Trust Board paper U

To:	**Trust Board**
From:	**Richard Mitchell, Chief Operating Officer**
Date:	**28 August 2014**
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 July 2014 was 92.52% compared to 88.3% in July 2013 and 91.2% in June 2014.
- August 2014, month to date (17/8/14) is 89.31%.
- Emergency admissions (adult) remain constant in July; 204 compared to 206 per day in June and 203 per day in May.
- Emergency admissions (adult) are much higher than July 2013 when they averaged 185 per day (9% increase).
- Delayed transfers of care remain continually above the agreed performance level at 4.7%. Twenty seven per cent of delays are internal reasons, 49% are external and 24% are nursing homes.
- Key actions, including the request for external support, are being taken to reduce wait to be seen times and decision to treat/ admit/ discharge times in the emergency department out of hours.
- Delivering high quality emergency care for all, day in, day out, must be the number one priority for UHL and LLR. #everybodycounts

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

Previously considered at another UHL corporate Committee N/A

Strategic Risk Register Yes	**Performance KPIs year to date** 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:	**Emergency Care Performance Report**
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Introduction

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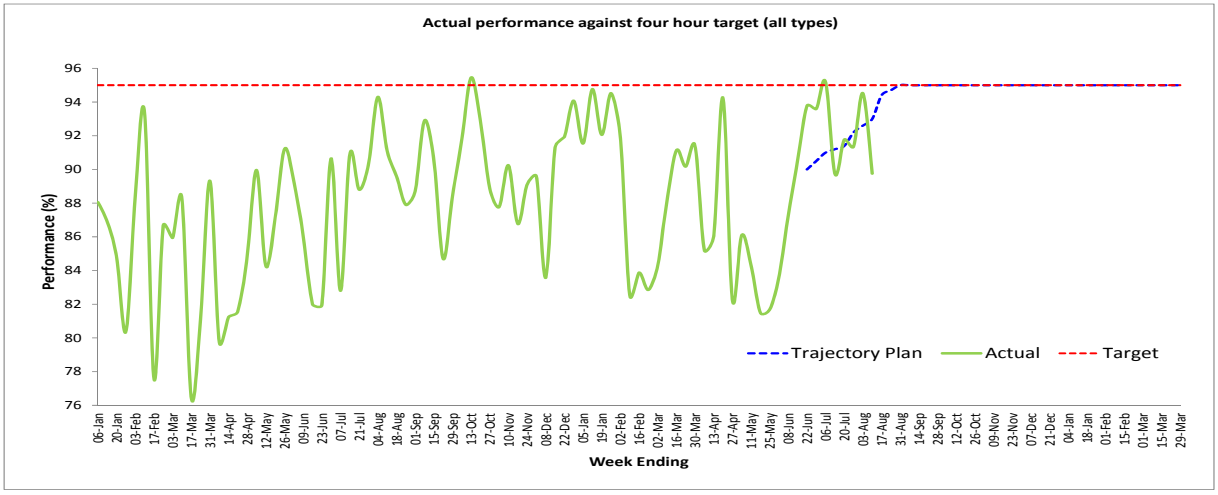
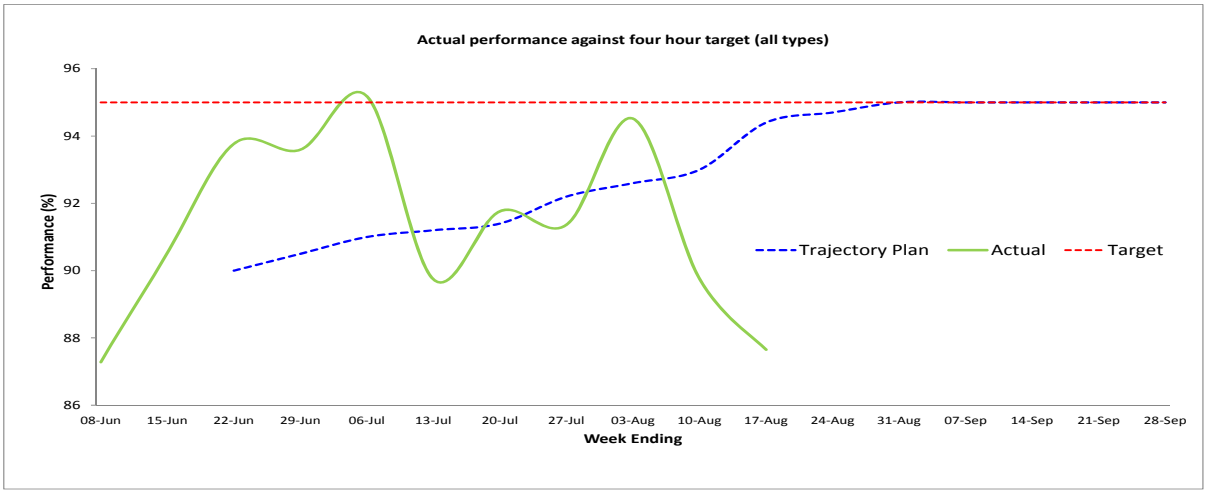
- August 2014, month to date (17/8/14) is 89.31%.
- Emergency admissions (adult) remain constant in July; 204 compared to 206 per day in June and 203 per day in May.
- Emergency admissions (adult) are much higher than July 2013 when they averaged 185 per day (9% increase).
- Delayed transfers of care remain continually above the agreed performance level at 4.7%. Twenty seven per cent of delays are internal reasons, 49% are external and 24% are nursing homes.

Performance overview

Weekly performance is detailed in graph one below. There were no weeks of compliant performance in July, with the best week at 94.5%. An improvement trajectory has been agreed with the NTDA and is shown as the dotted blue line in graph two. The expectation is UHL becomes sustainably compliant by the last week in August 2014. UHL is currently behind plan and is reporting performance to the NTDA on a daily basis.

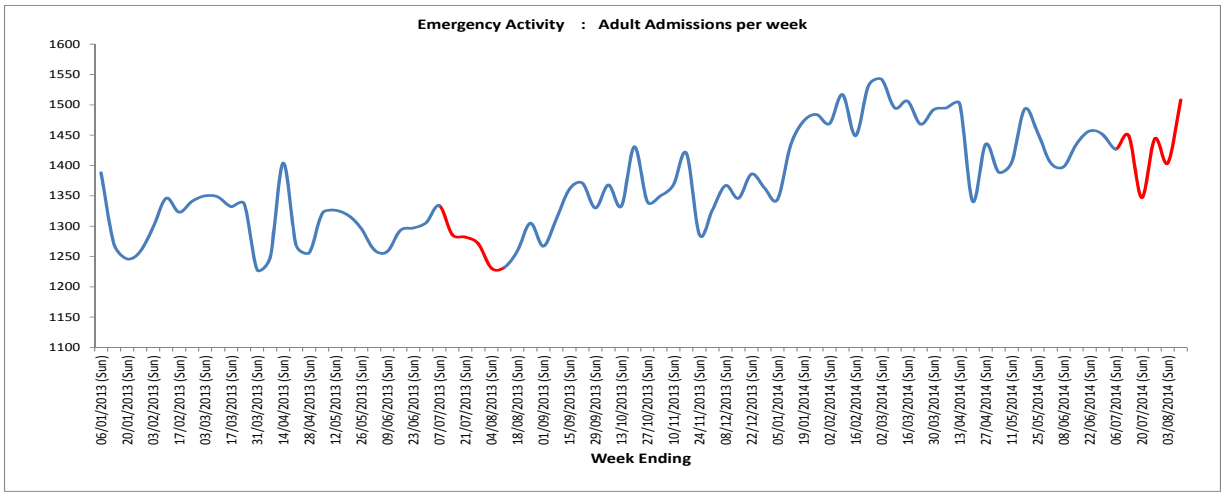


(graph one)



(graph two)

Weekly admissions are shown below in graph three. It is apparent from that despite admissions reducing from the high in the winter, they are still 9% higher than in the same month last year.



(graph three)

Key actions since the last report

- Emergency quality steering group has met each week with actions and timelines captured in a detailed plan (appendix).
- Rapid cycle testing initiatives continue in ED, MAU, base wards and CDU.
- The gold, silver and bronze command management structure is fully embedded.
- A reworked dashboard of metrics is in place.
- #everybodycounts social media was launched on 18 August 2014 (appendix).

Performance has not improved in line with the trajectory

The Trust Board report in July detailed a cautious yet optimistic position of improving performance. The improvement has not been maintained in August 2014. Over the last eight weeks there has been uninterrupted flow out of the emergency department on most days, because of the continuing efforts of the base ward teams, medical assessment unit teams and site managers. The introduction of the gold, silver and bronze command cells has increased the operational grip in the meetings. **Despite these actions and the seasonal reduction in attendances, wait to be seen times and decision to treat/ admit/ discharge times in the emergency department remain high, especially out of hours.**

Table one below details the volume of arrivals and breaches after 20:00 each night and the % of the day's total arrivals and breaches that occur after 20:00. There were 14 days out of the last 31 (up to 13 August 2014) when the proportions of the breaches were at least 10% greater than the proportion of the attendances. This is unacceptable because inflow has been low and there have been beds on the assessment units. This also has an impact on the performance and quality of care provided during the early hours of the next day. Over the last month there have been many days when over 80% of breaches occurred between 20:00 and 06:00.

		Vol arrivals	% arrivals	Vol breaches	% breaches
Monday	14/07/2014	82	19%	7	26%
Tuesday	15/07/2014	70	19%	0	0%
Wednesday	16/07/2014	80	21%	10	42%
Thursday	17/07/2014	77	20%	16	31%
Friday	18/07/2014	66	16%	25	24%
Saturday	19/07/2014	59	17%	8	14%
Sunday	20/07/2014	75	20%	0	10%
Monday	21/07/2014	77	18%	25	40%
Tuesday	22/07/2014	78	19%	23	38%
Wednesday	23/07/2014	73	18%	14	19%
Thursday	24/07/2014	78	20%	5	29%
Friday	25/07/2014	71	19%	3	42%
Saturday	26/07/2014	70	18%	18	49%
Sunday	27/07/2014	65	17%	8	12%
Monday	28/07/2014	66	15%	8	29%
Tuesday	29/07/2014	75	18%	3	19%
Wednesday	30/07/2014	71	19%	1	13%
Thursday	31/07/2014	69	19%	7	40%
Friday	01/08/2014	57	16%	4	22%
Saturday	02/08/2014	63	19%	7	57%
Sunday	03/08/2014	79	18%	28	30%
Monday	04/08/2014	80	18%	12	20%
Tuesday	05/08/2014	77	20%	12	41%
Wednesday	06/08/2014	75	19%	12	25%
Thursday	07/08/2014	82	19%	6	17%
Friday	08/08/2014	61	17%	20	35%
Saturday	09/08/2014	65	18%	24	27%
Sunday	10/08/2014	61	16%	6	9%
Monday	11/08/2014	63	15%	28	41%
Tuesday	12/08/2014	67	18%	0	9%
Wednesday	13/08/2014	85	22%	33	62%
			18%		28%

Better than	8
As expected	9
Significant deterioration	14

(table one)

There does not appear to be a correlation between days of the week and high out of hours breaches, nor between the consultants working and the high numbers of breaches. Table two details the doctors (anonymised) who were working each night. There were 19 different consultants who worked on the 11 different night shifts. This suggests that the poor performance, whilst maintaining outflow is more to do with culture and expectation within the department than failings linked to specific individuals.

