</td><td>6.2</td></tr><tr><td>EI Peer</td><td>2.1</td><td>2.1</td><td>2.1</td><td>2.1</td><td>2.1</td><td>2.1</td><td>2.1</td><td>2.1</td><td>2.1</td><td>2.1</td><td>2.1</td><td>2.1</td><td>2.1</td></tr></table>	Elective	2.7	1.7	3.5	3.3	4.4	1.9	2.7	3.4	4.1	5.3	2.4	2.3	1.0	Non-Elec	8.9	8.6	11.1	11.0	8.7	10.2	10.6	12.4	10.1	10.7	10.2	12.4	10.7	NEL Peer	6.1	6.1	6.1	6.1	6.2	6.2	6.2	6.2	6.2	6.2	6.2	6.2	6.2	EI 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	<ul style="list-style-type: none">Review of process for the management of patients on outlying wards requiring cardiac input and or procedureSurgical pathway to Barts Health NHS Trust when Bristol Heart Institute unable to accept for surgeryEngagement and LoS improvement	<div>6.1 days</div>
Elective	2.7	1.7	3.5	3.3	4.4	1.9	2.7	3.4	4.1	5.3	2.4	2.3	1.0																																															
Non-Elec	8.9	8.6	11.1	11.0	8.7	10.2	10.6	12.4	10.1	10.7	10.2	12.4	10.7																																															
NEL Peer	6.1	6.1	6.1	6.1	6.2	6.2	6.2	6.2	6.2	6.2	6.2	6.2	6.2																																															
EI 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																																															
<div>Length of Stay MSS</div> <p>The median length of stay for patients admitted on Medical Short Stay Unit will be less than 72 Hours</p>	<div>56.0%</div> <p>56.0% of patients discharged from the Medical Short Stay Unit had a Length of Stay of < 72 hours in December 2018 peaking at 86.4%. Impacted by poor trust wide flow, high occupancy and long waits for inpatient cardiac procedures.</p>	<p>MSS Non Elective Discharges <72 Hours LOS</p> 	<ul style="list-style-type: none">Opportunity identified to increase throughput, currently limited by patients awaiting cardiac proceduresClinical lead for cardiology supporting work to prioritise non-elective procedures within 72 hours of request and cath lab efficiency	<div>66.7%</div>																																																								
<div>Length of Stay ACE</div> <p>The median length of stay for patients admitted on Frailty Short Stay Unit (ACE) will be less than 72 Hours</p>	<div>60.0%</div> <p>60.0% of patients discharged from the Frailty Short Stay Unit (ACE) had a Length of Stay of < 72 hours in December 2018 (peaked at 67.6%) week ending 16/12/18.</p>	<p>ACE Non Elective Discharges <72 Hours LOS</p> 	<ul style="list-style-type: none">Frailty Big Room weekly review of data and applying QI methodology to continually improve position and patient throughputEarlier discharge Impacted by limitation in Home First Capacity	<div>66.7%</div>																																																								

Page 7

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

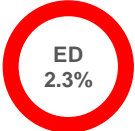
Description	How We Did	In Month Trend	Key Actions	Target
<div>4 Hour performance</div> <p>The Trust should see 95% of all patients (type 1 and 3) within 4 hours from arrival to admission, transfer or discharge</p>	<div>81.4%</div> <p>December 2018 four hour performance 81.4% (All Types).</p> <p>Performance 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 Board2019-20 Work Plan being developed	<div>95%</div>
<div>Ambulance handovers</div> <p>All handovers should be within 60 minutes</p>	<div>99%</div>	<ul style="list-style-type: none">Maintain high level of handovers from ambulance to ED and minimise ambulance delays	<div>Benchmark in top tensile regionally</div>	
<div>Decision to Admit (DTA) to Admission</div> <p>Median wait from DTA to Admission should not exceed 120 minutes</p>	<div>114</div> <p>In December median trolley wait was 114 minutes. This has significantly improved compared to November 2018 by 68 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 resultsED Escalation SOP now in placeED Obs Unit reclining chairs in place from 28th November	<div>120 minutes</div>
<div>Direct Admissions MAU</div> <p>Total number of direct admissions to MAU</p>	<div>183</div> <p>Direct admissions to MAU when flow allows assessment capacity to be held for expected patients. Position slightly decreased compared to November.</p>		<ul style="list-style-type: none">Senior Decision makers increased at the Front DoorDirect admissions to MAU Area B now business as usual.PDSA in April 2019 when flooring works take place to use a larger area, namely Area C.	<div>87</div>
<div>Length of stay >7 Days</div> <p>Median Number of Patients with a LOS 7+ days</p>	<div>271</div> <p>December median was 271 peaking at 275 for admission after week ending 02/12/18</p>		<ul style="list-style-type: none">System wide review of all patients with a > 21 day length of stayDaily data reporting of all > 7 day length of stay to each CCG (replacing the "green list")	<div>250</div>
<div>Length of Stay >21 Days</div> <p>Median Number of Patients with a LOS 21+ Days</p>	<div>83</div> <p>December median was 83 peaking at 85 for admission after week ending 23/12/18</p>		<ul style="list-style-type: none">Improved assessment of stranded and super stranded patientsEscalate delays in assessment and discharge plans via Silver callGold focus on system wide improvement plan	<div>82</div>

