Reducing waiting times for emergency patients

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Executive Summary

Context

Emergency care performance remains below acceptable levels. This is resulting in a very poor experience for patients and the failure to achieve a key national performance standard, with UHL having around the worst performance in England.

Questions

1. What does this report seek to achieve?
2. What are the key elements of the current approach?
3. Given this longstanding performance failure, what will be different?

Conclusion

1. This report provides an overview of current performance using the 4 hour wait standard as a proxy for quality on the emergency pathway. It also describes the improvements made over the previous month and the actions to be taken in the coming weeks.
2. The approach is divided into key workstreams which focus on the actions which are felt to be the most important across Emergency Department, bed capacity and at the interface with partners. It also incorporates a significantly stronger approach to monitoring and holding to account.
3. Central to this is the stronger accountability framework and "whole hospital" approach, whilst still focus on the most important issues within ED itself.

Input Sought

The Board is asked to note and comment on assurance levels with regard to the actions and next steps described within this paper.

For Reference
  Edit as appropriate:

1. The following **objectives** were considered when preparing this report:

Safe, high quality, patient centred healthcare	[Yes /No /Not applicable]
Effective, integrated emergency care	**[Yes** /No /Not applicable]
Consistently meeting national access standards	[Yes /No /Not applicable]
Integrated care in partnership with others	[Yes /No /Not applicable]
Enhanced delivery in research, innovation & ed'	[Yes /No /Not applicable]
A caring, professional, engaged workforce	[Yes /No /Not applicable]
Clinically sustainable services with excellent facilities	[Yes /No /Not applicable]
Financially sustainable NHS organisation	[Yes /No /Not applicable]
Enabled by excellent IM&T	[Yes /No /Not applicable]

2. This matter relates to the following **governance** initiatives:

a. Organisational Risk Register   **[Yes** /No /Not applicable]

If YES please give details of risk ID, risk title and current / target risk ratings.

Datix Risk ID	Operational Risk Title(s) – add new line for each operational risk	Current Rating	Target Rating	CMG
XXXX	Multiple risks on register.			XX

If NO, why not? Eg. Current Risk Rating is LOW

b. Board Assurance Framework   **[Yes** /No /Not applicable]

  If YES please give details of risk No., risk title and current / target risk ratings.

Principal Risk	Principal Risk Title	Current Rating	Target Rating
No.	Several relevant entries		

3. Related **Patient and Public Involvement** actions taken, or to be taken: [included in Chairman's report]

4. Results of any **Equality Impact Assessment**, relating to this matter: [None]

5. Scheduled date for the **next paper** on this topic: 05/10/17

6. Executive Summaries should not exceed **1 page**.   My paper does comply

7. Papers should not exceed **7 pages.**   My paper does comply

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

TRUST BOARD – 7TH SEPTEMBER 2017

**IMPROVING ACCESS TO EMERGENCY CARE FOR OUR PATIENTS
& ORGANISATION OF CARE PROGRAMME**

Reducing risk to emergency care patients is the number one priority for the Trust for the following reasons:

- Our ED and CDU become crowded, stressful and have too high a patient risk at times
- Patients are admitted as 'outliers' to wards that are not best suited to manage their care, which may mean they have worse clinical outcomes
- Our staff are overstretched and routine activities slow down dramatically
- Our position disproportionately affects frail older people who may decondition due to extended periods waiting in hospital beds whilst they wait for things to happen to them
- Our performance against a key national performance standard is at an unacceptable level

Performance to the end of August 2017

Figure 1 shows the performance at the end of August 2017 against the NHSI trajectory for the percentage of patients discharged or admitted from ED within 4 hours. It should be noted that high level performance is only proxy for the overall quality and patient experience that UHL's patients are receiving, but it remains the national indicator of quality.

During August 83.2% of patients were discharged from or admitted via Emergency Department within 4 hours. This was below trajectory level of 87.8%, but showed an improvement of 3.4% on July and performance was the best of the year to date leading to reducing waiting times for patients and improving access to the care they need.
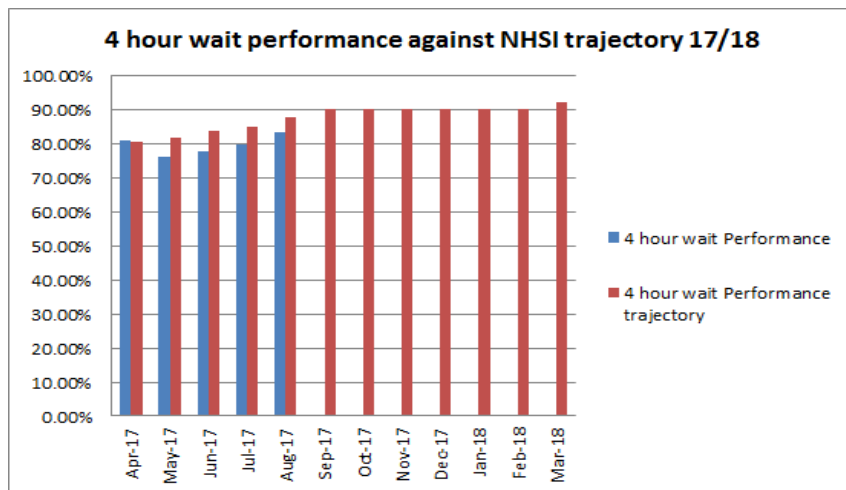
	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Week ending	National Rank (out of 137)
4 hour wait Performance	81.00%	76.10%	77.60%	79.80%	83.20%	30/07/2017	114
4 hour wait Performance trajectory	80.71%	81.89%	83.77%	85.11%	87.87%	06/08/2017	87
Variance from trajectory	0.29%	-5.79%	-6.17%	-5.31%	-4.67%	13/08/2017	127
Movement from previous month		-4.90%	1.50%	2.20%	3.40%	20/08/2017	98
						27/08/2017	126
						03/09/2017	112

Figures 1 & 2 – UHL performance against the 4 hour wait standard and weekly national relative rank

Process performance

The improved level high level performance in the 4 hour wait had been achieved mainly due to improved bed outflow from ED majors with greater consistency in the percentage of patients who have departed ED to a bed within 90 minutes of a decision to admit. However, improvement is still required to be made against the standard of 90%.
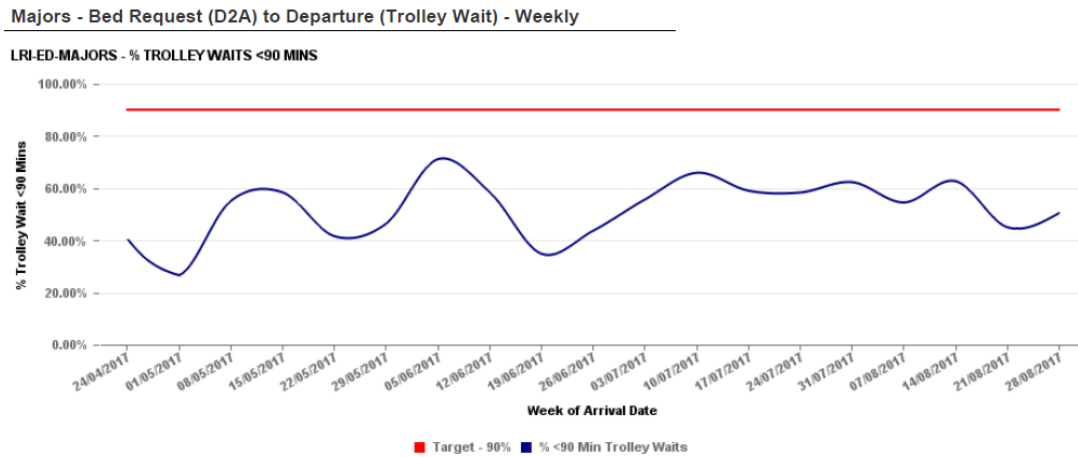