	Doctor codes					
Wednesday 16 July	11	15	8	12	13	
Thursday 17 July	9	8	10	5		
Monday 21 July	6	3	17	12	15	
Tuesday 22 July	9	12	5	16	19	
Friday 25 July	6	18	12	10		
Saturday 26 July	11	2	10			
Thursday 31 July	4	15	5			
Saturday 2 August	14	15	4			
Tuesday 5 August	19	7	12	18	14	2
Monday 11 August	14	5	15	12		
Wednesday 13 August	14	18	1			

(table two)

Actions to resolve out of hours performance

It is apparent that the primary issue, at the moment, for the continuing level of poor performance is **what is** happening, or **not happening, in the emergency department between the hours of six pm and midnight.** The following actions are being taken to strengthen the performance and leadership out of hours:

- CMG directors have met with the Medical Director, Deputy Medical Director and Chief Operating Officer and have agreed to trial two super weeks of performance wc 15 September and then wc 29 September. The aims are to improve the level of in reach into the emergency department, reduce the decision making time and reduce the occupancy in the department. The proof of concept will

run Monday to Friday from 5pm to midnight. Key specialities include medicine, orthopaedics, gynaecology and intensive care. It is expected that if these actions improve performance, then they become business as usual as soon as possible.

- The emergency department have been asked to review their existing job plans to identify how their medical capacity can be increased between 5pm and midnight without incurring additional costs.
- The emergency department have been asked to stagger their nursing and medical handover times, a change that has already been made by the site team.
- The Emergency Care Intensive Support Team and the National Trust Development Authority have been asked to identify medical ED leaders who can come in to support evening performance.
- A high performing trust in the north of England have been approached and asked if their ED clinical director can work some evening shifts to give his opinion on what else should be happening.

Success is the sum of small efforts, repeated day in and day out. At present UHL is failing in its aim to deliver high quality emergency care for all, day in, day out. Over the last couple of years UHL has worked with ECIST, the NTDA, two management consultancies and Dr Ian Sturgess, a national lead in emergency care to deliver improvement. We have developed many improvement plans, some with partners in LLR, and have refined the actions when new challenges have presented themselves. Many improvements have been delivered and the provision of emergency care in UHL has fundamentally improved over the last 12 months, but we are still not consistently delivering high quality care. We are working very hard to resolve a deep rooted problem. If this was easy, it would have been sorted years ago.

Delivering high quality emergency care for all, day in, day out, must be the number one priority for UHL and LLR. #everybodycounts

Recommendations

The board are asked to:

- Note the contents of the report and action plan, in particular the actions being taken to reduce wait to be seen times and decision to treat/ admit/ discharge times in the emergency department out of hours.
- Support the actions being taken to improve performance.

University Hospitals of Leicester NHS
NHS Trust

Caring at its best

UHL Emergency Care Quality Improvement Charter

One team shared values

July 2014 vo.10

Contents

Background & Purpose

Background

The University Hospitals of Leicester Trust, UHL, has faced significant challenges over a number years in the delivery of an effective emergency care pathway.

The Leicester, Leicestershire and Rutland, LLR, system as well as UHL has had significant input from the Emergency Care Intensive Support Team, ECIST and Right Place Consulting. They have both identified the key processes that need to be improved to deliver an effective emergency care pathway.

However, there has not been universal ownership of the recommendations and not all those that were accepted have been embedded in a consistent manner.

Purpose

The main purpose of this Charter is to articulate how UHL will set out a clear vision and embark on a programme of change, driven by clinical leadership on the shop floor in order to deliver:

1.Reduced Mortality

2.Reduced Harm

3.Reduction in Long Term Care Placements from Hospital

4.Reduced Re-Admissions

5.Reduction in Complaints – Increase in Compliments

6.Reduced Cancellations of Electives

Scope

Emergency Care Pathway

The scope of this is limited to the Emergency Care Pathway within the hospital, from front to back, excluding:

- The elective care pathway
- Emergency outpatient pathway, (except hot clinics, which are included)

There are four principal areas or working groups that will drive the necessary changes on a day to day basis.

The Working Groups terms of reference are detailed in Appendix B, however, the high level roles are captured opposite.

Working Groups

1.Organisation - this covers the communication strategy, organisational development, customer service processes and Trust-wide systems/processes that impact on the emergency care pathway

2.Front Door – this deals with assessment, initial investigation, decision making, referral and short stay

3.Base Wards – will cover base wards and mono-organ Specialties looking specifically at effective case management for non-short stays

4.Frailty – this group will look at optimising the inputs and flow for all frail older patients admitted to the emergency pathway

Working Groups

Membership of Working Groups

The Working Groups will be Consultant led and will be made up of a multi-disciplinary team of clinicians (Organisation will be differently configured).

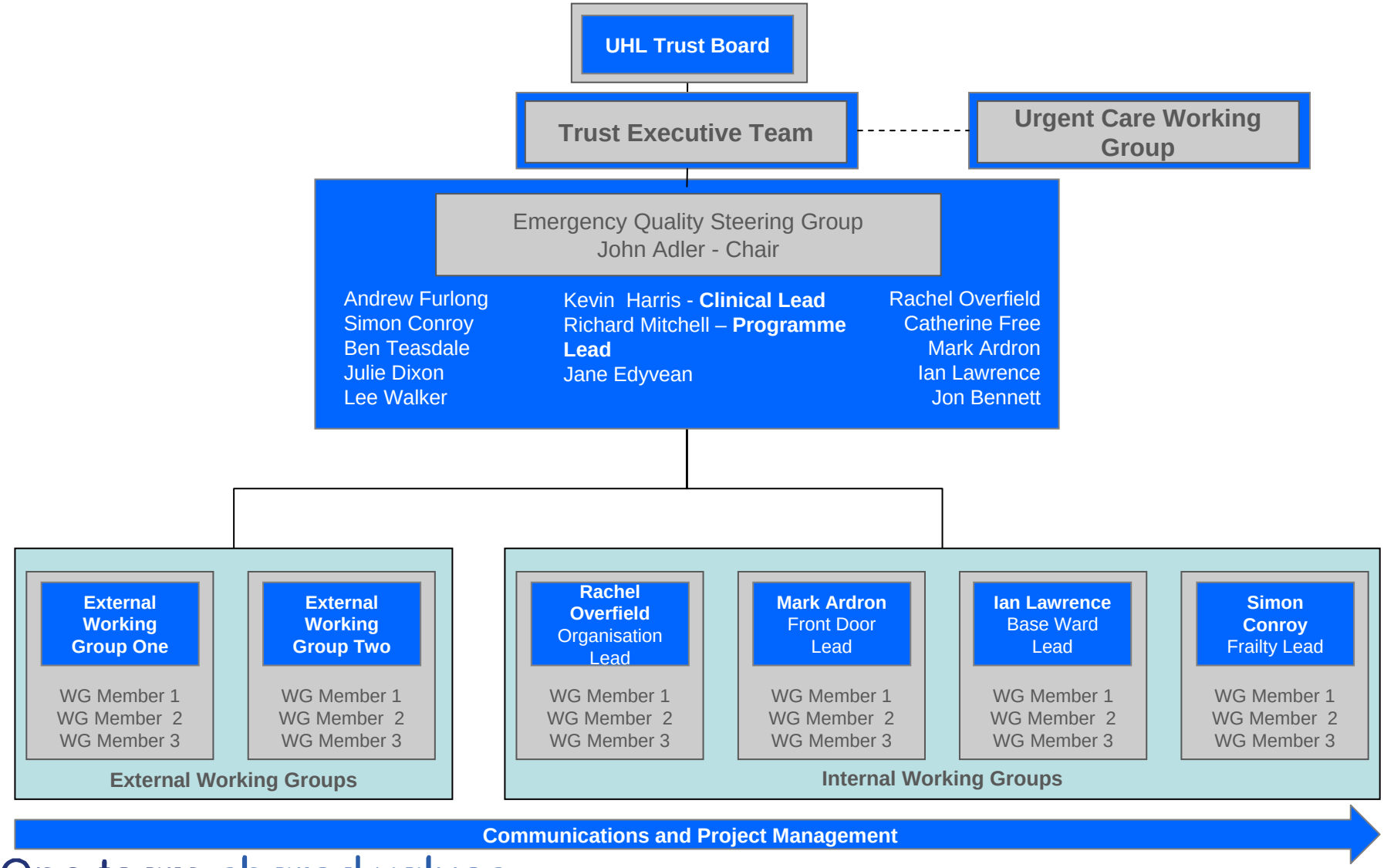
The broad remit of the Working Groups is to develop and implement known, effective ways of working in order to address the poor performing areas along the emergency care pathway.

The work of the Working Groups needs to be action focused, whereby:

- New ideas or processes can be deployed/tested quickly
- Feedback on new ideas or processes tested on wards can be received quickly
- Processes can be refined quickly, to achieve further improvement
- Good practice can be easily replicated and rapidly disseminated amongst the wider team
- Tracking of specific KPIs will provide “live feedback” on how well interventions are doing

An activity breakdown of the Working Groups plans is contained within appendix C.

Governance


UHL Trust Board
Trust Executive Team
Urgent Care Working Group
Emergency Quality Steering Group
John Adler - Chair
Andrew Furlong
Simon Conroy
Ben Teasdale
Julie Dixon
Lee Walker
Kevin Harris - Clinical Lead
Richard Mitchell – Programme Lead
Jane Edyvean
Rachel Overfield
Catherine Free
Mark Ardron
Ian Lawrence
Jon Bennett
External Working Group One
WG Member 1
WG Member 2
WG Member 3
External Working Group Two
WG Member 1
WG Member 2
WG Member 3
External Working Groups
Rachel Overfield Organisation Lead
WG Member 1
WG Member 2
WG Member 3
Mark Ardron Front Door Lead
WG Member 1
WG Member 2
WG Member 3
Ian Lawrence Base Ward Lead
WG Member 1
WG Member 2
WG Member 3
Simon Conroy Frailty Lead
WG Member 1
WG Member 2
WG Member 3
Internal Working Groups
Communications and Project Management

Roles and Responsibilities

Role	Responsibilities
UHL Trust Board	• The highest internal escalation point within the programme • Provides consent for any expenditure over £1m
Executive Team	• Holds collective responsibility for delivery of the improved emergency care pathway • Acts as escalation point for the Emergency Care Steering Group • Acts as link between the Trust and Local Health Economy, (via the Urgent Care Working Group) • Engaging external agencies in improving the quality of the Emergency Care Pathway • Approve any expenditure up to £1m
Urgent Care Working Group	• Membership made up of representatives from National Trust Development Agency, NHS England, East Midlands Ambulance Service, LLR CCGs • No formal role, however will receive regular updates from Executive Team on quality improvements in Emergency Care
Emergency Care Quality Steering Group	• Oversees internal and external activities to improve the quality of the Emergency Care Pathway • Acts as escalation point when issues can't be resolved at Working Group Level • Acts as senior decision making body, giving guidance where appropriate to the Working Groups
Clinical Lead	• Responsible for providing overall clinical leadership, unblocking issues in a timely manner • Acts as arbiter on conflicting priorities across Working Groups
Programme Lead	• Provides link across Working Groups • Acts as escalation point to Steering Group and Executive Team
Working Group Leads	• Leads and chairs Working Groups • Provides inspiration to Working Group members in idea generation and issue resolution
Working Group Members	• Act as champions of the Change, sharing and communicating best practice amongst clinical fraternity • Contributing regularly to Working Group Meetings and fostering engagement and input from the shop floor

Meetings

Working Group Meetings

Working Group meetings need to be action based meetings, focusing on the identification of what is working well and what needs changing.

