UEC Improvement Programme

NHS Trust, North West Region

An NHS Foundation Trust in the North West commissioned Prism Improvement to support the design and delivery of emergency care priorities for one of its sites.

Following engagement with staff about the improvement opportunities during the Insight and Discovery phase, the Prism Improvement team proposed that the original improvement plan should be split into five workstreams and focus on a smaller number of high priority areas:

1   **Enhance front door capacity and processes**

2   **Reduce admissions by optimising the use of SDEC and Short Stay areas**

3   **Optimise the daily flow of the site**

4   **Embed a standardised approach to deliver timely discharge**

5   **Collaborate to reduce the number of patients in Hospital that should be in an alternative care setting**

> *In terms of showing results, in December our performance was 10% better than the previous year, in January it was 15% better, and February was also better.*
>
> *In March we are at 76%, which is 14% better than last year. Type 1 performance is 60%, which is 22% better compared to the previous year and we are moving up the rankings nationally for the most improved ED performance.*
>
> Chief Executive at a hospital in the North West

There was a shared agreement of the opportunities for improvement between staff and the Prism team, which supported the drive to implement the projects within these workstreams. The Prism team specifically supported the delivery of the first four workstreams.

To support the delivery of these workstreams, the Prism team also supported the Trust to embed a robust governance structure. This included agreeing on a fortnightly Emergency Care Improvement Group (ECIG) and ensuring that highlight reports were used in the Group by each workstream accountable officer to update on progress against delivery of milestones and agreed KPIs. The team also supported project responsible officers to update on progress at workstream meetings, and to agree what updates would be provided to ECIG.

Workstream 1:
Enhance Front door capacity and processes

Optimise the use of UTC

Prism re-established the UTC operating principles focused on leadership and clear roles and responsibilities. Working with the UTC team to focus on establishing a consistent workforce model, increasing the duration of the senior decision maker clinical leadership and developing clear roles and responsibilities for working in the UTC.

Key outcomes:

✓ Reduced waiting time to be seen by a clinician in UTC from an average of 58 minutes at the beginning of the test to 40 minutes by the end

✓ Improved staff morale with feedback stating that it was a better experience working in UTC when the team had clear direction from the SDM

✓ Improved communication by placing a Senior Decision Maker alongside the UTC Primary Nurse

✓ Improvement in non-admitted 4-hour performance for all adults when comparing November 2024 to November 2023, from 60% in November 2023 to 66% in November 2024

Strengthen senior decision-making at the front door

We supported actions to ensure that as many patients as possible are seen by a senior clinician, enabling early initiation of care.

Key outcomes:

✓ The ECV team completed a demand and capacity review and identified the need for an additional senior decision-maker role on twilight shifts

✓ Following the demand and capacity review by the hospital team, reviewed the impact of the additional Senior Decision Maker on twilight shifts for 7 days and supported the development of a business case to secure approval to fund the role as a cost pressure for the winter period

✓ A business case was developed to seek approval for the long-term funding of the additional SDM on twilight and the weekend day shifts

Workstream 1:
Enhance Front door capacity and processes

Develop roles and responsibilities for running the day

We created a set of roles and responsibilities to optimise the daily management and leadership of ED to ensure the timely delivery of patient care.

Key outcomes:

✓ Improvement in the management and coordination of the department through developing and rolling out a set of nursing roles and responsibilities. Resulting in improved leadership, timely care and better patient flow

✓ Implemented a clear process for escalations from the ED floor to a Single Point of Contact (SPOC) at a Bronze (Ops Lead) and Silver (ECV Divisional Leadership Team) level, which clarifies the roles, responsibilities and expectations for escalation

Relaunch the operating principles of the CDU

Optimisation of the Clinical Decision Unit (CDU) by providing an area for ED patients requiring short-term ongoing clinical care and created a space to allow other areas in ED to function.

