

# Reducing waiting times for emergency patients

Author: Simon Barton/John Adler Sponsor: John Adler

Trust Board paper J

## Executive Summary

### Context

Emergency care performance is unacceptably poor. 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 new approach
3. Given this longstanding performance failure, what will be different?

### Conclusion

1. This report describes current performance on the 4 hour wait pathway, a proxy indicator for the quality of the emergency care for the Trust. The report also outlines the changes in approach to resolving this issue which will be led by the Executive team. It includes a comprehensive action plan which has been extensively modified and updated.
2. The approach is divided into key workstreams which focus on the actions which are felt to be the most important. 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 requested to review this report and approve the action plan, amended as necessary in the light of discussion at the meeting.

## 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	<b>[Yes]</b> /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: [07/09/17]

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 LEICESTER NHS TRUST

REPORT TO TRUST BOARD MEETING – 3 AUGUST 2017

**Focusing on reducing waiting times for Emergency Care for our patients**

**Context**

The Trust currently has a significant problem and risk with regard to the waiting times experienced by patients who require emergency care. This is evident in our breaches of the 4 hour wait target, with 16, 623 patients (21.3% of attendances) waiting at least over 4 hours since the beginning of April. Such waiting times for undifferentiated patients represent both a clinical risk and level of patient experience that we do not want for our patients and it simply cannot continue. Although CDU performance is not measured in the same way, we know that it is also sometimes crowded and suffers from exit block.

**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

An urgent improvement is required and can be achieved. Cambridge University Hospitals reduced the number of patients waiting over 4 hours by 15% in 4 months. For every day that goes by where improvement is not implemented, an average of 142 patients may experience long waits within the Emergency Department – many of these are older frail and vulnerable people.

**High level performance**

It should be noted that the high level performance is a proxy for the overall quality and patient experience that UHL’s patients are receiving.

<b>Week</b>	<b>Monday 24/07/17 to Sunday 30/07/17</b>	<b>NHSI Trajectory</b>
<b>% of patients admitted or discharged within 4 hours - week</b>	81.7%	N/A
<b>% of patients admitted or discharged within 4 hours - Month (July)</b>	80%	85.1%
<b>% of patients admitted or discharged within 4 hours - YTD</b>	78.7%	N/A
<b>National Relative Rank</b>	120/137	N/A

Figure 1 – 4 hour wait performance used as a proxy for emergency care pathway health

## **The diagnosis of the problem**

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.

## **The approach to date**

There have been numerous action plans to reduce this risk; some actions have had successes – recently around reducing risks to patients due to delayed ambulance handovers. However, no action plan has been consistently implemented across the Trust with all shifts and professionals. A widely held view is that this is more related to the ‘how’ of implementation rather than the ‘what’ of what needs to be implemented.

Indeed, best practice within Emergency Departments, assessment units and on base wards is well published and has been for many years, but in some areas of UHL has not been fully implemented and embedded this. This is leading to variation in the levels of care and access to care that patients are receiving and must change so patients are at less risk and receive a more consistent service.

## **The approach over the next 10 weeks**

### **Clear new actions – the ‘what’**

The actions that have been taken and will be taken 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 24<sup>th</sup> July

Some of the additional actions/changed approaches that have been added to existing plans as a result of these inputs include:

- The sub-division of the 4 hour framework into ED to understand what needs to happen by when for patients
- To ensure that patients are moving out of the Emergency Room (Resus) quickly
- Development of logistics support to clinical teams within ED to help both patients and clinical teams know where patients are up to in their journey
- The use of a 'Red to Green' approach within the stages of the 4 hour wait
- A review and reorganisation of the command structure

There was a good level of feedback and engagement in the sessions led by the Chief Executive, identifying opportunities in the following areas:

- Culture/collaboration between the different elements of the Trust
- Diagnostic infrastructure at LGH and GH
- The need to be clear about the relative priority of inpatients and outpatients
- 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 expectations around ward and board rounds

Beyond what is described above as the overall approach, there will be a focus on the rigorous implementation of the plan. This will involve the full support of the Trust Board and operationalization by the Executive team. Non-Executive Directors are also going to sponsor some crucial elements of the plan with regard to ED and 'Red to Green'.

