GOAL		IMPROVE ACCIDENT AND EMERGENCY PERFORMANCE									
Previous Ref.	Reference	Pathway	Purpose	Activities	Outputs/ Deliverables	Deadline	Proposed Indicators and Targets	Responsible Officer	Governance	(23.02.16) Summary Update and RAG
1.1	1	In-Hospital Care	Improve Patient Flow (Discharges)	Implement patient tracker system at FGH to support discharge real time.	Patient Tracker System at FGH	30/10/15	Length of stay for medically fit patients Readmission rates Excess Bed Days Bed Stock Reduction Capacity Impact	Joanne Moore	NES Discharge Group	This system went live on the 4th of January 2016; information is outstanding as to impact across sites.
1.11	2	In-Hospital Care	Improve Patient Flow	Develop Pathways and Services to support those who are frail including: - Rapid development of hospital based Frailty Units to support admission avoidance - Development of the Frailty Pathway across all services to support regulation of the contributions of all provider partners from primary care, 3rd sector, community and mental health services to hospital based care.	Frailty Pathway Frailty Unitys	TBC	Indicators in development	Emma Flynn	TBC	A Sprint Unit has been set up in Oldham, taking around 5 admissions per week. Update requested from Emma Flynn further to meeting of the 22nd of January 2016, it is anticipated that a full report will be provided at this stage
1.2	3	In-Hospital Care	Improve Patient Flow (Discharges)	Undertake a review of key policies and protocols to improve patient flow: Review Bed Management Site Management Escalation processes.	Bed Management Protocol Site Management Protocol Escalation Protocol New Model of Care	28/02/16	An increase in A&E performance of 2.25% per month to be achieved from March 2016 Length of stay for medically fit patients Readmission rates Excess Bed Days Bed Stock Reduction Capacity Impact	Joanne Moore	ECIST PAHT Urgent Care Programme Group	An internal review has been completed however, these protocols have recently been reviewed by the ECIST team, therefore the outputs of this review are to be included in this work.
1.3	4	In-Hospital Care	Improve Patient Flow (Discharges)	Delivery training on discharge processes to PAHT and wider system staff.	Discharge Training Programme (PAHT)	31/03/16	An increase in A&E performance of 2.25% per month to be achieved from March 2016 Length of stay for medically fit patients Readmission rates Excess Bed Days Bed Stock Reduction Capacity Impact Financial Modelling Data	Joanne Moore	PAHT Urgent Care Improvement Group	This work now forms part of the workstreams for the DTOC RPIE which is to be delivered by the Urgent Care Improvement Group

1.7	5	In-Hospital Care	Improve Patient Flow (Discharges)	Implement Trusted Assessor Model across all sites. (Confirm activities involved).	Trusted Assessor Model implemented across sites.	31/03/16	The number of social workers with complete cases (per site)	Colin Elliott	NES Discharge Group PAHT Urgent Care Improvement Group	This piece of work has been prioritised and fast tracked as part of the TDA event in January 2016. It is being implemented by the PAHT Urgent Care Details contained in the DTOC project plan; indicators for the Recovery Plan to be considered.
1.8	6	In-Hospital Care	Improve Patient Flow (Discharges)	Develop 'Quick Word' rounds enabling rapid social work support and not full assessment. Develop Discharge to Assess Models	Quick Words Implementation Plans D2A Models	31/03/16	An increase in A&E performance of 2.25% per month to be achieved from March 2016 Length of stay for medically fit patients Readmission rates Excess Bed Days Bed Stock Reduction Capacity Impact Financial Modelling Data	Linda Jackson	NES Discharge Group	Update as per current status of schemes are outstanding .
2.1	7	In-Hospital Care	Improve Patient Flow	Develop Enhanced Ambulatory Care model and implement changes	Enhanced Ambulatory Care Model Enhanced Ambulatory Care Model project plan, including implementation/delivery plan	31/03/16	Indicators in development for all sites as part of the project.	Joanne Moore	PAHT Urgent Care Improvement Group	This project has been launched and a delivery plan has been submitted to the NES SRG.
