

Spring to Green Week **May 13th-18th 2013**

Summary of Outcomes

Aim: To support staff in delivering great care for our patients by moving from Black Escalation to Green

Right Patient - Right Bed

1. Overview of Spring to Green

In March, the Emergency Care Intensive Support Team (ECIST) suggested that the RUH was required to do something significantly different to move out of black escalation and regain control of patient flow. The Trust agreed to concentrate on six work streams over the next 120 days; one of the work streams was to create a 'firebreak' opportunity.

The '**Spring to Green**' initiative aimed to generate energy for change by doing things differently for the week to support patient flow; **Right Patient – Right Bed** and consequently improve patient experience, patient safety and staff morale. The scope of Spring to Green included all wards and the Emergency Department (ED). Community teams and Social Services were invited to send a representative to the 9am site meeting; however, the main focus was internal flow within the hospital and not community issues. All departments that support ED and inpatient wards e.g. pharmacy, diagnostics, therapies, facilities, IT etc. were asked to support the week by being more visible to the wards and offering a rapid response to issues raised that prevented patient flow or staff being able to deliver great patient care. All departments were asked to provide ideas for the week on what they planned to do differently to support patient flow. The focus on a common goal and the changes that departments put in place during the week was a key success factor.

The week was managed in the same format as a critical incident with a command centre and performance against each expected outcome measured throughout the day. See Appendix 1 for the command structure used.

The main aims of the week were;

- Right Patient - Right Bed
- To support staff to provide compassionate care for people in our care
- To release clinical staff from non-essential tasks to focus on clinical duties
- To support services providing a rapid response service to wards
- To provide non clinical staff the opportunity to be based in a clinical area to provide fresh eyes and feedback themes to the command centre.

In addition it was to be a week of action with the opportunity to understand what staff aspire to and a week of learning to build for the future.

2. Key Success Factors

The success of **spring to green** was due to the coming together of staff to achieve a common goal. Other success factors include;

- Executive leadership before, during and after the event
- Clear aims and objectives that were communicated Trust wide
 - Quotes from staff;
“Organisation working together with a shared purpose that transcended silos/roles. Everyone working for the same purpose”

“Purpose was simple and clear and we could all buy into it. Targets were not the focus. The patient was the focus”
- Departments empowered by Senior Managers to do things differently;
 - The changes put in place by IT, Radiology, Estates, Therapies and Discharge Team had a massive impact on the number of patients discharged, admissions avoided and staff morale.
- Key measures agreed and daily performance available
- Ward Liaison Officers
- Cancellation of non-essential meetings and reduction in email traffic

3. What did we do differently?

The table below details the feedback highlights from departments involved in **spring to green** and what they did differently during the week to support patient flow.

Department	Changes	Impact	What did the department learn? What will you stop, start, continue?
Estates & Facilities	<ul style="list-style-type: none"> • Raised awareness to all teams of the initiative and prepared staff for an increase in activity • Head of Estates became Dept. Liaison Officer, key link person for Bronze control 	<p>Expected a massive influx of calls, average day 50 -70 jobs per day.</p> <p>76 issues raised through bronze, resolved 50% during the week.</p>	<p>Start: Estates felt they need to communicate better. 1. Tell people what to do and how to contact us. 2. Let people know what we don't do so time is not wasted asking the wrong person.</p> <p>Stop/Continue: 3. There are many long term issues that will take time and lots of money to sort out. It takes time but we are travelling in the right direction</p>
Radiology	<ul style="list-style-type: none"> • Reduced the number of routine OP appointment slots and converted them to IP appointments. • Funded 1 wte extra bank porter for the week to support patient transfers between the wards and the dept. • Consultant radiologist's deferred admin sessions and undertook reporting in place of them • All senior radiographer team leaders cancelled all meetings etc. from diaries and took on a clinical role. • Continue to provide an U/S service on SAU and MAU during the week as required 	<p>Additional portering cover allowed an increased number of IP to be collected in a timely fashion.</p> <p>The additional reporting capacity helped hugely in having reports available;</p> <p>"One of the things having a huge impact on patient care is the rapid turnaround in CT/ USS etc. & reporting. This makes us make a decision on that afternoon rather than often waiting three days. well done to Stuart and his team. "</p> <p>Dr John Linehan</p>	<p>Continue: Felt good to be able to be so responsive to the needs of the organisation and having a direct impact on patient care.</p> <p>Consider Starting: If this is to be sustained then resource/funding needs to be sourced. An additional porter would allow a speedier IP service.</p>
IT	<ul style="list-style-type: none"> • Focused all energy on answering service calls and going out to the wards to resolve issues. • Allocated CRS Manager/Deputy as departmental liaison officer to work closely with bronze control • Gave staff within IT the opportunity to be ward liaison officers to experience life on the wards 	<p>Wards felt very supported by IT; kit that had been broken for months/years were now fixed and working. IT Service was very responsive during the week; By Friday, from wards alone, IT had received 444 calls compared with an average of 280 in previous weeks.</p>	<p>The IT team really enjoyed being able to act quickly and help people fix equipment that had been broken for many months or had not been reported at all. The first couple of days were challenging as they had lots of issues, however, it was very satisfying to be really flexible and put plans in place to fix the issues.</p> <p>Stop/Start: IT wouldn't be able to support this amount of monitoring on an on-going basis; however, they're going to start getting out into</p>

