QUARTER 1 RETURN TO MONITOR
Four Hour Performance - Executive Summary

BoD 77/14

Item	Headline	Summary Actions	Impact	Performance Trajectory										
Key: Immediate –0 – 3 months Short – 3 – 6months Medium – 6 – 12 months				June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	March	April
1	Governance and Policy	• Establish effective governance structure and reporting • Reinstate Emergency Care Board • Ensure compliance against the Emergency Care Access Policy and SOP for the Emergency Floor	• Improve internal and external governance arrangements • Optimise escalation and reporting mechanisms to effectively manage patient flow											
2	A&E Process	• Develop proactive escalation management • Improve monitoring of SECAmb flow expected across the Emergency Floors to reduce Ambulance delays • Increase Clerical staffing levels to support monitoring and escalation • Implement solutions to increase capacity across the emergency floors • Identify constraints that impact on 4 hour target delivery	• Reduce handover fines • Improve standardised escalation and communication flow • Early management decisions • Improve accuracy breach analysis • Increase capacity through re-designing emergency floor flow • Reduce delays in patients 4 hour pathway											
3	Pathways	• Develop front door frailty assessment • Implement Rapid Access Comprehensive Geriatric Assessment OPA Clinics • Progress Integrated urgent care pathway model • Implement AMB score for all Major patients • Agree top ten pathways • Implement daily and weekend MDT board rounds • Introduce daily board rounds in the community hospitals • Implement a surgical assessment unit • Review pathways in WHH to improve flow and reduce clinical breaches	• Reduce delays in pathways • Remove repetition of work for Emergency and speciality teams • Navigate patients to appropriate pathways • Reduce attendances to the Emergency Departments • Efficient analysis business will identify improvements in pathways • Improve MDT understanding of issues and delays in pathways • Improve understanding of external stakeholder services • Increase discharges through MDT early supported discharge • Increase weekend discharges • Reduce surgical breaches improving flow in the ED											
4	Workforce	• Recruit senior emergency doctors to support extended working • Use demand and capacity modelling to plan staffing to support evening activity surges • Explore options regarding Middle Grade Doctor recruitment and retention • Review Nursing rotas to identify opportunities to flex staff to support surges	• Increase senior cover • Early senior decision making • Improve clinical leadership and supervision/ training of junior doctors • Reduce dependency on agency staff • Improve continuity of care within the ED's											
5	Clinical Leadership and Engagement	• Implement daily assessment of breaches by Senior Clinical Team	• Improve understanding of breaches • Raise awareness of breaches within clinical teams											
6	Communication	• Implement monitor screens in ED waiting rooms • Promote alternative patient pathway management	• Patients informed of current Waiting times and accessibility of alternative services beyond the ED											
7	Information	• Develop information dashboard for 4 hour standard, LOS and DTOC • Monthly reporting of LOS by Consultants in urgent care • Benefit/impact analysis of IDT on DTOC	• Improve reporting to support Emergency Care Board decision making process • Improve monitoring of performance through Clinical Board • Monitor improvements through robust data reporting and analysis											
			Monthly Performance:	93.76%	93.26%	96.16%	95.75%	95.03%	95.14%	95.02%	95.47%	95.54%	95.41%	95.11%
			Quarterly Performance:		95.04%			95.06%			95.47%			

