

Brent and Harrow Recovery and Improvement Plan – updated 20th November 2013

This document was reviewed by the Brent & Harrow Urgent Care Operations Group on 20th November 2013. In light of the need to report back to NHSE on our Recovery & Improvement Plan, the plan has been mapped out against their reporting structure. Actions are included below under the relevant NHSE headings.

- **Increased numbers of patients arriving at A&E. There is a general rising tide with 5.9% more attendances in 2012/13, than in 2009/10. However, the total numbers attending in Q4 of 2012-13 (which is when the significant deterioration began) was 1.7% lower than the previous Q4.**
- **Increased number of acute admissions putting pressure on beds. There were 10.6% more emergency admissions in 2012/13 than in 2009/10. There is general consensus (though it is hard to identify the evidence) that patients presenting are more ill and hence more likely to need admission and have longer stays.**

Subject	Issue/Action	To be Actioned by	Action Taken	Date Opened	Deadline
1. Admission avoidance pathway development (Stage A: Prior to A&E)	Consistent use of co-ordinate my care To reduce EOL NEL admissions.	CCGs/Brent: Gillian Gale		16/10/2013	2/12/2013
1. Admission avoidance pathway development (Stage A: Prior to A&E)	ICP to target process for A&E frequent attenders. To avoid unscheduled care where possible directing patients away from A&E. Will we see a reduction on NEL admissions over a period of time if this list is obtained?	Tina Benson Sheik Auladin Dr Mo Ali Susan Hearn	NWLHT to provide list of A&E frequent attenders.	16/10/2013	2/12/2013

Subject	Issue/Action	To be Actioned by	Action Taken	Date Opened	Deadline
1. Admission avoidance pathway development (Stage A: Prior to A&E)	Harrow ICP Innovation fund schemes live. To avoid unscheduled care where possible directing patients away from A&E. Need KPIs to define success, what we expect the reduction to be.	Sheik Auladin, Dr Amol Kelshiker Jason Antrobus	CCGs to define KPIs.	16/10/2013	2/12/2013
1. Admission avoidance pathway development (Stage A: Prior to A&E)	Brent ICP Innovation fund schemes live. To avoid unscheduled care where possible directing patients away from A&E. Need KPIs to define success, what we expect the reduction to be.	Sheik Auladin Jason Antrobus	CCGs to define KPIs	16/10/2013	2/12/2013
1. Admission avoidance pathway development (Stage A: Prior to A&E)	NWLHT action plan to drive improvement in patient handover performance, working towards achievement within 15, 30 & 60 minutes from arrival, 100% of the time. To ensure improvements in ambulance turnaround processes/KPIs are achieved and maintained.	Peter Rhodes James Walters	Fortnightly meetings been held with Trust and LAS	16/10/2013	2/12/2013
1. Admission avoidance pathway development (Stage A: Prior to A&E)	Expansion of Ambulatory Care pathways to 20 pathways. To prevent admissions and use as point of entry to care of patients in the community.	John Swiatczak Jason Antrobus	Meeting had with NWLHT. Plan for trust to issue set of draft pathways for clinical review on 26 November	16/10/2013	2/12/2013
1. Admission avoidance pathway development (Stage A: Prior to A&E)	NWLHT and CCG sign off of counting, coding and costing. To ensure accurate recording and funding of A&E and Ambulatory Care activity.	Tina Benson, Stephen Dixon Liz McLean	Data flag – difficult to obtain.	16/10/2013	2/12/2013

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1. Admission avoidance pathway development (Stage A: Prior to A&E)	Performance management of current commissioned service and admission avoidance targets. Delivery of admission avoidance QIPP plan for 2013/14.	Jason Antrobus,	Systems in place.	16/10/2013	2/12/2013
1. Admission avoidance pathway development (Stage A: Prior to A&E)	Start Harrow STARRS procurement process (advert out on Suppl2Health). Re-procurement process to acquire a single provider to deliver the revised specification.	Jason Antrobus	Following collaboration route now, not procurement. Letter drafted, reviewing internally with CCG before issuing next steps to NWLHT	16/10/2013	2/12/2013
1. Admission avoidance pathway development (Stage A: Prior to A&E)	Finish Harrow STARRS procurement – contract signed for new service provider. Delivery of admission avoidance QIPP plan for 2014/15 and bridge 2013/14 shortfall.	Jason Antrobus, Dr Dilip Patel	Following collaboration route now, not procurement. Letter drafted, reviewing internally with CCG before issuing next steps to NWLHT	16/10/2013	2/12/2013

