

**East Kent Hospitals University NHS Foundation Trust**  
**Emergency Access Recovery Plan**

EKHUFT Action Plan which is linked to individual provider action plans

**Executive Sponsor**

EKHUFT Chief Operating Officer

**Urgent Care and Long Term Conditions Division**

UCLTC Divisional Director

UCLTC Divisional Medical Director

UCLTC Divisional Head of Nursing

UCLTC Deputy Divisional Director & General Manager Urgent Care

UCLTC Emergency Medicine Clinical Lead

UCLTC Senior Matron Emergency Medicine WHH

UCLTC Senior Matron Emergency Medicine QEQMH

	Performance Trajectory											
	April	May	June	July	August	September	October	November	December	January	February	March
Monthly Performance Trajectory	90%	91%	92%	93%	94%	94%	94%	93%	93%	93%	93%	93%
Monthly Performance Achieved	89.32%	88.34%										
Quarterly Performance Trajectory												
Quarterly Performance Achieved												

Performance Achieved

Site	April				May					June				July				August					September			
	5	12	19	26	3	10	17	24	31	7	14	21	28	5	12	19	26	2	9	16	23	30	6	13	20	27
BHD	100.0%	100.0%	100.0%	100.0%	99.6%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%														
K&C	94.3%	96.7%	98.0%	99.3%	99.3%	99.2%	98.5%	98.3%	97.1%	97.8%	99.6%	98.6%														
QEQMH	88.2%	84.9%	85.1%	90.9%	82.9%	84.7%	86.5%	85.4%	84.2%	82.0%	82.9%	80.4%														
WHH	77.4%	90.5%	85.8%	79.0%	86.4%	83.9%	82.1%	78.2%	85.3%	80.7%	85.5%	90.9%														
Trust	86.4%	90.4%	89.1%	89.1%	88.9%	88.5%	88.4%	86.9%	88.6%	86.1%	88.7%	89.6%														
Monthly Performance Achieved	89.3%				88.3%																					

Site	October				November					December				January					February				April			
	4	11	18	25	1	8	15	22	29	6	13	20	27	3	10	17	24	31	7	14	21	28	7	14	21	28
BHD																										
K&C																										
QEQMH																										
WHH																										
Trust																										
Monthly Performance Achieved																										

## KENT & CANTERBURY HOSPITAL - EMERGENCY ACCESS RECOVERY PLAN

ECIST Time Frame from 01.06.15	Breach Reason	Headline	Summary Actions	Monthly Progress - June 2015	Senior Accountable Officer	Target Delivery Date	RAG Rating
Emergency Department							
30 days	1	Identify consultant and senior doctor who is in charge of ECC floor in SOP to reduce variability	Implement a rota which is displayed in ECC Majors identifying who is the senior doctor in charge on the floor.	Completed - SOP to be signed off at Clinical Board w/c 29 June 15.	UG/ES	06/06/15	G
30 days	1	Clarify roles and responsibilities for medical and nursing staff in ECC, including departmental co-ordination	Update and implement roles and responsibilities document for medical staff within ECC SOP	Completed - SOP to be signed off at Clinical Board w/c 29 June 15.	UG/ES/LW	30/06/15	G
120 days	5	Whole health economy to have a joined-up escalation process in SHREWD	Develop and agree whole health economy escalation policy that has input from all relevant stakeholders, including agreed response actions and timeframes.  Review use of SHREWD with EKHUFT and identify who will require training on SHREWD system to support wider use.  Senior Operations Group is leading this projejt.	LW/KM are part of the working group to develop system. Progressing to timescales and will now include the Trusts 'Smartie' information within the system.	AM	31/08/15	G
30 days	1	Initial assessment - ECIST advised nurse-led assessment process	To address the lack of clear assessment model for self presenting and ambulance patients.	Nurse led initial assessment in place - completed.	UG/ES	30/06/15	G
60 days	1	Reduce number of patients awaiting mental health review	Work jointly with KMPT to increase number of mental health staff available to see patients out of hours	Rota provided to cover from 9am to midnight on all sites. Lack of cover remains a high risk to all ED/ECC due to the delay in patients being assessed and for those requiring admission the time delay to a mental health bed.	GB	31/07/015	R
60 days	1	Role and responsibilty of consultant on call to be included in SOP	Agree role and responsibility of ECC Consultant and on call Consultants in managing and maintaining patient safety for emergency care patients within ECC both in and out of hours.	Discussions have begun around the R&R of ECC Consultant, Physician and Surgeons when on call across all sites.	UG/ES/LW	31/07/15	G
Specialties and Patient Flow							
60 days	3a	ECIST recommend AMU and short stay wards should have extended consultant presence every day (of at least 12 hours) with consultants working in blocks of more than one day	To review current on call arrangements for physicians and geriatricians alongside the introduction of the acute medicine model and recruitment of acute physicians	Options to formalise weekend cover with substantive consultants being discussed at UCLTC Clinical Board in July 15. Current consultant rota does not include on calls working in blocks. Ongoing discussions regarding 7 day working options are being led by DMD.	JH/LW/CA	31/07/15	G
30 days	2a,2b,3a,4a,5	Implement and re-launch SAFER patient flow bundle on every ward	ECIST recommendation to include daily SAFER compliance reports generated from every ward.  All wards must have a daliy board or ward round by a senior clinical decision maker scheduled for the mornings.	Implemented as part of the new speciality ward based model with daily monitoring by Matrons as part of EDD/Board round monitoring.	KG/ES	30/06/15	G
30 days	2	EDD to be allocated on post take ward round	All patients to have an EDD. EDDs to be reviewed daily. Weekly review by Senior Matron and Site Lead of all patients with expired EDD to confirm management plan with named consultant	Completed - but requires regular monitoring of impact.	UG/ES/NM	30/06/15	G
60 days	2a	Pathology on screen alter for results	Develop on screen alert to enable ED to track pathology results	EC-IST IPS have been shared with MT for consideration. Meeting with SR and MF organised for July.	SR/LW	31/07/15	A
30 days	2c	Pharmacy	Expand TTO availabilty on specialist ward areas to support early discharge.	EC-IST IPS have been shared with MT for consideration. NM/ES to approach Pharmacy re a pilot to provide additional TTO packs on wards	UG/ES/NM	30/06/15	A