		Monday – Wednesday were the peaks with 277 compared with 180 avg on previous weeks. 44 issues raised through bronze; resolved 80% during the week.	the hospital regularly, every Monday morning seeing what the current issues are. Start: IT are going to have feedback in their weekly team leads meeting for issues that could have an operational impact.
Medical Physics & Bioengineering (inc. MEMS)	<ul style="list-style-type: none"> MEMS concentrated on RUH repairs to clear any backlog in the week leading up to the week, and then prioritised work for RUH in-patients areas during the week. MEMS responded to requests for help for equipment under contract, that is that MEMS are not responsible for. Examples: helping with a Sonosite breakdown; helping sorting damage incurred on a video-laryngoscope. Requisitions for spare parts were raised as soon as required, rather than batch processing. Medical Equipment Training Nurse walked through the critical areas each day to give equipment related assistance such as troubleshooting and ad-hoc user training if appropriate. 	MEMS are always very responsive to the needs to the wards and this continued throughout the week. The wards found the MEMS training nurse as trouble shooter really useful especially on Cardiac ward.	<p>Continue: In MEMS it was good to clear the RUH element of the backlog, so would consider applying a similar process periodically</p> <p>Start: MEMS would like to raise requisitions rather than batch processing because it speeds up repairs, but this is dependent on the division spend control approach in the future.</p> <p>Stop: It would not be possible to apply the same prioritisation process too frequently because other (non-RUH contract work) would suffer, potentially jeopardising income to the Trust.</p> <p>Continue: Returning to normal process for items under contract (current responsibility lie with Ward Managers)</p> <p>Stop: The use of the Medical Equipment Training Nurse as “trouble shooter” was very inefficient and diverted her from normal role priorities.</p>
Medical Therapies Unit & Ambulatory Care	<ul style="list-style-type: none"> Set up CDCU as a therapy unit (MTU) and arranged for elective patients to move to MTU to allow GP expected patients to attend Ambulatory Care. 	Increased GP expected attendances in Amb Care (see score card) therefore reducing ED attendances.	Continue: Pathway to continue as started during spring to green.
SAU	<ul style="list-style-type: none"> ED loaned SAU 4 trolleys to create an assessment area in SAU Area C Launched new emergency surgery clinic 	Increased GP expected attendances to SAU (see score card) therefore reducing ED attendances.	Continue: Pathway to continue as started during spring to green.
Discharge Liaison Teams	<ul style="list-style-type: none"> Arranged for a DLN to cover Saturday 10-2pm Reduced ‘green’ meetings to two plus SITREP to make processes leaner and more productive. Moved forward with many complex discharge plans 	Weekend discharge rate increased by 20 patients. Consistently affected the Trusts ability to discharge up to 100 patients a day during	<p>Continue: Will definitely carry on with enhanced level of communication both within and outside the team</p> <p>Start: We aim to decrease green meeting to twice a week and maintain daily coding of delays to</p>

	<p>with the aid of increased input from community teams.</p> <ul style="list-style-type: none"> • More communication within the team and the mood lightened throughout the week. • Increased site meeting. • Opportunity to be more proactive and less reactive 	<p>the week</p> <p>Whole Trust focus on discharge which led to increased understanding of how difficult it can be sometimes to discharge patients</p>	<p>make SITREP more productive.</p> <p>Start: Discussions are being held around ward based discharge coordinators to plan and manage complex discharges on the wards.</p> <p>Continue: The ability to plan and 'dig deeper' into very complex discharge issues.</p>
Therapies	<ul style="list-style-type: none"> • Therapies designed the day's process around team communication at key points; post handovers/white boards or review of caseload at 10.00 each morning to coincide with silver feedback from Gina Sargeant. • Non inpatient or discharge associated resources were moved into inpatients for the one week. • Each ward was given the departmental liaison officer for therapies bleep. • In the weeks before each clinic speciality team looked at and shared how they prioritise their patients, Levels 1, 2 and 3. • STRONG emphasis at beginning of process on increasing comms with the wards and less reliance on the electronic ref system • STRONG emphasis on team sharing of the caseloads OT and PT combined as well as across specialities. • Completed the new therapies department discharge board where the Sitrep list and green to go lists are shared. This aided communication back to Helen Bennett and the DLN's to increase discharge speed. • At 12.15 there was a quick recount to see where help was needed, and then as all teams completed their level 1 and 2's a check for level 3 pts were seen. 	<p>Consistently affected the Trusts ability to discharge up to 100 patients a day during the week.</p> <p>Wards fed back that they felt well supported by the therapist team.</p>	<p>Continue: Increased emphasis on prioritisation of caseloads, and prioritisation of each day to ensure focus on discharges</p> <p>Continue: Increased focus on whiteboard rounds – some areas already have very MDT focused supportive rounds</p> <p>Stop: We have stopped the formal sharing resources across all teams and the feedback daily of all the levels, however I have noticed a much more increased focus on sharing resources if a team is in trouble on a particular day</p> <p>Continue: We are continuing with Joint OT and PT coffee time once a month with a combined staff meeting, and social events, starting June.</p> <p>Start: Therapies Manager is considering the future configuration of the inpatient, outpatient teams and OT and PT to allocate resource where it is needed most (by March 2014).</p>
Orthopaedic team	<ul style="list-style-type: none"> • Ensured all in-patients were seen early in the day and those that could be 	<p>Overall elective length of stay reduced by 2.5 days and discharges</p>	<p>Continue: Orthopaedic team has resumed to business as usual.</p>

