To:	**Trust Board**
From:	**Richard Mitchell, Chief Operating Officer**
Date:	**September 2013**
CQC regulation:	**As applicable**

Title: Emergency Department Performance Report

Author: Richard Mitchell, Chief Operating Officer

Purpose of the Report:
To provide an overview on ED performance.

The Report is provided to the Board for:

Decision		Discussion	
Assurance	√	Endorsement	

Summary / Key Points:

- Performance in August was non-compliant against the 95% performance target although it was the strongest monthly performance in the last eight months.
- Performance year to date is 86.80% at a campus level.
- Performance in September has weakened but emergency admissions have increased by 15% over six weeks with little change in discharge rates. This is a similar position across many neighbouring trusts.
- An unannounced quality of care visit by CCG colleagues concluded that considering the circumstances staff were working under and the patients/ notes reviewed, there was satisfactory oversight from a safety perspective.
- A number of actions have been completed over the last month including the implementation of the command and control hub.
- CCG and UHL colleagues have recently agreed a step change to working by resourcing a joint team to focus on key actions.
- The key action remains providing timely access to medicine and emergency beds.
- Performance continues to come under considerable external scrutiny.

Recommendations:
The Trust Board is invited to receive and note this report.

Previously considered at another UHL corporate Committee N/A

Strategic Risk Register	**Performance KPIs year to date**
Yes	Please see report

Resource Implications (eg Financial, HR)
Yes

Assurance Implications
The 95% (4hr) target and ED quality indicators.

Patient and Public Involvement (PPI) Implications
Impact on patient experience where long waiting times are experienced

Equality Impact
N/A

Information exempt from Disclosure
N/A

Requirement for further review
Monthly

REPORT TO:	**TRUST BOARD**
REPORT FROM:	**RICHARD MITCHELL, CHIEF OPERATING OFFICER**
REPORT SUBJECT:	**ED PERFORMANCE REPORT – SUSTAINING AND IMPROVING ED PERFORMANCE**
REPORT DATE:	**26 SEPTEMBER 2013**

Introduction

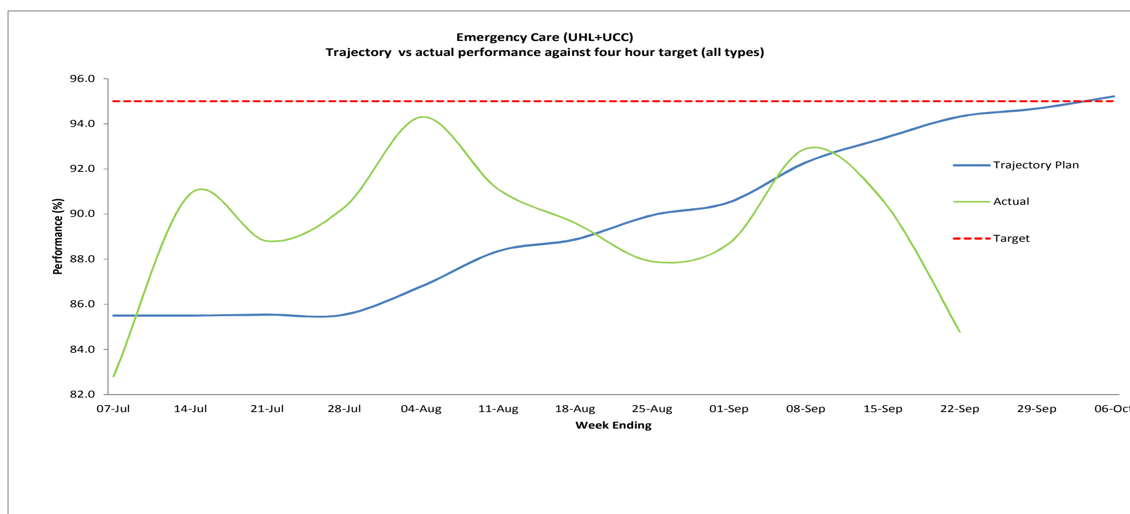
UHL continues to perform poorly against the four hour emergency care target. Plans for performance improvement including the ECAT action Plan and the wider NHS England (NHSE) action plan are in place and continue to be refined. Performance against a revised trajectory is monitored on a daily basis and the Trust has agreed to achieve 95% performance on a sustainable basis from the end of September 2013.

This report provides an overview of performance for August 2013. Included is an overview of factors contributing to poor performance and the internal and external actions taken to remedy this.

Performance overview

In August 2013, 90.1% of patients were treated, admitted or discharged within four hours which was the best monthly performance since December 2012 but was still significantly short of the 95% standard. Year to date performance is 86.8%.

UHL and the LLR health economy has signed up to a trajectory delivering 95% by the first week in October 2013. Eight of the first ten weeks were ahead of trajectory as detailed below but performance dropped off dramatically in the last fortnight.

