

Emergency Care Improvement Programme

Safer, faster, better care for patients



Making Every Week a Perfect Week in North Devon

Northern Devon Healthcare NHS Trust



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Perfect Week (also known as Breaking the Cycle) is an initiative from the Emergency Care Improvement Programme that aims to bring rapid improvements to patient flow. The idea is for the entire organisation and its health and social partners to focus on improving the emergency care pathway for one week. Northern Devon Healthcare NHS Trust implemented three Perfect Week initiatives during 2015/16 as a way of tackling patient flow pressures. It has now taken the unusual step of implementing the Perfect Week way of working into its day-to-day practice, making sustained improvements to patient flow. The Trust explained why and how they are turning every week into a Perfect Week...

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Winter 2014/15 brought sustained patient flow pressures to Northern Devon Healthcare NHS Trust. There was high ward occupancy, a long length of stay, high levels of escalation, a dip in the A&E four-hour standard and growing reliance on agency staff. The acute hospital (North Devon District Hospital) was running out of capacity and this was impacting on its key performance indicators.



It was having to cancel patients operations because consultants simply didn't have enough capacity to cover routine appointments because the Trust beds were occupied by emergency patients, some of whom had longer lengths of stay.

Managers knew that they needed to act to bring the situation under control. Feedback from the CQC indicated that the Trust needed to improve patient flow as its approach was informal and unstructured, leading to huge variations, and staff had become desensitised to the high levels of escalation.

After winter 2014/15, as a result of local consultation and other changes, Northern Devon Healthcare NHS Trust had reduced the number of beds in the local system community hospitals, reinvesting this money in providing better care closer to home by strengthening the link between care in the community and the acute hospital. Many people were concerned the Trust would be unable to cope, particularly during winter, and there would be knock-on effects across the system. However, this did not prove to be the case.

A team from the Emergency Care Improvement Programme (ECIP) was brought in to provide support. They observed that there was no sense of ownership in the Trust concerning patient flow. The A&E four-hour standard was regarded as the sole responsibility of the emergency department (ED) and it wasn't widely recognised that improving patient flow had the potential to improve the entire system. There was no structure in place to deal with the issue promptly and the way the Trust was organised hindered its ability to work in a truly integrated way. There were five separate divisions, each with their own ambitions and approaches to patient flow.



Between July 2015 and January 2016, the Trust undertook three, separate, Perfect Weeks. It wanted to effect a cultural shift so that the A&E four-hour standard was seen as the cornerstone of an effective healthcare system and not simply the responsibility of ED. The impact in performance was felt across the system.

Metrics showed:

- A reduction in the number of patients in hospital for more than 14 days
- More morning discharges and fewer evening discharges
- A reduction in acute escalations
- Fewer medical outliers
- A reduction in the number of times the Day Surgery Unit was used to accommodate patients overnight



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Rob Sainsbury, Executive Director of Operations at Northern Devon Healthcare NHS Trust said:

“We identified three programmes of work that we believed would make a difference to patient flow in the organisation. We changed the way our divisions worked together to improve integration, we introduced a new frailty and rapid access model of care in the acute hospital and we decided to embed the processes from Perfect Week into our day-to-day care.”



Julia Glover is Interim Deputy Divisional General Manager for Emergency Services. She explained:



“Each of the three Perfect Weeks was a bit different. The last one, in January 2016, was particularly significant. We deliberately chose one of the most pressurised times of the year to test our effectiveness and we had the idea of turning Perfect Week into Perfect Month before finally embedding that way of working going forward.”

With the support from the ECIP team, the Trust adopted a number of practices that have been proven to increase staff engagement around improving patient flow. Rob explained: “We used Listening into Action (LIA) methodology, bringing together groups of consultants and frontline teams to talk about the problems. We spoke about the potential harm that patient flow problems cause - the pressure it puts on staff and patients and the fact that we were employing around 350 agency staff a week, placing the system under huge financial and operational pressure.”



Teams of staff were asked which processes from Perfect Week they wanted to embed into day-to-day practice. One of these was the twice-daily tactical meeting, led by senior operational managers. Julia commented:

“We found that holding two big tactical meetings daily, one at 10am and one at 2pm supplemented by smaller bed meetings, brought continuity and enabled us to hold people to account. A face-to-face meeting builds rapport and helps people to understand the link between patient flow and quality of care. Everyone then sees the wider picture.”

