

Urgent Care Working Group

DRAFT - Action Plan and Progress

Action Note	Action	Lead	By When	Progress Update	RAG Status*
27/03/14					
1.0 Demand Management					
1.1	Public information Public information campaigns for winter 15/16 to be jointly planned with Local Authorities	Richard Morris / LA	31/08/14		
1.2	Proactive case management Establish primary care group (inflow) to review all issues through single work stream.	Sue Lock Chair with Coo's	11/04/14		
	Review proactive case management schemes across all CCGs and agree common areas to drive forward.	Inflow group	30/04/14		
	Develop service specification for Community MDT expansion particularly geriatrician support for virtual ward and telemed.	Inflow group	31/05/14		
	Implement a flag on patients notes to indicate where a care plan exists	Inflow group	31/04/14		
1.3	Senior review of care home residents Agree actions across all CCG's to support senior clinical review before an ambulance is called to care homes.	Inflow Group / EMAS	30/04/14		

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1.4	Management of Ambulance calls Review National benchmarking for conveyance, non-conveyance and ambulance handovers. Agree local trajectories	EMAS locality group / Paul St Clair	30/04/014	First analysis complete and being presented to CCG	
	Review the impact of current pre-hospital schemes across the health economy and agree actions.	EMAS locality group / Paul St Clair	30/04/14	Analysis complete and being presented to EMAS Operations Director on 18 th March.	
	Review referral routes into A&E from 999,111,GP,and OOH to inform opportunities for pre hospital intervention	EMAS locality group	31/05/14	Initial work complete for L'Bro UCC. Further referral routes being explored within Locality meeting .	
KEO	Monitoring see and treat rates and agree actions to achieve the aspirations of 50% of 999 calls managed at the scene.	EMAS Locality Group	30/04/14		
1.5	Consultant triage Review current acute medical triage arrangements and identify a clear strategy for a 14/7 service. Review scope and impact of current hot clinics	Andrew Furlong	31/05/14		
	Implement a surgical triage service and review scope of current hot clinics	Andrew Furlong	31/05/14		

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1.6.	Ambulatory Care Review of ambulatory pathways and undertake a gap analysis. Report to UCWG on 27/03/14 Identify actions from the review and make recommendations for further development,	Michael Keiser	27/03/14		
1.7.	In-hours access to primary care Each CCG to review and summarise actions taken to improve access. Identify actions for CCG's and those undertaken by Area team	Inflow Group	31/05/14		
1.8.	Out-of-hours access to primary care Review of OOH provision	Angela Bright	31/05/14		

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1.9.	<p>NHS 111 Review of DOS for call disposition and pathway selection to enable wider user access. EMAS – further workshops with triage team to understand options for dispersal and roll out</p>	Tony Menzies and Paul St Clair	30/04/14		

2.0 Flow within A&E

2.1	<p>100% Minor case compliant Weekly exception reports to UCWG – as part of HII</p>	Richard Mitchell	02/04/14		
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2.2	Booking patients EMAS and UCC handover – UCC/ UHL weekly operational and governance meeting to review data, blocks and actions required. Review potential mechanisms to speed handover between from both EMAS and UCC to release staff	Kim Wilding Richard Mitchell	30/04/14 30/04/14		
2.3	Diagnostics Scope compliance with 7 day access for each of the key areas – A&E, AMU's, SAU's and base wards across each site. Agree action plan.	Andrew Furlong	30/04/14		
2.4	Medical Assessments Limit admitting rights to Consultant / senior decision makers only	Ben Teasdale	18/04/14		
	Review of admissions rates by clinician	Jay Banerjee	30/04/14		
	Monitor compliance with first medical assessment within 1 hour via HII dashboard	Richard Mitchell	30/04/14		
2.5	Access to specialist Opinion Implementation of SOP - monitoring impact over a month	Andrew Furlong	30/04/14		

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2.6	Mental Health Liaison Mental health triage – 4 month pilot-identified KPI's to monitor impact. Utilisation of ED mental health area protocols, pathway and resources. Establish Psychiatric liaison – linked to the crisis response and pathway protocol	Debbie O'Donovan/Jane Edyvean/Kim Wilding	30/04/14	Next pathway meeting within the next week	
2.7	Appropriate use of A&E Direct ward access for assessment to ENT, Urology, Maxfax, Rheumatology, Gynae and Orthopaedics	Richard Mitchell	31/10/14	This requires the delivery of the capacity plan	
	ENT equipment into UCC to avoid A&E transfer – agree funding stream	UCWG	27/03/14		

