

UEC Improvement Programme

NHS Trust, North West Region

The aim of the Urgent & Emergency Care (UEC) Improvement Programme at an NHS Trust in the North West was to improve patient flow, as measured by the 4-hour emergency access standard. This case study outlines the improvement initiatives the Prism Improvement Team focused on, working alongside staff at the Hospital.

Following our Insight & Discovery phase, it was agreed that the Prism Improvement team would work with staff as part of the 'Reducing Days Away from Home' workstream within the UEC Improvement Programme, which focused on implementing improvements that would support timely discharge for patients currently on inpatient wards within the Hospital.

Programme Objectives

The primary goal was to support the delivery of four high-impact areas within, aimed at reducing the number of days patients spend away from home:

- 1 **Launch and embed Criteria to Reside (CTR) via standardisation of Board Rounds.**
- 2 **Enhance the approach to managing outliers.**
- 3 **Enhance patient Length of Stay (LOS) reviews.**
- 4 **Enhance weekend discharge planning.**



"You could see across the team that there was a breadth of experienced people. Prism put the time, effort, and energy into building relationships with everybody on a very personal level, and that made a huge difference.

At no point was anyone questioning the Prism team or why you were here."

NHS Trust, North West

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What we did

Project 1: Criteria to reside (CTR)

Training and Implementation:

Training was provided to 9 out of 20 wards on the use of CTR, with agreed plans for the Hospital to continue the roll out to all 20 wards using the training model and materials produced during the roll out of the first 9 wards.

This initiative led to a significant reduction in patients without CTR recorded, from 100 patients in the Medicine division in December 2024 to 3 in April 2025.

Key Outcomes

The wards involved in the initial rollout saw a 0.79-day reduction in LOS, as shown in this table:

KPI for overall LOS	Measure	Baseline 10.1 Jan 2025	Jan	Feb	Mar
Reduce LOS by 0.5 days by March 2025	Days	Target	N/A	N/A	9.9
		Actual	9.35	9.10	8.56

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Project 2: Length of Stay (LOS) Reviews

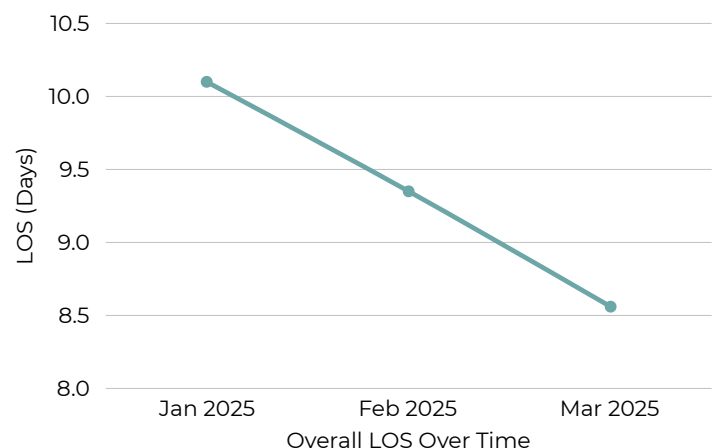
Weekly Meetings:

Established weekly LOS meetings for medical and surgical wards, focusing on patients with LOS over 7 days, in line with national best practice.

Key Outcomes

These meetings contributed to a downward trend in overall LOS and improved discharge planning.

The graph shows a consistent decrease in the overall Length of Stay (LOS) from January 2025 to March 2025. The LOS reduced from 10.1 days in January to 8.56 days in March, indicating the effectiveness of the implemented initiatives.



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What we did

Project 3: Managing Outliers

Daily Process:

As part of this project, we developed a structured approach to enhance the process for allocating and managing outliers and, where possible, utilising digital solutions to support efficiency and accuracy.

Key Outcomes



Improved the allocation and tracking of outliers, promoting safer patient placement.

Ten medical wards are now contributing to a daily outliers list, owned by the site team, that specifies which patients are suitable to be outliers.

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Project 4: Weekend Discharge Planning

Senior Walkarounds:

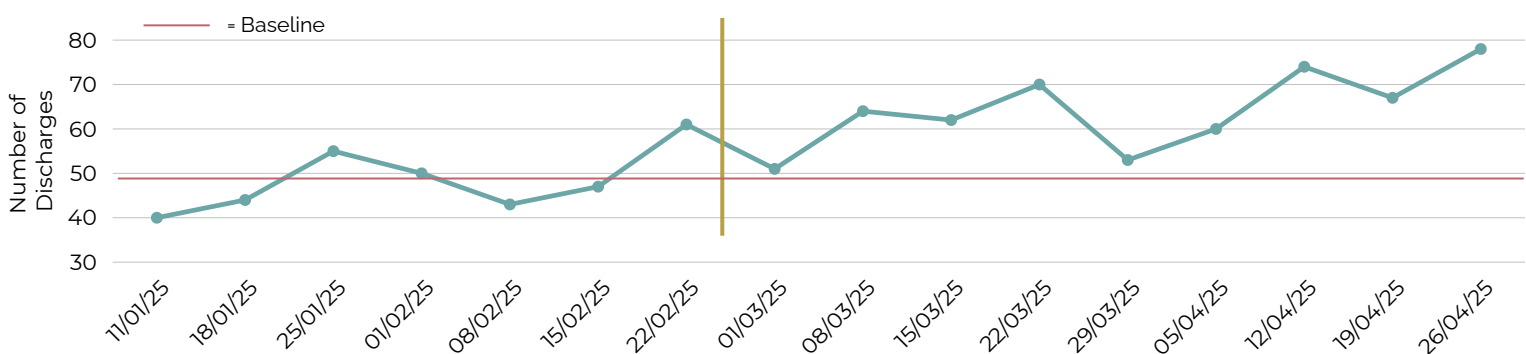
Introduced Friday senior walkarounds to identify potential weekend discharges, embedded the use of a weekend discharge task list to capture the discharge work that needs to take place over the weekend for the potential discharges, as well as a weekly post-weekend review meeting

Key Outcomes

Weekend discharges rose from 48 in January to a high of 70 in March.

Weekend discharges rose from 48 to an average of 64 in March and April.

This improvement highlights the success of the weekend planning and senior walkaround initiatives. The first senior walkaround started on the 22nd February and is highlighted by the gold bar on the graph below.



Recommendations

Key Recommendations for the Trust

- 1 Continue the roll out of CTR across all wards. Maintain the existing governance framework to ensure ongoing adherence and support for the initiatives.
- 2 Expand the outliers project to implement agreed principles for the decision to outly patients from AMU.
- 3 Enhance the use of digital systems to support flow: Improve access to data at the ward level to support performance tracking and improvement discussions.
- 4 Enhance the focus of the UEC Improvement Group to include a specific focus on optimizing the daily flow of Site and including a focus on AMU and Home for Lunch in the 'Reducing Days Away from Home' workstream.

Sustainability

The UEC Improvement Programme at the Trust has significantly enhanced patient care and operational efficiency, particularly evident in performance during March 2025, aligning with the Hospital's focus on meeting the Trust's 4-hour emergency access standard target.

The initiatives have demonstrated measurable improvements in LOS of patients in the Hospital, the number of patients with a criteria to reside status recorded and the number of patients being discussed at the weekend.

Continued focus on embedding successful projects as business-as-usual activity, enhancing the use of digital systems, and expanding successful projects will be crucial for sustaining and building on these achievements.

Contact us to learn more about how we can support your Trust with urgent and emergency care programmes.

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