Subject	Issue/Action	To be Actioned by	Action Taken	Date Opened	Deadline
1. Admission avoidance pathway development (Stage A: Prior to A&E)	Direct to speciality pathways (i.e. not through A&E) for UCC, STARRS and NEL patients including surgical assessment unit and ambulatory care. To avoid unscheduled care where possible directing patients away from A&E.	Tina Benson, Jo Ohlson, Javina Sehgal, Dr Kanesh Rajani, Dr Sami Ansari	Completed.	16/10/2013	2/12/2013
1. Admission avoidance pathway development (Stage A: Prior to A&E)	Identify CQUINS for unscheduled care admission avoidance (NWLHT). To avoid unscheduled care where possible directing patients away from A&E and NEL admission To deliver high quality unscheduled care where necessary.	Jo Ohlson, Javina Sehgal, Jane Rooney, Tina Benson Bernard Quinn Stephen Dixon		16/10/2013	2/12/2013
1. Admission avoidance pathway development (Stage A: Prior to A&E)	On-going achievement of defined CQUINS (Ealing ICO). To increase community support and response times To deliver high quality unscheduled care where necessary.	Sharon Gregory, Elizabeth Youard, Rebecca Wellburn, Jason Antrobus, Dr Genevieve Small, Dr Kaushik Karia	Awaiting response from ICO. Local CQUINS drafted, following up with contracts team	16/10/2013	2/12/2013

Subject	Issue/Action	To be Actioned by	Action Taken	Date Opened	Deadline
1. Admission avoidance pathway development (Stage A: Prior to A&E)	Co-ordinate my care training for all practices. To reduce EOL NEL admissions	Jason Antrobus, Gillian Gale	Completed. Practices to access as required	16/10/2013	2/12/2013
1. Admission avoidance pathway development (Stage A: Prior to A&E)	NWLHT to identify A&E frequent attenders and circulate to ICP. To avoid unscheduled care where possible directing patients away from A&E	Tina Benson, Sheik Auladin	FF data shared to ICP team	16/10/2013	2/12/2013
1. Admission avoidance pathway development (Stage A: Prior to A&E)	ICP programme live across Brent and Harrow. To avoid unscheduled care where possible directing patients away from A&E	Sheik Auladin	Completed	16/10/2013	2/12/2013
1. Admission avoidance pathway development (Stage A: Prior to A&E)	Case Manage more patients through Adult Community Nursing. Avoid hospital admission where appropriate	James Walters, Ealing ICO	Completed	16/10/2013	2/12/2013
1. Admission avoidance pathway development (Stage A: Prior to A&E)	LAS to UCC pathway (NPH and CMH). To avoid unscheduled care where possible directing patients away from A&E	Peter McKenna	Completed	16/10/2013	2/12/2013

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1. Admission avoidance pathway development (Stage A: Prior to A&E)	LAS to reinforce use of UCC/STARRS with Crews. To avoid unscheduled care where possible directing patients away from A&E	Peter McKenna, Pauline Cranmer	On-going reinforcement and reviewing of joint protocols	16/10/2013	2/12/2013
1. Admission avoidance pathway development (Stage A: Prior to A&E)	CCGs and NWLHT to review LAS data and identify on-going actions. To avoid unscheduled care where possible directing patients away from A&E	Tina Benson, Jo Ohlson, Javina Sehgal	Completed	16/10/2013	2/12/2013
1. Admission avoidance pathway development (Stage A: Prior to A&E)	Breach analysis: Understand causative factors: 1. Robust process in place to identify on-going issues and gaps within process. To ensure improvements in ambulance turnaround processes/KPIs are achieved and maintained	HB, John Swiatczak	Completed	16/10/2013	2/12/2013
1. Admission avoidance pathway development (Stage A: Prior to A&E)	Ambulance turnaround meeting:1. Re-establish regular (fortnightly) meetings with key stakeholders: Head of Site Practitioners, HoN, ED Service Manager, LAS Operational Commander, General Manager for Emergency Medicine, Governance Lead, ED Consultant. To ensure improvements in ambulance turnaround processes/KPIs are achieved and maintained	John Swiatczak	Completed	16/10/2013	2/12/2013
1. Admission avoidance pathway development (Stage A: Prior to A&E)	Informal launch of Ambulatory Care Unit and 5 clinical pathways. To avoid unscheduled care where possible directing patients away from A&E	John Swiatczak	Implemented	16/10/2013	2/12/2013

