

## Council of Governors

Date:

5<sup>th</sup> December 2018

Agenda item:

23

Title:

Operational Delivery

Items:

- Presentation

# 2018-2019 Operational Priorities



## Single Oversight Framework for the NHS:

**4 hour Emergency Access Standard = Monthly 95% (Improvement Trajectory 90%)**

% of patients assessed and treated within 4 hours, from arrival to leaving the department.

**18 Week Referral to treatment (RTT) Incomplete Standard = Monthly 92%**

% of patients waiting to start treatment that have been waiting up to and over 18 weeks

**Cancer standards 62-day = Monthly 85%**

Maximum 62-day wait for first treatment from GP referral

**Diagnostics Access = Monthly 99%**

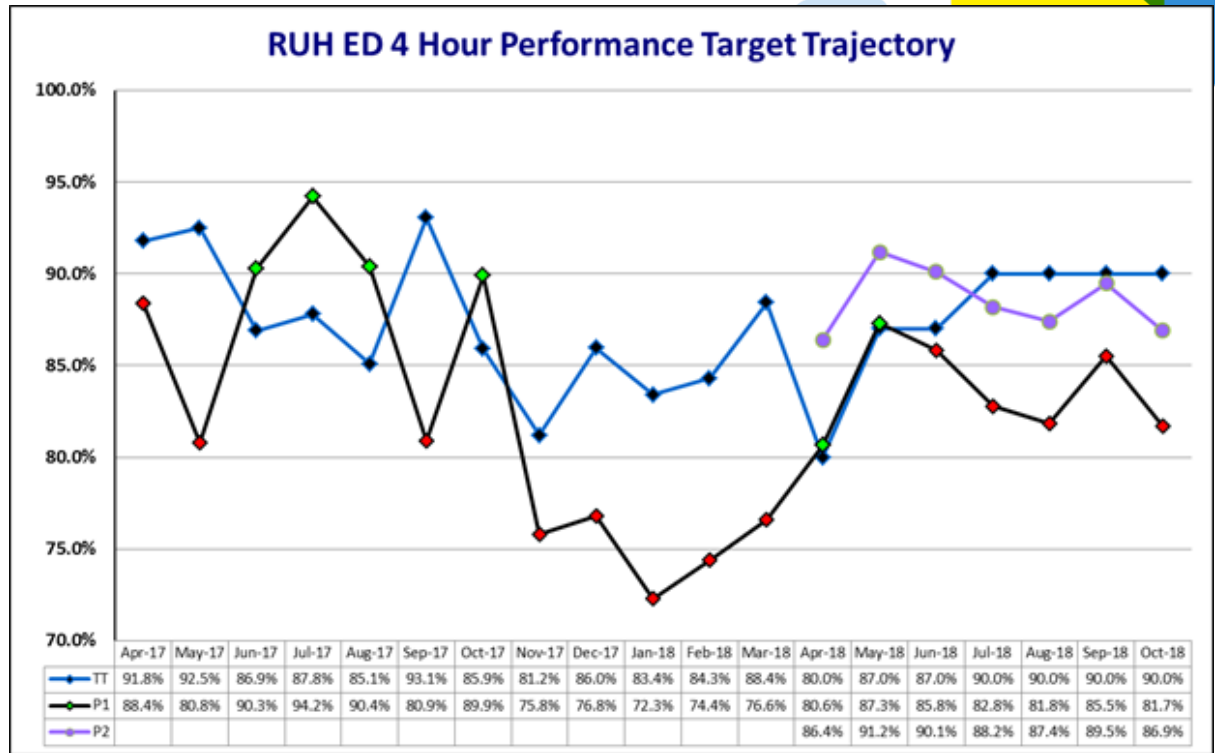
Maximum of a 6 week wait for a nationally agreed list of diagnostic tests

**In addition there are 14 Quality Indicators for Acute Providers:**

C – Difficile Infection (target set for each Trust), for the RUH 22 cases

# 4 HOUR IMPROVEMENT PLAN

- Improvement Plan agreed and managed by the Urgent Care Collaborative Board
- Delivery remains a challenge for the whole system and is managed via A&E Delivery Board
- Optimise First Net