Figure 3 - % of patients who depart ED within 90 minutes of a bed being requested

This has also been coupled with a slight improvement and consistency in the time that patients have waited to be seen by a decision maker (% within 120 minutes), but again requires greater consistency towards the 90% standard. This improvement has mainly been during the day and there remains work to do as part of the 'September Surge' to better align demand and capacity within the ED during the evening and night.
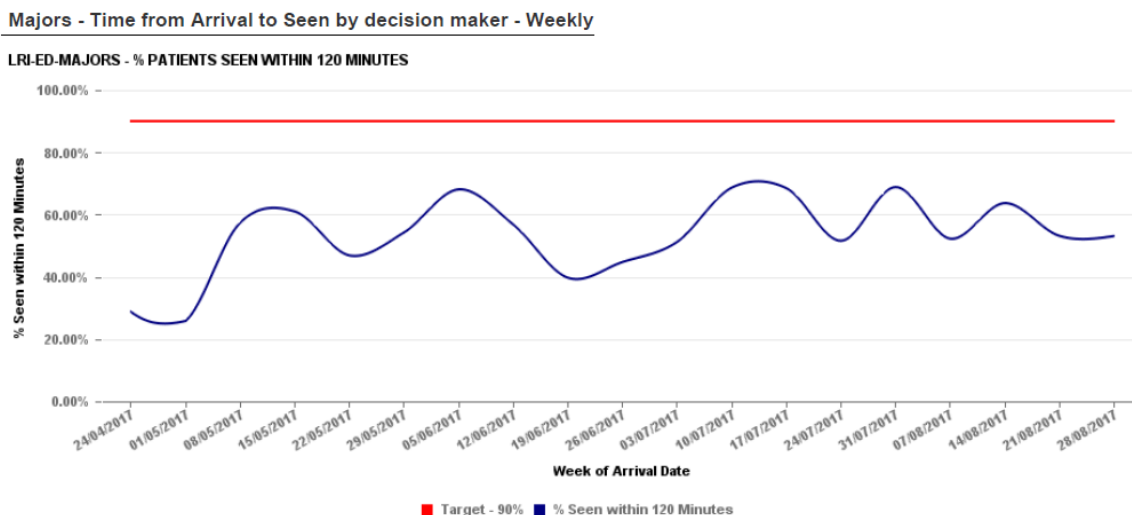

Figure 4 - % of patients seen by a decision maker within 120 minutes of arrival

The provision of the new ED is certainly reducing physical space as a root cause of delays in patients being seen by decision makers.

Root cause of current performance

Overall, the diagnosis of the problem with regard to emergency capacity and flow has been well reported to internal committees, Trust Board and external scrutiny. Principally, the root causes are summarised as:

- There is insufficient bed capacity for the number of patients we are admitting (baseline 105 short)
- We do not use the capacity that we have efficiently enough – this is mainly associated with the flow of patients from the ED/CDU into assessment units, to the base wards, ensuring patient leave the hospital as early as possible and moves happen in a timely manner so that patients get the care they need across the hospitals
- There are delays in patients stays within the hospitals as well as external delays. Internal delays are associated with not getting 'today's work completed today' and not being thorough in the planning of patients care through to discharge.
- The waiting time to be seen by a Dr in ED performs poorly in the evening and overnight, mainly because medical and nursing resources do not match demand in those periods. Along with exit block this is the single biggest cause of excessive numbers of 4 hour breaches.
- There is on some shifts inconsistent floor management and leadership in ED
- It has not been sufficiently recognised internally that this issue is a whole hospital problem, ensuring that all our clinical teams are supporting the progress of emergency care patients wherever they may be in the hospitals.
- The approach taken to improving the position has not been robust enough, not necessarily about planning the correct actions, but about their rigorous completion, embedding, and holding to account.

How performance is being improved

Improving the access to emergency care is a priority within the Trusts 2017/18 Quality Commitment via the 'Organisation of Care Programme'. At a high level the plan to address the gap was presented to EPB/IFPIC in April.

Increase (in the short term) the bed base - New actions to increase our bed base at the LRI and GGH
Improved internal efficiency - Delivery of all pre-existing actions including, SAFER flow, red to green & GPAU expansion
A new model of step down care - UHL working more effectively downstream to care for step down patients in a non-acute setting
A new pathway for frail complex patients

They will be delivered via the Organisation of Care Programme; the Executive sponsor of this programme is a Chief Executive. This programme aims to mitigate these causes in a more rigorous approach to improve access to emergency care for patients via 3 work streams:

- Emergency Department & Acute Medicine
- Medical and Cardio-respiratory beds
- Interface & Integration

There is a clear set of actions for each work stream that have been and will be taken and are in the attached high impact action plan. This has incorporated actions from a number of sources including:

- Pauline Phillip – National Director of Urgent & Emergency Care, NHS England/NHS Improvement, who visited the Trust recently
- Emergency Care Improvement Programme – identifying best practice nationally and regionally
- NHS Improvement – actions discussed within LLR escalation meetings
- Non-Executive Directors – following their visits to ED and other elements of the pathway
- Other external experts from outside of the Trust
- Feedback from clinical teams at the CEO briefings at each site which took place week commencing 24th July

These actions are now been tracked weekly, with weekly updates and action plan progress reporting to both the weekly Executive Board and to Non-Executive Directors. More detailed updates for each work stream are shown below as part of the Organisation of care programme reports.

Alongside these work streams there have been widespread leadership and staff briefings by the Chief Executive, Medical Director and Chief Nurses emphasising the importance of emergency care to our patients and crucially the team work required to ensure patients receive a seamless service across specialty boundaries. There was a good level of feedback and engagement in the sessions identifying opportunities in the following areas that will be built into future work.

- Culture/collaboration between the different elements of the Trust
- Diagnostic infrastructure at LGH and GH
- The constraints caused by vacancies in ward nurse staffing – particularly with regard to the plan to open increased numbers of beds
- Enthusiasm to spread Red to Green as an approach across the Trust
- The need to match consultant job plans with demands on them regarding ward and board rounds

It has also been helpful to get Non-Executive Director leadership to the primary care element of the ED plan along with a NED lead for 'Red to Green'.

The below sections provide an overview of the progress of the work streams to date and future focus and actions.

Workstream Title	Efficient & Effective Emergency Department
Executive lead/SRO	John Adler
Clinical Leads	Dr Vivek Pillai, Dr Nick Scott , Dr Sam Jones
Management lead	Lisa Gowan
17/18 Objective	Reduce time to see a decision maker and time to decision

The key action across the whole of the work stream is providing a solution for improving evening and overnight resilience of the demand and capacity for senior decision makers, largely senior medical staff. This is a key element of the 'September Surge' (1st to 15th September) where there is a high fill percentage of uptake for senior shifts overnight. This is expected to keep the waiting time to be seen by a decision maker lower in the evening and night.