It needs to take place on a weekly basis and to be chaired by the Working Group Lead.

The key items to be discussed are:

1. Performance against KPIs
2. Confirmation of interventions that are working well and how to spread them
3. Ideas for interventions not performing well
4. Key messages or escalations for Steering Group

Steering Group Meetings

The Steering Group has its own terms of reference, (see Appendix B), and will have oversight of both internal and external activities required to improve the emergency care pathway across the whole of the Local Health Economy.

The Steering Board will meet initially on a fortnightly basis, dropping to once a month once more grip and control is achieved across the whole emergency care pathway and performance indicators are above an agreed baseline and on a consistent upward trajectory.

Reporting and Feedback

Creation of KPI Measures

Each working group will create their own set of KPIs that will be signed off by the Steering Group. These KPIs will relate specifically to the outcome.

The main purpose of the KPIs is for the working groups to measure the efficacy of their actions taken in improving the Emergency Care Pathway.

The monitoring and reporting of the KPIs will occur at all levels from Ward to Board enabling:

1. *Clinicians*

-To receive live feedback on interventions

-To make quick improvements to processes

-To identify what works well, quickly

-Share good practice rapidly

2. *Working Groups*

- To review performance at weekly meetings
- To have clear oversight of what is working well
- To be responsive to what is working well and areas for improvement
- Provide updates on progress to Steering Group

3. *Clinical Lead*

- To have oversight of performance across all Working Groups
- Identify unintended consequences on one Working Group caused by actions in another
- Report on overall progress to the Steering Group

4. *Steering Group*

- See improvement right across the emergency pathway
- Provide evidence to the Urgent Care Working Group and other external stakeholders on improvements across the emergency pathway

Appendices

Appendix A – Working Groups ToRs (1/6)

Outcome Metrics for Front Door Working Group:

1.100% (excluding physiologically unstable patients needing resus as deemed by paramedics) of GP referred patients to assessment units by 31st July 2014

2.10% reduction in ED (non GP referred) emergency admissions by 31st August 2014

3.20% reduction in GP referrals translating in to an admission by 30th November 2014

4.5% reduction in deaths in first 48 hours by 30th November 2014

5.20% reduction in harm events by 30th November 2014

6.20% reduction in complaints re ED + Assessment Units by 30th November 2014

7.95% 4 hour emergency standard for total UCC/ED attendances by 31st August 2014

8.95% admitted patients to an in-patient bed in < 4 hours – reported by specialty by 31st October 2014

9.100% not admitted patients discharged home in 4 hours or less < by 31st October 2014

Front Door ToRs

The key a activities for this workstream are:

Optimisation of the following front of house processes that take place in A&E, Medical/Surgical Assessment and any other acute/emergency assessment areas, short stay including EDU:

- Assessment
- Initial Investigation
- Decision Making
- Referral
- Short Stay

The product of this working group will be an “assess once, investigate once and decide once” model.

Flow Metrics for Front Door Working Group:

1.Total and split admitted and not admitted 4 hour standard performance.

2.% admitted patients discharged in 12hours or less from transfer from ED/arrival from GP referral – aiming to achieve 30% of all admissions

3.% admitted patients discharged with LOS 2 days or less - aiming to achieve 70% of all admissions

4.% delivery of the Directory of Ambulatory Emergency Care for Adults (HRG Groups)

Appendix A – Working Groups ToRs (2/6)

Base Wards ToRs

This work-stream will be responsible for designing and delivering effective case management delivery for non-short stay admissions, minimising the impact of handover between the assessing team and the base ward team, and ensuring that all internal 'waits' are abolished.

The two key processes to optimise within this group will be the effective delivery of the 'board round' and the 'one stop ward round'.

Outcome Metrics for Base Ward Working Group

1.5% reduction in deaths in non-elective inpatients aged <75 with LOS > 2days by 30th November 2014

2.20% reduction in harm events in non-elective inpatients with LOS > 2days by 30th November 2014

3.20% reduction in complaints re Base Wards by 30th November 2014

Flow Metrics for Base Ward Working Group

1.Beds occupied on Base Wards reduced by >50 beds below seasonal baseline by end August 2014 and by >75 by end September 2014 and >100 by end October 2014

2.Discharges per week by ward.

Frailty ToRs

There is an overlap between this group and the assessment and base ward groups but this group will be tasked with optimising inputs and flow for all frail older patients admitted to any specialty in the emergency pathway.

The main purpose of this group will be to reduce the 'deconditioning' impact of hospitalisation by early and assertive management of patients with frailty.

Outcome Metrics for Frailty Working Group

1.5% reduction in deaths in non-elective inpatients aged >75 by 30th November 2014

2.20% reduction in harm events in non-elective inpatients aged >75 by 30th November 2014

3.20% reduction in complaints from patients/relatives aged >75 by 30th November 2014

4.10% reduction in Long Term Care Placements from Hospital by 30th November 2014

Flow Metrics for Frailty Working Group

1.Beds occupied by patients aged 75 and over with LOS 10 days or more – 25% reduction by end August 2014, 50% reduction by end October 2014.

2.Discharges per week by Older Peoples Wards to include Community Hospitals

Appendix A – Working Groups ToRs (3/6)

Organisation ToRs

The key a activities for this workstream are:

-Development of communication strategy

-Development of high-level metrics

-Organisational development

-Development of internal and external customer processes

-Act as arbiter across working groups

-Escalate inter-Working Group issues not resolved to Steering Group

-Develop knowledge management strategy for identifying and promulgating goo practice

Front Door ToRs

The key a activities for this workstream are:

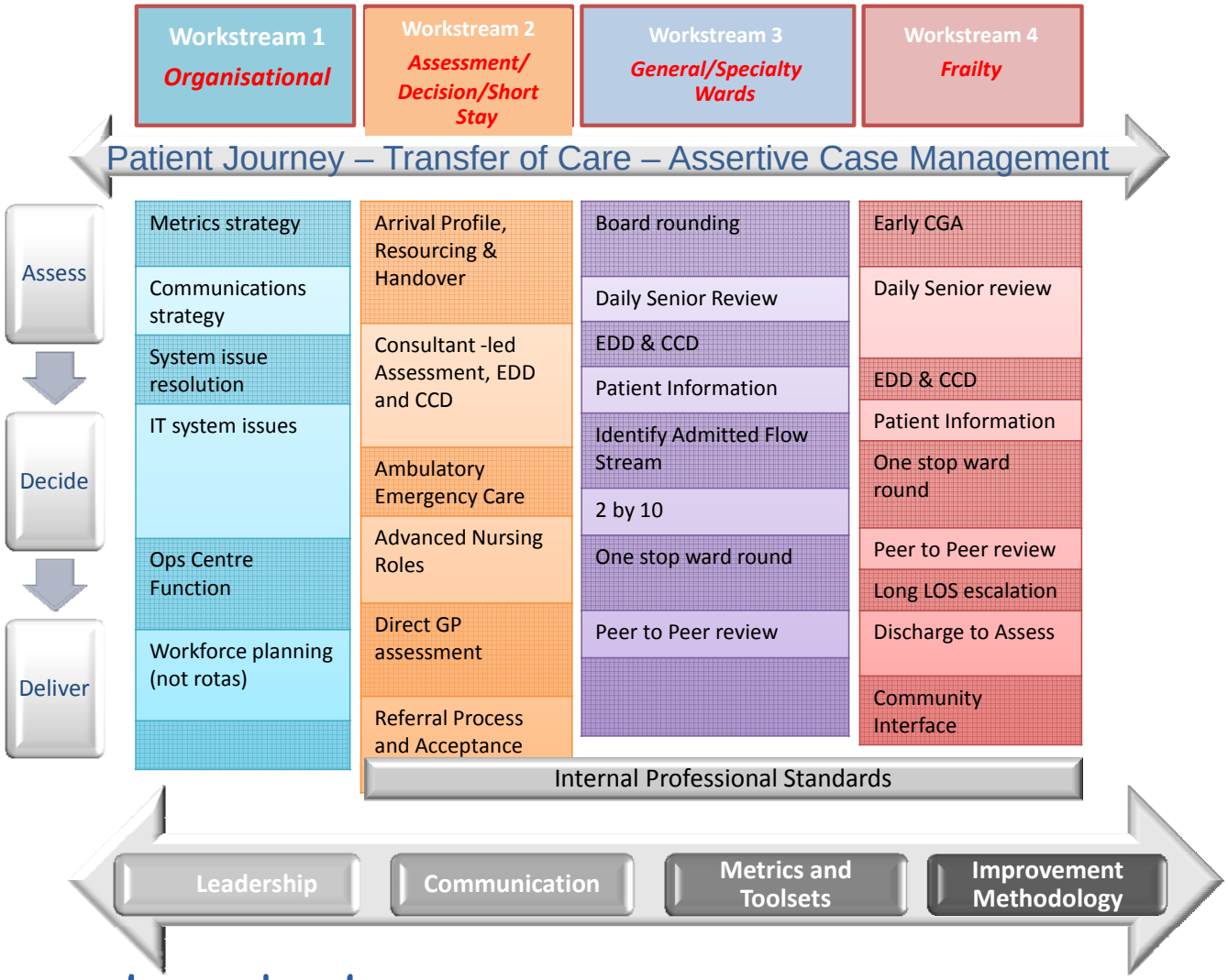
Optimisation of the following front of house processes that take place in A&E, Medical/Surgical Assessment and any other acute/emergency assessment areas, short stay including EDU:

- Assessment
- Initial Investigation
- Decision Making
- Referral
- Short Stay

The product of this working group will be an “assess once, investigate once and decide once” model.

