


Current Waiting Times and their Drivers at the RUH

05/09/22

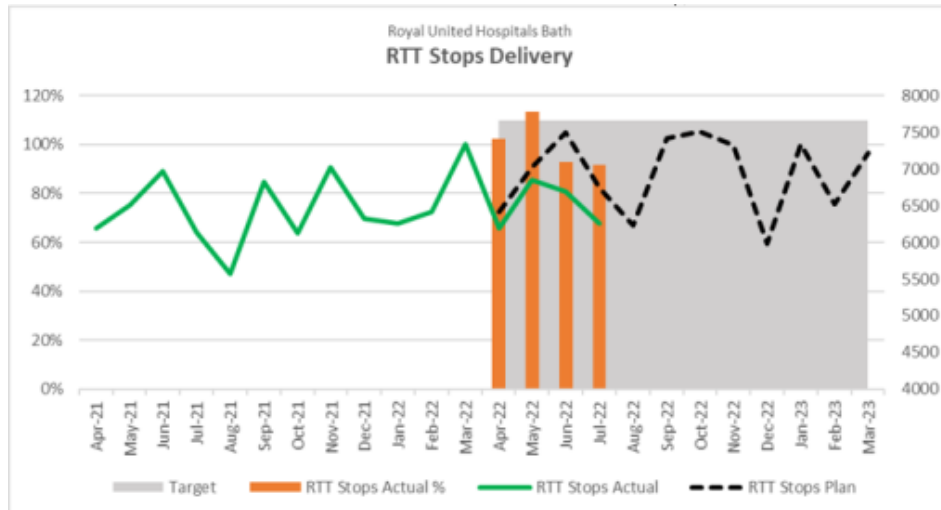
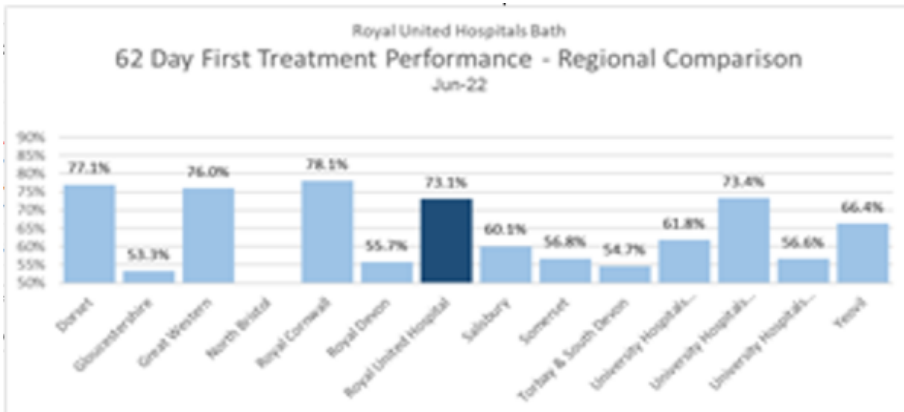
- 
- How are we getting on – Mixed picture
 - One of the leading Trusts for elective recovery
 - One of the most challenged for Non Criteria to Reside, leading to significant challenges with Ambulance handover delays
 - What are we planning for winter – challenging time ahead
 - Significant unknown going into Winter eg COVID, impact of cost of living crisis
 - Need for significant collective working to address demand and flow challenges – early adopters of successfully working together

Elective waiting times – RUH within the region

Week Ending : 21 August 2022

		RTT		
		% < 52 week	No over 78 weeks	No. of 104 weeks
BNSSG	N Bristol	6.90%	430	36
	UHB and Weston	9.38%	814	125
BSW	Great Western	4.14%	30	0
	RUH	4.28%	115	0
	Salisbury	2.03%	50	0
Cornwall	Royal Cornwall	5.72%	330	9
	Royal Devon	9.70%	1508	296
Devon	Torbay & S Devon	11.60%	751	59
	Plymouth	6.47%	1063	332
Dorset	Dorset County	7.22%	276	23
	UH Dorset	5.59%	494	101
Glos	Bournemouth	2.06%	59	0
	GHFT	2.06%	59	0
Somerset	Somerset	5.58%	337	21
	Yeovil	6.63%	88	0