ECIST Time Frame from 01.06.15	Breach Reason	Headline	Summary Actions	Monthly Progress - June 2015	Senior Accountable Officer	Target Delivery Date	RAG Rating
60 days	3a	ECIST requirement for more rapid Comprehensive Geriatric Assessment (CGA) in assessment areas	Explore options for implementing CGA clinics within current job plans and ward based working model.	PB LW/LA to meet to scope pilot for CGA. Risk to a pilot progressing before the autumn due to Issues with geriatrician leave and vacancy at KCH.	UG/JA	31/07/15	A
60 days	3	GP Referral process	Review process for managing GP referrals via switchboard, including response times and arrangements for accepting referrals if specialist teams do not respond to calls within agreed timescale.	Completed - outcome will be used as part of the process mapping session on the 3 July and will link to DJ specialist pathways	LW/DJ	31/07/15	G
60 days	3	Specialists slow to arrive in ECC to give opinion when needed	Agree vascular and urology speciality response time within ECC SOP of 30 minutes with management plan within two hours.	Updated SOP will be implemented for use in Q2 whilst new SOP is written using DJ headings and to incorporate action cards (examples of good plans provided by JC).	DJ	31/07/15	G
30 days	2,3,4	ECIST recommendation to improve flow	Launch red and green day analysis	Completed. Monitoring required to assess value and staff engagement in process.	JH/KG	30/06/15	G
Internal Discharge Process							
30 days	4	Nurse-led discharge	Nurse-led discharge to be scoped across all Divisions and sites.	Move to longer term action.	Heads of Nursing	30/06/15 & ongoing	R
30 days	4	All medical patients to have a documented clinical handover/weekend plan for on-going care and discharge as appropriate	Standardise the structure of the Friday handover meeting to clarify leadership and membership in an SOP	Handover meetings take place. JH now on planned leave therefore LW will ask UG to confirm that meeting is robust.  MDT 9am morning meeting to be implemented w/c 29 June 15 with Cold Team clinicains, Site Manager and to include a weekend list of patients ready for discharge. SOP to clarify TOR for meeting to be included in the bed meeting review EH completing.	JH	30/06/15	G
60 days	4	ECIST recommendation to reduce LoS	ECIST recommendation to undertake LoS review of all paitents exceeding 7 days using ECIST point prevalence study	Weekly report of all 7 day plus patients will be sent to MB for cascade to Matrons/Consultants/Wards for review.	JH/KG	31/07/15	A
30 days	4	ECIST recommendation - complex discharge	Review and deconstruct the process for fax 2 CHC and complex discharge. ECIST will support this work	New ECIST Recommendation - no internal progress in June, however KL has been working with wider health economy partners on the Discharge to Assess project. EH joining Trust on 29 June 15 to support a review of discharge process internally. Initially working at QEQUH.	KL		A
30 days	4	ECIST recommendation - LoS	Measure all those patients over 75 years in hospital for more than 14 days; set a baseline and stretch targets (good indicator for effectiveness of frailty pathway).	Report will be implemented from 29 June 15 and shared with Consultants/Matrons /Ward Managers for weekly monitoring.	PB		A
Information Analysis and Reporting							
30 days	4	Identify and manage variation in clinical LoS	Reinstate UCLTC consultant report pack and involve Site Leads & Speciality Leads in improvement plans	Will be implemented by mid July. Draft report for Clinical Lead sign off will be available w/c 29 June 15.	JH/MS	30/06/15	A
30 days	1,2,3,4,5	Breach analysis and learning by site	Each site to implement its own weekly performance meeting to support Trustwide review of breaches.  Start by splitting breach reasons into two groups: inside ED and outside ED (within EKHUFT responsibility).	Robust process in place which Site Manager and Senior Matron lead.	LW	30/06/15	B
Trust Wide							
120 days	1,2,3,4,5	ECIST Recommendation - to launch Perfect Week to include audit of escalation procedures	Recalibrate the system and ensure escalation actions are undertaken.	New ECIST recommendation - Will be considered for the Autumn due to CQC in July and summer holidays.	JE	31/07/15	G

ECIST Time Frame from 01.06.15	Breach Reason	Headline	Summary Actions	Monthly Progress - June 2015	Senior Accountable Officer	Target Delivery Date	RAG Rating
60 days	3,4	ECIST Recommendation - for acute medicine model	Develop a programme of implementation for the acute medical strategy	New model for medicine implemented with positive benefits to patient flow and patient experience. Ongoing learning and development of the model in place with feedback at the weekly meeting.	JH/MS	31/07/15	A