The plan itself shows the date when the action, working with clinical teams, will be implemented along with the measure that will show whether it is working or not. It is divided into the following sections:

- Overview
- Emergency Department, sub-divided into:
  - Blue Zone/Assessment
  - Majors
  - Children's
  - Workforce
  - Ambulance
- Bed Capacity, sub-divided into:
  - Efficiency
  - Expansion
- Command, Communications/Reporting, Culture

The plan has a large number of short term actions which do not look beyond the end of September, which is the next NHSI LLR Escalation meeting and would seem to give appropriate focus to the delivery as well as it being a step up in the performance trajectory submitted to NHSI. There are also

however a number of actions (particularly around workforce) which do not lend themselves to short term solutions and therefore have longer timeframes.

### **Changing the implementation approach – the ‘how’**

The key elements of this 10 week phase of recovery will change the “how”. This has now begun with the Chief Executive leading briefings and feedback sessions across all 3 hospital sites during the week of 24 July:-

- CEO, Chief Nurse, and Medical Director briefings for the teams on all 3 sites explaining the risks to emergency patients, what action needs to take place and why
- ‘On the ground’ intensive support from the Emergency Care Improvement Programme (ECIP) utilising their expertise and experience in the delivering of actions
- Chaired by the Chief Executive, the Organisation of Care Emergency Department group will continue to meet weekly to deliver its actions, but with clear measures and accountability on what actions are being implemented, by whom, and their impact
- Chaired by the Interim Chief Operating Officer, the Organisation of Care LRI Medicine Bed Capacity group will meet weekly to deliver its actions, but with clear measures and accountability on what actions are being implemented, by whom, and their impact. This will be supported by colleagues leading the services who run the top 3 delays for patients within the medical wards. The objective of this group is to overall reduce the waiting time for patients waiting for a bed in the Emergency Department for which the current average wait per day is 3 hours, whilst reducing internal delays for patients on the wards.
- Via the above groups there will be the introduction of a high number of ‘Plan, Do, Study, Act’ cycles ensuring that the ‘Study & Act’ elements are rigorously completed.
- The SAFER Flow bundle elements which each have an Executive Director sponsor from the COO, MD, or CN.
- There will be a weekly report and review of the waiting times performance for patients on the emergency pathway at every Executive meeting, without exception. This will include escalation of the actions that have not been completed that were scheduled for the week allowing Clinical Directors the opportunity to highlight why they haven’t been completed as well as support required. This will include a patient story of one of the longest waiting patients within ED that week for learning. This will also be shared with all Trust Board members.
- There will be trust wide reporting on performance against key metrics (not just the 4 hour wait outcome) distributed Trust wide each week, accompanied with a briefing from the Chief Executive to all staff on progress made on the plan and performance.
- There will be work to ensure that ‘Listening into Action’ is used to ensure robust staff engagement within ED further empowering clinical teams to implementing their actions to solve the issues and supporting them with measuring success.
- A plan will be developed that will address the culture of the organisation with regard to some elements of emergency care

### **How will we know whether it is working?**

**The timescale of this period of the plan will be to the end of September (10 weeks) when the Trust will need to be consistently at 90% for the 4 hour wait standard.**

Whilst top line 4 hour wait performance will be measured and reported, a full review is underway of the key performance indicators relating to Emergency care and flow and a new pack will be developed over the next fortnight. The indicators will give a richer, fuller picture of performance in

the component parts of the pathway rather than simply the output of how many patients breached the target. For example it will include:

- Measures of the component parts of the ED journey – time to be seen by a Dr, time to decision
- The responsiveness of the bed base to requests for beds – such as the time from a decision to admit in ED to the patient departing by departure area
- The responsiveness of the base wards – such as discharges before 1200 and how many transfers took place before 1200 from the assessment units

These indicators will be included within the weekly reports to Executive team and Trust Board members.

The objective of the above change to how actions are implemented is primarily to ensure we have laser-like focus on the delivery of key actions, are holding teams to account for their delivery and measuring the output. It is hoped that a further benefit will be to gain an organisation-wide commitment to supporting improvements for emergency patients and to ensure teams understand that this is most important thing they will work on today.

Main Work-strand	Sub strand	Key Actions Themes	Measures
Flow Hospital Flow - SRO Tim Lynch (Interim COO)	<a href="#">ED flow (Assessment Zone/Blue Zone)</a>	Review of assessment zone model  Procurement of a Front door model Interim front door model to be implemented Focus on eliminating minors breaches (injuries and primary care)	Reduction in non-admitted breaches / Improved ambulance handover position / Increased streaming and activity away from ED
	<a href="#">ED Flow (Majors/Emergency Room)</a>	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
	<a href="#">ED Paediatrics</a>	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 /
	<a href="#">ED Workforce</a>	Supporting actions to better align demand and capacity by hour of day Ensuring staff competency and development Developing leadership	
	<a href="#">ED Flow (EMAS)</a>	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
	<a href="#">Making the current bed capacity more efficient and effective (rigorous implementation of SAFER &amp; Red to Green)</a>	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 / Transfers 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%
Flow	<a href="#">Increasing physical bed capacity to meet demand and reduce occupancy</a>	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
	Hospital Flow - SRO Tim Lynch (Interim COO)	<a href="#">Culture, Command Structure, Comms/Reporting</a>	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 (Assessment Zone/Blue Zone)

