Calderdale and Huddersfield
NHS Foundation Trust
Medical Division

Temporary Operating Model (Urgent and Emergency Care Pathway Trial)

Interim Operational flow hub

Medical Same Day Emergency Care Unit

Urgent and Emergency Care Same Day Emergency Care Unit

HRI

17 February 2025 – 31 March 2025

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Temporary Operating Model: Medical Same Day Emergency Care (SDEC) and Urgent and Emergency Care (UEC) SDEC

Introduction

This document outlines the Temporary Operating Model for the Medical Same Day Emergency Care (SDEC) Unit and the Urgent and Emergency Care (UEC) SDEC, operational from 17 February 2025 – 31 March 2025. This temporary model is being implemented as part of the Urgent and Emergency Care Quality Improvement Programme and is designed to work alongside, but not override, the existing Integrated Operational Flow Hub Target Operating Model.

Driver for Change

The organisation is experiencing increasing demand across the Emergency Departments (EDs) and the wider Urgent and Emergency Care (UEC) footprint. A significant proportion of patients attending ED can be classified as urgent but not emergent. These patients often require detailed assessment and intervention, with the potential for same-day discharge following appropriate investigation and treatment.

However, existing SDEC services currently face limitations, including:

- Lack of 24/7 access
- Limited capacity to accommodate all UEC specialities
- Challenges in managing patients who do not fit neatly into speciality pathways

The introduction of this temporary operating model aims to:

- Enhance patient outcomes and experience by ensuring timely access to appropriate care.
- Support CHFT's strategic priority to maintain timely emergency care for critically ill patients within the ED.
- Ensure appropriate resource allocation to safeguard staff wellbeing and maintain a safe, effective service.
- Reduce avoidable harm, delays in interventions, and poor patient outcomes due to ED overcrowding.

Temporary Model Components

The Integrated Flow Hub (IFH) currently includes:

- Medical SDEC
- Frailty SDEC *(no change in function as part of this model)*
- Discharge Lounge *(no change in function as part of this model)*

This temporary model introduces an additional component:

- Urgent and Emergency Care (UEC) SDEC

Medical SDEC

Operating Hours for patient referral:

- Monday – Friday: 08:00 – 20:00
- Saturday: 08:00 – 18:00
- Sunday: 08:00 – 17:00

Referral Pathways:

- Direct streaming from ED triage
- Primary care referrals via agreed pathways

Medical SDEC Exclusion Criteria: Patients meeting the following criteria are not suitable for Medical SDEC:

- Age under 16 years.
- Conditions managed by Trauma, Surgery, Haematology/Oncology, Renal, Obstetrics/Gynaecology, or Mental Health services.
- New oxygen requirement unless agreed with the SDEC clinician.
- NEWS2 score >5 or individual score of 3 on any parameter.
- Time-critical diagnoses, including:
    - High-risk chest pain (e.g., STEMI, new ECG changes, HEAR score >4).
    - Suspected or confirmed stroke, including TIA.
    - High-risk sepsis (NEWS2 score ≥7).
    - Seizures.

- Patients requiring isolation when all doored isolation cubicles are occupied.
- Patients suitable for ED Urgent Care Hub or Local Care Direct.

Consultant-Led Decision-Making:

- Patients outside exclusion criteria may be considered for SDEC at the discretion of an Acute Medical Consultant following discussion with the SDEC Coordinator.

Consultant Workflow:

- 09:00: Acute Medical Consultant reviews patients in UEC SDEC and ED to identify suitable transfers to Medical SDEC.
- 13:00: Repeat consultant review and pull process.

Urgent and Emergency Care (UEC) SDEC

A significant cohort of patients within ED are urgent but non-emergent, requiring comprehensive assessment, investigation, and potential onward referral. The UEC SDEC will act as an assessment footprint separate from the ED to better manage this patient group while ensuring the ED can focus on critical emergency cases.

Operating Model:

- 24/7 availability
- Managed by the Emergency Directorate for oversight, with speciality input as required.