## QUEEN ELIZABETH, THE QUEEN MOTHER HOSPITAL - EMERGENCY ACCESS RECOVERY PLAN

ECIST Time Frame from 01.06.15	Breach Reason	Headline	Summary Actions	Monthly Progress - June 2015	Senior Accountable Officer	Target Delivery Date	RAG Rating
Emergency Department							
30 days	1	Single site ED Consultant rota with cover until 22:00 required	Short term - Implement a single site on call rota with an extended working day to 22:00 across 7/7. Agree intensity and confirm cost of rota.  Cover to 22:00 Monday to Friday and weekends using substantive locum cover.	Rota developed for 1:6 cover at WHH and QEMH. Using internal locum shifts to fill gaps whilst recruitment progresses. Aim to implement rota in July. Final negotiations around job plans/rota progressing.	AB/LW	30/06/15	G
30 days	1	Identify consultant and senior doctor who is in charge of ED floor in SOP to reduce variability	Implement a rota which is displayed in ED Majors identifying who is the senior doctor in charge on the floor.	Senior clinicians (medical and nursing) displayed in depts and updated as shifts change on daily basis.	DJ/AB/LW	36/06/2015	G
30 days	1	Clarify roles and responsibilities for medical and nursing staff in ED, including departmental co-ordination	Update and implement roles and responsibilities document for medical staff within Emergency Floor SOP.  Roles and responsibilities for nursing staff is work in progress.	Document in place. However, further improvement projects and staff engagement are bringing about additional positive changes, eg implementation of 2 hourly MDT board rounds in ED through a 24/7 period to be implemented on the 29 June 15	DJ/AB for medical  KG/PO/MW for nursing	30/06/15	G
30 days	1,2,4	Improve portering response time	Review level of portering in ED across the 24 hours and increase cover at peak times.	New hours of cover agreed with SERCO to improve hours of cover. Implementation date to be advised by SERCO who are finding out whether a consultation is required with staff involved.	MB/MW	30/06/15	B
30 days	1	Crowding in ED impacting on patient care and patient flow	Develop protocol to enable ED to transfer patients with a DTA into a safe clinical environment.  All specialties need to agree over capacity protocol.	Protocol discussed at WHH Service Improvement meeting. Concerns raised by nursing staff re the risks of patients being left in a corridor on a ward due to lack of space. DJ/AB/Sally Smith to discuss further as risk this will not proceed.	DJ/AB	30/06/15	A
120 days	5	Whole health economy to have a joined-up escalation process in SHREWD	Develop and agree whole health economy escalation policy that has input from all relevant stakeholders, including agreed response actions and timeframes.  Review use of SHREWD with EKHUFT. Senior Operations Group is leading this project.	LW/Karen Miles are part of the working group to develop system. Progressing to timescales and will now include the Trusts 'Smartie' information within the system.	AM	31/08/15	G
30 days	1	Initial assessment - ECIST recommend nurse-led assessment process	To ensure there is a consistent assessment model for self presenting and ambulance patients.	Roles and Responsibilities to include a senior nurse supernumery within majors has been implemented, however clarify required to confirm how this role links with nurse led assessment. LW to follow up via weekly meeting.	AB/MW	30/06/15	A
60 days	1	Review criteria for use of QEQMH ebeds	Review criteria of patients using ebeds to reduce the number of patients admitted into these, awaiting IDT review overnight.	Progressing to timescale.	LW/MB MW/WK DM/SM	31/07/15	G
60 days	1	Reduce number of patients awaiting mental health review	Wok with KMPT to increase number of mental health staff available to see patients out of hours	Rota provided to cover from 9am to midnight on all sites. Lack of cover remains a high risk to all ED/ECC due to the delay in patients being assessed and for those requiring admission the time delay to a mental health bed.	GB	31/07/015	R
30 days	1	Trust-wide response to full capacity in ED	As part of escalation additional medical and nursing staff should be provided to emergency departments when agreed occupancy triggers are met	Links to crowding in ED action. Limited progress.	DJ	30/06/15	A
60 days	1	Role and responsibilty of consultant on call to be included in SOP	Agree role and responsibility of ED Consultant, Consultant Physician and Surgeon in managing and maintaining patient safety for emergency care patients within ED both in and out of hours.	Cover will be provided at WHH and QEQMH until 22:00 when new rota implemented. Discussions have begun around the R&R of ED Consultant, Physician and Surgeons when on call.	DJ/AB/Divisional Medical Directors	31/07/15	A