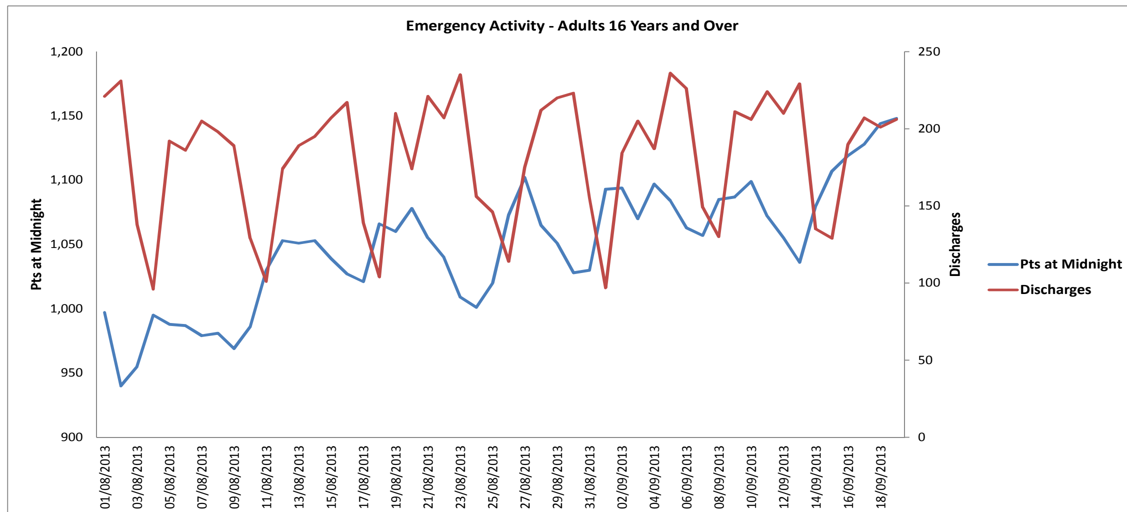


As detailed previously, there is a direct link between timely access to beds and A&E performance. Over the last two weeks, when performance was weak, there was poor access to beds. The graph below indicates two of the key reasons for this:

- The blue line is the number of emergency patients at midnight and rises from the bottom left hand corner towards the top right hand corner indicating more emergency patients in the hospital midway through September compared to the beginning of August.

- The red line is the number of emergency discharges per day. This has not changed over the time period although there is significantly daily variation. Six of the seven troughs are Sundays with the seventh a Monday.

In short, UHL has more emergency patients in a fixed bed stock with no more discharges taking place. The rise in attendances and admissions has also been seen at many local trusts over the last week. To rectify this, discharge across the week needs to improve and emergency patients need to access a larger bed stock.



UHL's performance moved into third quartile in mid-August but is currently in the bottom decile of all NHS Trusts with an A&E: http://www.england.nhs.uk/statistics/statistical-work-areas/ae-waiting-times-and-activity/weekly-ae-sitreps-2013-14/ .

ED Quality Indicators

The CCG conducted an unannounced visit on 19 September 2013 with the visiting team comprising of a GP, Deputy CN, two lay members and the Head of Quality and Designated Nurse for Safeguarding. The overall clinical view was 'considering the circumstances staff were working under and the patients/ notes reviewed, there was satisfactory oversight from a safety perspective with regard to EWS, administration of medicines, fluid management, PU care, with minor omissions in record keeping.'

Two areas for improvement identified were:

- staffing – over the last two weeks there have been a number of shifts where the nurses / HCA vacancies have been running at -6 & -5
- resus trolleys – due to the overcrowding in majors access to resus trolleys appeared to be a challenge.

Future Improvement

Wider assurance for the delivery of sustained improvement is provided through ECAT with external assurance provided principally through the LLR Urgent Care Board which continues to receive all action plan updates and performance dashboards. Over the last month, two joint meetings of a clinical group of primary and emergency care physicians have met to establish how pathways can be improved to lessen the burden on the ED.

Key actions completed over the last month include:

- implementation of a command and control hub collocated next to the A&E department

- set agenda for the four times daily site meeting with key actions circulated after the meeting
- pseudo-real time bed management system implemented
- improvement to the senior manager on call rota
- clear understanding of the winter bed requirements

It was agreed at the Urgent Care Board on 19 September 2013, that an accelerated process of integrated working will take place with the CCGs and UHL committing ring fenced support to deliver on eight key schemes which were in the original plan:

- Increase short term acute medical bed capacity, both assessment and base ward, potentially by outsourcing elective work to the private sector and switching the freed up capacity from planned to acute care
- Definitively identify required acute bed capacity, based both on current performance and potentially improved performance (e.g. reduced LoS)
- Improve the effectiveness of site management
- Bring forward discharges to earlier in the day
- Reduce TTO delays
- Ensure that base ward processes expedite patient flow and discharge
- Reduce the gaps in ED medical staff rotas
- Maximise use of community hospital beds/ICS

The key focus in September and October remains ensuring timely access to medicine beds on the LRI site.

Winter plan

The process for winter planning is nearly complete and is being led by the Head of Operations with support from the Divisions. UHL is using the NTAD template as a basis for the plan and the plan will be shared at the Urgent Care Board on 3 October 2013.

