

Board of Directors: 08.03.2018 Agenda  
Item: Bo.3.18.20

## Emergency Care Standard: Recovery Plan

<b>Presented by:</b>	Sandra Shannon, Chief Operating Officer	<b>Author:</b>	Julie Donaldson, Transformation Manager
<b>Previously considered by:</b>	n/a		

Key points	Purpose:
1. Year to Date ECS Performance is 84.88% and we are currently tracking behind our revised trajectory.	To note and gain assurance
2. The Programme Board has continued to meet fortnightly and provide direction in relation to priority actions for each project stream.	To note and gain assurance
3. Moving forwards, the Programme Board will meet weekly to provide additional support and challenge to project areas to ensure timely delivery of agreed actions.	To note and gain assurance

Executive Summary:			
Progress towards achieving the Emergency Care Standard continues to be a challenge and we continue to track our revised trajectory.			
Month to date performance is at 80.89% and year to date at 84.88%. (27/2/18)			
A review of the programme was undertaken in January and two further project streams have been added to the governance structure. These are:			
<ul style="list-style-type: none"> <li>• Site Management and Operational Grip Assurance</li> <li>• Quality and Safety Assurance</li> </ul>			
Plans for these streams of work are under development.			
Progress against the planned actions continues:			
Project Area	Total Actions on Plan	Completed Actions to date	Percentage of planned actions completed
Emergency Care Access	33	14	42%
Emergency Care AED Flow	56	32	57%
Hospital Flow	49	13	26%
Recent pressures have resulted in a number of actions having their planned dates extended in			

**Board of Directors: 08.03.2018**

**Agenda Item: Bo.3.18.21**

---

favour of focusing on a few targeted priorities. The current priorities for each project stream include:

**Emergency Care Access:**

- Embedding Nurse Streaming at AED Reception
- Increasing utilisation of the GP service
- Consultant streaming at 'the front door'
- Directory of Services is being developed as an aid to identify alternative pathways in order to avoid unnecessary admissions

**Emergency Care AED Flow:**

- Managing the chronological flow of patients using the First Net system
- Patient Flow Co-ordinators to work alongside the Nurse Co-ordinator in AED Central to expedite patient flow and avoid breaches
- Improving the time to discharge patients from AED
- Increasing utilisation of CDU

**Hospital Flow:**

- Embedding SAFER, Red to Green, PJ Paralysis across all wards
- Reaffirming the role of the Matron in relation to embedding the SAFER principles within their ward area
- Working with 4 pilot wards on Criteria Led Discharges to support earlier discharge
- Increase the usage of the discharge lounge

**Site Management and Operational Grip**

- Embedding the 'Command and Control' centre

In addition to the above priority actions a 'call to action' meeting was held by Sandra Shannon on 22 February 2018 and immediate actions were agreed across all Trust areas. These are documented within the ECS Performance Immediate Improvement Plan. These actions will be monitored through the Programme Board.

The Urgent and Emergency Care Programme Board will now meet weekly, rather than fortnightly, to provide the level of grip and control required to ensure timely delivery of these actions.

Board of Directors: 08.03.2018  
Agenda Item: Bo.3.18.21

<b>Financial implications:</b>
No

<b>Regulatory relevance:</b>
------------------------------

<b>Monitor:</b>	Quality Governance Framework
-----------------	------------------------------

<b>Equality Impact / Implications:</b>	<b>Is there likely to be any impact on any of the protected characteristics?</b> (Age, Disability, Gender, Gender Reassignment, Pregnancy and Maternity, Race, Religion or Belief, Sexual Orientation, Health Inequalities, Human Rights)
	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
	If yes, what is the mitigation against this?

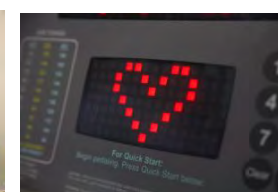
<b>Other:</b>	
---------------	--

<b>Strategic Objective:</b> <i>Reference to Strategic Objective(s) this paper relates to</i>	To provide outstanding care for patients



**Bradford Teaching Hospitals**  
NHS Foundation Trust

**Bradford Teaching Hospitals NHS Foundation  
Trust  
Emergency Care Recovery Plan  
October 2017  
Updated 28 February 2018**



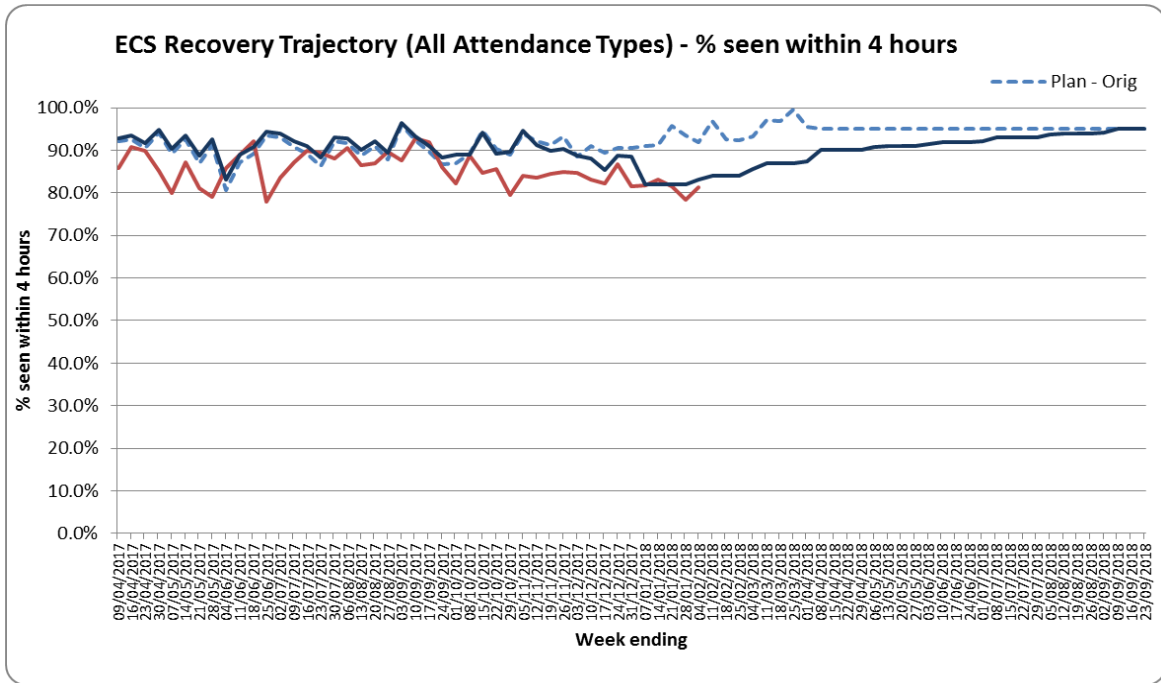
## URGENT & EMERGENCY CARE PROGRAMME PROJECT PROGRESS

	Number of Actions					Percentage			
EC Access Project	0	19	14	0	33	0.00%	57.58%	42.42%	0.00%
EC Flow Project	0	24	32	0	56	0.00%	42.86%	57.14%	0.00%
Hospital Flow & Discharge	0	36	13	0	49	0.00%	73.47%	39.39%	0.00%
Site Mgt & Operational Grip	0	0	0	0	0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Quality & Safety Project	0	0	0	0	0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Programme Totals	0	79	59	0	138	0.00%	57.25%	42.75%	0.00%

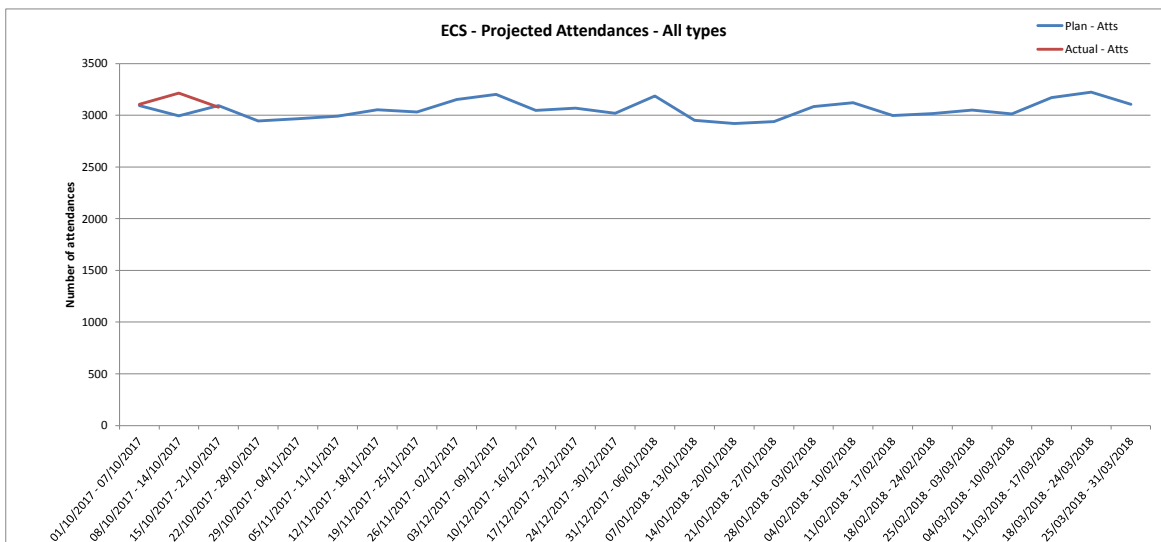
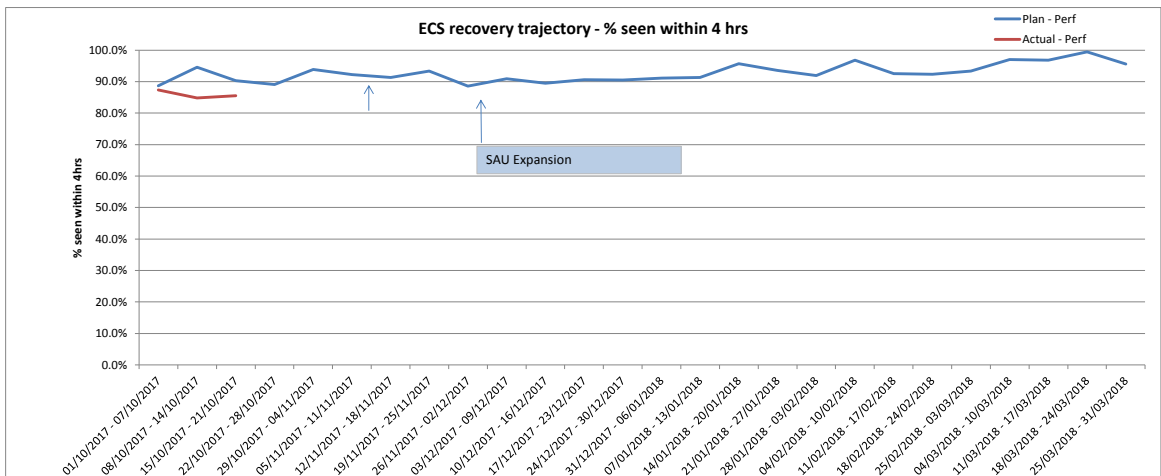
Winter Planning	0	0	20	0	20	0.00%	0.00%	100.00%	0.00%
Workforce	5	7	1	0	13	38.46%	53.85%	7.69%	0.00%
Governance	0	0	9	0	9	0.00%	0.00%	100.00%	0.00%
Communications	0	4	4	0	8	0.00%	50.00%	50.00%	0.00%
Totals	5	11	34	0	50	10.00%	22.00%	68.00%	0.00%

Blue	Process in control, performance sustained >3 months
Green	Process measure performance on target (action complete)
Amber	Process measure performance moving in right direction, but not achieving target (action in progress)
Red	Process measure performance off target (action not started)

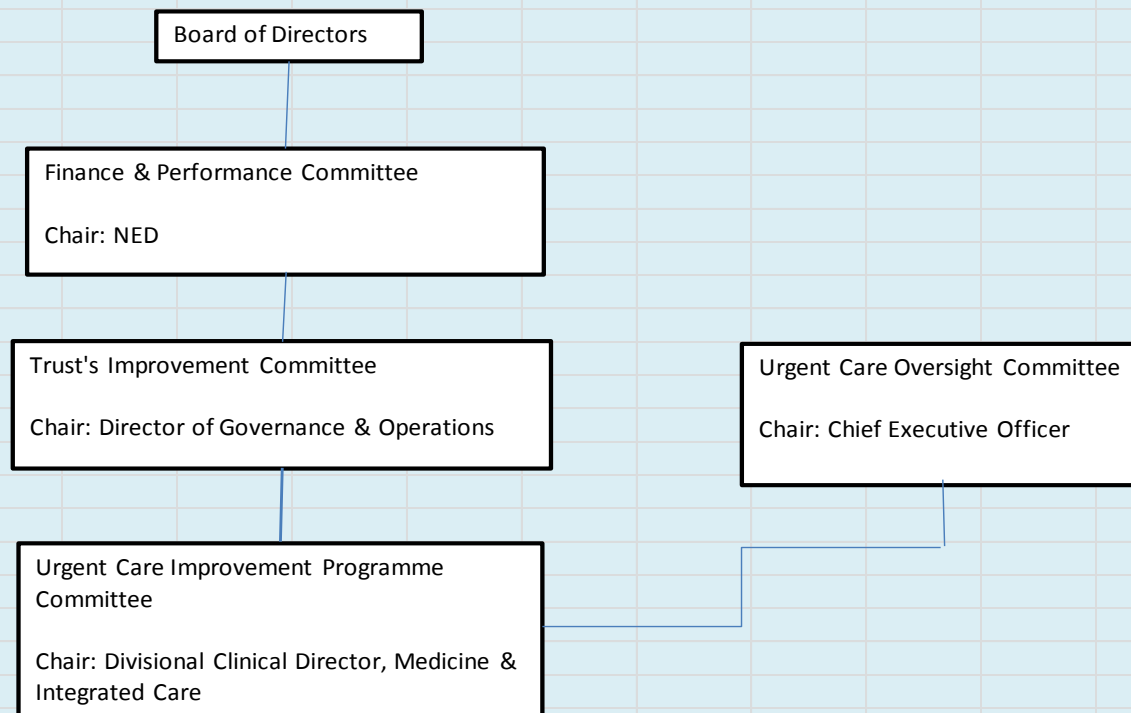
Updated February 2018



**Original Plan October 2017**



## Emergency Care Standard Recovery Plan: Reporting Structure



Update February 2018



Bradford Teaching Hospitals  
NHS Foundation Trust

# Trust Improvement Committee

## Urgent & Emergency Care Improvement Programme Board

Executive Sponsor: Sandra Shannon Clinical Lead (&Chair): Brad Wilson  
Finance Lead: Isabel Greenwood