Appendix A – Working Groups ToRs (4/6)

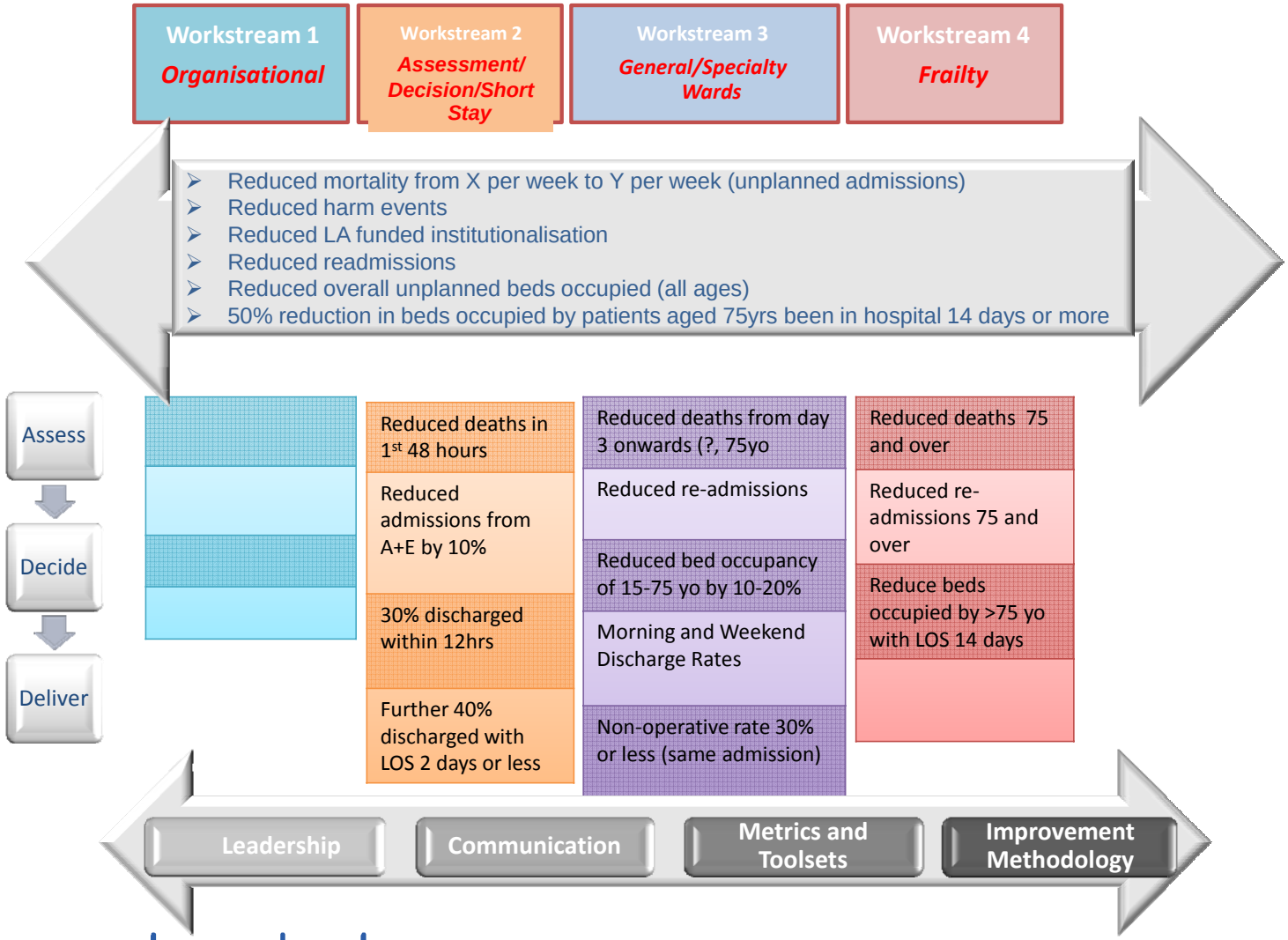
Emergency Care Programme – Work-stream Overview



One team shared values

Appendix A – Working Groups ToRs (5/6)

Emergency Care Programme – Outcome Metrics Overview



One team shared values

Appendix A – Working Groups ToRs (6/6)

Emergency Care Programme – Working Group Overview

Workstream 1 *Organisational*	Workstream 2 *Assessment/ Decision/Short Stay*	Workstream 3 *General/Specialty Wards*	Workstream 4 *Frailty*	Workstream 5 *Glenfield*

Membership:				
Rachel Overfield	Mark Ardron	Ian Lawrence	Simon Conroy	John Bennet
Julie Dixon	Ben Teasdale	Consultants x 2 – Med and Surg	Consultants x 2	Consultants x 2
	Lee Walker	Nursing Leads x 3	Nursing Leads x 3	Nursing Lead x 3
	Surgical Lead	AHP Lead	AHP Lead	AHP Lead
	Diagnostic Lead	Junior Doctors x 2	Junior Doctors x 2	Junior Doctors x 2
	Nursing Lead x 3	Managerial Lead	Managerial Lead	
	AHP Lead			
	Junior Doctor x 3			
	Managerial Lead			

Appendix B – Steering Group ToRs (1/3)

Purpose

To ensure the delivery of the Emergency Care Quality Programme, by monitoring and taking actions to address any potential failures to deliver.

To review performance against the expected benefits, receiving regular updates from each Working Group on progress against delivery.

To ensure all actions are completed within timescales set.

To gain assurance from individual Working Group Leads on the progress of quality improvement across the emergency care pathway.

To provide assurance to the Executive Team on the delivery of the Emergency Care Quality programme. To escalate as necessary to the executive team any issues for decision / discussion / assurance / endorsement.

To provide a forum of support for Working Group Leads in delivering enhanced quality performance across the emergency care pathway, enabling escalation of concerns, joint resolution of problems.

Appendix B – Steering Group ToRs (2/3)

Scope

The Emergency Care Steering Group will have oversight of all the Trust led Working Groups tasked to deliver quality improvements across the whole emergency care pathway, both within the Trust and with key partners outside of the Trust such as East Midlands Ambulance Service, Leicester, Leicestershire and Rutland CCGs, NHS England.

The Emergency Care Steering Group will meet on a fortnightly basis initially and will drop to monthly once performance levels have reached a pre-agreed level across the emergency care pathway.

Membership

The following are the substantive members:

Post / Remit	Post Holder(s)	Post / Remit	Post Holder(s)
Chief Executive Officer, CEO (Chair)	John Adler (chair)	Chief Operating Officer, (COO)	Richard Mitchell
		Chief Technical Advisor	Ian Sturgess
Clinical Lead	Kevin Harris	Organisation Working Group Lead	Julie Dixon
Deputy Medical Director	Andrew Furlong		
Deputy Medical Director	Peter Rabey	Front Door Lead	Mark Ardron
Clinical Director, Emergency Medicine	Catherine Free	Base Ward Lead	Ian Lawrence
		Frailty Lead	Simon Conroy
Director of Nursing	Rachel Overfield	Glenfield Lead	TBC
		Project Manager	Themba Moyo

Appendix B – Steering Group ToRs (3/3)

Constitutional Arrangements

1. A quorum shall be four members, one of these members must be the Chair or Clinical Lead and one must be either the COO or Deputy Medical Director.

2. The Emergency Care Quality Steering Group will meet fortnightly and run for two hours.

3. Minutes of this meeting will be provided to the Working Groups and Executive Team.

4. The Emergency Care Quality Steering Group is responsible and accountable to the Executive Team. The Chair will report on a fortnightly basis to the Executive Team and provide updates on progress.

5. Actions arising from the Emergency Care Steering Group will be captured and circulated to the membership, Working Groups and Executive Team post-meeting. Actions will further be captured in the Emergency Care Quality Action, Risk & Issue, (ARI), log, to be updated and circulated to all members post-meeting.

6. Attendance at the meeting is a mandatory requirement; where attendance is not possible due to annual leave, members must ensure a nominated deputy attends. The deputy should be fully conversant with all the key issues in their area.

7. All apologies are to be given to the Chair five days prior to the meeting along with the name of the nominated deputy.

8. Any associated papers must be forwarded electronically to the Chair three working days prior to the meeting, to enable review / consideration.

9. Co-option of key stakeholders will occur at the discretion of the Chair. Any individuals attending for ad-hoc agenda items are to be confirmed / agreed by the Chair prior to the meeting. The Chair will invite individuals to update the meeting as necessary.

10. In the interests of time management, meeting members must ensure timely attendance due to the information required to be reviewed at each meeting.

