



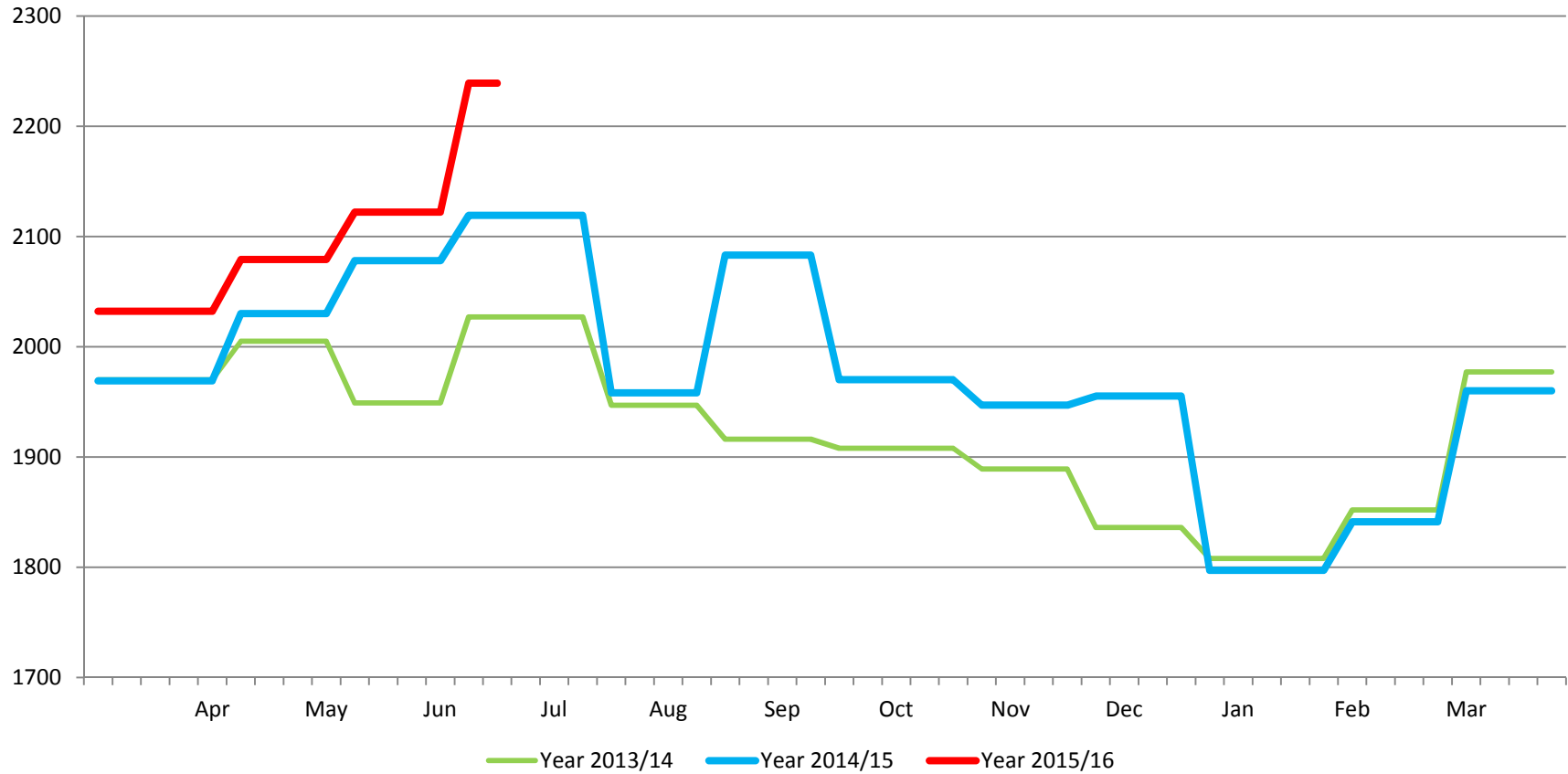
Annex for June IPR



PHT – Quality Metrics

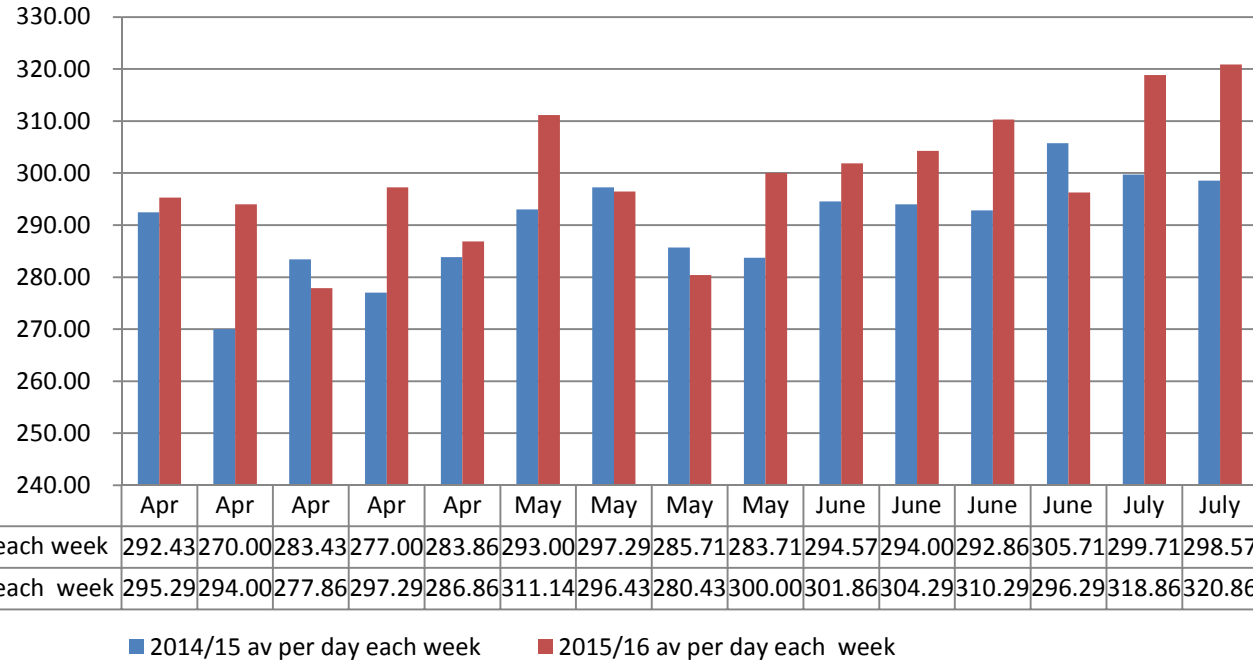
Quality metric	Measure	Target	Frequency						Comments
			Jan-15	Feb-15	Mar-15	Quarter 4	Apr-15	May-15	
PHT Emergency Department									
30 minutes ambulance handovers compliance (%of minutes)	Trust monthly target	95%	1094	1324	651	3069 (previously logged in hrs:mins)	95%	93%	
12 hours DTA trolley waits	Monthly incidence	0	4	11	0	15	0	0	
Ambulance diverts	Monthly incidence	0	0	0	0	0	0	0	
Queue 15 minute assessment compliance (against assurance proforma documentation)		95%	Not validated		98%	not complete quarter	99%	94%	May: Data refreshed following validation for March and April
ED Friends and Family	Trust monthly score <i>Response rate</i>		16.6%	16.9%	18.5%	17.3%	17.5%	14.6%	
	Trust monthly score <i>Improving positive responses</i>	< 3% deterioration	94.9%	95.4%	95.6%	95.3%	96.4%	94.8%	
Patient safety incidents relating to the queue <i>SIRIs</i>			1	1	0	2	0	0	
Patient Complaints and Concerns relating to ED, trolley waits and/or the queue			0	0	1	1	0	1	
Number of patients who left ED without being seen			304	241	194	739	292	TBC	
PHT Wards									
Patient Safety Incidents/SIRI relating to urgent care (e.g. unsafe discharges, outliers and moves at night)			0	0	0	0	0	0	January: Amended from 4 incidents to 0 (zero). Following completion of the investigation the root cause and contributory factors demonstrated no relation to the patient having been outlied.