ECIST Time Frame from 01.06.15	Breach Reason	Headline	Summary Actions	Monthly Progress - June 2015	Senior Accountable Officer	Target Delivery Date	RAG Rating
60 days	1	Patients attending when fewer staff on duty	Review of patient flow against staffing numbers, to ensure good mix of staffing experience and numbers  ECIST have offered to support review of 24 hour profile of attendance.  Medical and nursing rotas to be reviewed to re-align staffing to peaks in activity.	EC-IST to be approached to clarify support available to review rotas. If a tool is not available we will refresh the work the Service Improvement Team and ED completed previously.	LW/AJB/MW	31/07/15	A
120 days	1	All patients to be seen by a decision maker within 60 minutes of arrival in ED	Ensure all patients are assessed by an ENP or Doctor within 60 minutes and have a management plan documented  Baseline performance January 2015 - %  All medical staff and locums to be informed of the local professional standards.	EC-IST IPS have been revised and will be implemented on the 1/7/15 including a wide communication plan to ensure all staff aware, including locums.	DJ/MS	31/08/15	G
Specialties and Patient Flow							
120 days	3a,4a,4b	Acute Medical Unit (AMU)	Refresh modelling work to right size AMU capacity to ensure it can meet the demand and LoS requirements. Model assessment unit trolley/bed/chair requirement for assessment bay and LoS of two midnights. Model ward bed capacity to confirm specialist ward model. Risk assess model's effect on other capacity to inform what action to take.	Acute Medical Model implemented with a 7 bedded assessment/hot ambulatory bay. Pilot will be progressed with regular reviews and feedback from clinical teams through the weekly site meetings which start on the 2 July 15.	SL/IS/MB	31/08/15	G
60 days	3a	ECIST recommend AMU and short stay wards should have extended consultant presence every day (of at least 12 hours) with consultants working in blocks of more than one day	To review current on call arrangements for physicians and geriatricians alongside the introduction of the acute medicine model and recruitment of acute physicians	Options to formalise weekend cover with substantive consultants being discussed at UCLTC Clinical Board in July 15. Current consultant rota does not include on calls working in blocks. Ongoing discussions regarding 7 day working options are being led by DMD.	JH/LW/CA	31/07/15	G
30 days	2a,2b,3a,4a,5	Implement and re-launch SAFER patient flow bundle on every ward	ECIST recommendation to include daily SAFER compliance reports generated from every ward.  Wards must have a daily board or ward round by a senior clinical decision maker scheduled for the mornings.	Implemented as part of the new speciality ward based model with daily monitoring by Matrons as part of EDD/Board round monitoring.	KG/SM	30/06/15	G
30 days	2	EDD to be allocated on post take ward round	All patients to have an EDD. EDDs to be reviewed daily. Weekly review by Senior Matron and Site Lead of all patients with expired EDD to confirm management plan with named consultant	Completed - but requires regular monitoring of impact.	Site Leads Senior Matrons	30/06/15	G
60 days	4	Remove extra beds and outliers  Extra beds and outliers are adding to site pressures and impeding patient flow. Clinical risk due to lack of staffing.	Extra beds and outliers are adding to site pressures and impeding patient flow. Clinical risk due to lack of staffing.  January baseline position:  Number of extra beds & outliers QEQUH  Monitor montly performance by recording numbers of extra beds and outliers.	Extra beds have not decreased despite Matrons efforts to close St Augustines ward. External capacity remains an issue. EH starting on 29 June 15 who will be focussing on DTOC and internal discharge processes.	JH/KG	31/07/15	R
30 days	3,4	Specialty Pathways	Identify and develop pathways which will support direct access pulling patients through without going via ED.	Speciality pathways being written and managed via WHH weekly meeting. Clarify how speciality pathways will be linked to Dr T's work at QEQUH and DJ pathways.	DJ/HT	30/06/15	A
30 days	2b	Radiology	Review availability of ultra sound capacity at QEQUH and standardise the process for ED requests to be received in Radiology dept. and agree KPI for faster diagnostics.	EC-IST IPS have been shared with MT for consideration.	MT / LW	30/06/15	A
60 days	2a	Pathology on screen alter for results	Develop on screen alert to enable ED to track pathology results	EC-IST IPS have been shared with MT for consideration. Meeting with SR and MF organised for July.	SR/LW	31/07/15	A



ECIST Time Frame from 01.06.15	Breach Reason	Headline	Summary Actions	Monthly Progress - June 2015	Senior Accountable Officer	Target Delivery Date	RAG Rating
30 days	2a	Pathology near patient testing in ED to reduce turnaround times	Explore the opportunity to develop near patient testing in ED	Agree clinical lead from ED and pathology to scope the project	AB	30/06/15	R
30 days	2c	Pharmacy	Expand TTO availabilty on specialist ward areas to support early discharge.	EC-IST IPS have been shared with MT for consideration. Pharmacy attend weekly meeting. Projects being developed include additional support to Discharge Lounge, additional TTO packs on wards	MT / LW	30/06/15	G
60 days	3a	ECIST requirement for more rapid Comprehensive Geriatric Assessment (CGA) in assessment areas	Explore options for implementing CGA clinics within current job plans and ward based working model.	PB, LW/LA to meet to scope pilot for CGA. Risk to a pilot progressing before the autumn due to Issues with geriatrician leave.	JA	31/07/15	A
120 days	3d,4d	Trauma & Orthopaedics	Project to implement new model for Virtual Fracture Clinics across Trust	Project progressing to timescales. Pilot being implemented at QEQUH first.	JB	31/08/15	G
30 days	3c,4c	ECIST recommendation for SAU and orthopaedic direct admission area	Review SAU location? Could assessment and short stay be on a surgical ward. Suggest Bath has a good model.  Scope T&O to have direct admission area.	T&O Trauma Co-Ordinator in post with positive feedback regarding the effectiveness of the role. SAU has not progressed due to requirements for business case to support.	CH/JB	30/06/15	A
30 days	3a	Create an emergency floor by placing medical elective care in a different location	Review staffing and identify possible location based on throughput of elective patients	Issues around location and staffing remain. Insufficient staffing to run current hot service due to vacancy and sickness. LW/JA and clinical team meeting to develop options for cold to be relocated to and staffing required for both areas. Meeting to be held w/c 29/6/15.	JA	30/06/15	A
30 days	3a	Develop direct access pathways for SECamb to bring patirents straight to ambulatory unit	Pilot has been agreed for QEQUH.	Commencement date for pilot to be agreed with SECamb. - No progress	JA	30/06/15	A
60 days	3	GP Referral process	Review process for managing GP referrals via switchboard, including response times and arrangements for accepting referrals if specialist teams do not respond to calls within agreed timescale.	Completed - outcome will be used as part of the process mapping session to be arranged for late July and will link to DJ specialist pathways	DJ/LW	31/07/15	G
60 days	3	Specialists slow to arrive in A&E to give opinion when needed	Agree speciality response time within Emergency Floor Operational Policy of 30 minutes with management plan within two hours. Record on A&E module the referral to specialty and time seen by specialist to enable robust audit of performance.	Updated SOP will be implemented for use in Q2 whilst new SOP is written using DJ headings and to incorporate action cards (examples of good plans provided by JC).	DJ	31/07/15	G
30 days	2,3,4	ECIST recommendation to improve flow	Launch red and green day analysis	Completed. Monitoring required to assess value and staff engagement in process.	JH/KG	30/06/15	G
Internal Discharge Process							
30 days	4	Nurse-led discharge	Nurse-led discharge to be scoped across all Divisions and sites.	Move to longer term action.	Heads of Nursing	30/06/15 & ongoing	R
30 days	4	Explore options to extend opening times of discharge lounge at QEQUH to include weekends.	To review options and funding	Discharge lounge has been better utilised this month. Staffing requirement for longer hours to be scoped by Senior Matron.	KG	30/06/15	A
30 days	4	All medical patients to have a documented clinical handover/weekend plan for on-going care and discharge as appropriate	Standardise the structure of the Friday handover meeting to clarify leadership and membership in an SOP	Handover meetings take place. JH now on planned leave therefore LW will ask DM to take forward.  MDT 9am morning meeting to be implemented w/c 29 June 15 with Cold Team clinicaains, IDT. OSM and to include a weekend list of patients ready for discharge. SOP to clarify TOR for meeting to be included in the bed meeting review EH completing.	JH	30/06/15	G
60 days	4	ECIST recommendation to reduce LoS	ECIST recommendation to undertake LoS review of all paitents exceeding 7 days using ECIST point prevalence study	Weekly report of all 7 day plus patients will be sent to MB for cascade to Matrons/Consultants/Wards for review.	JH/KG	31/07/15	A



