

South Tees Hospitals NHS Foundation Trust A & E Action Plan – Updated May 2013

Issue	Action	Responsible Key Leads	Comments/Completed – Yes/No
Escalation between A & E team and Corporate Bed Management Team (CBMT)	<p>Improve methods of communicating when patients requiring admission are within their last 60 minutes of breaching</p> <p>Ensure all parties are compliant with the escalation process.</p>	A & E Directorate Manager Lead Nurse, CBMT	<p>The CBMT are revisiting the escalation process on 6/2/13 to ensure all staff are consistent and compliant with the escalation policy.</p> <p>All patients who are in the last 60 minutes of breaching are escalated to the CBMT or in working hours to the relevant specialty teams. All communication is recorded in the A&E patient flow record.</p> <p>Action completed in the current work time of 9am to 9pm. Trust to explore 24 hour cover action date July 2013</p>
CBMT to facilitate the increase in available bed capacity earlier in the day	Earlier during the morning, review the potential outlying patients to create acute medical beds	Lead Nurse, CBMT	<p>Action completed</p> <p>The working practice of the CBMT has been reviewed. The site sisters will visit all medical wards to acquire patients for discharge and expedite the discharge. The patient flow co-ordinator will visit the remaining wards to highlight beds available to outlie patients into. This process will be completed between 9am and 12noon.</p>
Identify suitable patients to outlie in order to support the increase in available bed capacity	Directorate Manager to attend wards early morning to check for suitable patients to outlie. This information to be communicated to the CBMT before 10.30 a.m.	Directorate Managers, Acute Medicine	<p>Action completed</p> <p>The directorate managers in medicine have stopped completing this process and it has reverted back to the old process of the wards faxing the information. Further discussion with the Divisional Manager for Acute Medicine is being arranged to discuss the best way forward.</p>
Centralise surgical bed management to improve flexibility of CBMT and infrastructure	Business case to be developed to seek approval for any additional costs associated with the centralisation of surgical bed management	Divisional Manager for Surgery Head of Performance Management	<p>Meeting has already taken place and options proposed, business case written.</p> <p>Implementation date :1/09/2013</p>

Appendix 2

		Lead Nurse, CBMT	
Transfer of patients direct from A & E to an acute medical ward bypassing AAU	CBMT to work with the A & E medics for clinically suitable patients	A & E Clinical Director Lead Nurse, CBMT	This action is completed for daytime (Mon – Fri between the hours of 09.00 and 16.00.) This still only occurs on rare occasions. Although this was agreed previously, further work on the process with clinical/medical teams is required in order to accept direct admissions ensuring patient care is not compromised. Final completion date 1/10/2013
Review the processes for recording information electronically to ensure an accurate record of outlying patient information is available as current practice is not robust	Explore whether E-Camis could be used to produce electronic list of identified outliers	Lead Nurse, CBMT IT and Systems Development Team	Ongoing process Final Action date: 1/09 2013
Review the efficiency and effectiveness of the CBMT to identify a suitable bed within the 4 hour target	Undertake an audit of all December breaches attributed to 'bed wait' as the reason and provide analysis	Lead Nurse, CBMT Head of Performance Management	Action completed
Representation and interaction by CBMT at the weekly A & E breach meetings	CBMT to ensure there is always representation at the weekly breach meetings held in the A & E department and to ensure any ongoing issues relating to CBMT processes and systems are resolved. Feedback mechanisms from the A & E weekly breach meetings to be formalised within the CBMT team to ensure opportunity for appropriate discussion and awareness of issues across the full team.	Lead Nurse, CBMT Head of Performance Management	Action completed Weekly breach meeting is in both the Lead Nurse and Head of Performance Mgt diaries. Monthly team meetings for CBMT are in place and the A & E breach meetings will be a regular agenda item.