	<p>discharged were identified and plans made to ensure they go.</p> <ul style="list-style-type: none"> • Provided a rapid senior input in A&E for the decisions about admission or discharge to be made. • Cancelled all non-essential meetings/admin time 	increased by 25 a day	
Oral and Maxfax	<ul style="list-style-type: none"> • Continue with daily ward rounds at 8.00 am and will continue to do this to identify early discharges. • Available to the ED/SAU to support the SHO's with the early triage of Max-fac emergencies and determine any necessity for admission. • Three 'spare sessions' for any emergency trauma during the week and available for out of hours trauma, thus negating any problems getting SpR's over from Bristol and potentially delaying cases. 	Overall elective length of stay reduced by 2.5 days and discharges increased by 25 a day	Continue: Oral/Max Fax team has resumed to business as usual.
Patient Transport	<ul style="list-style-type: none"> • Provider worked against the contract guidelines in the timescale to action the requests 	<p>Wards pre booking the transport was a big advantage and avoided an overload of journeys late in the day nearer the finish time of the service and subsequent failed discharges.</p> <p>Earlier discharges are far better for the Trust and the transport. Late requests cannot always be guaranteed due to availability.</p>	<p>Stop: Provider working against contract guidelines.</p> <p>Start: An understanding of the transport contract guidelines as the current information the wards believe are not correct which does result in occasional 'tension' between the 2 departments.</p>
Pharmacy	<ul style="list-style-type: none"> • Ensured all wards visited daily by pharmacists. • Additional pharmacist support into the dispensary each afternoon to expedite TTAs. • Red bags delivered from dispensary by any staff leaving the department. 	From patient transport's point of view Pharmacy pulled out all the stops and returned dossett boxes in an hour on some occasions.	Stop: Although it was very helpful having pharmacists cover all wards on a daily basis, and providing extra support in dispensary each afternoon, unfortunately this is not sustainable.
Anaesthesia	<ul style="list-style-type: none"> • Extra anaesthetist in for every session to coordinate. • Trained using millennium 	Pain received 4 referrals via millennium for consultant opinion.	Continue: Using millennium for inpatient requests for opinion.

	for consultant to consultant referrals		
Cardiology	<ul style="list-style-type: none"> Trailed using millennium for consultant to consultant referrals 	Cardiology received 6 referrals via millennium for consultant opinion.	Continue: Using millennium for inpatient requests for opinion.
Site Team	<ul style="list-style-type: none"> Focus on right patient, right bed. Bronze control dealt with all other queries preventing patient flow allowing the site team to focus on patient placement. 	<p>0 outliers. No escalation beds open.</p> <p>Improved staff morale on the wards due to right patient, right bed</p>	<p>Continue: Review outliers at site team meeting and focus on right patient, right bed.</p> <p>Continue: Site team focus on placing Acute Stroke patients using email communication.</p> <p>Stop: Bronze control.</p>
Ward Liaison Officers (WLO)	<ul style="list-style-type: none"> Over 60 members of staff from HR, IT, Finance, Qulturum, Education Centre and Divisions volunteered as Ward Liaison Officers. Their key role was to expedite issues that were impacting on patient flow. They also became, runners, listeners, messengers and a general help to the ward. 	<p>Covered 156 shifts across 26 wards/departments. Raised 338 issues over 6 days.</p>	Continue: The ward liaison officer role to be available routinely for red and black escalation linking to a dedicated escalated action card

Sample Feedback/Quotes from Staff

Opportunity to work with different groups of colleagues

Tracking progress as a department so we could all see where the back log could be before it happened (therapies)

Incredible ward clerks – enjoyed patient contact – positive welcome from ward – good feedback.

Purpose was simple and clear + we could all buy into it. Targets were not the focus. The patient was the focus;

What stayed with me – team work on the ward – people being professional and busy and also behaving with respect and value each other – the patient experience + staff experience are important because a good experience aids well-being + efficiency;

What stayed with me – a joining up of the department acknowledging everyone’s workload of helping each other and enjoying it?