Recommendations

The Board is asked to:

- Note the contents of this report
- Acknowledge the continuing focus on further and continued sustained performance improvement
- Note the on-going support from the CCGs and healthcare partners to deliver the required step changes across the Health Economy

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

REPORT TO: EMERGENCY CARE ACTION TEAM

FROM: JANE EDYVEAN CBU MANAGER
RACHEL WILLIAMS, DEPUTY CBU MANAGER
LISA LANE, LEAD NURSE

DATE: 26 SEPTEMBER 2013

SUBJECT: EMERGENCY DEPARTMENT MEDICAL AND NURSING WORKFORCE PLAN – TRUST BOARD UPDATE

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1. INTRODUCTION

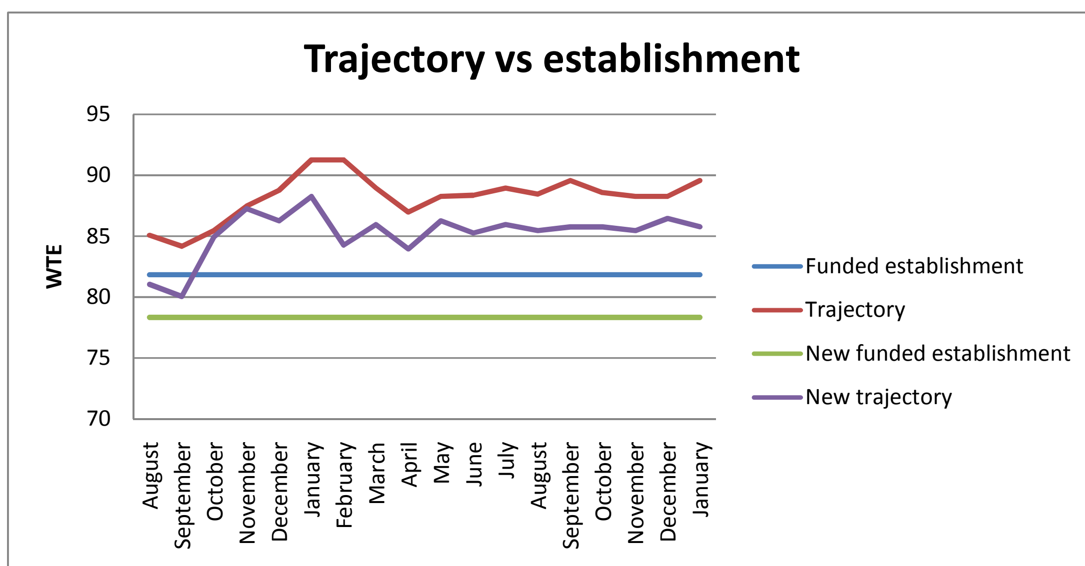
1.1 In June and July 2013 papers were presented to the Trust Board detailing the plans to address the medical and nursing shortfalls that exist within the Emergency Department (ED). This was set in the context of the national shortage of staff in Emergency Departments across the country.

1.2 The extensive recruitment initiatives that are being undertaken by key leads within the department were described in detail in previous papers to the Trust Board. These have been supported by retention premia that are being introduced for Band 5 nurses and substantive Consultants.

1.3 This paper describes the impact of recruitment initiatives and the retention premia. It provides an overview of current progress against the proposed workforce trajectory and actions taken to stay on trajectory or recover the trajectories where staffing plans fall below anticipated levels.

2. MEDICAL STAFF

2.1 The trajectory for medical staffing has been revised on account of a recalculation of the number of junior medical staff allocated to the current rotation which was initially incorrectly calculated. The correct number is 14.00wte rather than the previously stated 18.00wte. The amendment has also reflected in the funded establishment which has been adjusted accordingly.



Progress has been made against the trajectory with a number of new starters in the past month. Performance against trajectory across the different medical staffing groups is summarised:

- Consultants – Trajectory met for August and September. 2 New starters in the past 2 months
- ST4 – ST6 - Trajectory met for ST4 but shortfall of 2 at ST6 Level
- International recruitment – Trajectory met

- CT1 – Trajectory met
- FY2 – Trajectory met and posts over recruited from August 2013

It is anticipated that for consultant posts numbers will fall behind trajectory over the next few months as two recently appointed Consultants who were due to commence in October and December have declined the offer of appointment both on the grounds of personal circumstances.

To partially recover this position a further candidate has been appointed and is due to commence employment with UHL in November. A further candidate has expressed interest in a post from May 2014. ED Consultants continue to proactively seek to encourage other ED consultants to apply to Leicester in line with recruitment strategies. The Recruitment and Retention premia has just been announced to all substantive Consultants within the ED which is hoped will be a further opportunity to secure consultants into the future. Locally any changes to prospective candidates is monitored through fortnightly recruitment meetings.