Non clinically justified patient moves between 19.00 and 07.00 hours	Monthly incidence	< 3 per day	448	363	389	1200	40	54	
Number of patients outlied (out of specialty)	Trust average monthly outliers number recorded at 07.00	< 10	no data	804 (part month collation)	1453	2257 (not full data)	1096	1172	
Additional Capacity beds open	Trust average monthly total number based on 09.30 bed report	< 30	no formal data collated to commence				343	238	
Inpatient Friends and Family	Trust monthly score <i>Response rate</i>		36.6%	36.5%	39.2%	37.4%	36.5%	54.0%	
	Trust monthly score <i>Improving positive responses</i>	< 3% deterioration	96.4%	96.6%	96.5%	96.5%	97.0%	97.4%	
Readmissions Rate	Trust total number	0 monitor	569	542	575	1686	574	578	Data refreshed.
Discharges at night between 21.00 and 07.00 (excluding deaths)	Trust total number		713	631	693	2037	653	732	Data has been amended to exclude deaths.

Type 1 attendances: average per week (Mon to Sun) by month: 2013/14 to date



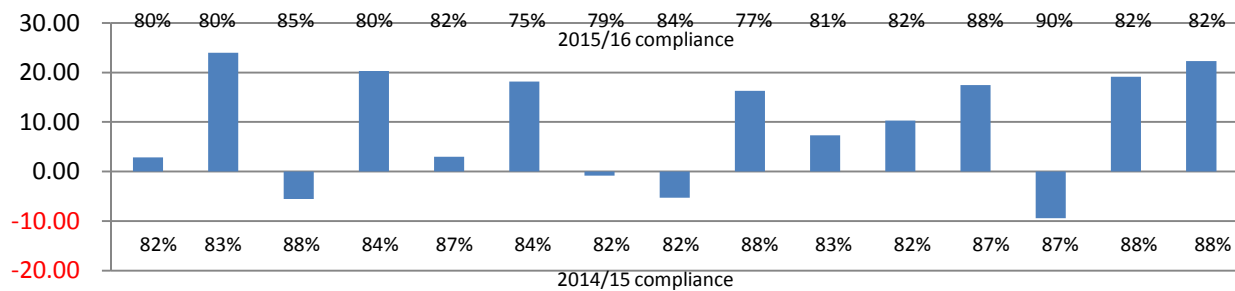
Higher levels of demand with stepped increases in attendances following last year's pattern: a significant rise of 290 patients in first 2 weeks of July compared to last year.