Appendix 2

<p>Increase CBMT resources throughout the Q4 period.</p>	<p>An additional Band 7 Site Sister will be on duty on Sundays and Mondays throughout January, February and March to support the current infrastructure in the CBMT at busier times.</p>	<p>Lead Nurse, CBMT Head of Performance Management</p>	<p>Action completed</p> <p>This was in place for the Q4 period.</p> <p>CBMT are reviewing the need for this arrangement for 8 hour shifts during the week/weekend for the next coming year.</p> <p>A proposal has been submitted.</p>
<p>The purpose of bed management should be confirmed as supporting flow models - the aim is to get the right patient into the right bed without delay.</p>	<p>Revise bed management policy and standard operating procedures.</p>	<p>Lead Nurse, CBMT Head of Performance Management</p>	<p>Implementation date 1/7/2013</p> <p>The bed mgt policy has been revised and approved. Standard Operating Procedures (SOPs) incorporate the flow models from an operational perspective and are more detailed than the policy. To be approved at Formal Management Group in June 2013.</p>
<p>Bed managers should all be trained to use Camis effectively to support bed management processes.</p>	<p>Ensure appropriate processes and systems are in place for training and refresher training on the PAS system.</p>	<p>Lead Nurse, CBMT</p>	<p>Action completed</p> <p>All staff currently employed within the corporate bed mgt team have received training on CAMIS and there is a training procedure in place for new starters and those returning from having a period of time away from work. The corporate bed mgt team work in collaboration with IT & Health Care Records Directorate for this.</p> <p>Applying the theory and using test patients is quite different to putting this into 'live' practice and we recognise this can be challenging at times for staff when they are under constant pressure. Therefore, to ensure the process is robust, this element will be discussed with existing staff as part of their yearly SDR. Refresher training will be recommended if this is highlighted as a performance issue. This does not necessarily need to wait until an SDR if such performance issues are highlighted earlier (before the SDR is due).</p>
<p>Ambulances queues CQI</p>	<p>Need to ensure that flow within the department is sustained and escalation policy followed. Patients triaged who can be moved to the waiting area for S&T</p>	<p>Shop floor consultant. Nurse co-coordinator All senior staff</p>	<p>Review date as part of funding plan by 1/09/2013</p> <p>All ambulance patients triaged and observations recorded as appropriate, escalation to NEAS and YAS when delays are</p>

Appendix 2

	<p>or clinical assessment area.</p> <p>See and treat majors model Sat, Sun Mondays</p> <p>Nurse Practitioner support</p>		<p>occurring. Consultant on call review patients in the queue. See and treat majors model improves patients flow when there is capacity in the department of the process to take place. Senior decision making and fast access to diagnostics allows for early intervention and discharge decisions. However this is currently only over 3 days of the week. The model allows the shop floor consultant to manage the resus area without impacting directly on the majors area in the short term. (This ends March 31 2013) Nurse practitioner roles support the medical team and clerking of patients whilst improving the patient pathway, and expediting discharges. (This model was supported by non-recurrent funding)</p>
Supported discharge	A&E therapies team	Case management team A&E staff	<p>Action completed-pilot in operation</p> <p>Improved discharge from A&E for patients who require therapy support.</p> <p>Effective for supported discharge according to the activity figures.</p>
Total time in department	Weekly breaches meetings	Directorate manager Senior sister A&E	<p>Action completed</p> <p>Improvements in communication for breach reasons and sharing information and analysis. Feedback for specialties for recurrent breaches who are then taking the information back to discuss with teams to improve pathways and response times. Improvements in communication mean that specialty breaches are investigated thoroughly and are actioned appropriately as necessary.</p>
Specialty patients referred directly to department	Feedback to relevant specialty when inappropriate referrals made	Clinical and nursing teams	<p>Action completed, monitoring of performance at weekly breach meetings</p> <p>A&E Clinical team to ensure that specialty teams follow correct pathways and give feedback to them when there are deviations.</p>
Improvements in communication within the nursing team	Twice daily huddles with the nursing team	Nursing team	<p>Action completed</p> <p>Discuss workload, performance and challenges. Issues that impact upon the daily working practices. Any new processes etc. Ongoing and very informative.</p>

Appendix 2

Medical cover in the department	Review and revision of the medical rota to ensure that there is more senior cover at critical times in the department	Clinical Director CoS Divisional manager	1/9/2013 Improved consultant cover at busy periods to ensure that patients who require resus are managed appropriately without the majors area being depleted of medical staffing to maintain flow and processing.
RPIW	A front of house RPIW is being scoped in partnership with the CCG.	Deputy Director of Transformation	1/10/2013 Scoping workshop scheduled for June 3 2013. Full RPIW to take place 15 th July.
Internal diverts	A proposal has been put forward by the A&E team to change the flow process with the trust.	Medical Director	1/9/2013 This will be discussed by the Chiefs of Service May 29 2013.
Improving delayed discharges	Several day-out workshops (RPIW style) have been organized for staff to improve and escalate the work on delayed discharges. This includes information provided by case managers on reasons for delayed discharges	Gill Collinson Julie Poultney	Expected completion: 1/10/2013 Action in progress. 3 wards have finished these days with positive feedback. A further 20 wards have been scheduled