ECIST Time Frame from 01.06.15	Breach Reason	Headline	Summary Actions	Monthly Progress - June 2015	Senior Accountable Officer	Target Delivery Date	RAG Rating
30 days	4	ECIST recommendation - complex discharge	Review and deconstruct the process for fax 2 CHC and complex discharge. ECIST will support this work	New ECIST Recommendation - no internal progress in June, however KL has been working with wider health economy partners on the Discharge to Assess project. EH joining Trust on 29 June 15 to support a review of discharge process internally. Initially working at QEQUH.	KL	30/06/15	A
30 days	4	ECIST recommendation - LoS	Measure all those patients over 75 years in hospital for more than 14 days; set a baseline and stretch targets (good indicator for effectiveness of frailty pathway).	Report will be implemented from 29 June 15 and shared with Consultants/Matrons /Ward Managers for weekly monitoring.	PB	30/06/15	A
Information Analysis and Reporting							
30 days	4	Identify and manage variation in clinical LoS	Reinstate UCLTC consultant report pack and involve Site Leads & Speciality Leads in improvement plans	Will be implemented by mid July. Draft report for Clinical Lead sign off will be available w/c 29 June 15.	JH/MS	30/06/15	G
30 days	1,2,3,4,5	Breach analysis and learning by site	Each site to implement its own weekly performance meeting to support Trustwide review of breaches.  Start by splitting breach reasons into two groups: inside ED and outside ED (within EKHUFT responsibility).	Breach analysis is being led by DGM and has clinical engagement. Daily reporting of breaches at bed meetings has improved. Next steps to consider is how we engage all Divisions and make changes to remove trends.	LW	30/06/15	A
30 days	1,2,3,4,5	Tracking	Improve completion of tracking steps on ED system by clinical staff.	Poster implemented. Consultants are reiterating importance of tracking. Nursing staff have implemented 2 hourly MDT board rounds. Ongoing monitoring required.	AB/DJ/PO/MW	30/06/15	G
Trust Wide							
60 days	1,2,3,4,5	ECIST Recommendation - to launch Perfect Week to include audit of escalation procedures	Recalibrate the system and ensure escalation actions are undertaken.	New ECIST recommendation - Will be considered for the Autumn due to CQC in July and summer holidays.	JE	31/07/15	G
60 days	3,4	ECIST Recommendation - for acute medicine model	Develop a programme of implementation for the acute medical strategy	New model for medicine implemented with positive benefits to patient flow and patient experience. Ongoing learning and development of the model in place with feedback at the weekly meeting.	JH	31/07/15	A