Key outcomes:

✓ Ringfenced a designated area in ED operating a Clinical Decision Unit specifically for ED patients who are likely to go home but are waiting for results

✓ Improved flow of ED patients from UTC to CDU, which reduced crowding in UTC and released space for clinicians to see UTC patients

✓ Created a workforce model where staff working in the area are clear on their role, responsibilities and expectations - meeting the demand of patients

✓ An increase in the average number of patients through CDU (42 per day compared to 36 a day in previous months), with the majority of patients being transferred to CDU during the day (Monday to Friday)

✓ 70% of patients transferred to CDU were transferred within the 4-hour quality standard

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Workstream 2:
Reduce admissions by optimising the use of SDEC and Short Stay area

Increase the number of patients through medical SDEC

The work undertaken in this workstream included, enhancing the operating model and daily rhythm of the day with regular touchpoints; increasing the number of medical take patients through medical SDEC; ensuring the right cohort of patients are going through medical SDEC; and extending the operating hours of the SDEC on evenings and weekends.

Key outcomes:

✓ Increase in the number of patients pulled from ED to SDEC through revising staff roles and responsibilities and implementing the nurse coordinator guide

✓ Increase in the percentage of medical take patients from ED to MSDEC, from 30% to 43.1% as a direct result of the SDEC Superweek and having the right workforce model with consultant presence 8am to 8pm

✓ The percentage of unplanned attendances from ED increased from 32.4% to 47.3% in week 1 of the test and learn and 40.7% in week 2, which has continued to improve weekly since the test

Develop a standalone Frailty SDEC

We improved understanding in the demand for a frailty SDEC to ensure the right cohort of patients were using frailty SDEC. Based on the national service specification, we identified a preferred location for a frailty SDEC during the winter to support the business case for establishing a frailty SDEC.

Key outcomes:

✓ The demand for a frailty SDEC was identified. Demand and capacity modelling highlighted the need for a 10:00-22:00 future SDEC service

✓ A self-assessment of the current frailty service against national service specification

Workstream 2:
Reduce admissions by optimising the use of SDEC and Short Stay area

AMU to operate as an assessment area

We supported the improvement of roles and responsibilities, escalation, and early discharge planning in AMU, resulting in an earlier discharge profile, including the use of board round checklists to clarify and embed MDT roles and responsibilities and ensuring information supporting flow (EDD, CCD, RTR) is added to HIVE. We prioritised AMU for hospital bed capacity so assessment space is available and ensured internal professional standards were being met by specialty teams. In addition, we tested/adapted the escalation process following review of patient journeys.

Key outcomes:

✓ 8-week average LOS reduced from 1.6 days to 1.5 as a result of incorporating patients with >72 hour LOS into the morning SHOP huddle

✓ Embedded a Nurse Coordinator guide to support role consistency

✓ Earlier discharge profile:
  - % of discharges before 11:00 increased from 11.8% (Aug) to 15.3% in (Nov)
  - % of discharges before 16:00 increased from 44.2% (Aug) to 50.5% (Nov)

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"This was my best experience ever with an improvement or consulting agency, and that was because of how Prism worked elbow-to-elbow with the teams.

You didn't just take things already in progress and help us to implement them. There was a balance of the analysis you had done and the development of a structured programme of work, working with staff so that they saw the same opportunities and you worked together on the ideas of how to implement those, plus the governance you put in worked well too."

Chief Executive, NHS Hospital Group.

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Workstream 3:
Optimise the Daily Flow of the Site

Improve the daily rhythm of the organisation

As part of this workstream we changed the approach to site meetings, with no physical site meetings to drive ownership of flow actions within divisions. We supported the Trust in refreshing the roles and responsibilities for supporting flow across the Site and developed a new escalation process to support changes around site meetings.

Key outcomes:

✓ Set up action-focused site meetings focusing on 4 hour performance

✓ Defined ownership of flow across all stakeholders and from the divisions

✓ Clarified individual roles and tasks associated with the running of the day to prevent duplication and ensure a clear focus. Role cards were developed for all the key flow roles and tested through an updated escalation process, resulting in a clearer understanding of roles and responsibilities related to site and flow.

Improve the Weekend Planning

We reviewed the approach to weekend planning and tested a refreshed weekend planning process was agreed upon, including:
- Establishing a weekend review meeting
- A focus on improved engagement from divisions to plan the weekend in advance
- A focus on discharges for the forthcoming weekend

Key outcomes:

✓ Improvement in weekend discharges and escalations before the weekend directly from divisions

Workstream 4:
Embed a standardised approach to deliver timely discharge

Optimise earlier discharge planning and improve consistency of ward discharge processes

For this workstream we completed a test and learn roll out of good board round practices to support internal ward discharge processes, while confirming that there were effective processes in place to review patients with a long length of stay.