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1. Admission avoidance pathway development (Stage A: Prior to A&E)	Joint operational protocol for UCC to STARRS at NPH. To avoid unscheduled care where possible directing patients away from A&E attendance	Claire Walker, Dan Annetts	Protocol and joint working in place. Final sign off of protocol at unscheduled care group required	16/10/2013	2/12/2013
1. Admission avoidance pathway development (Stage A: Prior to A&E)	Contract notice served on current admission avoidance (STARRS Harrow) provider. Re-procurement process to acquire a single provider to deliver the revised specification	Kathryn Magson, Dr Dilip Patel	Completed	16/10/2013	2/12/2013
1. Admission avoidance pathway development (Stage A: Prior to A&E)	Implement Clinical Single Point of Access "GP in ED". To avoid unscheduled care where possible directing patients away from NEL admission. We anticipate that we will save one unplanned admission to hospital per day	Jo Ohlson, Gillian Gale, Dr Ethie Kong	GPs recruited – developing rota, go live 1 July 2013	16/10/2013	2/12/2013
1. Admission avoidance pathway development (Stage A: Prior to A&E)	Increase step-up beds utilisation within Willesden Community beds base. To avoid unscheduled admissions through diversion to community bed base where appropriate and safe	James Walters, Ealing ICO	Complete, utilisation now increasing. Looking at taking capacity from NPH if >5 beds vacant, to be agreed by 05/07	16/10/2013	2/12/2013
1. Admission avoidance pathway development (Stage A: Prior to A&E)	Senior Physician and COE Physician in ED – appropriate clinical skill mix (subject to availability). To avoid unscheduled care where possible directing patients away from NEL admission	Tina Benson	Prioritising sessions Using locums mainly during OOH and Weekends when available	16/10/2013	2/12/2013

Subject	Issue/Action	To be Actioned by	Action taken	Date opened	Deadline
1. Admission avoidance pathway development (Stage A: Prior to A&E)	2012/13 CQUIN schemes to be established as business as usual within NWLHT core services. To deliver high quality unscheduled care where necessary	Jane Rooney	Implemented and now monitored through PCE and CQG	16/10/2013	2/12/2013
1. Admission avoidance pathway development (Stage A: Prior to A&E)	Hospital Arrivals System compliance 90% of the time. To ensure improvements in ambulance turnaround processes/KPIs are achieved and maintained	Peter Rhodes John Swiatczak	Can only measure ED attendances not UCC	16/10/2013	2/12/2013
1. Admission avoidance pathway development (Stage A: Prior to A&E)	Escalation undertaken in a timely and consistent manner. To ensure improvements in ambulance turnaround processes/KPIs are achieved and maintained	JS/JOD/HB/NW/RC	Underway - In-hours completed, out of hours complete by end of July 2013	16/10/2013	2/12/2013
1. Admission avoidance pathway development (Stage A: Prior to A&E)	Formal launch Ambulatory Care - CCG formal communication of launch to GP practices. To avoid unscheduled care where possible directing patients away from A&E	Jo Ohlson, Jason Antrobus, John Swiatczak, Dr Sami Ansari, Dr Kanesh Rajani	Clinical sign off achieved, awaiting resolution of the counting, coding and costing. Revised due date 31 July	16/10/2013	2/12/2013
1. Admission avoidance pathway development (Stage A: Prior to A&E)	Admission avoidance services commissioned across Brent and Harrow CCG. To avoid unscheduled care where possible	Ian Winstanley, Jason Antrobus, Dr Dilip Patel, Dr Sarah Basham	On-going	16/10/2013	2/12/2013

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1. Admission avoidance pathway development (Stage A: Prior to A&E)	Establishment of STARRS consultant (Harrow) across commissioned hours of service. Delivery of admission avoidance QIPP plan for 2013/14	Claire Walker	Outcomes delivered	16/10/2013	2/12/2013

- **Hospitals being less proactive in process management which plays a very significant part in their ability to admit patients. Patients who require admission are the ones who are most likely to wait over 4 hours.**

Subject	Issue/Action	To be Actioned by	Action Taken	Date Opened	Deadline
2. Improving acute flow and bed capacity (Stage B: Patient journey through the Hospital system)	Implementation of risk stratification tool to assess flow of admissions. Effectively review admission flow and provide information for future commissioning decisions.	Liz McLean Stephen Dixon		16/10/2013	2/12/2013
3. Improved discharge performance (Stage C: Discharge and OOH Care)	Consultant led speciality ward/board rounds starting with general medical consultant in time for the weekends. Increased capacity to support flow and discharges.	Tina Benson	To ensure complete by 2/12/2013.	16/10/2013	2/12/2013
3. Improved discharge performance (Stage C: Discharge and OOH Care)	Joint dispute resolution policy agreed between Harrow CCG and Harrow Council. Increased capacity to support flow and discharges.	Javina Sehgal, Paul Najsarek, Dr Amol Kelshiker, Rob Larkman		16/10/2013	2/12/2013

