

Emergency and Acute Care

Theme	Outcome	Action	Target Date	Lead	Comments
Increasing demand on A&E services and increased acute admissions	Recruit additional permanent consultants for A&E at CIC and WCH	1st wave Nov 2012	complete	BM/DB	1 consultant in place for WCH
		2nd wave of adverts Feb 2013	23.3.13	BM/DB	interviews taking place on 3rd of May
		3rd wave of adverts May 2013	1.6.13	BM/DB	
	Ensure internal professional standards are met for all emergency admissions	Audit professional standards KPI's and present at ECSUB on a monthly basis	26.2.13	LK	1st Sub unit meeting
		Establish monthly physician meeting where emergency care clinical priorities are discussed	complete	DB	complete and ongoing.
	Implement H@N model	Establish working group to take this forward.	May-13	JR/DB/BM	Monthly meetings are now scheduled
	Recruit Nurse Practitioners for H@N role	Aug-13	LC/LA	Interviews on 30.3.13	
Acute Care Physician Rota to be enhanced	Consultant presence 7 days per week 8am to 10pm at both CIC and WCH	Rotas to be developed to deliver ACP model	1.3.13	BM/DB	commenced at WCH in Nov 2012 commences at CIC on 18.2.13
		Revise job plans of all physicians to enable backfill of physicians undertaking ACP role	1.8.13	BM/DB/JR	
		Complete Job Planning process	1.10.13	BM/DB/JR	
		recruit additional ACP's for both sites	Aug-13	DB/BM	interviews week commencing 7th may
		Recruit required specialists to provide robust rotas	TBC	BM/DB	
Expected date of Discharge to be the Norm and Patients discharged on the right day	All patients will have an agreed Predicted Discharge Date	Feed back to on a weekly basis to ward areas and consultants with compliance of less than 90%	on-going	GL	commenced 1.2.13
		Daily monitoring of DTOC and community hospital bed waits	14.1.13	DG/AR	commenced 1.2.13

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	Reduce Delayed transfers of care to less than 5	Core ward lead nurse to monitor and report on compliance on a weekly basis.	on-going	GL/DG	commenced 1.2.13
		Acute Trust Management involvement in weekly DTOC meeting	14.1.13 on-going	DG/AR	
		Escalation of DTOC delays to partners in adult social care and Partnership Trust	on-going	TBC	Report to be provided weekly for PAG
		Ensure all outliers have a daily review.	on-going	AR/SB	
		Review access to diagnostics for inpatients to ensure no delays	Apr-13	LR/AR/SP	to discuss with SP
Patients managed with in right speciality	Patients managed with in correct speciality creating an improved length of stay (outliers to less than 5)	implement daily monitoring of outlier numbers	on-going	AR/SB	Reported on SITREP daily
		Introduce planned consultant cover for outliers when they exceed an agreed number (October to may)	complete	BM/DB	Process agreed to commence each Oct. To allocate protected time.
	Improved escalation policies and outliers policy.	To ensure delays are escalated at weekly PAG meeting	CS/CMc/ET	CS/BM	issues are raised at PAG by CEO
		Escalation policy agreed and in place for A&E Bed Management Discharge Team	4.2.13	AR	Complete. Circulated to manager on call team on 8.2.13
Reduce unnecessary Admissions	Delivery Ambulatory Care Model	Develop Ambulatory Care Business case and options paper	Complete agreed 9.3.13	AR/CMCG	
		Identify appropriate space to deliver model of care	30.4.13	AR/AD/BM	
		Advertise and Recruit or transfer of appropriate posts	30.4.13	BM/LA/EK	interviews took place on 30th april post appointed to. Need to develop a memorandum of understanding re PCAs staff
		Identify Lead clinician to deliver the agreed model	April	BM/DB	

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	Communication with Primary Care	Set up communication access for GP's for advise from the ACP	30.4.13	DB/BM	
		Review system for access to next day diagnostics to avoid admission ie access to endoscopy, rapid access chest pain clinic, TIA	Quarter 1	TBC	To discuss with SP, John Berry, Lucy Rimmer, Denis Burke (business case by May 2013)
Increased Flow of patients to appropriate community settings	Work with partner organisations and PAG to improve patient flow.	Report weekly to PAG delays in transfer to community	April	MC/DG	AR or lead for integrated discharge team to provide report
		PAG to Discuss community hospital delayed transfers of care	April	CS	Ed to raise at PAG
		Recruit to lead post	complete	ET	in post from 29th April

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	Implement integrated discharge team	Agree operational policy for integrated discharge team	25.2.13	ET/DG/MC	in draft for discussion at PAG on 11.3.13
		Work with Primary care providers to develop alternative provision to enable patients to have appropriate care closer to home	Apr-13	DR/PW/DB	Analysis on variance in GP referrals is being completed. With potential solutions to be identified
		To work with STINT and CRS to enable assessment of patients listed for community hospitals to ensure that pathway is appropriate	complete	MC	team attend CIC 2x per week
		Review all patients with a LOS over 14 days on a weekly basis and ensure PDD	14.1.13 on-going	AR/MC/DG/GL	
		Revise internal policies	Complete	AR/DG	Need circulated on 14.2.13
Improved escalation	Internal escalation policies to be developed for A&E Bed management Discharge team	Implement and audit compliance.	Mar-13	AR	escalation policy agreed, circulated to staff and managers on call.
		Agree DTOC criteria with PAG	Ellie Thompson	AR/CMC	going to Pag on 18th. Delayed discussion now planned for 25th
	Agree escalation process with external partners for DTOCs.	Monitor and report on all delays for community services over 7 days	April	AR/MC	Need rep on PAG

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Increased bed Capacity to support patient flow at the right time	The admissions ward has the right number of beds to support A&E.	Open 25 beds closed in the last two years to meet the cost improvement plan.	December	AR/LA	Completed January 2013.
	open Surgical assessment unit for direct admission of surgical emergencies	Identified space allocated	Complete	AR/RH/LC	opened 27th April
Increased bed Capacity to support patient flow at the right time	The admissions ward has the right number of beds to support A&E.	Open 20 beds to prepare for winter 2013/14 by October 2013.	October	AR/LA	