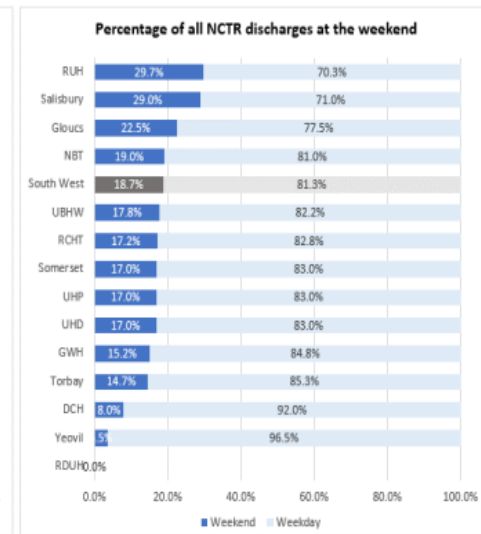
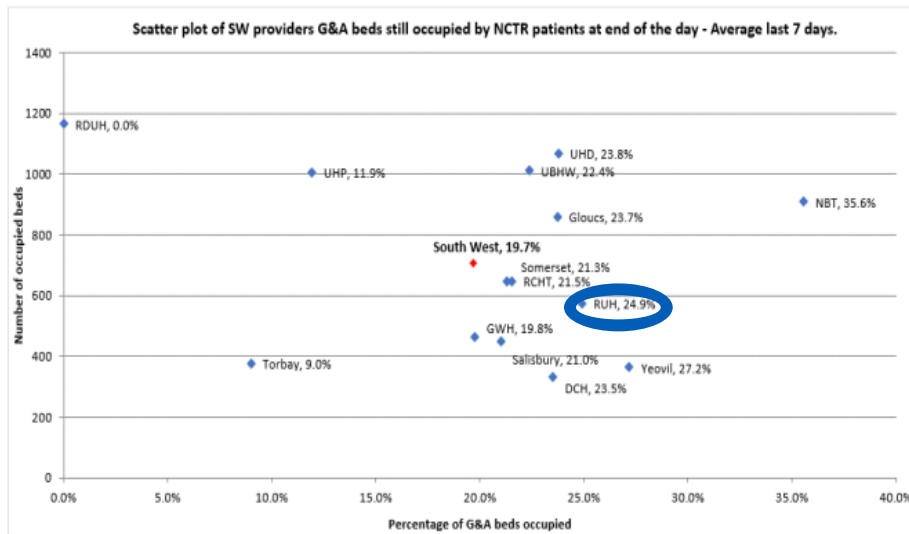
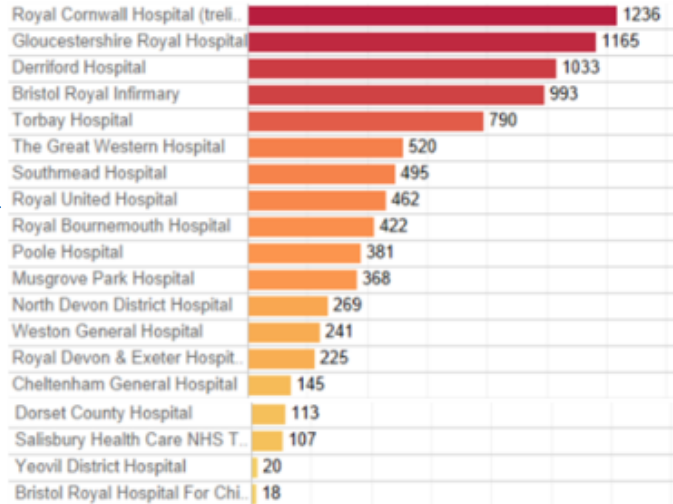
Provider	104+ day Backlog		
	WE 14-08-2022	WE 21-08-2022	Variance
DORSET COUNTY HOSPITAL NHS FOUNDATION TRUST	19	24	5
GLOUCESTERSHIRE HOSPITALS NHS FOUNDATION TRUST	60	56	-4
GREAT WESTERN HOSPITALS NHS FOUNDATION TRUST	70	69	-1
NORTH BRISTOL NHS TRUST	158	152	-6
ROYAL CORNWALL HOSPITALS NHS TRUST	35	36	1
ROYAL DEVON UNIVERSITY HEALTHCARE NHS FOUNDATION TRUST	110	114	4
ROYAL UNITED HOSPITALS BATH NHS FOUNDATION TRUST	36	35	-1
SALISBURY NHS FOUNDATION TRUST	30	30	0
SOMERSET NHS FOUNDATION TRUST	21	22	1
TORBAY AND SOUTH DEVON NHS FOUNDATION TRUST	64	47	-17
UNIVERSITY HOSPITALS BRISTOL AND WESTON NHS FOUNDATION TRUST	56	62	6
UNIVERSITY HOSPITALS DORSET NHS FOUNDATION TRUST	47	49	2
UNIVERSITY HOSPITALS PLYMOUTH NHS TRUST	55	58	3
YEOVIL DISTRICT HOSPITAL NHS FOUNDATION TRUST	17	20	3
SOUTH WEST	778	774	-4



Current elective programme is running through 42 beds (7% of the total amount) at the RUH. This is at high risk due to winter pressures due to lack of alternative available beds to support increased demand.

Urgent Care – remains significantly challenged

Number of handover delays over 60 minutes SW 30 day rolling average - as at 28/08/22



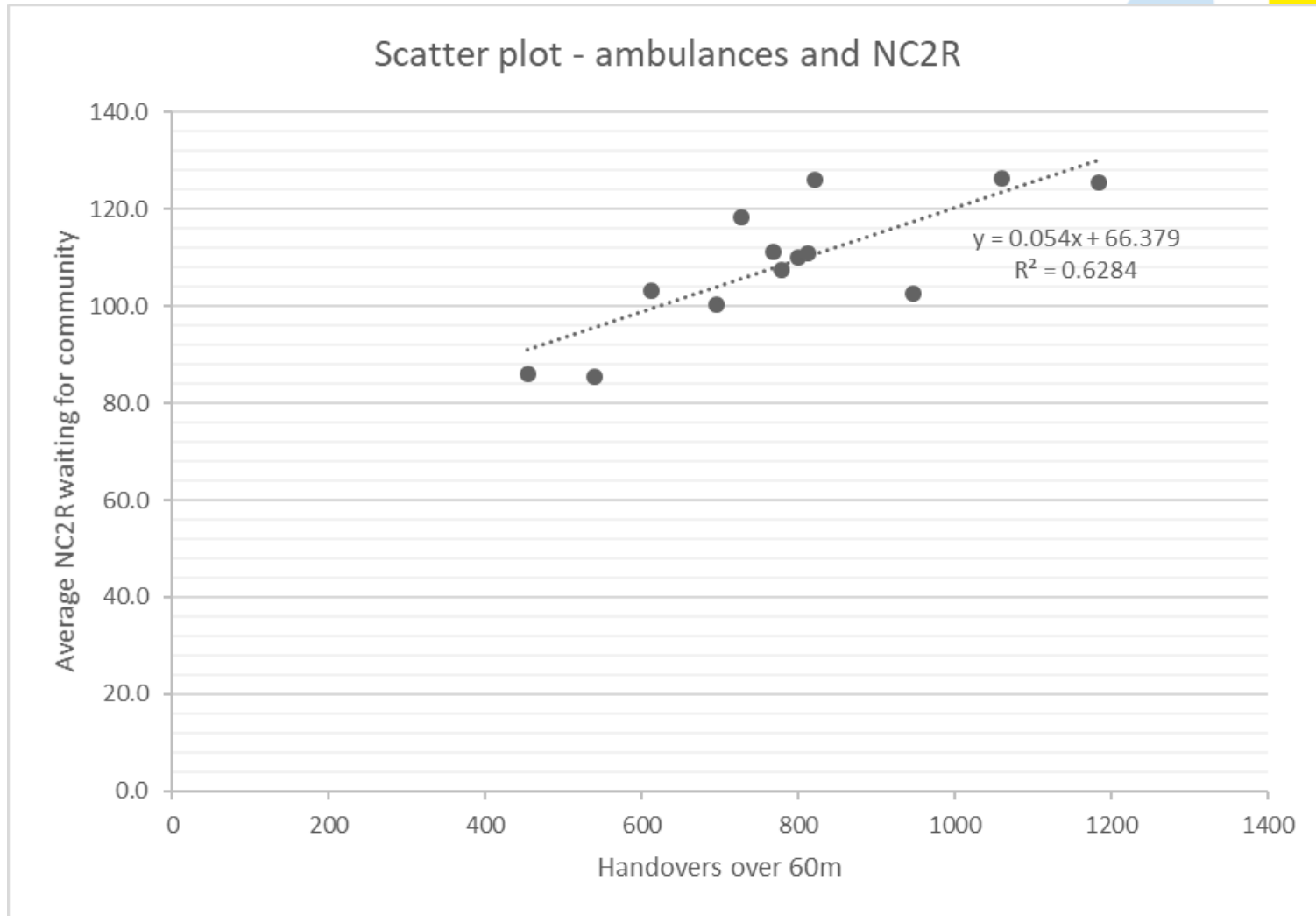
What these ambulances waits look like



Reason for concern

- Patient with head injury on blood thinner requiring time critical CT not offloaded > 5 hrs due to overcrowding
- Patient with hip fracture not offloaded due to overcrowding laying in bedding covered in dirt and mud
- Patient with chest pain not offloaded > 2 hrs due to overcrowding and it was realised she had a heart attack
- Patient with overdose not offloaded due to overcrowding for > 1 hr and had a seizure in the ambulance
- Risk of patients dying at home whilst waiting for ambulance to arrive

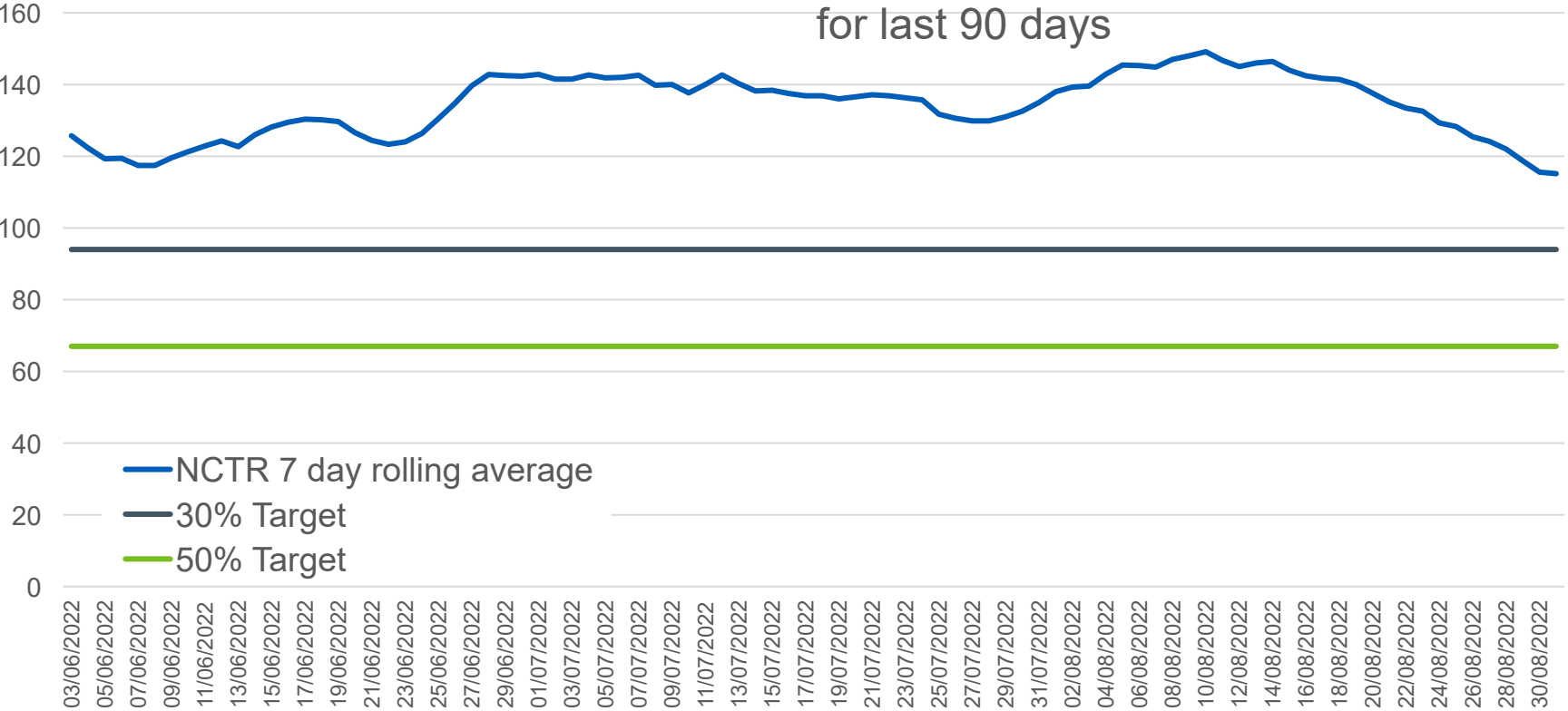
Strong correlation between NC2R and hospital inability to offload ambulances



