

SEE AND SORT STREAM INITIATIVE

Quality Improvement project at Royal Preston Hospital ED using the Lancashire Improvement Method

Improving patient flow through early senior-led assessments in a busy Emergency Department

Lancs Improvement Method

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1 BACKGROUND

Royal Preston Hospital A&E department faced ongoing significant pressure with delays in senior assessment and definitive decision-making.

This contributed to prolonged waits, overcrowding, stunted patient flow and operational inefficiencies.

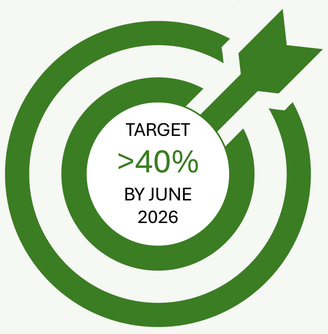
Patients waited too long to be seen by a senior clinician and ambulatory and specialty pathways were often unclear.

Baseline performance for patients achieving a definitive outcome within 4 hours was **22.12%** in August 2025.

2 AIM

To increase the proportion of patients achieving a definitive outcome (decision to admit/discharge) within 4 hours from 22.12% to **>40% by June 2026** through a consultant-led assessment and streaming model.

- Reduce time to first clinical assessment
- Reduce time to definitive decision
- Improve patient flow
- Maintain safety and low reattendance



3 OUTCOME MEASURES

Outcome Measure:

- Increase the % of patients achieving a definitive outcome within 4 hours.

Process Measures

- Time to first clinical assessment
- Time to definitive decision
- A&E length of stay

Balance Measures

- 14-day reattendance rate
- Staff experience and operational burden
- Patient feedback and experience

4 DRIVER DIAGRAM – what are the key areas we need to influence?

AIM

Increase the proportion of patients achieving a definitive outcome within 4 hours from 22% to >40% by June 2026 through a consultant-led early assessment and streaming model.

PRIMARY DRIVERS	SECONDARY DRIVERS	CHANGE IDEAS
1 Early senior clinical input	▪ Consultant presence during peak times ▪ Multi-disciplinary support, including nursing staff, ACPs, Resident doctors ▪ Clear escalation and reviews ▪ Senior decision-maker at first contact	▪ Consult-led see and sort team ▪ Senior decision within 4-hour standard ▪ Escalation to appropriate pathways or discharge with safety netting advice
2 Reliable streaming pathways	▪ Clear criteria for ambulatory/SDEC/SAU/specialty pathways ▪ Direct criteria for referral and discharges ▪ Specialty liaison and support ▪ Timely investigations and review of results	▪ Ambulatory pathway prompts and criteria distributed ▪ Direct referral criteria for specialties ▪ Utilisation of Same Day Emergency Care area
3 Operational flow and staffing	▪ Queue visibility and workload management ▪ Dedicated assessment space ▪ Right skill mix and cover during peak times ▪ Coordination with inpatient beds and operational managers	▪ Real-tine queue board and visibility tools ▪ Dedicated assessment and work area ▪ Peak staffing model and flexibility planning ▪ Daily huddles and capacity discussions
4 Measurement and feedback	▪ Accurate data capture and analysis ▪ Regular SPC chart reviews and feedback to team ▪ Staff feedback and shared learning ▪ PDSA testing and spread of learning	▪ Data dashboard, daily and weekly metrics ▪ Monthly quality improvement review and learning. Celebrate wins and share stories ▪ PDSA log and ideas tracker

5 FISHBONE DIAGRAM – why was this happening?

PEOPLE
- Variable senior availability
- Different clinical priorities
- Inconsistent handovers
- New staff/locums
- Limited ACP/nursing cover
- Workload pressure
- Communication gaps

PROCESS
- Repeat handovers
- Delayed initial review
- Unclear streaming criteria
- Mixed patient pathways
- Inefficient referrals
- Delayed results reviews