Average type 1 attendances per day by week: April to date

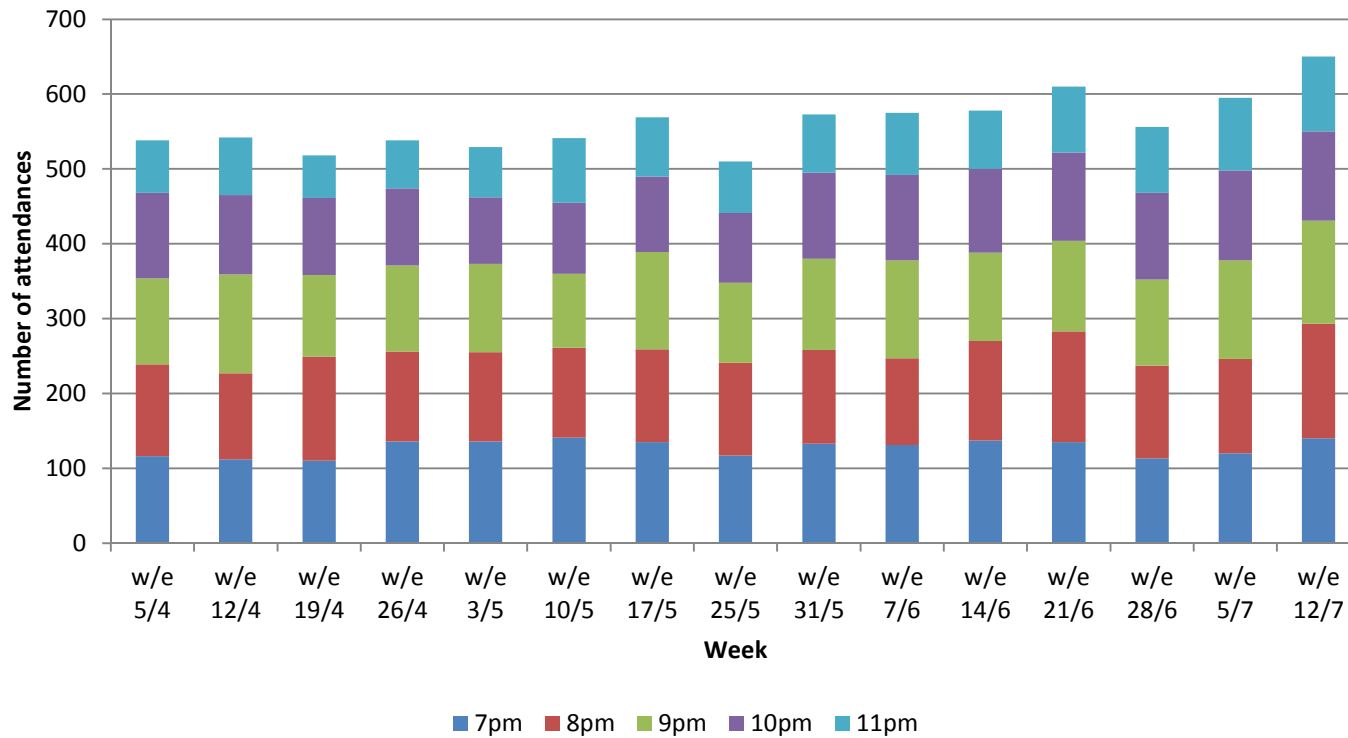


Additional type 1 attendances 2015/16 to 2014/15	
April	312
May	198
June	179
July (2 weeks)	290