Urgent Care  
Programme (CCG)  
Terri Saunderson

**Key Target Results:**  
To achieve the 95% Emergency Care Standard

### Emergency Care Access Project

Clinical Lead: Sue King  
Management Lead: Simon Kirk

### Emergency Care Flow Project

Clinical Lead: Alison Dawson  
Management Lead: Ann Bannister

### Hospital Flow & Discharge Project

Clinical Lead: John Bolton & Maj Pushpangadan  
Management Lead(s): Corinne Jeffrey & Collette Cunningham

### Site Management Operational Grip Assurance Project

Clinical Lead: Dinesh Saralaya  
Management Lead: Janette Reynolds

### Quality & Safety Assurance Project

Clinical Lead: HofN Sarah Freeman  
Management Lead: John Bellerby

### Supporting Streams:

Workforce  
Lead: TBC

### Governance

Lead: PMO/TT - Julie Donaldson

### Communications

Lead: PMO/TT - Louise Middleton

### Improving Access into Emergency Care Services:

- Front door streaming
- GP stream
- CDU utilisation
- Admission avoidance
- Direct Access Pathways
- Ambulance handovers
- Demand & Capacity

### Improving patient flow through AED:

- ACU utilisation
- Assessment units
- AED Diagnostics
- ECS Escalation protocols
- Falls Pathway
- AED Performance Mgt
- Virtual Diagnostic Ward utilisation

### Improving patient flow through the hospital :

- SAFER
- Criteria Led Discharge
- Flow Policy/process
- Integrated Discharge Hub
- Discharge to Assess
- Ward reconfiguration
- Virtual Ward

### Improving Trust Wide 'operational grip' and assurance for EC Flow :

- Bed Mgt. Meetings & Escalation
- Bed Capacity & declaration policy
- SAFER adherence
- Information/Reporting
- EPR process
- 2018/19 Winter Preparations

### Improving Patient Safety & Quality through implementation & review of the Quality Summit Recommendations :

- Quality & Safety oversight processes
- Quality & Safety plan
- Review patient feedback to identify improvement actions
- Quality dashboard

### Key Target Results:

- Improve timescale for front door streaming
- Increase GP stream utilisation
- Increase CDU utilisation
- Reduce Elderly admissions
- Improve timescale for Ambulance handovers

### Key Target Results:

- Achieve the 5 internal AED standards
- ACU/AMU utilisation
- Improve turnaround for diagnostics and use of Virtual Ward
- Improve timescale for Ambulance handovers
- Reduce 4-4:30 hr breaches

### Key Target Results:

- Improve morning discharges
- Reduction in 'red' reason delays
- DTOC
- Increase Virtual Ward Utilisation
- Discharge Lounge Utilisation
- Bed occupancy rates

### Key Target Results:

- Improve correlation between plan and actual activity & performance
- Increase completion of the Meridian Audit
- AED Bed Waits
- Improving bed turnaround times
- EPR bed state

### Key Target Results:

- Improved Risk Register recording
- Reduction in patient complaints
- Increase in patient complements
- AED bed waits
- Readmissions
- Other quality measures tbc



Organisation				Emergency Care Access Project				KEY PERFORMANCE METRICS - THIS PROJECT WILL CONTRIBUTE TO THE ACHIEVEMENT OF THE ECS : 95% BY MARCH 2018				- 4hr ED Performance / Target				Aim is to achieve 95%	
Aim				Reinvigorate the AED department to ensure patients are streamed to the right treatment at the right location improving flow through the department and hospital; and motivate staff to improve the quality of performance through clear clinical leadership.								- Zero breaches				Aim is to achieve 0%	
												- Achievement of less than 60 minutes for Time to Treatment (Seen by Doctor)				Aim is to achieve <60 minutes median wait	
						Original		BRAG STATUS									
						Quantity											
						Percentage %											
Reference Number	Area	Accountable Owner	Sub Area	Summary of Action	Date Priority Action Set	Action Owner	Start Date	Original End Date	Revised End Date	Overdue / Mtg Action	Some Risk	Work in Progress	Action Complete	Complete Date	Link to other Project / Plan Ref.	Comments	
30	EC Access Project	Sue King Simon Kirk	Streaming	Review front desk and triage streaming to 1 - achieve the 15min triage standard 2 - start nurse streaming before the GP stream opens at 12 noon 3 - stream to handle the 11am influx into AED	31/01/2018	Jo Steadman	Dec-17	Feb-18					In Progress		NHSI Letter	21/02/2018 (JD) SK Discussed at AED DQ Meeting with Performance - Undertaking review of current process and rules regarding time stamp. Options to be explored once confirmed including role of streaming nurse and 'Vetting' role21/12/17 -(JD) SK task to be allocated to JS	
32	EC Access Project	Sue King Simon Kirk	AED Discharge	Review the AED discharge process to improve achievement of the 60min treatment to discharge target	31/01/2018	Simon Kirk	Jan-18	Mar-18					In Progress			21/02/2018 (JD) SK Document regarding the recording and validation of check out and breaches has been completed - Currently being reviewed by Performance. To be shared once signed off.  23/1/18 (JD) added to the plan following programme board agreement of priorities on 17/1/18	
33	EC Access Project	Sue King Simon Kirk	AED Triage	Improve AED streaming and triage process, reviewing EPR completion, who does what when, mandatory fields required for the 1/4 dataset changes. Document proposed changes and present at the Programme Board 28/2/18.	31/01/2018	Simon Kirk, Hannah Walsh	Jan-18	Feb-18					In Progress			21/02/2018 (JD) SK Review of data collection Mapping of treatments complete and sent to EPR.  29/1/18 (JD) SK advised that this work was underway in the programme board. The new data set links to a CQUIN for 2018/19.	
35	EC Access Project	Sue King Simon Kirk	AED Triage	Ensure Consultant at the front door on every shift to facilitate effective triage and appropriate streaming of patients	14/02/2018	Sue King	Feb-18	Feb-18					In Progress			14/2/18 (JD) programme Board agreed this was a priority action	
23	EC Access Project	Sue King Simon Kirk	CDU	Undertake a review of the effectiveness of the CDU unit and identify opportunities to improve/expand the service offering		Simon Kirk	Dec-17	Dec-17	Mar-18				In Progress		NHSI Letter	29/1/18(JD) JSK visits to other organisations being discussed with COO.  21/12/17(JD) Sk ongoing monitoring of CDU utilisation in place, review of CDU criteria completed and implemented. Review next in Feb 18.  30/11/17 (JD) NHSI follow up action plan - Review and communicate CDU pathway from AED, engage NDT teams. SK and BW to lead  27/11/17(JD) BS - Appointed band 7 CDU lead (Janette Jarvis). Further work to review appropriate of referrals and opportunities to increase	
10	EC Access Project	Sue King Simon Kirk	Direct access chest pain	Chest pain service in ED. Criteria lead discharge for chest pain patients to be reviewed.		Sue King Vicki Watson	Sep-17	Nov-17	Mar-18				In Progress			14/2/18(JD) Programme Board - not a priority date move to Mar 18  21/12/17(JD)SK Ongoing dialogue between AED and ACU , date moved to Jan 18  30/11/17(JD) BS has confirmed this will require an extension to the completion date. BS to advise new date.	

Organisation		Emergency Care Access Project					KEY PERFORMANCE METRICS - THIS PROJECT WILL CONTRIBUTE TO THE ACHIEVEMENT OF THE ECS : 95% BY MARCH 2018					- 4hr ED Performance / Target				Aim is to achieve 95%	
Aim												- Zero breaches				Aim is to achieve 0%	
		Reinvigorate the AED department to ensure patients are streamed to the right treatment at the right location improving flow through the department and hospital; and motivate staff to improve the quality of performance through clear clinical leadership.										- Achievement of less than 60 minutes for Time to Treatment (Seen by Doctor)				Aim is to achieve <60 minutes median wait	
							Original				BRAG STATUS				33		
							Quantity				0	19	14	0			
							Percentage %				0.00%	57.58%	42.42%	0.00%			
Reference Number	Area	Accountable Owner	Sub Area	Summary of Action	Date Priority Action Set	Action Owner	Start Date	Original End Date	Revised End Date	Overdue / Mtg Action	Some Risk	Work in Progress	Action Complete	Complete Date	Link to other Project / Plan Ref.	Comments	
11	EC Access Project	Sue King Simon Kirk	Direct Access GP	Agree additional pathways with commissioners for GP direct access patients		Simon Kirk	Oct-17	Mar-18					In Progress			27/11/17 (JD) - BS - spoken with Dave Tatham re direct access pathways, to set up meeting to go through pathway opportunities. Date to be confirmed.  13/11/17 - Reviewed a percentage of GP referral to show that inappropriate referrals that could have gone directly to ward. Meeting now required with CCG to progress and follow up.	
12	EC Access Project	Sue King Simon Kirk	Direct Access GP	Review process for managing GP Ambulatory referrals via switchboard, including response times and arrangements for accepting referrals if specialist teams do not respond to calls within agreed timescale. Develop SOP		Ann Bannister Alison Dawson	Oct-17	Dec-17	Mar-18				In Progress		NHSI Letter	14/2/18(JD) Programme Board - not a priority date move to Mar 18  21/12/17(JD) SK agreed revised target date  06/12/17(JD) Change of action owner to AB/AD agreed at Prog Board  27/11/17 (JD) - BS need to design a new process for GPs to access the service. Options to be provided -discuss with doc, AED attendance, clinic or ACU. Need a band 7/ACU nurse? to take calls - Would need to have access to the DOS/ clinic template/booking of appointment. Also need internal service agreement if the nurse rings a consultant they would answer as a priority so GP not held on phone.	
13	EC Access Project	Sue King Simon Kirk	Direct Access Mental Health Liaison	Agree Service Specification for 17/18 with provider, ensuring focus on moving MH ( and alcohol liaison team) patients from ED to CDU to enable flow.		Simon Kirk	Oct-17	Dec-17	Feb-18				In Progress			23/12/17(JD) Target date moved to Feb 18. This already takes place awaiting PLN, SK met with named nurse for safeguarding, meeting to be organised Jan 18 with BDCFT, police, ED and safeguarding to progress  01/12/17 (LM) - LM met with Grainne Elol from BDCT re CLD pilot & Psych Liaison Nurses. BDCT would like data from us on patients attending ED with psych assessment & discharged/admitted. Also to work more closely with Community MH Mobile First Response	
14	EC Access Project	Sue King Simon Kirk	Direct Access Mental Health Liaison	Overnight Cover remains an issue. 4 hour breaches due to timeliness of arrival of Psych liaison. Long waits for DTA, look to move to CDU.		Simon Kirk	Oct-17	Dec-17	Feb-18				In Progress			21/12/17 (JD) Date moved to Feb 18, SK see comments above  27/11/17 (JD) -BS to arrange meetings with MH/ Lead team  CRISIS recruitment for overnight cover remains an issue. Which has negatively impacted on their ability to serve ED.	
15	EC Access Project	Sue King Simon Kirk	Direct Access Ward Returners	Agree pathways with specialty leads for ward returners. Ward staff not to refer patients in via AED, need SOP etc.		Simon Kirk	Oct-17	Mar-18					In Progress			27/11/17 (JD) - BS to consider actions to support this.  13/11/17 - BS - Look at the process and identify specific ward issues	
21	EC Access Project	Sue King Simon Kirk	Streaming	Monitor inappropriate referrals from 111 to AED and highlight any trends to the SRG		Hannah Walsh	Oct-17	Dec-17	Mar-18				In Progress			14/2/18(JD) Programme Board - not a priority date move to Mar 18  21/12/17(JD) SK agreed to move date to Feb 18  27/11/17 (JD) - BS data is now captured, need to review and agree actions. BS to pick up with SK	
25	EC Access Project	Sue King Simon Kirk	Admission avoidance	YAS referring to Intermediate Care Hub to facilitate YAS leaving patients at home but with support. Email from B Gill.		Zeeshan Humayun	Dec-17	Mar-18					In Progress			21/12/17 -(JD) SK task to be allocated to ZH	
26	EC Access Project	Sue King Simon Kirk	ACU	Pathway for YAS to access ACU.		Ann Bannister Simon Kirk	Dec-17	Mar-18					In Progress			21/12/17 -(JD) SK task to be discussed with AB	

Organisation		Emergency Care Access Project				KEY PERFORMANCE METRICS - THIS PROJECT WILL CONTRIBUTE TO THE ACHIEVEMENT OF THE ECS : 95% BY MARCH 2018					- 4hr ED Performance / Target				Aim is to achieve 95%	
Aim											- Zero breaches				Aim is to achieve 0%	
		Reinvigorate the AED department to ensure patients are streamed to the right treatment at the right location improving flow through the department and hospital; and motivate staff to improve the quality of performance through clear clinical leadership.									- Achievement of less than 60 minutes for Time to Treatment (Seen by Doctor)				Aim is to achieve <60 minutes median wait	
						Original		BRAG STATUS				33				
						Quantity		0	19	14	0					
						Percentage %		0.00%	57.58%	42.42%	0.00%					
Reference Number	Area	Accountable Owner	Sub Area	Summary of Action	Date Priority Action Set	Action Owner	Start Date	Original End Date	Revised End Date	Overdue / Mtg Action	Some Risk	Work in Progress	Action Complete	Complete Date	Link to other Project / Plan Ref.	Comments
27	EC Access Project	Sue King Simon Kirk	Direct Access GP	'Phone a Consultant' for admissions avoiding AED – All Specialities (links with action 12)		Ann Bannister Simon Kirk	Dec-17	Mar-18					In Progress			21/12/17 -(JD) SK task to be discussed with AB
28	EC Access Project	Sue King Simon Kirk	Equality	Issue a reminder to all AED staff in relation Equality Policies including Trans Equality Policy to ensure all patients are treated in accordance with policy.		Jo Steadman	Dec-17	Dec-17	Feb-18				In Progress			21/12/17 -(JD) SK task to be allocated to JS
29	EC Access Project	Sue King Simon Kirk	Direct Access GP	Understand GP activity levels, including admission pattern, demographics, themes and open discussion with commissioners to identify improvement opportunities		James Mackie	Dec-17	Feb-18					In Progress		NHSI Letter	21/12/17 -(JD) SK task to be allocated to JM
31	EC Access Project	Sue King Simon Kirk	Admission avoidance	Review frailty pathway at the front door with a view to admission avoidance by using ICH, virtual ward or expanding MAIDT services. Consider using a 'discharge to assess' model		Zeeshan Humayun	Dec-17	Feb-18					In Progress		NHSI Letter	21/12/17 -(JD) SK task to be allocated to ZH
34	EC Access Project	Sue King Simon Kirk	CDU	Consider implementation criteria led access protocol for using CDU as an ACU type service in the evenings. Use the overnight Medical Reg to assess patients in CDU rather than admitting to available beds (and the resulting safari ward round)		Simon Kirk, Ann Bannister	Jan-18	Feb-18					In Progress			29/1/18 (JD) SK advised that this work was underway in the programme board. The new data set links to a CQUIN for 2018/19.