Current position on NC2R for the RUH



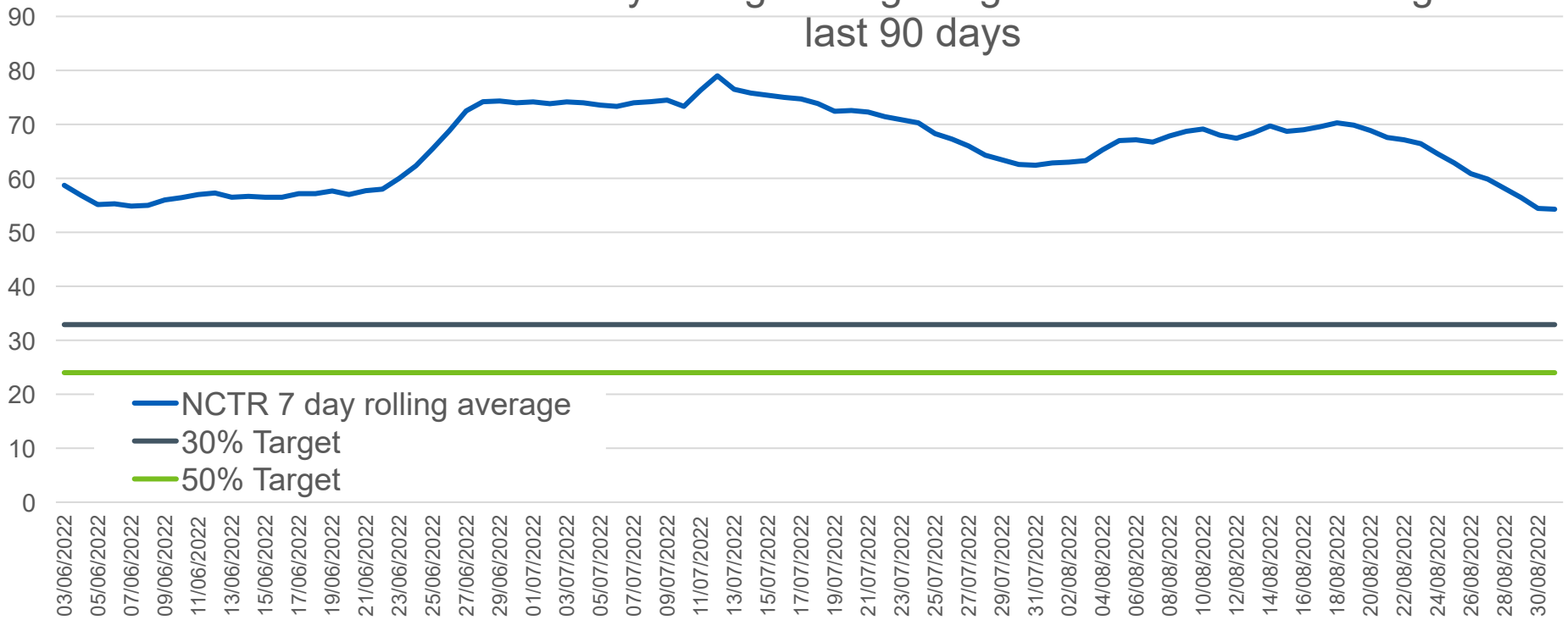
RUH NCTR 7 day rolling averages against 30% and 50% targets for last 90 days



