

JCUH					Progress to Date		Expenditure	
Internal or External focus	Aim	Objective	Actions required	Lead Manager	As at 30 May	Status	Approved costs	Costs under discussion
E	Replace elective capacity to release beds for non-elective use	Develop partnership with independent sector hospitals (Woodlands and Nuffield)	1. Develop a demand model	Sarah Danieli	(1) Discussions with both local IS providers proved supportive (2) Modelling with orthopaedics and general surgery suggests c15 - 20 beds can be released	G		
E	Replace elective capacity to release beds for non-elective use		2. Cost/ price proposed model	Val Winders				
E	Replace elective capacity to release beds for non-elective use		3. Ensure appropriate procurement model followed	Sarah Danieli and Bill Todd				
E	Replace elective capacity to release beds for non-elective use		4. Agree approach with CCG		Discussions with CCG seeking support for approach underway	A		
E	Replace elective capacity to release beds for non-elective use		5. Agree clinical model including junior doctor training requirements	Sarah Danieli	Initial discussions with IS providers suggest junior medical staff can be given "assistant" rights	G		
E	Create intermediate capacity to release beds for acute admissions	Develop partnership with independent sector nursing/ residential homes	1. Develop a clinical model	Gill Collinson, Brendan McCarron, Yasmin Scott	Demand modelling suggests c60 beds short on JCUH site. Assume 15 - 20 addressed via elective alternative programme?	A		
E	Create intermediate capacity to release beds for acute admissions		2. Ensure appropriate procurement model followed	Gill Collinson and Bill Todd				
E	Social Service arrangements	Ensure standard ward discharge processes take account of social care legislation and local agreements	1. Review of current approach with local social services and CCGs	Gill Collinson	Standard packages agreed - COMPLETE	C		
E	Social Service arrangements		2. Deliver workshops to teach and embed standard arrangements	Gill Collinson	Discharge Workshops scheduled for delivery before 1 Oct. Positive feedback from 1st workshops to be run.	G		
E	Social Service arrangements	Review Christmas and New Year arrangements for social care support	3. Agree with local social care and CCG the arrangements to be put in place for Christmas/New Year based on learning from 2012-13	Gill Collinson	Concern raised with all social care teams. No indication at this time of resources to be applied.			
E	Social Service arrangements		4. Letter to be sent from Tricia Hart to CEOs of all relevant agencies reinforcing importance of this issue	Susan Watson				
E	Social Service arrangements	Improve support to nursing homes to reduce avoidable admissions	5. Work with CCG to agree any additional support required from community division staff to reduce avoidable admissions	Mandy Headland				
E	NEEP	Review NEEP plans to ensure fit with other NE organisations	Review detail of NEEP plans - in particular with NTHFT	Susan Watson, Divisional Managers				

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E	NHS 111	Continue to monitor NHS 111 performance	1. Report all inappropriate activity via the agreed CCG route	Julie Suckling		G		
E	NHS 111		2. Include monthly report on progress in BoD performance report	Julie Suckling, Sarah Danieli		G		
E	NHS 111		3. Participate fully in NHS 111 governance meeting and include feedback in BoD report	Adrian Clements, Julie Suckling		G		
E	Mutual Aid	Develop approach with North Tees Hospitals						
E	Mutual Aid	Clarify role of CCG and Area Team						
E	External reporting - health agencies	Daily SITREP	Clarify approach to be taken in 2013-14	Sarah Danieli				
E	External reporting - health agencies	Daily teleconference	Clarify approach to be taken in 2013-14	Donna Jermyn				
E	Health scrutiny/ Health and Wellbeing Boards	To ensure external agencies are aware of the plans being put in place by the trust as part of a whole system approach	Meeting with Middlesbrough health scrutiny committee in April 2013 to be followed up on 10 July with plans for 2013-14	Susan Watson	Papers in preparation for discussion	A		
E	Health scrutiny/ Health and Wellbeing Boards		Provide briefing paper to Middlesbrough health and wellbeing board	Susan Watson				
E	Health scrutiny/ Health and Wellbeing Boards		Provide briefing paper to Redcar and Cleveland health and wellbeing board	Susan Watson				
I	Discharge workshops	Run 23 discharge workshops before end Sept 2013 to ensure standard approach across the trust	Completion of the discharge workshop programme and follow up on agreed actions	Gill Collinson	3 workshops have taken place. Remainder are scheduled.			
I	RPIW - front of house	(1) Run a service improvement workshop using the RPIW methodology seeking to improve the ambulance delays at the front of house. (2) More may be recommended.	(1) Scoping meeting to be run on 3 June 2013 to agree area to be studied (2) RPIW to be delivered 15 - 19 July	Gill Collinson, Susy Cook	Scoping meeting is scheduled. Full attendance at RPIW to be agreed following scoping meeting.	G		
I	Increase acute medical bed base (28 beds)	Open ward 10 with 28 additional beds - target date 1 June 2013	1. Recruitment of nursing staff to support opening the ward	Yasmin Scott, Emma Rushmer	(1) Recruitment underway but proving challenging to attract new staff. (2) Current expectation on opening - 1 October 2013	R		
I	Increase acute medical bed base (28 beds)		2. Recruitment of therapy staff to support opening the ward	Sue Gavaghan	Recruitment underway - due to be complete by ? tbc	G		
I	Increase acute medical bed base (28 beds)		3. Recruitment of medical staff to support opening the ward	Brendan McCarron	Recruitment underway - due to be complete by ? tbc	A		