A new standard operating procedure for Majors has now been developed by the ED teams and approved by Emergency Department Group, this describes what patients can expect at each stage of the 4 hour wait within the department. This SOP will now be monitored to assess our progress against its implementation.

The command structure has now been revised as part of the 'September surge' with changes in the meeting times and reporting of actions, along with a strengthening of the 'Silver' tier of the rota with more senior management support. This has also included basing a Duty Manager within the ED. It is forecast this will lead to more robust whole hospitals leadership and problem solving during the day.

Additional portering has been introduced to the ED for the 'September Surge' to provide logistics support to the ED clinical teams.

Work stream 2

Workstream Title	An efficient & effective bed capacity
Executive Director lead	Tim Lynch
Clinical Leads	Dr Ian Lawrence, Dr Lee Walker
Management lead	Simon Barton
17/18 Objective	• Mitigate the 105 bed capacity gap for 17/18 • Increase the % of patients in majors who move to a bed within 120 minutes to 95% from 78%.

The Trust commenced the year with a bed demand and capacity gap of 105 beds and had a plan to mitigate this by the opening of 55 extra beds and improving the efficiency of the specifically the medical and cardio-respiratory bed bases by c. 50 beds mainly through the rigorous roll out of 'Red to Green'. Figure 5 below shows the positive progress being made on reducing the gap. During July, an unmitigated gap would have been 110 beds and the Trust planned to have a gap of 53 beds. The actual position in July was a gap of 30 beds. This performance better than plan was mainly associated with bed efficiency of 23 beds from both Medicine and Cardio-respiratory (which is also demonstrated on Figure 6 showing the reduction in the average length of stay in medicine). Unfortunately, some of this efficiency is being used for the 8% (662 patients) increase in emergency admissions above plan being seen by the end of July for ESM.

Bed Demand and Capacity

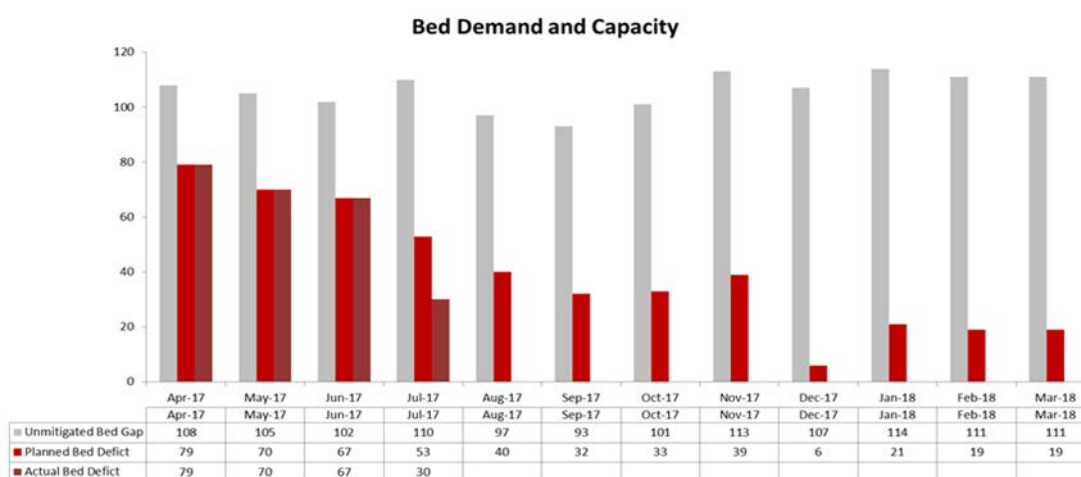|	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
Unmitigated Bed Gap	108	105	102	110	97	93	101	113	107	114	111	111
Planned Bed Defict	79	70	67	53	40	32	33	39	6	21	19	19
Actual Bed Defict	79	70	67	30								

Figure 5 – unmitigated, planned and actual bed demand and capacity gap

Work on the physical bed expansion is progressing positively, with 36 beds open at LRI Medicine pathway. However, the ward swap planned for LGH between Orthopaedics and General Surgery at

LGH will now not be able to happen due to an inability to safely nurse staff them from CHUGGS. Likewise some of the additional beds at LRI medicine cannot be opened due to staffing reasons. The total impact of this is 10 beds and the 'red to green' approach will have to go further than first thought in medicine. Plans are progressing within regard to the additional 14 beds required for Glenfield over winter (from November).

Beds 'taskforces' are now in place for both LRI Medicine (chaired by the Chief Operating Officer) and GH Cardio-Respiratory (led by the Clinical Director for RRCV) to drive the improvement in 'Red to Green' (red to green essentially is a process of removing non-value add time from a patients stay in hospital). They continue to focus on 3 key areas; firstly ward team reviews on their progress against the metrics, secondly ensuring the delivery of reductions in turnaround times against the top 3 delays, and finally delivering intensive support to wards that are not making required progress in this area.
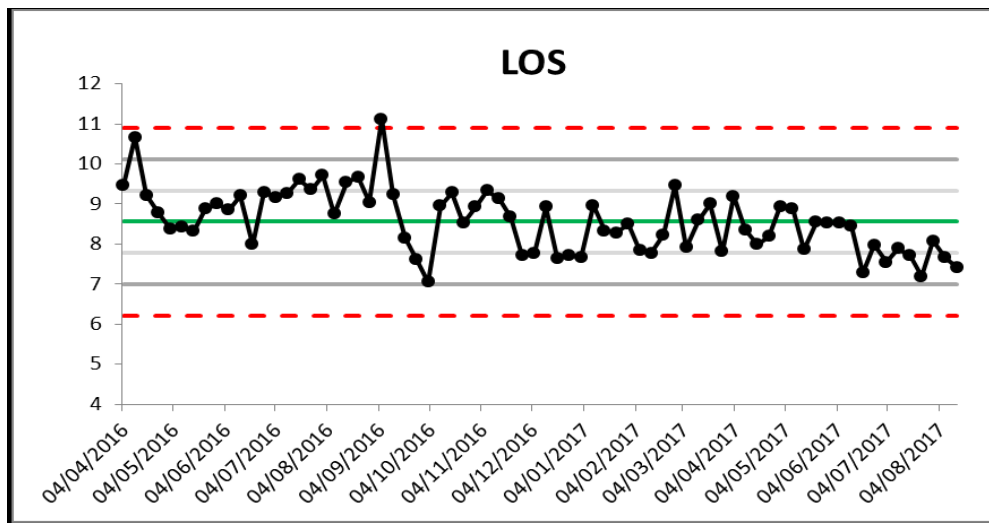

Figure 6 – Average Length of stay in Medicine base wards LRI

This is having some success in reducing the length of stay for patients within medicine (as shown in figure 6) and it is now around 1 day lower than in corresponding period in 2016, but there is still work to do to ensure patients are discharged earlier in the day as well as increasing the discharges at the weekend. These are two current focusses of Red to Green for medicine at LRI. A plan has been developed by the Head of Service for imaging to delivery Keogh standard turnaround times (a maximum of 1 day) and a new TTO process is being trialled as part of the 'September Surge' that is likely to support the earlier prescribing and therefore production of those TTO's.

Within Cardio-respiratory, the Glenfield is much earlier in its journey on Red to Green having launched in July, but there remains a great deal of opportunity for improved efficiency which is being progressed with the teams there over the next 8 weeks.