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3. Improved discharge performance (Stage C: Discharge and OOH Care)	Brent and Harrow CCGs to develop a process for 48hr spot purchasing (starting with those with a health need waiting more than 48hrs post formal DTOC). Increased capacity to support flow and discharges.	Jason Antrobus, Sarah Mansuralli, Dr Amol Kelshiker, Dr Ethie Kong	Harrow & Brent sent a revised paper to the Board; the model has been signed off and is in use. There are complex patients in the pathways that are difficult to apply the model to.	16/10/2013	2/12/2013
2. Improving acute flow and bed capacity (Stage B: Patient journey through the Hospital system)	New Acute Imaging team separate from elective work. Consultant led service with Acute PAs. Deliver improved turnaround times for reports across CT/US and plain film across the emergency pathway. Improve patient flow and avoid congestion and delays in A&E	Sean McCloy	On target	16/10/2013	2/12/2013
2. Improving acute flow and bed capacity (Stage B: Patient journey through the Hospital system)	NWLHT to open an additional 21 escalation beds between 4 May and 30 September 2013. (This is in addition to the existing 40 escalation beds currently operational). Extra capacity to improve patient flow and avoid congestion and delays in A&E	Tina Benson, Rory Shaw	Completed	16/10/2013	2/12/2013
2. Improving acute flow and bed capacity (Stage B: Patient journey through the Hospital system)	NWLHT to open additional capacity on both sites to support the emergency pathway in line with NWLHT internal capacity plan (with CCG sign off). Extra capacity to improve patient flow and avoid congestion and delays in A&E	Tina Benson, Maeve O'Callaghan-Harrington	Same action as Row 61 so marking as Complete to remove from tracking (MLB)	16/10/2013	2/12/2013

Subject	Issue/Action	To be Actioned by	Action taken	Date opened	Deadline
2. Improving acute flow and bed capacity (Stage B: Patient journey through the Hospital system)	Direct to Specialty pathways for UCC/ED Surgical Assessment Unit. Cohort of admissions to minimise handovers Avoid congestion and delays in A&E	Maeve O'Callaghan-Harrington All Surgical Clinical Directors	Nursing staff recruited. Extended the space Complete Increase by 4-5 patients per day in first week	16/10/2013	2/12/2013
2. Improving acute flow and bed capacity (Stage B: Patient journey through the Hospital system)	Rapid assessment of patients referred to specialty. Avoid congestion and delays in A&E	Maeve O'Callaghan-Harrington	Same as above action	16/10/2013	2/12/2013
2. Improving acute flow and bed capacity (Stage B: Patient journey through the Hospital system)	Direct to Ambulatory Care pathway for UCC/STARRS/GP referrals (avoiding A&E attendance). Avoid congestion and delays in A&E	John Swiatczak, Dan Annetts, Claire Walker		16/10/2013	2/12/2013
2. Improving acute flow and bed capacity (Stage B: Patient journey through the Hospital system)	Performance management of EEDs in high priority wards (Acute medicine) with effect from 1 May 2013 and to share process with CCGs. Increased capacity to support flow and discharges	Tina Benson, Claire Walker	Process in place 92% compliance on weekly audit completed Weekly audits First report Wednesday 15th May	16/10/2013	2/12/2013

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2. Improving acute flow and bed capacity (Stage B: Patient journey through the Hospital system)	EDDs set at the point of admission for all patients (any ward). Increased capacity to support flow and discharges	Tina Benson, Claire Walker	Marked as complete as same action as row above	16/10/2013	2/12/2013
2. Improving acute flow and bed capacity (Stage B: Patient journey through the Hospital system)	4 new consultant posts recruited to and a senior grade rota in place 24 hours a day 7 days a week. Increased capacity	John Swiatczak, Sean Williams	Completed	16/10/2013	2/12/2013
2. Improving acute flow and bed capacity (Stage B: Patient journey through the Hospital system)	Additional ENP's (Emergency Nurse Practitioner). Increased capacity	Julie O'Donoghue	Completed	16/10/2013	2/12/2013
2. Improving acute flow and bed capacity (Stage B: Patient journey through the Hospital system)	Increase in the consultant cover of the Medical Take. Early senior review and expedite decision making and twice daily ward rounds (RCP guidelines 2012)	Tina Benson, Rory Shaw	Regular meetings in place. Rotas been redefined. May be July before completed	16/10/2013	2/12/2013

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2. Improving acute flow and bed capacity (Stage B: Patient journey through the Hospital system)	Senior Consultant support to Urology patients. To enhance patient flow and ensure patient is seen at night time by right person in right place.	Tina Benson	Completed	16/10/2013	2/12/2013
2. Improving acute flow and bed capacity (Stage B: Patient journey through the Hospital system)	Senior Physician and COE Physician in ED. To enhance senior decision making in Emergency Department	Tina Benson	Same as earlier action	16/10/2013	2/12/2013
2. Improving acute flow and bed capacity (Stage B: Patient journey through the Hospital system)	Introduction of RAT'S (Rapid Assessment and Treatment) to enhance service decision making. Improve patient flow and avoid congestion and delays in A&E	John Swiatczak, Sean Williams	Completed	16/10/2013	2/12/2013
2. Improving acute flow and bed capacity (Stage B: Patient journey through the Hospital system)	New clinical protocols launched with speciality teams for specific conditions. Improve patient flow and avoid congestion and delays in A&E	Sean Williams	Completed	16/10/2013	2/12/2013

