

Part A: CQC Enforcement notice	
Improvement Action(s)	Progress to date
Condition 1: The Registered Provider must ensure there is effective leadership of the emergency care pathway	
Delivering an Urgent Care Transformation Plan (UCTP) and the eight associated workstreams to deadlines	<ul style="list-style-type: none"> UCTP agreed and approved by Trust Board. Amended Governance structures in place; reviewed by the Chief Executive Officer and Executive Director Emergency Care (EDEC) weekly and Trust Board monthly moving forward.
Chief of Service and Head of Nursing with sole responsibility for the Emergency Department	<ul style="list-style-type: none"> Implementation from March 2016 onwards.
CSCs and Executive team to deliver change by facilitating engagement from all staff levels with executive support	<ul style="list-style-type: none"> UCTP performance assessed and discussed at all CSC Executive performance reviews. CSC specific KPIs reviewed monthly. Refreshed communications plan; currently being reviewed
Establishment of workstreams within ED for Triage, Minors/UCC, PITSTOP and Paediatrics	<ul style="list-style-type: none"> Workstreams established and continuing Pilot schemes (e.g. PITSTOP) have highlighted improvement opportunities. <p>August update:</p> <ul style="list-style-type: none"> Minors 'navigator' role in place from 5th September. Reconfiguration works to support increase in Majors PITSTOP capacity and duration commencing 26th September.
Staff engagement with improvement processes through workshops and feedback sessions	<ul style="list-style-type: none"> Communications plan in development (as noted above). Two ECIP facilitated Operational Board improvement events have taken place; next booked 16th October 2016 and quarterly following.
Condition 2: The Registered Provider must operate an effective escalation system which will ensure that every patient attending the Emergency Department at Queen Alexandra Hospital is triaged, assessed and streamlined by appropriately qualified staff as set out in the guidance issued by the College of Emergency Medicine and others in their Triage Position Statement April 2011	
Establishment of escalation boards within ED.	<ul style="list-style-type: none"> Installation will be completed following scheduled review of Escalation Policy. <p>August update:</p> <ul style="list-style-type: none"> The final draft of the Escalation policy has been prepared and is due to be ratified at the Emergency Medicine CSC Management Board on 29th September. Following ratification will be implemented throughout the department.
ED to continuously monitor: <ul style="list-style-type: none"> effectiveness of ambulance arrival triage processes enhanced triage at times of high demand and when patients are held in ambulances 	<ul style="list-style-type: none"> Sustained improvement in 15 minute ambulance handovers. Alignment of streaming and PITSTOP processes; implementation 5th September 2016. <p>August update:</p> <ul style="list-style-type: none"> Minors 'navigator' role in place from 5th September. Reconfiguration works to support increase in Majors PITSTOP capacity and duration commencing 26th September supporting improvements in triage Overall improvements in 30 and 60 minute ambulance handovers - within context of increased numbers of SCAS conveyances Speed of escalation in PHT is improving from a SCAS perspective

Part A: CQC Enforcement notice	
Improvement Action(s)	Progress to date
	<ul style="list-style-type: none"> Improvement in numbers of patients triaged within 15 minutes and first seen by clinician within 60 minutes Refreshed Trust Escalation and Full Capacity policies, communicated with staff, implemented and currently under further review to optimise process Regular dialogue, and information /data sharing with SCAS aligning activity profiles with ED staffing and whole Trust discharge delivery
Provide an appropriate and modern Trust Escalation Policy which safely and consistently delivers: <ul style="list-style-type: none"> appropriate SOP for immediate clinical review, management and escalation of patients being held in ambulances immediate ambulance handover the Trust Full Capacity Operational Process 	<ul style="list-style-type: none"> Refreshed Escalation and Full Capacity Policies now in place and currently being reviewed. August update: <ul style="list-style-type: none"> Policy reviewed as part of whole system resilience table top exercise completed on 15th September – PHT plan validated; after minor changes, anticipated Trust Board sign off 5th October.
Weekly submission of daily monitoring metrics as defined by the CQC	<ul style="list-style-type: none"> In place. August update: <ul style="list-style-type: none"> Weekly submissions, informed by multi-professional teams, demonstrating performance against the CQC improvement programme RCAs undertaken on all 12-hour breaches (nil since May) Executive escalation of incidents or concerns relating to internal professional standards across ED and AMU in place and acted upon. Feedback via EDEC to individual specialty Chiefs whenever non adherence to internal professional standards adversely influences patient outcomes or staff experience
Condition 3: The registered provider must ensure the large multi-occupancy ambulance known as the “Jumbulance” will not be permitted to be used on site at the Queen Alexandra Hospital.	
Jumbulance’ not to be used. If the vehicle is used, there should be appropriate action taken to ensure patients are kept safe at all times and ambulances waits do not exceed the recognised the national target	August update: <ul style="list-style-type: none"> The Jumbulance has not been used since the Enforcement Notice. Implementation of a refreshed, Emergency Department escalation process which escalates any safety concerns or risk of ambulance holds exceeding the national target Improvement in ambulance hand over times.
Condition 4: The Registered Provider must provide CQC with daily monitoring information that is to be provided on a weekly basis and based on the provided list of metrics	
Weekly (Thursday) submission of daily monitoring information to the CQC.	<ul style="list-style-type: none"> In place. Completed weekly by multi professional teams with dedicated clinical input and signed off by Director of Nursing and Executive Director Emergency Care.
Improve incident reporting within the ED and AMU.	<ul style="list-style-type: none"> Incident reporting via professional standards log introduced 1st April 2016 onwards (used to escalate ED Governance concerns). Expanded to AMU. Root Cause Analysis undertaken on all 12-hour breaches.