LAST UPDATE: 27/02/2018

Reference						KEY PERFORMANCE METRICS - THIS PROJECT WILL CONTRIBUTE TO THE ACHIEVEMENT OF THE ECS : 95% BY MARCH 2018					- 4hr ED Performance / Target				Aim is to achieve 95%	
Organisation		Emergency Care Flow Project									- Zero breaches				Aim is to achieve 0% breaches	
Aim		Ensure patients are assessed, treated and transferred to the relevant service in a timely fashion to achieve the AED and ECS standards.									- Achievement of less than 60 minutes for Time to Treatment (Seen by Doctor)				Aim is to achieve <60 minutes median wait	
						Original				BRAG STATUS				56		
						Quantity				0	24	32	0			
						Percentage %				0.00%	42.86%	57.14%	0.00%			
Reference Number	Area	Accountable Owner	Sub Area	Summary of Action	Date Priority Action Set	Action Owner	Start Date	Original End Date	Revised End Date	Overdue / Mtg Action	Some Risk	Work in Progress	Action Complete	Complete Date	Link to other Project / Plan Ref.	Comments
40	EC Flow Project	Alison Dawson Ann Bannister	Operational Performance Management	Consider doubling up of consultants on AMU, rewrite consultant business case – Ann Bannister to lead(from NHSI visit)	31/01/2018	Ann Bannister	Dec-17	Jan-18	Mar-18				In Progress			27/2/18 (JD) AB awaiting approval of the staffing model business case  14/2/18(JD) Programme Board - continues to be a priority date move to Mar 18  12/12/17(JD) AB confirmed Acute Medicine Model paper has been revised. Awaiting review from finance. Implementation date Jan 18?
46	EC Flow Project	Alison Dawson Ann Bannister	Operational Performance Management	Measurement/monitoring of internal professional standards adherence (from NHSI visit)	31/01/2018	Ann Bannister	Dec-17	Jan-18	Mar-18				In Progress			27/2/18 (JD) IPS work to be discussed with BW.  14/2/18 (JD) Programme Board continues as a priority, date moved to Mar 18  12/12/17 (JD) New action, BW discussed with AB. Provisional date Jan 18. AB to identify action owner and monitor
50	EC Flow Project	Alison Dawson Ann Bannister	Operational Performance Management	Implement method to ensure compliance with IPS for ACU, AMU, AED	31/01/2018	Ann Bannister	Jan-18	Feb-18	Mar-18				In Progress		NHSI Letter	27/2/18(JD) AB date moved to March following discussion with BW  3/1/18(JD) Programme Board agreed for all IPS document to be located into single document and placed on intranet. BW to provide all docs so far produced.
55	EC Flow Project	Alison Dawson Ann Bannister	ACU	Extend ACU services over the weekend to include new admissions and not just returning patients	31/01/2018	Ann Bannister	Jan-18	Apr-18					In Progress		NHSI Letter	27/2/18 (JD) AB staffing recruitment complete for April, however other ANP not resigned. AB to reconsider options for extended opening.  03/01/18 (LM) (JD) Programme board agreed that this action was on hold pending recruitment of ANPs currently 2 down. AB informed on hold - links to action 52
57	EC Flow Project	Alison Dawson Ann Bannister	AMU	Review the evening cover in AMU to see if discharge can be improved in the evening and ensuring patients are started on the right clinical pathway asap. Test of change in January suggested	31/01/2018	Alison Dawson Ann Bannister	Jan-18	Mar-18					In Progress		NHSI Letter	27/2/18 (JD) AB awaiting approval of the staffing model business case  03/01/18 (LM) AD & BW spoken to Drs re cover (lunchtimes/patient reviews, continual rounds etc). Links to Acute Medicine Model paper, Criteria Led Discharge and SAFER.
58	EC Flow Project	Alison Dawson Ann Bannister	AED	Implement a model where patients being admitted via AED to assessment wards remain dressed in own clothes and not immediately placed in a bed in Assessment units	31/01/2018	Ann Bannister Simon Kirk	Jan-18	Feb-18					In Progress			27/2/18 (JD) AB links with PJ Paralysis work and links with communications re Matron role in ensuring SAFER and other standards are adhered to on wards.  31/1/18(JD) - AB/SK agreed to implement this new way of working in AED and ACU/AMU on Monday 5 Feb 2018
7	EC Flow Project	Alison Dawson Ann Bannister	Diagnostics	Develop a Business case to secure investment to support provision of near patient testing	14/02/2018	Simon Kirk Sue King	Oct-17	Mar-18					In Progress			21/2/18 actions 6 & 8 merged together  14/2/18(JD) Programme Board - agreed a priority  21/12/17(JD) SK met with pathology, reviewed turnaround times for bloods, work ongoing
29	EC Flow Project	Alison Dawson Ann Bannister	Operational Performance Management	Review ED patient flow against staffing numbers, to ensure good skill mix of staffing experience and numbers on duty. Medical and nursing rotas to be reviewed to re-align staffing to peaks in activity.	14/02/2018	Jo Steadman Sue King Simon Kirk	Oct-17	Oct-17	Mar-18				In Progress		NHSI Letter	27/2/18 (JD) AB awaiting approval of the staffing model business case  14/2/18 (JD) Programme Board agreed the staffing papers are a priority  29/1/18 (JD) Sk nursing and medical papers to be reviewed by BW, time extended to Mar 18  21/12/17(JD) SK both papers have been written, require further review in light of NHSI comments and the current profile of attendances.  18/12/17(JD) NHSI Letter - understand surge flow, is this an enduring change and reprofile AED resources to match demand
2	EC Flow Project	Alison Dawson Ann Bannister	ACU	BW to liaise with the HoS for Surgery to encourage engagement with ACU to develop Surgical Pathways (particularly Abdo Pain)		Collette Cunningham John Bolton	Oct-17	Nov-17	Mar-18				In Progress			14/2/18(JD) Programme Board - not a priority date move to Mar 18  31/1/18 (JD) - Programme Board agreed for action to be changed to CC/JB and for date to move to Jan 18.

Reference Organisation		Emergency Care Flow Project				KEY PERFORMANCE METRICS - THIS PROJECT WILL CONTRIBUTE TO THE ACHIEVEMENT OF THE ECS : 95% BY MARCH 2018					- 4hr ED Performance / Target				Aim is to achieve 95%	
Aim		Ensure patients are assessed, treated and transferred to the relevant service in a timely fashion to achieve the AED and ECS standards.									- Zero breaches				Aim is to achieve 0% breaches	
						Original				BRAG STATUS						
						Quantity				0	24	32	0	56		
						Percentage %				0.00%	42.86%	57.14%	0.00%			
Reference Number	Area	Accountable Owner	Sub Area	Summary of Action	Date Priority Action Set	Action Owner	Start Date	Original End Date	Revised End Date	Overdue / Mtg Action	Some Risk	Work in Progress	Action Complete	Complete Date	Link to other Project / Plan Ref.	Comments
4	EC Flow Project	Alison Dawson Ann Bannister	ACU	Outpatient Parenteral Antimicrobial Therapy (OPAT) increase number of patients being seen in ACU		Jane Palmer	Oct-17	Dec-17	Mar-18				In Progress			14/2/18(JD) Programme Board - not a priority date move to Mar 18  03/01/18 (LM) AB to send update to BW. Programme Board agreed for date to change to Jan 18  14/12/17(JD) AB - Clinical Lead for OPHAT has changed. Flow Chart developed. Meeting occurred to agree process and Trust wide re-launch to be organised
5	EC Flow Project	Alison Dawson Ann Bannister	Assessment Units	Realignment of Paediatric area. Salford Model. PANDA UNIT.		Diane Daley Jo Steadman	Oct-17	Nov-17	Mar-18				In Progress			14/2/18(JD) Programme Board - not a priority date move to Mar 18  12/12/17 (JD) AB confirmed Model to be planned and piloted at BTHFT. Matron Steadman and Diane Daley have met and requested further information from Salford. BW agreed new date
12	EC Flow Project	Alison Dawson Ann Bannister	Escalation	Ensure Training and Awareness sessions are provided regarding the Escalation Plan		Simon Kirk - AED Jayne Marran - Surgical Ann Bannister - Medicine	Oct-17	Dec-17	Feb-18				In Progress			21/12/18(JD) SK awaiting escalation plan to be developed/signed off before this action can be continued. Following discussion JD circulated escalation policy.  27/11/17 (JD) -BS - Jo and Simon to provide ongoing updates.  Training and awareness sessions to be arranged.
14	EC Flow Project	Alison Dawson Ann Bannister	Escalation	Specialist responses within 30 minutes as per IPS		Hannah Walsh	Oct-17	Nov-17	Mar-18				In Progress			14/2/18(JD) Programme Board - agreed not a priority date moved to Mar 18  21/12/17(JD) Sk moved date to Jan18, allocated to HW to action  12/12/17(JD) No update provided  30 minute review/response not consistent. IPS requests review/response in 30 minutes.
15	EC Flow Project	Alison Dawson Ann Bannister	Diagnostics	Identify any diagnostic delays for specific modalities both in and out of hours. Standardise the process for ED requests to be received in Radiology dept. and agree KPI for faster diagnostics. As per IPS/EPR		Jen Green	Oct-17	Dec-17	Mar-18				In Progress			14/2/18(JD) Programme Board - agreed not a priority date moved to Mar 18  3/1/18 (JD) Programme Board agreed for date to move to Jan 18 Standardised process in place. Reporting by exception.
16	EC Flow Project	Alison Dawson Ann Bannister	Falls	Explore options for implementing Comprehensive Geriatric Assessment clinics within current job plans and ward based working model.		Zeeshan Humayun	Oct-17	Dec-17	Mar-18				In Progress			14/2/18(JD) Programme Board - agreed not a priority date moved to Mar 18  03/01/18 (LM) AB to get update from ZH with a view to completing this action, date moved to Jan 18.  DM for Gerontology reviewing with medical staff.
17	EC Flow Project	Alison Dawson Ann Bannister	Falls	Review potential for Hot frailty clinics to be introduced across the sites.		Zeeshan Humayun	Oct-17	Jan-18	Mar-18				In Progress			14/2/18(JD) Programme Board - agreed not a priority date moved to Mar 18  DM for Gerontology reviewing with medical staff.

Reference Organisation		Emergency Care Flow Project				KEY PERFORMANCE METRICS - THIS PROJECT WILL CONTRIBUTE TO THE ACHIEVEMENT OF THE ECS : 95% BY MARCH 2018					- 4hr ED Performance / Target				Aim is to achieve 95%	
											- Zero breaches				Aim is to achieve 0% breaches	
Aim		Ensure patients are assessed, treated and transferred to the relevant service in a timely fashion to achieve the AED and ECS standards.									- Achievement of less than 60 minutes for Time to Treatment (Seen by Doctor)				Aim is to achieve <60 minutes median wait	
						Original				BRAG STATUS				56		
						Quantity				0	24	32	0			
						Percentage %				0.00%	42.86%	57.14%	0.00%			
Reference Number	Area	Accountable Owner	Sub Area	Summary of Action	Date Priority Action Set	Action Owner	Start Date	Original End Date	Revised End Date	Overdue / Mtg Action	Some Risk	Work in Progress	Action Complete	Complete Date	Link to other Project / Plan Ref.	Comments
30	EC Flow Project	Alison Dawson Ann Bannister	Operational Performance Management	Review Administrative resource (Majors Clerk) to support timely transfers and maintain tracking		Simon King Jackie Rogerson Sue King	Oct-17	Nov-17	Jan-18				In Progress			03/01/18 (LM) SK to review proposal to base admin clerk in AED (Majors/Central), programme agreed to move date to Jan 18  12/12/17(JD) AB to chase action , BW agreed new date
41	EC Flow Project	Alison Dawson Ann Bannister	Operational Performance Management	Escalation tools across the hospital (action10 on the plan has been amended to include AED only) This new action is to roll out across the rest of the hospital.		Ann Bannister	Dec-17	Jan-18	Mar-18				In Progress			14/2/18 (JD) Programme Board, not a priority date moved to March 18  12/12/17 (JD) New action, BW discussed with AB. Provisional date Jan 18. AB to identify action owner and monitor
44	EC Flow Project	Alison Dawson Ann Bannister	Operational Performance Management	Breach definition document to detail when each breach category should be used. E.g. waiting for Dr v Blocked by volume and Bed wait should only be is no bed allocated (Simon Kirk) (from NHSI visit)		Simon Kirk	Dec-17	Dec-17	Feb-18				In Progress			29/1/18(JD) SK confirmed work in progress  21/12/17(JD) SK - agreed to move date to Jan 18  12/12/2017 (JD) SK has picked up the action
45	EC Flow Project	Alison Dawson Ann Bannister	Operational Performance Management	Breach validation process. Need to ensure that the breach validation is completed prior to the daily publication of the ECS, also we need to ensure we have a robust governance process around amending data. Suggestion is a sample check of the amendments to demonstrate there is no 'gaming'		Brad Wilson	Dec-17	Jan-18	Mar-18				In Progress			14/2/18 (JD) Programme Board agreed not a priority, date moved to Mar 18  12/12/2017 (JD) BW aware of action needs to agree owner to drive forward.
47	EC Flow Project	Alison Dawson Ann Bannister	Assessment Units	Majors Wait area – review usage and determine if patient should be in CDU/ACU. Consider if a majors wait area would add value and should this be chairs or used for extra cubicles (Simon Kirk) (from NHSI visit)		Simon Kirk	Dec-17	Dec-17	Feb-18				In Progress		NHSI Letter	21/2/2018 (JD) Scoping has been undertaken and significant concern raised by Nursing Teams (Directorate and Divisional) that current workforce resource would not support implementation.  21/12/17(JD) SK agreed to move date to Feb 18 to allow NHSI to support the capacity and demand work which will support the decision to proceed (or not)  12/12/17 (JD) New action from NHSI visit. BW discussed with SK. Provisional date Jan 18.
48	EC Flow Project	Alison Dawson Ann Bannister	Operational Performance Management	Produce internal briefing document for Registrars, Locums, Doctors at weekends about appropriate alternative routes in and out of ED. ( from NHSI visit)		Ann Bannister	Dec-17	Jan-18	Feb-18				In Progress		NHSI Letter	27/2/18 (JD) AB Directory of Services for pathways out of AED in progress due to be rolled out by end Feb. Paper copy will be given to every member of staff and they will be required to sign for it.  12/12/17 (JD) New action, BW discussed with AB. Provisional date Jan 18. AB to identify action owner and monitor
53	EC Flow Project	Alison Dawson Ann Bannister	ACU	Extend ACU opening to support the evening peak of admissions in AED (currently last patient can be between 4-6pm to allow for tests to come back and this is at the peak rush)		Ann Bannister	Jan-18	Apr-18					In Progress		NHSI Letter	3/1/18 (JD) Programme board agreed that this action was on hold pending recruitment of ANPs currently 2 down.
56	EC Flow Project	Alison Dawson Ann Bannister	AMU	Review the times of the ward rounds and bring forward to earlier in the morning to facilitate earlier discharges		Jonny Walker Ann Bannister	Jan-18	Apr-18					In Progress		NHSI Letter	27/2/18 (JD) AB 7:30am ward round was rejected by Cons, junior docs suggested 8:00 - 9:00 ward round. Will need to go for consultation to change the junior doc rota before implemented  03/01/18 (LM) AB/JP to review 7.30 start for ward rounds as links to job planning.