2.7	8	In-Hospital Care	Improve Capacity and Demand Issues	Develop common plan to implement approved performance in readmission rates	Plan for reduction in readmissions	25/03/15	Indicators as per agreed plan	Ian Mello	NES Tactical Group	The UM team is to support a Readmissions Review for PAHT sites. ROH has been deemed a priority for this work
4.5	9	In-Hospital Care	Improve Workforce Issues	Undertake a review of locum and agency cover across all NES	Baseline report including trajectories and targets	31/03/16	The actual spend on agency and locum cover The percentage of spend on agency and locum cover as a total of overall staffing costs	Ian Mello/Joanne Moore	NES Tactical Group	
N/A	10	In-Hospital Care	Improve Patient Flow	Implement findings of the ECIST reports	Project plan for ECIST delivery	TBC	To be confirmed once project plan has been agreed	Joanne Moore	PAHT Urgent Care Improvement Group	Outputs of ECIST visits outstanding as at 23.02.16
N/A	11	In-Hospital Care	Improve Patient Flow (Discharges)	Implement findings of the TDA DTOC RPIE event held in January 2016	Project plan for TDA DTOC RPIE	TBC	To be confirmed once project plan has been agreed	Joanne Moore	PAHT Urgent Care Improvement Group	A programme has been developed
	12	In-Hospital Care	Improve Workforce Issues	Develop recruitment plans for the following hard to recruit posts in the acute provider: - Staff for winter escalation beds - Consultants in the care of the elderly	Recruitment Plans Alternative Models for Service Provision	31/03/16	The number of vacancies in identified services.	Joanne Moore	NES Tactical Group	Ongoing recruitment to these positions is taking place

2.5	13	Out-of-Hospital Care	Improve Capacity and Demand Issues	Undertake a baseline assessment of out of hospital provision and identify appropriate service changes.	Baseline report of OOH provsion	23/10/15	Indicators to be defined	Ian Mello	NES Tactical Group	A baseline assessment of OOH provision has been completed; actions have been taken as a result of this work. Transitional arrangements have been agreed with the local authority. A further update is required.
4.4b	14	Post-Hospital Care	Improve Workforce Issues	Develop recruitment plans to hard to recruit posts in community services	Recruitment Plans Alternative Models for Service Provision	31/03/16	The number of vacancies in identified services.	Katy Foster	NES Tactical Group	Ongoing recruitment to these positions is taking place
4.4c	15	Post-Hospital Care	Improve Workforce Issues	Develop recruitment plans to recruit to posts in mental health services	Recruitment Plans Alternative Models for Service Provision	31/03/16	The number of vacancies in identified services.	Claire Warhurst	NES Tactical Group	Ongoing recruitment to these positions is taking place
1.9	16	Pre-Hospital Care	Improve Patient Flow (Transport)	Understand baseline position needs assessment for transport for each site	Baseline report of transport services including needs analysis	30/11/15	Sign off of baseline assessment Planned versus unplanned admissions (???)	Paula Baker Dan Cassell	NES Transport Group	The TOR have been reviewed and a task and finish group has been established. Concerns have been raised by members of the capacity to complete this work.
2.2	17	Pre-Hospital Care	Improve Capacity and Demand Issues	Identify baseline position of the NWAS Ambulance SRG Schemes for the North East Sector - information currently only available at a North West level	Baseline report of NWAS SRG Schemes	15/11/15	Sign off of baseline report	Ian Mello (NES) Susan Sutton (On behalf of NWAS)	NES Transport Group	Baseline position not yet provided; information requested at 22.02.16
2.6 2.7	18	Pre-Hospital Care	Improve Capacity and Demand Issues	Undertake work to improve conversion rates: - Agree metrics for admission avoidance via A&E admission conversion rates - Continue scrutiny of A&E admission conversion rates - Develop models for admission avoidance at A&E - Baseline assessment of readmission rates per site	Report of conversion rates including baseline and targets	23/10/15	Indicators as per Metrics Packs	Paula Baker (PAHT)	NES SRG TBC	Metrics packs were submitted to the SRG on 30.11.15. Models are to be presented to providers through the local operational groups. Conversion rates have shown a significant reduction since April 2015.