Four Hour Performance Action Plan – updated 15 July 2014

Item	Site	Issue	Action	Progress	Impact	Support Required					Lead	Timescale and term plan	Jun	Jul	Aug	Sept	Oct	Nov
						SS	Com	HC	SECAmb	Primary								
GOVERNANCE AND POLICY																		
1.	TRUST	Establish effective reporting and Governance at all levels internally and implement an external reporting mechanism to ensure clarity and understanding of the A&E performance	Reinstate Emergency Care Board to be chaired by Dr Hawkins. Implement A&E Performance Meetings to monitor breaches with cross divisional representation.	Emergency Care Programme Board to be implemented from August. A&E Performance meetings in place from May 14	Robust governance arrangements to support A&E performance monitoring and actions to improve performance						LW	**Immediate Action** **July 14** **May 14**						
2.	TRUST	Ensure the Governance structure is robust and policies reflect national guidance and compliance with Emergency Care Access Policy and SOP for Emergency Floor	Review SOP and present to CMB for final ratification. Communication plan to embed the Operational Floor Policy to other divisions. Monitor compliance to SOP and report to A&E Performance meeting with escalation through Divisional Directors.	LW/AB/PO to redraft SOP – 30 July 14. SOP to be present to UCLTC Clinical Board – August 14. SOP to be presented to CMB for ratification – Sept 14 Communication Plan to implement across Divisions and ED – 30 Sept 14. KPI to monitor compliance to be included in the SOP and report via A&E Performance Meeting monthly. Development of nurse led referral pathways	Improved response time from speciality teams to ED. Early management decisions Improved patient flow						AB LW ALL CLINICAL LEADS	**Short term Action** **31 Aug 14**						
A&E PROCESS																		
3.	TRUST	Inconsistent escalation	Review and implement Proactive Escalation H:\ flow_poster11.put Roll out on all sites and audit compliance. Consider criteria amendment.	SAS/Nurses in ED aware of draft Escalation Plan. CG to confirm escalation criteria based on updated activity analysis (Apr-May) Sign off at A&E Business Meeting July 14. AB to present to UCLTC Clinical	Standardised approach to escalation from all Divisions. Support accurate breach analysis and allocation.						AB EB/MB PO CG	**Short Term Action** **Completed by 31 Aug 14**						

				Board August 14. AB to present plan to Trust CMB to gain sign up from all Divisions. Presenting 13 August 14. Executive Team support required to implement within Divisions.							PS/JP							
4.	TRUST	Inconsistent escalation when SECAmb inbound screen shows several attendances en-route, leading to ambulance delays within the ED.	Clerical staff to monitor inbound screen and escalate 4 or more inbound ambulances to senior nurse, senior clinician, Site Manager or Flow Team in order to create capacity to accept within the ED Business case to support 24/7 clerical support to majors.	1. A&E reception providing a clerk to majors whenever there are 3 people on shift and workload allows. 2. LB/MB to draft business case for additional clerical support to enable 24/7 cover – 30 July 14. 3. LB/MB to lead recruitment plan – completed 30 Sept 14.	Reduction in Handover fines. Improved escalation within majors. Improved awareness, planning and communication between Nurse in charge, clinical team and SECAMB.							EB MB	**1. Immediate Action** **2. Short Term Action 30/07/14** **3. Medium Term Action 30/09/14**							
5.	TRUST	Insufficient capacity to assess patients when department full.	Implement an Observation Bay in WHH and review/standardise the use of the EBed area at QEQM in conjunction with CEM guidelines. Area identified on Ambulatory Care/e-bedded area for ambulant patients likely to be discharged but awaiting diagnostics. Confirm staffing resources required to manage patients in Observation Bay.	PO/AB drafting SOP on 20/06/14. AB discussing with Consultants 24/6/14. Final draft available 27/6/14. Clinical Board for ratification July 14. LW to request CG to model impact on breaches 18/06/14 Plan for Observation Unit with trolleys and chairs to open in a bay on CDU WHH – 30 July 14. QEQM EBed area to have chairs and trolleys. New SOP in place 30 July 14. Reviewing staffing resources in conjunction with SOP.	Improved flow through the ED depts. Reduction in breaches due to delay in diagnostics.							PO AB LW	**Short Term Actions** **Complete By 30 July 14**							
6.	TRUST	Opportunity to improve GP productivity working within the ED	GP to see the agreed 3/4 patients per hour. Analysis of conditions/numbers seen by GP and OOH GP. LW/AB to review EKHUFT A&E system data to identify number of patients seen and presenting conditions and confirm to Alistair Martin/Sue Luff. Negotiate improved performance/KPIs as required. Agree protocol for active redirection of patients to GP for appointment using by-pass numbers	LW requested Alistair Martin, Urgent Care Lead CCGs to share GP productivity report and to confirm contracted performance for ED GP per hour. AM to provide a monthly report on number of patients referred to OOH's GP by ED – 30 July 13. CG to provide report on GP activity and streaming from A&E system for validation with IC24 report - 30 July14 By pass numbers received for most CCG areas. Confirm SOP to implement proves	Improved patient flow in minors stream Reduction in minors breaches. Opportunities for improved productivity identified.							LW CG	**Short Term Actions** **Complete by 31 July 14**							