# WILLIAM HARVEY HOSPITAL - EMERGENCY ACCESS RECOVERY PLAN

ECIST Time Frame from 01.06.15	Breach Reason	Headline	Summary Actions	Monthly Progress - June 2015	Senior Accountable Officer	Target Delivery Date	RAG Rating
Emergency Department							
30 days	1	Single site ED Consultant rota with cover until 22:00 required	Short term - Implement a single site on call rota with an extended working day to 22:00 across 7/7. Agree intensity and confirm cost of rota.	Rota developed for 1:6 cover at WHH and QEMH. Using internal locum shifts to fill gaps whilst recruitment progresses. Aim to implement rota in July. Final negotiations around job plans/rota progressing.	DJ/AB/LW	30/06/15	G
30 days	1	Identify consultant and senior doctor who is in charge of ED floor in SOP to reduce variability	Implement a rota which is displayed in ED Majors identifying who is the senior doctor in charge on the floor.	Senior clinicians (medical and nursing) displayed in depts and updated as shifts change on daily basis.	DJ/AB/LW	36/06/2015	G
30 days	1	Clarify roles and responsibilities for medical and nursing staff in ED, including departmental co-ordination	Update and implement roles and responsibilities document for medical staff within Emergency Floor SOP.  Nursing staff complete	Document in place. However, further improvement projects and staff engagement are bringing about additional positive changes, eg implementation of 2 hourly MDT board rounds in ED through a 24/7 period, implemented on the 28 June 15 by Band 7 nurses.	DJ/AB for medical KG/PO/MW for nursing	30/06/15	G
30 days	1,2,4	Improve portering response time	Review level of portering in ED across the 24 hours and increase cover at peak times	Meeting held with LW/PO/JR and Serco Manager which confirmed WHH has less portering cover than other two sites. Request made for equal level of cover to be put in place and the new QE rota times (to enhance and share cover across the emergency floor) be implemented asap. Serco reporting back to LW by 1 July.	LW/PO/MW	30/06/15	A
30 days	1	Crowding in ED impacting on patient care and patient flow	Develop protocol to enable ED to transfer patients with a DTA into a safe clinical environment.  All specialties need to agree over capacity protocol.	Protocol discussed at Service Improvement meeting. Concerns raised by nursing staff re the risks of patients being left in a corridor on a ward due to lack of space. DJ/AB/SS to discuss further as risk this will not proceed.	DJ/AB	30/06/15	A
120 days	5	Whole health economy to have a joined-up escalation process in SHREWD	Develop and agree whole health economy escalation policy that has input from all relevant stakeholders, including agreed response actions and timeframes.  Review use of SHREWD with EKHUFT. Senior Operations Group is leading this project.	LW/KM are part of the working group to develop system. Progressing to timescales and will now include the Trusts 'Smartie' information within the system.	AM	31/08/15	G
30 days	1	Initial assessment - ECIST recommend a nurse-led assessment process	To address the lack of clear assessment model for self presenting and ambulance patients. See and Treat to be consistently provided.	Roles and Responsibilities to include a senior nurse supernumery within majors has been implemented, however clarify required to confirm how this role links with nurse led assessment. LW to follow up via weekly meeting.	AB/PO/MW	30/06/15	A
30 days 120 days	1	Improve the physical environment at WHH	Improve visibility and layout of majors, minors and provide a dedicated paediatric area.	Plans progressing to timescales. Interim Paeds/RAT area and clinical workstation in majors will be completed by 7 July 15	AB/PO/LW	Phase 1 30/6/15  Phase 2 tbc	G
60 days	1	Reduce number of patients awaiting mental health review	Work jointly with KMPT to increase number of mental health staff available to see patients out of hours	Rota provided to cover from 9am to midnight on all sites. Lack of cover remains a high risk to all ED/ECC due to the delay in patients being assessed and for those requiring admission the time delay to a mental health bed.	GB	31/07/015	R
30 days	1	Trust-wide response to full capacity in ED	As part of escalation additional medical and nursing staff should be provided to emergency departments when agreed occupancy triggers are met	Links to crowding in ED action. No progress.	DJ/KG	30/06/15	R
60 days	1	Role and responsibility of consultant on call to be included in SOP	Agree role and responsibility of ED Consultant, Consultant Physician and Surgeon in managing and maintaining patient safety for emergency care patients within ED both in and out of hours.	Cover will be provided at WHH and QE QMH until 22:00 when new rota implemented. Discussions have begun around the R&R of ED Consultant, Physician and Surgeons when on call.	DJ/AB/Divisional Medical Directors	31/07/15	A