4.4d	19	Pre-Hospital Care	Improve Workforce Issues	Develop recruitment plans to recruit to posts in Primary Care	Recruitment Plans Alternative Models for Service Provision	31/12/16	The number of vacancies in identified services.	Nikki Nyhan/ CCG Primary Care Leads	NES Tactical Group	Ongoing recruitment to these positions is taking place. A recruitment plan has been submitted to the NES Tactical Group
2.3	20	SRG Schemes	Improve Capacity and Demand Issues	Implement SRG Schemes with Local Authority and Out of Hour providers in order to make improvements to capacity and demand issues	SRG Scheme Tracker Deliverables as identified by SRG Scheme Providers	30/11/15	Indicators and targets as identified in SRG schemes	Ian Mello Urgent Care Leads	NES Tactical Group	Schemes have been devised and piloted. Updates have not been received as to progress of OOH and LA schemes; this will be reviewed as part of the work to confirm evaluation arrangements for the SRG Schemes
2.4	21	SRG Schemes	Improve Capacity and Demand Issues	Implement Community Providers SRG Schemes including: - RAID - Rapid Response - Crisis Response - CCNT In-Reach - Complex Discharges - 3D Training - Children's Choose Well	Deliverables as identified by SRG Scheme Providers	30/11/15	Indicators and targets as identified in SRG schemes	Ian Mello (NES) Urgent Care Leads	NES Tactical Group	Schemes have been devised and piloted. Updates have not been received as to progress of Community Provider schemes; this will be reviewed as part of the work to confirm evaluation arrangements for the SRG Schemes.

3.1	22	SRG Schemes	Improve System Resilience	Make improvements to SRG Governance through a review of: - Terms of Reference - Memorandum of Understanding - TOR Escalation Plans	Approved/Signed TOR and MOU	TBC	MOU signed at NES SRG TOR signed at NES SRG	Martin Whiting	NES SRG	The TOR and MOU are subject to a review.
3.1	23	SRG Schemes	Improve System Resilience	Deliver and Monitor all SRG Schemes 2015/2016	SRG Evaluation Scheme for 2016/2017	01/04/16	As per SRG Scheme monitoring An increase in A&E performance of 2.25% per month to be achieved from March 2016	Martin Whiting	NES SRG NES Tactical Group	A workshop is being designed in order to review current schemes and make decisions on next steps
3.2	24	SRG Schemes	Improve System Resilience	Improve performance at A&E through: - Further development of a dashboard for the NES - Agreeing resilience targets for 2016/17	Performance Dashboard	01/04/16	An increase in A&E perforamnce of 2.25% per month to be achieved from March 2016	Martin Whiting	NES Tactical Group	
4.6	25	SRG Schemes	Improve Workforce Issues	Undertake an analysis of capacity and demand regarding the focus of investment (e.g. investment in home care provision)	Report detailing capacity of demand as a focus for investment	31/03/16	To be confirmed once review has been undertaken	Nadia Baig	NES Tactical Group	
1.5a	26	SRG Schemes	Improve Patient Flow (Discharges)	Deliver SRG Schemes for *Rapid Implementation of Discharge*	Implementation Plans for: Urgent Care for Manchester: One Single Site (North Manchester) Ambulatory Care Model (Bury) ITS Model (HMR) Integrated Discharge (Oldham)	31/03/16	An increase in A&E performance of 2.25% per month to be achieved from March 2016 As per SRG Scheme monitoring and evaluation indicators	CCG Urgent Care Leads	NES Tactical Group	A review of all SRG Schemes is planned. Significant problems with monitoring and evaluating schemes have been identified. Activity and performance data is outstanding in a number of areas. A number of schemes have not been mobilised due to lack of workforce
3.1 1.5b	27	SRG Schemes	Improve System Resilience	Make improvements to SRG Scheme Monitoring through: - Workshop to confirm process for evaluation, monitoring and reporting of SRG Schemes. - Agree schemes that are going to be phased out after April 2016 and mechanisms - Development and monitoring of a Scheme Tracker	SRG Evaluation, Monitoring and Reporting Processes	01/04/16	Are schemes robustly monitored through the SRG (Y/N)	Martin Whiting	NES SRG	A workshop has designed in order to develop monitoring and evaluation processes for schemes. The Tactical Group of the 11th of March 2016 will be used to discuss continuation of schemes, with a further workshop planned for the 29th of April 2016. KPIs and Monitoring plans have not been submitted to the NES Tactical Group from all schemes; in some cases this is due to the lack of availability of data from schemes. This issue will be worked through to ensure that plans are appropriately monitored during 2016/17
4.4e	28	SRG Schemes	Improve Workforce Issues	Develop recruitment plans to recruit to posts in out of hours services	Recruitment Plans Alternative Models for Service Provision	31/03/16	The number of vacancies in identified services.	Matt Hindle	NES Tactical Group	Ongoing recruitment to these positions is taking place
N/A	29	SRG Schemes	Improve Workforce Issues	Identify baseline position of urgent care workforce on an NES basis Develop monitoring process for the SRG to understand and react to workforce issues	Baseline assessment of staffing issues	31/03/15	Baseline report signed off	Ian Mello	NES Tactical Group	This work will be progressed by the NES Tactical Group, to be discussed at the meeting of the 26.03.16