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2. Improving acute flow and bed capacity (Stage B: Patient journey through the Hospital system)	Ownership of speciality issues across all medical, surgical teams. Improve patient flow and avoid congestion and delays in A&E	Rory Shaw	Completed	16/10/2013	2/12/2013
2. Improving acute flow and bed capacity (Stage B: Patient journey through the Hospital system)	Multidisciplinary Governance structure with Emergency Department. Improve patient flow and avoid congestion and delays in A&E	Sharon Morgan	Completed	16/10/2013	2/12/2013
2. Improving acute flow and bed capacity (Stage B: Patient journey through the Hospital system)	Electronic Whiteboard. Improve patient flow and avoid congestion and delays in A&E	Tina Benson	Completed	16/10/2013	2/12/2013
2. Improving acute flow and bed capacity (Stage B: Patient journey through the Hospital system)	STARRs in UCC and Observation Wards. To avoid hospital admission where required	Claire Walker	Completed	16/10/2013	2/12/2013

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2. Improving acute flow and bed capacity (Stage B: Patient journey through the Hospital system)	ENT and Max Fax. Cohort of admissions to minimise handovers	Jayne Adams, Manoli Heliotis	Plan in place for new pathway, not yet delivered. Due 2nd week of August	16/10/2013	2/12/2013
2. Improving acute flow and bed capacity (Stage B: Patient journey through the Hospital system)	Establishment of a Chest Pain Unit	Nigel Stephens	Completed	16/10/2013	2/12/2013
2. Improving acute flow and bed capacity (Stage B: Patient journey through the Hospital system)	Well established surgical assessment unit	Tina Benson	Completed	16/10/2013	2/12/2013
2. Improving acute flow and bed capacity (Stage B: Patient journey through the Hospital system)	Twice daily consultant ward rounds on Acute Assessment Unit 7 days a week	Keith Steer	Completed	16/10/2013	2/12/2013

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2. Improving acute flow and bed capacity (Stage B: Patient journey through the Hospital system)	Well established ward escalation plans for any delays to a patients pathway	Maeve O'Callaghan-Harrington	Completed	16/10/2013	2/12/2013
2. Improving acute flow and bed capacity (Stage B: Patient journey through the Hospital system)	Daily performance meeting chaired by Director of Operations	Tina Benson	Completed	16/10/2013	2/12/2013
2. Improving acute flow and bed capacity (Stage B: Patient journey through the Hospital system)	Improved diagnostics 1. increased weekend working	Sean McCloy	Completed	16/10/2013	2/12/2013
2. Improving acute flow and bed capacity (Stage B: Patient journey through the Hospital system)	Improved diagnostics 2. increased CT and Ultrasound capacity	Sean McCloy	Completed	16/10/2013	2/12/2013

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2. Improving acute flow and bed capacity (Stage B: Patient journey through the Hospital system)	Improved diagnostics 3. cold elective work has moved to CMH to free capacity for NPH	Sean McCloy	Completed	16/10/2013	2/12/2013
2. Improving acute flow and bed capacity (Stage B: Patient journey through the Hospital system)	Improved diagnostics 4. Pilot of an Acute imaging team which has improved turn-around times for acute imaging	Sean McCloy	Completed	16/10/2013	2/12/2013
2. Improving acute flow and bed capacity (Stage B: Patient journey through the Hospital system)	Improved diagnostics 5. Endoscopy moved to 3 sessions a day	Sean McCloy	Completed	16/10/2013	2/12/2013
3. Improved discharge performance (Stage C: Discharge and Out of Hospital Care)	Weekend Discharges. Improve patient flow and avoid congestion and delays in A&E	Tina Benson	Complete. Improved to meet weekend predicted discharges	16/10/2013	2/12/2013

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3. Improved discharge performance (Stage C: Discharge and Out of Hospital Care)	Increased consultant cover (subject to locum recruitment) as part of the Acute Medical Take with effect from the end of June 2013. Increased capacity to support flow and discharges	Tina Benson, Claire Walker	Completed	16/10/2013	2/12/2013
3. Improved discharge performance (Stage C: Discharge and Out of Hospital Care)	New and established discharge policy. Increased capacity to support flow and discharges	Nipa Shah, Margaret Magee	Completed	16/10/2013	2/12/2013
3. Improved discharge performance (Stage C: Discharge and Out of Hospital Care)	Internal Professional Standards for all wards which includes standards for ward and board rounds, discharge from hospital, diagnostic response, OT and Physio. Increased capacity to support flow and discharges	All Heads of Department	Completed	16/10/2013	2/12/2013
3. Improved discharge performance (Stage C: Discharge and Out of Hospital Care)	Well established fit for purpose discharge lounge. Increased capacity to support flow and discharges	Ruth Cross	Completed	16/10/2013	2/12/2013

