ECIP Whole System Enquiry Action Plan - December 2016

REF	ITEM	DESCRIPTION	ACTION	LEAD	TIMESCALE	RISK RATING
FLOW	**WORKSTREAM 1: ED**					
1.	**Reduce low acuity attendances at NSECH**	Need to stream low acuity cases away from NSECH or treat as separate stream in Primary Care facility proximal to ED.	Primary Care pilot commenced Dec 2016 – NPs in ED treating patients. Consider and agree longer term models for redirection of primary care patients attending NSECH.	**Ann Wright** **Mike Guy**	Commenced Dec 2016	
2.	**Increase ambulance conveyances to UCCs**	Criteria for ambulance conveyances to UCCs to be agreed. .	Criteria agreed Nov 2016 Dissemination of criteria to NEAS crews. Staff at UCCs to be aware of criteria for accepting patients at UCCs and to actively encourage appropriate ambulance conveyances to UCCs. NEAS to ensure all crews aware of	**Ann Wright/ David Shovlin** **Ann Wright/Paul Liversidge**	Nov 2016 Dec 2016 Dec 2016 Dec 2016	

			criteria and ability to contact UCCs where query on patient disposition. Review of staffing and skill mix at base sites to ensure that patients are not unnecessarily redirected to NSECH. – To be piloted through WGH	**Mike Guy/Ann Wright**	Jan 2017	
3.	**Cohorting of patients at the "front door" to prevent queuing and ambulance downtime**	Cohort ambulance patients in area proximal to arrivals corridor at NSECH.	HALO post to be created in NSECH	**Ann Wright/ Paul Liversidge**	Feb 2017	
4.	**RAT capacity in ED – evaluate impact**	Evaluate the recent increase in RAT capacity and its impact on patient flow.	Review of Impact of recent ward moves at NSECH	**Mira Doshi/ Anne Kennedy**	Feb 2017	
5.	**Clinical transfers into and out of NSECH** **Wasted resources with empty ambulances leaving sites**	Journey planning in conjunction with NEAS and ERS. Includes GP urgents.	Review of Transport across NEAS & ERS	**Ann Wright/Daljit Lally**	June 2017	
6.	**NHFT, NEAS and CCGs to engage around resource impact of increased transport times/transfers/handover delays**	Review Northumberland NEAS action plan and incorporate NEAS ECIST report.	Establish actions as a result of increased contract investment.	**David Shovlin/Daljit Lally**	March 2017	
7.	**GP Admissions**	Ensure patient transport and access to hospital	Establish pathways. Telephone contact to	**Anne Kennedy**	March 2017	

		services minimise demand on ED, improve patient experience and flows, and deliver the most appropriate care, first time.	consultant at NSECH prior to admission. Pilot commenced			
8.	**A&E – conversion to admission**	Ensure those patients admitted from A&E are appropriate for hospital stay and potential alternatives are explored – reduce NEL and reduce current conversion rate.	Define and establish integrated care pathways and alternatives to hospital based care.	**Richard Curless/Stephen Holmes**	March 2017	
FLOW	**WORKSTREAM 2: AMBULATORY CARE**					
1.	**Ambulatory care at UCCs**	Consider ambulatory care model at UCCs when medical staff covering.	Review the activity around proposal	**Mira Doshi/Anne Kennedy**	March 2017	
2.	**GPs to refer appropriate patients directly ambulatory care**	GPs to be able to refer to ambulatory care services for assessment.	Improve the communication with GP's to ensure they are aware of this	**Claire Riley/Ann Wright**	March 2017	
FLOW	**WORKSTREAM 3: FLOW THROUGH THE HOSPITAL**					
1.	**Demand and capacity management**	Establish demand and capacity profiling in the bed management team.	Engage the transformation Team	**Anne Kennedy/Ron Todd**	March 2017	
2.	**Audit of bed management**	Establish an audit trail for bed management actions agreed throughput the day.	Transformation Team to include this piece of work	**Anne Kennedy/Ron Todd**	March 2017	
3.	**Bed management consistency**	Ensure consistency approach within the team by use of documented model/operating	As above	**Anne Kennedy/Ron Todd**	March 2017	

