	Diagnosis	Why this is an issue		Key Actions	Milestones	KPI	Impact on Trajectory
ED Capacity	**Minors currently not achieving 98% breach avoidance**	■	Attendances Increased by 687 - **5.90%** Breaches increased by 1961 = **176%** increase	Ring-fence minor ED staffing 24/7 Deploy senior physiotherapist to minors to support soft tissue injuries 7 days Deploy pharmacist to minors to speed discharge 3pm to 8pm	Implementation w/c 31/10/16	Major Total Attendances Minor Total Attendances Major Total Breaches Minor Total Breaches	15-20% improvement on breach percentage
	Mismatched ED staffing. Alignment of demand and capacity. Workforce resilience (sickness)	■	Shortage of staff Second consultant required 7 days on late shift at John Radcliffe	SHORT TERM : Increased senior clinician capacity to be deployed in HGH ED out of hours and weekends addressed short term via deployment of the existing resident paediatric consultant and consultant anaesthetist.	Implementation 14/11/16	Achieved	
				MEDIUM TERM: Increase the consultant presence in ED from 12.3WTE to 16.3WTE to provide 2 consultants at peak times in order to enhance capacity for timely management of patients in ED.	Advertise January Appointment in post from June (NB some risk as prior adverts no success)	16.3 WTE recruited	
				Fund, advertise and recruit additional 5 WTE ED nurses within 12 weeks Undertake nursing workforce check to ascertain if any ENP trained staff working outside ED and assess redeployment opportunity	Implementation wc 37/11/16 & aim for increased capacity from February 17	number of nurses recruited	
				Maintaining full rotas for clinical staff		Established junior doctor and Trust grade hours VS Actual	
	Not automatic acceptance by specialty within 30mins of referral by ED and accepted admissions go directly to specialty	■		Implementation of automatic acceptance policy from ED to wards.	01/12/2016		
	Greater than 5% of patients breaching above 4 hours	■	**129** Breaches - Diagnostics **544** Breaches - Medical Staff (first Clinician) **499** Breaches - Bed Management **159** Breaches - Treatment Decision	SHORT TERM Deploy, on rota, ITU nurse (Adult and Cardiac) to ED 24/7 for 12 week period to support ED Resuscitation.	Implementation 7/11/16	Breaches - medical staff Breaches - treatment decision Breaches - beds Total Number of breaches	5% improvement on breach percentage, overall perfomance to achieve >95%
	Increased ED activity and pressured Primary Care capacity	●	ED attendances increasing by 4.00% year on year GMS activity: 4% rise in consultations - 50% for over 80s, ^acuity Primary Care Workforce specifically GP Workforce: 30% unfilled posts: 30% plan to retire. This category has been left out as data is not yet unavailable. Vulnerable practices: total 12 across Oxfordshire	Implementation of GP Access additional appointments in each locality. Align capacity against demand analysis from A&E work. Discussion between CCG/OH/Federation to discuss alignment with OOH and maximising workforce.	Breach analysis and times of increased demand identified Oxfed - 128 additional hours 640 extra appointments Abingdon 34 additional hours 170 extra appointments PML 175 additional hours per week which equates to 875 appointments. SE further 46 hours 230 extra appointments	Total number of additional GP Access appointments	
Patient Flow	**Delayed in assessment receiving provider - Trusted Assessor**	●	In place with OCC/social care. OCC: Trusted assessor arrangements in Help to Live at Home contracts and in Reablement	Priority identified to progress this workstream to support timely discharge - trusted assessor for health providers (community hospitals, care/nursing homes to support timely discharge) , trusted assessor for SCAS at front door.	Initial 21/10/16 Task& Finish Group to be established	**Reduction in delayed days attributed to Delayed Transfers of Care**	Total of 23 Patients Total Delayed Days - 312 Reduction of 1 day per patient **Total delayed days after reduction - 282**
	Medical model needs strengthening	●	OUH agreement for SAFER patient bundle roll-out. MRC Division will be fully implemented from October. Rolling this out across the rest of the Trust is being scoped and will include; Red & Green days; Ward round checklists.	Provision of dedicated consultant support to acute and complex medicine to ensure timely support for patients and junior staff & implementation of SAFER . Ensure two assessment beds remain available 24/7 and six beds available at 10am and 10pm in EAU Ensure two discharges from wards per morning to the Discharge Lounge by 10am Prioritise ITU step down to wards; all transfers of "green" patients to be completed within 4 hours Deploy pharmacist in the Discharge Lounge 10am to 2pm Radiology to give equal priority to patients in ED and ED admissions in wards to support earlier transfer from ED to admission Implement senior medical review of all inpatients by midday	Phased approach from September 2016, with 50% of the new model being implemented by the end of December 2016. Key milestones TBC	Roll out by specialty. Reduce the numbers of patients waiting in ED for specialist review. % patients managed in line with SAFER. Number of patients discharged prior to 12pm	