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I	Increase elective capacity (13)	Increase surgical bed base by opening 5 beds on ward 5 and 3 on ward 35	1. Recruitment to support opening the beds	Sandra Donoghue	Recruitment underway - due to be complete by ? tbc	R		
I	Increase elective capacity (13)	Increase orthopaedic capacity by 8 beds	2. Building programme to create 8 additional bed spaces	Jill Moulton	(1) Building programme underway. (2) Current timetable indicates opening mid-September	G		
I	Increase elective capacity (13)		3. Recruitment to support opening additional beds	Carol Dargue	Recruitment underway	G		
I	Increase elective capacity (13)	Increase capacity on POSDU	4. Recruitment to support opening the beds	Fleur Carney	Additional capacity in place - COMPLETE	C		
I	Increase elective capacity (13)	Increase emergency theatre capacity	5. Recruitment to support delivery	Fleur Carney	Additional capacity in place - COMPLETE	C		
I	Increase elective capacity (13)	Ring fence elective surgical capacity for minimum 5 months in 2013-14	6. Ring fence all elective surgical beds from 1 June - 31 October (review position in Q3)	Susan Watson	(1) Despite ward 10 beds not yet open agreed with chiefs of service (30 May) that ring-fencing should commence from 1 June 2013 as planned. (2) DM on-call retains authority to amend if service requires it.	A		
I	Increase elective capacity (13)	Review cancellation decision tree	7. Joint meeting of chiefs of service and divisional managers to review and agree the decision tree	Susan Watson				
I	Increase speciality medicine bed base (5)	Open 5 beds on ward 14	Recruitment to support opening the beds	Gary Owens	Beds opened in January and kept open - COMPLETE	C		
I	Increase therapy support on cardiology wards	Increase therapy capacity to support the additional medical patients being accommodated on cardiology wards	Recruitment to support acute medical programme	Sue Gavaghan	Recruitment underway - due to be complete by ? tbc	G		
I	Improve clinical model to support management of acute admissions	Review of summer 2010 recommendations	1. Chiefs of service to review recommendations made, action plans put in place and appropriateness of approach	Rob Wilson	Discussion at chiefs of service meeting 30 May when approach agreed	A		
I	Improve clinical model to support management of acute admissions	RPIW - front of house (15-19 July)	2. Chiefs of service to take on board recommendations made and ensure implementation	Chiefs of service				
I	Increase clinical capacity at front of house	Increase senior decision maker capacity at front of house (acute medicine)	FMG approved 4 additional acute physicians (ward and front of house)	Brendan McCarron	Recruitment process underway	A		
I	Increase clinical capacity at front of house		Following the RPIW discussions/review of opportunities to redesign consultant job plans acute medicine to advise FMG of remaining need for additional consultant staff	Brendan McCarron		A		

