Breaking the Cycle Initiative April 2015

a checklist

Building a Breaking the Cycle initiative *requires senior leaders to[1]:*

- **Feel and create a sense of urgency?** Are the executive team in agreement that there is a significant risk to patient safety and operational performance as a result of poor emergency patient flow ?

- **Create a guiding coalition.** Will the chief executive, medical and nurse directors commit to daily *gold* meetings and resolve issues escalated to them as a matter of priority? Will commissioners, community partners, ambulance services, social care and patient groups be invited to be involved actively? Support from the whole system is crucial. Is each partner organisation willing to undertake a process of 'ask and offer' (e.g. "we - the acute hospital - will offer ….. twice daily senior review and we ask that GP referred emergency patients are conveyed to hospital earlier)?

- **Develop a clear shared vision and purpose**. Are leaders willing to openly communicate an inclusive and clear vision to the organisation?

- **Communicate the vision**. Will the executive team ensure communication is seen as a priority (not just by email, but face-to-face and at all organisational levels)? Are executives and directors willing to adopt wards and or departments during the week and continue that support afterwards?

- **Empower people to act on the vision.** Will the organisation ensure capacity (people) to:

  o Ensure twice-daily consultant reviews for all adult acute inpatients

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[1] *(Based on John Kotters 8 step change model)*

- o Supporting professional activity (SPA) time – is there a willingness to commit to using this time if required to deliver additional patient reviews?
  - o Free senior nursing and operational managers from meetings
  - o Provide ward liaison officers – one on each ward (from support departments, such as finance, human resouces, estates). Is there a commitment to free their time for one week?
  - o Support teams – free up IT and information people, dedicated to the week, to play a key part in sustaining momentum after the week.
  - o Agree to overtime if necessary to meet demand

- **Create quick wins**. Will senior leaders find and solve the small, niggly problems that cause heartache amongst staff (e.g. getting a desk moved; new shelves; a decision to change a process)?

- **Consolidate and build on the gains**. Does the leadership team have ideas about sustaining the improvements after the week (e.g. a commitment to implement and sustain the SAFER patient flow bundle)?

- **Consolidate the change**. Once the system has been 're-calibrated', is there a commitment to learn and embed the learning into the way people 'do things around here'?

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