Diff 15/16 to 14/15 per day each week

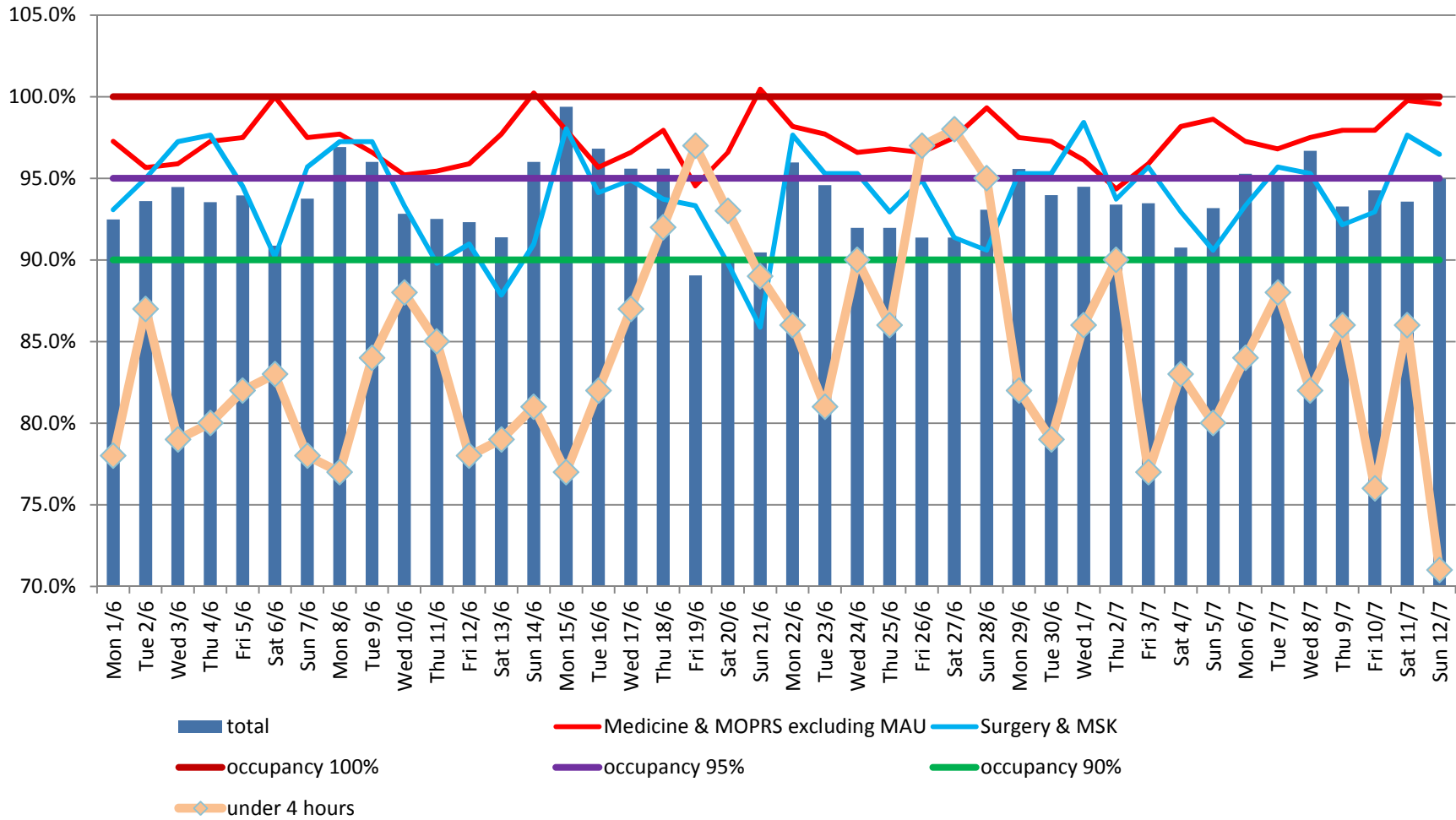


A&E attendances between 7pm and midnight April 2015 to date



Rising numbers of evening attendances from June onwards – in week ending 12th July, 650 attendances between 7pm and midnight - 20% higher than in week ending 4th April

Bed occupancy at midnight: April 2015 to date



Overall occupancy over 90%, medicine & MOPRS occupancy over 95% with a pattern of weekend increases. Days with 95%+ 4 hour waits had lower levels of occupancy.

Performance since phase 2 plan launch on 18th June

System	PHT				PHT & St Mary's			
	Under 4 h	Over 4h	Total	% compliance	Under 4 h	Over 4h	Total	% compliance
18-Jun-15	382	29	411	92.94%	513	29	542	94.65%
19-Jun-15	351	9	360	97.50%	467	9	476	98.11%
20-Jun-15	390	28	418	93.30%	532	28	560	95.00%
21-Jun-15	366	45	411	89.05%	494	45	539	91.65%
22-Jun-15	356	57	413	86.20%	503	57	560	89.82%
23-Jun-15	323	71	394	81.98%	448	71	519	86.32%
24-Jun-15	359	39	398	90.20%	511	39	550	92.91%
25-Jun-15	328	50	378	86.77%	453	52	505	89.70%
26-Jun-15	350	10	360	97.22%	481	10	491	97.96%
27-Jun-15	371	4	375	98.93%	494	5	499	99.00%
28-Jun-15	394	19	413	95.40%	518	22	540	95.93%
29-Jun-15	365	80	445	82.02%	531	80	611	86.91%
30-Jun-15	305	78	383	79.63%	411	78	489	84.05%
01-Jul-15	351	57	408	86.03%	474	57	531	89.27%
02-Jul-15	353	37	390	90.51%	489	37	526	92.97%
03-Jul-15	330	97	427	77.28%	442	97	539	82.00%
04-Jul-15	347	68	415	83.61%	476	68	544	87.50%
05-Jul-15	345	85	430	80.23%	484	85	569	85.06%
06-Jul-15	354	63	417	84.89%	509	63	572	88.99%
07-Jul-15	390	51	441	88.44%	515	57	572	90.03%
08-Jul-15	365	76	441	82.77%	507	77	584	86.82%
09-Jul-15	337	53	390	86.41%	480	53	533	90.06%
10-Jul-15	308	96	404	76.24%	433	96	529	81.85%
11-Jul-15	349	54	403	86.60%	488	54	542	90.04%
12-Jul-15	299	119	418	71.53%	433	119	552	78.44%
Total	8768	1375	10143	86.44%	12086	1388	13474	89.70%

Key Issues:

- Significant increase in QA type 1 attendances in July
- Average of 135 discharges (143) each weekday, and 87 (120) each weekend day compared to target
- 20% increase in attendances between 1900 – 0000 since April
- Waiting for A&E space/first assessment, particularly at week-ends and waiting for a bed are key breach reasons

