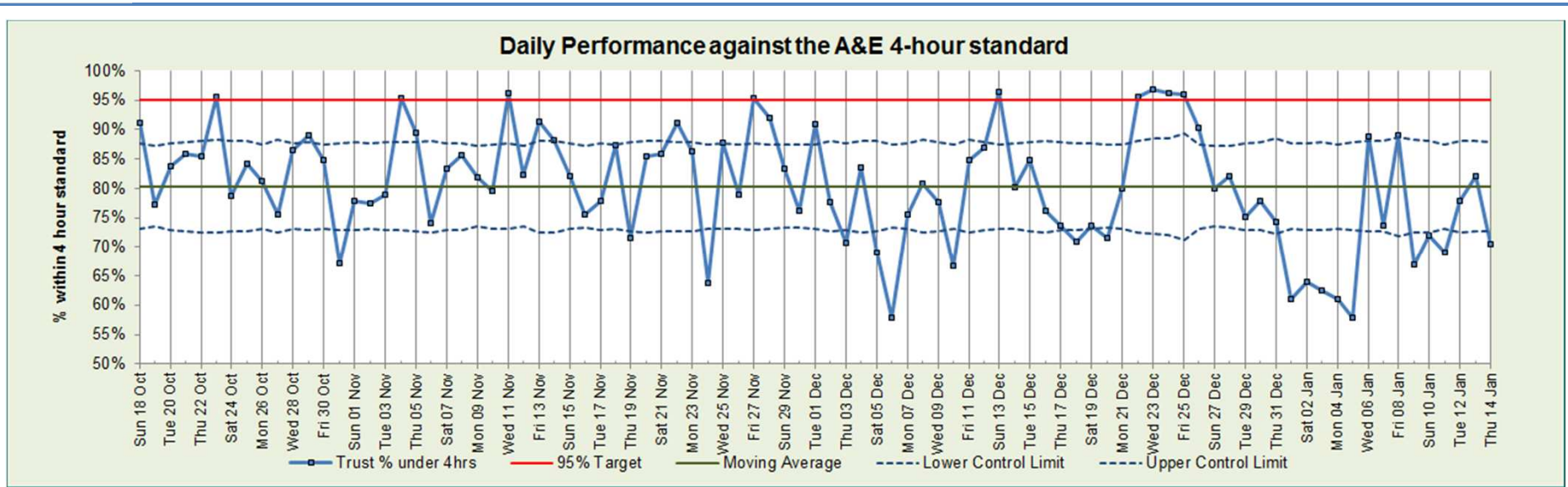


Unscheduled Care ED Performance vs 4 Hour Standard

Silas Nicholls, Acting CEO UHSM

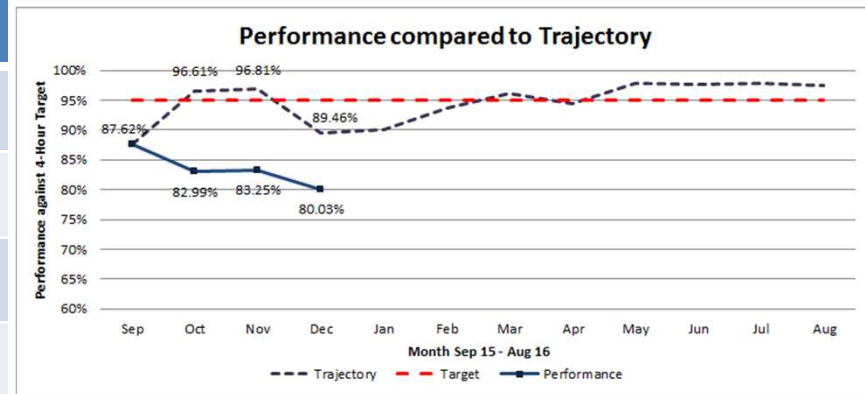
18th January 2016

Despite strong performance on some days, the full impact of our '95 in 15' Plan has not yet materialised in Q2 due to a number of factors affecting our A&E performance



The below shows performance against the revised trajectory shared in October 2015.