3.0 Hospital Bed Flow

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3.1	<p>Bed availability</p> <p>Increase bed stock to meet required capacity for forecast (contracted) activity</p> <ul style="list-style-type: none"> Final paper to UHL ET on 22 April Final paper to UCWG on 24 April Conclusion of estates work Recruitment to required levels of staffing 	<p>Richard Mitchell</p> <p>Kate Shields</p> <p>Rachel Overfield</p>	<p>As detailed</p> <p>31 /10/14</p> <p>31/10/14</p>		
3.2	<p>Senior medical reviews</p> <p>Check match of required ward rounds to consultant job plans</p>	Andrew Furlong	31/08/14		
	Recruitment of sufficient acute medicine and geriatric consultants to achieve 7 day consultant working on base medical and elderly wards and extension of EFU hours	Catherine Free	30/09/14		
	Review of effectiveness of ward rounds -	Andrew Furlong/Julia Ball	31/08/14		

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3.3	Morning Discharge rates Learning from acute trusts identified as already hitting the 70% target	Richard Mitchell	31/05/14		
	Confirmation every night of the patients suitable for discharges the next morning	Richard Mitchell	30/04/14		
	Confirmation every day at 0830 of the patients who will be discharged before 1100	Richard Mitchell	30/04/14		
	Confirmation every day at 1100 of the patients who will be discharged before 1300 Weekly review of ward by ward compliance with 70% target	Richard Mitchell	30/04/14		
	Learning from Sherwood Forest (new site manager joins from there on 1 April 2014)	Richard Mitchell	30/04/14		
3.4	Mental Health Review protocols and align escalation routes	Debbie O'Donovan / Julia Ball/Nikki Beacher	30/04/14		
	Review alignment of protocols to CHS		31/05/14		

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Completed actions arising from the ECAT Committee meeting

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4.0 Delayed Transfers of Care					
4.1	Maximum DTOC level Daily DTOC calls chaired by the CCG	Jane Taylor	Started	Needs sustainable solution	
	Confirmation of application of DTOC definitions.	Jim Bosworth	11/04/14		
	Daily monitoring of Numbers delayed, Days delayed , organisations responsible – report weekly to UCWG Consider agreeing maximum acceptable proportion of discharges by agency within 3.5% ceiling, and introduce monitoring system. Include in contracts as appropriate.	Jane Taylor Jane Taylor	02/04/14 30/04/14		
4.2	Transfers to other hospitals / out of area transfers A protocol for escalation when there are delays with out of area transfers	Richard Mitchell / Rachel Bilsborough	30/04/14		
	Review contractual arrangements for out of area transport transfers	Jane Chapman	11/04/14		

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4.3	Social Care DTOC As 4.1				
General	Confirm process for validation of DTOC returns for both UHL and LPT for formal reporting.	Jane Taylor with LPT/UHL	09/04/14		
	Review the impact of ICS, IRS and HART services	Discharge group	30/04/14		
	Develop single brokerage arrangements for nursing and residential homes across health and social care partners	Jane Taylor	31/05/14	First meeting 4 th April	
	Remodel discharge to assess processes in order to support effective reablement pathways, supported by appropriate models of care, resources and integrated community based services where this will improve processes and flow..	Jane Taylor via Discharge Group / CCG's	31/05/14		

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	Review effective use of existing community capacity: Engagement with care homes to build partnership working and effective transfers of care and to increasing capacity where appropriate Hospital avoidance through step up and step down initiatives such as residential reablement Agreeing and improving management information and communication	Jane Taylor via Discharge Group / CCG's	31/05/14		
	Review arrangements for CHC assessments agree development plan linked to discharge to assess arrangements.	Dave Briggs – steering group	30/09/14		

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4.4	Home Equipment Review home equipment arrangement to incorporate community hospital services.	Jane Taylor	04/04/14	Agreed with Julie Morley – Prescribers to be identified and services will then extend to CHS as set up for UHL	

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5.0 Urgent Care Working Group

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5.1	Implementing Actions Utilisation of the National Standards to build on improvement plans – first draft (this document)	UCWG	27/03/14		
	Agree performance management mechanism for the implementation of this plan and its further development	UCWG	27/03/14		
	Incorporation actions required from the National reports - Keogh report and 24/7 working	On-going within actions in this plan			
5.2	Bed flow and Discharge To articulate the Health economy bed changes proposed and to align the impact with actions to support the maintenance of flow	CCG MD's	30/04/14		

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