

## Board of Directors Report

**Subject: Review of Joint Streaming Model at Kings Mill Hospital Emergency Department**

**Date: 21<sup>st</sup> December 2016**

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### **EVALUATION AND SUMMARY**

#### **Single Front Door**

The Single Front Door (SFD) at Kings Mill Hospital was developed as part of the mid-Nottinghamshire 'Better Together' programme and forms a key part of the local integrated care strategy. The principal aim of the initiative is to create a single entrance, a single reception, a single triage area, a single waiting area and flexible consulting rooms on both sites (KMH and MIU at Newark). Realisation of this vision has required modification of estate as well as changes to staffing models and working practices over the past 18 months.

#### **Streaming**

'Streaming' denotes the way in which a patient is identified as being appropriate to be seen within a particular clinical area. The Single Front Door at Kings Mill Hospital has historically allowed patients to decide whether they wish to be seen by Primary Care or in the Emergency Department. Patients identify to the receptionist which service they wish to see and are then placed in a queue to be assessed by the nurse for that service. Following assessment, patients may then be directed to a more suitable service.

It was felt that this may not be the most effective pathway for patients to be directed to the most appropriate setting for their care needs and as such a trial was commenced October 4th whereby all patients are booked in as Emergency Department (ED) and streamed by both ED and Primary Care (PC) staff. The aim was to:

- Ensure a clinical decision determines the most appropriate pathway for a patient
- Increase the number of patients seen by Primary Care Clinicians through consistent application of the agreed streaming protocols
- Ensure patients are assessed within 15 minutes of presentation
- Ensure patients are seen by the right clinician, the first time
- Improve patient experience, quality and safety by delivering timely and effective care

The progress of the SFD streaming is monitored and evaluated via the SFD Workstream.

#### **Findings**

- Both ED and PC staff have worked collaboratively to launch a joint streaming model in ED.

- Under the joint streaming model, patients are now being clinically streamed/triaged into either ED or PC24 and are no longer self-selecting which service they are seen within.
- The primary care provider has flexed their resource so that they have more staff available at times of expected high demand in primary care (evenings and weekends).
- Approximately 18 more patients are being seen by PC24 at the weekends in comparison to the pilot.
- As a health system, we have been challenged to ensure that 30% of all attendances are seen in PC24. The figures show this has been possible on a weekend. These numbers reduce during weekdays. PC24 are currently reviewing their staffing to increase numbers seen by them on a weekday however it should be noted that GP practices are open in weekdays and therefore numbers being able to be streamed to PC24 will inevitably be lower.

### **Recommendations**

It is recommended to the board that the content of this report is noted and be assured about the progress of the SFD streaming project.

<b>Relevant Strategic Priorities (please mark in bold)</b>	
<b>Ensure the highest standards of safe care are consistently delivered by, and for, individuals, teams and departments</b>	<b>Ensure that patients experience the very best care, building on good practice and listening and learning from both negative and positive feedback and events</b>
<b>Provide timely access to diagnosis, treatment and care when people need it and safely reduce the time patients spend in hospital</b>	Raise the level of staff engagement through strong leadership, communication, feedback and recognition
<b>Reduce the scale of our financial deficit by reducing costs, improving utilisation of resources and productivity, and achieving best value for money</b>	<b>Work in partnership to keep people well in the community, and enable them to return as soon as they are ready to leave hospital</b>
Develop and implement a programme of work in conjunction with Nottingham University Hospital NHST to create a new combined organisation	

<b>How has organisational learning been disseminated</b>	
<b>Links to the BAF</b>	
<b>Financial Implications/Impact</b>	
<b>Legal Implications/Impact</b>	
<b>Partnership working &amp; Public Engagement Implications/Impact</b>	

<b>Committees/groups where this item has been presented before</b>	Executive Team Wednesday 7 <sup>th</sup> December 2016