				Investigate via PAS possibility of booking patients into an appointment slot with the GP in ED														
7.	TRUST	Navigation/triage not standardised to deal with surges.	Standardise evidence based triage to deal with surges in attendance including early investigation.	Trial of navigation/triage process has occurred at WHH; to be introduced at QEQMH Discussed at A&E Performance Meeting 5 June Meet with SECAMB to understand surges	Timely assessment and navigation of patients during peak activity. Early decision making and flow						PO CB/JR JP/LW	**Short Term Action** **Complete by 31 July 14**						
8.	TRUST	Review capacity and demand for Radiology services to reduce breaches due to delay in diagnostics.	Regular meetings with radiology to discuss process issues – recent actions below Actions from AERad meeting today.msg	QEQMH monthly meeting established. Action log to be developed. WHH have identified similar issues – meeting to be set up with LB/LW SOR/AP agreed to audit diagnostic requests and report back to Clinical Board	Timely access to investigations within ED Reduced breaches due to diagnostic delay Reduction in diagnostics						LW/MB/LB AP/SOR/LW	**Medium Term Action** **On-going monthly meetings**						
9.	TRUST	Patients seen by GP currently come under the 4 hour indicator	Consider moving GP away from emergency floor to prevent 4 hour constraint	Discussed at Integrated Emergency Team Working Group on 13 June Consideration to re-design WACU to incorporate GP	LW to discuss with Alistair Martin (CCG) to take forward						LW/AM	**Medium Term Action** **30 Oct 14**						
10.	TRUST	Patients waiting for pathology results	Review options to provide near patient testing Assess benefit of providing equipment to enable near patient testing within the ED's	In progress	Remove delays waiting for pathology results Enable near patient testing in ED's						PO/JJ	**Medium Term Action** **31 Aug 14**						
PATHWAYS																		
11.	All Sites	Develop front door frailty assessment teams in ED and CDU. Develop Rapid Access Comprehensive Geriatric Assessment OPA Clinics	Use job planning meetings of HCOOP Consultants to review capacity or opportunity to provide.	Job Planning meetings being booked for July/August	GPs will be able to refer direct to a CGA clinic. Patients may be seen by a Consultant Geriatrician in ED with reduced admission and streaming to ambulatory pathways						LW/LN/PB	**Short – Medium Term Action 31 August 14**						
12.	All Sites	Prepare bid to address issue of lack of integrated urgent care pathway	Model which incorporates: 1. Rapid assessment, ambulatory care, IDT (with confirmation of external partner engagement via a memorandum of understanding). 2. Implement model: - Trolley in CDU - Integrated ambulatory care	IDT – Early release of funding to support IDT released 13 July 2014 WTE staffing identified to enable Discharge Managers role to be expanded Karen Stone identifying Band 7 Physic/OT support until 8pm for WHH and K&CH - QEQM to be	Reduction in admissions from A&E Improved discharge from wards Reduction in LOS Improved discharge planning and						LW	**Medium – Long Term Action** **September 2014**						