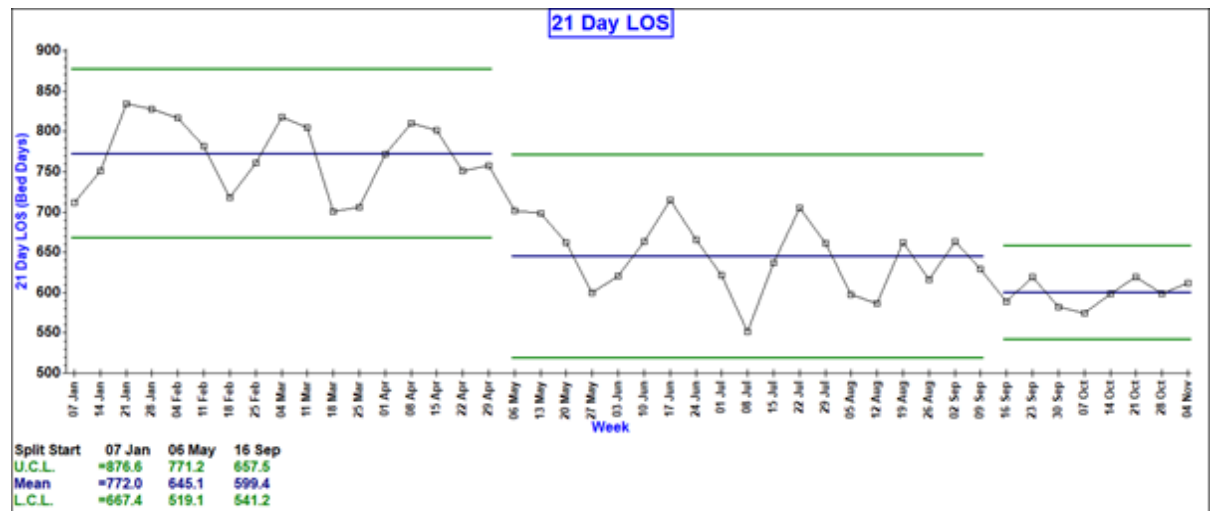
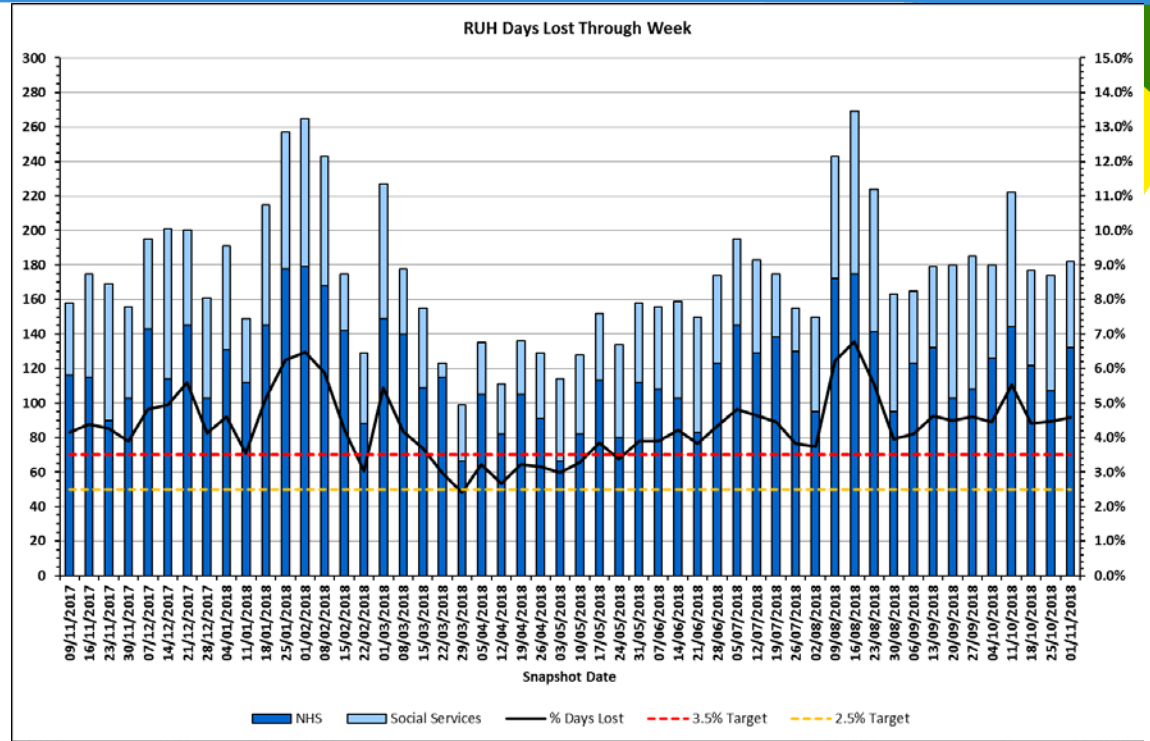