Workstream Title	External Interface and Integration Medical Step down Project
Executive SRO	Mark Wightman
Clinical Leads	Rachel Marsh, John Jameson
Management lead	Debra Mitchell
17/18 Objective	To create a Medical Step down facility to support the mitigation of the **current imbalance** of demand and capacity gap

Currently, UHL has a number of patients that are medically fit to be discharged home (or to another care setting). Prior to discharge, this group of patients require a different offer to that which services like ICS provide. Whilst 'home first' should absolutely remain the driving principle, the fact is that for some patients, who need that little bit more care, their only current option currently is to remain in an acute bed.

This group of patients are predominantly frail with multiple co-morbidities and require a comprehensive wrap around package (out of hospital) that cannot always be provided by external partners. Consequently, patients are sometimes stranded in the acute setting, vulnerable to infections, falls, increased confusion and decompensation.

The proposal of this scheme is to define the cohort and number of patients who would be applicable to use the facility and then develop the clinical model and staffing model to support these patients outside of a UHL acute setting. An options appraisal will confirm whether the best location for the new facility and finally a business case for any new facility and deliver the new facility by November 2017. This scheme also has a key role in the system wide STP and hence is also reporting into the 'Home First Board' as one of the work streams of the STP ensuring that is in line with the overall approach to home first for patients.

As the Medical Step Down Project seeks to close the gap between demand and capacity (amongst other things), there is a key interdependency with the overall reconfiguration projects.
This project seeks to improve flow throughout the hospital which benefits all reconfiguration projects. This project will support the newly opened Emergency Department by helping to ensure performance does not decline over the winter. It seeks to support the STP to reduce the number of beds in the trust.

Conclusions and Recommendations

Reducing risk to emergency care patients is the number one priority for the Trust at present. Using the national access standard as a proxy measure for this, performance has slightly improved during August mainly due to greater consistency in bed accessibility and the wait to be seen by a senior decision maker in the ED.

These two process metrics are being improved by a better than plan reduction in the bed demand and capacity gap, although some of this improvement is being taken up by increased admissions and a gap still does remain. Achieving a balance between demand and capacity is a key goal for the Trust in 2017/18, both in the bed base and in the ED.

This work is being driven through the Organisation of Care programme, led by the Chief Executive, which is focusing on the delivery of the high impact action plan attached via 3 work streams. The main activity over the next month is focussed on the 'September Surge' (1st to 15th September) where a wide range of exceptional actions are taking place to both improve performance and see what works and requires sustaining. The successful actions will be built into the high impact action plan for the future.

Trust Board is asked to:

- Note and comment on assurance levels with regard to the actions and next steps described within this paper

Main Work-strand	Sub strand	Key Actions Themes	Measures
Flow **Hospital Flow - SRO Tim Lynch (Interim COO)**	ED flow (Assessment Zone/Blue Zone)	Review of assessment zone model Procurement of a Front door model Interim front door model to be implemented Focus on elimnating minors breaches (injuries and primary care)	Reduction in non-admitted breaches / Improved ambulance handover position / Increased streaming and activity away from ED
	ED Flow (Majors/Emergency Room)	Rota & Staffing demand and capacity to be aligned by hour of day Internal professional standards to be embedded with regard to specialty in reach to ED Definition of what should be happening within each hour of the 4 hour period Review of GPAU to ensure demand and capacity aligned by hour of day	Max waiting time to be seen by a Dr of 120 mins / Max waiting time to decision of 180 mins / Specialty review within 30 mins / AEC deflection rate in line with national standards
	ED Paediatrics	Rota & Staffing demand and capacity to be aligned by hour of day Proposed model for Childrens ED & Childrens Hospital working to be defined	Max waiting time to be seen by a Dr of 120 mins / Max waiting time to decision of 180 mins /
	ED Workforce	Supporting actions to better align demand and capacity by hour of day Ensuring staff competency and development Developing leadership	
	ED Flow (EMAS)	Sustain improved performance and take action to improve further SOPs to be ratified New handover performance trajectory to be agreed with EMAS	No >30 minute waits for turnaround
	Making the current bed capacity more efficient and effective (rigorous implementation of SAFER & Red to Green)	Review of current implementation on medical wards at LRI for learning with reference to a re-launch on these wards Refocus the implementation of Red to Green and SAFER as a priority on the Medicine wards at LRI relentless tackling the top 3 delays (including the implementation of Inter professional standards) Rigorous implementation of SAFER/Red to Green at Glenfield Cardiology & Respiratory wards TTO project started with an aim of achieving standards relating to TTO writing 'day before' and discharges before noon Review of AMU performance against SAM guidelines ensuring demand & capacity are optimised	Discharges before 1200 / Tranfers before 1200 / TTOs day before % / No. & discharges of stranded patients (>7 days LOS) / % patients discharged via Discharge Lounge / Transfers from ED within 120 to be 95%
	Increasing physical bed capacity to meet demand and reduce occupancy	Ward 21 at LRI to remain open as a baseline medical ward rather than a Winter ward (28 beds) Ward 7 EDU – surplus of 6 beds to be used as escalation but to be fully opened for winter 17/18 Marginal increase in beds on 3 medical wards at LRI (6 beds) Physical capacity increase at Glenfield for cardio-respiratory emergencies as winter ward now has Vascular in situ Ward swap to take place at LGH to reduce Orthopaedic elective beds and increase General surgical beds (+6) Plan from Paediatrics for staffing beds in winter 17/18 that were routinely closed due to now staffing in winter 16/17 (+6)	Bed Demand & Capacity gap / Trust Occupancy
Flow **Hospital Flow - SRO Tim Lynch (Interim COO)**	Culture, Command Structure, Comms/Reporting	Trust Board CEO & Executive Director briefings to staff about actions On the ground support package in place across the pathway from the Emergency Care Intensive Support Team Weekly meetings chaired by the CEO & COO that focus on the delivery of the actions in this plan for ED, LRI Medicine Wards & AMU Weekly reporting to Trust Board members and Executive team meetings on progress on performance and actions Weekly staff briefing email on progress Review of the Trusts command structure (Gold/Silver) providing absolutely clarity on management responsibilities	

ED Flow (EMAS)