Reference						KEY PERFORMANCE METRICS - THIS PROJECT WILL CONTRIBUTE TO THE ACHIEVEMENT OF THE ECS : 95% BY MARCH 2018					ECS Performance / Target				Aim is to achieve 95%	
Organisation		Hospital Flow & Discharge Project									- Zero breaches - in relation to 'awaiting for beds'				Aim is to achieve 0% breaches 'waiting for bed'	
Aim		Ensure robust Discharge Planning is established throughout the site, based on the principles of SAFER Discharge. Optimise the role of the Integrated Discharge Team and re-enhance the nursing role (including senior & Leads nurses), including Registered Practitioner-led Discharge									- Achievement of every patient having Estimated Date Of Discharge (EDD) within 24 hours of admission				Aim is to achieve 100%	
						Original				BRAG STATUS				49		
						Quantity				0	36	13	0			
						Percentage %				0.00%	73.47%	26.53%	0.00%			
Reference Number	Area	Accountable Owner	Sub Area	Summary of Action	Date Priority Action Set	Action Owner	Start Date	Original End Date	Revised End Date	Overdue / Mtg Action	Some Risk	Work in Progress	Action Complete	Complete Date	Link to other Project / Plan Ref.	Comments
8	Hospital Flow & Discharge	Medicine: Maj Pushpangadan Corinne Jeffrey Surgery John Bolton Collette	Integrated Discharge	Work in partnership with the Integrated Discharge Service and Social Care to review and agree improved processes for their services relating to discharges	31/01/2018	Corinne Jeffrey	Nov-17	Mar-18					In Progress			07/02/18 (LM) MAIDT in place and operating in partnership with Matrons to expedite complex discharges.
19		Medicine: Maj Pushpangadan Corinne Jeffrey Surgery John Bolton Collette Cunningham	SAFER	Priority Discharges (Golden)	31/01/2018	Sarah Buckley	Nov-17	Mar-18					In Progress			27/02/18 (LM) Documents developed to aid with priority discharges, to be approved at next Programme Board (28/2). Once approved daily PDD form to be relaunched with site team.  Daily PDD form being used by Discharge Lounge to pull patients. Priority discharges form has been devised and is now in use – enabling patients who have PDDs to be identified and “pulled” into the discharge lounge daily
20	Hospital Flow & Discharge	Medicine: Maj Pushpangadan Corinne Jeffrey Surgery John Bolton Collette Cunningham	SAFER	Implement Criteria Led/Nurse Led Discharge.	31/01/2018	Sarah Buckley	Oct-17	Dec-17	Mar-18				In Progress			07/02/18 (LM) Westbourne Green progressing with PDSA pilot due to start w/c 12/02/18. Visits to Ward 8 planned 07/02 and Ward 11 planned 9/02. Ward 9 to commence pilot work March 2018.  23/01/18(JD) removed complete date and changed action to 'implement' CLD  14/12/17 (LM) Trust is now part of the formal CLD Collaborative led by NHS Improvement. Presented to Leadership Forum 22/11. Plan created and pilot wards chosen (8,9,11).  Criteria-led Discharge for Medicine to be re launched.
23	Hospital Flow & Discharge	Medicine: Maj Pushpangadan Corinne Jeffrey Surgery John Bolton Collette	SAFER	Support wards to achieve earlier discharges (Discharge Lounge, Ward Clerk Support, IDT, Criteria-led discharge, review of step-down policy).	31/01/2018	Sue Franklin / Adele Hartley- Spencer	Nov-17	Dec-17	Mar-18				In Progress			07/02/18 (LM) Adele Hartley Spencer replaced Jayne Marran.  22/12/17 (LM) End date revised to March 18 (CJ & CC).  14/12/17 (LM) Under development with pilot wards (8,9,11)  Criteria-led Discharge for Medicine to be re launched.
55	Hospital Flow & Discharge	Medicine: Maj Pushpangadan Corinne Jeffrey Surgery John Bolton Collette	CLD	Liaise with Brad Wilson and Bryan Gill regarding increased usage of Virtual Diagnostics and Criteria Led Discharges on Wards by nursing staff.	31/01/2018	Brad Wilson / Bryan Gill	Jan-18	Mar-18					In Progress			27/02/18 (LM) Westbourne Green progressing with PDSA pilot due to start w/c 12/02/18. Visits to Ward 8 planned 07/02 and Ward 11 planned 9/02. Ward 9 to commence pilot work March 2018.
16	Hospital Flow & Discharge	Medicine: Maj Pushpangadan Corinne Jeffrey Surgery John Bolton Collette	SAFER	To embed SAFER practices and to ensure establish regular SAFER weeks, which will focus on specific areas.	31/01/2018	Corinne Jeffrey	Nov-17	Mar-18					In Progress			27/02/18 (LM) Document to be approved at Programme Board 28/2 to support relaunch.  SAFER practice in use. Varying levels of success
13	Hospital Flow & Discharge	Medicine: Maj Pushpangadan Corinne Jeffrey Surgery John Bolton Collette	SAFER	Continue to review the delivery of structured and consistent board rounds across BTHFT (timings, content). “Best Practice” Board rounds to be rolled-out to the Medical Wards	14/02/2018	Sue Franklin	Nov-17	Feb-18	Apr-18				In Progress		NHSI Letter	08/02/18 (LM) Surgical has rounds in place and establishes priorities for house officer. Ensure “next steps” are fed back to Ward Co-ordinator to encourage early morning discharges. Date changed to April 18.  All medical wards have received the SAFER presentations on conducting the best practice board round from SB. To embed the process1:1 support with individual wards required. Still ad hoc on some wards.

Reference		Hospital Flow & Discharge Project				KEY PERFORMANCE METRICS - THIS PROJECT WILL CONTRIBUTE TO THE ACHIEVEMENT OF THE ECS : 95% BY MARCH 2018					ECS Performance / Target				Aim is to achieve 95%	
Organisation											- Zero breaches - in relation to 'awaiting for beds'				Aim is to achieve 0% breaches 'waiting for bed'	
Aim											- Achievement of every patient having Estimated Date Of Discharge (EDD) within 24 hours of admission				Aim is to achieve 100%	
						Original				BRAG STATUS				49		
						Quantity				0	36	13	0			
						Percentage %				0.00%	73.47%	26.53%	0.00%			
Reference Number	Area	Accountable Owner	Sub Area	Summary of Action	Date Priority Action Set	Action Owner	Start Date	Original End Date	Revised End Date	Overdue / Mtg Action	Some Risk	Work in Progress	Action Complete	Complete Date	Link to other Project / Plan Ref.	Comments
15	Hospital Flow & Discharge	Medicine: Maj Pushpangadan Corinne Jeffrey Surgery John Bolton Collette	SAFER	Review the delivery of structured and consistent board rounds across the Trust (timings, content). Repeat Visits to all Wards following initial roll-out, to ensure all staff are	14/02/2018	Sue Franklin	Nov-17	Mar-18					In Progress			Requires further engagement on wards. Varying levels of success. Board Round audit undertaken. Mixed compliance evident on audit which has been addressed by the new matron presence 9am-12noon.
21	Hospital Flow & Discharge	Medicine: Maj Pushpangadan Corinne Jeffrey Surgery John Bolton Collette	SAFER	Review Implementation of set/target number/t of discharges. ie:5 discharges by 10.00am, 5 discharges by 12.00 and 5 discharges by 14.00. Both Medicine & Surgery.	14/02/2018	Sue Franklin / Adele Hartley-Spencer	Oct-17	Dec-17	Apr-18				In Progress		NHSI Letter	27/02/17 (LM) JR requested data to inform wards of number of daily discharges. 07/02/18 (LM) Adele Hartley Spencer replaced Jayne Marran. 22/12/17 (LM) Action merged with 22 and end date revised to January (CJ & CC). 14/12/17 (LM) KPIs/targets being developed as part of CLD implementation plan
30	Hospital Flow & Discharge	Medicine: Maj Pushpangadan Corinne Jeffrey Surgery John Bolton Collette	SAFER	Early blood taking for timely discharges	14/02/2018	Sue Franklin / Adele Hartley-Spencer	Nov-17	Mar-18					In Progress			07/02/18 (LM) Adele Hartley Spencer replaced Jayne Marran. Phlebotomy review and subsequent report undertaken. Issues and delays identified in report. Requires resolution
44	Hospital Flow & Discharge	Medicine: Maj Pushpangadan Corinne Jeffrey Surgery John Bolton Collette Cunningham	SAFER	Whiteboards- re-invigorate the use of whiteboards across all wards	14/02/2018	Sarah Buckley	Jan-18	Feb-18	Mar-18				In Progress		NHSI Letter	07/02/18 (LM) ADT boards can display SAFER information and have been approved by IG. Matrons informed via SAFER presentations that these can now be used as alternative to the whiteboards if preferred. 16/01/18 (LM) DM Meeting 16/01/18 to discuss reinvigoration of whiteboards/SAFER
56	Hospital Flow & Discharge	Medicine: Maj Pushpangadan Corinne Jeffrey Surgery John Bolton Collette	SAFER	Explore the role of the ward consultant for creating capacity within the board/ward round/outlier processes. One suggestion that a checklist poster is	14/02/2018	Sarah Buckley	Jan-18	Mar-18					In Progress			27/02/18 (LM) Commencing 5th March for a period of three weeks, dedicated locum consultant to provide daily outlier review with support from Service Improvement Matron and Junior Doctor TBL. 31/1/18 (JD) Programme board discussion about the role of ward consultants for creating capacity as part of ward round and outliers process.
57	Hospital Flow & Discharge	Medicine: Maj Pushpangadan Corinne Jeffrey Surgery John Bolton Collette Cunningham	SAFER	Ensure all wards have a filtered "Transfer destinations" list on EPR. Use this information in Board round discussions so Drs know which patients are trying to access their wards and "pull" patients downstream.	14/02/2018	Sarah Buckley	Jan-18	Mar-18					In Progress			
2	Hospital Flow & Discharge	Medicine: Maj Pushpangadan Corinne Jeffrey Surgery John Bolton Collette	Flow Policy & Process	Ensure Operational Site Managers (Overnight) collect a list of planned and potential discharges from every ward by 6am daily, to take to the 8.30 am site wide Patient Flow		Janette Reynolds	Oct-17	Oct-17	Mar-18				In Progress			08/02/18 (LM) JR in post, to review Operational Site Managers SOPs now EPR in place. Date revised to March 18. JG leaving the Trust. Replacement identified as JR. 14/12/17 (LM) JG leaving the Trust, identify replacement to lead on this action, date amended to Dec 17



Reference						KEY PERFORMANCE METRICS - THIS PROJECT WILL CONTRIBUTE TO THE ACHIEVEMENT OF THE ECS : 95% BY MARCH 2018					ECS Performance / Target				Aim is to achieve 95%	
Organisation		Hospital Flow & Discharge Project									- Zero breaches - in relation to 'awaiting for beds'				Aim is to achieve 0% breaches 'waiting for bed'	
Aim		Ensure robust Discharge Planning is established throughout the site, based on the principles of SAFER Discharge. Optimise the role of the Integrated Discharge Team and re-enhance the nursing role (including senior & Leads nurses), including Registered Practitioner-led Discharge									- Achievement of every patient having Estimated Date Of Discharge (EDD) within 24 hours of admission				Aim is to achieve 100%	
						Original				BRAG STATUS				49		
						Quantity				0	36	13	0			
						Percentage %				0.00%	73.47%	26.53%	0.00%			
Reference Number	Area	Accountable Owner	Sub Area	Summary of Action	Date Priority Action Set	Action Owner	Start Date	Original End Date	Revised End Date	Overdue / Mtg Action	Some Risk	Work in Progress	Action Complete	Complete Date	Link to other Project / Plan Ref.	Comments
4	Hospital Flow & Discharge	Medicine: Maj Pushpangadan Corinne Jeffrey Surgery John Bolton Collette Cunningham	Flow Policy & Process	Agree and implement the Bed Declaration Principle/Policy, linked to EPR , to ensure all wards declare beds as they become available, to avoid 'batching' of admissions / transfers.		Karen Dawber / Brad Wilson  HONs	Oct-17	Nov-17	Apr-18				In Progress			08/02/18 (LM) CC reviewed, new HONs in post, seek agreement if policy is still required now EPR implemented.  22/12/17 (LM) CJ resent email to HON requesting progress update on policy development.  30/11/17 (CJ) There is no policy- JC sent an example from another trust which he has asked for comments from the HON's  Bed Declaration Policy to be shared with KD for review.
5	Hospital Flow & Discharge	Medicine: Maj Pushpangadan Corinne Jeffrey Surgery John Bolton Collette Cunningham	Flow Policy & Process	Evaluate weekend discharge lounge opening and maximise usage of discharge lounge over 5 days.		Janette Reynolds	Oct-17	Dec-17	Mar-18				In Progress			08/02/18 (LM) JR now in post, possible move of Discharge Lounge proposed, request information from Shane Embleton in Estates. Date moved to March 18.  22/12/17 (LM) Action merged with action 26 as both relate to discharge lounge availability by CJ & CC.  14/12/17 (LM) Proposal under discussion.
11	Hospital Flow & Discharge	Medicine: Maj Pushpangadan Corinne Jeffrey Surgery John Bolton Collette Cunningham	Operational Management	Review/Implement Internal Professional Standards Pharmacy, Physio, OT, Radiology		Brad Wilson /Simon Kirk	Oct-17	Nov-17	Apr-18				In Progress			08/02/18 (LM) Jen Green reviewed for Radiology, to discuss other specialties with BW.  22/12/17 (LM) End date revised to January 18, JC has left the Trust.  14/12/17 (LM) JB to discuss with BW to assist with implementation  30/11/17 (LM) Standards to be introduced following NHSI feedback, confirm who will monitor these and how often. BW to agree expected timings of clinical pathways from time of diagnosis/referral to arrival on ward.
14	Hospital Flow & Discharge	Medicine: Maj Pushpangadan Corinne Jeffrey Surgery John Bolton Collette Cunningham	SAFER	Review the delivery of structured and consistent board rounds across BTHFT (timings, content). "Best Practice" Board rounds to be rolled-out to the Surgical Wards.  Remove the variation in early morning discharges		Adele Hartley- Spencer	Nov-17	Mar-18					In Progress		NHSI Letter	07/02/18 (LM) Adele Hartley Spencer replaced Jayne Marran.  All Surgical wards have received the SAFER presentations on conducting the best practice board round from SB. To embed the process1:1 support with individual wards required. Still ad hoc on some wards.
24	Hospital Flow & Discharge	Medicine: Maj Pushpangadan Corinne Jeffrey Surgery John Bolton Collette Cunningham	SAFER	Undertake daily LoS planning of all delayed patients medically fit		Sue Franklin / Adele Hartley- Spencer	Nov-17	Mar-18					In Progress			07/02/18 (LM) Adele Hartley Spencer replaced Jayne Marran. Links to Criteria Led Discharge project.
25	Hospital Flow & Discharge	Medicine: Maj Pushpangadan Corinne Jeffrey Surgery John Bolton Collette Cunningham	SAFER	Measure all those patients over 75 years in hospital for more than 9 days; set a baseline and stretch targets (good indicator for effectiveness of frailty pathway)		Corinne Jeffrey	Nov-17	Mar-18					In Progress			
35	Hospital Flow & Discharge	Medicine: Maj Pushpangadan Corinne Jeffrey Surgery John Bolton Collette Cunningham	Virtual Ward - Elderly	Increase usage of ICH from 20% to 30%		Maj Pushpangadan	Nov-17	Dec-17	Mar-18				In Progress			22/12/17 (LM) Action revised to target Integrated Care Hub use from AED therefore action date revised to March 18.