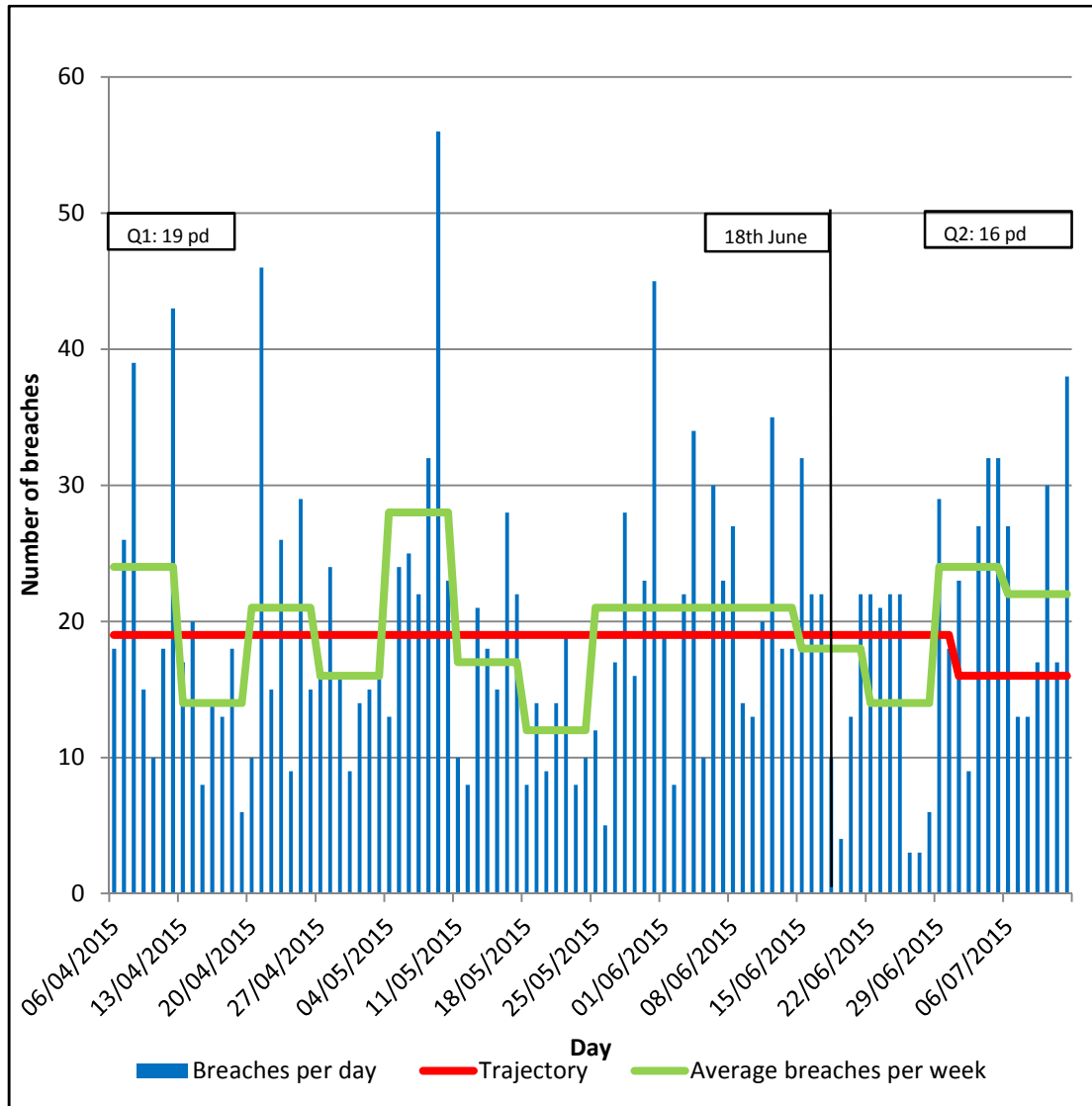
Key actions:

- Consistent delivery of PHT Professional Standards on every ward and delivery of HIC 5 to improve net admission and discharge position, especially at week-ends and HIC 1, including extra medical cover at week-ends
- Work with partners to deliver system wide KPIs agreed at the Urgent Care Board to deliver agreed conveyance (no change versus -5%), frail elderly (no change versus -4%) and MFFD (118 versus <64) targets
- Work with the CCG to progress inclusion of St Mary's ISTC and Guildhall Walk In Centre in attendance figures (impact defined in table)

Current performance:

- Last week Q1: 90.85% - achieved
- PHT Q2 to 12th July: 82.83% - underachieved
- PHT & SMH Q2 to 12th July: 89.7% - nearly achieved

HIC 1 - avoidable breaches (minors and majors not admitted)



Key issues:

- Highest breach reasons in this area continue to be waiting for ED care space 21% and delay in first assessment 8 %