	2013/14	2014/15	2015/16	15/16 Trajectory	16/17 Trajectory
Q1	95.49%	91.26%	91.26%		96.6%
Q2	96.26%	95.18%	90.20%		95.8%
Q3	94.45%	91.50%	82.10%	94.2%	
Q4	91.06%	89.82%		93.4%	



SROG Action Plan

Group	Metric	Target	Week Ending									Trend	Trending Icon
			15/11/15	22/11/15	29/11/15	06/12/15	13/12/15	20/12/15	27/12/15	03/01/16	10/01/16		
KEY PERFORMANCE INDICATORS													
Performance & Attendances	A&E 4hr wait	>=95% (amber 90-95%)	85.51%	82.02%	83.74%	75.00%	81.19%	75.78%	89.61%	71.02%	72.04%		
	Average number of ED Attendances per day	Activity Plan	270	258	271	260	254	262	242	259	239		NA
Additional UHSM Bed Capacity	Number of Additional Scheduled Care beds open to system (av per day)	Nov 15 ->=12.5 Dec 15 onwards ->=25	tbc	tbc	tbc	tbc	tbc	tbc	tbc	tbc	tbc		tbc
	Number of beds open on F4 (Total capacity 32) (av per day)	Oct 15 ->= 28 Nov 15 onwards ->=32	24	24	24	27	28	28	28	28	30		
	Opening of PITU (8 beds) (av per day)	Nov 15 ->=4 Dec 15 onwards ->=8	0	0	4	4	8	10	4	2	10		
	Additional Community beds (spot purchase)	Jan-16 - 10 additional UHSM community beds open											
	Additional Wellington beds	Average of 28 Wellington beds open / day (Oct 15)		28	28	28	28	28	28	28	28	28	
Medical Outliers	Average number of Medical Outliers per day	<15 per day (amber 15-20)	29	24	19	24	22	20	20	40	39		
Wait for ED Doctor	Median wait for ED Doctor (Minutes)	<=60 (amber 61-75)	78	70	69	70	76	88	70	86	70		
25 in 50 days metrics	A&E Conversion Rate	<25% (amber 25-28%)	28.9%	32.8%	32.3%	33.2%	32.8%	32.2%	32.8%	31.7%	31.9%		
	Average number of patients attending AMRU per day (Mon-Fri)	Average of 25 attendances per day (Mon-Fri) (amber 22-25)	23	17	17	17	20	19	19	23	21		
	Proportion of discharges taking place before midday (Trust)	>25% (amber 22-25%)	16.55%	17.28%	13.43%	13.39%	15.64%	17.68%	16.32%	14.64%	17.29%		
	Proportion of discharges taking place before midday (Unscheduled Care)	>25% (amber 22-25%)	21.52%	23.28%	17.53%	15.06%	20.67%	25.00%	20.69%	16.85%	21.59%		
	Proportion of discharges taking place before midday (Scheduled Care)	>25% (amber 22-25%)	13.65%	13.54%	10.85%	12.46%	12.65%	13.31%	13.44%	13.24%	14.65%		
	Discharge Lounge Utilisation (Unscheduled Care)	>= 25% of discharges utilising DL (amber 22-25%)	13.95%	12.97%	12.33%	10.17%	10.39%	13.01%	9.77%	6.64%	14.98%		
Occupancy Rate	Hospital Acute Bed Stock Occupancy Rate (average over period)	<=92.5% (amber 92.5-95%)	100.60%	99.10%	99.13%	100.17%	102.39%	100.90%	91.78%	100.02%	101.53%		

Trending Icon Key	
	4-week trend
	strong improvement
	improvement
	no change
	deterioration
	strong deterioration

Progress against SROG Action Plan

Indicators	Target	Trend	Current	Comments
Performance	95%	↓	72%	Lower attendances , sustained number of admissions. Higher acuity (ED accommodation constraints) 100% bed occupancy, constrains flow Increased DTOC
Frailty - Proportion of patients discharged from AMU - Average length of stay - Conversion rates	>33% <10days <67%	↑ ↓ ↑	46% 12.33 46%	Positive Patient experience Enhanced medical expertise on AMU Will retain
Bed Capacity Scheduled Care - Converted A2 to day case 20 trolleys and chairs - A1 + 6 - F3 +8, > + 4 mid Feb Unscheduled Care - F4 +8 - PITU +28 (mid Feb) - Wellington 28	20 6 12 8 28 28	↔ ↔ ↓ ↔ ↓ ↔	20 6 8 8 14 28	Remodelled bed capacity over the year, net impact -80 based on same period last year. Success in the opening of the majority of beds as planned. Further capacity expected by mid-Feb. Delays due to nurse recruitment.
Medical Outliers	<15	↑	39	Monitor plan post BH 15% of acute beds