[Return to AEDB Action Plan](#)

Number	Task	Responsible	Start Date	End Date	No. of Days	Progress Update	RAG Status
A4	Review Assessment Zone model in conjunction with GP (front door) procurement plan and implement (PP)	Lisa Gowan, Nick Scott, Kerry Johnston	03/07/2017	01/12/2017	151	Meeting on 06/07/17 with procurement lead and contracts. Agreed escalated timescales. End date has been moved from 28/02/18 to 01/12/17 to reflect this revised agreement. Service Specification to come to EDG 02/08/17	4 On Track
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	New starters commence between July & August. Agreed set of competencies in place. Induction and consolidation to commence for new starts and current practitioners. Roll out of an overnight rota will commence in September but will be an ongoing review as we recruit as it won't be fully staffed at the very beginning.	4 On Track
A11	Rapid cycle test new front door model	Nick Scott, Julie Dixon	26/07/2017	09/08/2017	14	Planned for 01/08/17	4 On Track
B1	GP lead to be appointed	Nick Scott	19/06/2017	31/07/2017	42	Advert closed on 12/07/17	4 On Track
B2	Daily metrics report to all staff	Nick Scott, Kerry Johnston	02/06/2017	31/03/2018	302	Extended end date to represent embedding as daily BAU as an ongoing process	4 On Track
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	4 On Track
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	4 On Track
C2	All GPs to sign that they understand their roles and responsibilities within Blue Zone	Nick Scott	31/07/2017	31/08/2017	31	Interim plan prior to completion of procurement process	5 Not yet commenced
D1	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	31/07/2018	400	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
D2	Andrew Johnson (Non-Executive Director) to be the NED sponsor for the primary care procurement	Andrew Johnson	31/07/2017	31/07/2017	0		5 Complete

## ED Flow (Majors/Emergency Room)

[Return to AEDB Action Plan](#)

Number	Task	Responsible	Start Date	End Date	No. of Days	Progress Update	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	Meeting with IT and General manager 7/7/17 to look at fix to implement	4 On Track
A5	Review and agree process of how specialities respond to ED in a Level 4 critical incident situation.	Matt Metcalfe	26/06/2017	31/07/2017	35	MSM and HoS to draw up a list of agreed presentations that can be diverted away from ED when on OPEL 4 or above. Agreement that this is completed by 31/7/17. This will be supported by the respective ED leads for specialty areas.	4 On Track
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	09/08/2017	16		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 specialities (PP)	Andrew Furlong, Tim Lynch	24/07/2017	31/07/2017	7	Document produced for discussion with Clinical Directors week commencing 31/7/17	4 On Track
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		4 On Track
A11	Review of GPAU to ensure demand and capacity by hour is appropriate and deflection rates and use of AEC are at recommended levels	Tim Lynch	24/07/2017	31/08/2017	38		4 On Track
B1	Daily briefing (written and verbal) to all majors staff on: - Updates/changes to SOP - When less than 20 patients in majors, ambulance patients enter directly for assessment - Reinforce pull from assessment zone when less than 20 patients in the area - Daily sitrep on metrics achieved previous day - Electronic handover process with other specialities	Vivek Pillai, Kerry Johnston	02/06/2017	31/03/2018	302	Extended end date to represent embedding as daily BAU as an ongoing process	4 On Track
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	13/08/2017	31	Action amended following visit from Pauline Philip on 13.7.17.	4 On Track
D1	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
D2	Key Performance metrics for Majors to be reviewed and introduced for accountability at EDG	Will Monaghan	24/07/2017	04/08/2017	11		4 On Track
D3	To introduce Logistics roles into the ED (starting with Majors) to support the clinical teams with knowing what stage patients are at against the 4 hour framework	Lisa Gowan	14/08/2017	30/09/2017	47		1 Not yet commenced

## ED Paediatrics

[Return to AEDB Action Plan](#)