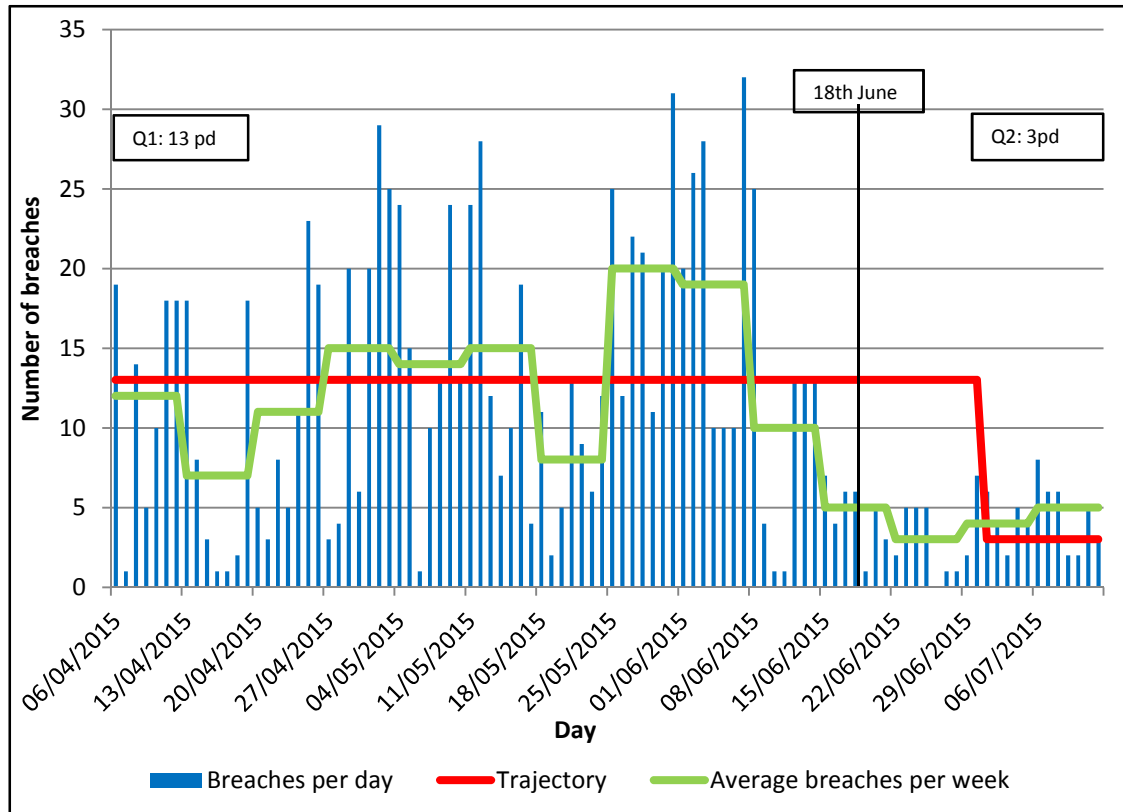
Key actions:

- Increased use of alternative primary care/111, UCC and frailty pathways to reduce conveyance rates has started
- Phasing of ambulance arrivals through GP acute home visiting service starts July
- Pit-stop diagnostics and early senior review now in place with plans to extend from September
- Recruitment process for the appointment of 2 additional ED Consultants commencing September 2015

Performance since phase 2 launch to 12th July:

- 19 (16) per day

HIC 2 - Professional Standards



Key issues:

- Breaches waiting for a specialty opinion

Key actions:

- Lessons learnt from ED clinical team during daily 0700 Safety Huddle shared with MSK, Paediatrics & Surgery clinical teams leading to improved compliance with standards
- Chiefs of Service actively involved in holding own teams to account and swiftly rectifying non compliance between them
- Escalation of any referrals refused by specialty team to Medical Director for resolution
- Agreement with Director of Nursing to commence auditing ward compliance with standards daily from 20th July

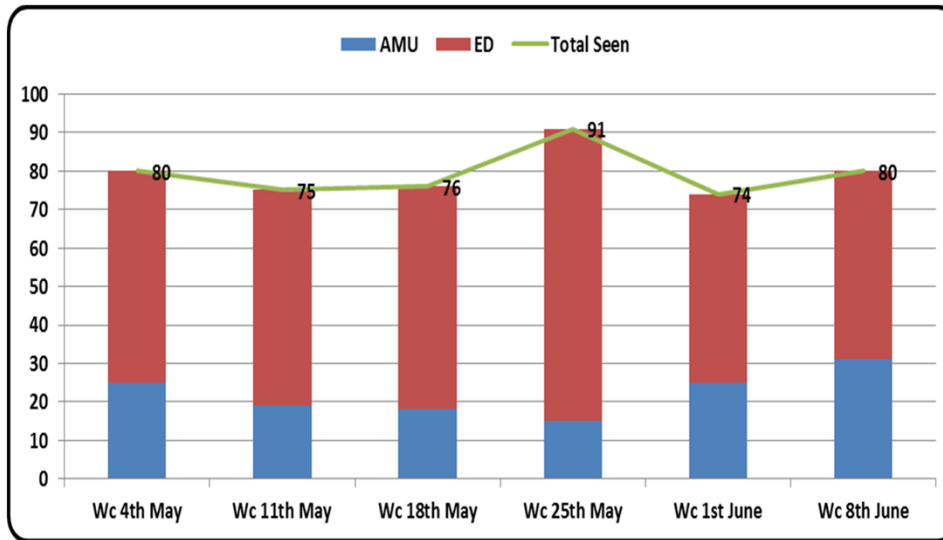
Performance since phase 2 launch to 12th July:

- Average 4 (3) per day

“The Internal Professional Standards are an extremely useful tool for the ED, because when we need to challenge behaviour or service which falls below the high standards we try and maintain, we know we have the support of a published document agreed by the Chiefs of each CSC. It means that not only is poor behaviour less likely to occur, it’s also less likely to remain unchallenged, because there is now more clarity about how and when to escalate concerns.”