BANES specific waits



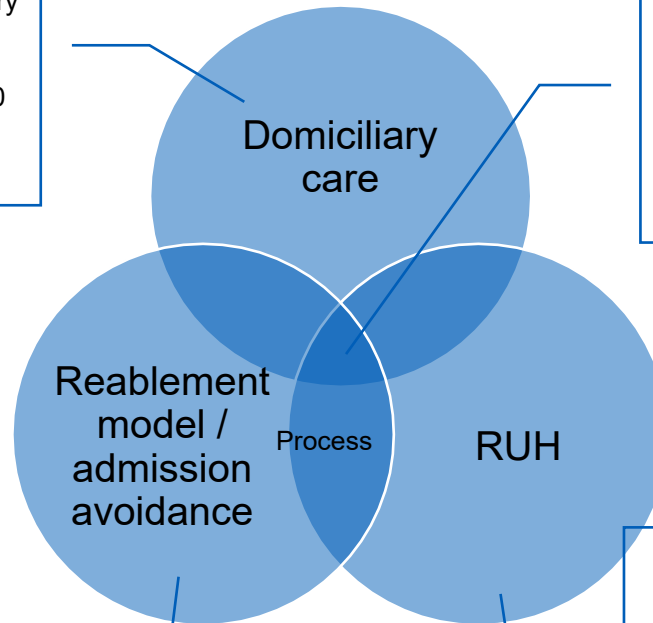
BaNES NCTR 7 day rolling averages against 30% and 50% targets for last 90 days



Causes of current NC2R challenges

care; BaNES are currently short 1,600 domiciliary care hours. This means there are 40 patients waiting for care so they can step down from HCRG Reablement services. The RUH have 40 pts waiting for Reablement.

Process; The current model is very paper driven, non personal or flexible. The current processes is leading to delays in supporting patients to be discharged. Challenges within brokage, delays with social care assessments.