Number	Task	Responsible	Start Date	End Date	No. of Days	Progress Update 18.08.17	RAG Status
A1	Establish a regular forum with EMAS and senior UHL ED team to review performance against agreed metrics	Julie Dixon	19/06/2017	31/03/2018	285	Extended end date to represent embedding as daily BAU.	5 Complete
A3	Ratify Ambulance Handover SOP at ED Guideline Committee	Ian Lawrence	31/07/2017	31/08/2017	31	Complete	5 Complete
A5	Roll-out ratified SOP to all staff via internal comms channels and briefings	Lisa Gowan, Julie Dixon	31/07/2017	08/09/2017	39	Complete	5 Complete
A6	Daily briefings to all staff: - To offload and assess directly to majors if less than 20 patients in situ - If no capacity, handover takes place in a cubicle with qualified nurse - Task of turning on all screens/computers in bays allocated to staff on shift - Daily sitrep on metrics achieved previous day	Kerry Johnston, Nick Scott, Vivek Pillai, Sam Jones	31/07/2017	31/03/2018	243	Extended end date to represent embedding as daily BAU.	5 Complete
A7	Handover trajectory to be agreed between UHL and EMAS	Tim Lynch	26/06/2017	31/07/2017	35	Trajectory agreed.	5 Complete
A8	Breach reasons to be considered by Head of Governance/Operations and Head of Service in ED daily, and training, education or capability process instructed	Lisa Gowan, Ian Lawrence	31/07/2017	31/03/2018	243	Commenced daily in Gold meetings. Formal process to be implemented to analyse trends	4 On Track
A9	Write plan and implement plan to reduce ambulance conyencing to ED	Lisa Gowan, Julie Dixon	10/07/2017	11/09/2017	63	EMAS leading a conveyancing audit. First meeting on 24/08/17	4 On Track
A10	Review handover process and improve ambulance handover time	Lisa Gowan, Julie Dixon	01/07/2017	31/07/2017	30	Complete	5 Complete
A11	Ratify Cohorting SOP at ED Guideline Committee	Lisa Gowan, Julie Dixon	19/07/2017	02/08/2017	14	SOP ratified	5 Complete
A12	EMAS and CAD+ data does not correlated. Non CAD+ journeys to be reviewed and solution identified and implemented to harmonise data	Julie Dixon	23/08/2017	30/09/2017	38		1 Not yet commenced
A13	Work with EMAS & ED team to comfirm 'fit to sit' criteria	Julie Dixon	05/09/2017	30/09/2017	25		1 Not yet commenced

ED Workforce

Number	Task	Responsible	Start Date	End Date	No. of Days	Progress Update 18.08.17	RAG Status
A1	Carry out a workforce review of leadership, capacity and skill mix of current nursing staff across ED	Kerry Johnston	31/05/2017	31/07/2017	61	Initial review of skill mix completed. Action plan being developed by HoN to present back at EDG on 19/07/17 on recommendations.	5 Complete
A2	Carry out a workforce review of leadership, capacity and skill mix of current medical staff across ED	Matt Metcalfe	31/05/2017	26/07/2017	56	Medical workforce meeting took place on 13/07/17 to look at improving resilience during the evening and overnight. Short/medium term plan agreed.	5 Complete
A3	Trial additional shifts of ANP/ENP/ACP or FY2 support in adult and paeds between the hours of 1800hrs to 0600hrs	Kerry Johnston	17/07/2017	31/07/2017	14	Shifts filled intermittently. Will continue to support, but this links to action A7 on the Blue Zone tab relating to the sustainable plan of 24/7 cover and timescales.	5 Complete
A4	Reset fortnight - Trial additional ST4 and above (including ED consultants) between 1800hrs to 0600hrs	Vivek Pillai/Sam Jones	01/09/2017	15/09/2017	14	Update 30/08. Two (out of 40) gaps remaining for Reset fortnight. JDA team continuing to fill.	4 On Track
A5	OD to present outputs from observation during Reset Fortnight	Lisa Gowan	01/09/2017	15/09/2017	14	Update 01/09/17 - LG has asked Sharon Smeeton and Steve Gulliver to present back to EDG on 20/09/17	4 On Track
A6	Produce operating model with underpinning workforce plan based on findings from the above including the recommendations from Ian Crowe's presentation around modelling nursing into a team structure and matching skill sets between medical and nursing staff.	Kerry Johnston, Matt Metcalfe	21/06/2017	31/08/2017	71	Ian Crowe attending B7 sister meeting on 24/08/17 - feedback on 30/08/17 on next steps	5 Complete
A8	Implement any HR, training and workforce changes to deliver the workforce model	Kerry Johnston, Vivek Pillai, Nick Scott, Sam Jones	31/08/2017	31/12/2017	122	To start when changes agreed	1 Not yet commenced
B1	Assessment of competency against roles and responsibilities outlined in SOPs; Implementation of targeted training and development where competency gaps are identified	Kerry Johnston, Vivek Pillai, Nick Scott, Sam Jones	31/07/2017	31/12/2017	153		1 Not yet commenced
B3	Implementation of senior leadership individual objectives and team development plans.	Lisa Gowan, Ian Lawrence	01/08/2017	31/10/2017	91	Base plan on learning from September Surge alongside the UHLK capability framework.	4 On Track
C3	Develop workforce metrics to agree baseline for: sickness absence, leavers etc., staff survey, etc.	Lisa Gowan	26/06/2017	16/08/2017	51	Use HR KPI's that are produced as part of the monthly ESM board meeting to monitor this.	5 Complete

ED Paediatrics

Number	Task	Responsible	Start Date	End Date	No. of Days	Progress Update 18.08.17	RAG Status
A2	Review Assessment Zone model in conjuction with GP (front door) procurement plan and implement (PP)	Lisa Gowan, Nick Scott, Kerry Johnston	03/07/2017	01/12/2017	151	Final spec discussed at EDG on 16/08. Sign off by CEO on 21/08/17. Options paper to Trust Board 06/09/17.	2 Significant Delay - unlikely to be completed as planned
A5	Performance metrics will be developed to demostrate performance against four hour target including breach analaysis to support education and training.	Tim Lynch	26/06/2017	02/08/2017	37	Completed. "Old" EQSG metrics re-started which includes a PED section.	5 Complete
A6	Extend hours of CSSU	Sam Jones, Kerry Johnston	23/08/2017	01/09/2017	9	Update 01/09/17: Hours extended	5 Complete
B1	Daily briefing (written and verbal) to all CED staff	Sam Jones, Kerry Johnston	02/06/2017	31/03/2018	302	Extended end date to represent embedding as daily BAU as an ongoing process	5 Complete

ED Flow (Majors/Emergency Room)

Number	Task	Responsible	Start Date	End Date	No. of Days	Progress Update - 18/08/17	RAG Status
A3	Develop procedure to ensure the Majors coordinator can review the waiting time by area to allow easier running of the dept.	Vivek Pillai, Kerry Johnston	01/07/2017	31/07/2017	30	Implemented	5 Complete
A4	IT to secure availability on Nervecentre for generic names for non-ED staff, e.g., mental health nurse, medical SpR's etc. to allow efficient access and reduce interruptions.	Lisa Gowan	26/06/2017	26/07/2017	30	Implemented	5 Complete
A6	Standard introduced that patients should not be on resus trolleys in excess of four hours (PP); Improve flow between ER and Intensive Care	Tim Lynch	24/07/2017	15/09/2017	53	Will be monitored via the safety round at the Huddle taking place during September Surge.	4 On Track
A8	Internal professional standard to be in place for the movement of patients awaiting GH/LGH - then monitored and performance managed with specialties (PP)	Andrew Furlong, Tim Lynch	24/07/2017	15/09/2017	53	Will be confirmed following debrief of September surge.	4 On Track
A9	Improved performance metrics will be developed to demostrate performance against four hour target.	Tim Lynch	26/06/2017	02/08/2017	37	Complete	5 Complete
A10	Implement the inter-professional standards policy for specialty in-reach to ED including a monitoring system and reporting (PP)	Andrew Furlong, Tim Lynch	18/07/2017	18/08/2017	31	In place, will be monitored closely during September Surge for lessons learned.	5 Complete
A11	Review of GPAU to ensure demand and capacity by hour is appropriate and deflection rates and use of AEC are at recommended levels	Lisa Gowan	24/07/2017	06/09/2017	44	ECIP review AMU - awaiting formal feedback, but included information regarding AEC and GPAU activity.	3 Some delay but expected to be completed as planned
A12	Publish performance data in the Emergency Department	Tim Lynch, Lisa Gowan	23/08/2017	15/09/2017	23		1 Not yet commenced
A13	Increase frequency of Nervecentre data transfer to allow real time performance monitoring	Tim Lynch	23/08/2017	31/10/2017	69		1 Not yet commenced
A14	Review adherence to inter-professional standards policy during Septermber Surge	Andrew Furlong, Tim Lynch	01/09/2017	22/09/2017	21		1 Not yet commenced
B1	Daily briefing (written and verbal) to all majors staff	Vivek Pillai, Kerry Johnston	02/06/2017	31/03/2018	302	Majors SOP review to be completed by 30/10/17	5 Complete
B2	Update Majors SOP	Vivek Pillai	02/06/2017	30/08/2017	89	Majors SOP review to be completed by 30/08/17. Completed 30/08/17.	5 Complete
C1	Determine what should happen within each hour of the 4 hour period and train all relevant staff on majors co-ordinator role and procedure for managing waiting time introducing a red to green type approach for patient delays in the 4 hour window (PP)	Tim Lynch	13/07/2017	30/09/2017	79	Action amended following visit from Pauline Philip on 13/07/17.	4 On Track
C2	Weekly data/trend reporting against Action C1 to show performance at each step identifying bottlenecks that require removal	Will Monaghan	24/07/2017	14/10/2017	82		4 On Track