Dr Eliot Wilkinson – Consultant in Emergency Medicine

HIC 3 - Frailty Intervention Team

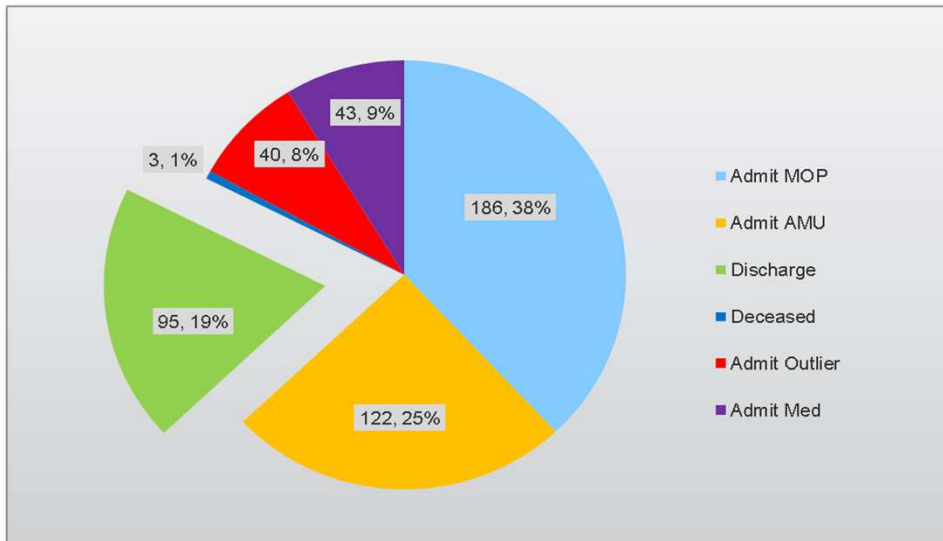


Key issues:

- Numbers of patients attending ED aged >=75 has increased by 516 patients or 9.5% when compared to the same six week period in Q1 2014
- Affordability of Consultant led FIT Service, £500k cost pressure

Key actions:

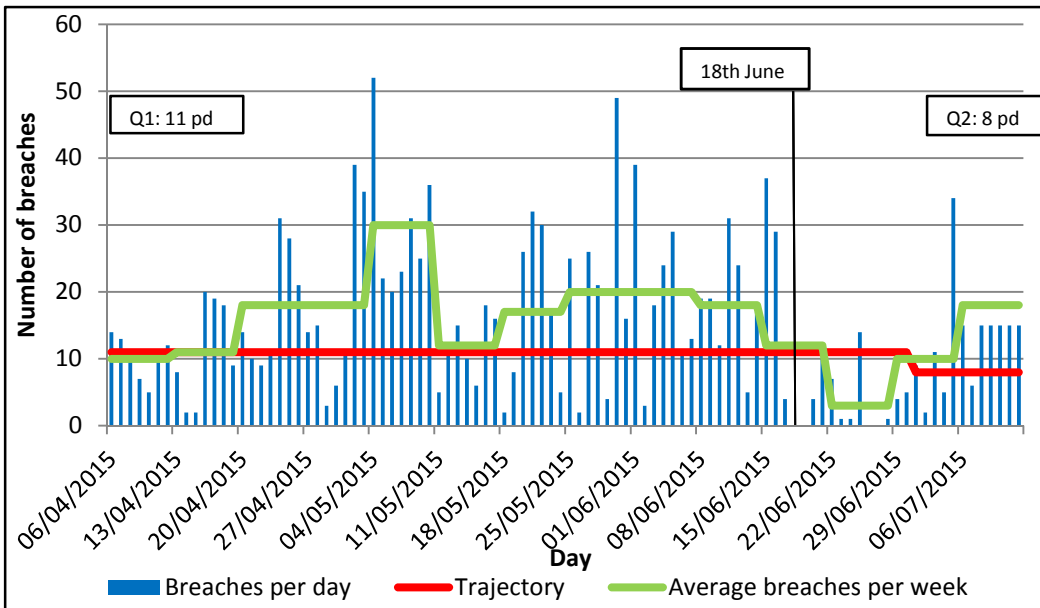
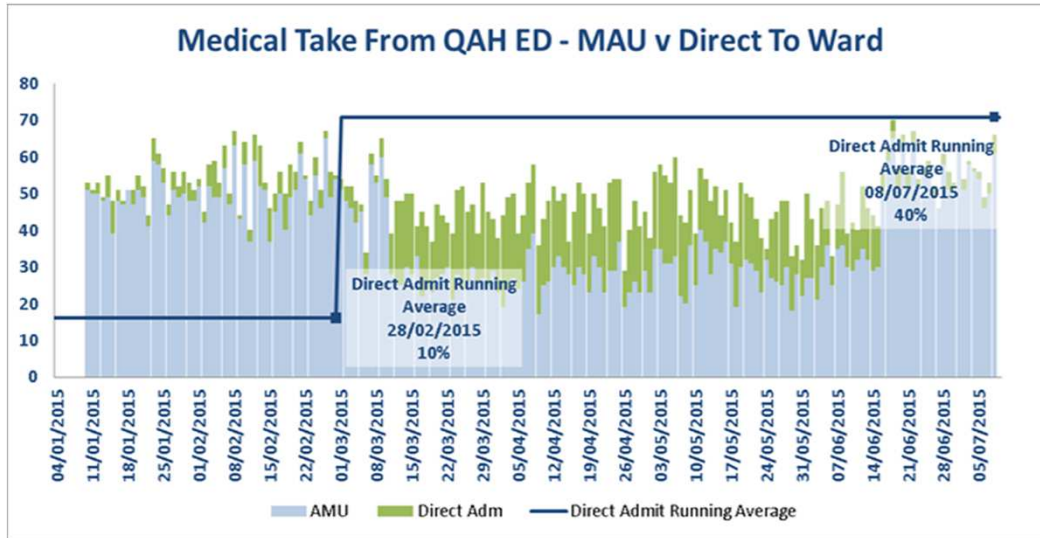
- Seek CCG funding for cost of FIT given £2.3m admission avoidance benefit per year
- Move to FIT Phase 2:
 - acceptance of GP calls
 - proactive approach to RH/NH admissions/admission avoidance
 - ambulatory pathways for admission avoidance
 - Acute Frailty Unit Model
- Creation of a system Frailty Blue Print w/c 20th July
- Work with partners to create overnight care/admission avoidance opportunities to reduce the percentage of FIT patients requiring admission overnight