International recruitment continues to go from strength to strength a continuous level of interest in posts. It is therefore not anticipated that recruitment will fall behind plan unless there are delays in the appointments process. Concerns however have been raised where international recruits are used to fill middle grade posts at ST4 – ST6 level. This is associated with the period of adaptation and achievement of departmental competency which can take from 3 – 12 months for them to have the skill set to act independently at ST4 level or above. This has a major impact on the department especially night shifts.

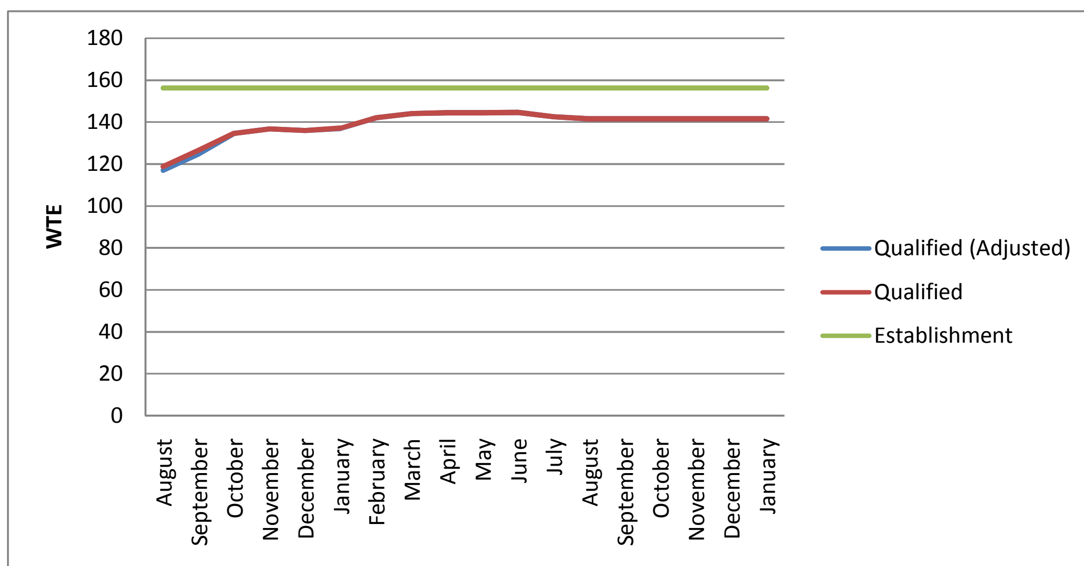
Mitigation is currently through the use of fixed term agency locums, ad hoc internal locums, and consideration of a recommendation to increase internal bank rates for ED ST4 – ST6 trainees subject to a strict confidentiality agreement. This could mean ST5 at peripheral sites come back to locum. The suggested rates would still mean a cost saving and significant skill uplift compared to agency locums resulting in improved morale amongst this tier of staff and also a commensurate improvement in performance. To support this the department proposes to pay internal bank rates of £80 per hour for ED ST4 – ST6 trainees only.

At CT1 level the department is not anticipating falling behind trajectory as staff continue to approach the department for work. A further appointment has been made recently for 4 months. This position is the same for SHO posts which remain popular and appointments are anticipated following interviews on 19th September 2013.No changes are expected at FY2 level and recruitment will commence at a job fair in anticipation of the new rotation of increase to 18 WTE in 2015.

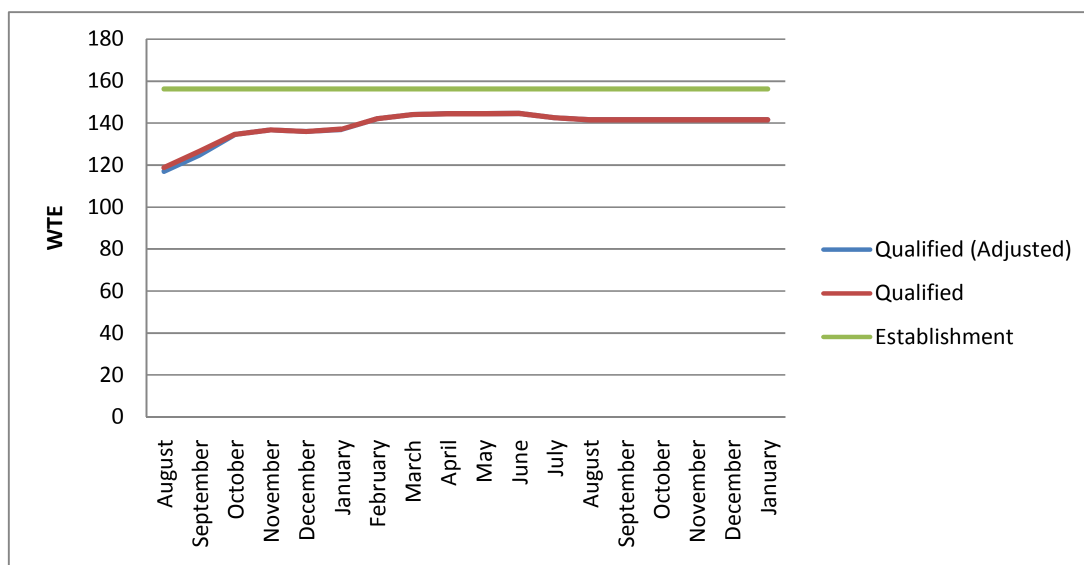
3. **NURSING STAFF**

The department is slightly behind trajectory for registered nurses when starters and leavers are taken into consideration. The breakdown is as follows:

- Band 7 – on trajectory (no starters and no leavers)
- Band 6 – on trajectory (starters 3.8wte)
- Band 5 – trajectory for an additional 4.0wte but the actual was 2.14wte (6.67wte starters and 4.55wte leavers).