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I	Increase clinical capacity at front of house	Increase number of A&E consultants to increase hours of senior decision maker cover	1. FMG agreed to review the need for this following the RPIW discussions/review of opportunities for service redesign in June.	Andy Port, Carol Dargue		A		
I	Increase clinical capacity at front of house	Increase number of A&E consultants to increase hours of senior decision maker cover	2. Trauma division to advise FMG of remaining need for additional consultant staff	Andy Port, Carol Dargue		A		
I	Increase clinical capacity at front of house	Increase number of A&E nurses in response to growing demand	1. FMG agreed to review the need for this following the RPIW discussions/review of opportunities for service redesign in June.	Andy Port, Carol Dargue		A		
I	Increase clinical capacity at front of house	Increase number of A&E nurses in response to growing demand	2. Trauma division to advise FMG of remaining need for additional nursing staff.	Andy Port, Carol Dargue		A		
I	Develop 7 day service to support non-elective programme	To increase capacity over the 7 day period to allow smoothing of discharges	All divisions to identify gaps in service provision that are preventing delivery of 7 day services and the impact this would have on the programme.	Chiefs of service, Divisional Managers	(1) Request made to divisional teams for information. (2) Target 2 July for FMG discussion paper.	A		
I	Infection, prevention and control	Ensure all clinical teams adhere to trust policy and guidance in addressing and responding to IPC issues	All teams to ensure best practice is adhered to especially in the case of gastroenteritis outbreaks. Divisions should not open closed beds too early as evidence suggests this risks prolonging the outbreak.	All staff	All policies and procedures in place - COMPLETE	C		
I	Infection, prevention and control	Ensure sufficient cleaning time is in place to deliver rapid turnaround of capacity when terminal cleans are required	IPC/planning teams to advise on the need for any increased cleaning capacity	Alison Peevor, Jill Moulton	Teams asked for advice	A		
I	Increase junior doctor capacity	To ensure there is sufficient junior medical cover to meet the demands of the service. Feedback from previous winter reviews has indicated that junior medical staffing is a key requirement to support the non-elective programme (AAU, A&E and ward based care) during the winter months	The taskforce established by the medical director to feed into the winter planning process with proposed actions	Rob Wilson, Catherine Sowerby	Taskforce established: Long-term - Assess the feasibility and implications to re-distribute trainees Short-term - Awaiting positional update from Post grad - junior position improved. Information- Taskforce in Acute Medicine - led by Andrew Thacker	A		
I	Increase junior doctor capacity		Review use of HCAs at ward level to undertake phlebotomy	Anne Sutcliffe	See point below - current HCAs do not have phlebotomy training, currently insufficient numbers to be removed from DCC	A		

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I	Increase junior doctor capacity		Review opportunity for non-medical staff (e.g. AHPs, nurses, etc.) to undertake some tasks on behalf of junior medical staff. Consider potential impact of ward clerks to reduce burden on junior doctors out of hours	Anne Sutcliffe, Catherine Sowerby	Potential to undertake focus groups with juniors and senior nurses to establish if any tasks can be shared - needs to be undertaken in next 2-3 weeks - would need to identify lead to facilitate			
I	Increase junior doctor capacity		Review ward approach to standard filing of paperwork to reduce time wasted	Anne Sutcliffe	Standard filing process in place			
I	Increase junior doctor capacity		Consider potential for venepuncture kit to be available in every treatment room at all times to avoid time wasted	Anne Sutcliffe	Action plan in place - led by Gill Husband & Dave Murray (Anaesthetics) and Dave Macaffy (Surgery)			
I	Increase junior doctor capacity		Consider opportunity for technology to improve hospital @ night processes		Joanne Dewar asked to advise on practicality/opportunity			
I	Increase junior doctor capacity	Increase phlebotomy cover to support junior medical staff out of hours	Recruitment to support delivery	Karl Hubbert	Additional capacity in place - COMPLETE	C		
I	Patient Flow	Ensure patient flow systems and processes are in accordance with best practice	1. Review standard operating processes and agree through FMG	Sarah Danieli	Review meeting to be held 31 May with FMG scheduled after this	G		
I	Patient Flow		2. Ensure CMBT continues to use bed predictor tool	Jo Foster	Agreement in place - COMPLETE	C		
I	Patient Flow		3. Ensure ECIST best practice guidance is adhered to	Jo Foster	Agreements in place - COMPLETE	C		
I	Patient Flow		4. Where SOPs or best practice is not adhered to issues to be raised via Jo Foster or Sarah Danieli for investigation	Divisional Managers	Agreements in place - COMPLETE	C		
I	Intensive care capacity	To be in a position to respond to a surge in demand for ICU capacity	Ensure surge plans are in place to respond to increased demand on staffing	Lindsay Garcia	Plans in place but in need of review			
I	Intensive care capacity	To be in a position to respond to a surge in demand for ICU capacity	Ensure surge plans are in place to respond to increased demand on medical equipment	Lindsay Garcia	Plans in place but in need of review			
I	Staff sickness	To be in a position to maintain services during periods of high staff sickness (e.g. flu virus)	Divisional teams to review their business continuity plans and check for robustness	Divisional Managers	Plans should be in place but will need review			
I	Staff sickness	To ensure annual flu vaccination programme is available to all front line staff	Occupational health team to advise on the flu vaccination programme to be undertaken	Pam McCourt				