Humber and North Yorkshire
Health and Care Partnership

NHS

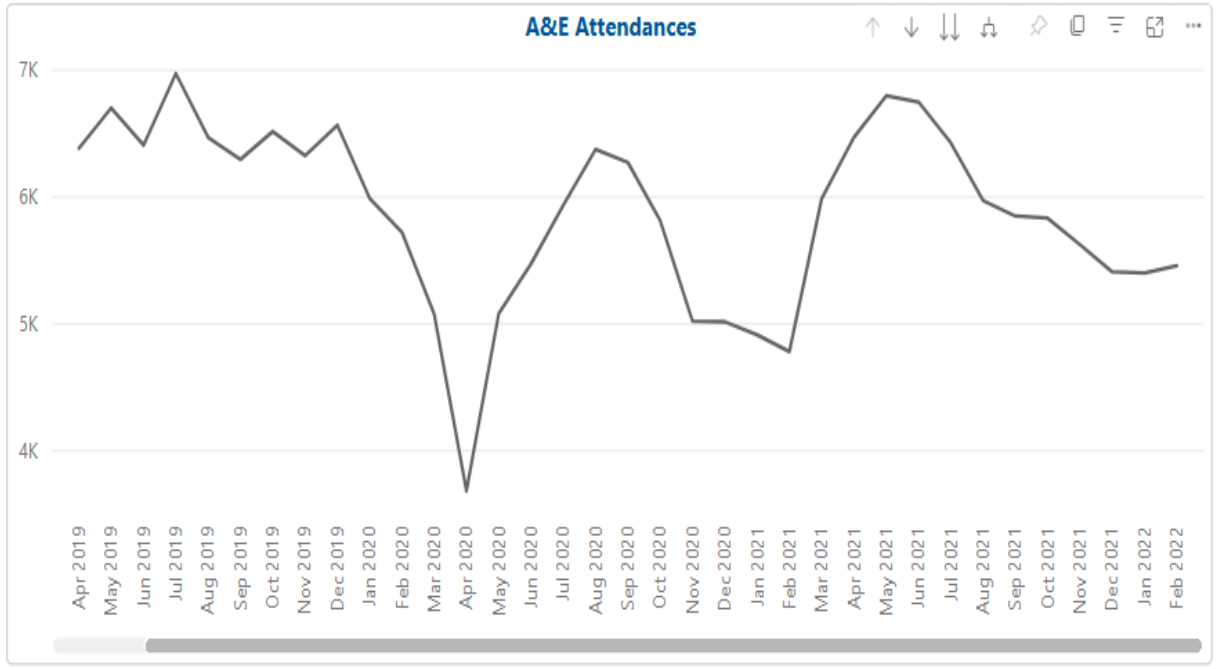
North East Lincolnshire
Urgent & Emergency Care Delivery Plan