Referral Criteria:

- Trusted Assessor Model: Patients will be referred to UEC SDEC at the earliest opportunity unless they meet exclusion criteria.
- Senior-Senior Discussions: If a patient falls outside criteria but may still benefit from UEC SDEC, a Senior-Senior discussion must occur.

Flow Management:

- Patients must not exceed 12 hours within the combined ED/UEC SDEC footprint.
- Patients WILL preferentially be referred to available speciality SDECs.
- Patients should not be transferred back to ED without a UEC SDEC Senior-to-ED Senior discussion.

Escalation & Deteriorating Patients: To ensure appropriate escalation for deteriorating patients within UEC SDEC, the following will be available 24/7:

- Senior clinicians trained in ALS
- Fully equipped Resus Trolley
- Cardiac monitoring

If deterioration occurs, patients will be immediately reviewed by a senior clinician within the UEC SDEC, with Acute Response Team (ART) and Crash Team involvement if required.

If a patient requires repatriation to ED, a UEC SDEC Senior-to-ED Senior discussion must take place before transfer.

UEC SDEC Staffing Model:

Clinical Staff UEC SDEC:

- 1 ED Consultant (08:00–00:00)
- 1 Tier 4+ ED clinician (24 hours)
- 2 Tier 2+ clinicians (24 hours)

Nursing Staff (UEC SDEC):

- Early Shift: 3 RNs + 2 HCAs (1 RN Band 7/6 in charge)
- Late Shift: 4 RNs (incl. 1 twilight shift: 11:00–00:00) + 2 HCAs
- Night Shift: 3 RNs + 2 HCAs (1 RN Band 7/6 in charge)

UEC SDEC Exclusion Criteria:

- NEWS2 ≥3.
- Patients <16 years old.
- Patients suitable for speciality SDEC or Local Care Direct.
- Patients suitable for ED minor injuries or Urgent Care Hub.
- Patients with a critical diagnosis and/or requiring emergent treatment within ED.
- Mental Health patients requiring admission.
- Mental Health Patients deemed unsuitable by Mental Health Liaison Team.

- Patients already assessed in ED and requiring admission *(these should remain in ED until a bed is available)*.

Integrated Flow Hub: Equitable Access to Admission

- All patients requiring admission from Medical SDEC, UEC SDEC or ED will be placed in time order for bed allocation.
- The Clinical Site Management Team has the authority to deviate from time order in response to clinical priorities but not solely to avoid 12-hour trolley breaches within the ED.

Clinical space within the Integrated Flow Hub:

The Integrated Flow Hub (IFH) will operate as a dynamic space designed to flex in response to real-time demand across its component units (Frailty SDEC, Medical SDEC, UEC SDEC). The available capacity within the IFH will be shared and reallocated as needed to ensure optimal patient flow.

Key principles of space allocation within the Flow Hub:

- **Demand-Responsive Capacity:** When any unit within the Flow Hub experiences high demand, available space can be reallocated dynamically to accommodate patient need.
- **Equitable Access:** No single unit within the Flow Hub will have fixed ownership of space; rather, capacity will be pooled and distributed based on real-time pressures.
- **Senior Oversight:** Decisions regarding space allocation will be made by senior operational and clinical leads, ensuring that patient safety and efficiency remain the highest priority.
- **Minimising Bottlenecks:** Utilisation of space will used dynamically preventing unnecessary delays in assessment, treatment, or discharge.

This approach ensures that all components of the IFH remain adaptable, allowing for responsive decision-making that best serves both patients and staff while supporting the wider UEC system.

Governance & Oversight

- Daily operational oversight by Emergency Directorate Leadership.
- Daily PDSA meetings throughout the trial period
- Weekly review meetings into Medical Division to assess effectiveness, KPI compliance and refine pathways.
- Escalation pathways for workforce, patient safety, and flow issues.

Trial Feedback:

Your insights and feedback are crucial in shaping the future of CHFT UEC pathways. Please take a few moments to share your thoughts on what's working well and where improvements can be made.

- Complete the feedback form anonymously or leave your email if you'd like us to follow up.

- Your feedback will help refine our processes and ensure the best possible patient care.

Scan the QR code to submit your feedback!

For questions or further clarity regarding the contents of this document please contact:

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Patient pathway: