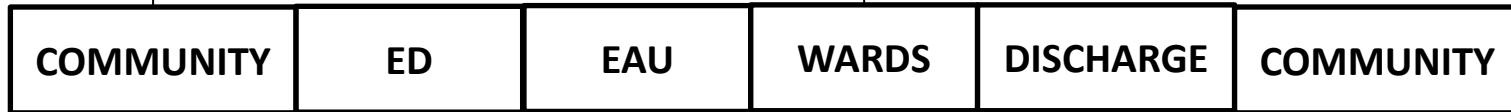


111: dispositions to 999 and ED @8%
GP 10' PROTOCOL: ? How many practices active
PRISM: 3 localities in N+S 7 day extended service
PRISM: 5 localities in M+A 7 day extended services
Front Door: build to co-locate PC24 and ED wait, single registration, dual triage

SAFER Bundle

- **Daily Boardround on all acute areas**
 - **EDD on all patient boards**
 - **Optimise Discharge Lounge**
 - **50% discharges by midday**
 - **Daily review of all LOS >14 days**
- Review Bed Management and Jonah Live meetings**
Daily consultant review
Weekly capacity meeting
Mythbusting
Prioritise TTOs
Pathways for common conditions



7 Day IDAT/Social Worker/EDASS
Ward 35 interim Pull Team SW, Comm N, IDAT)
T2A on ward 51 and 52
Non Weight Bearing Spot Purchases

2 Extra Middle Grades
Standardised investigation protocols at Assessment
Escalation protocols for overcrowding
Review of trauma protocols
Review of transfer protocols
Nurse Assessors and IDAT to facilitate discharge

Morning, afternoon, evening Boardrounds
RAT: senior assessment, investigation and plan
CDU open 8-9: Headache, Mental Health/Self Harm, DVT, Cellulitis, EDASS, Chest Pain
Nurse Assessors and IDAT to facilitate discharge and MDT assessment
Short Stay stream LoS <48hrs
Speciality Pull with LoS <15hrs
1 extra Acute Physician in post and 3 more after Xmas to bring total to 6
In reach to ED to pull medical admits and ensure all have a plan agreed 8-22:00
Reduce reclerking
Agreement re intensive monitoring beds
Plan to reduce EAU beds as flow improves with escalation plan until achieved