Performance since phase 2 launch to 12th July

- No change to 4hr wait standard for >75 year patients that need admission 57%

HIC 4 - Medical Model



Key issues:

- Layout and organisation of the department leads to multiple patient moves and unnecessary delays to access A&E care spaces
- Not all ambulatory sensitive condition (ASC) pathways currently utilised: 8 fully implemented

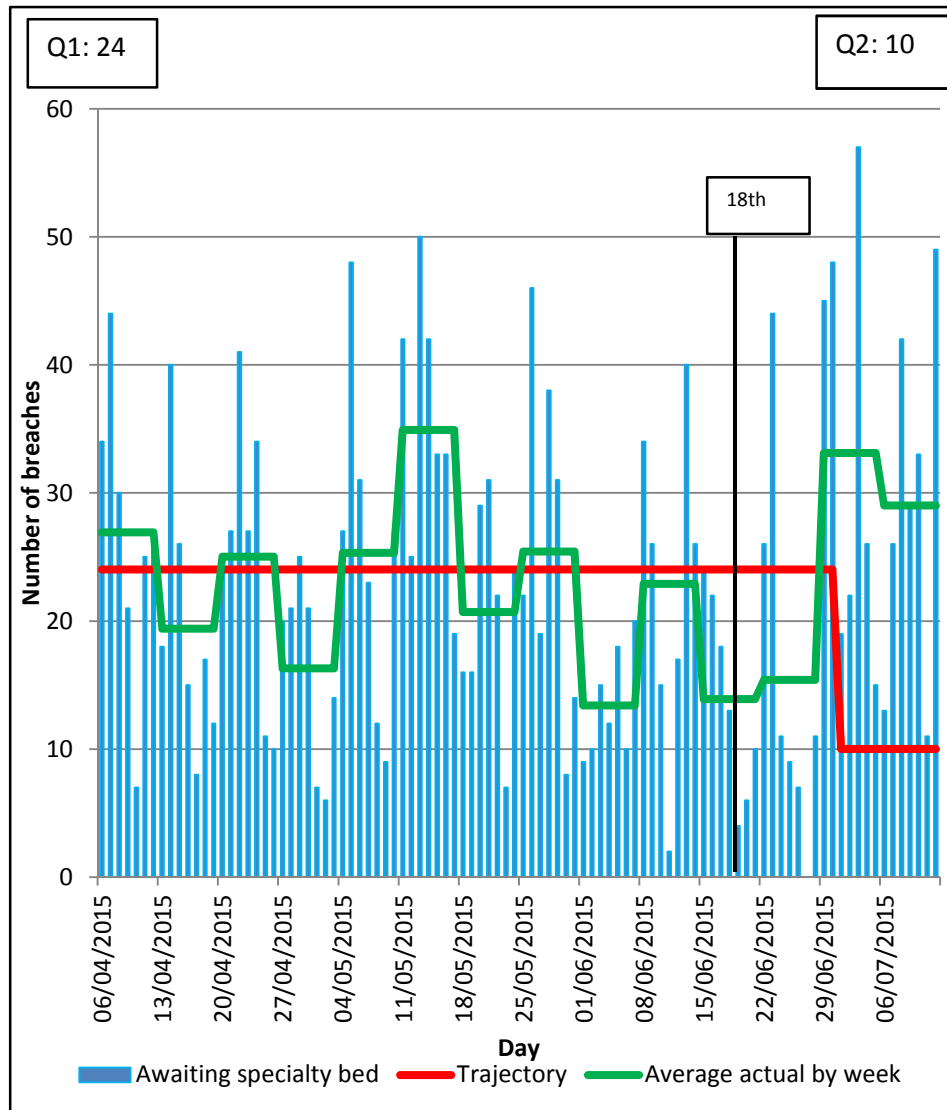
Key actions:

- Re-design patient pathway around the needs of the patient and identify short-term estate solutions to support this by end August
- Move to a process of assessing all patients as suitable for ambulatory care, according to the latest guidance from the national team, by end of September.

Performance since phase 2 launch to 12th July:

- 8 (8) per day average for A&E care spaces and post take 0 (0)

HIC 5 - Flow



Key issues:

- Average of 135 discharges (143) each weekday, and 87 (120) each weekend day compared to target
- Increase in surgical emergency take from 15-20 per day to 25-35 per day
- Automatic acceptance of general medical patients into specialist bed base
- Further improvement in Medicine and MOPRS length of stay needed

Key actions:

- Consistent delivery of PHT Professional Standards on every ward by end Q2
- Work with partners to deliver system wide KPIs agreed at the Urgent Care Board to deliver agreed conveyance (no change versus -5%), frail elderly (no change versus -4%) and MFFD (118 versus <64) by end Q2
- Site Operations to lead daily management and co-ordination of CSC flow teams by end July
- Improve the general and specialist balance of wards to speed up transfers from AMU by end August
- Transformation programme improves length of stay in Medicine and MOPRS by end Q2

Performance since phase 2 launch to 12th July:

- Average of 23 (10) per day