ED flow (Assessment Zone/Blue Zone)

Number	Task	Responsible	Start Date	End Date	No. of Days	Progress Update - 25/08/17	RAG Status
A1	All ED staff to sign that they are competent and understand their roles and responsibilities within the Assessment Zone as per SOP	Nick Scott, Kerry Johnston	01/07/2017	31/07/2017	30	Implemented	5 Complete
A2	Review and write procedure for GP's requesting x-rays and bloods from triage to speed up the process further in the pathway.	Ian Lawrence	05/06/2017	30/06/2017	25	Implemented	5 Complete
A3	Review assessment zone SOP to ensure that it explicity includes that patients are to be moved directly to majors when capacity available.	Nick Scott, Julie Dixon	22/05/2017	02/06/2017	11	SOP reviewed	5 Complete
A4	Review Assessment Zone model in conjuction with GP (front door) procurement plan and implement (PP)	Lisa Gowan, Nick Scott, Kerry Johnston	03/07/2017	01/12/2017	151	Final spec discussed at EDG on 16/08. Sign off by CEO on 21/08/17. Options paper to Trust Board 06/09/17.	2 Significant Delay - unlikely to be completed as planned
A5	Improved performance metrics will be developed to demostrate performance against four hour target.	Tim Lynch	26/06/2017	02/08/2017	37	Complete	5 Complete
A7	Focussed action on reduced Injuries breaches: - Implement 24 hour ENP service (PP) - Utilise Radiographers for assessing and discharging Injuries patients - ENP see and treat patients when necessary - X-ray and bloods requested from triage	Lisa Gowan, Nick Scott, Kerry Johnston	17/07/2017	31/08/2017	45	ENP's - full 24/7 rotas to be in place by Dec 2017. Radiographers training completed. Undertaking competency assessment currently. Date TBC. ENP see and treat in place when appropriate. Xray and blood requesting from triage in place.	4 On Track
A11	Rapid cycle test new Front Door model	Nick Scott, Julie Dixon	26/07/2017	09/08/2017	14	RCT complete.	5 Complete
A12	Implement new Front Door model	Nick Scott	09/08/2017	30/09/2017	52		4 On Track
A13	Rapid cycle test pharmacist at Front Door	Nick Scott, Tim Lynch	15/09/2017	30/09/2017	15	To be trialled post September Surge	1 Not yet commenced
A14	Agree and implement appropriate Front Door allocation for Paediatric ED.	Nick Scott, Sam Jones	23/08/2017	30/09/2017	38		1 Not yet commenced
A15	Publish performance data in the Emergency Department	Tim Lynch, Lisa Gowan	23/08/2017	15/09/2017	23		1 Not yet commenced
B1	GP lead to be appointed	Nick Scott	19/06/2017	31/07/2017	42	Interim GP Lead confirmed. Start date 1/9/17	5 Complete
B3	Briefing to all staff via internal comms channels and staff handover on procedures in place for requesting x-rays and bloods from triage	Kerry Johnston	30/06/2017	31/07/2017	31	Undertake for 1 month to embed as BAU	5 Complete
B4	Review the feasibility to appoint an ENP lead	Kerry Johnston	07/07/2017	15/09/2017	70	This will follow completion of the matron recruitment which is due to complete mid-August	4 On Track
C1	GP lead to brief all GP staff on assessment zone processes and their role and responsibilities	Nick Scott	31/07/2017	31/03/2018	243	Daily Lead GP implemented 20/07/17	5 Complete
C2	All GPs to sign that they are competent and understand their roles and responsibilities	Nick Scott	31/07/2017	31/08/2017	31	Sign off process combined with induction	5 Complete

Making the current bed capacity more efficient and effective (rigorous implementation of SAFER & Red to Green)

Number	Task	Responsible	Start Date	End Date	No. of Days	Progress Update	RAG Status
A2	Undertake a review of each medical ward at LRI highlighting the strengths and weaknesses with R2G/SAFER implementation	Gill Staton	19/06/2017	11/07/2017	22		5 Complete
A3	Review of performance data and staff feedback at ESM CMG Board for agreement of next steps	Gill Staton	19/07/2017	19/07/2017	0		5 Complete
B5	Undertake observations of care of processing on the top performing wards (21, 34, 23) to identify good practice	Louise Moran	13/07/2017	24/07/2017	11	Characteristics of best performing wards: 1) All have a TAPs, BR starts at 0800 and the medical team see potential next day discharges first 3) rigorous use of 1300 huddle	5 Complete
	Medical Director, Chief Nurse and Chief Operating Officer to take accountable lead for an element of the SAFER flow bundle	Tim Lynch / Julie Smith / Andrew Furlong	18/07/2017	18/09/2017	62		4 On Track
B6	Review of AMU performance against SAM guidelines to identify key improvements to be made within ACM	Tim Lynch	18/07/2017	31/07/2017	13	AMU does not routinely report against SAM guidelines (EWS within 30 mins, senior decision maker within 4 hrs, Specialty within 8/14). Audit of 66 patients in 2016 = 52% across three metrics.	5 Complete
	Review of the demand and capacity of AMU	Simon Barton	24/07/2017	18/09/2017	56		4 On Track
B8	Check accuracy of DTOC numbers given the level of long stay patients (PP)	Will Monaghan	18/07/2017	24/07/2017	6	Accurate as per UHL definition	5 Complete
B9	Weekly meetings to commence with internal services who are identified as a frequent top 3 delays for medicine wards working with them to reduce response times to an agreed level (likely to be 24 hours)	Simon Barton	24/07/2017	31/08/2017	38	Imaging now attending LRI Medicine Beds taskforce, TTO project to start attending from 4/8/17	4 On Track
B10	2 wards per week attending review with CMG, DOI and COO with regard to performance improvement actions on R2G/SAFER	Simon Barton	24/07/2017	31/08/2017	38	This should be an ongoing rolling action	5 Complete
B11	Weekly review of 10 longest stay patients to be in place led by COO	Tim Lynch	18/07/2017	18/09/2017	62	Ongoing weekly action as per SAFER Flow Bundle	4 On Track
B12	Notes audit on CCDs to take place to establish baseline position per ward	Gill Staton	24/07/2017	04/08/2017	11	Audit of 35 medical patients notes across 7 wards areas completed on w/e 29/7. Only 1 written CDD in the notes. No weekend stickers, No nurse led stickers on MFFD awaiting Placements - report to go to LRI Medicine Taskforce on 22/8/17	5 Complete
B13	ESM to review managerial support to Board Rounds for short term oversight	Raman Chhoker	01/08/2017	31/08/2017	30		4 On Track
B14	Review Clinical Champions for Red to Green with a view to increasing	Simon Barton	24/07/2017	31/08/2017	38	Collette Marshall is curernt DMD lead/Jay Bannerjee to support 1 day a week/Need Medicine sponsor	4 On Track
B15	Sign off and agreement of the inter-professional standards policy for specialty and services to the LRI Medicine wards (such as imaging, specialty in-reach etc)	Simon Barton	18/07/2017	30/09/2017	74	Imaging agreed as 1 day	4 On Track