For healthcare assistants recruitment and uptake is marginally behind plan and is summarised as follows: Trajectory 5.0wte, actual 2.87wte with 5.4wte starters and 2.53 leavers.



Already posts have been appointed to in order to maintain the current position and if possible to reduce vacancy levels further. This includes the successful recruitment to 5.0wte Band 5 nurses from clearing house. These staff are due to commence in December 2013. Further to this through international recruitment another 4.0 wte nurses, will join the service with start dates still to be confirmed.

It should be noted that there is a continuous gap between trajectory and funded establishment. Further work is to be undertaken to identify alternative roles and strategies to close this gap rather than continued reliance on bank and agency staff.

Action has been taken to mitigate further slippage against plan for registered nurses and includes the following initiatives:

- Placement of a Rolling advert placed monthly for Band 5 nurses in conjunction with corporate recruitment;
- Attendance at the London Jobs Fair. – early indication shows interest from 1.0wte Band 7 and 4.0wte Band 5
- Attendance at the Glasgow Jobs Fair in October;

- A rolling advert continues to be placed monthly for Band 5 nurses in conjunction with corporate recruitment.

4. SUMMARY

The Trust Board is asked to:

- note the contents of this report, and
- be assured of recruitment plans against the trajectories in the context of a challenging recruitment climate.

ED Workforce Plan Appendix 1

Nursing Staffing Trajectory – In post versus establishment August 2013 – January 2015

	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan
Band 7 (13.74)	11.34	11.34	10.34	12.34	12.34	12.34	13.34	13.34	13.34	13.34	13.43	13.34	13.34	13.34	13.34	13.34	13.34	13.34
ENP (17.17)	17.17	17.17	17.17	17.17	16.57	16.57	16.57	16.57	16	16	16	16	16	16	16	16	16	16
Band 6 (24.09)	18.67	22.47	22.47	20.47	20.47	21.47	21.47	23.47	23.47	23.47	23.47	23.47	22.47	22.47	22.47	23.47	23.47	23.47
Band 5 (101.14)	71.6	75.6	84.6	86.6	86.6	86.6	90.6	90.6	91.6	91.6	91.6	89.6	89.6	92.6	92.6	91.6	91.6	91.6
Establishment	156.14	156.14	156.14	156.14	156.14	156.14	156.14	156.14	156.14	156.14	156.14	156.14	156.14	156.14	156.14	156.14	156.14	156.14
Planned	118.78	126.58	134.58	136.58	135.98	136.98	141.98	143.98	144.41	144.41	144.5	142.41	141.41	144.41	144.41	144.41	144.41	144.41
Actual	118.78	124.72																

	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan
HCA (68.43)	53.95	58.95	68.95	68.95	68.95	68.95	68.95	68.95	68.95	68.95	68.95	68.95	68.95	68.95	68.95	68.95	68.95	68.95
Establishment	68.43	68.43	68.43	68.43	68.43	68.43	68.43	68.43	68.43	68.43	68.43	68.43	68.43	68.43	68.43	68.43	68.43	68.43
Actual	66.3	66.3																