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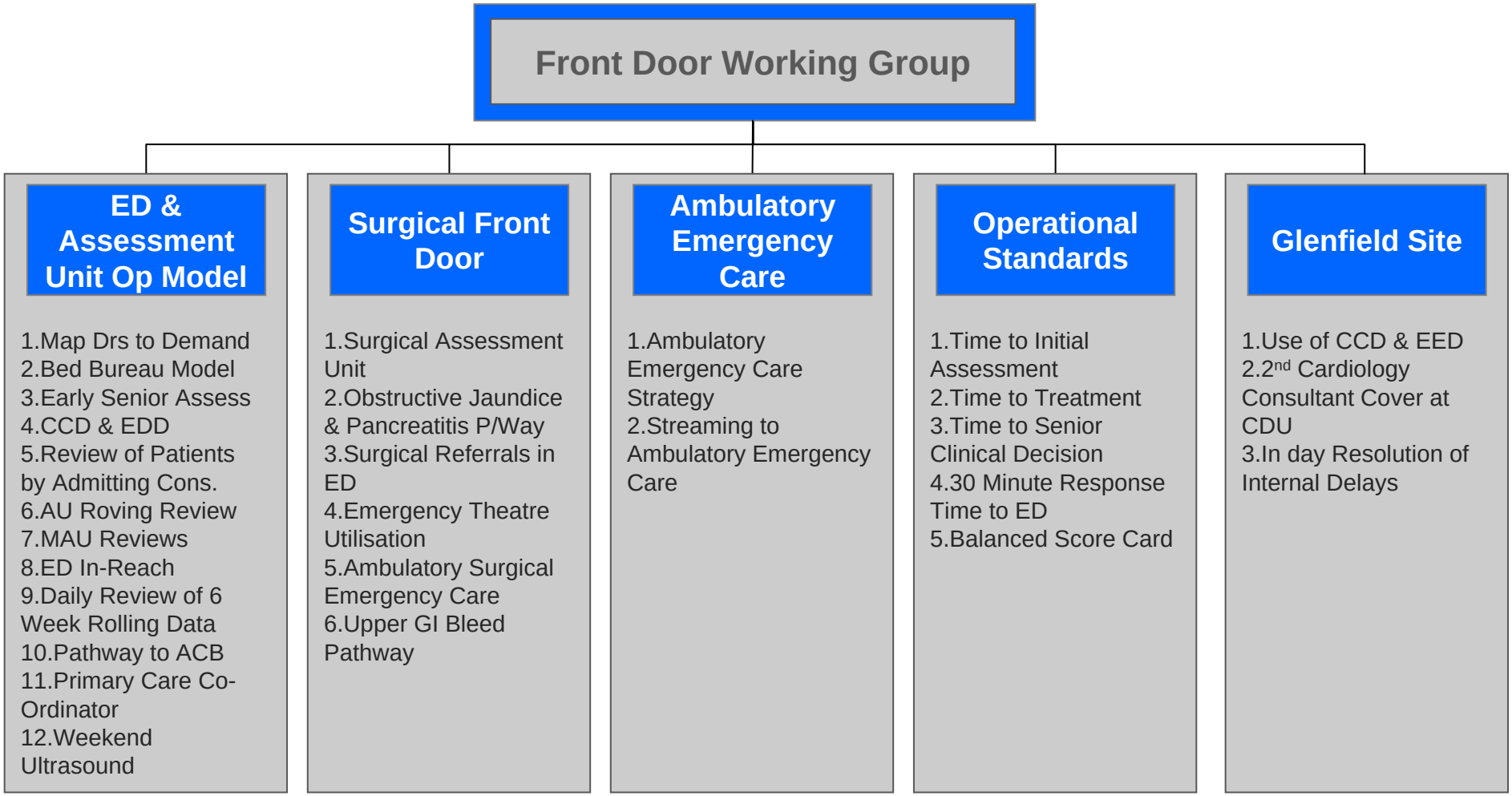
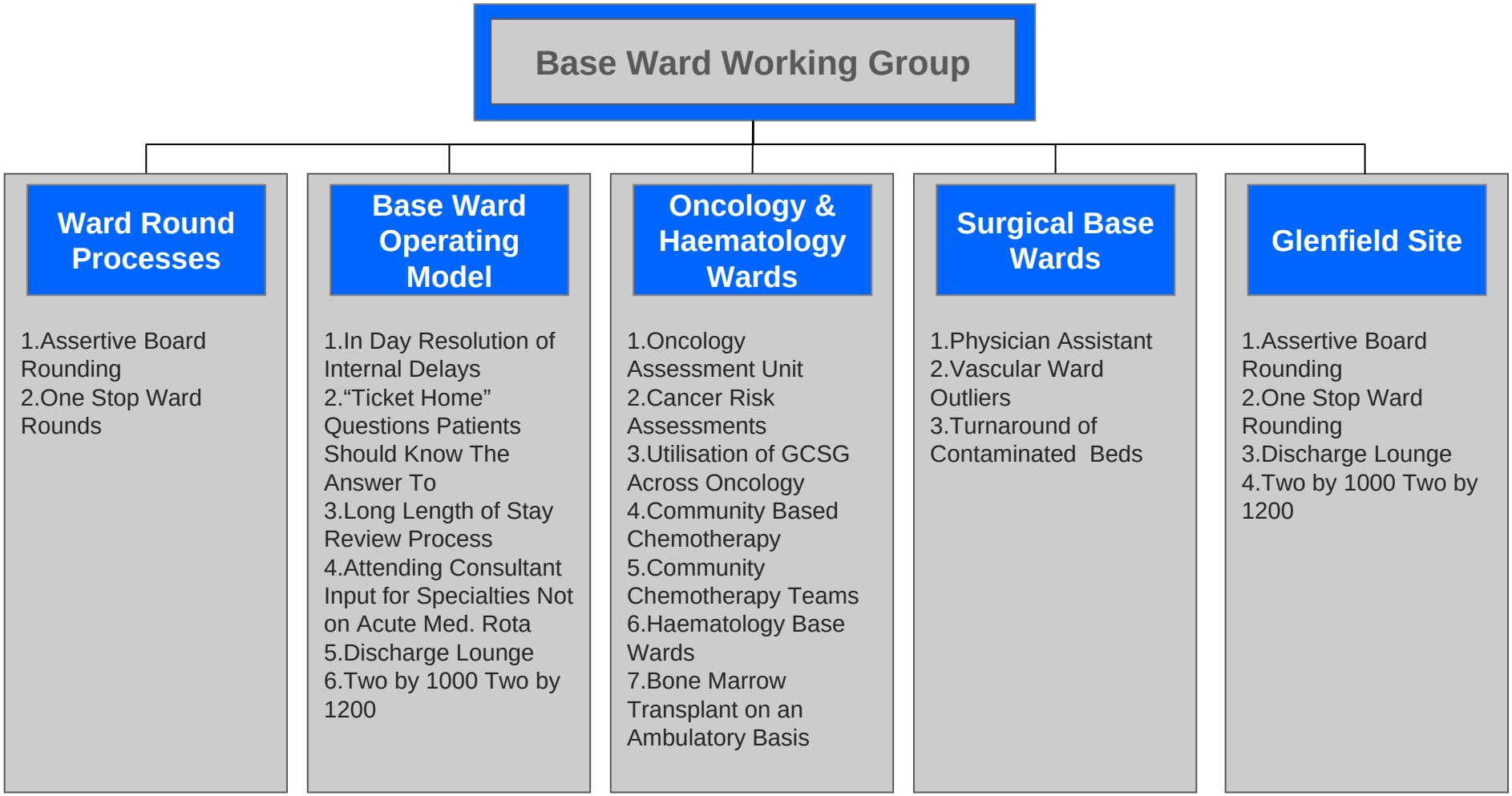
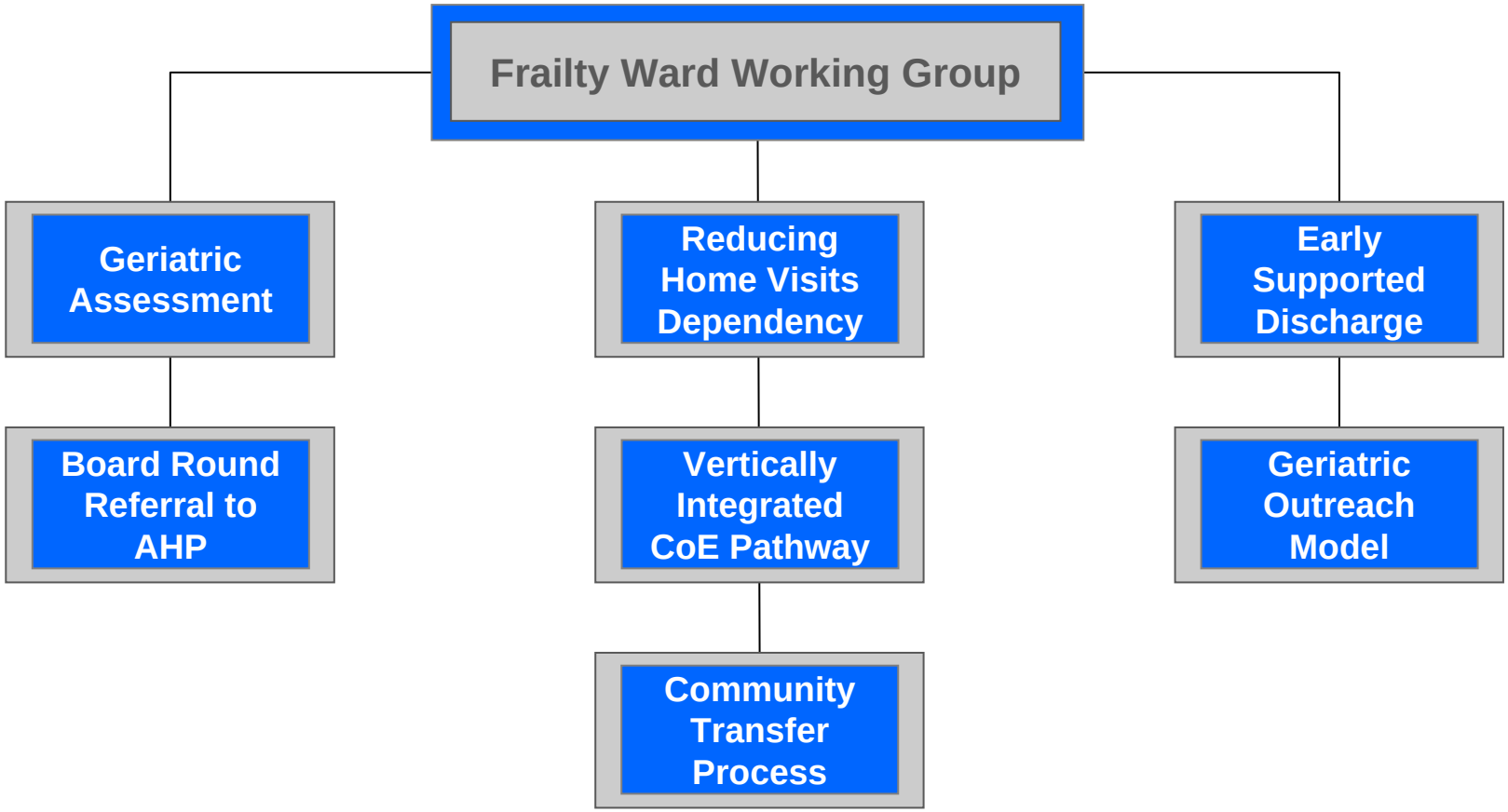
Appendix C – Activity Breakdown (1/4)



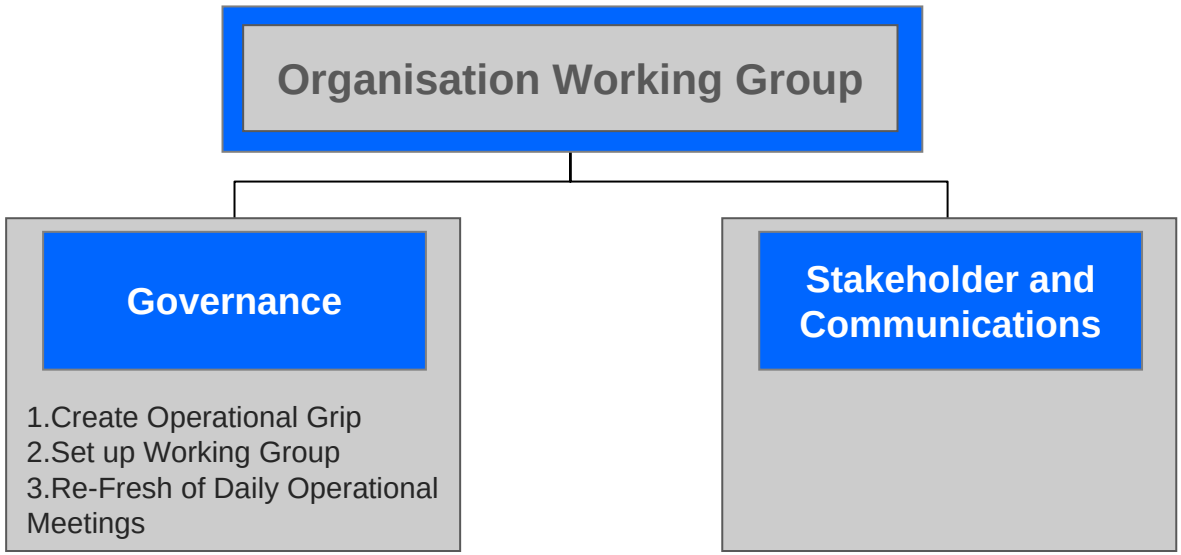
Appendix C – Activity Breakdown (2/4)



Appendix C – Activity Breakdown (3/4)



Appendix C – Activity Breakdown (4/4)



Appendix D – Project Management (1/4)

Defining and Capturing Risks

A risk in project terms is defined as "an uncertain event or set of events that, should it/they occur, will have an effect on the achievement of objectives". A risk is measured by a combination of the probability of a perceived threat or opportunity occurring, and the magnitude of its impact on objectives.