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3. Improved discharge performance (Stage C: Discharge and Out of Hospital Care)	Established Discharge Partnership Board. Increased capacity to support flow and discharges	Maeve O'Callaghan-Harrington	Completed	16/10/2013	2/12/2013
3. Improved discharge performance (Stage C: Discharge and Out of Hospital Care)	Weekly review of patients with Length of Stay greater than 20 days. Increased capacity to support flow and discharges	Maeve O'Callaghan-Harrington, Rory Shaw	Completed	16/10/2013	2/12/2013
3. Improved discharge performance (Stage C: Discharge and Out of Hospital Care)	Implementation of additional discharge support social care staffing (Harrow). Support patient flow via Section 256 funding	Thom Wilson	Completed	16/10/2013	2/12/2013
3. Improved discharge performance (Stage C: Discharge and Out of Hospital Care)	Brent and Harrow CCGs to implement the agreed 48hr DTOC process. Increased capacity to support flow and discharges	CCGs	Completed	16/10/2013	2/12/2013

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3. Improved discharge performance (Stage C: Discharge and Out of Hospital Care)	Joint dispute resolution policy agreed between Brent CCG and Brent Council. Increased capacity to support flow and discharges	Jo Ohlson, Phil Porter	Long standing agreement in place	16/10/2013	2/12/2013
3. Improved discharge performance (Stage C: Discharge and Out of Hospital Care)	Increase patient flow through Willesden Community beds through seven day therapy provision. Increase community bed utilisation to build system capacity	James Walters, Ealing ICO	Complete – planned extension to end July	16/10/2013	2/12/2013
3. Improved discharge performance (Stage C: Discharge and Out of Hospital Care)	Uplifting ICO Harrow community rehab bedded unit block to increase substantive staffing. Reduce LOS for acute beds	Jason Antrobus, Rebecca Wellburn, Dr Genevieve Small	In progress. In place through locums. Community Care now has additional locums.	16/10/2013	2/12/2013

- A lack of specific services available to acute trusts in a timely fashion for certain specific patient groups, such as those with mental health, alcohol or drug abuse problems.

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5. Improving care for key groups	Reduction in the length of time Mental Health patients waiting for beds. To improve access to emergency mental health treatment for patients. To reduce risks of patients harming themselves and others whilst waiting for admission.	Shaun Hare	Fortnightly Senior Management meetings between CNWL , NWLH and Commissioners	16/10/2013	2/12/2013
5. Improving care for key groups	Reduction in the length of time Mental Health patients await Mental Health Act Assessment delays awaiting an AMP. To improve access to emergency mental health treatment for patients. To reduce risks of patients harming themselves and others whilst waiting for admission.	Shaun Hare	Escalation procedure in place between CNWL / EDT and Las enhanced AMHP included in winter monies. Integrated approach to Section 136 mgt	16/10/2013	2/12/2013
5. Improving care for key groups	Reduction in length of time for a CAMHS assessment. Improving the experience of CAMHS patients. Avoid unnecessary delays for CAMHS patients.	Jackie Shaw	Revised escalation procedures in place.	16/10/2013	2/12/2013
5. Improving care for key groups	Reduction in length of time for a child to be admitted to another provider (Tier 4 Beds). To improve access to emergency treatment for CAMHS patients. Improving the experience of CAMHS patients.	Jackie Shaw	Agreed Tier 4 access procedure in place CNWL/NHSE.	16/10/2013	2/12/2013

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5. Improving care for key groups	<p>Continued funding of Psychiatric Liaison service.</p> <p>Reconfiguration of existing A&E Liaison services at the Central Middlesex Hospital site to the Northwick Park Hospital site to expand the current A&E/Psychiatric Liaison service there to ensure that demand and capacity are aligned. More equitable access to psychiatric liaison services in the south of the borough</p> <p>Reduction in avoidable admissions due to mental health problems</p> <p>Reduction in length of stay due to mental health problems being identified</p> <p>A pathway between psychiatric liaison at the Urgent Care Centre at the CMH site to reduce activity levels in view of reduced presentations at this site.</p>	Sarah Mansuralli, Katrina Anderson	In place	16/10/2013	2/12/2013
5. Improving care for key groups	<p>Prevent frequent attendees at A&E from re-attending.</p> <p>Prevent re-attendance</p>		<p>CNWL to ensure all frequent attendees to A&E have appropriate crisis management plans to prevent re-attendance.</p> <p>Updates on number of patients reviewed each month provided by CNWL.</p>	16/10/2013	2/12/2013

