

Northern Devon Locality

Improvement and Recovery Plan

Part A: Immediate Actions to improve 4hr Performance by end of Q1

Driver Specific Issue / gap / objective requiring action	Monitoring/ Measurable How we know we have succeeded	Ref	Actions Specific, Achievable Stated clearly, communicated widely	Person Responsible	Time-Frame To Achieve Timebound	Outcome	Status
Pre Hospital							
Availability of Urgent Primary Care appts	CCG can promote availability of “on-the-day” appointments with confidence	2.1	<ul style="list-style-type: none"> • Map existing practices using telephone triage and call-back. Assess effectiveness. • Work with Practice Managers to identify all methods used to deliver same day urgent primary-care access. Identify shortfalls. 	Moses Warburton/ Dr Tim Chesworth	By June 18 th 2013		B
Rapid Response via Pathfinder	Reduced unnecessary admissions	2.8	<p>Review current Rapid Response arrangements to improve ease of access and speed of response. Ensure effective communication to NDHT wards, Primary care and health and social care services.</p> <p>Raise profile of availability of Rapid Response services in NDDH and externally.</p>	Cluster Managers	30 th June 2013		B

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Emergency Department							
Ambulance Handovers	Reduction in delays over 15 and 30mins D020b Report	3.1	Develop and agree Ambulance Handover Policy	Chris Cruise	Completed		G
		3.2	Review and produce exception report on all 1hr delays with 24hrs	Chris Cruise	Ongoing		G
		3.3	Monthly meetings with SWAST and Commissioners to review delays monitor trends and agree action	Chis Cruise, Moses Warburton, Carole King	Ongoing		G
		3.4	Review potential for increasing physical capacity for ambulance handovers	Sharon Hinsley	31 st May 2013		B
Layout and Physical Capacity		3.5	Review current layout and capacity and identify any improvements which could be achieved ahead of the Hub development	Sharon Hinsley	31 st May 2013		B
Rapid discharge from ED	Reduced number of patients admitted from ED. Increase in number of patients returning home direct from	3.9	<ul style="list-style-type: none"> ○ Pathfinder to review patients admitted onto PAS in ED and check if known to CCTs. To alert case manager asap. ○ Explore usefulness of flag system on PAS for case 	Karen Jupp	30 th June 2013		B

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	ED.		<p>managed patients, prior to transfer to white board.</p> <ul style="list-style-type: none"> ○ Consider use of Red Cross Home from Hospital to expediate discharge, also use of Free Wheelers to deliver medication for patients at home. 	Pathfinder, ED			
Management of Expected Medical and Surgical Patients	<p>Reduction in number of A&E breaches due to Awaiting Bed or Specialty Review</p> <p>Increase in number of expected patients being assessed within 1hr of arrival</p>	3.10	Pathways for Expected Patients to be developed agreed and disseminated	Andrew Burgess Heather Brazier	Completed	Completed, Pathways agreed and circulated. Response audited through breach validation. Stepped improvement in breaches due to awaiting specialty noted in June.	G
Discharge Planning							
Morning Discharges	Increased number of	4.1	Daily Discharge Board rounds to continue on all wards	Divisional Managers	Ongoing		B

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	patients being discharged before midday						
	Reduction in transport delays or cancellations	4.2	Ticket home, EDD based on LOS and electronic White boards to be piloted on 2 Surgical and 2 Medical Wards	Chris Cruise / Andrea Bell/Mike Jones	31 st August 2013	First project Meeting 30 th April.	B
	Weekly report on discharge times, by Ward.	4.3	Business case for use of Pre Packs TTO's for all elective IP	Niall Ferguson / Sharon Bates	31 st May 2013		B
	Monthly report on transport delays and cancellations	4.4	Develop Nurse Lead Discharge on Orthopaedics	Debbie Bennion / Gillian Taylor	31 st May 2013		B
	Reduction in 4hr breaches awaiting bed	4.5	Pharmacy Milk Round to be piloted for 3 months	Niall Ferguson / Sharon Bates	Week 1 March 2013	Evaluation completed, pilot extended for further 3 months	G
	Reduction in Amb handover delays	4.6	Dedicated morning discharge vehicle	Chris Cruise	Ongoing		G
Weekend Discharges	Weekly report on discharge times, by Ward.	4.7	Discharge Team to be piloted at weekends; supported by increased staff at weekends in Pathfinder.	Andrew Burgess	April 2013		B
		4.8	Pilot of additional therapies at weekends	Helen Cooke	May 2013	Pilot has been completed and is currently being	B

