

ACTION PLAN

Project Title:	CQC Action Plan further to Apr 19 Inspection		
Programme:	ED		
Senior Responsible Owner (SRO):	Caroline Dawe	Project Ref:	
Project Lead:	Anne Hicks / Wendy Colley	Date:	27/06/2019

Ref No.	Domain	Core Service	Req Notice	Area For Improvement	Exec Lead	Planned Actions	Planned outcome and mechanism for providing ongoing assurance of compliance	Responsible Lead	Target Completion Date	Actual Date Completion	Percentage Complete				ENTER %AGE
											25	50	75	100	
1.1	Safe	Medical Care	MUST DO	Reduce crowding in the emergency department so patients do not have to wait on trolleys in unsuitable environments.	Chief Operating Officer	<p>1. Ensure EDIS comments reflect anticipated discharge destination at 120 minutes, recommended by GIRFT.</p> <p>2. Ensure patients who are blue on EDIS i.e called for by the ward expecting the transfer as bed ready, are discharged within 30 minutes to their nominated destination OR escalate to EPIC if clinical or Site Manager if non clinical.</p> <p>3. PFC to ensure clinical comments are up to date following advice from EPIC. CAU streaming to be activated via bleep only as per guidelines on EDIS.</p> <p>4. Attend safety brief at 08.30 daily for a corporate view across the Site, formulate risk and acuity assessments and increase more timely flow from ED to MAU.</p> <p>5. New TUEC build (transforming urgent & emergency care) from STP bid provides investment of approx £30m to redesign flow and increase space.</p> <p>6. Actions being developed in terms of greater investment in AAU staffing to allow greater pull from ED into AAU. The Advanced Nurse Practitioner role across AAU and AMU is in development to support the direct flow from SWAST and ED directly to AAU and to back up Primary Care Streaming to AAU when required. The Unit is also exploring the commencement of a 7 day ANP / Nurse led criteria led pathways to maximise ambulatory pathways rather than admit to inpatient beds.</p>	<p>GIRFT recommendation to increase 4 hour performance; will also reduce mean time in ED as part of new performance measures which will impact positively on overcrowding.</p> <p>Flow to MAU or direct to wards needs to be increased to reduce overcrowding.</p> <p>Performance report set up as part of June performance improvement measures to monitor direct admissions to wards as well as response time from specialties.</p> <p>TUEC in design stage led by one of the ED consultants and is about creating an Urgent & Emergency Care village to prevent focus on ED and deliver a more patient centered focus on ambulatory pathways with hot access to support services i.e imaging and same day diagnostics.</p>	Anne Hicks	<p>1. 30/06/2019</p> <p>2. 30/06/2019</p> <p>3. 30/06/2019</p> <p>4. 30/06/2019</p> <p>5. 2023</p> <p>6.30/09/2019</p>					25	
1.2	Safe	Medical Care	MUST DO	Complete initial assessment (triage) of self-presenting patients in accordance with standards set by royal colleges.	Chief Nurse and Director of Integrated Clinical Professions	<p>Triage system used reflects complexity of patients that come through the doors on Minors. The system that is used takes significantly longer to navigate through in order to safety net the complex medical patients that attend the ED.</p> <p>The increased presentations of mental health certainly contributes to a longer time to initial triage. The relocation of minors to fracture clinic would allow more space to conduct a nurse led and a medical led triage with dedicated staff in a dislocated environment. A plan has been worked up in relation to finding additional space for minors. Work continues to improve the minor processes.</p>	<p>Continue to work with the CEO on solution for space increase. Increase triage trained nurses. When patients book in, reception have a list of other locations that can be offered to patients that fit specific criteria.</p> <p>Increased frequency of circulation of minors area waiting room by staff to offer patients alternative locations for treatment.</p> <p>Triage T20 is the next QI project in minors of which the aim is to reduce the waiting time for triage.</p>	Iain Yearling	01-Oct-19					25	
1.3	Safe	Medical Care	MUST DO	Accurately record first clinical observations made by emergency department staff.	Chief Nurse and Director of Integrated Clinical Professions	<p>This is for majors corridor and has seen a significant improvement due to the revised infrastructure in the redesign of the ambulance corridor and the additional band 6 at reception. The ambulance crews will brief the receiving nurse of the latest vital signs and checked for documentary evidence. The triage nurse will determine based on clinical presentation, corridor wait whether to record another set immediately or pass through to nurse led FLIC where a further set will be recorded as part of routine FLIC and logged on our paperwork.</p>	<p>When the ambulance crews arrive and handover is given to the receiving nurse, the nurse will decide based on their clinical judgement whether the patient will require a further set of observation. If the ambulance crews observations are complete and the nurse is happy, then these can be transcribed onto the observation chart. The time that these observations took place needs to be accurately recorded to identify that these were the ambulance set of observations..</p>	Iain Yearling	01-Oct-19					50	
1.4	Responsive	Medical Care	SHOULD DO	Improve and monitor the speed of response from senior specialist doctors when patients have been referred to them by the emergency department.	Medical Director	<p>Ensure referrals are made in a timely manner and time of referral annotated on EDIS with the name and bleep number of the senior clinician, escalate > 30 minute delay to Site who will inform the SLM of the Day for resolution.</p>	<p>Quicker responses will drive management plans and onward progress for patients. Need to ensure feedback/report at hot floor board on response by each specialty with actions agreed if performance not satisfactory.</p>	Wendy Colley	01-Sep-19					25	
1.5	Well Led	Medical Care	SHOULD DO	Regularly monitor operational performance in the emergency department at a senior level and record issues, including how these are being addressed.	Chief Operating Officer	<p>Monthly senior meetings already in progress through super wednesdays where performance is discussed with consultants, nominated senior nurse and junior doctors. SLM to commence weekly band 7 meetings from July 2019 for sharing performance and SI initiatives.</p> <p>Operational ED performance is monitored through service line reviews held with the care group as well as hot floor board. The TME care group review process is currently being reviewed but includes a performance review at least once every 8 weeks to hold the care group to account for all areas of operational performance.</p>	<p>Greater understanding of issues and actions required to resolve them.</p> <p>Audit trail will be demonstrated within Super Wednesday paperwork and actions will be distributed to Band 7s following weekly meetings -confirmed in email to relevant Band 7s.</p>	Wendy Colley	01-Sep-19					50	