## Three key areas for RUH improvement in 2018/19:

1. Ambulatory care and rapid assessment e.g. Direct admissions to Medicine (MAU)
2. New medicine emergency take model, to support front door senior reviews in MAU
3. Timely discharge e.g. Reduction in long stay patients +21 day LOS

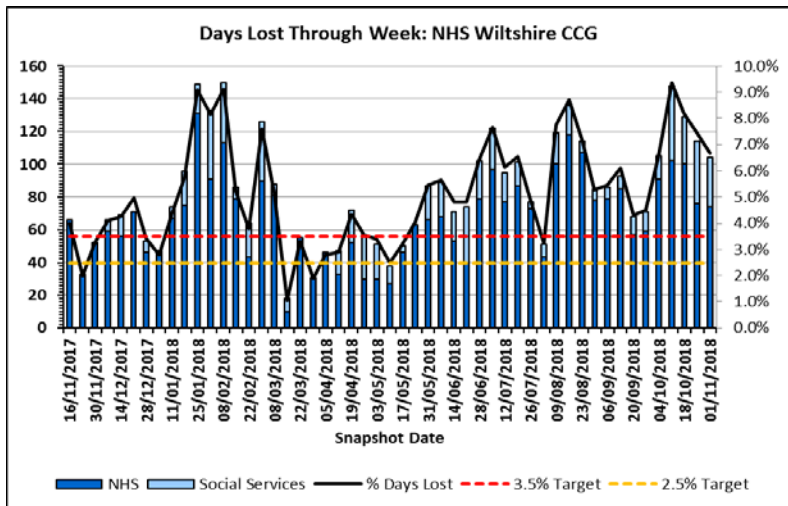
# LONG STAY PATIENTS +21 DAY LOS

- DTOC improved position, but not delivering. National mandate set **3.5% target** (Yellow line on the graph)
- New national metric to reduce long stay patients (+21 Day LOS). Making progress but not yet achieved national ambition set of 24% reduction in bed days lost.
- Delays occur for both transfer to health beds e.g. Community Hospitals and Social Services delays for support at home

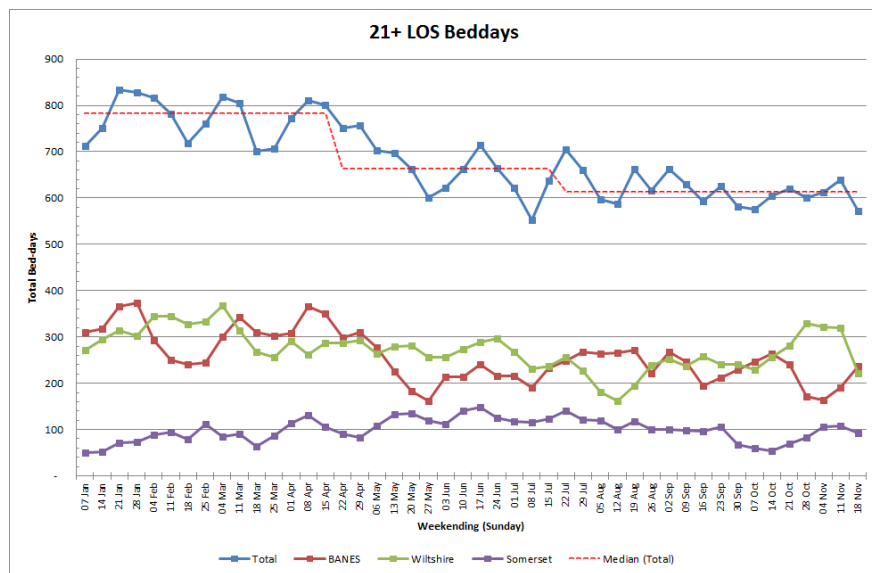


## Performance issues by CCG area:

Wiltshire most challenged performance on DTOC seen in 2018/19.



Long stay patients (+21 day) improvement across all CCG area. In October performance more challenged, particularly in Wiltshire. In November BANES seeing a growth in delays.



Key staff message is that statistically patients arriving in an already overcrowded ED have poorer outcomes.

## **Monitoring the key ED safety metrics – focus in 4 Hour performance paper 2018/19**

- ED and Front Door staffing levels
- % of patients with a total time in ED over 12 hours
- Total time in ED by age band, with a focus on 85+ patients
- Managing peaks in arrivals to ED
- Time to assessment and treatment

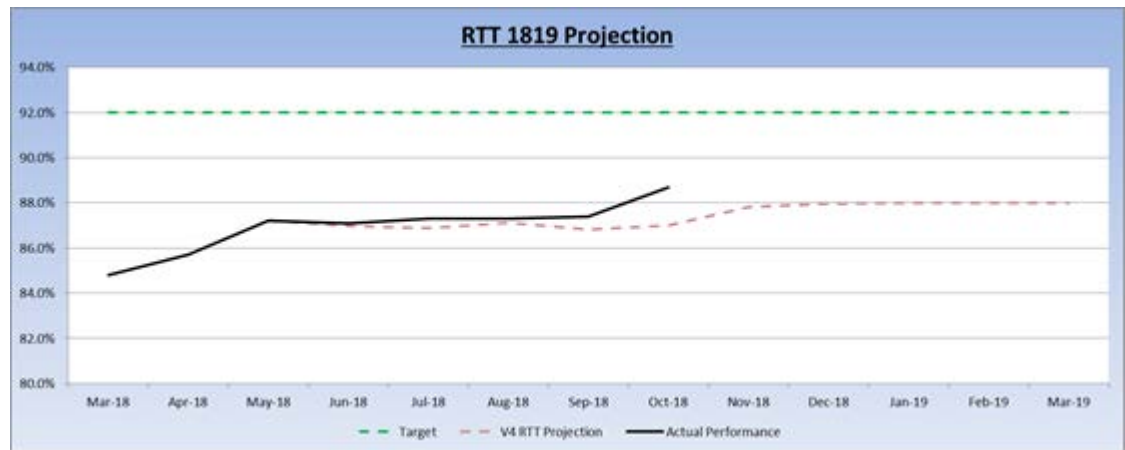
## **National escalation levels – OPEL 1 - 4**

Review of RUH Escalation response to ensure that it is more clinically led and strengthen the actions that will support ED and manage risk at peak periods of pressure.



# 18 WEEKS RTT

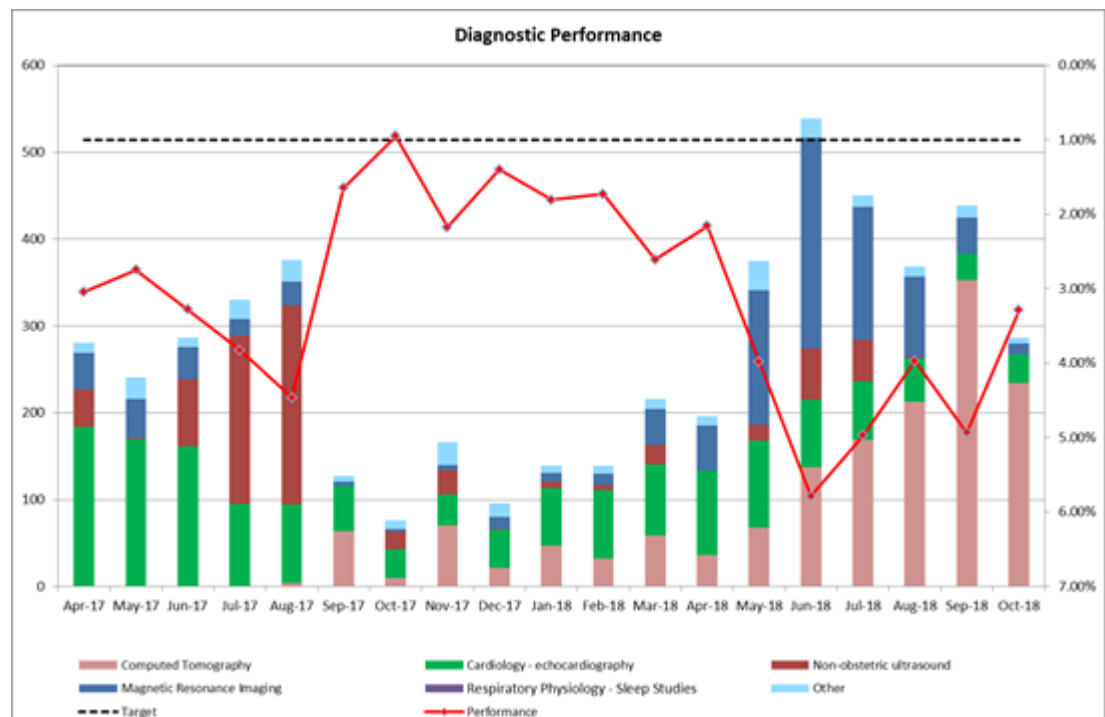
- Performance affected from winter last year
- Treatment of cancer patients continues to be a priority
- Backlog of patients continues to improve
- Surgery continues to be challenging. Medical staff gaps and treatment of cancer
- Medicine – Dermatology due to consultant staff gaps
- RUH has delivered RTT improvement trajectory from May 2018