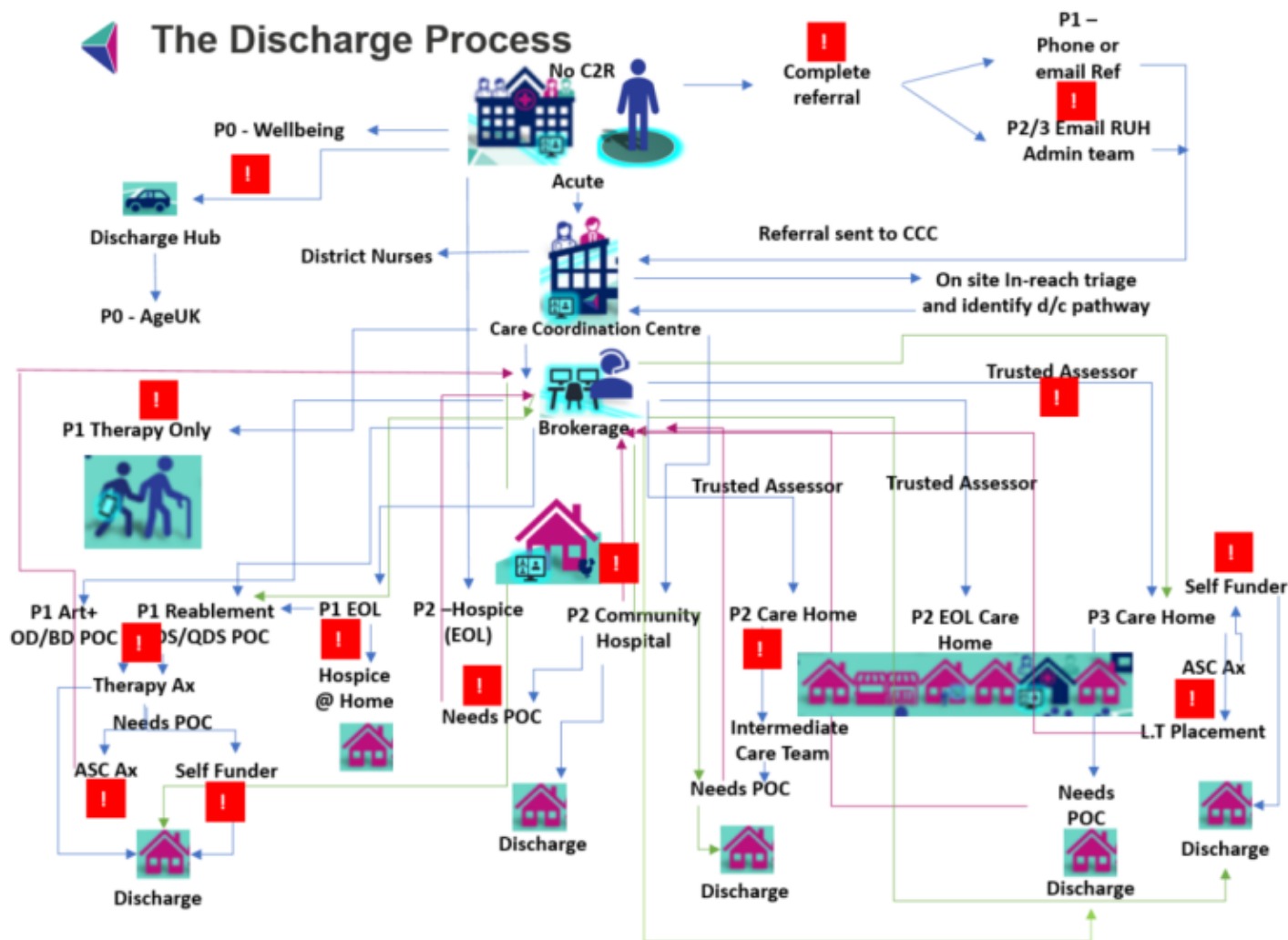


Reablement model; BSW model is very bed heavy. This limits patients ability to have supported Reablement in their own home and is driving patients towards more long term care. Also very expensive. Need to evolve and provide more reablement for patients in their own home. Also need to be further focus on how we increase admission avoidance.

RUH; data demonstrate that 25% of patients are being referred down a pathway 2, who would benefit and be eligible for a pathway 1. Additionally the RUH isn't providing enough mobilisation as required.

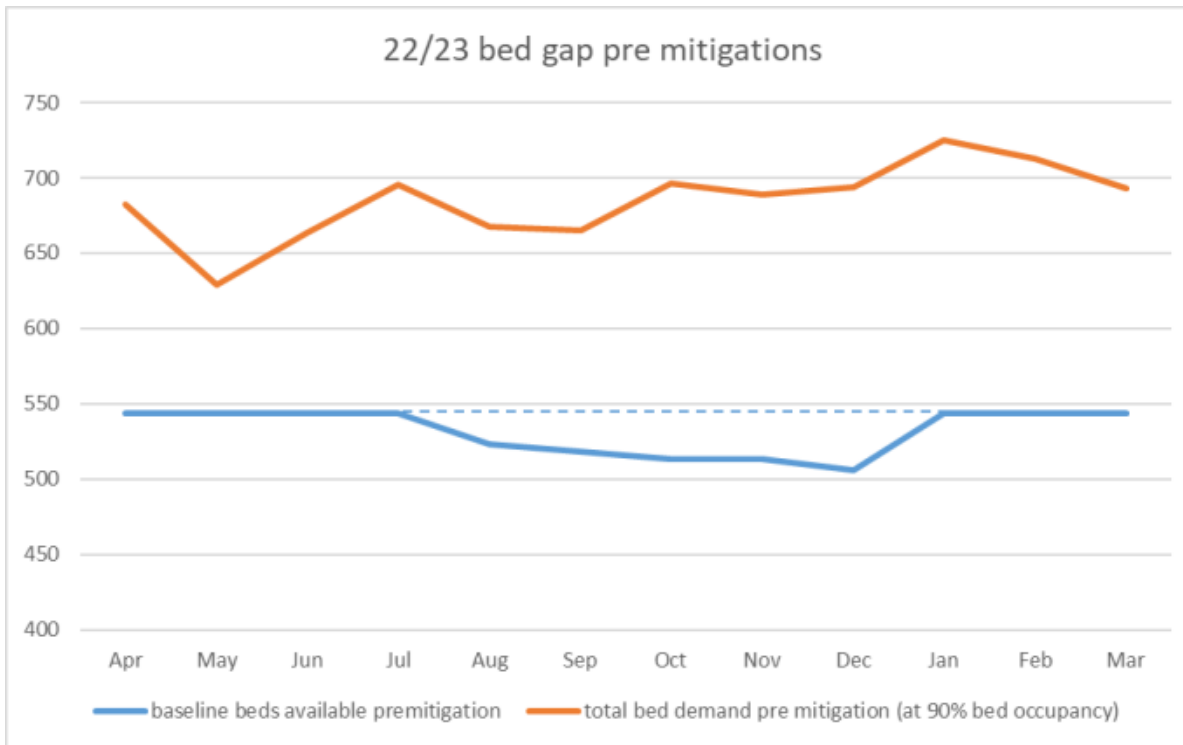
This is placing huge demand on community bed services and limiting patients opportunity for Reablement. Need to evolve how the RUH manages patient exceptions and how we support assessments