ED Workforce Plan Appendix 1

Medical Staff

GRADE	Funded Establishment	Aug	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	RAG
Total consultants	**19.80**	**15.80**	**16.80**	**17.80**	**18.80**	**20.80**	**20.80**	**20.80**	**20.80**	**20.80**	**20.80**	**20.80**	**20.80**	**20.80**	**21.60**	**20.60**	**20.60**	**20.60**	**21.6**	
Total Consultants as of 13/9/13	**19.80**	15.8	16.8	16.8	17.8	17.8 1.0 mat leave	17.8	17.8	17.8	17.8	18.8	17.8	17.8	17.8	17.8	17.8	17.8	17.8	17.8	
Associate specialist	**1.00**	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	0*	0.00	0.00	0.00	0.00	0.00	
Staff grade	**1.00**	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0	
GP	**2.64 plus 0.5 staff grade funding**	2.45	2.55	2.85	3.15	3.15	3.65	3.65	3.35	3.35	3.65	3.65	3.35	3.35	3.65	3.65	3.35	3.35	3.65	
ST 6	**6.00**	4.00	4.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00	
ST 4	**6.00**	7.60	8.60	9.60	9.60	9.60	10.60	9.60	9.60	8.60	9.60	9.60	10.60	10.60	10.60	9.60	9.60	9.60	9.60	
CT 3	**6.40**	7.40	8.40	8.40	8.40	8.40	9.40	9.40	9.40	9.40	9.40	9.40	9.40	7.40	8.40	8.40	8.40	8.40	8.40	
Paediatric ED	**2.00**	3.30	3.30	3.30	3.30	3.30	3.30	3.30	3.30	3.30	3.30	3.30	3.30	3.30	3.30	3.30	3.30	3.30	3.30	
GPVTS	**7.00**	7.00	7.00	7.00	7.00	6.00	7.00	7.00	7.00	6.00	6.00	6.00	6.00	7.00	7.00	7.00	7.00	7.00	7.00	
ACCS	**4.00**	4.00	4.00	4.00	4.00	4.00	4.00	2.00	2.00	2.00	2.00	2.00	2.00	4.00	4.00	4.00	4.00	4.00	4.00	
CT1/2 (Trust grade)	**6.00**	6.50	7.50	7.50	7.50	7.50	7.50	5.50 ****	7.50	7.50	7.50	7.50	7.50	7.00	7.00	7.00	7.00	7.00	7.00	
CT1 as 13/9/13				8.0			7.5													
SHO (EDU with EFU)	**2.00**	8.00	7.00	7.00	8.00	8.00	7.00	8.00	8.00	8.00	8.00	8.00	8.00	8.00	7.00	8.00	8.00	8.00	8.00	
FY 2	**18.00**	18.00	18.00	18.00	18.00	18.0	18.00	18.00	18.00	18.00	18.00	18.00	18.00	18.00	18.00	18.00	18.00	18.00	18.00	
Please note change FY2	**14.00**	14.0	14.0	14.0	14.0	14.0	14.0	14.0	14.0	14.0	14.0	14.0	14.0	14.0	14.0	14.0	14.0	14.0	14.0	
TOTAL	**81.84**	**85.05**	**84.15**	**85.45**	**87.45**	**88.75**	**91.25**	**91.25**	**88.95**	**86.95**	**88.25**	**88.35**	**88.95**	**88.45**	**89.55**	**88.55**	**88.25**	**88.25**	**89.55**	

ED Workforce Plan Appendix 1

New Total	**78.34**	**81.05**	**80.05**	**84.95**	**87.25**	**86.25**	**88.25**	**84.25**	**85.95**	**83.95**	**86.25**	**85.25**	**85.95**	**85.45**	**85.75**	**85.75**	**85.45**	**86.45**	**85.75**	

Consultants includes 1.2 wte externally funded PA's

* Convert associate specialist post into consultant funding

** 3 OOPE's only do partial on call, weekends and nights only

*** 1.3 wte funded by paediatrics

**** Offset with International recruitment

Additional ST4 posts compensate for OOPEs

International trainees work on a PA system of 40 hours per week not 48

ED Medical Staff - Starters and leavers

Month	Aug-13	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan
Starters	38.80	4.10	3.30	3.30	8.00	2.50	4.00	2.00	6.00	0.30	2.00	0.00	53.70	4.60	1.00	1.00	7.00	2.30
Leavers	0.00	1.00	1.00	1.00	7.00	3.00	8.00	1.30	7.00	0.00	0.00	0.30	54.20	0.00	0.30	0.30	8.00	0.00

University Hospitals of Leicester NHS
NHS Trust

Emergency Care Action Team

Monitoring body (Internal and/or External):	ECAT
Executive Sponsor:	Chief Executive
Operational Lead:	Richard Mitchell
Frequency of review:	Weekly
Date of last review:	**19-09-13 pre ECAT 20-09-13**

REF	ACTION	SENIOR LEAD	OPS LEAD	COMPLETION DATE	PROGRESS UPDATE	STATUS
	ED PROCESS					
MINORS	Introduce Minors co-ordinator	PR	RW	30/09/13	Starting to be filled using overtime and extra hours. Excellent response to bank shifts – fill started wef 30/6/13. Recruitment underway. Improved Co-ordinator fill rate now. Interviews completed. 3 appointments made. 1 start date 22nd July and the other 2, 26th Aug. All shifts out to bank for cover and not completely filled New coordinator starting wc 29/07/13	4
	Tracker in minors	RM	JE	20/09/13	To agree best place for the tracker to be, once clarification over minors breaches has been sorted	
	Focus on zero breaches in minors	RM	BT	31/9/13	Minors breaches re-assessed and allocated properly. Very small numbers of actual breaches occurring in minors. Further work being done to remove all breaches associated with non-admitted	4
MAJORS	Re-review medical and nursing staff scheduling to match peak demand	RM	BT	30/10/13	Workforce plan submitted. Review of staffing against attendance to be progressed BT met with RM to talk through daily sheet and RM happy. LL going through E rostering/MoC process to move to staff starting later in the day. A new rota is intended for the end of Oct	4