Project risks will be logged centrally in the Actions, Risk and Issues, (ARI), Log and capture the following:

1. A description of the risk
2. It's potential impact
3. Mitigating actions, (to reduce the chances of the risk occurring or to reduce the impact if it does occur)
4. The probability of the risk occurring
5. The potential impact of the risk occurring on the project
6. The overall risk score
7. A risk owner, (who is part of the project organisation), to lead on the mitigating actions

The risk owner is to provide an initial description and resolution plan for the risk to the Project Manager who is the "custodian" of the ARI log.

Appendix D - Project Management (2/4)

Probability Scoring Matrix

Probability		
What is the Likelihood that the Risk will Occur		
Level	Approach and Processes	
1	Not Likely	0 - 20% Probability of Occurrence
2	Low Likelihood	20 - 40% Probability of Occurrence
3	Likely	40 - 60% Probability of Occurrence
4	High Likely	60-80% Probability of Occurrence
5	Near Certainty	80 - 100% Probability of Occurrence

In order to arrive at an overall risk score, the probability of the risk occurring and the impact are multiplied, resulting in a risk score. The table below provides the combination of scores and corresponding RAG status that can occur using the matrices opposite.

Impact Scoring Matrix

Potential Impact			
Given the Risk is Realized, what would be the magnitude of the impact?			
Level	Technical	Schedule	Cost
1	Minimal OR No Impact	Minimal OR No Impact	Minimal or No Impact
2	Minor OR < 2%	Slight delay < 1 month	Budget Increase of (< £1M)
3	Moderate performance	Minor Schedule Slip	Budget Increase of (£1 - 2M)
4	High Performance	Major Schedule Slip	Budget Increase of (£2 - 5M)
5	Unacceptable; Over 10%	Unacceptable Schedule	Budget Increase of (> £5M)

Risk Score Matrix

Probability					
5	5	10	15	20	25
4	4	8	12	16	20
3	3	6	9	12	15
2	2	4	6	8	10
1	1	2	3	4	5
	1	*2*	*3*	*4*	*5*

Potential Impact

Appendix D - Project Management (3/4)

Defining and Capturing Issues

An issue in project terms is defined as "a relevant event that has happened, was not planned, and requires management action".

Project issues will be logged centrally in the ARI log and will capture the following:

1. A description of the issue
2. Its impact
3. A resolution plan
4. When the issue should be resolved by
5. The issue owner, (who is part of the project organisation), to lead on the mitigating actions
6. Status, (i.e. whether it is open or not)

As with risks, the issue owner is to provide an initial description and resolution plan for the issue to the Project Manager who is the "custodian" of the ARI log.

Appendix D - Project Management (4/4)

Purpose of the Action Log

The purpose of the action log is to capture important things that need to be done in a timely fashion but aren't large enough to warrant integrating into the project plan.

The action log should capture:

1. The action description
2. The owner
3. A deadline for completion of action
4. Any comments
5. Status, (i.e. whether the action is open or closed
6. Date of closure

Review of Action, Risk and Issue Logs

The action, risk and issue logs will be reviewed on a regular basis by the project manager.

As a minimum, the action and issue log should be reviewed and updated at every team meeting.

As a minimum the risk log will be reviewed in depth on a fortnightly basis ahead of each Steering Group meeting in order to ensure the risks are being proactively managed.

As with risks, the action owner is to provide an initial description of the action and progress update on the action to the Project Manager who is the "custodian" of the ARI log.

Task Name	Start	Finish	Resource Names	Status
1. Organisation			Rachel Overfield	
1.1 Governance				
Create Operational Grip	Mon 28/07/14	Fri 05/09/14		Closed
Set up Gold Command Group - Medical Director, Chief Nurse, COO	Mon 28/07/14	Fri 08/08/14	Rachel Overfield/Andrew Furlong/Richard Mitchell	
Set up Silver Command Group - CMGs CD's, Head of Nursing & Gen. Mgrs.	Mon 28/07/14	Fri 08/08/14	Julie Dixon	
Set Bronze Command Group - Heads of Service, Matrons & Business Mgrs.	Mon 28/07/14	Fri 08/08/14	Julie Dixon	
Organisational Working Group Set Up	Mon 21/07/14	Mon 18/08/14	Rachel Overfield	Closed
Draft Terms of Reference for Organisational Working Group	Mon 21/07/14	Fri 25/07/14	Rachel Overfield	
Identify metrics for Organisational Group	Mon 28/07/14	Fri 08/08/14	Rachel Overfield	
Obtain Steering Group Sign-Off on Working Group ToRs and Metrics	Mon 28/07/14	Fri 08/08/14	Rachel Overfield	
Working Groups to Meet on Weekly Basis	Mon 28/07/14	Fri 08/08/14	Rachel Overfield	
Re-Fresh of Daily Bed Meeting/Ops Centre/capacity staff roles	Mon 28/07/14	Fri 08/08/14	Julie Dixon	Closed
Identify and establish data set to enable 'real time' and predictive performance management	Mon 04/08/14	Fri 15/08/14	Julie Dixon/Simon Sutherland	
EPMA/ICE roll out	Mon 11/08/14	Fri 15/08/14	Rachel Overfield	
Invite Junior Doctors to Organisation Working Group for Input on TTO Process	Fri 29/08/14	Fri 29/08/14	Rachel Overfield	
Staffing gaps issue - 7 day snapshot/data capture	Mon 04/08/14	Fri 29/08/14	Julie Dixon	
1.2 Stakeholder and Communications				On Track
Develop Draft Communications Strategy	Mon 4/08/14	Fri 14/08/14	Nick Walkland	
Circulate Communications Strategy for Comment to Steering Group.	Mon 18/08/14	Fri 29/08/14	Nick Walkland	
2. Front Door			Mark Ardron	
2.1 ED & Assessment Unit Operating Model				
Map Consultant Presence to Demand Profile	Mon 04/08/14	Fri 31/10/14	Lee Walker	On Track
Receiving GP Bed Bureau Calls	Mon 04/08/14	Fri 26/09/14	Lee Walker	On Track
Create Process for Receipt of GP Bed Bureau Calls in MAU	Tue 05/08/14	Fri 26/09/14	Lee Walker	
Test Process for Receipt of GP Bed Bureau Calls in MAU	Tue 19/08/14	Fri 26/09/14	Lee Walker	
Early Senior Assessment in ED and Assessment Units	Mon 04/08/14	Fri 26/09/14	Lee Walker	On Track
Create Process for Early Senior Assessment in MAU	Tue 05/08/14	Fri 26/09/14	Lee Walker	
Test Process for Early Senior Assessment in MAU	Tue 19/08/14	Fri 26/09/14	Lee Walker	
Clinical Criteria for Discharge, (CCD) & Expected Date of Discharge, (EDD)	Mon 04/08/14	Fri 26/09/14	Lee Walker	On Track
Create Process for CCD & EDD	Tue 05/08/14	Fri 26/09/14	Lee Walker	
Test Process for CCD & EDD	Tue 19/08/14	Fri 26/09/14	Lee Walker	
Review of Patients by Admitting Consultant	Mon 01/09/14	Fri 26/09/14	Lee Walker	On Track
Create Policy for Review of Patients by Admitting Consultant	Mon 01/09/14	Fri 26/09/14	Lee Walker	
Test Policy for Review of Patients by Admitting Consultant	Mon 15/09/14	Fri 26/09/14	Lee Walker	
Assessment Unit Roving Review Process	Mon 01/09/14	Fri 26/09/14	Lee Walker	On Track
Create Process for MAU Roving Review and Ward Round	Mon 01/09/14	Fri 26/09/14	Lee Walker	
Test Process for MAU Roving Review and Ward Round	Mon 15/09/14	Fri 26/09/14	Lee Walker	
Twice Daily Review of New Admissions on MAUs	Mon 01/09/14	Fri 26/09/14	Lee Walker	On Track
Create Process for Twice Daily Review of New Admissions on MAUs	Mon 01/09/14	Fri 26/09/14	Lee Walker	
Test Process for Twice Daily Review of New Admissions on MAUs	Mon 15/09/14	Fri 26/09/14	Lee Walker	
ED In-Reach Process	Mon 01/09/14	Fri 27/03/15	Mark Lawden	On Track
Create ED In-Reach Process	Mon 01/09/14	Fri 27/03/15	Mark Lawden	
Test ED In-Reach Process	Mon 15/09/14	Fri 27/03/15	Mark Lawden	
Daily Review of Six Week Rolling Average Data Set	Mon 01/09/14	Fri 26/09/14	Catherine Free	On Track
Create Process for Daily Review of Six Week Rolling Average Data Set	Mon 01/09/14	Fri 26/09/14	Catherine Free	
Test Process for Daily Review of Six Week Rolling Average Data Set	Mon 15/09/14	Fri 26/09/14	Catherine Free	
Pathway to ACB	Mon 01/09/14	Fri 26/09/14	Lee Walker	On Track
Create Process for Patients Being Sent to ACB	Mon 01/09/14	Fri 26/09/14	Lee Walker	
Test Process for Patients Being Sent to ACB	Mon 15/09/14	Fri 26/09/14	Lee Walker	
Primary Care Co-Ordinator	Mon 01/09/14	Fri 26/09/14	Simon Conroy	On Track
Create Primary Care Co-Ordinator Process Across All MAUs	Mon 01/09/14	Fri 26/09/14	Simon Conroy	
Test Primary Care Co-Ordinator Process Across All MAUs	Mon 15/09/14	Fri 26/09/14	Simon Conroy	
Access to Ultrasound at Weekends	Mon 04/08/14	Fri 31/10/14	Andy Rickett	On Track
Improve Process for Accessing Ultrasound at Weekends	Mon 04/08/14	Fri 31/10/14	Andy Rickett	
Test Improved Process for Accessing Ultrasound at Weekends	Mon 18/08/14	Fri 31/10/14	Andy Rickett	
2.2 Surgical Front Door				
Surgical Assessment Unit	Mon 04/08/14	Fri 31/10/14	Chris Sutton	On Track
Create Pathway for Co-Management & Transfer of ED Surgical Referrals	Mon 04/08/14	Fri 31/10/14	Chris Sutton	
Test Pathway for Co-Management & Transfer of ED Surgical Referrals	Mon 04/08/14	Fri 31/10/14	Chris Sutton	
Obstructive Jaundice/Pancreatitis Pathway	Mon 04/08/14	Fri 27/03/15	Chris Sutton	On Track
Revise Jaundice/Pancreatitis Pathway	Mon 04/08/14	Fri 27/03/15	Chris Sutton	
Test Revised Jaundice/Pancreatitis Pathway	Mon 18/08/14	Fri 27/03/15	Chris Sutton	
Provision of Emergency Theatres	Mon 04/08/14	Fri 27/03/15	Chris Sutton	On Track
Review Current Provision of Emergency Theatres	Mon 04/08/14	Fri 27/03/15	Chris Sutton	
Identify Different Models Care for Improving Theatre Utilisation	Mon 11/08/14	Fri 27/03/15	Chris Sutton	
Test Different Models of Care for Improving Theatre Utilisation	Mon 01/09/14	Fri 27/03/15	Chris Sutton	
Select New Model for Improving Theatre Utilisation	Mon 22/09/14	Fri 27/03/15	Chris Sutton	
Roll Out New Theatre Model	Mon 06/10/14	Fri 27/03/15	Chris Sutton	
Ambulatory Surgical Emergency Care Service	Mon 04/08/14	Fri 27/03/15	Chris Sutton	On Track
Create Model for Surgical Emergency Care Service	Mon 04/08/14	Fri 27/03/15	Chris Sutton	
Test Model for Surgical Emergency Care Service	Mon 18/08/14	Fri 27/03/15	Chris Sutton	
Upper GI Bleed Pathway	Mon 04/08/14	Fri 31/10/14	Peter Wurm	
Revise Upper GI Bleed Pathway	Mon 04/08/14	Fri 31/10/14	Peter Wurm	
Test Revised Upper GI Bleed Pathway	Mon 18/08/14	Fri 31/10/14	Peter Wurm	
2.3 Implementation of AEC				
Ambulatory Emergency Care, (AEC), Strategy	Mon 04/08/14	Fri 31/10/14	Ruth Denton-Beaumont	On Track
Create AEC Strategy	Tue 05/08/14	Fri 31/10/14	Ruth Denton-Beaumont	
Implement AEC Strategy	Tue 19/08/14	Fri 31/10/14	Ruth Denton-Beaumont	
Streaming to Ambulatory Emergency Care, (AEC)	Mon 04/08/14	Fri 31/10/14	Ruth Denton-Beaumont	On Track
Create Process for Streaming to AEC	Tue 05/08/14	Fri 31/10/14	Ruth Denton-Beaumont	
Test Process for Streaming to AEC	Tue 19/08/14	Fri 31/10/14	Ruth Denton-Beaumont	
2.4 Operational Standards				
Time to Initial Assessment	Mon 04/08/14	Fri 31/10/14	Ben Teasdale	On Track
Create Policy for Time to Initial Assessment in ED	Tue 05/08/14	Fri 31/10/14	Ben Teasdale	
Test Policy for Time to Initial Assessment in ED	Tue 19/08/14	Fri 31/10/14	Ben Teasdale	
Time to Treatment	Mon 04/08/14	Fri 31/10/14	Ben Teasdale	On Track
Create Policy for Time to Treatment in ED	Tue 05/08/14	Fri 31/10/14	Ben Teasdale	
Test Policy for Time to Treatment in ED	Tue 19/08/14	Fri 31/10/14	Ben Teasdale	
Time to Senior Clinical Decision	Mon 04/08/14	Fri 31/10/14	Ben Teasdale	On Track
Create Policy for Time to Senior Clinical Decision in ED	Tue 05/08/14	Fri 31/10/14	Ben Teasdale	
Test Policy for Time to Senior Clinical Decision in ED	Tue 19/08/14	Fri 31/10/14	Ben Teasdale	
30 Minute Response Time to ED and Assessment Units, (AU), Referral	Mon 04/08/14	Fri 31/10/14	Ben Teasdale	On Track
Create Policy for 30 Minute Response Time to ED & AU Referrals	Tue 05/08/14	Fri 31/10/14	Ben Teasdale	
Test Policy for 30 Minute Response time to ED & AU Referrals	Tue 19/08/14	Fri 31/10/14	Ben Teasdale	
Create Balanced Score Card Template for Consultants	Mon 01/09/14	Fri 27/03/14	Catherine Free	On Track
Determine What Data Should be on Balanced Score Card	Mon 01/09/14	Fri 27/03/14	Catherine Free	
Create Process for Sharing Balanced Score Card Data	Mon 15/09/14	Fri 27/03/14	Catherine Free	
Test Process for Sharing Balance Score Card Data	Mon 29/09/14	Fri 27/03/14	Catherine Free	
Roll Out Balance Score Card Process	Mon 27/10/14	Fri 27/03/14	Catherine Free	
2.5 Glenfield Site				
Use of Clinical Criteria for Discharge, CCD, and Expected Date of Discharge, EDD	Tue 05/08/14	Fri 26/09/14	Jon Bennett	On Track
Create Process for Use of CCD/EDD as Part of Consultant Case Management	Tue 05/08/14	Fri 26/09/14	Jon Bennett	
Test Process for Use of CCD/EDD as Part of Consultant Case Management	Tue 19/08/14	Fri 26/09/14	Jon Bennett	
Create Second Cardiology Consultant to Cover CDU	Mon 04/08/14	Fri 27/03/15	Elved Roberts/Jan Kovac	On Track
Create Protocol for Second Cardiology Consultant Cover in CDU	Tue 05/08/14	Fri 27/03/15	Elved Roberts/Jan Kovac	
Test Protocol for Second Cardiology Consultant Cover in CDU	Tue 19/08/14	Fri 27/03/15	Elved Roberts/Jan Kovac	
In Day Resolution of Internal Delays in ED & MAUs	Mon 04/08/14	Fri 26/09/14	Lee Walker	On Track
Create Escalation Process for Delayed Referrals from ED/MAU to Specialties	Mon 04/08/14	Fri 26/09/14	Lee Walker	
Test Escalation Process for Delayed Referrals from ED/MAU to Specialties	Mon 18/08/14	Fri 26/09/14	Lee Walker	