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						evaluated.	
Discharge Lounge	Increased number of beds available on Wards earlier in the day Reduction in A&E breaches due to transport	4.9	Raise awareness of discharge lounge and promote use as business as usual	Chris Cruise	July 2013		B
Effective use of Pathfinder in discharge	Reduced delays in discharges	4.10	<ul style="list-style-type: none"> ○ Referral to Pathfinder for complex discharges early in the day and as early as possible in the patient journey through NDDH. ○ Raise awareness of services available through Pathfinder to facilitate discharges. 	Wards, Karen Jupp	ongoing		B
PTS	Daily reports of cancellations and delays	4.13	Audit of PTS requests against eligibility criteria	Chris Cruise	Completed	Completed	G
		4.14	Review of PTS Policy		31 st July 2013		B
		4.15	Produce Patient Information		31 st July 2013		B

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		4.16	Increase staff awareness of PTS criteria		31 st July 2013		B
Post Discharge							
Reducing avoidable future admissions	Reduction in avoidable admissions	5.1	Community Nurses and CCTs to utilise data from DPM, ADD, GP records to alert to admissions avoidance and potential case management.	Cluster managers	Ongoing		B

Part B: Immediate and Medium Term Actions to Sustain Performance and develop Capacity Plan

Driver Specific Issue / gap / objective requiring action	Monitoring/ Measurable How we know we have succeeded	Ref	Actions Specific, Achievable Stated clearly, communicated widely	Person Responsible	Time-Frame To Achieve Timebound	Outcome	Status
Urgent Care Board							
Urgent Care Board	Minutes	1.1	Establish a Locality Urgent Care Board	Caroline Dawes/ Kate Lyons	18 th June	First Meeting of reconvened group to be held on the 18 th June	B
Mapping of existing urgent care groups	Mapping Paper	1.2	Map existing urgent care groups to ensure clarity regarding roles and responsibilities	Moses Warburton	18 th June		B
Urgent Care Dashboard	Urgent Care Board	1.3	Develop a dashboard to monitor the whole urgent care system	Moses Warburton/ Chris Cruise	1 st draft for 18 th June		B
Urgent Care Action Plan	Urgent Care Board	1..4	Develop and agree an action plan incorporating the Kings Fund Emergency Care Check List and ECIST best practice.	Moses Warburton/Chris Cruise	31 st May		B
Champions	Attendance at Board	1.5	Identify Urgent Care Champions	Caroline Dawes/ Kate Lyons	18 th June		G

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Pre Hospital							
Availability of Urgent Primary Care appts	CCG can promote availability of “on-the-day” appointments with confidence	2.1	<ul style="list-style-type: none"> • Map existing practices using telephone triage and call-back. Assess effectiveness. • Work with Practice Managers to identify all methods used to deliver same day urgent primary-care access. Identify shortfalls. • 	Moses Warburton/ Dr Tim Chesworth	By June 18 th 2013		B
Batching of Ambulance Arrivals	Perceptions of bunching abate and data shows better distribution of this cohort across the working day.	2.2	<ul style="list-style-type: none"> • Work with GPs to look at practice for home visits and impact on system. • Obtain Ambulance data on geography and timing of GP-Urgent Requests. 	Moses Warburton/Dr James Szymankiewicz	By June 18 th 2013		B
Nursing Home admissions	Lower numbers of avoidable admissions from Care homes and more consistent practice across locality	2.3	Commence specific stream of work in primary care around Care Homes to tie together: <ul style="list-style-type: none"> • CQUIN work with ambulance service to identify frequent caller Nursing Homes • ES work with Practices around: <ul style="list-style-type: none"> ○ End-of-Life ○ Advanced Care Planning ○ Proactive case management (DPM) 	Moses Warburton/ Dr Chris Bowman & Dr Duncan Bardner	By August 2013		B

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			<ul style="list-style-type: none"> S256 project with support, training for residential and nursing care homes; RCA to be completed for admissions with care homes and primary care and feedback with local action plans. 	Chris Thomas	July 2013		
NHS 111	111 Sitrep	2.4	Develop Locality Monitoring and Contingency Plan (consistent with Devon-wide plans)	Moses Warburton/Elaine Fitzgerald (Partnership Directorate) Chris Cruise	30 th June 2013		B
		2.5	Develop and maintain Directory of Service	Neil McNeil	30 th June 2013		B
Minor Injury Units	Agreed Spec	2.6	Development of specification for MIUs	Tamara Powderly, Moses Warburton	30 th June 2013		B
GP OOH	OOH Metrics	2.7	Ensure that local issues are feed into the OOH reprocurement exercise	Moses Warburton	Ongoing		B
Rapid Response via Pathfinder	Reduced unnecessary admissions	2.8	Review current Rapid Response arrangements to improve ease if access and speed of response. Ensure effective communication to NDHT wards, Primary care	Cluster Managers	30 th June 2013		B

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			and health and social care services. Raise profile of availability of Rapid Response services in NDDH and externally.				
Emergency Department							
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		3.2	Review and produce exception report on all 1hr delays with 24hrs	Chris Cruise	Ongoing		G
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		3.4	Review potential for increasing physical capacity for ambulance handovers	Sharon Hinsley	31 st May 2013		B
Layout and Physical Capacity		3.5	Review current layout and capacity and identify any improvements which could be achieved ahead of the Hub development	Sharon Hinsley	31 st May 2013		B
	Emergency Hub Project Board	3.6	Develop the operational policy for the Emergency Hub	Sharon Hinsley	30 th September 2013		B