2025/26

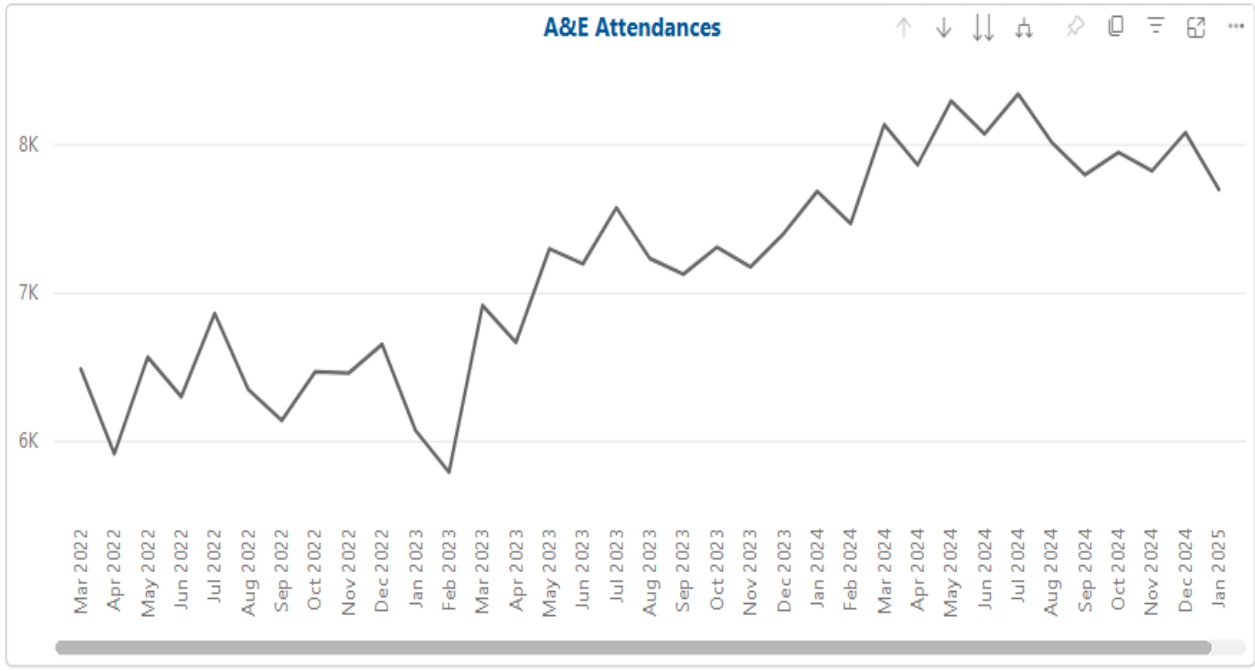
Glossary

- **ED – Emergency Department** – where patients are received, assessed and stabilised
- **UCS / UTC – Urgent Care Service / Urgent Treatment Centre** - provide urgent medical help when it's not a life-threatening emergency and are equipped to investigate, diagnose, and deal with many of the most common injuries and illnesses
- **SDEC – Same Day Emergency Care** - relevant conditions can be rapidly assessed, diagnosed and treated without being admitted to a ward, and if clinically safe to do so, will go home the same day their care is provided.
- **IAAU – Integrated Acute Assessment Unit** - rapid assessment for medical, surgical, obstetric, and gynaecological patients. The aim is to make sure those patients who don't need to be admitted to an inpatient bed can go home, with ongoing clinical follow up as required. You should receive a quicker diagnosis and treatment at the unit than in the traditional emergency department set-up and will be attended by a multi-disciplinary team, who all have quick and easy access to other services.
- **CDU – Clinical Decision Unit** – patients may access the CDU await test results, wait for an investigation to be completed or if they need a period of observation.
- **Virtual Ward** – Allows patients to access hospital level care at home with support from community nursing, care plans and remote monitoring where appropriate.
- **2UCR – 2-hour Urgent Community Response** - multi-skilled team visits patients who need a response within two hours for a very urgent care need aiming to prevent hospital admission or ED attendance
- **SPA – Single Point of Access** – 24/7 non-emergency health, social and mental health telephone line 01472 256256
- **D2A – Discharge to Assess** - funding and supporting people to leave hospital, when safe and appropriate to do so, and continuing their care and assessment out of hospital. They can then be assessed for their longer-term needs in the right place