Number	Task	Responsible	Start Date	End Date	No. of Days	Progress Update 14.7.17	RAG Status
A2	Procurement process to secure a third party GP provider	John Adler, Lisa Gowan	03/07/2017	01/12/2017	151	Meeting on 6.7.17 with procurement lead and contracts. Agreed escalated timescales. End date has been moved from 28/2/18 to 1/12/17 to reflect this revised agreement.	4 On Track
B1	Daily briefing (written and verbal) to all CED staff on: - Updates/changes to SOP	Sam Jones, Kerry Johnston	02/06/2017	31/03/2018	302	Extended end date to represent embedding as daily BAU as an ongoing process	4 On Track
C1	Establish a regular forum with Children's Hospital (CH) lead clinicians and CED senior team to discuss clinical models	Sam Jones, Kerry Johnston	01/07/2017	31/07/2017	30	Initial meeting between CH and ED Clinical Director, Head of Ops and Head of Nursing arranged for 28/7/17. Date delayed due to annual leave. End date has moved	4 On Track
C2	Proposed model agreed by both CH and CED teams for presentation to EFPB and ESB	Lisa Gowan, Sam Jones	11/07/2017	31/08/2017	51	This action will commence once the meeting on 28/7/17 has taken place.	3 Some delay but expected to be completed as planned
C3	Regular updates provided to ESB on development of model	Lisa Gowan	31/08/2017	01/04/2018	213	ESB are aware of the meeting on 28/7/17. Update to be provided on 8/8/17	4 On Track

## ED Workforce

[Return to AEDB Action Plan](#)

Number	Task	Responsible	Start Date	End Date	No. of Days	Progress Update 14.07.17	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.	4 On Track
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 paed between the hours of 1800hrs to 0600hrs	Vivek Pillai/Sam Jones	17/07/2017	31/07/2017	14	Team to start filling additional agreed shifts W/C 17 July. To be monitored via EDG on 19/07/17 for update on shift fill	4 On Track
A4	Trial additional ST4 and above (including ED consultants) between 1800hrs to 0600hrs	Vivek Pillai/Sam Jones	01/09/2017	15/09/2017	14	Agreed at EDG on 13/07/17 that there needed to be a lead in time for this group of staff to take account of summer leave period and SpR handover on 02/08/17	1 Not yet commenced
A5	Move locum Consultants to night shifts on rota	Vivek Pillai/Lisa Gowan	31/07/2017	16/09/2017	47		1 Not yet commenced
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 on leave for next B7 meeting on 12/7/17. HoN to undertake a "mock" rota aligning to the principles talked about in Ian Crowe's presentation. IC to attend B7 mtg in August. Kerry J to update.	3 Some delay but expected to be completed as planned
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		10 Not yet commenced
A9	Trial adding an extra ST4+ overnight (2000hrs to 0600hrs) to increase the number of senior decision makers	Vivek Pillai, Nick Scott, Sam Jones	21/06/2017	31/08/2017	71	Shift added to the rota but low uptake due to numbers of SpR's on the rota.	4 On Track
B1	Assessment of clinical competencies against roles and responsibilities outlined in SOPs	Kerry Johnston, Vivek Pillai, Nick Scott, Sam Jones	31/07/2017	31/08/2017	31		1 Not yet commenced
B2	Implementation of targeted training and development where competency gaps are identified	Kerry Johnston, Vivek Pillai, Nick Scott, Sam Jones	31/08/2017	31/12/2017	122		1 Not yet commenced
B3	Implementation of senior leadership individual objectives and team development plans	Lisa Gowan, Ian Lawrence	01/08/2017	31/08/2017	30	LG has met with Sharon Smeeton and Bina Kotetcha to move this forward	4 On Track

<b>B4</b>	95% staff have annual appraisal and underpinning development plan	Lisa Gowan, Ian Lawrence, Kerry Johnston, Vivek Pillai, Nick Scott, Sam Jones	05/06/2017	31/03/2018	299	Ongoing process	<b>4 On Track</b>
<b>B5</b>	360 assessment of senior leadership team to identify ongoing development needs	Lisa Gowan, Ian Lawrence	01/08/2017	31/08/2017	30		<b>5 Not yet commenced</b>
<b>B6</b>	Support staff to undertake all relevant development and training in line with appraisal	Lisa Gowan, Ian Lawrence, Kerry Johnston, Vivek Pillai, Nick Scott, Sam Jones	05/06/2017	31/03/2018	299	Ongoing process	<b>4 On Track</b>
<b>C3</b>	Develop workforce metrics to agree baseline for: sickness absence, leavers etc., staff survey, etc.	Lisa Gowan	26/06/2017	31/07/2017	35	Use HR KPI's that are produced as part of the monthly ESM board meeting to monitor this.	<b>4 On Track</b>
<b>C4</b>	To introduce a rolling cycle of LiA in ED by area - supporting the clinical teams to have an understanding of the key issues to be solved and ensuring that are resolving by the clinical teams for that area	Linsey Milne/Lisa Gowan	07/08/2017	30/09/2017	54		<b>1 Not yet commenced</b>
<b>C5</b>	To work with the ED teams to develop an approach to patient communication and information ensuring each patient knows what they may be waiting for and the next step in their time in the department	Lisa Gowan	07/08/2017	30/09/2017	54		<b>1 Not yet commenced</b>