ENVIRONMENT
- Crowded ED
- Limited assessment space
- Noisy/distracting environment
- Equipment distance
- Confusing pathways

DELAYS IN EARLY SENIOR INPUT LEADS TO LONGER WAITS

PATIENTS
- High arrival volumes
- Complex comorbidities
- Older/Frail patients
- Mental health needs
- Social care delays
- Language barriers

MEASUREMENT/DATA
- Difficult to see real-time variation
- Manual data capture
- Inconsistent definitions
- Limited feedback loops
- No rapid dashboards

SYSTEM FLOW
- Bed pressures
- Specialty delays
- Late test results
- Transport delays
- Outpatient bottlenecks
- Limited SDEC/SAU capabilities

6 PDSA CYCLES – How will test and improve?

PDSA 1: Baseline audit & mapping
- Map current processes
- Collect baseline 4-hour standard data
- Identify variation and key issues

August – September 2025

PDSA 2: Pilot weekday See and Sort Team
- Introduce pilot
- Test criteria
- Assign work area
- Understand workflow
- Gather feedback

October – November 2025

PDSA 3: Refine criteria & staffing roles
- Refine inclusion criteria
- Adjust staffing model
- Update ambulatory pathways

December 2025 – January 2026

PDSA 4: Strengthen SDEC/SAU pathways
- Expand ambulatory pathways and inclusion criteria
- Reduce delays in assigning pathways

February – March 2026

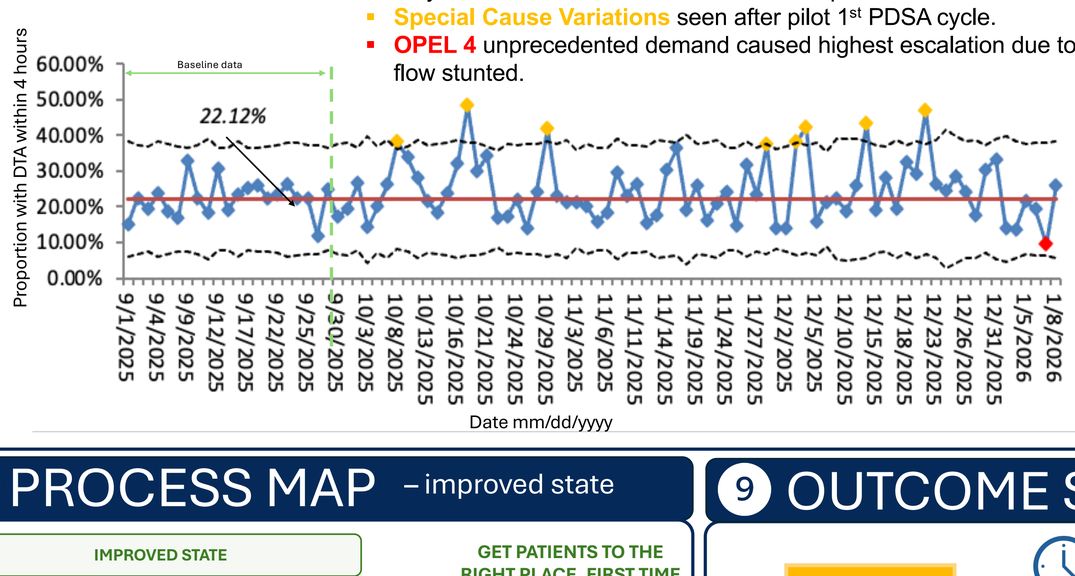
PDSA 5: SPC review & Sustainability planning
- Review SPC daily and weekly data
- Sustain change
- Plan expansion to full 24 hours of A&E work times