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See and Treat	Patient Flow Group	3.7	Review the potential for establishing See and Treat as business as usual	Liam Kevern	31 st July 2013		B
Triage	Patient Flow Group	3.8	Review Triage process and assess potential for reducing or eliminating triage	Liam Kevern / Jo Hope	31 st July 2013		B
Rapid discharge from ED	Reduced number of patients admitted from ED. Increase in number of patients returning home direct from ED.	3.9	<ul style="list-style-type: none"> o Pathfinder to review patients admitted onto PAS in ED and check if known to CCTs. To alert case manager asap. o Explore usefulness of flag system on PAS for case managed patients, prior to transfer to white board. o Consider use of Red Cross Home from Hospital to expediate discharge, also use of Free Wheelers to deliver medication for patients at home. 	Karen Jupp Pathfinder, ED	30 th June 2013		B
Management of Expected Medical and Surgical Patients	Reduction in number of A&E breaches due to Awaiting Bed or Specialty Review Increase in	3.10	Pathways for Expected Patients to be developed agreed and disseminated	Andrew Burgess Heather Brazier	Completed	Completed, Pathways agreed and circulated. Response audited through breach validation. Stepped improvement in	G

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	number of expected patients being assessed within 1hr of arrival					breaches due to awaiting specialty noted in June.	
Management of patients requiring Psych Review	No of psych patients	3.11	NDDH and DPT to review and agree pathway for patients requiring psych review	Kate Lyons / DPT	30 th September 2013		B
Discharge Planning							
Morning Discharges	Increased number of patients being discharged before midday	4.1	Daily Discharge Board rounds to continue on all wards	Divisional Managers	Ongoing		B
		4.2	Ticket home, EDD based on LOS and electronic White boards to be piloted on 2 Surgical and 2 Medical Wards	Chris Cruise / Andrea Bell/Mike Jones	31 st August 2013	First project Meeting 30 th April.	B
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	Weekly report on discharge times, by Ward.						
	Monthly report on						

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	Reduction in Amb handover delays						
Weekend Discharges	Weekly report on discharge times, by Ward.	4.7	Discharge Team to be piloted at weekends; supported by increased staff at weekends in Pathfinder.	Andrew Burgess	April 2013		B
		4.8	Pilot of additional therapies at weekends	Helen Cooke	May 2013	Pilot has been completed and is currently being evaluated.	B
Discharge Lounge	Increased number of beds available on Wards earlier in the day	4.9	Review options for dedicated space for Discharge lounge	Kate Lyons, Janet Phipps, Chris Cruise.	July 2013		B
	Reduction in A&E breaches due to transport	4.10	Raise awareness of discharge lounge and promote use as business as usual	Chris Cruise	July 2013		B

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Estimated Date of Discharge	Daily report on Predicted Discharges Audit of EDD and ADD	4.12	Pilot use of EDD based on LOS and use of electronic white boards	Chris Cruise / Andrea Bell/Mike Jones	31 st August 2013	Visit to Torbay completed. Project mandate approved. First project Meeting 30 th April.	B
PTS	Daily reports of cancellations and delays	4.13	Audit of PTS requests against eligibility criteria	Chris Cruise	Completed	Completed	G
		4.14	Review of PTS Policy		31 st July 2013		B
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Post Discharge							
Reducing avoidable future admissions	Reduction in avoidable admissions	5.1	Community Nurses and CCTs to utilise data from DPM, ADD, GP records to alert to admissions avoidance and potential case management.	Cluster managers	Ongoing		B
Future admissions from care homes	Reduction in admissions from care homes	5.2	Root Cause Analysis work being undertaken for admissions from care homes in project area (Ilf, Braunton, Lynton, South Molton) with local primary care and care homes. Action plans to be shared with NDDH	Chris Thomas	July 2013		B
System Wide Capacity and Demand Management							
Winter Debrief		6.1	All partners to participate in Winter debrief to identify lessons learnt and learning to be incorporated in development of plan for 2013/14	Caroline Dawes/ Kate Lyons	31 st July 2013		B
Locality Capacity Plan		6.2	All partners to develop and agree Locality Capacity Plan. This will be a year round plan detailing management of surges in demand	Chris Cruise/Moses Warburton	30 th September 2013		B

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Locality Escalation Framework		6.3	All partners to agree Escalation Framework/Protocol, including system wide actions to be taken in line with South of England document.	Chris Cruise /Moses Warburton	30 th September 2013		B
Predictive Capacity Monitoring Tool		6.4	Review the potential for system wide predictive modelling	Chris Cruise/ Moses Warburton	30 th September 2013		B