Some cynicism from some nursing staff – felt positivity from most people, found it difficult to engage some senior nurses + evoke a change in mentality and working style;

We don’t want to be the invisible IT dept. up in John Apley

4. The Outcomes

The aims of the week were both transactional (identify and fix) and transformational (pathway improvements). In order to measure the impact of the changes that were made, the outcomes below were agreed. The table highlights at a high level whether these outcomes were achieved, and is detailed in section 4.3 in the form of a scorecard.

Outcome	Achieved (Green = Fully achieved, Amber = Partially achieved, Red Cross = Not achieved)	Comment
Move from Black to Green escalation status	✓	Started the week in Green step up, ended in Green Step Up due to one ward closed for D&V
Minimum 25 patients discharged and 50 declared discharges by noon.	✓	
50% increase in direct admits to Amb Care, SAU	✓	
100% direct admits to ASU	✓	100% for 3 days, average over 6 days 76%
ED patients reviewed in 60 mins by senior clinician	✓	3 days under 60 mins, 3 days over 60 mins
Maximum of 15 medical outliers	✓	Exceeded target and achieved 0 outliers
CDCU, MDCU and Day Surgery out of escalation	✓	
Reduction in staff moves	✓	Due to escalation beds closed, staff were able to stay on their own wards.
Zero Theatre Patient Cancellations -due to non-clinical reasons	✓	No cancellations due to lack of beds. 8 cancellations in total due to other non-clinical reasons
Reduction in number of PALS complaints	✓	No negative PALS contacts received. 3 complaints received during the week, average number is around 7.
Improved patient experience	✓	See charts below

Outcomes achieved outright = 64%

Outcomes partially achieved = 36%

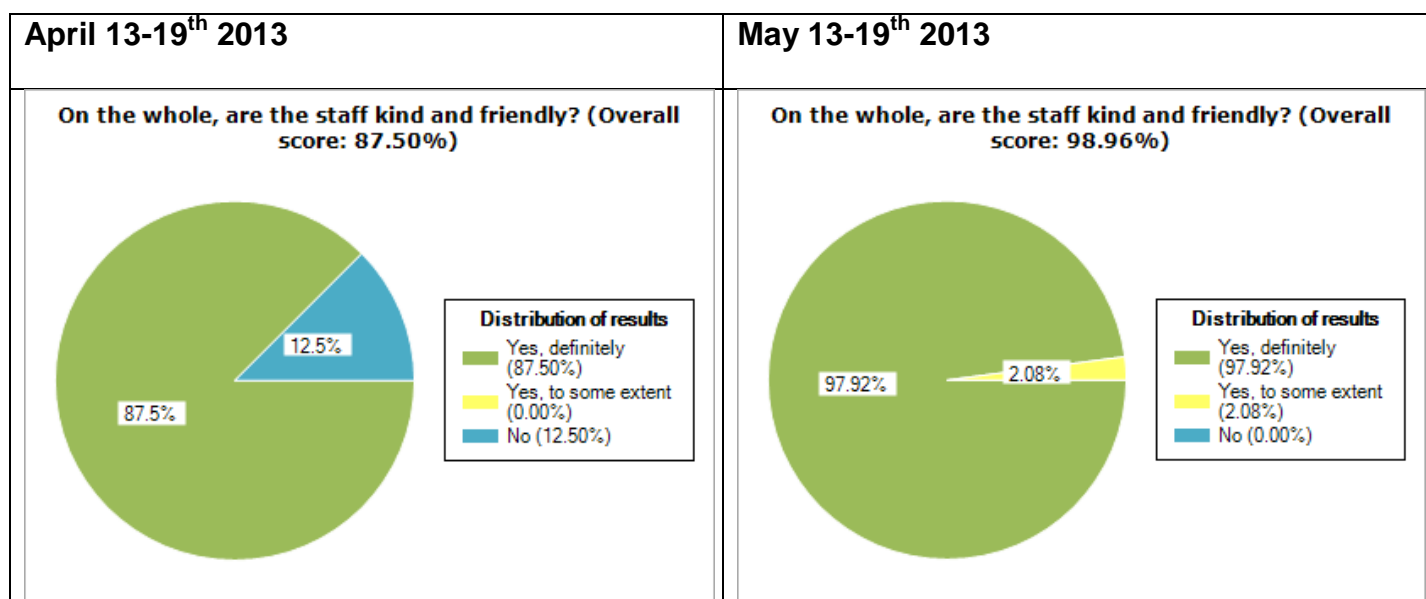
4.1 Outcomes Comparison

The site team leader (silver control) compared six key performance indicators measured during spring to green week compared to the same week one month previously. The improvement is evident in the table below.