These meetings, involving the executive team as well as senior staff from across health and social care, representatives from every ward, matrons, social workers and CCG personnel, enable information to be shared more efficiently. There is now a planned discharge process in place across the Trust and staff actively push for patient discharge to happen earlier in the day.



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Jo Hope, Senior Nurse for Emergency Care said:

“At the meetings we look at all of the complex discharges across the Trust. We consider the care packages that need to be put in place and what can be done to speed up the discharge process. It is a far more targeted process than we had before. We go through each patient in detail and plan ahead what



needs to happen, whether that is transport home, medication of community-based support. By bringing the whole multidisciplinary team together we can discuss each patient and make sure that they are in people’s awareness. The A&E four-hour standard is seen as Trust standard not an ED standard. Our peak admissions time is between 4pm and 2am. If we can get people home before midday we have empty beds available when we need them.”

Rob said: “We aim to discharge patients by 10am unless they have complex needs. In our afternoon meeting, we review the actions that have been taken following the morning meeting and plan what needs to be done for the following day.”

Julia points out that lots of trusts tend to focus on the blocks that occur in ED. “In North Devon, it is as much about the back door as the front door. We focus as much on health and social care organisations as ED. Social workers come to the daily tactical meetings.”

The process of turning the Perfect Week into a normal week has not been without its challenges. Some staff were less engaged than others and there has been real resistance to the idea of assessments talking place after patients have been discharged rather than before. One of the ways that the Trust has overcome staff resistance is by telling a compelling story of the need for change.



Diane Fuller, Senior Improvement Manager (London and South), ECIP, said:

“There are seven main factors associated with successfully implementing Perfect Week. One of these is creating a compelling story so everyone knows why the organisation is implementing the initiative. Others include creating a clear structure so that people know exactly how things will be done and ensuring that all staff are engaged in the process. The best way of overcoming resistance is to remind staff way patient flow needs to be improved and also by showing them what a difference it will make to them. North Devon used these different approaches very effectively.”



Julia added: “Although there was resistance, by the third Perfect Week staff were more engaged. Some of the changes we’d implemented after the second Perfect Week were still happening. A key learning point for us was to choose the busiest time to do Perfect Week. If you can take control of things at this time, staff can clearly



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see the difference it makes. The previous January we had 50 medical outliers and an internal incident. This year we were down to 30 medical outliers and there was no internal incident and fewer escalation beds were needed.”

Ward teams have been the key drivers of improvement at North Devon. The nursing teams are clear about the difference that better patient flow makes to them, including reducing the number of patients who require admission after 6pm. At the start of the process of improving patient flow was management-led.

“There was a natural moment when management input became redundant. After four months, the nurses already had the answer and flow is now driven by them” explained Rob. “We have created a number of Matron roles to support patient flow and a new Head of Hospital Access. The process is now so embedded that my role has become simply to be visible and to step in to provide leadership during periods of pressure.”

Julie explained that the new way of working has now been written into the Trust’s standard operating procedure to ensure that people know what they have to do and which information needs to be shared on a daily basis. She said: “We started the daily tactical meetings after our first Perfect Week. By the third, it had become an embedded reality.”



Improving patient flow has made a difference in a number of ways, including improving quality, reducing costs and changing the organisational culture. Julia said: “There is improved access for patients coming into and leaving the Trust. Patients are experiencing quicker recovery and there has been a 3% improvement in ED performance compared with the same period in 2015. As a Trust, we are in the top 10 nationally in 2015/16 for our performance against the A&E four-hour standard and we have maintained that position. There were 20 fewer beds in the acute setting and 27 fewer in community settings. During winter 2015/16, we met our target throughout the entire period with minimum levels of outlying and capacity-related cancellations. Our morning discharges average 25%. We have seen an increase in the number of patient transports booked the day before discharge. The site team and the transport team are now based in the same office and talk to one another.”

“For me, this has been about focusing on the whole system, not just ED. Because our emergency department is small, there is nowhere for patients to wait, so the pressure is on. By focusing on the whole system, it has naturally helped to unblock ED. Relationships and building rapport has also been key.”

Rob added: “It is not easy to change culture. Clinicians are trained in a particular way of working that is not all about discharging patients. The challenge is to get them to have ownership of the problem and to work in harmony to change it. One of the ways to do this is to encourage a collaborative approach. Leadership plays a big part and the Board and Executive reinforce that patient flow is our number one priority. We have given it our all and this has paid off.”



To find out more about the Emergency Care
Improvement Programme
please go to:

www.ecip.nhs.uk

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