RUH has a detailed **elective winter plan** for 2018/19, based on what we learnt in 2017/18. Use of other providers.



- Cardiac diagnostics which is resolving
- Radiology a focus for improvement. MRI backlog from May 2018 now cleared.
- October 2018, remaining Radiology issue is CT due to high demand.
- New capacity coming on line during 2018/19



RUH **delivering** against cancer standards, however this is becoming increasingly challenged in specific tumour sites e.g. Prostate

Improvement plans by cancer tumour site developed

National focus on 62 day cancer standard, RUH continues to perform well when compared to other Trusts and the England average

			Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18
62 Day	Cancer Network	RUH	86.30%	87.20%	93.00%	87.60%	89.30%	82.20%	88.40%	87.90%	87.10%	80.60%	85.90%	80.00%
		UHB	88.40%	83.08%	77.99%	81.30%	87.30%	84.08%	82.41%	85.96%	85.66%	88.93%	87.43%	Not yet available
		NBT	87.00%	87.04%	76.89%	83.30%	87.30%	84.50%	81.88%	85.12%	78.95%	83.01%	81.30%	Not yet available
		Taunton	66.10%	84.46%	73.79%	76.10%	78.60%	75.50%	74.33%	73.77%	79.74%	73.78%	74.67%	Not yet available
		Yeovil	77.40%	86.67%	87.27%	82.60%	90.12%	82.11%	72.34%	82.20%	79.67%	75.21%	73.96%	Not yet available
		Gloucester	76.50%	73.36%	69.91%	79.10%	78.70%	80.49%	79.88%	67.11%	75.13%	76.58%	69.04%	Not yet available
		Weston	57.10%	66.67%	77.78%	78.70%	65.50%	80.00%	82.54%	70.37%	65.28%	74.63%	63.33%	Not yet available
	Other Local Trusts	GWH	84.56%	85.43%	83.59%	87.90%	90.00%	80.79%	86.98%	93.57%	80.00%	84.21%	82.22%	Not yet available
		Salisbury	81.08%	82.76%	76.58%	77.70%	92.00%	87.83%	88.03%	79.73%	80.92%	84.27%	87.77%	Not yet available
	National	England	82.48%	84.16%	81.15%	81.00%	84.70%	82.30%	81.10%	79.24%	78.19%	79.36%	78.25%	Not yet available

**Winter Plan for 2018/19 RUH has 10 Key High Impact Actions:**

1. Focus on non admitted pathways within ED **since September 2018**
2. After go live with UTC in May 2018, improve GP shift fill rate **on track**
3. Redesign of MAU area B (Medicine Direct admissions) **since October 2018**
4. Protection of SAU (Surgery) to allow ESAC to function & support direct admits **since May 2018**
5. GP expected ambulant trauma patients direct to SAU **since September 2018**
6. Super Stranded systematic daily auditing with system partners **since April 2018**
7. Electronic Patient Flow System Project set up December 2018 **on track and live in 2019**
8. Expansion of Home First December 2018 **on track**
9. Medical take model will be changed, enabling a consultant to be present on MAU - January 2019
10. Winter elective plan - January 2019

**All actions reviewed by Urgent Care Collaborative Board, Chaired by James Scott**