KPI Metric	17 th April 2013	17 th May 2013 (End of Spring to Green Week)
Bed occupancy	99.4%	88.1%
Extra capacity open	71 beds	0 beds
Outliers	73	0
Discharges – week day average (excl. DC)	116	139
Discharges – weekend average (75 Sat, 54 Sun)	129	150
4hr Target	79.9%	96.2%

4.2 Improved Patient Experience

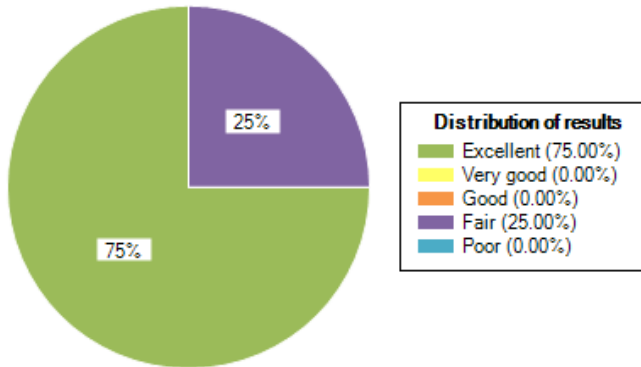
An important measure during the week was improved patient experience; this was measured using our standard patient experience data capture tool – Meridian. We also used the recently implemented Family and Friends test to measure if patients would recommend the RUH to their friends and family. The pie charts below compare responses received from patients during Spring to Green Week (May 13th to 19th May) and from a month earlier for the same week, April 13th -19th 2013.



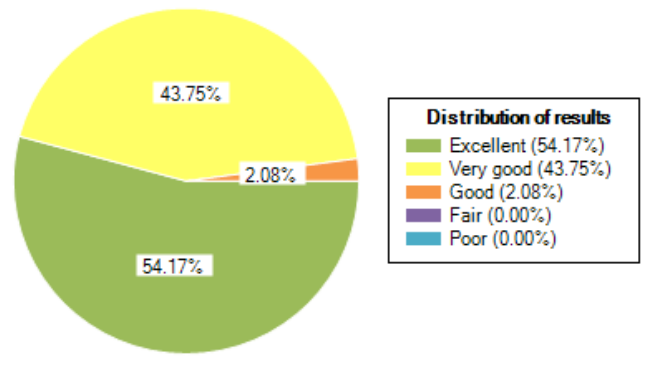
April 13-19th 2013

May 13-19th 2013

Overall, how would you rate the care you received?
(Overall score: 81.25%)



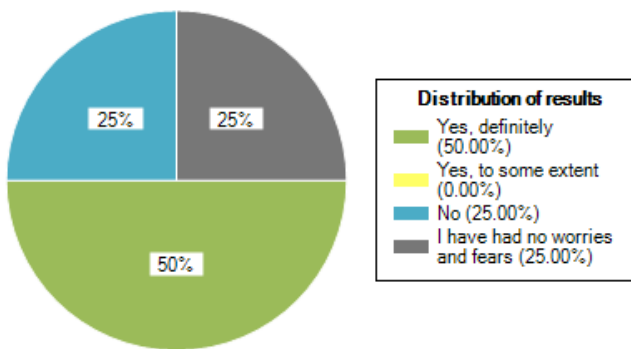
Overall, how would you rate the care you received?
(Overall score: 88.02%)



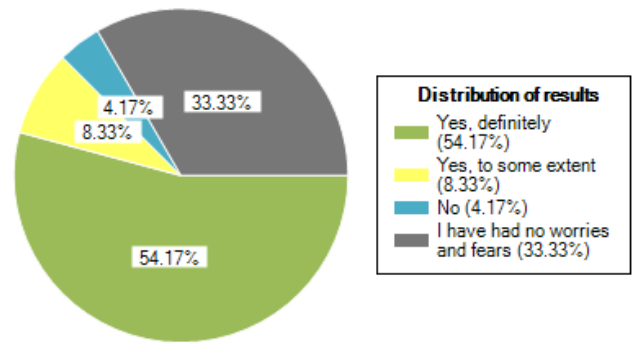
April 13-19th 2013

May 13-19th 2013

Did you find someone on the hospital staff to talk to about your worries and fears?
(Overall score: 66.67%)



Did you find someone on the hospital staff to talk to about your worries and fears?
(Overall score: 87.50%)