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5. Improving care for key groups	Expediate referral treatments for patients. Improve access to emergency Mental Health treatment for patients	Maeve O'Callaghan-Harrison Shaun O'Hare	CNWL and NWLHT to develop a clinical protocol to expediate referrals for patients with no physical conditions.	16/10/2013	2/12/2013
5. Improving care for key groups	Improve access to specialist pathway for Mental Health patients.		CNWL to engage with harrow CCG re Personality Disorder pathway to implement pathway.	16/10/2013	2/12/2013
5. Improving care for key groups	Improve out of hours mental health pathway. Reduction in length of time mental health patients waiting in out of hours. Reduce risk of patients harming self and others while waiting for A&E attention.	Shaun O'Hare Gary Passaway Helen Byrne Katrina Anderson	Improve access to Mental Health treatment for patients by reviewing UCC and out of hours Mental Health pathway at CMH	16/10/2013	2/12/2013
5. Improving care for key groups	Carers aware GP practice LES. To support carers in the community and reduce attendances and admissions		Developing	16/10/2013	2/12/2013
5. Improving care for key groups	Carers aware GP practice LES. To support GP's to identify hidden carers and offer support and intervention at an earlier stage.	Sarah Mansuralli, Katrina Anderson	Developing	16/10/2013	2/12/2013

Subject	Issue/Action	Action Owner	Action Taken	Date Opened	Deadline
5. Improving care for key groups	Commissioned falls service for Brent and Harrow. Reduce risk patients falling causing increased pressure on acute service and providing on-going support	Claire Walker, Sarah Mansuralli	In place via STARRS schemes. There is a delay in the Brent Falls Business Case. SM to update on the timescale for the BC to be approved. Brent going through approval of Business Case - at next QIPP subcommittee 4th September and CCG Execs 11th September.	16/10/2013	2/12/2013
5. Improving care for key groups	Reduction in length of time for detoxified patients to wait in A&E. To improve access to emergency detox services for patients. Re-education of risk of patients harming self and others while waiting for admission.		There are 93-125 A&E attendances per month.	16/10/2013	2/12/2013
5. Improving care for key groups	Improved care pathways including follow up in Primary Care. Reconfigured memory service to support increased numbers of people receiving an early diagnosis of Dementia. Development of an integrated pathway for people with dementia to improve the capability and capacity of primary care to better and reduce unnecessary and routine follow up care by secondary care. Increase early diagnosis to support earlier intervention and improved outcomes.	Katrina Anderson	Business Case in process of being sent to Brent Exec for sign off.	16/10/2013	2/12/2013

Subject	Issue/Action	To be Actioned by	Action Taken	Date Opened	Deadline
5. Improving care for key groups	Carers with 'moderate needs' provided with funding for respite care. To intervene at an earlier stage to support carers who would not receive support from social care to access respite funding with the aim of preventing breakdown in the caring role.	Katrina Anderson	Update required.	16/10/2013	2/12/2013
5. Improving care for key groups	To support primary Care in the early identification and assessment of the needs of carers who do not meet the local authority FACS criteria for services. To offer early intervention to carers with moderate needs. To avoid breakdown in the caring situation. To prevent avoidable emergency admissions	Katrina Anderson	Update required.	16/10/2013	2/12/2013
5. Improving care for key groups	Reduce conveyed incident call outs to London Ambulance Service. Better planning and out of hours support will ease pressure on LAS and help care homes manage.	Sheik Auladin	Update required.	16/10/2013	2/12/2013
5. Improving care for key groups	Reduce hospital admissions/readmissions. Reduce distress for residents and financial savings.	Sheik Auladin	Update required.	16/10/2013	2/12/2013
5. Improving care for key groups	Improve assessment for new residents. To ensure patients are admitted to the right care home for their specific needs.	Sheik Auladin	Update required.	16/10/2013	2/12/2013
5. Improving care for key groups	Standardise anticipatory care planning throughout Harrow Care Homes. To ensure all Harrow residents receive an equal standard of care.	Sheik Auladin	Update required.	16/10/2013	2/12/2013

Subject	Issue/Action	Action Owner	Action Taken	Date Opened	Deadline
5. Improving care for key groups	Medicines review for priority residents. To ensure medications are up to date and in line with NICE.	Sheik Auladin	Update required.	16/10/2013	2/12/2013

- **More delayed discharges because primary, community or social care services are not place.**
- **Perceived lack of availability of primary care and community services, especially out of hours.**

Subject	Issue/Action	To be Actioned by	Action Taken	Date Opened	Deadline
1. Admission avoidance pathway development (Stage A: Prior to A&E)	Brent Primary Care Access Pilot. Extra ~ 8% capacity into Primary Care by having the equivalent of x 5 GP practices open from 3pm to 9pm Mon - Fri and 9am to 9pm on Sat	Dr Ethie Kong Sarah German	In place in all 5 localities.	16/10/2013	2/12/2013
1. Admission avoidance pathway development (Stage A: Prior to A&E)	Brent primary care performance normalisation. Target the lowest performing 20% of practices and aims to improve individual performance to meet local (London) averages.	NHS England, Sarah Mansuralli	Review performance 2/12/2013.	16/10/2013	2/12/2013
1. Admission avoidance pathway development (Stage A: Prior to A&E)	Primary care referral management local enhanced service. Reduce inappropriate emergency activity.	Rebecca Wellburn, Sarah Mansuralli.	Review performance 2/12/2013.	16/10/2013	2/12/2013