ECIST Time Frame from 01.06.15	Breach Reason	Headline	Summary Actions	Monthly Progress - June 2015	Senior Accountable Officer	Target Delivery Date	RAG Rating
60 days	1	Patients attending when fewer staff on duty	Review of patient flow against staffing numbers, to ensure good mix of staffing experience and numbers  ECIST have offered to support review of 24 hour profile of attendance.  Medical and nursing rotas to be reviewed to re-align staffing to peaks in activity.	EC-IST to be approached to clarify support available to review rotas. If a tool is not available we will refresh the work the Service Improvement Team and ED completed previously.	LW/AJB/DJ	31/07/15	A
120 days	1	All patients to be seen by a decision maker within 60 minutes of arrival in ED	Ensure all patients are assessed by an ENP or Doctor within 60 minutes and have a management plan documented.  Baseline performance January 2015 - %	EC-IST IPS have been revised and will be implemented on the 1/7/15 including a wide communication plan to ensure all staff aware, including locums.	DJ/AB/PO/MW	31/08/15	G
Specialties and Patient Flow							
120 days	3a,4a,4b	Acute Medical Unit (AMU)	Refresh modelling work to right size AMU capacity to ensure it can meet the demand and LoS requirements. Model assessment unit trolley/bed/chair requirement for assessment bay and LoS of two midnights. Model ward bed capacity to confirm specialist ward model. Risk assess model's effect on other capacity to inform what action to take.	Acute Medical Model implemented and progressing with regular reviews and feedback from clinical teams. Bed capacity has been improved since model implemented.	JH/KG/MS	31/08/15	G
60 days	3a	ECIST recommend AMU and short stay wards should have extended consultant presence every day (of at least 12 hours) with consultants working in blocks of more than one day	To review current on call arrangements for physicians and geriatricians alongside the introduction of the acute medicine model and recruitment of acute physicians	Options to formalise weekend cover with substantive consultants being discussed at UCLTC Clinical Board in July 15. Current consultant rota does not include on calls working in blocks. Ongoing discussions regarding 7 day working options are being led by DMD.	JH/LW/CA	31/07/15	A
30 days	2a,2b,3a,4a,5	Implement and re-launch SAFER patient flow bundle on every ward	ECIST recommendation to include daily SAFER compliance reports generated from every ward.  All wards must have a daily board round by a senior clinical decision maker scheduled for the mornings.	Implemented as part of the new speciality ward based model with daily monitoring by Matrons as part of EDD/Board round monitoring.	KG/AS	30/06/15	G
30 days	2	EDD to be allocated on post take ward round	All patients to have an EDD. EDDs to be reviewed daily. Weekly review by Senior Matron and Site Lead of all patients with expired EDD to confirm management plan with named consultant	Completed - but requires regular monitoring of impact.	IB	30/06/15	G
60 days	4	Remove extra beds and outliers  Extra beds and outliers are adding to site pressures and impeding patient flow. Clinical risk due to lack of staffing.	Extra beds and outliers are adding to site pressures and impeding patient flow. Clinical risk due to lack of staffing.  January baseline position: Number of extra beds & outliers WHH  Monitor montly performance by recording numbers of extra beds and outliers.	Extra beds are reducing. Monitor month performance by recording monthly numbers of extra beds and outliers.	JH/KG	31/07/15	A
30 days	3,4	Specialty Pathways	Identify and develop pathways which will support direct access pulling patients through without going via ED.	Speciality pathways being written and managed vai weekly meeting. Process mapping event taking place 3/7/15	DJ	30/06/15	A
30 days	3b,4e	Gynae	Develop emergency gynae service on Kennington Ward  Review EPU pathway at WHH	Emergency Gynae Unit will be opened by mid August.	TH	30/06/15	G

ECIST Time Frame from 01.06.15	Breach Reason	Headline	Summary Actions	Monthly Progress - June 2015	Senior Accountable Officer	Target Delivery Date	RAG Rating
30 days	3f,4f	Dedicated paediatric area to be provided in EDs to comply with CQC	Dedicated paediatric area is being built at WHH.  Increase paediatric nursing staff to ED at WHH & QEQMh.	Rota developed for a minimum of 12hours of cover daily. Recruitment progressing. Interim Paed area will be completed by 7 July 15.	PO/VM	30/06/15 Paed area. Nursing recruitment 31/12/15	G
30 days	2b	Radiology	Identify any diagnostic delays for specific modalities both in and out of hours. Standardise the process for ED requests to be received in Radiology dept. and agree KPI for faster diagnostics.	EC-IST IPS have been shared with MT for consideration.	DJ/Agr	30/06/15	A
60 days	2a	Pathology on screen alter for results	Develop on screen alert to enable ED to track pathology results	EC-IST IPS have been shared with MT for consideration. Meeting with Steven Rew and Marc Farr organised for July.	SR/LW	31/07/15	A
30 days	2a	Pathology near patient testing in ED to reduce turnaround times	Explore the opportunity to develop near patient testing in ED	Agree clinical lead from ED and pathology to scope the project	AB	30/06/15	R
30 days	2c	Pharmacy	Expand TTO availabilty on specialist ward areas to support early discharge.	EC-IST IPS have been shared with MT for consideration. Pharmacy attend weekly meeting. Projects being developed include additional support to Discharge Lounge, additional TTO packs on wards	IB/SG-B	30/06/15	G
60 days	3a	ECIST requirement for more rapid Comprehensive Geriatric Assessment (CGA) in assessment areas	Explore options for implementing CGA clinics within current job plans and ward based working model.	PB, LW/LA to meet to scope pilot for CGA. Meeting being arranged for early July following discussion at last Weekly meeting.	UG/JA	31/07/15	A
120 days	3d,4d	Trauma & Orthopaedics	Project to implement new model for Virtual Fracture Clinics across Trust	Project progressing to timescales, although being implemented at QEQMh first.	JB	31/08/15	G
30 days	3c,4c	ECIST recommendation for SAU and orthopaedic direct admission area	Review SAU location? Could assessment and short stay be on a surgical ward. Suggest Bath has a good model.  Scope T&O to have direct admission area.	T&O members of weekly meeting and are progressing Trauma Co-Ordinator recruitment to support T&O patients with DTA being pulled from ED to trauma ward.	CH/JB	30/06/15	A
30 days	3a	Create an emergency floor by placing medical elective care in a different location	Review staffing and identify possible location based on throughput of elective patients	Issues around location and staffing remain. Insufficient staffing to run current hot service due to vacancy and sickness. LW/JA and clinical team meeting to develop options for cold to be relocated to and staffing required for both areas. Meeting to be held w/c 29/6/15.	JA	30/06/15	A
60 days	3	GP Referral process	Review process for managing GP referrals via switchboard, including response times and arrangements for accepting referrals if specialist teams do not respond to calls within agreed timescale.	Completed - outcome will be used as part of the process mapping session on the 3 July and will link to DJ specialist pathways	DJ/LW	31/07/15	G
60 days	3	Specialists slow to arrive in A&E to give opinion when needed	Agree speciality response time within Emergency Floor Operational Policy of 30 minutes with management plan within two hours. Record on A&E module the referral to specialty and time seen by specialist to enable robust audit of performance.	Updated SOP will be implemented for use in Q2 whilst new SOP is written using DJ headings and to incorporate action cards (examples of good plans provided by JC).	DJ	31/07/15	G
30 days	2,3,4	ECIST recommendation to improve flow	Launch red and green day analysis	Completed. Monitoring required to assess value and staff engagement in process.	JH/KG	30/06/15	G
Internal Discharge Process							
30 days	4	Nurse-led discharge	Nurse-led discharge to be scoped across all Divisions and sites.	Move to longer term action.	Heads of Nursing	30/06/15 & ongoing	R
30 days	4	Extend opening times of discharge lounges at WHH	To review options and funding	Discharge lounge has been better utilised this month. Staffing requirement for longer hours being scoped by DP, Matron.	KG /LH	30/06/15	A
30 days	4	All medical patients to have a documented clinical handover/weekend plan for on-going care and discharge as appropriate	Standardise the structure of the Friday handover meeting to clarify leadership and membership in an SOP	Handover meetings take place. JH now on planned leave therefore LW will ask DJ and Dr IB to take forward.  MDT 9am morning meeting to be implemented w/c 29 June 15 with Cold Team clinicaains, IDT. OSM and to include a weekend list of patients ready for discharge. SOP to clarify TOR for meeting to be included in the bed meeting review EH completing.	JH	30/06/15	G