Reference						KEY PERFORMANCE METRICS - THIS PROJECT WILL CONTRIBUTE TO THE ACHIEVEMENT OF THE ECS : 95% BY MARCH 2018					ECS Performance / Target				Aim is to achieve 95%		
Organisation		Hospital Flow & Discharge Project									- Zero breaches - in relation to 'awaiting for beds'				Aim is to achieve 0% breaches 'waiting for bed'		
Aim		Ensure robust Discharge Planning is established throughout the site, based on the principles of SAFER Discharge. Optimise the role of the Integrated Discharge Team and re-enhance the nursing role (including senior & Leads nurses), including Registered Practitioner-led Discharge									- Achievement of every patient having Estimated Date Of Discharge (EDD) within 24 hours of admission				Aim is to achieve 100%		
						Original				BRAG STATUS				49			
						Quantity				0	36	13	0				
						Percentage %				0.00%	73.47%	26.53%	0.00%				
Reference Number	Area	Accountable Owner	Sub Area	Summary of Action	Date Priority Action Set	Action Owner	Start Date	Original End Date	Revised End Date	Overdue / Mtg Action	Some Risk	Work in Progress	Action Complete	Complete Date	Link to other Project / Plan Ref.	Comments	
36	Hospital Flow & Discharge	Medicine: Maj Pushpangadan Corinne Jeffrey Surgery John Bolton Collette Cunningham	Operational Management	Review the inclusion criteria for the 'other' Acute attenders		Sue King	Dec-17	Mar-18					In Progress			23/01/18 (LM) CJ to provide update.	
37	Hospital Flow & Discharge	Medicine: Maj Pushpangadan Corinne Jeffrey Surgery John Bolton Collette Cunningham	Flow Policy & Process	EC Hospital Flow Project – Elderly Day Hospital (step up)		Maj Pushpangadan	Dec-17	Mar-18					In Progress			23/01/18 (LM) CJ to provide update.	
38	Hospital Flow & Discharge	Medicine: Maj Pushpangadan Corinne Jeffrey Surgery John Bolton Collette Cunningham	Flow Policy & Process	Internal Directory of Services for GPP referrals. (Corinne Jeffrey) (from NHSI visit)		Corinne Jeffrey	Dec-17	Mar-18					In Progress		NHSI Letter	23/01/18 (LM) LM & ZM working on graphic for alternative services to AED. Part of Trust Comms Strategy (Colin Beesting).	
39	Hospital Flow & Discharge	Medicine: Maj Pushpangadan Corinne Jeffrey Surgery John Bolton Collette Cunningham	Pharmacy	Explore the issues surrounding TTOs, suggestion around issuing community pharmacy prescriptions to reduce the waiting for TTOs		David Smith / Janette Reynolds	Jan-18	Mar-18					In Progress		NHSI Letter	28/02/18 (LM) JR to update at next Board meeting 28/2.	
40	Hospital Flow & Discharge	Medicine: Maj Pushpangadan Corinne Jeffrey Surgery John Bolton Collette Cunningham	Transport	Explore opportunities within the wider system to identify ways of facilitating a more responsive patient transport service		Karen Snape / Janette Reynolds	Jan-18	Mar-18					In Progress		NHSI Letter	16/01/18 (LM) Action owner changed from Andrea Dalton to Karen Snape (CC)	
41	Hospital Flow & Discharge	Medicine: Maj Pushpangadan Corinne Jeffrey Surgery John Bolton Collette Cunningham	Pharmacy	Man with a van to distribute TTOs for Elderly Care		David Smith Zeeshan Humayun	Jan-18	Mar-18					In Progress		NHSI Letter	02/01/18 (LM) Received copy of Business plan which was approved in Nov 2017. However this plan does not address the same issues as this action.	
45	Hospital Flow & Discharge	Medicine: Maj Pushpangadan Corinne Jeffrey Surgery John Bolton Collette Cunningham	Flow Policy & Process	Provide greater visibility of the live data to facilitate flow within the hospital; map the various entrance points within the hospital and identify what proportion of patients go to the various assessment units/short stay/base wards.		Janette Reynolds	Jan-18	Mar-18					In Progress		NHSI Letter	23/01/18 (LM) CJ to provide update.	
46	Hospital Flow & Discharge	Medicine: Maj Pushpangadan Corinne Jeffrey Surgery John Bolton Collette Cunningham	Flow Policy & Process	Review weekend cover on short stay to maintain flow over the weekend. Consider test of change in January		Corinne Jeffrey	Jan-18	Mar-18					In Progress		NHSI Letter	23/01/18 (LM) CJ to provide update.	

Reference						KEY PERFORMANCE METRICS - THIS PROJECT WILL CONTRIBUTE TO THE ACHIEVEMENT OF THE ECS : 95% BY MARCH 2018					ECS Performance / Target				Aim is to achieve 95%	
Organisation		Hospital Flow & Discharge Project									- Zero breaches - in relation to 'awaiting for beds'				Aim is to achieve 0% breaches 'waiting for bed'	
Aim		Ensure robust Discharge Planning is established throughout the site, based on the principles of SAFER Discharge. Optimise the role of the Integrated Discharge Team and re-enhance the nursing role (including senior & Leads nurses), including Registered Practitioner-led Discharge									- Achievement of every patient having Estimated Date Of Discharge (EDD) within 24 hours of admission				Aim is to achieve 100%	
						Original				BRAG STATUS				49		
						Quantity				0	36	13	0			
						Percentage %				0.00%	73.47%	26.53%	0.00%			
Reference Number	Area	Accountable Owner	Sub Area	Summary of Action	Date Priority Action Set	Action Owner	Start Date	Original End Date	Revised End Date	Overdue / Mtg Action	Some Risk	Work in Progress	Action Complete	Complete Date	Link to other Project / Plan Ref.	Comments
47	Hospital Flow & Discharge	Medicine: Maj Pushpangadan Corinne Jeffrey Surgery John Bolton Collette Cunningham	Flow Policy & Process	Outliers process is seen as a dis-incentive for wards, if they are good at discharging they get more outliers. Explore different ways of working and a different understanding with clinical staff so they do not feel dis-incentivised		Sarah Buckley	Jan-18	Mar-18					In Progress		NHSI Letter	27/02/18 (LM) Commencing 5th March for a period of three weeks, dedicated locum consultant to provide daily outlier review with support from Service Improvement Matron and Junior Doctor TBI.
48	Hospital Flow & Discharge	Medicine: Maj Pushpangadan Corinne Jeffrey Surgery John Bolton Collette Cunningham	Elderly Care	Assess the capacity/process for Elderly Care to reduce the number of patients going to AMU due to capacity issues		Corinne Jeffrey	Jan-18	Mar-18					In Progress		NHSI Letter	23/01/18 (LM) CJ to provide update.
49	Hospital Flow & Discharge	Medicine: Maj Pushpangadan Corinne Jeffrey Surgery John Bolton Collette Cunningham	Elderly Care	Assess the model for geriatric assessment to ensure the process is consistently applied; to explore the use of a template model and look at developing in-reach into specialty wards where frail patients are identified		Corinne Jeffrey	Jan-18	Mar-18					In Progress		NHSI Letter	23/01/18 (LM) CJ to provide update.
50	Hospital Flow & Discharge	Medicine: Maj Pushpangadan Corinne Jeffrey Surgery John Bolton Collette Cunningham	Elderly Care	Discussions with Age UK or other VCS organisation to discuss transport home services		Corinne Jeffrey	Jan-18	Mar-18					In Progress		NHSI Letter	
51	Hospital Flow & Discharge	Medicine: Maj Pushpangadan Corinne Jeffrey Surgery John Bolton Collette Cunningham	MAIDT	Standardisation of expectations regarding care home assessment and transfers to reduce delays. Work with the trust and system partners to manage patient and family expectations regarding discharge so problems do not arise		Corinne Jeffrey	Jan-18	Mar-18					In Progress		NHSI Letter	16/01/18 (LM) MAIDT Team support in place with daily ward visits under supervision of Senior Matron. Social Services, District Nursing, Mental Health Team etc involved.
52	Hospital Flow & Discharge	Medicine: Maj Pushpangadan Corinne Jeffrey Surgery John Bolton Collette Cunningham	Flow Policy & Process	Implement processes and reporting to obtain a greater understanding of the medically fit cohort to facilitate early discharge		Corinne Jeffrey	Jan-18	Mar-18					In Progress		NHSI Letter	23/01/18 (LM) CJ to provide update.
54	Hospital Flow & Discharge	Medicine: Maj Pushpangadan Corinne Jeffrey Surgery John Bolton Collette Cunningham	MAIDT	Explore if there are opportunities for a more consistent escalation process where patients and families have refused care home or package of care		Corinne Jeffrey	Jan-18	Mar-18					In Progress		NHSI Letter	07/02/18 (LM) Patients to go home without package of care if refused. Query over capacity and consent to be explored with CJ.  23/01/18 (LM) CJ to provide update.

LAST UPDATE:																
Reference		Site Management & Operational Grip				KEY PERFORMANCE METRICS - THIS PROJECT WILL CONTRIBUTE TO THE ACHIEVEMENT OF THE ECS : 95% BY MARCH 2018					- 4hr ED Performance / Target				Aim is to achieve 95%	
Organisation																
Aim		Improve the Clinical Site -based leadership team (policy, processes, protocols) to promote a site-based culture of improvement on BTHFT site.									Further measures to be confirmed					
27/2/18 Work in progress to update plan with JR						Original				BRAG STATUS				0		
						Quantity							0			
						Percentage %				#VALUE!	#VALUE!	#VALUE!	#DIV/0!			
Reference Number	Area	Accountable Owner	Sub Area	Summary of Action	Date Priority Action Set	Action Owner	Start Date	Original End Date	Revised End Date	Overdue / Mtg Action	Some Risk	Work in Progress	Action Complete	Complete Date	Link to other Project / Plan Ref.	Comments
1	Site Management & Operational Grip	Janette Reynolds	Hospital Site Management	Refine the Operational Bed Meetings & policy: identify who should be leading, when they should happen, membership and location (at both sites). ToRs to be established.		TBC	Oct-17	Nov-17					In Progress			Review being undertaken. Roles & responsibilities under review & job descriptions.
2	Site Management & Operational Grip	Janette Reynolds	Hospital Site Management	Implement Senior Site Operational Leads and Clinical Site Management (24/7) structure.		TBC	Oct-17	Nov-17					In Progress			Senior site leads on site.
3	Site Management & Operational Grip	Janette Reynolds	Hospital Site Management	Divisional Directors to formally 'sign-off' their relevant Site-based Capacity & Demand Escalation Plans to ensure safe provision of patient care and maintenance of flow		TBC	Oct-17	Nov-17					In Progress			
4	Site Management & Operational Grip	Janette Reynolds	Hospital Site Management	Once agreed, launch and communicate the Site-based Leadership structure, including Role clarification and expectations.		TBC	Oct-17	Nov-17					In Progress			
5	Site Management & Operational Grip	Janette Reynolds	Hospital Site Management	Review the role of General Manager on Call as required, to reflect Site-based changes 7 days a week.		TBC	Oct-17	Dec-17					In Progress			
7	Site Management & Operational Grip	Janette Reynolds	Hospital Site Management	ALL Specialities to actively manage Elective admissions and predicted Urgent Care demand to ensure discharges match/exceed expected daily admissions		TBC	Oct-17	Dec-17					In Progress			Some difficulties within surgery & specialities matching capacity & demand
8	Site Management & Operational Grip	Janette Reynolds	Hospital Site Management	Implement additional support to Transfer Teams to ensure timely ward transfers from the ED to inpatient areas; co-ordinated via the Operational Control centre		TBC	Oct-17	Dec-17					In Progress			Requires financial agreement. WIP.
9	Site Management & Operational Grip	TBC	Information & Reporting	Review GP flow into BTHFT to determine which practices could refer into Other Trusts instead. Automated report required to monitor impact.		Brenda Sutcliffe		Nov-17	Mar-18				In Progress		29/01/18 (JD) actions moved from Information & Reporting Project	? PMO or SI Team
12	Site Management & Operational Grip	TBC	Information & Reporting	4hr target performance is managed across the organisation and is 'owned' by all. KPIs to be developed to include patient flows and discharge requirements.		TBC		Nov-17	Mar-18				In Progress		29/01/18 (JD) actions moved from Information & Reporting Project	
13	Site Management & Operational Grip	TBC	Information & Reporting	Development of Social Care Standards for improved assessment.		TBC		Nov-17	Mar-18				In Progress		29/01/18 (JD) actions moved from Information & Reporting Project	Meet with Social Service to agree.
14	Site Management & Operational Grip	TBC	Information & Reporting	Evidence of % of Patients with Estimated Dates of Discharge (EDDs) and % Discharged on their EDD.		TBC		Nov-17	Mar-18				In Progress		29/01/18 (JD) actions moved from Information & Reporting Project	Review reporting mechanism and data set.
15	Site Management & Operational Grip	TBC	Information & Reporting	Evidence of increased weekend discharges and improved flow, dependent on cultural change within the organisation and implementation of the Weekend Discharge Team and re launch of Nurse/Criteria led discharge		TBC		Nov-17	Mar-18				In Progress		29/01/18 (JD) actions moved from Information & Reporting Project	Information on weekend discharges is available on for a rolling 28 days. JC to assist in developing a report which shows a monthly and yearly comparison of discharges, in order to demonstrate the impact, besides from seasonality.
16	Site Management & Operational Grip	TBC	Information & Reporting	Ensure all IPS are measurable and set up the system to capture the metrics		TBC		Nov-17	Mar-18				In Progress		29/01/18 (JD) actions moved from Information & Reporting Project	For reference: 3.3.16 is on the 'Emergency Department' tab. Will be dependent on when the IPS are determined and circulated.
17	Site Management & Operational Grip	TBC	Information & Reporting	Evidence a reduction in the number of patients on the medically fit list, compared to previous months and previous years.		TBC		Nov-17	Mar-18				In Progress		29/01/18 (JD) actions moved from Information & Reporting Project	