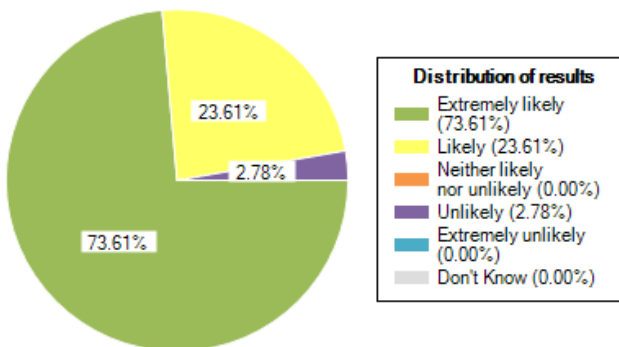


Friends and Family Test

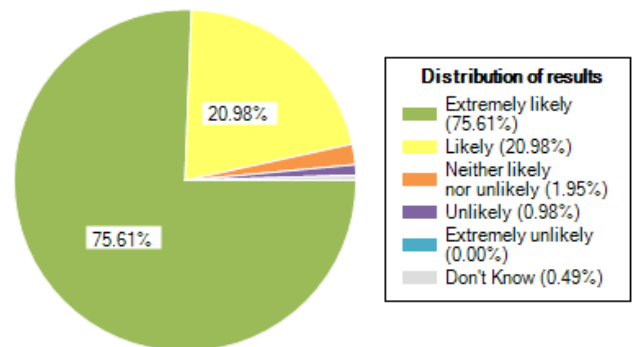
April 13-19th 2013

May 13-19th 2013

How likely are you to recommend our ward to friends and family if they needed similar care or treatment?
(Please tick one) (Overall score: 92.01%)



How likely are you to recommend our ward to friends and family if they needed similar care or treatment?
(Please tick one) (Overall score: 93.01%)



4.3 Spring to Green Week - Scorecard

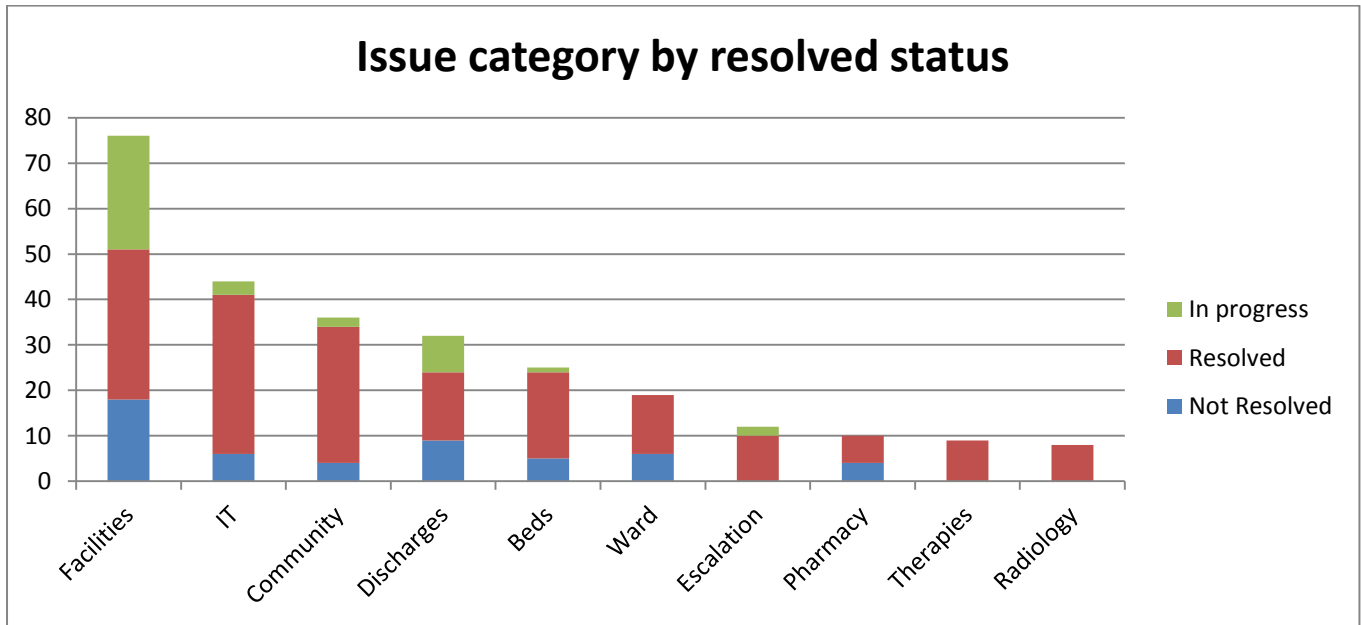
Indicator	Target	Monday 13th	Tuesday 14th	Wednesday 15th	Thursday 16th	Friday 17th	Saturday 18th	WC 13/5/13	WC 27/5/13	Comments
Escalation status	Green	Green-Step Up	Green-Step Up	Green-Step Up	Green-Step Up	Green-Step Up	Green-Step Up	Green-Step Up	Green	Reason - 1 ward shut due to norovirus
Front Door										
ED waiting times (4 hours)	>=95%	98.9%	98.1%	100.0%	89.7%	99.4%	97.4%	97.0%	99.6%	
Time to review by senior clinician for ED patients	<=60 mins	42	45	40	90	67	76	61	49	
Number of direct admits to Amb Care from ED	>=1	2	0	0	0	0	0	2	0	Target - 50% increase on April Average
Number of direct admits to Amb Care from GP	>=7	7	11	6	6	12	0	42	32	Target - 50% increase on April Average. Running at low numbers of GP expected.
Number of direct admits to SAU from GP	>=2	6	3	8	8	10	3	38	31	Target - 50% increase on April Average
Number of direct admits to ASU - from ED	100%	100.0%	33.3%	100.0%	100.0%	100.0%	66.70%	76.9%	80.0%	
Number of patients with 0-1 day length of stay on Amb Care, SAU and ASU	>=48	47	49	39	41	53	25	254	185	Target - 50% increase on April Average
Number of patients on post post take ward round	<=10	13	10	9	15	16	17	13	18	(WTD = Average per day)
Back Door										
Number of discharges by midday	>=25	32	48	35	33	24	14	186	149	Includes daycase
Number of discharges declared by midday	>=50	55	56	63	62	62	37	335	178	CQUIN target for Q1 TBC
Bed occupancy (adult only)	<=93%	93.1%	93.1%	87.3%	88.1%	86.8%	91.2%	93.1%	89.9%	
Length of Stay (non-elective)	<=5.21	5.54	6.01	6.14	5.29	4.91	3.05	5.67	4.84	Calculation based on average length of stay at day of discharge
Number of green to go patients	<=30	93	109	106	94	104	93	100	76	(WTD = Average per day)
Site Position										
Number of outliers	0	13	13	11	0	0	3	7	13	(WTD = Average per day)
Wards used for escalation	0	0	0	0	0	0	0	0	0	
Ward beds used for escalation - DSU	<=10	0	0	0	0	0	0	0	0	
Number of staff moves (on wards)	N/A		11	12	4			27		
Number of delayed transfers of care	<=1%	5.6%	4.2%	4.2%	3.7%	6.8%	6.8%	5.3%	3.5%	
Theatre Utilisation	>=85%	79%	84%	89%	84%	87%	73%	84%	80%	
Number of delayed transfers from ITU	0	1	2	1	0	2	0	6	6	Provisional data. Based on delay of >4 hours
Patient Experience										
Number of patient cancellations (Non-Clinical)	0	1	0	1	3	3	0	8	0	Cancellation reasons Thursday - List overbooked (1 patient) and surgery can wait until next day (2 patients). All Non-Elective.
Number of PALS contacts with adverse issues	<=35	0	0	0	0	8	n/a	8		Target based on average per week
Number of complaints received	<=7	0	0	1	1	1	n/a	3		Target based on average per week
Percentage of patients completing Friends and Family Test	>=15%	47.8%	52.8%	46.0%	42.4%	52.3%	29.1%	45.8%	29.3%	CQUIN payment of £98,000 relies on 15% completion. Previous day performance likely to increase with processing of paper responses.
Bronze Issues										
Number of issues raised	N/A	142	55	52	51	30	8	338	n/a	
% of issues resolved (cumulative)	N/A	42%	43.7%	54.1%	52.3%	58.5%	57.7%	43.7%	n/a	35.7% in progress