In addition we ensured that all staff receive the right support and training on agreed new ways of working, alongside embedding early discharge planning from admission to ensure the patient journey is as smooth as possible. As part of this initiative we also launched a 'home for lunch' campaign, with the plan for this to be a process that will embed as business as usual within divisions.

Key outcomes:

✓ Updated SOP for weekly Complex Patient (LOS Meeting) to improve membership and structure and specify roles and responsibilities

✓ Reduced >21 days ALOS from 25% in September 2024 to 18% in October 2024. November saw a performance of 22%, and December is 20%

✓ Established a target operating model for board rounds and internal ward discharge processes

✓ Initiated test and learn with focused and intensive training sessions across multiple staffing groups that was well-received by the teams

✓ The 'Home for Lunch' campaign resulted in an increase from 11% to 13% on average in the first 2 weeks of launch

Optimising digital enablers to support a reduction in discharge delays

We increased quality and consistency of Criteria to reside (CTR) data inputted at ward level to accurately highlight discharge delays for review and supported the development and roll out of the Patient status at a glance (PSAG) patient list to wards within the local EPR system as part of the good Board round processes roll out.

Key outcomes:

✓ Completed a review of criteria to reside, delay reasons data to align with national guidance and reporting requirements

✓ Increased accuracy of discharge information through use of the PSAG Boards

The current impact of the improvement programme activity on the Hospital's 4-hour performance shows a positive story for the site despite winter pressures and periods of business continuity.

There was a significant focus on testing improvements that are being embedded as good practice ways of working and will therefore support sustainable improvement for the Hospital. This has engaged staff in UEC improvement work and seen improvements in key workstream level metrics, including;

41%
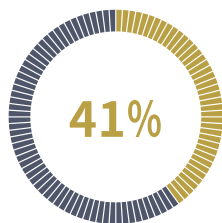
An increase in the percentage of patients from ED going through Medical SDEC, which in November was at **40.8%, 4.8% over the target for the month**

50%
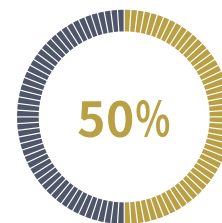
An improvement in discharges on AMU before 11am, from 11.8% in August to 15.3% in November, and before 4pm, **from 44.2% in August to 50.5% in November**

Impact on performance

15% improvement

2,200 more patients seen

March 2025 was 76.7% vs 61.8% in March 2024, a 15% improvement, equating to 2,200 more patients seen within 4 hours this March.

15 days in March we were above 78% and for nine of these days, performance was in the 80s, or higher, showing the art of the possible and giving our staff belief that they can achieve it.

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The work we did with Prism was an investment in our teams, and they felt that. Prism coached everyone to the point that they knew how to carry everything on. And the way the workstreams were set up made it feel like a whole hospital effort, not just an ED problem.

Chief Executive, NHS Hospital Group.

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Patient experience

20%

The Trust saw a 20% improvement in patients not referred/not admitted compared to March 24, which is a vastly improved patient experience.

UTC performance

10%

Up by 10% to 97.5% compared to last March, of which 99% of patients were not admitted.

Reduction in 'no criteria patients

9%

During March the number of patients with no criteria to reside reduced by 9% on average, supporting flow on the site.

Impact on patients waiting

77 minutes

Patients waited 77 minutes less to be seen than they did in 2024 and 93 minutes less from being seen to being discharged.

91% reduction

A 91% reduction in 12-hour trolley waits - 310 fewer patients waiting over 12 hours on trolleys this March compared with last March

We also recommended that to continue the focus on performance as part of the improvement work, a weekly breach meeting would embed a regular discussion and means of validating whether the improvement initiatives are having the expected impact on breach reduction, while helping to identify further opportunities for improvement work.

How can we help your NHS organisation?

If you would like to learn more about how Prism Improvement can support your NHS organisation reduce wait times in UEC and improve patient outcomes, contact us today.

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prismimprovement.com