			- SOP plan - Staffing review - Communications plan - External partner support for model - Confirm IDT including external partners - IDT SOP - Launch September - Business case for 24/7 A&C support to ED & CDU	confirmed	communication across all agencies Improve patient experience													
13.	TRUST	Admission to Paediatric Ward sometimes delayed in A&E.	Liaise with Paeds to review opportunity to improve pathways.	CAMHS admission and paediatric policy under review by JH Regular meetings between PO and VM Regular meetings to be arranged between paediatric and emergency floor teams	Improve patient experience Reduce waiting time for paediatric patients within ED Clear pathway now for CAMHS patients when admitted						JH AB/EF PO/VM	**Short – medium Term Action** **31 July**						
14.	TRUST	RVHF and other minor injuries units unable to refer directly to a specialty team.	Adjust protocols so that they can refer patients directly to speciality teams.	Speciality GMs to review current referral pathways from MIU to speciality – July 14 LW to discuss with Sue Baldwin, Commissioner leading on MIU review and agree new referral pathways – Aug 14.	Improved patient referral pathways. Reduction in referrals to ED clinicians. Improved patient experience.						GM LW	**Medium Term Action** **31 Aug 14**						
15.	TRUST	Repetition of clerking by ED and specialty teams.	Develop a single clerking proforma	ED Clinical Lead to review ECC revised/shorter clerking proforma.- 31 July 14 Discuss with Medical Speciality Leads and agree pilot for medical clerking proforma – 31 July 14. Discuss with Surgical Leads and agree pilot – 31 Aug 14.	One clerking pro forma to follow patient through ED to ward. Reduce clerking time for specialty teams within ED Faster expedition out of ED						AB/JH/Clinica Leads	**Medium Term Action** **31 Aug 14**						
16.	TRUST	AMB score to be completed on all Majors patients.	Teach junior doctors and ENPs to utilise the score to refer patients appropriately to Ambulatory Care. Educate Primary Care colleagues on availability of Ambulatory Care Unit, referral process and availability. Develop a communication plan to re-launch AMB score. Develop direct referral pathways for Radiology and OPD activity to Ambulatory Care.	AMB score has been implemented with ED Consultants. AMB score re- launch plan to be developed by 30 July. Led by Acute Physicians (AP's) on each site. Monitoring report to be developed and implemented by 30 July. CG/AP's. LW to request VB to consider agreeing that patients with a positive radiology result who meet the criteria for an ambulatory pathway will be referred direct to the pathway instead of being	Navigate patients direct to ambulatory units Improve flow direct to Ambulatory Care Improved flow from triage to ambulatory pathways Reduction in breaches for medical speciality patients awaiting assessment in ED Reduced attendances to ED						IC SL JH PO	**Short Term action** **30 July 14** **Medium Term Action**						

				directed to ED.														
17.	TRUST	Lack of agreed top 10 pathways for specialist conditions	Detailed process mapping of all pathways through ED	AB has requested CG information required in breach analysis report. LW to liaise with Karen Miles & Service Improvement Team for support	Efficient analysis of core business will identify improvements in pathways, clinical and environmental resource requirement.						CG AB	**Medium Term Action 31 Oct 14**						
18.	All Sites	MDT weekend board rounds	Implement a MDT Board Round as regular part of IDT.	Internal IDT /Cold Team have implemented weekend rounds at QE and WHH.	Increased weekend discharges. Progressing patients pathways						LW	**Medium Term Action Sept 14**						
19.	All Sites	Multi agency community/secondary care/primary care board rounds	Implement regular board rounds as part of IDT 7/7	Wednesday MDT board- rounds rotate around sites.	Improved understanding of issues/blockages in pathways. Improved understanding of external services Improved discharges						GB	**Medium Term Action Sept 14 Sept 14**						
20.	All Sites	Daily board round support in community hospitals	Discuss with external providers opportunities for integrated working within community hospitals	Proposal to be discussed as a winter pressures project.	Improved flow through community hospitals						GB/LW	**Medium Term Action Sept 14**						
21.	TRUST	Surgical patients are delayed in ED awaiting assessment or bed allocation	Implement a Surgical Assessment Unit for Surgery	MC developing SAU for WHH and QEQMH with aim of implementing Sept 14	Reduction in Surgical breaches. Improved flow in ED						MC/CH	**Medium Term Actions 30 Sept 14**						
22.	TRUST	WHH has high number of clinical breaches.	Audit of clinical breaches to see if they are recorded appropriately. Audit whether A&E/ITU are holding patients in A&E too long. Review pathway to ITU bed.	PO/AB to discuss with Consultants and Sisters in ED to identify a criteria for an audit. FC/ZS to lead the audit of Resus and ITU breaches	Reduce length of stay in ED Improve pathways to ITU Increase bed occupancy within A&E Resus						PO EB/MB AB ZS	**Medium Term Actions 30 Sept 14**						
WORKFORCE																		
23.	TRUST	Requirement for senior ED doctor to be job planned to work after 19:00.	Explore financial incentive for existing consultants to work up until 22:00 on ad hoc basis Business case to provide consultant cover until 22:00 7/7.	Job planned a consultant to work until 22.00 on a Monday fortnightly at QE. Ad hoc cover to 22:00 at QE using locum consultant for two evenings per week Job planning round of all Consultants and SAS Doctors started. To be completed 30 Sept 14. A&E Business case to be developed with initial staffing proposal to be completed by 30 July 14.	Improved supervision of junior doctors. Improved clinical leadership in the ED OOH's. Improved flow and organisation within the ED						LW AB CG LW PJ	**Medium – Long Term Action 30 Sept 14**						