Subject	Issue/Action	Action Owner	Action Taken	Date Opened	Deadline
1. Admission avoidance pathway development (Stage A: Prior to A&E)	Out of Hours quality review for opted out practices only. Remit for opted in practices lies with NHS England. NWL CSU has recently taken on the contract support function for NW London OOH contracts, and a review of current contracts is underway to map them against National Quality Requirements in the Delivery of Out-of-hours Services (Department of Health, July 2006 Gateway no. 6893)	Frankie Lynch (CSU) Stephen Dixon Bernard Quinn	What is the process/solution going forward for opted out GPs? BQ will check with NHSE to see if there are suitable governance arrangements. BQ will try and get hold of the letter. SD to get the CSU to give feedback on their actions.	30/10/2013	2/12/2013

- **A lower threshold in hospitals for admitting or discharging patients to ensure safety standards. In some cases, this is perceived to be linked to the seniority of the workforce in A&E.**
- **The Francis report and its impact on clinical decision making thresholds.**

Subject	Issue/Action	To be Actioned by	Action Taken	Date Opened	Deadline
4. Patient experience and safeguarding	To achieve national 15% response target rate for Friends & Family Test in A&E. To ensure patients are offered the opportunity to provide feedback on their experience.	Carole Flowers, Ursula Gallagher	Reported at Board level.	16/10/2013	2/12/2013
4. Patient experience and safeguarding	To ensure compliance with training and recording for Safeguarding Children. To ensure that all relevant staff receives the appropriate level of training and data is retrievable from OLM.	Carole Flowers	Reported at Board level.	16/10/2013	2/12/2013

Subject	Issue/Action	Action Owner	Action Taken	Date Opened	Deadline
4. Patient experience and safeguarding	Updating of policies and guidelines to ensure robust governance arrangements in relation to HR policy, volunteers and Safer Recruitment and managing allegations against staff. To ensure robust governance arrangements clearly communicated to all staff and regularly audited.	Carole Flowers	Reported at Board level.	16/10/2013	2/12/2013
4. Patient experience and safeguarding	To update complaints policy for NWLHT and CCG in line with Francis and to ensure close engagement of patients and lay people in the process Complaints to be filtered and actions to address key issues to be fed back into action plan. To ensure that the expectations of patients in respect of the quality of care that they receive from commissioned services are addressed and new actions fed back into action plan.	Carole Flowers	Reported at Board level.	16/10/2013	2/12/2013
4. Patient experience and safeguarding	To develop early warning system with an escalation process that triggers any interventions at the appropriate time and level. To ensure intervention and sanctions for substandard or unsafe services and to provide a revised approach to performance information and intelligence.	Ursula Gallagher	Reported at Board level.	16/10/2013	2/12/2013
4. Patient experience and safeguarding	To review quality standards for all contracts in respect of patient experience, complaints, patient safety and serious incidents. To ensure that the fundamental patient safety and quality standards are being met and to feed these into the new commissioning round and future specifications.	Ursula Gallagher / Bernard Quinn	Reported at Board level.	16/10/2013	2/12/2013

- Reduction in bed numbers and staff as hospitals try to deliver cost improvement plans.

Subject	Issue/Action	To be Actioned by	Action Taken	Date Opened	Deadline
2. Improving acute flow and bed capacity (Stage B: Patient journey through the Hospital system)	NWLHT to evaluate building works which would expand bed capacity by a further 40 beds based on the outputs of the demand and capacity modelling. To understand the capacity requirements in preparation for winter 2013/14.	Tina Benson, Rory Shaw	Completed.	16/10/2013	2/12/2013
2. Improving acute flow and bed capacity (Stage B: Patient journey through the Hospital system)	To agree actions and resources across the health economy based on the recommendation of the demand and capacity review. To confirm the capacity requirements in preparation for winter 2013/14.	Bernard Quinn, Tina Benson, NWLHT Board, CCG GBs	Completed	16/10/2013	2/12/2013

- Lack of focus during transition for commissioners and uncertainty about changing roles in the new system.
- Pressure on social care budgets.
- Introduction of NHS 111.

Subject	Issue/Action	To be Actioned by	Action Taken	Date Opened	Deadline
1. Admission avoidance pathway development (Stage A: Prior to A&E)	111 implementation. To redirect appropriate patients away from acute settings	Jason Antrobus, Dr Mo Ali, Dr Cherry Armstrong	Completed	16/10/2013	2/12/2013