February – March 2026

7 MEASUREMENT FOR IMPROVEMENT

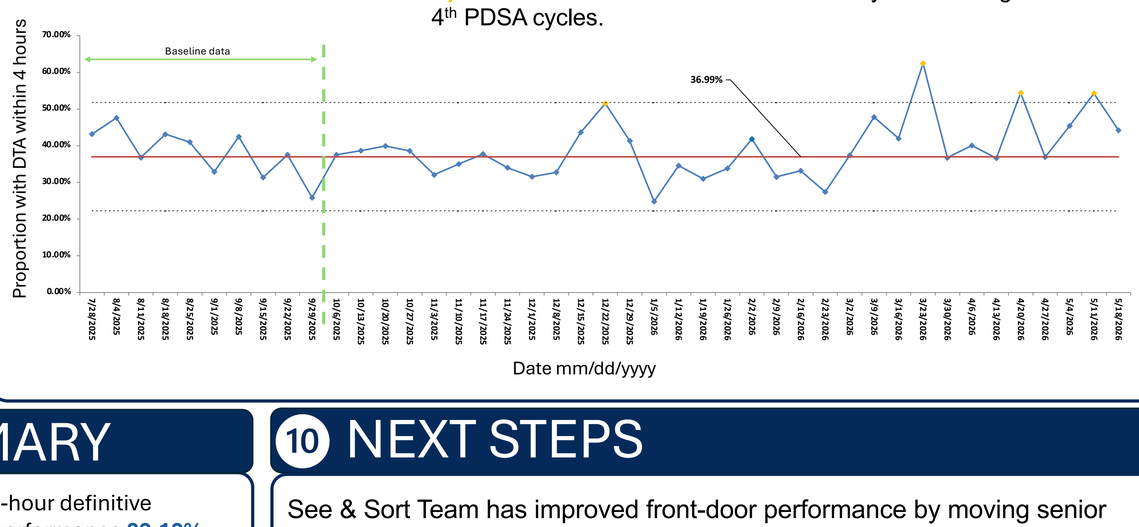
SPC ANALYSIS
Daily 4-hour standard performance

- Baseline mean: **22.12%**
- Performance was consistently below the project aim. Daily data remained very volatile due to the nature of an ED department.
- **Special Cause Variations** seen after pilot 1st PDSA cycle.
- **OPEL 4** unprecedented demand caused highest escalation due to patient flow stunted.



SPC ANALYSIS
Weekly 4-hour standard performance

- Weekly SPC analysis shows an increase in mean performance to **36.99%**
- Data became less widely variable and more consistent.
- **Special Cause Variations** were continually seen throughout the 2nd-4th PDSA cycles.



8 PROCESS MAP – improved state

IMPROVED STATE

Patient arrives at ED

Rapid consultant review

Early Stream decisions to:

Discharge | SDEC | SAU | Specialties | Ambulatory Pathway

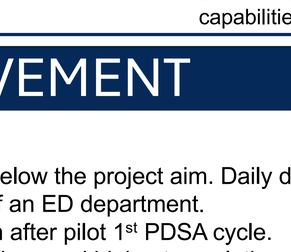
Clear Plan & Investigations

Early definitive outcomes

GET PATIENTS TO THE RIGHT PLACE, FIRST TIME

- MOVED SENIOR DECISION-MAKING EARLIER
- STREAM PATIENTS EARLIER
- DECISION TO ADMIT OR DISCHARGE AGREED EARLIER

9 OUTCOME SUMMARY



- Baseline 4-hour definitive outcome performance **22.12%**
- Performance improved to **36.99% by April 2026**
- Time to first assessment improved **30.6% reduction** from 219-152 mins
- **1,578 patients** seen by the team over 160 operational days
- Balance measure reattendance rates remained **<2%**

10 NEXT STEPS

See & Sort Team has improved front-door performance by moving senior decision-making earlier in the patient journey, resulting in better flow and improved patient experience. Sustaining this change relies on staffing reliability, downstream capacity and continued development of ambulatory pathways.

- Standardise staffing model and consultant presence during peak times.
- Integrate more closely with triage and ambulatory pathways.
- Explores spread to additional days and peak-demand periods.