				Explore opportunity for winter funding to support extended working day.														
24.	TRUST	Medical staff struggling to deal with evening surges.	Review productivity data (senior review step) on PAS Mapping staffing number to profile of patient attendance – links to 22:00 working above. Increase in staffing profile for local/national international events. Understand demand and capacity profile.	Daily report available reporting activity profile and productivity. Completed 18 June 14 Senior review tracking step implemented on A&E module of PAS to enable all senior doctor reviews to be recorded. Completed 18 June 14 Monthly report from Business Continuity Team to inform of all local/nation/international events – Completed 18 June 13. CG produced report on performance to May 14.	Enable Identification of productivity issues with clinical staff, in particular locums. Enable senior doctor supervisory activity to be recorded. Improve training experience for junior doctors						LW CG AB PJ	**Immediate Action** **30 June 14**						
25.	QEQM WHH	On-going issues with high turnover of middle grade doctors. People recruited in June and October 2013 still not in post. Still not got all ID documentation for nurses arriving on 10 January and starting work on 13 January	• Work with recruitment to show the impact on services. Review JD to include transition programme to Consultant. Continue to advertise in UK Continue to work with HCL for overseas recruitment	JD and Advert being updated – 31 July 14. Meet with HCL link manager to reconfirm requirements. Peter Murphy leading a Task and Finish Group to review staffing options, including using GP's, ECP's other clinical groups within middle grade rota.	Reduce dependency on agency. Improved continuity of care within the dept.						AB/LW	**Medium – Long Term Action** **Sept 14**						
26.	TRUST	Lack of nursing staff in A&E to deal with evening surges. Nursing rotas vulnerable over Bank Holidays.	Review rotas to identify gaps and/or opportunities to flex more staff on to evening shifts. Review productivity data. Review rotas to see if it is possible to rota additional staff. Best tool analysis.	BEST tool completed WHH. BEDST tool to be completed at QEQM – July 14 Confirm staffing establishment, skill mix required on both sites.	Improved patient care. Improved patient flow due to increased establishment and efficiency.						PO CB JR	**Short Term Action** **31 July 14**						
27.	TRUST	Requirement for extended ED Consultant cover at weekends	Explore financial incentive for existing consultants to work up additional weekend sessions on ad hoc basis Business case to provide consultant cover 7/7 until 22:00. Explore costs of offering locum consultant shifts to FCEM candidates when uptake lacking	A&E Business case to be developed with initial staffing proposal to be completed by 30 July 14. Explore opportunity for winter funding to support 7/7 working.	Increased consultant cover out of hours. Increased junior doctor supervision. Improved early decision making						LW	**Medium – Long Term Action** **30 Sept 14**						