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

DescriptionHow We DidIn Month TrendKey ActionsTarget



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



FFT Board Report for Emergency Dept for Dec 2018				
	Dec 2018			
	Total number of patients eligible	No of Responses	Response Rate	% Recommending
A&E	3,927	91	2.3%	98
Medical Assessment Unit	221	15	6.8%	100
Surgical Admissions Unit	359	66	18.4%	98
UTC	1,019	15	1.5%	87
Emergency Dept Total	5,526	187	3.4%	97

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



5. Christmas and New Year Performance

- Christmas and New Year 2017 and 2018 performance has been compared.
- There were an increase in the number of attendances in 2018 by 48 patients.
- The number of 4hr breaches (Type 1 & 3) during the festive period decreased significantly from 732 in 2017 to 470 in 2018 which is a reduction of 262.
- 4hr performance improved significantly from 71.7% (Type 1) in 2017 to 82.6% (Type 1) in 2018.

Date	Christmas 2017					Christmas 2018				
	Attendances (Type 1 + 3)	Breaches (Type 1 + 3)	Performance (Type 1 + 3)	Performance (Type 1)	Adult Acute Occupancy	Attendances (Type 1 + 3)	Breaches (Type 1 + 3)	Performance (Type 1 + 3)	Performance (Type 1)	Adult Acute Occupancy
19th Dec	172	32	81.4%	77.5%	90.4%	227	24	89.4%	87.9%	90.8%
20th Dec	196	34	82.7%	79.9%	91.6%	208	41	80.3%	78.5%	87.5%
21st Dec	188	32	83.0%	80.1%	87.2%	241	46	80.9%	78.9%	81.6%
22nd Dec	200	11	94.5%	93.4%	83.4%	259	41	84.2%	81.8%	80.8%
23rd Dec	235	20	91.5%	89.1%	75.8%	253	32	87.4%	84.2%	82.4%
24th Dec	232	12	94.8%	93.3%	75.6%	223	33	85.2%	82.7%	71.7%
25th Dec	186	15	91.9%	89.8%	81.6%	182	16	91.2%	89.5%	72.0%
26th Dec	239	39	83.7%	79.3%	87.7%	228	37	83.8%	80.9%	78.6%
27th Dec	226	88	61.1%	52.2%	92.5%	245	48	80.4%	77.5%	84.9%
28th Dec	236	82	65.3%	58.2%	94.1%	202	15	92.6%	91.1%	89.5%
29th Dec	236	77	67.4%	63.2%	91.6%	245	23	90.6%	88.4%	86.0%
30th Dec	273	110	59.7%	46.0%	96.2%	245	32	86.9%	83.2%	93.3%
31st Dec	260	85	67.3%	64.6%	96.2%	194	38	80.4%	76.7%	92.6%
1st Jan	264	95	64.0%	56.1%	98.7%	239	44	81.6%	77.1%	93.5%
Total Period	3,143	732	76.7%	71.7%	n/a	3,191	470	85.3%	82.6%	n/a