5 Issues Raised to Bronze Command

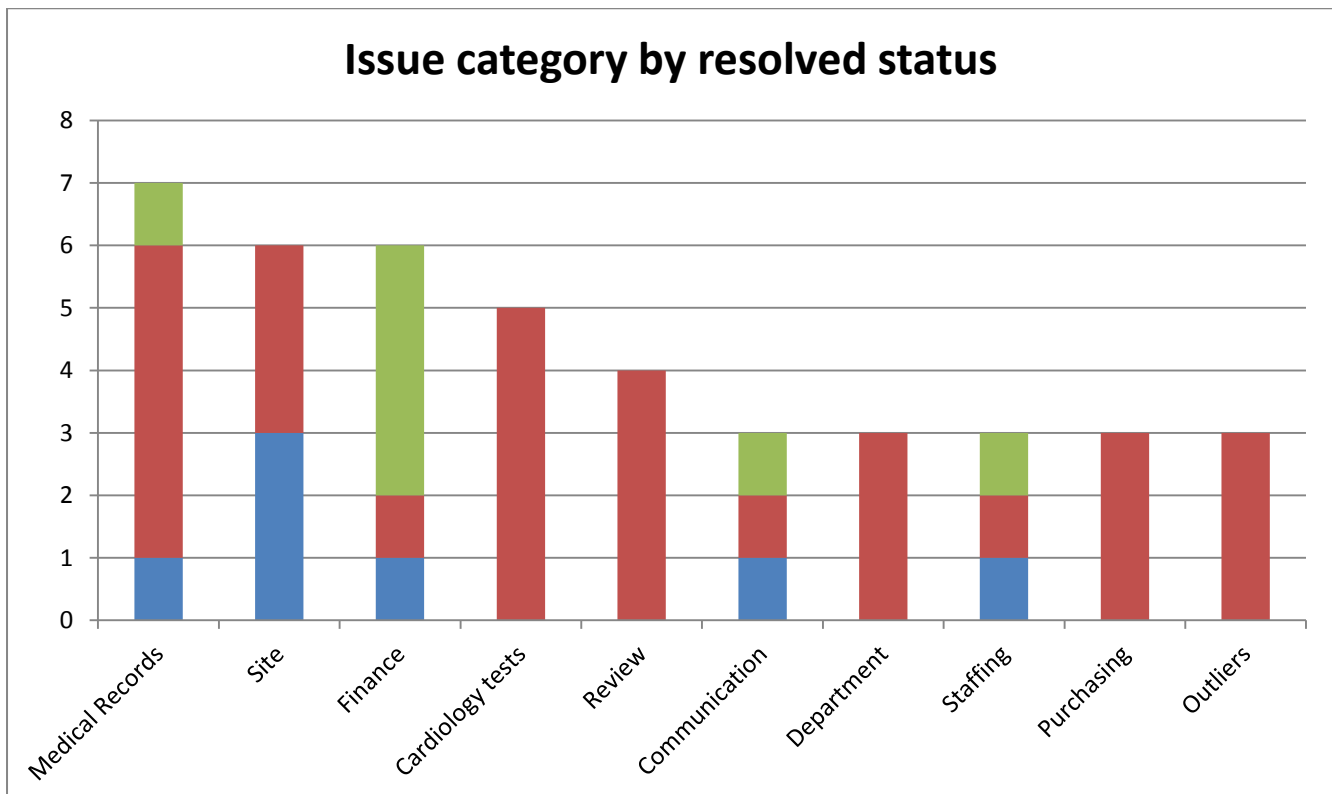
The tables and charts below detail the issue categories that were raised by the Ward Liaison Officers to Bronze command.