## ED Flow (EMAS)

[Return to AEDB Action Plan](#)

Number	Task	Responsible	Start Date	End Date	No. of Days	Progress Update 14.7.17	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.	4 On Track
A3	Ratify Handover SOP at ED Guideline Committee	Ian Lawrence	31/07/2017	31/08/2017	31		1 Not yet commenced
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	To be done when A3 is completed	1 Not yet commenced
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.	4 On Track
A7	Handover trajectory to be agreed between UHL and EMAS	Tim Lynch	26/06/2017	31/07/2017	35	Meeting on 14/07/17 with Will Legge. For discussion at AEDB on 19/07/17. Further discussion with Will Legge on 20/07/17 to agree trajectory. Trajectory agreed 27/07/17	5 Complete
A8	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, 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 conveyancing to ED	Lisa Gowan, Julie Dixon	10/07/2017	11/09/2017	63	Discussed as part of the system wide winter resilience meeting on 11/07/17. First iteration to be presented by 31/08/17. Conveyance Audit to be undertaken by Paramedic trainers to understand trends and variance.	4 On Track
A10	Review handover process and improve ambulance handover time	Lisa Gowan, Julie Dixon	01/07/2017	31/07/2017	30	Live audit to commence with EMAS to review real time handovers and compare with CAD system. Audit to commence w/c 24/7/17 for 1 week	4 On Track
A11	Ratify Cohorting SOP at ED Guideline Committee	Lisa Gowan, Julie Dixon	19/07/2017	02/08/2017	14	Draft SOP to be circulated 20/07/17, then sent with amendments to JA. For approval at EDG 02/08/17	4 On Track

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

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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		4 On Track
	Review of the demand and capacity of AMU	Simon Barton	24/07/2017	08/09/2017	46		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		5 Complete
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		4 On Track
B13	ESM to review managerial support to Board Rounds for short term oversight	Raman Chhoker	01/08/2017	31/08/2017	30		1 Not yet commenced
B14	Review Clinical Champions for Red to Green with a view to increasing	Simon Barton	24/07/2017	31/08/2017	38		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	31/08/2017	44	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		4 On Track
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	3 Some delay but expected to be completed as planned
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		<b>21 Not yet commenced</b>
D3	Trialling new TTO process within identified Board round as part of red to Green processes	Mark Taylor	01/07/2017	31/07/2017	30		<b>4 On Track</b>
D4	Ian Crowe (Non-Executive Director) to be the NED sponsor for Red to Green	Ian Crowe	31/07/2017	31/07/2017	0		<b>5 Complete</b>

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## Increasing physical bed capacity to meet demand and reduce occupancy

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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 will allow but it requires to be more planned - meeting scheduled for 14/8/17	<b>3 Some delay but expected to be completed as planned</b>
A2	Development of the Glenfield Ward 23 annex scheme	Leigh Gates	01/06/2017	31/07/2017	60		<b>5 Complete</b>
A3	Clear plan in place at GH to facilitate additional respiratory capacity	Simon Barton	24/07/2017	31/08/2017	38		<b>4 On Track</b>
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	<b>2 Significant Delay - unlikely to be completed as planned</b>
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	<b>2 Significant Delay - unlikely to be completed as planned</b>
A6	Development of plan for Paediatric staffing for winter 2017/18	Simon Barton/Julie Smith/Hilary Killer	01/07/2017	31/07/2017	30	D&C for Paediatrics to be re-run to check that plan will meet demand	<b>5 Complete</b>

## Command Structure, Communications/Reporting Flows, Culture

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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		4 On Track
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	4 On Track
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		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 highlighting: 1) Performance on KPIs 2) Actions due completed 3) Actions due not completed to drive awareness and accountability 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		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		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	31/08/2017	38		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		2 Not yet commenced

## Completed Actions

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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 explicitly 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 within 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 along 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 possible to put a modular 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 explicitly 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