Example of our Current processes



A very good summary of the challenges within the RUH are demonstrated by the youtube video called [Mrs Andrews Story](#)

How is this winter likely to look



Previously managed through:

- Ambulances not offloading (10-20)
- Patients waiting in ED for beds (20-30)
- Using CCU/Vascular Lab/Oasis as escalation (
- Stopping surgery (24-48)

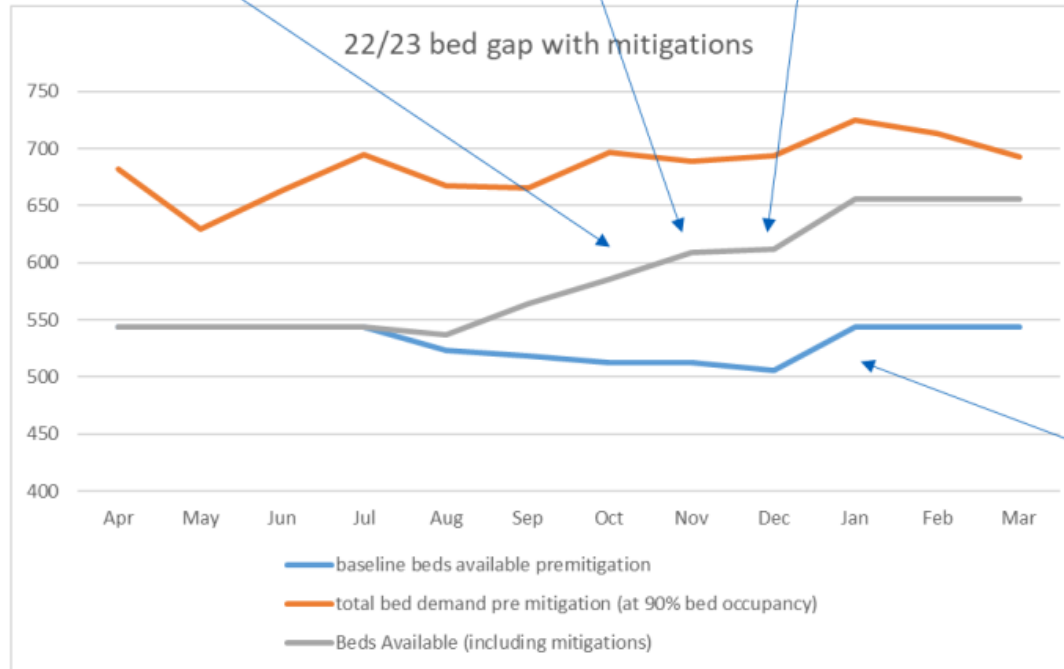
This winter with known mitigations

If schemes succeed, revised bed model

United Care BANES
full capacity

Ward 4
opens

Access South
Newton beds



IPC works
finish, all
escalation
open

Currently working the BSW ICS and BaNES council to help close the bed gap for this winter

Ask for support



- We are starting to demonstrate that we can work well together – United Care BANES et al
- We have a shared common goal and can create team of teams
- Through continued focus and work we can further reduce the NC2R position to support delivery of flow and reduced requirements for long term bedded care.
- The RUH needs additional support for the next several months