B16	Introduction of an Electronic bed management system at LRI (PP)	John Clarke	24/07/2017			Roll out plan to be confirmed with JC	**1 Not yet commenced**
B17	Ensure there is an understanding on each ward with regard to the weekly trend charts for those wards	Gill Staton/Darryl Davison	10/07/2017	04/08/2017	25	Darryl Davison to attend the Sisters meetings - date to be arranged. Date for junior Drs meeting to be arranged	**3 Some delay but expected to be completed as planned**
C9	Create weekly trend analysis of top 3 internal delays	Darryl Davison	10/07/2017	14/07/2017	4	Data quality is an issue - meeting scheduled with Flow Co's w/c 31/7/17 to resolve	**5 Complete**
C10	Plan agreed with RRCV CMG on actions to be taken forward following R2G launch week	Simon Barton	17/07/2017	28/07/2017	11	Agreed to actions to be incorporated in the Trust plan w/c 31/7/17	**5 Complete**
D2	Commence ward based process change on TTO pilot on 2 medical wards	Mark Taylor	11/09/2017	11/09/2017	0		**21 Not yet commenced**
D4	Ian Crowe (Non-Executive Director) to be the NED sponsor for Red to Green	Ian Crowe	31/07/2017	31/07/2017	0	Ian Crowe attending LRI Medicine taskforce on 8/8/17	**5 Complete**

Increasing physical bed capacity to meet demand and reduce occupancy

Number	Task	Responsible	Start Date	End Date	No. of Days	Progress Update	RAG Status
A1	EDU staffing model to be analysed to support escalation beds increase of extra bay	Simon Barton/Julie Smith/Kerry Johnston	01/07/2017	31/07/2017	30	Beds are being used as escalation when EDU staffing allows - this is now being tracked by the Head of Nursing over EDU and will be reported back at end of October	5 Complete
A2	Development of the Glenfield Ward 23 annex scheme	Leigh Gates	01/06/2017	31/07/2017	60		5 Complete
A3	Clear plan in place at GH to facilitate additional respiratory capacity	Simon Barton	24/07/2017	18/09/2017	56	Plan is currently only for 6 beds which is not enough and needs further work	4 On Track
A4	LGH Ward swap - Elective Orthopaedics & General Surgery	Julie Smith/George Kenney/Nicola Grant	01/06/2017	31/07/2017	60	Staffing is a key risk within CHUGGs for this scheme and they are not currently able to staff these extra beds	2 Significant Delay - unlikely to be completed as planned
A5	Staffing model to be agreed for LRI in-fill beds	Simon Barton/Julie Smith/Sue Burton	01/06/2017	31/07/2017	60	2 beds have opened on Ward 21, but due to staff vacancies in ESM the Deputy Chief Nurse does not feel we have the staffing to open the 4 beds planned for Ward 37	2 Significant Delay - unlikely to be completed as planned
A6	Development of plan for Paediatric staffing for winter 2017/18	Simon Barton/Julie Smith/Hiliary Killer	01/07/2017	31/07/2017	30	D&C for Paediatrics to be re-run to check that plan will meet demand	5 Complete

Command Structure, Communications/Reporting Flows, Culture

Number	Task	Responsible	Start Date	End Date	No. of Days	Progress Update	RAG Status
A1	CEO briefings for the leadership teams on all 3 sites explaining the risks to emergency patients, what action needs to take place and why	John Adler	24/07/2017	31/07/2017	7		5 Complete
A2	Chief Nurse to meet with nursing staff across all 3 sites explaining the risks to emergency patients, what action needs to take place and why	Julie Smith	24/07/2017	18/08/2017	25		5 Complete
A3	Medical Director to meet with Consultants across all 3 sites explaining the risks to emergency patients, what action needs to take place and why	Andrew Furlong	24/07/2017	18/08/2017	25	MD briefing individual groups of medical staff on specific issues to their areas	5 Complete
A4	'On the ground' intensive support from the Emergency Care Intensive Support team, utilising their expertise and experience in the delivering of actions	Tim Lynch	24/07/2017	24/09/2017	62	ECIP concordat and agreement received and being signed off. Site Management review starts 15/8	4 On Track
A5	Weekly Organisation of Care Emergency Department Group to be chaired by Chief Executive to drive action delivery and accountability	John Adler	26/06/2017	24/09/2017	90	Meeting weekly chaired by CEO with ED lead Consultants	5 Complete
A6	Weekly Organisation of Care LRI Medicine Bed Capacity Group to be chaired by Chief Operating Officer to drive action delivery and accountability	Tim Lynch	18/07/2017	24/09/2017	68	Meeting weekly chaired by COO	5 Complete
A7	Weekly Organisation of Care GH Cardio-Respiratory Bed Capacity Group to be chaired by Clinical Director of RRCV to drive action delivery and accountability	Suzanne Khalid	24/07/2017	24/09/2017	62	To be arranged following action plan sign off	4 On Track
A8	First agenda item and report to the Executive Team meeting each week higlighting: 1) Performance on KPIs 2) Actions due completed 3) Actions due not completed to drive awareness and accounatbility through ET and CDs. This report to be shared with Non-Executive Directors	Simon Barton	25/07/2017	25/09/2017	62	Reporting has started	4 On Track
A9	Weekly all staff communication highlighting performance and actions due each week	Tiffany Jones	25/07/2017	25/09/2017	62	Communications has started	4 On Track
A10	Review of current KPIs used within all groups and implementation of performance pack	Simon Barton	18/07/2017	31/07/2017	13	Packs in place for beds / draft pack completed for ED (see ED Majors action D2) data pack to EDG 16/8/17	4 On Track
A11	Report to Trust Board on Emergency care performance each month on progress against actions in the action plan	Simon Barton	24/07/2017	31/10/2017	99		4 On Track
A1	Review and reform of Gold/Silver arrangements including providing absolute clarity on the management responsibilities within this structure	Tim Lynch	24/07/2017	30/09/2017	68		4 On Track
A2	To develop a plan that better aligns teams to the clinical risks around waiting on the emergency pathway and has full hospital support to the ED and vice versa	John Adler	07/08/2017	30/09/2017	54		4 On Track