Progress against SROG Action Plan

Item	Target	Trend	Current	Comments
Conversion Rates - % of medical take seen in AMRU - Ave no. of patients in AMRU - Ave no. of new patients attends on AMRU - Ave no of BB in ED /day	<25% 25% 25 N/A <29	↔ ↔ ↑ ↔ ↔	31.8% 16% 21 15 32	Sustained no. of admissions although < attendances Expansion of referral criteria to AMRU not fully implemented. Impact of SACRU pilot to be established.
Patient Flow - % discharged before 12 - Discharge lounge utilisation - Acute occupancy rates (beds) - No NHS attributable DTOCS/day - No. of NHS DTOCs days	>25 >25% <92% <5 <5	↑ ↑ ↔ ↑ ↑	17.4% 14.9% 100% 19 579	Progress demonstrated overall TTO's remain a focus – amendment of job plans required to accommodate earlier ward rounds. DTOCs figures rebased in November LOS ≥ 14 days reduced by 64 to 194
DTOC's - Social care attributable DTOC's patients per day - No of social care attributable DTOCs days	<15 <450	↑ ↑	45 936	DTOCs figures rebased in November Accounting for 11% of medical bed-stock.

Dec-15
ED 4- Hour Target Performance
80.03%

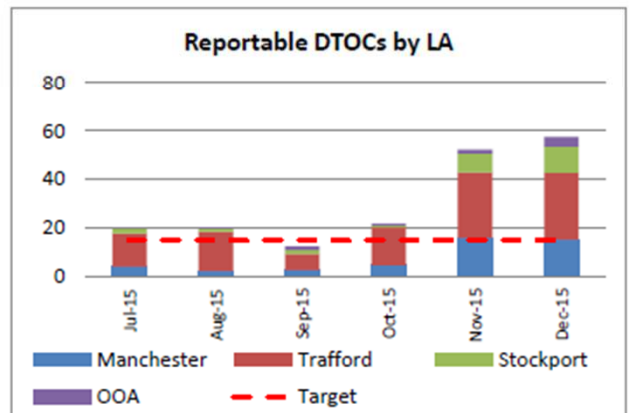
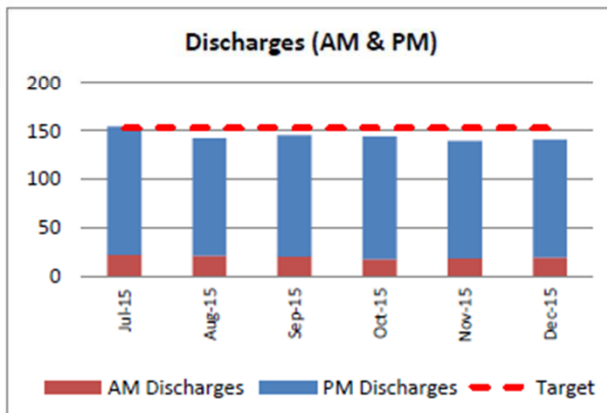
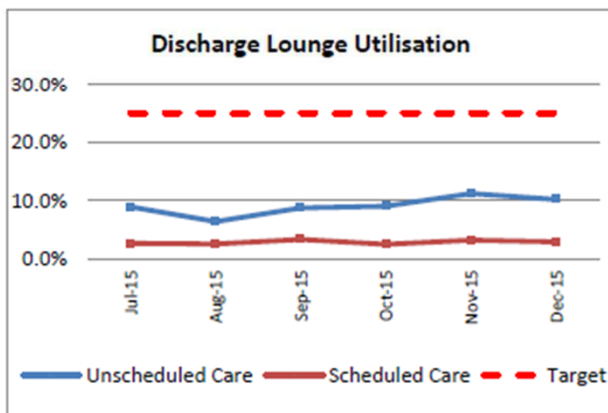
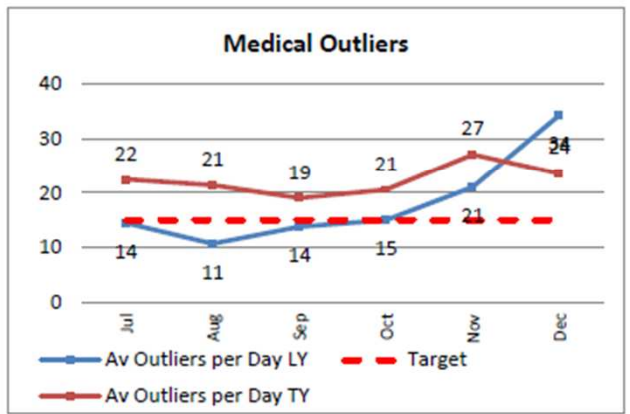
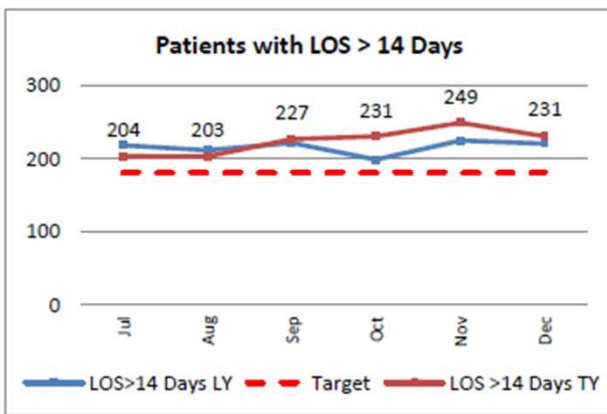
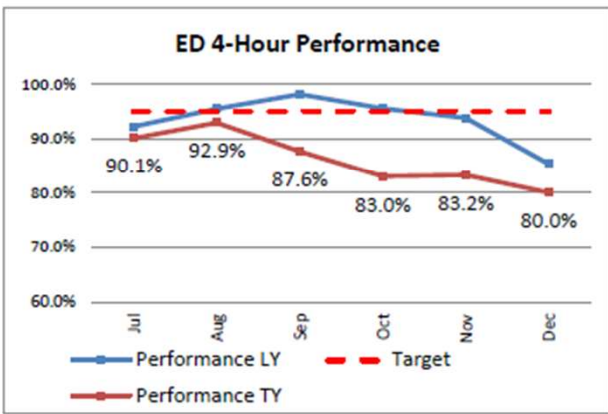
Monthly Patient Flow Dashboard