Status key:	5	Complete	4	On track	3	Some delay – expect to completed as planned OR implemented but not fully embedded	2	Significant delay – unlikely to be completed as planned	1	Not yet commenced	0	Objective Revised

REF	ACTION	SENIOR LEAD	OPS LEAD	COMPLETION DATE	PROGRESS UPDATE	STATUS
ASSESS BAY	Increase Cannulation capacity in ED	JE	AC	31/09/13	Need update from LL/KM All HCAs to be trained and signed off by 31/09/13	4
EDU	Enhance Mental Health Assessment space	PW	BT/JE	30/09/13	Local plans agreed and proposals being costed. Plans can be accommodated within current bed capacity. 26/07/13. JE Case of need to go to Division this week. Funding has also been requested as part of the RIP/RAP submissions.	4
	LC CCG to talk to LPT in order to improve access to Psychiatric Liaison.	SF	RV	30/09/13	Meeting to be arranged with Jane Taylor, George Eliot and UHL re timeliness of access. Agreement with LPT to look at in hours presence for ED, EDU/EFU and AMU by on site staff. Single source of access.	4
	STAFFING & ENGAGEMENT					
	Develop comprehensive workforce plan for all disciplines with timed action plan and recruitment milestones	JA	JE	20/09/13	The revised paper to go to the TB would be discussed in advance of the paper being submitted at ECAT on 16th August. JE. Paper submitted to board. Under discussion	4
	To enhance Therapy support for ED, AMU, and EDU. A new interim therapy support team will be established and implemented	PW	Lynne Cook	20/09/13	£50,000 funded already. Further £50k requested Non-recurrent. Awaiting confirmation of further £50,000 from RIP bid – 20/09/13	4
	Appoint 2 locum ED consultants (Resp and Cardiology)	PR	CF	30/09/13	Acting up arrangements to be considered - current cardiology proposal would offer limited coverage so needs further discussion CF and JK 26/07/13. I Loake and BT/MW to agree process for medium risk chest pain patients in ED by 23/8/13 Proposal from general surgery and T&O to PR, to come to ECAT. No longer needed due to reduction in minors breaches Update on new cardiologist as an option. CF	3
	Undertake Listening into Action Programme in ED (Pioneering Team)	JA	AC/LM	31/12/13	Sponsor Group Formed. Pulse Check underway. Listening Event to be held on 30/07/13	4
	INCREASE DOWNSTREAM CAPACITY AND IMPROVE FLOW					

Status key:	5	Complete	4	On track	3	Some delay – expect to completed as planned OR implemented but not fully embedded	2	Significant delay – unlikely to be completed as planned	1	Not yet commenced	0	Objective Revised

REF	ACTION	SENIOR LEAD	OPS LEAD	COMPLETION DATE	PROGRESS UPDATE	STATUS
Assessment Units – LRI and	Use of AMC beds and senior doctor review of all GP referrals	CF	LW/PW	19/8/13	Trial to start of consultant review of all GP referrals for and use of 3 AMC beds for GP admissions. LW Bed Bureau A&C support for consultant complete. PW Agreed to run for CF/LW to discuss sustainability of service and bring back to 13/09/13 Positive feedback at UCB. Need longer term solution to make sustainable	4
Glenfield Sites	To agree way forwards on what a 24/7 admission service at GGH would require	JB	PW/LB	30/09/13	JB/PW. JB/PW to meet 18/07. Feedback to ECAT. Assessment of levels of activity and impact on service to be completed 30/09/13	4
	Assess need for increased assessment capacity at the LRI and plan for additional capacity if needed	CF	LW	13/09/13	Agreement that assessment capacity is low. Draft plan to ECAT 30/09/13 on expanding capacity Need to sign off bed review at cross divisional meeting. Plan for re-allocation of beds for 20/09/13	4
Assessment Units - Consultant - delivered	Stream cardio-respiratory admissions direct to Glenfield	PR	JB/CF	20/09/13	Recognition that cardio respiratory streaming pathway is required – with cardiologists for input Pathways agreed with ED and cardio/resp. To be signed off 20/09/13	4
dedicated 12 hour	Develop clear rota to cover 12 hour consultant input in Respiratory and Cardiology Glenfield 7 days per week	PR	JB	25/10/13	Respiratory recruitment by end of Oct Cardiology specialist. 2 out of 4 recruited. Further 2 by end of Oct	4
	Address issue of discharge sister ability to discharge to community hospitals/LA	PW	CF /SC	17/09/13	PCC bid gone to CCG for additional support to ED and CDU PW to formalise agreement with LA. S Latham setting up training programme re community facilities. LA agreed process for SS access – communicated to matron and discharge team.	4
	Explore feasibility of 5 day specialist delivered ward rounds (Monday to Friday) with weekend cover arrangements	PR	TP	04/11/13	Plans to be developed	4
Corporate Capacity	Review bed co-ordinator and matron roles in capacity management	RM	PW	30/09/13	To be linked to SMOC review	4
	Senior Manager On Call times and focus to be reviewed	RM	PW	20/09/13	Currently underway. Agreement over role and staff involved being agreed with HR/Finance	4