ECIST Time Frame from 01.06.15	Breach Reason	Headline	Summary Actions	Monthly Progress - June 2015	Senior Accountable Officer	Target Delivery Date	RAG Rating
60 days	4	ECIST recommendation to reduce LoS	ECIST recommendation to undertake LoS review of all paitents exceeding 7 days using ECIST point prevalence study	Weekly report of all 7 day plus patients will be sent to MB for cascade to Matrons/Consultants/Wards for review.	JH/KG	31/07/15	A
30 days	4	ECIST recommendation - complex discharge	Review and deconstruct the process for fax 2 CHC and complex discharge. ECIST will support this work	New ECIST Recommendation - no internal progress in June, however Kim Lee has been working with wider health economy partners on the Discharge to Assess project. Eileen Haigh joining Trust on 29 June 15 to support a review of discharge process internally. Initially working at QEQMH.	KL	30/06/15	A
30 days	4	ECIST recommendation - LoS	Measure all those patients over 75 years in hospital for more than 14 days; set a baseline and stretch targets (good indicator for effectiveness of frailty pathway).	Report will be implemented from 29 June 15 and shared with Consultants/Matrons /Ward Managers for weekly monitoring.	PB	30/06/15	A
Information Analysis and Reporting							
60 days	4	Bed management	Current bed management process to move from a paper based process to VitalPac.	Bed Manager WHH will pilot VitalPac on Cambridge J and M1 wards. Progressing to timescale.	AW/AS	31/07/15	A
30 days	4	Identify and manage variation in clinical LoS	Reinstate UCLTC consultant report pack and involve Site Leads & Speciality Leads in improvement plans	Will be implemented by mid July. Draft report for Clinical Lead sign off will be available w/c 29 June 15.	JH/IB	30/06/15	G
30 days	1,2,3,4,5	Breach analysis and learning by site	Each site to implement its own weekly performance meeting to support Trustwide review of breaches.  Start by splitting breach reasons into two groups: inside ED and outside ED (within EKHUFT responsibility).	Breach analysis is being led by DGM and has clinical engagement. Daily reporting of breaches at bed meetings has improved. Next steps to consider is how we engage all Divisions and make changes to remove trends.	LW	30/06/15	G
30 days	1,2,3,4,5	Tracking	Improve completion of tracking steps on ED system by clinical staff.	Poster implemented. Consultants are reiterating importance of tracking. Nursing staff have implemented 2 hourly MDT board rounds. Ongoing monitoring required.	AB/DJ/PO	30/06/15	G
Trust Wide							
60 days	1,2,3,4,5	ECIST Recommendation - to launch Perfect Week to include audit of escalation procedures	Recalibrate the system and ensure escalation actions are undertaken.	New ECIST recommendation - Will be considered for the Autumn due to CQC in July and summer holidays.	JE	31/07/15	G
60 days	3,4	ECIST Recommendation - for acute medicine model	Develop a programme of implementation for the acute medical strategy	New model for medicine implemented with positive benefits to patient flow and patient experience. Ongoing learning and development of the model in place with feedback at the weekly meeting.	JH/LW	31/07/15	G

Breach Reasons	
<b>1</b>	<b>ED delays</b>
1a	A&E delay
1b	Late referral to specialty
1c	Clinical need
1d	ED full capacity
<b>2</b>	<b>Diagnostics</b>
2a	Pathology delay
2b	Radiology delay
2c	Pharmacy delay
<b>3</b>	<b>Specialty delays</b>
3a	Awaiting medical/hcoop review
3b	Awaiting obs and gynae review
3c	Awaiting surgical review
3d	Awaiting T&O review
3e	Awaiting physiotherapy review
3f	Awaiting Paediatric review
<b>4</b>	<b>Bed flow</b>
4a	Awaiting CDU bed
4b	Awaiting medical bed
4c	Awaiting surgical bed
4d	Awaiting T&O bed
4e	Awaiting gynae bed
4f	Awaiting Paediatric bed
<b>5</b>	<b>External delays</b>
5a	Awaiting other healthcare provider
5b	Psych delay
5c	Transport delay