Task Name	Start	Finish	Resource Names	Status
3. Base Wards			Ian Lawrence	
3.1 Ward Round Processes				
Assertive Board Rounding	Mon 04/08/14	Fri 26/09/14	Ian Lawrence	On Track
Create Assertive Board Rounding Process	Mon 04/08/14	Fri 26/09/14	Ian Lawrence	
Test Assertive Board Rounding Process	Mon 18/08/14	Fri 26/09/14	Ian Lawrence	
Roll Out Assertive Board Rounding to Rest of Hospital	Mon 29/09/14	Fri 19/12/14	Ian Lawrence	
One Stop Ward Round	Mon 04/08/14	Fri 26/09/14	Ian Lawrence	On Track
Create One Stop Ward Round Process	Mon 04/08/14	Fri 26/09/14	Ian Lawrence	
Test One Stop Ward Round Process	Mon 18/08/14	Fri 26/09/14	Ian Lawrence	
Roll Out One Stop Ward Round Process to Rest of Hospital	Mon 29/09/14	Fri 19/12/14	Ian Lawrence	
3.2 Base Ward Operating Model				
In Day Resolution of Internal Delays	Mon 04/08/14	Fri 26/09/14	Sue Burton	On Track
Create Escalation Process for In-Day Resolution of Delays	Mon 04/08/14	Fri 26/09/14	Sue Burton	
Test Escalation Process for In-Day Resolution of Delays	Mon 18/08/14	Fri 26/09/14	Sue Burton	
Roll Out Escalation Process for In-Day Resolution of Delays	Mon 15/09/14	Fri 19/12/14	Sue Burton	
"Ticket Home" Questions Patients Should Know the Answer To	Mon 04/08/14	Fri 26/09/14	Kath Higgins	On Track
Create Briefing on "Ticket Home" Questions	Mon 04/08/14	Fri 26/09/14	Kath Higgins	
Disseminate "Ticket Home" Questions Along with Briefing Pack	Mon 11/08/14	Fri 26/09/14	Kath Higgins	
Roll Out "Ticket Home" Questions to Rest of Hospital	Mon 29/09/14	Fri 19/12/14	Kath Higgins	
Long Length of Stay Review Process	Mon 04/08/14	Fri 26/09/14	Catherine Free	On Track
Create Long Length of Stay Review Process for Stranded Patients	Mon 04/08/14	Fri 26/09/14	Catherine Free	
Test Long Length of Stay Review Process	Mon 18/08/14	Fri 26/09/14	Catherine Free	
Roll Out Long Length of Stay Review Process to Rest of Hospital	Mon 29/09/14	Fri 19/12/14	Catherine Free	
Attending Consultant Input for Specialties Not on Acute Medicine Rota	Mon 04/08/14	Fri 26/09/14	Kerry Johnstone	On Track
Create Policy for Attending Consultant Input	Mon 04/08/14	Fri 26/09/14	Kerry Johnstone	
Test Policy for Attending Consultant Input	Mon 18/08/14	Fri 26/09/14	Kerry Johnstone	
Roll Out Policy for Attending Consultant Input	Mon 15/09/14	Fri 19/12/14	Kerry Johnstone	
Discharge Lounge	Mon 04/08/14	Fri 26/09/14	Ian Lawrence	On Track
Create Process of Identifying Patients for Next Day Discharge	Mon 04/08/14	Fri 26/09/14	Ian Lawrence	
Test Process of Identifying Patients for Next Day Discharge	Mon 18/08/14	Fri 26/09/14	Ian Lawrence	
Roll Out Discharge Lounge Process for Identifying Patients to Rest of Hospital	Mon 29/09/14	Fri 19/12/14	Ian Lawrence	
Two by 1000 and Two by 1200 Process	Mon 04/08/14	Fri 31/10/14	Ian Lawrence	On Track
Create Process for 2 Discharges by 1000 and 1200 for Each Ward	Mon 04/08/14	Fri 31/10/14	Ian Lawrence	
Test Process for 2 Discharges by 1000 and 1200 for Each Ward	Mon 18/08/14	Fri 31/10/14	Ian Lawrence	
Roll Out Process	Mon 15/09/14	Fri 19/12/14	Ian Lawrence	
3.3 Oncology & Haematology Base Wards				
Oncology Assessment Unit	Mon 04/08/14	Fri 27/03/15	David Peel	On Track
Create Process Enabling Twice Daily Ward Rounds	Mon 04/08/14	Fri 27/03/15	David Peel	
Test Process Enabling Twice Daily Ward Rounds	Mon 18/08/14	Fri 27/03/15	David Peel	
Multinational Association of Supportive Care in Cancer, MASCC, Risk Assessments	Mon 04/08/14	Fri 27/03/15	David Peel	On Track
Create MASCC Risk Assessment Process	Mon 04/08/14	Fri 27/03/15	David Peel	
Test MASCC Risk Assessment Process	Mon 18/08/14	Fri 27/03/15	David Peel	
Utilisation of Granulocyte-Colony Stimulating Factor, GCSF, Across Oncology	Mon 04/08/14	Fri 27/03/15	David Peel	On Track
Create Process for Utilising GCSF Across Oncology	Mon 04/08/14	Fri 27/03/15	David Peel	
Test Process for Utilising GCSF Across Oncology	Mon 18/08/14	Fri 27/03/15	David Peel	
Community Based Chemotherapy Service	Mon 04/08/14	Fri 27/03/15	David Peel	On Track
Create Protocols for Community Based Chemotherapy Service	Mon 04/08/14	Fri 27/03/15	David Peel	
Test Protocols for Community Based Chemotherapy Service	Mon 18/08/14	Fri 27/03/15	David Peel	
Community Chemotherapy Teams	Mon 04/08/14	Fri 27/03/15	David Peel	On Track
Create Delivery Model for Community Chemotherapy Teams	Mon 04/08/14	Fri 27/03/15	David Peel	
Test Delivery Model for Community Chemotherapy Teams	Mon 18/08/14	Fri 27/03/15	David Peel	
Haematology Base Wards	Mon 04/08/14	Fri 27/03/15	David Peel	On Track
Community Based Transfusion Service	Mon 04/08/14	Fri 27/03/15	David Peel	
Create Protocols for Transfusion Service	Mon 04/08/14	Fri 27/03/15	David Peel	
Test Protocols for Transfusion Service	Mon 18/08/14	Fri 27/03/15	David Peel	
Reduced Intensity Bone Marrow Transplant, BMT, Patients on an Ambulatory Basis	Mon 04/08/14	Fri 27/03/15	David Peel	On Track
Create Process for Delivering BMT on an Ambulatory Basis	Mon 04/08/14	Fri 27/03/15	David Peel	
Test Process for Delivering BMT on an Ambulatory Basis	Mon 18/08/14	Fri 27/03/15	David Peel	
3.4 Surgical Base Wards				
Physician Assistant	Mon 04/08/14	Fri 10/10/14	Surgical Consultant TBC	On Track
Create Role of Physician Assistant	Mon 04/08/14	Fri 15/08/14	Surgical Consultant TBC	
Test Role of Physician Assistant	Mon 18/08/14	Fri 12/09/14	Surgical Consultant TBC	
Vascular Ward Outliers	Mon 04/08/14	Fri 10/10/14	Surgical Consultant TBC	On Track
Review Protocols for Vascular Ward Outliers	Mon 04/08/14	Fri 15/08/14	Surgical Consultant TBC	
Test Updated Protocols for Vascular Ward Outliers	Mon 18/08/14	Fri 12/09/14	Surgical Consultant TBC	
Turnaround of Contaminated Beds	Mon 04/08/14	Fri 10/10/14	Surgical Consultant TBC	On Track
Create Process for Turning Around Contaminated Beds within 30 Mins	Mon 04/08/14	Fri 15/08/14	Surgical Consultant TBC	
Test Process for Turning Around Contaminated Beds within 30 Mins	Mon 18/08/14	Fri 12/09/14	Surgical Consultant TBC	
3.5 Glenfield Site				
Assertive Board Rounding	Mon 04/08/14	Fri 10/10/14	Jon Bennett	On Track
Create Assertive Board Rounding Process	Mon 04/08/14	Fri 15/08/14	Jon Bennett	
Test Assertive Board Rounding Process	Mon 18/08/14	Fri 12/09/14	Jon Bennett	
One Stop Ward Round	Mon 04/08/14	Fri 10/10/14	Jon Bennett	On Track
Create One Stop Ward Round Process	Mon 04/08/14	Fri 15/08/14	Jon Bennett	
Test One Stop Ward Round Process	Mon 18/08/14	Fri 12/09/14	Jon Bennett	
Roll Out One Stop Ward Round Process	Mon 15/09/14	Fri 10/10/14	Jon Bennett	
Discharge Lounge	Mon 04/08/14	Fri 10/10/14	Jon Bennett	On Track
Create Process of Identifying Patients for Next Day Discharge	Mon 04/08/14	Fri 15/08/14	Jon Bennett	
Test Process of Identifying Patients for Next Day Discharge	Mon 18/08/14	Fri 12/09/14	Jon Bennett	
Roll Out Process of Identifying Patients for Next Day Discharge	Mon 15/09/14	Fri 10/10/14	Jon Bennett	
Two by 1000 and Two by 1200 Process	Mon 04/08/14	Fri 10/10/14	Jon Bennett	On Track
Create Process for 2 Discharges by 1000 and 1200 for Each Ward	Mon 04/08/14	Fri 15/08/14	Jon Bennett	
Test Process for 2 Discharges by 1000 and 1200 for Each Ward	Mon 18/08/14	Fri 12/09/14	Jon Bennett	
Roll Out Process	Mon 15/09/14	Fri 10/10/14	Jon Bennett	
4. Frailty Wards			Simon Conroy	
Comprehensive Geriatric Assessment	Mon 04/08/14	Fri 10/10/14	Simon Conroy	On Track
Create Comprehensive Geriatric Assessment Process	Mon 04/08/14	Fri 15/08/14	Simon Conroy	
Test Comprehensive Geriatric Assessment Process	Mon 18/08/14	Fri 12/09/14	Simon Conroy	
Board Round Referral to AHP, (Abolishing Written Referral)	Mon 04/08/14	Fri 10/10/14	Simon Conroy	On Track
Create Process Enabling Verbal Board Round Referral to AHP	Mon 04/08/14	Fri 15/08/14	Simon Conroy	
Test Process Enabling Verbal Board Round Referral to AHP	Mon 18/08/14	Fri 12/09/14	Simon Conroy	
Reduce Dependency on Home Visits	Mon 04/08/14	Fri 10/10/14	Simon Conroy	On Track
Create Process to Reduce Dependency on Home Visits	Mon 04/08/14	Fri 15/08/14	Simon Conroy	
Test Process to Reduce Dependency on Home Visits	Mon 18/08/14	Fri 12/09/14	Simon Conroy	
Early Supported Discharge	Mon 04/08/14	Fri 10/10/14	Simon Conroy	On Track
Update Processes to Deliver Better Early Supported Discharge	Mon 04/08/14	Fri 15/08/14	Simon Conroy	
Test Processes to Deliver Better Early Supported Discharge	Mon 18/08/14	Fri 12/09/14	Simon Conroy	
Creation of Vertically Integrated Care Pathway for Elder People	Mon 04/08/14	Fri 10/10/14	Simon Conroy	On Track
Create Vertically Integrated Care Pathway	Mon 04/08/14	Fri 15/08/14	Simon Conroy	
Test Vertically Integrated Care Pathway	Mon 18/08/14	Fri 12/09/14	Simon Conroy	
Roll Out Vertically Integrated Care Pathway	Mon 15/09/14	Fri 10/10/14	Simon Conroy	
Creation of Geriatric Outreach Model	Mon 25/08/14	Fri 27/03/15	Simon Conroy	On Track
Create Geriatric Outreach Model	Mon 25/08/14	Fri 19/12/15	Simon Conroy	
Test Geriatric Outreach Model	Mon 05/01/15	Fri 27/02/15	Simon Conroy	
Roll Out Geriatric Outreach Model	Mon 02/03/15	Fri 27/03/15	Simon Conroy	
Develop "Referrer Decides" Protocol for Transfers to the Community	Mon 25/08/14	Fri 19/12/14	Simon Conroy	On Track
Create "Referrer Decides" Protocol for Transfers to the Community	Mon 25/08/14	Fri 12/09/14	Simon Conroy	
Test "Referrer Decides" Protocol for Transfers to the Community	Mon 15/09/14	Tue 30/09/14	Simon Conroy	
Roll Out "Referrer Decides" Protocol for Transfers to the Community	Wed 01/10/14	Fri 19/12/14	Simon Conroy	