Completed Actions

	Task	Responsible	Start Date	End Date	No. of Days	Progress Update 14/07/17	RAG Status
	Review and write procedure for GP's requesting x-rays and bloods from triage to speed up the process further in the pathway.	Ian Lawrence	05/06/2017	30/06/2017	25		5 Complete
	Review assessment zone SOP to ensure that it explicity includes that patients are to be moved directly to majors when capacity available.	Nick Scott, Julie Dixon	22/05/2017	02/06/2017	11	SOP reviewed	5 Complete
	Breach consequences to be considered by head of governance/operations and head of service in ED daily, and training, education or capability process instructed	Lisa Gowan	26/06/2017	31/03/2018	278	Meeting with IT taken place. Automated report being set up to look at each zone separately. Report to be circulated for comment w/c 17 July. For sign off by clinical team w/c 24.7.17	4 On Track
	Majors SOP to be signed by all staff to agree they understand their roles and responsibilities	Vivek Pillai, Kerry Johnston	01/07/2017	31/07/2017	30		5 Complete
	Assessment zone and majors SOP to be reviewed/updated to clearly articulate that when there is less than 20 patients in majors, ambulance patients are offloaded and assessed directly	Vivek Pillai, Julie Dixon	22/05/2017	05/06/2017	14	HoN and HOS have met and agreed revised number. This has been communicated to the teams and the SOP is being updated.	5 Complete
	All UHL staff to sign that they are competent and understand their roles and responsibilities within the children's ED as per SOP	Sam Jones, Kerry Johnston	01/07/2017	31/07/2017	30		5 Complete
	Monthly reinforcement of the 9 principles for effective emergency care (ECIP) at consultant and nurse meetings	Lisa Gowan, Ian Lawrence	01/07/2017	31/03/2018	273		5 Complete
	Review EMAS SOP and roles and responsibilities within it, including clear articulation of all the available ambulatory pathways, and management of patients across the department in time of both capacity and surge.	Julie Dixon, Kerry Johnston	19/06/2017	31/07/2017	42		5 Complete
	Undertake staff feedback sessions/survey on each ward (whats worked, what hasn't, why)	Gill Staton	26/06/2017	30/06/2017	4	Held on 12th July - themes being collated	5 Complete
	Establish league table of LRI medical wards against the key standard to add to the weekly data pack - award to top ward each month	Darryl Davison	05/06/2017	09/06/2017	4		5 Complete
	Create daily snapshot report of top internal delays	Gill Staton	05/06/2017	09/06/2017	4		5 Complete
	Create weekly trend analysis of top 3 internal delays	Darryl Davison	19/06/2017	23/06/2017	4	Analysis awaiting sign of from DOI	5 Complete
	Imaging trend report to be developed that shows % of scans completed witin 24 hours for medicine by ward	Matt Archer	19/06/2017	23/06/2017	4		5 Complete
	Roll out of R2G at Glenfield to take place	Gill Staton	03/07/2017	03/07/2017	0		5 Complete
	Communication meetings to take place with Clinical teams within the target specialties at GH (what is R2G, why are we doing it etc?)	Louise Moran	01/06/2017	30/06/2017	29		5 Complete
	4 week plan to be in place showing the key actions in run up to launch	Gill Staton	05/06/2017	09/06/2017	4		5 Complete
	Executive Director support to 0900 Board Rounds and 1300 Huddles to be in place for the week	Simon Barton	12/06/2017	16/06/2017	4		5 Complete
	Ward data packs to be in place showing the current performance against R2G/SAFER metrics	Darryl Davison	05/06/2017	09/06/2017	4		5 Complete
	Communications to take place at EPB with Executives supporting GH roll out (what is R2G, expectations, process for the week)	Gill Staton	27/06/2017	27/06/2017	0		5 Complete
	Escalation system for the daily delays to be in place at GH for target wards (teleconference)	Sue Mason			0	This has been in place for some months and has been observed by ECIP as good practice	5 Complete
	Create daily snapshot report of top internal delays	Gill Staton	03/07/2017	07/07/2017	4		5 Complete
	Actions identified to support improved flow at GH following R2G launch week	Gill Staton	10/07/2017	14/07/2017	4		5 Complete
	Establish league table of GH Cardiology & Respiratory wards against the key standards to be added to the weekly data pack	Darryl Davison	19/06/2017	23/07/2017	34		5 Complete

	Mapping and timings of current ward and dispensary TTO processes alogn with stakeholder feedback sessions	Mark Taylor	01/05/2017	31/05/2017	30		**5 Complete**
	Trialling revised TTO process in Main Dispensary	Mark Taylor	08/06/2017	23/06/2017	15	Reduced TAT by 41 minutes	**5 Complete**
	Ward 21 at LRI to remain open after winter 2016/17	Ian Lawrence/Sue Burton	01/04/2017	01/05/2017	30	Ongoing baseline ward for ESM	**5 Complete**
	Budget to be allocated to W21 to put it into ESM baseline	Paul Traynor	01/06/2017	30/06/2017	29	Executive team 20/6/17	**5 Complete**
	Capital feasibility study to be undertaken for LRI infill beds in Medicine (6)	Debra Green	01/05/2017	31/05/2017	30		**5 Complete**
	Capital funding to be approved for LRI infill beds at LRI	Paul Traynor	01/06/2017	30/06/2017	29	Executive team 20/6/17	**5 Complete**
	Staffing model to be agreed for LRI in-fill beds	Simon Barton/Julie Smith/Sue Burton	01/06/2017	30/06/2017	29		**5 Complete**
	Assessment of options for modular ward at GH	Leigh Gates	01/05/2017	16/06/2017	46	Its is possible to put a modeular ward at GH but the capital costs are prohibitive in 17/18 - this will be planned for 18/19	**5 Complete**
	Capital funding to be approved for ward 23 GH Annex scheme	Paul Traynor	01/06/2017	30/06/2017	29	Executive team 20/6/17	**5 Complete**
	Staffing model to be agreed for W23 Annex scheme	Simon Barton/Julie Smith/Sue Mason	01/06/2017	31/07/2017	60		**5 Complete**
	Staffing adverts	Julie Smith			0	Rolling action for the Trust anyway	**5 Complete**
	Produce and implement an IT solution to record if crew leave the ED prior to full handover (CAD+).	Lisa Gowan, Julie Dixon	26/06/2017	31/08/2017	66	EMAS to give key individuals such as DM's and SMOC's functionality to backcode on CAD from 1 August 2017	**5 Complete**
	All ED staff to sign that they are competent and understand their roles and responsibilities within the Assessment Zone as per SOP	**Nick Scott, Kerry Johnston**	**01/07/2017**	**31/07/2017**	**30**		**5 Complete**
	Review and write procedure for GP's requesting x-rays and bloods from triage to speed up the process further in the pathway.	**Ian Lawrence**	**05/06/2017**	**30/06/2017**	**25**		**5 Complete**
	Review assessment zone SOP to ensure that it explicity includes that patients are to be moved directly to majors when capacity available.	**Nick Scott, Julie Dixon**	**22/05/2017**	**02/06/2017**	**11**	SOP reviewed	**5 Complete**
	Rapid cycle test new front door model	**Nick Scott, Julie Dixon**	**26/07/2017**	**09/08/2017**	**14**	Results reported to EDG on 2/8/17	**5 Complete**