Reference Organisation		Site Management & Operational Grip				KEY PERFORMANCE METRICS - THIS PROJECT WILL CONTRIBUTE TO THE ACHIEVEMENT OF THE ECS : 95% BY MARCH 2018				- 4hr ED Performance / Target				Aim is to achieve 95%			
Aim		Improve the Clinical Site -based leadership team (policy, processes, protocols) to promote a site-based culture of improvement on BTHFT site.								Further measures to be confirmed							
27/2/18 Work in progress to update plan with JR						Original				BRAG STATUS				0			
						Quantity							0				
						Percentage %				#VALUE!	#VALUE!	#VALUE!	#DIV/0!				
Reference Number	Area	Accountable Owner	Sub Area	Summary of Action	Date Priority Action Set	Action Owner	Start Date	Original End Date	Revised End Date	Overdue / Mtg Action	Some Risk	Work in Progress	Action Complete	Complete Date	Link to other Project / Plan Ref.	Comments	
18	Site Management & Operational Grip	TBC	Information & Reporting	Each site to implement its own weekly performance meeting to support Trust wide review of breaches.		TBC		Nov-17	Mar-18				In Progress		29/01/18 (JD) actions moved from Information & Reporting Project		
19	Site Management & Operational Grip	TBC	Information & Reporting	Enhance the daily Update Report to include Trend analysis.		TBC		Nov-17	Mar-18				In Progress		29/01/18 (JD) actions moved from Information & Reporting Project		
20	Site Management & Operational Grip	TBC	Information & Reporting	Ensure provision of Urgent Care Improvement Dashboard (Using KPIs) to monitor compliance and impact of change		TBC		Nov-17	Mar-18				In Progress		29/01/18 (JD) actions moved from Information & Reporting Project		
21	Site Management & Operational Grip	Janette Reynolds	Admissions	Redefine the Acute direct to eard admissions using the Pre admit function				Feb-18	Mar-18				In Progress			7/2/18 (JD) meeting held with JR, Sarah Collet, Jackie Rogerson to discuss the proposed process. SC to confirm when the fault fix is being implemented for the closing down of open encounters on the pre admissions list. Once confirmed SC and JD to document the process. JR to consider how best to communicate and roll out.	

Reference Organisation						KEY PERFORMANCE METRICS - THIS PROJECT WILL CONTRIBUTE TO THE ACHIEVEMENT OF THE ECS : 95% BY MARCH 2018						- 4hr ED Performance / Target					Aim is to achieve 95%	
Quality & Safety Assurance Project																		
Aim												Further measures to be confirmed						
Plan to be developed for next financial year						Original				BRAG STATUS				0				
						Quantity				0	0	0	0					0
						Percentage %				0.00%	0.00%	0.00%	0.00%					
Reference Number	Area	Accountable Owner	Sub Area	Summary of Action	Date Priority Action Set	Action Owner	Start Date	Original End Date	Revised End Date	Overdue / Mtg Action	Some Risk	Work in Progress	Action Complete	Complete Date	Link to other Project / Plan Ref.	Comments		

Reference						KEY PERFORMANCE METRICS - THIS PROJECT WILL CONTRIBUTE TO THE ACHIEVEMENT OF THE ECS : 95% BY MARCH 2018					- 4hr ED Performance / Target				Aim is to achieve 95%	
Organisation		Quality & Safety Assurance Project														
Aim		Establish a clearly defined and documented quality and safety assurance plan which facilitates achievement of the ECS and ensures that any improvements do not have a negative impact on patients and the service outcomes.									Further measures to be confirmed					
Plan to be developed for next financial year						Original		BRAG STATUS				0				
						Quantity		0	0	0	0					
						Percentage %		0.00%	0.00%	0.00%	0.00%					
Reference Number	Area	Accountable Owner	Sub Area	Summary of Action	Date Priority Action Set	Action Owner	Start Date	Original End Date	Revised End Date	Overdue / Mtg Action	Some Risk	Work in Progress	Action Complete	Complete Date	Link to other Project / Plan Ref.	Comments

Reference						KEY PERFORMANCE METRICS - THIS PROJECT WILL CONTRIBUTE TO THE ACHIEVEMENT OF THE ECS : 95% BY MARCH 2018					- 4hr ED Performance / Target					Aim is to achieve 95%	
Organisation		Quality & Safety Assurance Project															
Aim		Establish a clearly defined and documented quality and safety assurance plan which facilitates achievement of the ECS and ensures that any improvements do not have a negative impact on patients and the service outcomes.									Further measures to be confirmed						
Plan to be developed for next financial year									Original		BRAG STATUS				0		
								Quantity		0	0	0	0	0			
								Percentage %		0.00%	0.00%	0.00%	0.00%				
Reference Number	Area	Accountable Owner	Sub Area	Summary of Action	Date Priority Action Set	Action Owner	Start Date	Original End Date	Revised End Date	Overdue / Mtg Action	Some Risk	Work in Progress	Action Complete	Complete Date	Link to other Project / Plan Ref.	Comments	



Reference						KEY PERFORMANCE METRICS - THIS PROJECT WILL CONTRIBUTE TO THE ACHIEVEMENT OF THE ECS : 95% BY MARCH 2018					- 4hr ED Performance / Target					Aim is to achieve 95%	
Organisation		Quality & Safety Assurance Project															
Aim		Establish a clearly defined and documented quality and safety assurance plan which facilitates achievement of the ECS and ensures that any improvements do not have a negative impact on patients and the service outcomes.									Further measures to be confirmed						
Plan to be developed for next financial year						Original		BRAG STATUS				0					
						Quantity		0	0	0	0					0	
						Percentage %		0.00%	0.00%	0.00%	0.00%						
Reference Number	Area	Accountable Owner	Sub Area	Summary of Action	Date Priority Action Set	Action Owner	Start Date	Original End Date	Revised End Date	Overdue / Mtg Action	Some Risk	Work in Progress	Action Complete	Complete Date	Link to other Project / Plan Ref.	Comments	

Reference						- 4hr ED Performance / Target											Aim is to achieve 95%			
Organisation						Workforce											- Improve % of Nursing shifts filled (ESR)		Aim is to have 100% shifts filled by substantive or bank staff	
Service Type						Agree and implement the Recruitment Strategy for the Emergency floor and inpatient ward areas to enable timely patient flow and stability of workforce. Utilise opportunities to enhance workforce flexibility through introduction of new roles (where able) and new ways of working											KEY PERFORMANCE METRICS - THIS PROJECT WILL CONTRIBUTE TO THE ACHIEVEMENT OF THE ECS : 95% BY MARCH 2018			
						Original				BRAG STATUS				13						
						Quantity				5	7	1	0							
						Percentage %				38.46%	53.85%	7.69%	0.00%							
Reference Number	Area	Accountable Owner	Sub Area	Summary of Action	Date Priority Action Set	Action Owner	Start Date	Original End Date	Revised End Date	Overdue / Mtg Action	Some Risk	Work in Progress	Action Complete	Complete Date	Link to other Project / Plan Ref.	Comments				
1	Workforce	Brad Wilson	ACU	Review demand & capacity for AMU and ACU consultant numbers.	Yes	BW	Oct-17	Dec-17					In Progress							
2	Workforce	Brad Wilson	Roles & Responsibilities	Develop and support middle management teams to undertake their 'day job' in an effective way. Develop managers outside of the ED to understand their role in maintaining Emergency Standards.	No	BW	Oct-17	Dec-17					In Progress							
3	Workforce	Brad Wilson	Roles & Responsibilities	Review of Middle Grade Rotas to be undertaken, to improve current system.	No	SK/BW	Oct-17	Dec-17					In Progress							
4	Workforce	Brad Wilson	Staffing	Consider an increase in number of Band 6/7 nurses at weekends to facilitate discharges.	No	SF	Oct-17	Dec-17					Not Started							
5	Workforce	Brad Wilson	Staffing	Rapid Cycle Test of change with therapy assistants during weekends.	No	BW	Oct-17	Dec-17					Not Started							
6	Workforce	Brad Wilson	Staffing	Review ED medical workforce paper	No	BW	Oct-17	Nov-17					In Progress			ED Consultant cover until midnight.				
7	Workforce	Brad Wilson	Staffing	Review ENP rota to assess if sustainable	No	SF	Oct-17	Dec-17					In Progress							
8	Workforce	Brad Wilson	Staffing	Additional Registrar on Night in ED at weekends	No	SK/BW	Oct-17	Oct-17					Complete			Additional Reg on nights. Agreed, but no uptake of shifts.				
9	Workforce	Brad Wilson	Staffing	Consultant Acute Physicians required for ACU /AMU/ Short Stay Ward. Business Case due for additional post.	No	BW	Oct-17	Dec-17					In Progress							
10	Workforce	Brad Wilson	Staffing	Enhanced Medical cover required at night on ACU. Gap Analysis and business case to be completed to support Acute Physicians to cover until 22:30 7/7.	No	BW	Oct-17	Dec-17					Not Started							
12	Workforce	Brad Wilson	Staffing	Consultant Job Planning COMPLETION dates TBC, to include allocated time to undertake morning Board Rounds	No	BW	Jan-18	Mar-18					Not Started							
13	Workforce	Brad Wilson	Staffing	Recruitment Strategy should aim to reduce use of 'Off-Framework Agencies' for nursing by 5% by end December 2017	No	BS	Oct-17	Dec-17					In Progress							
14	Workforce	Brad Wilson	Staffing	Division to develop new roles where there are difficulties to recruit to posts	No	BS	Oct-17	Dec-17					Not Started							

Reference						KEY PERFORMANCE METRICS - THIS PROJECT WILL CONTRIBUTE TO THE ACHIEVEMENT OF THE ECS : 95% BY MARCH 2018					- 4hr ED Performance / Target				Aim is to achieve 95%	
Organisation		Communication & Engagement														
Aim		Ensure staff across BTHFT are fully aware of the Emergency Care Programme (Recovery Plan) and the role they have in achieving success									Further measures to be confirmed					
						Original				BRAG STATUS				8		
						Quantity				0	4	4	0			
						Percentage %				0.00%	50.00%	50.00%	0.00%			
Reference Number	Area	Accountable Owner	Sub Area	Summary of Action	Date Priority Action Set	Action Owner	Start Date	Original End Date	Revised End Date	Overdue / Mtg Action	Some Risk	Work in Progress	Action Complete	Complete Date	Link to other Project / Plan Ref.	Comments
1	Communication	Brad Wilson	Communication	Ensure copies of all plans are available in Local Areas (Improvement Hubs), on Emergency Floors and on wards	No	Brad Wilson		Nov-17	Mar-18				In Progress			29/01/18 (LM) Performance information now available on Daily Morning Report. SK to arrange how this will be printed off and displayed in AED.
2	Communication	Brad Wilson	Communication	Agree regular updates to be published in Trust News (4 – 6 weekly)	No	Brad Wilson		Nov-17	Mar-18				In Progress			26/01/18 (LM) First article on patient flow included
3	Communication	Brad Wilson	Communication	Consider the option of including Staff and Patient feedback with regards the improvements and associated impact	No	Brad Wilson		Nov-17	Jan-18				Complete	26/01/2018		26/01/18 (LM) Included in the accompanying Communications Plan
4	Communication	Brad Wilson	Communication	Ask staff how they wish to be communicated with at a local level with regards the improvements in progress and how they can contribute	No	Brad Wilson		Nov-17	Jan-18				Complete	26/01/2018		26/01/18 (LM) AED project leads to discuss with staff how often and in what format are they updated on progress.
5	Communication	Brad Wilson	Communication	Medical involvement and feedback re progress also needs to be considered and a process agreed	No	Brad Wilson		Nov-17	Mar-18				In Progress			
6	Communication	Brad Wilson	Communication	Establish & maintain an Issues Log as highlighted by staff and provide feedback on resolution as identified.	No	Brad Wilson		Nov-17	Mar-18				In Progress			
7	Communication	Brad Wilson	Communication	Share and Display daily/weekly performance against agreed Metrics which impact on ED Performance	No	Brad Wilson		Nov-17	Jan-18				Complete	26/01/2018		29/01/18 (LM) Performance information now available on Daily Morning Report.
8	Communication	Brad Wilson	Communication	Share and Display daily/weekly performance against agreed Metrics which impact on Patient Flow - timely discharge from wards	No	Brad Wilson		Nov-17	Jan-18				Complete	26/01/2018		29/01/18 (LM) Performance information now available on Daily Morning Report.