DPOW A&E Attendances

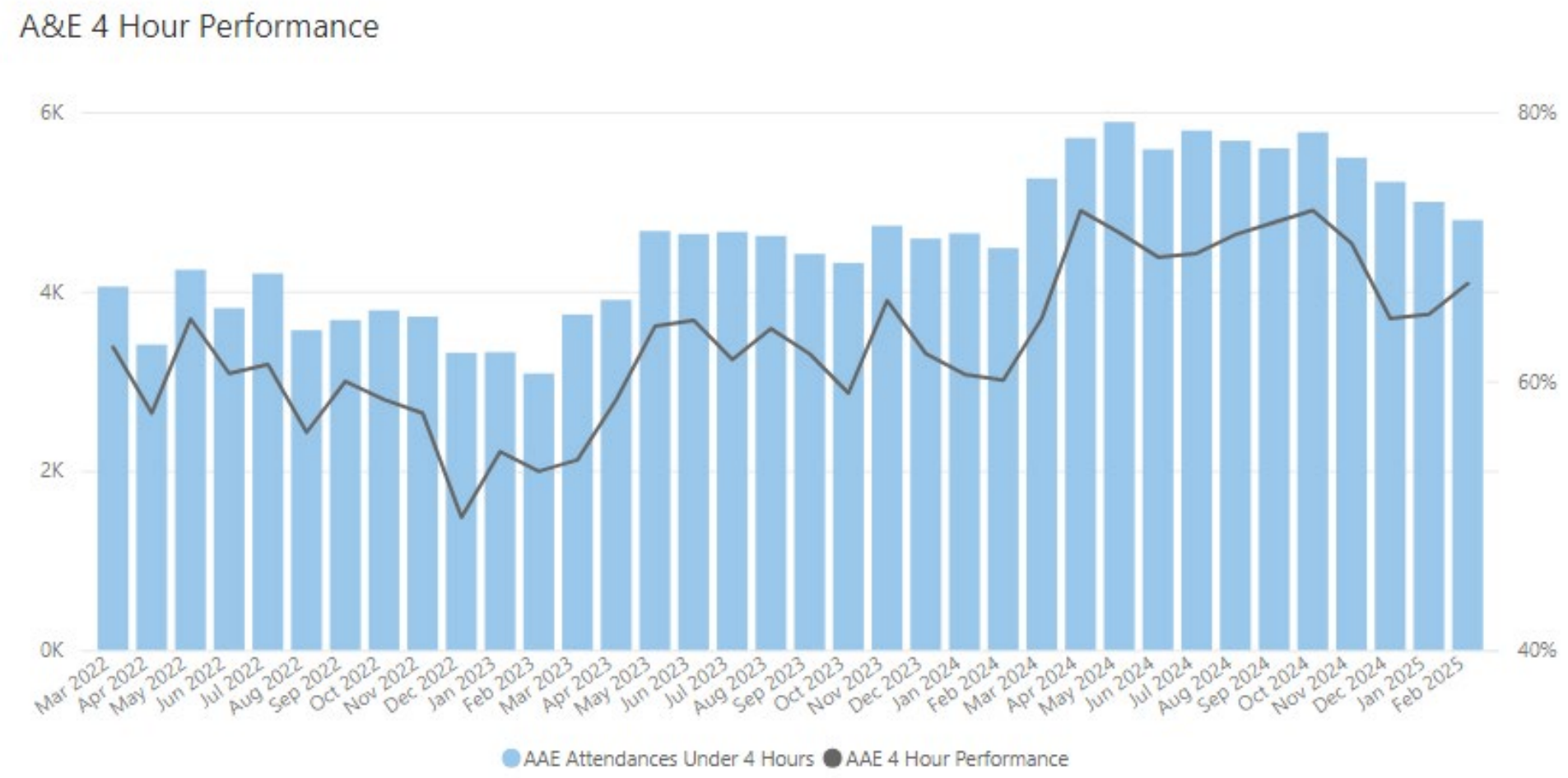


Pre-Covid
Diana Princess of Wales Hospital
April 2019 - Feb 2022

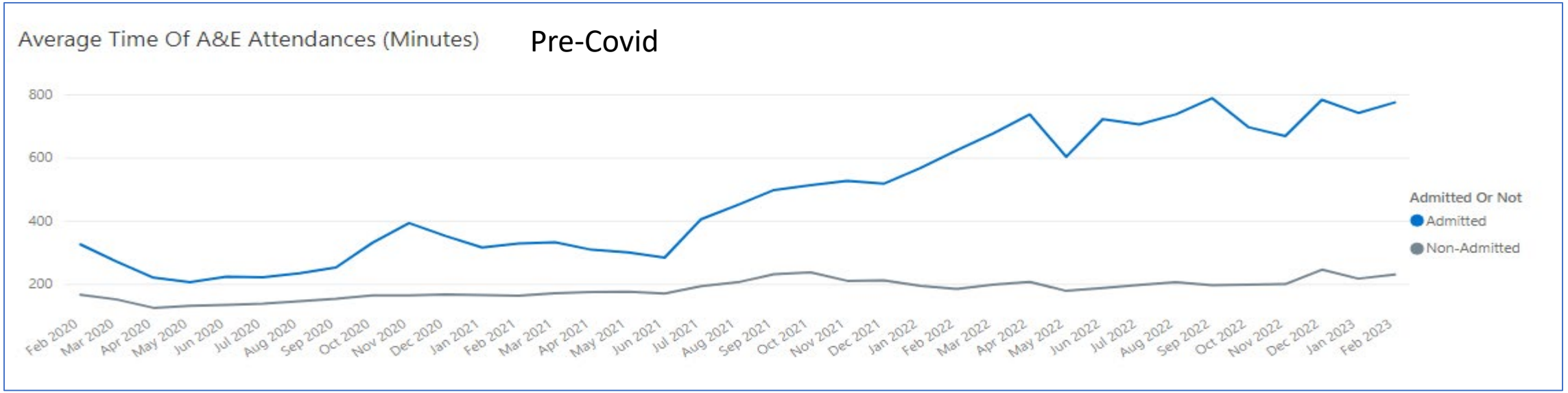


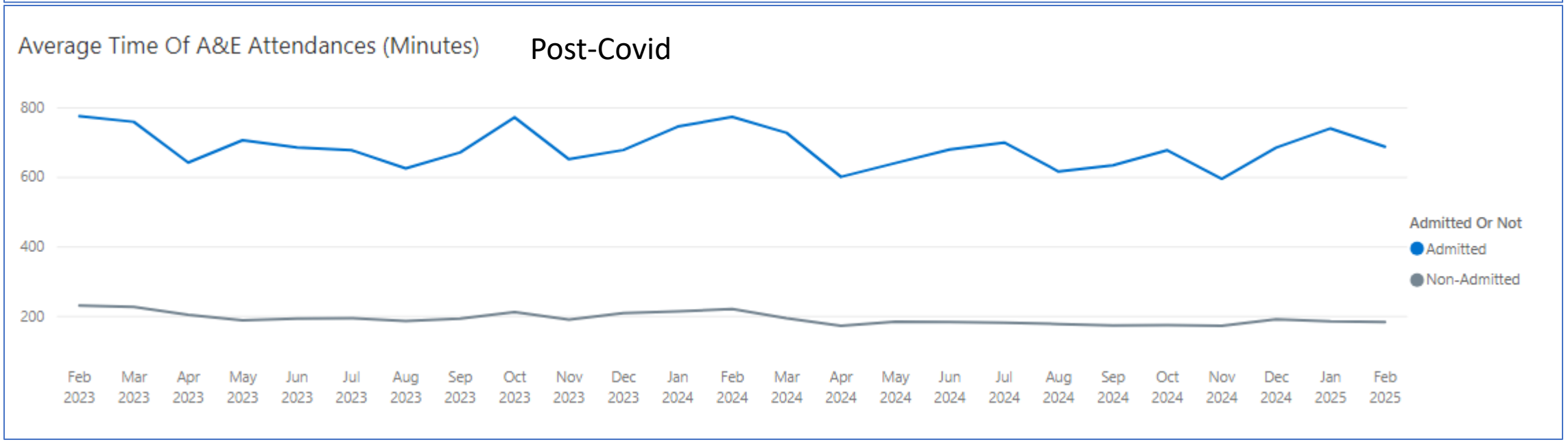
Post-Covid
Diana Princess of Wales
March 2022 - Jan 2025

DPOW – Attendances and 4 hour performance (patients admitted to hospital, transferred or discharged within four hours)