28.	TRUST	Requirement for routine 7 day working for Consultants	Review workforce required to enable routine 7 day working. Review and identify workforce gap	JH/LW to implement steering group to develop strategy Interim winter plan to be developed involving Acute Physicians	Improve senior support and early decision making Increase training and supervision of junior doctors						JH/LW	**Short – Long Term Action**						
29.	TRUST	The ED has to review patients that have re-attended >24 hours with the same complaint discharged by speciality team.	Increase failed discharge to 48 hours.	To be incorporated into Operational Floor Policy	Improved flow of patients direct to specialty team patient was under prior to discharge By-pass A&E						AB/JH	**31 Aug 14**						
CLINICAL LEADERSHIP AND ENGAGEMENT																		
30.	TRUST	Improved leadership & engagement into breach analysis.	Daily assessment of previous days breaches with Site Manager and Matron and Consultant to understand and target particular issues.	Daily meeting implemented at WHH and QEQMH – 17 June 2013. Results will be fed into the A&E monthly performance meeting and inform departmental action plans.	Improved understanding of breaches						ALL CONSULTANTS ALL MATRONS ALL SITE MANAGER	**Short –Long Term Action** **Monthly report at A&E Performance meeting**						
COMMUNICATION																		
31.	TRUST	Monitor screens in ED waiting room to show current waiting times. Improve patient communication to inform of services available on all sites.	Implement monitor screens in ED waiting room to display current waiting times, patient focused DVD for follow up care and current performance. Provide information to patients on alternative pathway management.	Currently awaiting confirmation from Toby Wheeler regarding system. TV's and PC's have been purchased and ready for use. Initial slide information produced by Melissa Blinston. Escalated to Lesley White, MB to contact Toby Wheeler's line Re-attendance rate per site and department flow. BOE advice cards being updated to show services available on all sites.	Efficient use of other Trust resources other than A&E Patients kept informed of current waiting times and accessibility of other services rather than A&E						PO/LW	**Short Term Action** **31 Aug 14**						
INFORMATION																		
32.	TRUST	Develop monthly report pack to analyse activity and performance	Monthly report pack developed and reported via A&E business meetings	Completed	Improve awareness of activity and performance						AS	**Immediate Action** **July 14**						
33.	TRUST	Report monthly in depth information analysis of breaches by division	Monthly breach analysis completed	In progress	Increase divisional awareness of breaches reported to support divisional plans to improve performance						CG	**Immediate Action** **July 14**						
34.	TRUST	Develop report to monitor LOS by Consultant in urgent care	The report is shared with the clinical leads monthly To be discussed at each site based physician meeting monthly	In progress	Increase awareness of LOS and develop robust actions with Consultants via the clinical board						JH	**Immediate Action**						

			Reporting will be monitored via the Clinical Board									**July 14**					
35.	TRUST	Review/redesign emergency care dashboard to include data related to 4 hour performance, LOS and DTOC	Information Lead to review previous emergency care dashboard and update/re-design to include relevant data to support Emergency Care Board objectives and scope	In progress	Provide at a glance overview of current performance spanning the Emergency Departments through to discharge to demonstrate performance across the pathways/sites					CG	**Short – Long Term Action** **31 Aug 14**					
36.		Monitor DTOC and the impact of the IDT supported by an information dashboard	Implement trust aspect of the IDT linking with community providers to agree model start date Confirm social services support Daily monitoring of the DTOC – reportable/non-reportable via the daily bed meetings Develop trend analysis for DTOC to robustly monitor through the Emergency Care Board	Funding agreed	Support robust benefit and impact analysis of the IDT on DTOC's					IUCB (AM) progress LW	**Short – Long Term Action** **31 Aug 14**					

Leads:											
AJ	Ajay Bhargava	MB	Mel Blinston	CG	Chris Green	SL	Sue Luff	VM	Vivienne Millbank	JR	Jenny Ray	LW	Lesley White
CB	Clare Boggia	IC	Indy Chakraborti	JH	Jonathon Hawkins	AM	Alistair Martin	PO	Peter Orsman	PS	Paul Stevens	AS	Alisha Siddle
LB	Liz Bonham	MC	Marion Clayton	PJ	Peter Johnson	GM	Gill Miller	JP	Julie Pearce	ZS	Zyed Saeed	CG	Chris Green
CH	Chris Hudson	GB	Giselle Broomes	kg	Karina Greenan	AM	Alistair Martin	IUCB	Integrated Urgent Care Board				