[illegible]

AED Quality and Safety Action Plan				Date initiated	4.5.17
				Date of update	23/01/2018
Accountability		Responsibility			
Lead	Oversight/governance structure	Lead	Work-stream/operational group		
Dr Brad Wilson, DCD	Divisional Clinical Governance/ Urgent & Emergency Care Programme	Dr Sue King, Specialty lead	Speciality Quality and Safety Meeting		
Sarah Freeman, HON		Jo Steadman, Matron AED			
Corinne Jeffry, DGM (acting)		Simon Kirk, Directorate Manager, AED			

Aim	Objective Ref		Expected Outcome	Assurance Mechanism	Review date	
To respond in full to the recommendations from the quality summit		1	To ensure that the specialty risk register reflects the nature and level of risk experienced by the department	The risk register is reviewed in its totality, risk assessments are completed and the system of risk management and escalation is reviewed	Quarterly performance reports  Assurance review of mitigation of risks 15 and above	Oct-17
		2	To ensure that capacity and demand in the AED is managed appropriately trust wide	Specialities will not use AED as a route into hospital services for patients referred to themselves from primary care due to lack of capacity in their service	Audit of number/type and outcome of patients who should have been referred straight to specialty but who accessed services through the AED	Oct-17
		3	To ensure that capacity and demand in the AED is managed appropriately by external partners	Inappropriate attendance at AED is reduced	Audit of number/type and outcome of patients admitted to AED who could have or did access primary care services prior to their attendance	Oct-17
		4	To ensure that the specialty is engaged with Trust-wide initiatives relating to the management of deteriorating patients	The benefits of and learning from the breakthrough collaborative will be evidenced within the AED	Representation of AED at collaborative events, evidence of PDSA change cycles.	Mar-18
		5	To ensure that medical and nursing staffing is reviewed in light of changes to workflow and the introduction of streaming	Medical and nursing staffing will be reviewed and any required actions identified	Shift analysis  Staff survey	Nov-17
		6	To ensure the mitigation in place related to the criteria requiring a senior medical review is effective	Mitigation in relation to senior review will be effective	RCEM senior sign off audit	Oct-17
		7	To ensure that the impact of staffing and acuity within the department is fully reflected and understood when investigating incidents and complaints	Investigations will demonstrate appropriate methodology (eg focus groups) to ensure that the impact of staffing and acuity are fully explored and understood	Review of methodology in investigations  Review of methodologies within RCA training	Dec-17
		8	To ensure that workforce training in relation to learning from incidents and critical events is multidisciplinary	All relevant training that includes learning derived from incidents and critical events will be multidisciplinary	Review of content, quality and components of specialty developed training in response to incidents and critical events	Aug-17
		9	To ensure that the findings of the governance review undertaken to support the quality summit are fully contextualised and understood and used to support an improvement strategy for the specialty	Opportunities for change and improvement will be maximised through the acknowledgement and management of latent and contributory factors	Review of the effectiveness of this action plan in its totality (using ProGRESS methodology)	Nov-17
		10	The specialty will be formally held to account for their progress and response to the CQC compliance actions and a further action plan to address outstanding issues will be formulated	There will be confidence in the compliance of the AED in relation to its compliance with fundamental standards and the identification of a strategy to reflect a commitment to improve the ratings	ProGRESS review of the AED CQC compliance  CQC review and challenge	Oct-17
		11	To ensure that all trust wide policies where there is fundamental issues in relation to compliance due to the nature of the work undertaken in the AED are identified and appropriate localised procedural documents are agreed and implemented	The suite of local procedural documents managed by the specialty will be reflected of national and Trustwide policy, and trust wide policy will allow for localisation to the specialty if deemed appropriate	95% compliance rate with local procedural document project	Aug-17
		12	To ensure that the dashboard work currently underway across the Trust included learning from the summit and provides useful local information for the specialty.	The dashboards in use across the Trust will contain useful and relevant information to enable specialty level decision making	Specialty satisfaction with the dashboards  Evidence of use of dashboards in specialty quality and safety meetings	Oct-17

Status:	
O	Open
o	Open and compromised
C	Closed
OD	Overdue

Objective		1 To ensure that the specialty risk register reflects the nature and level of risk experienced by the department								
No	Action	Lead	Date Assigned	Scheduled completion	Status	Actual Completion	Comments	Evidence		

1.1	Provide training to all relevant staff in use of the risk register	AB		Apr-17	C		Apr-17	Training delivered by Sarah Branigan at AED Q&S steering group meeting	
1.2	Undertake a review of the risk register and associated risk assessments/mitigation	JT		Jun-17	C				
1.3	Present and 'sense check' the results of the review to specialty quality and safety meeting	JT		Sep-17	C				

Objective		2 To ensure that capacity and demand in the AED is managed appropriately trust wide						
No	Action	Lead	Date Assigned	Scheduled completion	Status	Actual Completion	Comments	Evidence
2.1	Audit of number/type and outcome of patients who should have been referred straight to specialty but who accessed services through the AED	IR	4.5.17	Sep-17	C		With support from PMO office	
2.2	Implement pathway for diversion of GP referrals with acute medical problems to ACU/AMU	AB/UC	4.5.17	Jun-17	C	Jun-17		
2.3	Agreement will be reached across divisions in relation to the process of handover and transfer of patients from the AED	BW	4.5.17	Jun-17	C	Jun-17		
2.4	Agreed escalation process to ensure timely review of patients by specialties	BS	4.5.17	Jul-17	C	Jun-17		

Objective		3 To ensure that capacity and demand in the AED is managed appropriately by external partners							
No	Action	Lead	Date Assigned	Scheduled completion	Status	Actual Completion	Comments	Evidence	
3.1	Audit of number/type and outcome of patients admitted to AED who could have or did access primary care services prior to their attendance	IR	4.5.17	Sep-17	O		With support from PMO office		
3.2	Issues raised with commissioners at AED deep dive event	BW	4.5.17	Apr-17	C	Apr-17			
3.3	Ensure appropriate AED representation at Urgent Care Board	BS	4.5.17	May-17					
3.4	Arrange regular meetings with AED GPs	BS	4.5.17	May-17	C	May-17	Initial meeting held, monthly meetings organised		
3.5	Review and implement NHSE Primary Care Streaming guidance	AB	4.5.17	Sep-17	C				
3.6	Audit of patients conveyed to AED by YAS	DR	4.5.17	Jul-17	C		Meeting with YAS 9.5.17		

Objective		4 To ensure that the specialty is engaged with Trust-wide initiatives relating to the management of deteriorating patients							
No	Action	Lead	Date Assigned	Scheduled completion	Status	Actual Completion	Comments	Evidence	
4.1	Representation of AED at deteriorating patient collaborative, evidence of PDSA change cycles.	DR	4.5.17	Nov-17	C		2 days attended, 4 PDSA cycles in progress		
4.2	Separate action plan in response to ICU cases	DR	4.5.17	May-17	C	May-17	Action plan presented at March AED Q&S meeting, meeting with ICU consultants April		

Objective		5 To ensure that medical and nursing staffing is reviewed in light of changes to workflow and the introduction of streaming							
No	Action	Lead	Date Assigned	Scheduled completion	Status	Actual Completion	Comments	Evidence	
5.1	Nursing staffing will be reviewed and any required actions identified	SF/BS	4.5.17	Jun-17	C	Jul-17			
5.2	Medical staffing will be reviewed and any required actions identified	BW/BS	4.5.17	Jun-17	C	Jul-17			

Objective		6 To ensure the mitigation in place related to the criteria requiring a senior medical review is effective							
No	Action	Lead	Date Assigned	Scheduled completion	Status	Actual Completion	Comments	Evidence	
6.1	RCEM "Senior sign off" audit presented at AED Q&S meeting and action plan developed	IR	4.5.17	Sep-17	C		Audit due to be published 26.5.17		

Objective		7 To ensure that the impact of staffing and acuity within the department is fully reflected and understood when investigating incidents and complaints						
No	Action	Lead	Date Assigned	Scheduled completion	Status	Actual Completion	Comments	Evidence
7.1	Review methodology for reviewing incidents and complaints ensuring that a broad range of qualitative tools are used	TC	4.5.17	Aug-17	C	Aug-17		

Objective		8 To ensure that workforce training in relation to learning from incidents and critical events is multidisciplinary							
No	Action	Lead	Date Assigned	Scheduled completion	Status	Actual Completion	Comments	Evidence	
8.1	To describe and implement a process to ensure learning from incidents supports the development of multidisciplinary in situ training	DR	4.5.17	Jul-17	C		Monthly multidisciplinary in situ simulation training established. Multi-specialty session planned for 16.5.17		
8.2	To identify AED links for the organisational learning and surveillance hub to support the identification of other learning	Matron DR	4.5.17	Jun-17	C		Multi-disciplinary team attend		
8.3	Submit business case for AED Practice Educator	Matron	4.5.17	Aug-17	C				

Objective		9 To ensure that the findings of the governance review undertaken to support the quality summit are fully contextualised and understood and used to support an improvement strategy for the specialty						
No	Action	Lead	Date Assigned	Scheduled completion	Status	Actual Completion	Comments	Evidence
9.1	To undertake a thematic analysis of the findings of the governance review, especially in relation to incidents and other critical events	TC/ DR	4.5.17	Aug-17	C	Aug-17	TC to present at AED Q&S meeting	
9.2	To use the result of the review to support the identification of latent and contributory factors that provide further opportunities for change and improvement	TC/ DR	4.5.17	Oct-17	O			

Objective		10 The specialty will be formally held to account for their progress and response to the CQC compliance actions and a further action plan to address outstanding issues will be formulated							
No	Action	Lead	Date Assigned	Scheduled completion	Status	Actual Completion	Comments	Evidence	
10.1	Meeting with Director of Governance & Operations and requirements agreed	TC			C	Mar-17			
10.2	Provide detailed report to Q&S committee	TC			C	Apr-17			
10.3	Documentation audit to be completed and necessary actions taken	BS/ RH		Jul-17	C	Jun-17	Completed and results presented to Q&S		
10.4	Submit business case for dedicated drug preparation area	AB		Jul-17	C	Jul-17			
10.5	Review of medicines management policy	SF		Sep-17	C	Nov-17			

Objective		11		To ensure that all trust wide policies where there is fundamental issues in relation to compliance due to the nature of the work undertaken in the AED are identified and appropriate localised procedural documents are agreed and implemented						
No	Action			Lead	Date Assigned	Scheduled completion	Status	Actual Completion	Comments	Evidence

11.1	Meet trajectory for guidelines reviews as mandated by Integrated Governance and Risk Committee	RH	4.5.17	Aug-17	C	Aug-17	Currently at 95% compliance	
------	--	----	--------	--------	---	--------	-----------------------------	--

Objective		12 To ensure that the dashboard work currently underway across the Trust included learning from the summit and provides useful local information for the specialty							
No	Action	Lead	Date Assigned	Scheduled completion	Status	Actual Completion	Comments	Evidence	
12.1	Meet with DDCDs to review functionality of Q&S dashboard	TC	4.5.17	25.5.17	C	May-17			
12.2	Develop specialty specific strategy to implement dashboard and review functionality	TC/ DR	4.5.17	Jun-17	C	Jun-17	For discussion at AED Q&S meeting		
12.3	Workshop to launch Q&S dashboard implementation process	TC/ DR		Oct-17	C		Using AED Q&S meeting as point 9.1		

LAST UPDATE: 23.01.18																
Reference Organisation		Information & Reporting				KEY PERFORMANCE METRICS - THIS PROJECT WILL CONTRIBUTE TO THE ACHIEVEMENT OF THE ECS : 95% BY MARCH 2018					- 4hr ED Performance / Target				Aim is to achieve 95%	
Aim											Agree AED and Flow KPIs & metrics. Optimise use of technology to enable rapid access to accurate information relating to patient flow.				Further measures to be confirmed	
		29/1/18 (JD) Following discussion with Sandra Shannon, programme sponsor, this plan has been incorporated into the Site management & operational grip project														
						Quantity		0	0	6	0					
												Percentage %		0.00%	0.00%	100.00%
Reference Number	Area	Accountable Owner	Sub Area	Summary of Action	Priority Action							Action Owner	Start Date	Original End Date	Revised End Date	Overdue / Mtg Action
1	Information & Reporting	TBC	Information & Reporting	Review GP flow into BTHFT to determine which practices could refer into Other Trusts instead. Automated report required to monitor impact.	No	Brenda Sutcliffe		Nov-17	Mar-18				Closed			? PMO or SI Team
2	Information & Reporting	TBC	Information & Reporting	Develop automatic breach report for JC to use at the weekly Operational Capacity Meetings.	No	John Coleman		Nov-17	Mar-18				Complete	Dec-17		Required new breach performance report drafted. For use at Monday am meetings. 4 hour breaches by to be specially included.
3	Information & Reporting	TBC	Information & Reporting	AED Trajectory to be revised to align with the revisions to the service provision. James Mackie to include new trajectory with timeline action points to Action Plan	No	John Coleman		Nov-17	Mar-18				Complete			Trajectory to be agreed with Exec & subsequently NHSI.
4	Information & Reporting	TBC	Information & Reporting	4hr target performance is managed across the organisation and is 'owned' by all. KPIs to be developed to include patient flows and discharge requirements.	No	TBC		Nov-17	Mar-18				Closed			
5	Information & Reporting	TBC	Information & Reporting	Development of Social Care Standards for improved assessment.	No	TBC		Nov-17	Mar-18				Closed			Meet with Social Service to agree.
6	Information & Reporting	TBC	Information & Reporting	Evidence of % of Patients with Estimated Dates of Discharge (EDDs) and % Discharged on their EDD.	No	TBC		Nov-17	Mar-18				Closed			Review reporting mechanism and data set.
7	Information & Reporting	TBC	Information & Reporting	Evidence of increased weekend discharges and improved flow, dependent on cultural change within the organisation and implementation of the Weekend Discharge Team and re launch of Nurse/Criteria led discharge	No	TBC		Nov-17	Mar-18				Closed			Information on weekend discharges is available on for a rolling 28 days. JC to assist in developing a report which shows a monthly and yearly comparison of discharges, in order to demonstrate the impact, besides from seasonality.
8	Information & Reporting	TBC	Information & Reporting	Ensure all IPS are measurable and set up the system to capture the metrics	No	TBC		Nov-17	Mar-18				Closed			For reference: 3.3.16 is on the 'Emergency Department' tab. Will be dependent on when the IPS are determined and circulated.
9	Information & Reporting	TBC	Information & Reporting	Evidence a reduction in the number of patients on the medically fit list, compared to previous months and previous years.	No	TBC		Nov-17	Mar-18				Closed			
10	Information & Reporting	TBC	Information & Reporting	Each site to implement its own weekly performance meeting to support Trust wide review of breaches.	No	TBC		Nov-17	Mar-18				Closed			
11	Information & Reporting	TBC	Information & Reporting	Improve completion of tracking steps on ED system by clinical staff.	No	TBC		Nov-17	Mar-18				Complete			EPR/Complete
12	Information & Reporting	TBC	Information & Reporting	Implement the electronic casCards to support accurate tracking through ED	No	TBC		Nov-17	Mar-18				Complete			EPR/Complete
13	Information & Reporting	TBC	Information & Reporting	Implement the use of Electronic Tool for Bed Managers to use to generate 'live' bed states,	No	TBC		Nov-17	Mar-18				Complete			EPR/Complete
14	Information & Reporting	TBC	Information & Reporting	Enhance the daily Update Report to include Trend analysis.	No	TBC		Nov-17	Mar-18				Closed			
15	Information & Reporting	TBC	Information & Reporting	Ensure provision of Urgent Care Improvement Dashboard (Using KPIs) to monitor compliance and impact of change	No	TBC		Nov-17	Mar-18				Closed			
16	Information & Reporting	TBC	Information & Reporting	Implement weekly information meetings to agree and provide live electronic bed updates and RAG rating across organisation	No	TBC		Nov-17	Mar-18				Complete			EPR/Complete