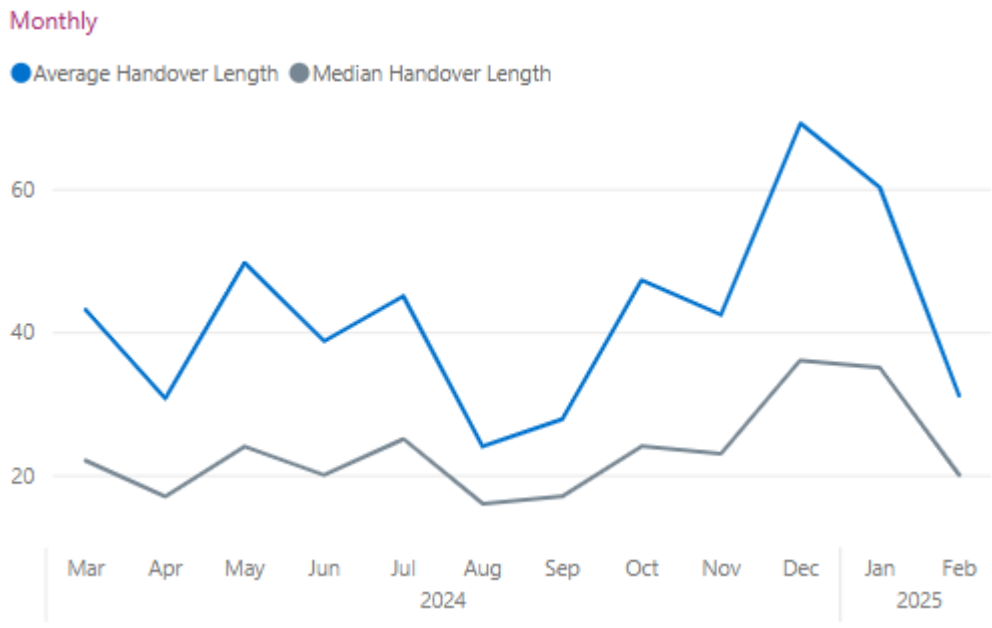


DPOW Combined - Time in Department





Average Ambulance Handover (based on HO45 intervention) (time from ambulance arrival to patient handed over to ED team)



Key Quality and Performance Deliverables 2023-2025

- Acute and Emergency Care Pathway modelling
- Workforce modelling and recruitment (medical and nursing)
- Introduction of Medical, Surgical and Gynaecology integrated SDEC
- New departments, equipment and space (EDs, SDECs, IAAU)
- Paediatric Emergency Nurses in department (MDT model)
- Introduction of UCS (Urgent Care Service)
- Management of self presenting ‘Red Flag’ patients
- Use of Single Point of Access (SPA)
- Improved Ambulance Handover processes and minimum care standards
- Acute Medicine in-reach model
- MDT Board Rounds
- Virtual wards & OPAT (outpatient antimicrobial therapy)
- Clinical Decision Units
- Handover 45 (NLAG and EMAS)

Our UEC Vision

Why?

Patients and communities are our priority, they are the reason we exist. We recognise and address the differences that exist across our system

How?

Working across the system with UEC Programme and Clinical Leads to deliver a clear programme of improvement, engaging our staff and patients, within a robust governance structure

All of our patients have **timely access** to the **right care, in the right place, first time**

When?

Taking a planned, strategic approach we will prioritise actions based on greatest patient need, with a clear timeline for implementation

What?

A clear set of objectives and actions which address the main challenges and risks within our system to improve UEC for all in our population, taking learning from best practice

Strategic aim:

To provide patients with **safe, effective and easily accessible UEC services**, with **limited variation** and as standardised as possible, whilst recognising the needs of our diverse population

The current UEC model of delivery is under pressure and is not sustainable. High demand is impacting on responsiveness, risk to patient safety and patient outcomes.

Increasing demand and increasing acuity of patients is putting greater pressure on our emergency services. With an ageing population, patients being discharged from hospital also often have more complex needs, which makes discharge to the correct setting/with the right wraparound care more challenging. This has resulted in more "stranded" patients in hospital The challenges regarding hospital flow have led to significant waits for admission in the EDs, with over 12-hour length of stay increasing significantly. At all acute hospital sites, increasing numbers of patients are identified as medically fit for discharge and have No Criteria to Reside

Ultimately, this results in ambulance handover delays at the Emergency Departments (EDs), where staff cannot accommodate incoming ambulance conveyances. Consequently, ambulances queue outside the EDs. At present, the turnaround time for ambulance handovers is amongst the worst nationally.