Total issues raised	338
% issues resolved	65.1%
% issues not resolved	19.5%
% issues in progress	15.4%

Top 10 Issues



Next 10 Issues



6 Gold Issues

The issues that were raised to the Gold team to discuss are listed in the table below.

Date Raised	Issue	Lead	Resolved?
13/05/2013	Medical Treatment Unit access	Divisional Manager Medicine	Yes
13/05/2013	Outlier model	Gold team	Yes
14/05/2013	IT Hardware prioritisation	Gold team	Yes
14/05/2013	Discharge summaries – target firms	Head of Medicine and Head of Surgery	On going
14/05/2013	Agree 3 month plan for wristbands	IT Dept. Liaison Officer	In progress
14/05/2013	ASU liaison with Frenchay	Head of Medicine/ OPU Lead Consultant	In progress
14/05/2013	Dosset box system	Divisional Manager Medicine/Deputy Chief Pharmacist	In progress
14/05/2013	FFT on recap application to remind staff	Gold team	Yes
15/05/2013	Ward standards monitoring – rolling programme of audit	Head of Medicine and Head of Surgery	On going
15/05/2013	Ward clerk support and thank you	Chief Operating Officer	Yes
15/05/2013	Saturday cover plan	Bronze Co-ordinator	Yes
16/05/2013	SAU trolleys	Divisional Manager Medicine	Yes
16/05/2013	E-portering system	Facilities Dept. Liaison Officer present to Executive Team	In progress
16/05/2013	How do we operate and decorate?	Executive Team	Yes
16/05/2013	WLO role going forward	Chief Operating Officer	Yes
17/05/2013	ED breach investigation	Clare O'Farrell	Yes
17/05/2013	Winter ever green plan	Francesca Thompson	Yes
17/05/2013	Theatre action week	Adam Dougherty/Lisa Lewis	Yes

7 Conclusion

The RUH took a command and control approach to patient flow during **Spring to Green** and have sustained this recovery by continuing many of the initiatives started during the week e.g. site team focus on right patient, right bed and management of outliers, open communication amongst teams e.g. physio and OT, assessment areas in ambulatory care, SAU and medical therapies unit remain open and actively in use.

One goal and a shared sense of purpose throughout the week improved staff morale and job satisfaction: *“Organisation working together with a shared purpose that transcended silos/roles; everyone working for the same purpose”*

The focus on measurement during the week ensured that the outcomes were reviewed daily to demonstrate progress. The main focus of the week was right patient, right bed and improved patient experience; the complaints team reported no formal complaints and no negative PALS contacts. A thank you card was also sent to a member of the HR team who volunteered as a ward liaison officer thanking them for the time they spent with them whilst they were an inpatient.

For the reasons stated above and the patient and staff outcomes achieved during the week the overarching comment was that it was a great success and the best thing we could have done as a Trust to regain control of patient flow.

8 Next Steps

- Theatre Action Week starting 10th June.
Aim: To improve patient experience by reducing theatre cancellations due to non-clinical reasons e.g. waits and delays
- Ward Liaison Officer action card included in escalation policy and invitations sent to staff to become volunteers
- A reminder to staff via Head of Performance that actions need to be carried out even when we're 'green', not to become complacent
- Repeat event in October, titled **Winter Ever Green**
- Urgent Care Programme Board – Every Patient Matters, continuing the work on the urgent care pathway.

Appendix 1 Command Structure