Reference Organisation		Winter Planning				KEY PERFORMANCE METRICS - THIS PROJECT WILL CONTRIBUTE TO THE ACHIEVEMENT OF THE ECS : 95% BY MARCH 2018					- 4hr ED Performance / Target				Aim is to achieve 95%	
Aim		Establish a clearly defined and documented winter plan which facilitates achievement of the ECS									Further measures to be confirmed					
						Original			BRAG STATUS				20			
						Quantity			0	0	20	0				
						Percentage %			0.00%	0.00%	100.00%	0.00%				
Reference Number	Area	Accountable Owner	Sub Area	Summary of Action	Priority Action	Action Owner	Start Date	Original End Date	Revised End Date	Overdue / Mtg Action	Some Risk	Work in Progress	Action Complete	Complete Date	Link to other Project / Plan Ref.	Comments
2	Winter Planning	Terri Saunderson Jeevan Gill	Staffing/ Flow	Divisions to review own inpatient capacity in regards to staffing, skill mix and equipment to provide the most robust service possible.		Collette Cunningham Corinne Jeffrey Diane Daley	Nov-17	Nov-17					Complete	30/01/2018		30/1/18 (JD) TS - Ongoing action within Divisional BAU, action complete  Experiencing staff shortages within the front and back door teams.  Review meetings and training booked over the winter months and limit to essential meetings or mandatory training  Robust sickness management and review of rota's to maximise availability  Utilise clinical non frontline staff to support clinical areas
3	Winter Planning	Terri Saunderson Jeevan Gill	SAU	Increase capacity of Surgical Assessment Unit by adding an additional 6 trolleys with no loss of surgical beds.		Collette Cunningham		Dec-17					Complete			11/12/17 (MZ) JG - Service in operation and being utilised appropriately.
4	Winter Planning	Terri Saunderson Jeevan Gill	SAU	Increase FY2 Doctor cover on SAU to reduce delays.		Collette Cunningham		Dec-17			Recruitment		Complete	30/1/18	SRG funding	30/1/18 (JD) TS - spoke with CC confirmed FY2 in place, action complete  Current Service Provision
5	Winter Planning	Terri Saunderson Jeevan Gill	Capacity	Review daily non urgent elective activity to accommodate additional medical outliers and create acute capacity.	Yes	Collette Cunningham		Dec-17	Mar-17		Increased cancellation of elective patients and deteriorating Referral to Treatment (RTT) performance.		Complete			27/12/17 (MZ) JG has confirmed daily reviews are now undertaken at site meeting  Maintain surgical capacity through independent external providers  Re-profile elective activity to focus on day case provision
6	Winter Planning	Terri Saunderson Jeevan Gill	AED	Increase consultant presence in AED by reducing AED clinics and review of medical rotas.	Yes	Simon Kirk		Dec-17			Unable to change medical rotas  Reducing AED clinics may increase demand in other specialties		Complete			

Reference Organisation						KEY PERFORMANCE METRICS - THIS PROJECT WILL CONTRIBUTE TO THE ACHIEVEMENT OF THE ECS : 95% BY MARCH 2018					- 4hr ED Performance / Target				Aim is to achieve 95%	
		Winter Planning														
Aim		Establish a clearly defined and documented winter plan which facilitates achievement of the ECS									Further measures to be confirmed					
						Original			BRAG STATUS				20			
						Quantity			0	0	20	0				
						Percentage %			0.00%	0.00%	100.00%	0.00%				
Reference Number	Area	Accountable Owner	Sub Area	Summary of Action	Priority Action	Action Owner	Start Date	Original End Date	Revised End Date	Overdue / Mtg Action	Some Risk	Work in Progress	Action Complete	Complete Date	Link to other Project / Plan Ref.	Comments
7	Winter Planning	Terri Saunderson Jeevan Gill	ACU	Extended Opening hours for ACU to help facilitate flow through AED, and reduce admissions to downstream wards for short stay patients.		Ann Bannister		Jul-17	Dec-17		Inability to manage demand in AED resulting in long waits and patient safety implications  Recruitment of medical staff for extended hours		Complete	30/01/2018		30/1/18 (JD) TS - Unable to open ACU for extended hours due to ANP recruitment. Is being monitored as part of ED Flow action Plan, reference 1 , action closed  Continue with current model of admission to Medical Acute Unit (MAU)
8	Winter Planning	Terri Saunderson Jeevan Gill	Capacity	Open inpatient surge beds to support increased demand and patient flow through the hospital.		Collette Cunningham Corinne Jeffrey Diane Daley		Dec-17			Recruitment of nurse staffing		Complete			
9	Winter Planning	Terri Saunderson Jeevan Gill	Patient Flow?	Embedding SAFER principles across all inpatient wards to increase timely discharges and maintain patient flow.		Sarah Buckley		Dec-17			Non-compliance with SAFER		Complete	30/01/2018		30/1/18 (JD) TS - covered as part of hospital flow project plan, action closed  Active promotion of SAFER bundle underpinned via Urgent and Emergency Care Standard Improvement Programme
10	Winter Planning	Terri Saunderson Jeevan Gill	Patient Flow	Implement Integrated discharge hub for all adult patients to support timely discharge.		Corrine Jeffrey		Jun-17			Funds not available to extend current provision  Inability to co-locating teams due to environmental constrains		Complete			
11	Winter Planning	Terri Saunderson Jeevan Gill	Capacity	Additional diagnostic and therapeutic sessions to match increase acute demand.		Collette Cunningham		Dec-17			Recruitment		Complete	30/01/2018		30/1/18 (JD) TS - additional services in place. Action closed Current service provision

Reference						KEY PERFORMANCE METRICS - THIS PROJECT WILL CONTRIBUTE TO THE ACHIEVEMENT OF THE ECS : 95% BY MARCH 2018					- 4hr ED Performance / Target				Aim is to achieve 95%	
Organisation		Winter Planning														
Aim		Establish a clearly defined and documented winter plan which facilitates achievement of the ECS									Further measures to be confirmed					
						Original			BRAG STATUS				20			
						Quantity			0	0	20	0				
						Percentage %			0.00%	0.00%	100.00%	0.00%				
Reference Number	Area	Accountable Owner	Sub Area	Summary of Action	Priority Action	Action Owner	Start Date	Original End Date	Revised End Date	Overdue / Mtg Action	Some Risk	Work in Progress	Action Complete	Complete Date	Link to other Project / Plan Ref.	Comments
12	Winter Planning	Terri Saunderson Jeevan Gill	Patient Flow	Additional Portering staff to help reduce delays and ensure timely patient movement.		Andrea Dalton		Dec-17			Recruitment		Complete			27/12/17 (MZ) JG - as per winter arrangements.  11/12/17 (MZ) JG has agreed Charlotte Keasey to provide update on 13/12/17  Bank fixed term contracts
14	Winter Planning	Terri Saunderson Jeevan Gill	Flow	1 additional discharge ambulance to facilitate patient flow covering 7 day period.		Jeevan Gill		Dec-17			Delayed discharge		Complete			11/12/17 (MZ) JG - Additional service provision brought forward early to October due to increased demand and delayed discharges
15	Winter Planning	Terri Saunderson Jeevan Gill	Flow	Increase FY2 doctor cover to support early discharges and TTO's				Dec-17					Complete	30/01/2018	SRG funding	30/1/18 (JD) TS - additional Dr is in place to support weekend discharges
16	Winter Planning	Terri Saunderson Jeevan Gill	Command & Control	Daily review of elective activity - incorporated into site meeting to ensure all elective work is reviewed and prioritised, smooth patient flow during the day and isolate problems early.				Dec-17			Poor patient experience  Reduced patient flow - negative impact on RTT performance  Increased on the day cancellations		Complete			30/1/18(JD) TS - embedded into daily processes, complete  11/12/17 (MZ) JG has agreed this action as no longer appropriate.  Early review of outliers  Adequate acute medical capacity  Additional capacity via independent sector
17	Winter Planning	Terri Saunderson Jeevan Gill	Command & Control	Clear escalation processes to help forward planning and early escalation of issues for corrective actions to be completed.				Dec-17			Staff not understanding their role and responsibilities  Ineffective action		Complete			30/1/18(JD) TS - complete, covered in site management escalation process review.  11/12/17 (MZ) JG has agreed this action as no longer appropriate.  Staff aware of escalation levels and required actions

Reference						KEY PERFORMANCE METRICS - THIS PROJECT WILL CONTRIBUTE TO THE ACHIEVEMENT OF THE ECS : 95% BY MARCH 2018					- 4hr ED Performance / Target				Aim is to achieve 95%	
Organisation		Winter Planning														
Aim		Establish a clearly defined and documented winter plan which facilitates achievement of the ECS									Further measures to be confirmed					
						Original			BRAG STATUS				20			
						Quantity			0	0	20	0				
						Percentage %			0.00%	0.00%	100.00%	0.00%				
Reference Number	Area	Accountable Owner	Sub Area	Summary of Action	Priority Action	Action Owner	Start Date	Original End Date	Revised End Date	Overdue / Mtg Action	Some Risk	Work in Progress	Action Complete	Complete Date	Link to other Project / Plan Ref.	Comments
19	Winter Planning	Terri Saunderson Jeevan Gill	Command & Control	Seasonal Flu campaign to help achieve the national vaccination target of 75% immunisation. And Clinical areas to achieve higher rate of immunisation		Occupational Health		Nov-17			Clinical risk to vulnerable patients  Lack of staff due to flu outbreak		Complete	30/01/2018		30/1/18 (JD) TS - Flu campaign underway, action complete  Achieve national target for immunisation – specify rate in high risk areas
20	Winter Planning	Terri Saunderson Jeevan Gill	Command & Control	Provision of staff accommodation and 4x4 transport where deemed critical to enable access to work in the event of adverse weather.		Jeevan Gill		Dec-17			In sufficient staff on duty to maintain critical services  Increased patient safety incidents		Complete			Provision of dedicated on site accommodation  Access to transport via voluntary services
21	Winter Planning	Terri Saunderson Jeevan Gill	Command & Control	Creation of a Winter Control Room to ensure appropriate flow through AED and supporting the ECS Standard.		Terri Saunderson		Dec-17					Complete			
22	Winter Planning	Terri Saunderson Jeevan Gill	CDU	Review of SOP to ensure full utilisation of CDU.		Simon Kirk		Jan-18			0		Complete			27/12/17 (MZ) JG has confirmed that the SOP has been updated by DR Till who is also monitoring the activity.
23	Winter Planning	Terri Saunderson Jeevan Gill	Paediatrics	Monitor and review the implementation of the new Children and Young Adults Ambulatory Care service.		Diane Daley		Mar-18					Complete	30/01/2018		30/1/18 (JD) TS - commenced 4/12/17.

LAST UPDATE: 23/01/2018																	
Reference												- 4hr ED Performance / Target				Aim is to achieve 95%	
Organisation		Governance										- Achievement of actions & timescales in plan				Aim is to achieve 100%	
Aim		Ensure robust structure and governance is established to keep projects to agreed timescales and highlight / resolve potential issues early. Monitor risks and performance against the plan.										Further measures to be confirmed					
						Original				BRAG STATUS				9			
						Quantity				0	0	9	0				
						Percentage %				0.00%	0.00%	100.00%	0.00%				
Reference Number	Area	Accountable Owner	Sub Area	Summary of Action	Priority Action	Action Owner	Start Date	Original End Date	Revised End Date	Overdue / Mtg Action	Some Risk	Work in Progress	Action Complete	Complete Date	Link to other Project / Plan Ref.	Comments	
1	Governance	John Coleman	Action Plan	Refresh the A&E Recovery Action Plan to reflect revised Projects, Site-Leads etc	No	JC/BW		Nov-17	Nov-17				Complete	27/10/2017		13/11/17 - JD - Action plan submitted to NHSI follow review of the Executive	
2	Governance	John Coleman	Action Plan	Ensure all Recommendations are clearly represented within the Urgent Care Action Plan	No	JC/BW		Nov-17	Nov-17				Complete	27/10/2017		13/11/17 - JD - Action plan submitted to NHSI follow review of the Executive	
3	Governance	John Coleman	U&EC Programme	Re-establish the Emergency Care Programme Board, confirming Chairperson, Membership and relevant Project Leads	No	JC/BW		Nov-17	Nov-17				Complete	08/11/2017		13/11/17 - JD - First new programme board held 8/11/17	
4	Governance	John Coleman	U&EC Programme	Ensure each Project has clearly identified Executive and Site-based Leads. Each Action (within specific Project Plans) to have a named Action Lead and associated timescale	No	JC/BW		Nov-17	Nov-17				Complete	23/01/2018		23/1/18(JD) Action plan in pace with regular reviews, challenge at programme board and oversight by sponsor	
5	Governance	John Coleman	U&EC Programme	Confirm Metrics which will be used to monitor the impact of each project on the achievement of A&E access standard	No	JC/BW		Nov-17	Nov-17				Complete	23/01/2018		23/1/18 (JD)Programme level KPIs available daily and reviewed in programme board	
6	Governance	John Coleman	U&EC Programme	Ensure a Risk Register is established to include Actual and Emerging Risks, mitigating actions and associated RAG rating.	No	JC/BW		Nov-17	Nov-17				Complete	08/11/2017		13/11/17 - Programme Risk register in place	
7	Governance	John Coleman	U&EC Programme	Agree how Programme Management documentation will be accessed - i.e. via SharePoint / shared drive	No	JC/BW		Nov-17	Nov-17				Closed				
8	Governance	John Coleman	U&EC Programme	Confirm Administrative support for the Emergency Care Programme Board	No	JC/BW		Nov-17	Nov-17				Complete	08/11/2017		13/11/17 - JD - 3 members of the Transformation team to support delivery of the Programme	
9	Governance	John Coleman	U&EC Programme	Ensure high challenge is routinely made to drive progress and achievement	No	JC/BW		Nov-17	Mar-18				Complete	23/01/2018		23/1/18 (JD) Programme governance in place, structures programme Boards and 121 meetings with Sponsor in place to provide oversight and challenge	

New Action
In Progress
Complete
Not Started
In Control
Closed