Status key:	5	Complete	4	On track	3	Some delay – expect to completed as planned OR implemented but not fully embedded	2	Significant delay – unlikely to be completed as planned	1	Not yet commenced	0	Objective Revised

REF	ACTION	SENIOR LEAD	OPS LEAD	COMPLETION DATE	PROGRESS UPDATE	STATUS
Discharge	Increase ICS rehabilitation capacity	JA	CCGs	01/10/13	City ICS to start 1/10/13 East ICS to start 1/10/13	4
	Improve TTO timeliness to expedite discharge	JA	MH	30/09/13	**See separate detailed action plan.** MH to present update on TTO work to ECAT on 16/08/13	4
	Agreement over full use of community beds	RM	PW	30/09/13	Conference calls over weekend to address any issues - complete LPT bed state to be available live in UHL	4
	Appointment of further discharge Specialist nurses	RM	PW	27/09/13	0.5 dementia post being shortlisted 1 add post out to advert 4 add CHC assessor posts being discussed via agency	4
	Reassess acute capacity requirement including by time of day to rectify outflow-inflow mismatch	RM	RM	20/09/13	RM to update	4
	Undertake review of discharge planning and timing (incl use of discharge lounges and Arriva Ambulances)	RM	TBC	27/09/13	RM to update	4

Status key:	5	Complete	4	On track	3	Some delay – expect to completed as planned OR implemented but not fully embedded	2	Significant delay – unlikely to be completed as planned	1	Not yet commenced	0	Objective Revised

Key to initials of leads

BT	Ben Teasdale	NT	Nicky Topham	NM	Nick Moore
CF	Catherine Free	ES	Emma Stevens	CL	Cathy Lea
JA	John Adler	AC	Andy Coser	RM	Richard Mitchell
JB	Jon Bennet	TC	Tim Coats	JC	John Clarke
JE	Jane Edyvean	JM	John Mortimer	RW	Rachel Williams
KH	Kevin Harris	KM	Kerry Morgan	SS	Simon Sutherland
LL	Lisa lane	JBu	Julie Burdett	SK	Suzanne Khalid
MH	Monica Harris	EL	Emily Laithwaite	IL	Ian Lawrence
PR	Pete Rabey	LW	Lee Walker	JBa	Jay Banerjee
PW	Phil Walmsley	LJ	Lisa Jeffs		
SM	Sue Mason	SC	Simon Conroy		
TP	Tim Petterson	KT	Kerry Tebbut		

Short term actions from ECAT meetings

Resp person	Action	Date to be completed	Date completed
JE	To get daily information on board rounds on assessment units to SS	13/09/13	
YD/JE	To address need for AFU staff to have EDIS training	13/09/13	
BT/RW	Feedback to GPs on end of Life patients presenting inappropriately to ED – currently collecting data	13th Sept	
JE	To draft out paper on possible use of old fracture clinic to bring to ECAT	11th Oct	
JBa	To examine the usability of safety audit.	16th Aug	
PW	To look at the number of re-beds to assess what impact this currently has	27/09/13	
SS/S Adams	To agree the quality metric thresholds for dashboard	27/09/13	
JA/RM	Draft out patient level monitoring of breaches in ED	20/09/13	
TP	To discuss with Richard Wong whether he would be willing to be the clinical lead for discharge	20/09/13	
TP	To write a standard for the board rounds	27/09/13	
KH	To agree what content is to be in the new emergency floor (e.g. SAU/Eyes)	04/10/13	

Status key:	5	Complete	4	On track	3	Some delay – expect to completed as planned OR implemented but not fully embedded	2	Significant delay – unlikely to be completed as planned	1	Not yet commenced	0	Objective Revised

	Additional Site Manager in Majors to act as tracker	RM	PW	~~30/09/13~~	Additional site managers in ED. Complete Staffing model for enhanced site management team submitted. Awaiting funding decision.	5
	Implement Minimum standards in Diabetes	PR	TP/ I Lawrence	~~13/09/13~~	Meeting next week to agree job plans Shift to daily ward rounds Need agreement on whether diabetologists will manage 2.5 wards or 2 MH to update Agree that it is to be 2.5 wards but staffing needs addressing – PR to agree and bring back resolution to ECAT 13/09/13. Job plans complete	5
	Undertake further detailed review of key published checklists (NHS England, King's Fund/NHSSoE/ECIST) to identify any points not yet actioned/in plan	RM	RM	~~13/09/13~~	RM to update	5

CF	To talk to S Conroy regarding has AFU between told about the need to document reviews	13/09/13	20/09/13
RM	Need to identify the owners of each dashboard metric	13/09/13	13/09/13
PR	Update from Tuesday night meeting to discuss current emergency flow issues	13/09/13	13/09/13

Status key:	5	Complete	4	On track	3	Some delay – expect to completed as planned OR implemented but not fully embedded	2	Significant delay – unlikely to be completed as planned	1	Not yet commenced	0	Objective Revised