Key Performance Indicators



KEY PERFORMANCE METRICS: December 2015							
Time to ED Triage (Mins)	Time to ED Doctor (Mins)	Time to Specialty Doctor (Mins)	Time to Bed Allocation (Mins)	Time between Bed Allocation and Admission (Mins)	Av. Number of IPs with LOS > 14 Days	Number of Delayed Discharges from ICU	Number of Reportable DTOCs
9	76	72	128	43	231	10	58

LAST 6 MONTHS	FROM: JULY	TO: DECEMBER
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Analysis of why we aren't improving?

- **ED Department Capacity**, increasing acuity + general pressures within health economy > impact of deflections.
- **Bed capacity, occupancy > 100%**, no flexibility and constrained by nurse recruitment (F4 still to open consistently +8 beds).
- **Conversion Rates**, plans for expansion of AMRU referrals in progress, with impact of ED Champions to be fully realised.
- **Admissions > Discharges**, capacity and timing.
- **> DTOC's**, capacity not matching demand, and lack of availability within the system to flex with requirements. Disparity of LOS per CCG.
- **SROG Plan not fully implemented**

Next Steps

Continue Existing Plan

- Expand bed capacity, aligned to plan – recruitment permitting.
- Continue with plans for nurse recruitment, building on strategy for nurse development
- Address the shortfall in social care capacity to improve DTOCs
- Implement MADE recommendations to reduce DTOC's supporting daily discharge rate 50% i.e. approximately 22 patients per day (almost one ward).

January

- Understand the outcome of expected UHSM bed capacity review
- Implement benefits of SACRU pilot from February.
- Initiate review of medical workforce, job planning.
- Advertise for long term gaps in medical workforce, currently filled with locums / agency.
- Begin dialogues with ED Champions, addressing changes required to referral criteria and recommendations for patients management in ED, including revision of existing protocols.

February

- Implement recommendations of ED champions.
- Establish acute in-reach within ED, and evaluate benefit in terms of medical conversion.
- Approve discharge nurse as “trusted Assessors”
- Increase flow from ED by direct bed allocation by bed managers into Complex and Medical Specialities
- Open remaining beds as part of the existing plan.
- Confirm Easter Plan

March

- Agree provision for “call-off” of homecare packages, supporting “home first” processes, by the acute discharge nurses to include weekends and bank holidays.
- Implement “Trusted Assessors” within UHSM ahead of Easter Bank Holiday, as per Easter Plan.
- Put in place the lessons learned by MADE for Easter Bank holiday.