Key

= Working Group Name

= High - Level Task/Activity

= Detailed Task to be Delivered

= The Detail of What Needs to be Delivered at Ward Level

To Be Started
Significant Delay
Slight Delay
On Track
Closed

From: Communications
Sent: 18 August 2014 11:09
Subject: Message from the Chief Executive: EVERYBODY COUNTS - play your part in our new campaign

Importance: High

Expires: 12 September 2014 17:00

Attachments: image001.jpg

Dear colleague

For the past few months I have shared with you, mainly via my monthly briefings, the work we are doing with Dr Ian Sturgess to improve emergency pathway care. PLEASE, do not stop reading now if you think this does not involve you….it does!

We all know the emergency pathway needs to change, as do many of our services. At Leicester's Hospitals, we need to provide safer and more effective care for patients - from the moment they come through the front door to when they are discharged. Lots of work is being done to make the most of our existing resources and to champion best practice, which encourages positive change benefitting patients and colleagues.

To make sustainable improvement we need change that is co-created; we need a social movement.

What is a social movement? A social movement is a large group of people who work together to bring about change. NHS Change Day which many of you will have supported, is a great example of a recent social movement.

We are a large group of like-minded people who want to bring about change. We all want to give our patients the best possible care, yet every day we see flaws in systems and processes which often hinder or slow this down. Now is the time to change that.

Everybody Counts is a new campaign we are launching today. It is about you, and what you are doing to improve care for the patients you come into contact with - directly and indirectly. It is about improvements we will make together to bring about positive change for colleagues. **Everybody Counts** is about **everybody**.

Everybody Counts is about sharing ideas – communicating with each other – from ward to senior leadership, across departments, between peers, and between staff and patients.

Everybody Counts is about what you are doing to bring about positive change. Positive change that you have made in your area or with your team may help others make improvements in their ward or department. The sharing of ideas will help spread good practice.

Everybody Counts is about our values. It is about treating people how we would like to be treated. It is about working together as one team. It is about focusing on what matters most. It is about doing what we say we are going to do. It is about creativity. And most importantly it is about caring at its best!

I am reminded about the NHS National Staff Survey, which asks staff 'if their role makes a difference', 'if staff are able to contribute towards improvements at work', 'if staff are able to make suggestions to improve the work of their team/department' and 'if their role makes a difference to patients'. This is what **Everybody Counts** is about. I want you to get involved in decisions that affect you and the services you provide so you feel empowered to put forward ideas to deliver better and safer services.

The campaign….

Everybody Counts needs **you** to make it work. The campaign will utilise social media and video and will encourage the exchange of ideas face to face. You will be able to access information through INsite http://insite.xuhl-tr.nhs.uk/everybodycounts and you will be able to access videos and updates via your personal smartphones or tablets, or on Trust PC's.

If you're on Twitter please follow us @Leic_Hospital using the hashtag #EverybodyCounts and share what you are doing.

Videos will be on our Vimeo account, and we will provide links from Twitter to share them.

I am really pleased to say that there are a lot of improvements taking placed already, designed by those at the centre of it – you! Much of this has been driven by Listening into Action, which continues to thrive and expand. And now we are implementing many changes, designed mainly by clinicians, which are improving the way in which the emergency care pathway works. There is a growing positive feeling of change taking place across our organisation, and I would like to encourage you to share your ideas with your manager and work together to test them. You

won't get it right first time, but you will get it right, for you and your patients. What **Everybody Counts** adds is the ability to share what is happening across our large organisation and thus inspire more change and improvement for patients.

We want everyone to understand and own the part they play in bringing about positive change across the whole of our organisation, no matter where they work.

I hope you will support this campaign and I look forward to seeing and hearing about how you are playing your part.

Best wishes,

John Adler
Chief Executive
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www.leicestershospitals.nhs.uk
Twitter: @Leic_Hospital
#EverybodyCounts