	MFFD Stranded patients > 7days	■	**132 out of 169** 31st Oct Snapshot - this includes patients awaiting; CH Generic Bed (26), DTA Dom Care (18), Nursing Homes (18), Reablement (33), Social Care Assessment (17).	Daily review of all non-tertiary/critical care patients with a length of stay in excess of 7 days Increase ICB capacity from 55 to 85 (including 12 CHC beds) Fast track ward discharge cleans	Implementation from wc 31/10/16	MFFD Stranded patients > 7days	
						Total number of stranded patients	

Discharge Flow	**Reduction of patients picked up by HART on the date of discharge**	■	New service transition and capacity issues	Ensure a consistent approach to the reporting for HART from the provider to the CCG, thus helping the CCG, Acute and Community providers anticipate capacity problems and escalate quickly and effectively.	HART at full capacity , achieving X discharges and X Pick ups, daily.	% people who were picked up within the required response time (measured from when the referral is received to the start of the first visit). Response times are: 1 calendar day for hospital discharges and the same day for ambulatory care units.	
	Community hospital capacity	■	CH LOS excluding DTOC **28** days & including DTOC **36** days	Trajectory monitored with Matrons weekly at DTOC meeting. OH is currently carrying out a ward by ward analysis of performance and practice and have recruited patient flow co-ordinators to assure delivery. Need to progress single bed management plan needed through liaison hub	September 2x Patient Flow Leads in post. October additional ICB bed capacity commissioned.	Community hospital length of stay both including and net of DTOC days. Target Average LOS 24 days Number of community hospital beds available each day at 10:30am	
	Transport to support discharge	■	Lack of capacity to support discharge. 53 Datix quality issues raised over last month related to delay and non attendance.	Revised KPIs to support discharge to be implemented	Agreement of new KPIs 08/11/16 Ongoing monitoring of the KPIs to ensure effective service operation Enacted from 08/11/16	Number of cancellations - SCAS unable to meet demand on discharges	
		●	Data Requested	Same day discharge/transfer requests (including Emergency Departments and Minor Injury Units): patients booked ready 0800-1700 and between 2300-0600 must wait less than 120 minutes after their requested pick up time.	Agreement of new KPIs 08/11/16 Ongoing monitoring of the KPIs to ensure effective service operation Enacted from 08/11/16	35% acute discharges preplanned	
		■	Data Requested	Same day discharge/transfer requests (including Emergency Departments and Minor Injury Units): patients booked ready between 0600-0800 and 1700-2300 must wait less than 180 minutes after their requested pick up time.	Agreement of new KPIs 08/11/16 Ongoing monitoring of the KPIs to ensure effective service operation Enacted from 08/11/16	% same day discharge/transfer requests (including Emergency Departments and Minor Injury Units): patients booked ready between 0800-1700 and between 2300-0600 must wait less than 120 minutes after their requested pick up time.	
		■	Data Requested	Planned discharge/transfer requests: patients must wait less than 45 minutes from their planned pick up time (book ready will not be utilised for planned discharges)	Agreement of new KPIs 08/11/16 Ongoing monitoring of the KPIs to ensure effective service operation Enacted from 08/11/16	% same day discharge/transfer requests (including Emergency Departments and Minor Injury Units): patients booked ready between 0600-0800 and 1700-2300 must wait less than 180 minutes after their requested pick up time.	
	DTOC is above trajectory and national average	■	DTOC headcount of delays target - 73 DTOC headcount of delays current - 141	Oct :Extra short-term discharge to assess capacity to support during the transition to the new reablement service, Extra ICBs to support flow in the short-term, reopening of Ch beds Nov:CHC D2A beds to reduce assessment delays, Review of housing delays and engagement with local housing authorities, Review of G code delays Short and long-term actions to increase EMI capacity and address long-waiters	Full bed and home based capacity available by 31/3/17	DTOC headcount delays Total delay days	