		procedures.				
4.	**Bed management IT system**	Explore interim solution until Nervecentre system in place.	Nervecentre due to be introduced summer 2017.	**Mark Thomas/Phil Stamp**	August 2017	
5.	**Establish control hub at NSECH**	Bed management hub at NSECH to become hub for bed management across the system.	As Above	**Mark Thomas/Phil Stamp**	August2017	
6.	**Address "bed based" philosophy**	To encourage NSECH culture of home first instead of automatic base site transfer. Expand community-based services, including therapy and medical input, to facilitate earlier discharges and reduce need for admissions.	To be addressed as part of the Flow project Evaluation of investment requested to be undertaken	**Mira Doshi/Barbara Scott** **Stephen Holmes/Jane Weatherstone**	August 2017 March 2017	
7.	**Increase operating hours of H2H at NSECH**	Need to increased operating hours to later in evening (last referral currently 15:45 hours).	As Above			
8.	**Implement early functional assessment on arrival at hospital**	Front end ED based functional assessment and discharge planning by therapy staff. FAS assessment on arrival.	To be reviewed as part of the Flow project	**Stephen Holmes/Jane Weatherstone**	August 2017	
9.	**Clarity on base site placements - rehab/intermediate care**	Need to establish greater clarity on bed usage at base and community	As above review of input from Community Services	**Stephen Holmes/Jane Weatherstone**	August 2017	

	input	sites –purpose for transfer, rehab/intermediate plan of care.				
10.	**Discharge to assess**	Develop a "push" approach from acute sector to community through Discharge to Assess (D2A) approach. Develop D2A arrangements across the system.	Service is operating well at Northumberland – needs to replicated at North Tyneside	**NT CCG**	**August 2017**	
11.	**SAFER care bundle**	Ensure applied consistently and rolled out across Trust.	Quality Laboratory priority area	**Richard Curless**	August 2017	
12.	**Red and Green days project**	Ensure applied consistently and rolled out across Trust.	Pilot commenced on designated wards Sept 2016. Flow project	**Mira Doshi/Barbara Scott**	March 2017	
13.	**Patient functional assessments**	Address current culture of patient's returning to "baseline" – identified as issue among therapy staff. Need to ensure level of function agreed as achievable.	Integration of Therapy Services across hospitals and community to move away from "baseline"	**Janet Kelly/Barbara Scott**	Sept 2017	
14.	**Pre-agreed care plans**	Need to ensure discharge planning centres on "home first" approach. Address current approach to labelling patients with a destination from	Flow Project work	**Mira Doshi/Anne Kennedy**	March 2017	

		admission.				
15.	**Promote early discharge across all base hospitals/NSECH - target of 35% of all discharges to have been completed by 12:00pm.**	Promote use of discharge lounge at NSECH - needs to be encouraged, consider breakfast club. Early booking of transport to be instigated. Reduce sequential approach to discharge planning – use of red/green days/EDD and board rounds.	Discharge lounge form and function to be reviewed as part of the Flow Project	**Mira Doshi/Anne Kennedy**	June 2017	
16.	**Patient Choice**	Operate patient choice timescales as per care home policy (14-day rule to run in parallel with clinical pathway).	Policy to be reviewed and implemented Trustwide	**Mira Doshi/Anne Kennedy**	June 2017	
17.	**Trusted Assessor roles**	Introduce Trusted Assessor roles to negate need for care homes to visit hospitals to assess patients.	System to be introduced around IPAD support for Nursing homes via Community Matrons	**Stephen Holmes/Jane Weatherstone**	December 2017	
Flow	**WORKSTREAM 3: INTERMEDIATE CARE**					
1.	**Community beds**	Maximise use of community-based beds (including care homes) in order to facilitate effective step-up and step-down care.	**Review of Community hospitals being led by CCG**	**Siobhan Brown/Rachel Mitcheson**	December 2017	

Risk Rating Target Key

	✓	On target
	!	Not on target
	X	Target missed

Lead key:

DS – Dr Dave Shovlin