There are a number of opportunities to improve productivity and efficiency across all services at a System level, helping to ensure our patients get the right care, in the right place, at the right time

Our Strategic Aims & Core Objectives 2025-26

Continue to increase **access** to alternative care pathways in the community, avoiding Emergency Departments when not needed

Patients receive **timely** Urgent and Emergency care, when they need it, without long waits, 24 hours a day, 7 days a week

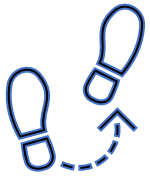
Patients can access the **hospital service** they need, without having to pass through Emergency Departments where not required

Patients are **discharged** in a timely manner and spend no longer in hospital than needed

Our Priority Metrics for 2025-26

Improve the proportion of patients waiting less than 4 hours to be seen, transferred or discharged

Reduce the number of patients waiting over 12 hours in the Emergency Department



Increase the proportion of patients who are streamed/redirected to an alternative service either at the front of Emergency Department, via 111, 999 or the Single Point of Access

Further reduce the average ambulance handover times at hospitals

The HNY UEC FRAMEWORK 2025-26

Admission Avoidance

- Increasing 2hour Urgent Community Response
- Virtual Wards & Remote Monitoring
- Integrated Care Coordination
- Community Frailty

In-hospital

- Acute Medical Model & Same Day Emergency Care
- Criteria to Admit
- Acute Frailty
- Emergency Department and Flow Processes

Discharge

- Intermediate Care
- Home First / D2A
- Capacity & demand modelling of onward care
- Care Transfer Hubs

Front door streaming

UTC productivity & utilisation

Ward & Board rounds

NCTR including OPTICA

Mental Health

Comms

Digital

Ambulance

High Intensity Users

Clinical Engagement and Leadership

Urgent & Emergency Care ICS-wide Programme – Core Priorities 25/26

Core Priorities

Hospital Flow	ED Attendance Avoidance	Clinical Engagement and Leadership of UEC	High Intensity Users

Workstreams / Projects

Ward & Board rounds	**Further reduction of NCTR**	Front door streaming and Redirection	UTC National Standards, access and utilisation	24/7 Integrated Urgent and Emergency Care	Internal Professional Standards	Direct Access to Specialties	Case management model	Drug & Alcohol services
Criteria to Admit	Acute Frailty Same Day Emergency Care				Value Creation Network	Diagnosing the Challenge		

Key Deliverables / Actions

- Early ward rounds with consistent structure
- Reduce 12 hours in department
- Increase pre-midday discharge and increase utilisation of discharge lounges
- Implement Criteria to Admit processes. Reduction in admissions to acute wards
- Acute Frailty SDECs 70 hours per week. Reduce proportion of admissions >75
- Reduce No Criteria To Reside to below 10%** led by Community Collaborative

- Collocated UTCs at each of our busiest EDs in HNY, with opening hours aligned to demand
- Proactive and effective front door streaming with UTC being the front door to Urgent Care, and a “referral only” entrance to ED
- UTCs compliant with National Standards
- Direct conveyance to UTCs, supporting reduction in ambulance handover times and CAT2 response

- Development of HNY wide agreed set of Internal Professional Standards / Acute Patient Care Standards
- Implementation of Further Faster advised pathways
- Increase direct to specialties from streaming
- Foster a culture of continuous improvement through decentralized, informal collaboration.
- Increase clinician engagement in design and decision-making processes

- Coordinated and integrated HIU programme across the ICS
- Reduce number of patients classed as high intensity users
- Reduce reattendance rate

Urgent & Emergency Care ICS-wide Programme – Secondary Priorities 25/26

Secondary Priorities

ED and Flow Processes	Alternatives to ED/Hospital	UEC Digital

Workstreams / Projects

Ambulance handover	Time to first clinician	Same Day Emergency Care Expansion	Integrated care Coordination	Any to Any Booking	Yorkshire & Humber Shared Care Record

Key Deliverables / Actions

- Consistent handover in under 30 minutes – Embed W45 processes with a shift to under 30 minutes and onwards to 15
- Well established RAT processes

- Ensure Surgical SDECS are fully established
- SDEC Opening hours 12/7
- Implement ECDS Type 5
- Direct conveyance to Surgical SDECs
- Expand ICC MDT and scope
- Embed call before convey
- Improve patient access to right services
- Reduce conveyances to ED

- Implement Any 2 Any booking to enable direct referral and booking between services anywhere in the System e.g 11 to SDEC, ICC to SDEC etc
- Full rollout of Y&H Shared care record to enable seamless access to patient records across HNY, supporting continuity of care and improved patient outcomes.
- Understanding opportunities for digital innovation (including AI)