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# WHY LUTON AND DUNSTABLE HOSPITAL HIT A&E TARGETS

MARION COLLICT EXPLAINS HOW HOSPEDIA'S PATIENT FLOW SOLUTION HAS EASED A&E PRESSURES


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# HOW TO BUCK THE TREND IN A&E PERFORMANCE

*The challenges faced by the NHS are rarely out of the news, but that's not the whole picture. Proving what's possible, Luton & Dunstable University Hospital NHS Trust has continued to meet its targets by a margin. How has it managed this? Here Marion Collict, Director of Operations, Risk & Governance, shares her insights into what it takes to be the country's top performing A&E*

> *The philosophy underpinning that was to bring the doctor to the patient, not the other way around...*

Here at the Luton and Dunstable University Hospital, we have a phenomenal team of people and strong leadership at all levels. As of mid-January 2018, 98.1% of our patients were treated, assessed or discharged within four hours in our A&E, ahead of the 95% target. We're also regularly meeting our Cancer and referral to treatment targets.

To get here, we've been on a journey that started in 2010 when our new CEO, Dame Pauline Philip, came on board. There's no magic formula. It's partly been about setting a 'can-do' culture driven and supported by strong leadership; selling a vision that people are allowed and empowered to make changes and to find solutions. And, of course, we have also made investments: in space, in people and, not least, in technology.

**Transforming A&E**

One of the first things Pauline and her team did in 2010 was to look at the resources we had at the front door. Even then we were already seeing a year on year increase in attendances. So, in response, we expanded the physical space we have in the A&E over three separate redevelopments that have transformed what was the police car park into our waiting room and reconfigured the layout to make the best use of the floor space within the department.

The next focus was on people. We have over the years increased the number of consultants from three to 10, and doubled the number of nurses and junior doctors. These were all new appointments, representing a significant investment at our 'front door'.

Of particular importance was the introduction of a consultant in acute medicine to A&E. The philosophy underpinning that was to bring the doctor to the patient, not the other way around. Previously, someone who was attending with, say, chest pains, would not see a medical consultant until they'd gone through to the assessment unit. Now people are seen much earlier in the patient journey and will either get treatment more quickly or be sent home sooner, so that's helpful.

We also introduced an urgent GP clinic. Our A&E receives around 450 patients per day on average. Of those, we will immediately stream roughly 100 – 120 to the GP clinic that is adjacent to A&E. These patients do not impact on our beds because they're not unwell enough, but it means the A&E department is less congested and it allows the A&E doctors


> *Taking a holistic view of the whole system has been fundamental to our success*

to see sick people sooner. This model has now been taken up and shared across the country.

Finally, we've always understood that the A&E couldn't meet its targets unless the rest of the hospital - and beyond into community care, social services and our local authorities - were involved. Patients must be able to move through the whole system from end to end as seamlessly as possible with the minimum of bottlenecks. Taking a holistic view of the whole system – rather than being fixated on just fixing A&E - has been fundamental to our success.

**The role of technology**

The next component in our transformation was undoubtedly the introduction and adoption of the right technology. The Luton and Dunstable Hospital is a 650 bedded DGH spread across a number of buildings and floors. We used to have people walking round the wards looking for empty beds with paper and pen. By the time staff brought the information back to the Control Room it was already out of date.

In retrospect, that seems ludicrous and the Trust looked to implement a system to digitise the process. We implemented Hospedia's Patient Flow solution which has given us visibility and insight into

bed availability and much more besides.

Essentially people can now look at a screen telling them the location and status of every patient in the hospital. It enables us to manage admissions and discharges better because all the information needed to manage the flow from the front to the back and out is in the system. Where there are delays to admission, treatment and/or discharge, we can take action.

The patient flow system is used to alert A&E to the fact that there's a bed available and when that bed is actually ready. The wards use it to communicate with a whole host of people across the organisation and beyond in social care – who also have access to the system. You don't have to pick up a phone, call the wards, wait for a response, interrupt busy people, or physically go to a ward to get the information you need. It's hugely time-saving. I even have it at home, so people can ring me up if there's a problem. I can analyse the data and help provide a solution because all the information is there.

**Visibility and decision-making**

The visibility we get from Patient Flow also helps us clinically because it contributes to quicker decision-making. It also makes it easier for us to identify patients who are at risk, for example, those who have an infection control issue, and track who a patient may have been in contact with.

> *...It's been a real team effort...*



You can audit a patient's journey very easily, which is really helpful.

The system had to be introduced carefully. There were a lot of reservations at first. In particular there was concern about the fact that back in 2014 people could never get to a computer.

So we listened, and we put a computer on every ward and these computers have nothing else on them other than Patient Flow, so people had unfettered access to the system.

We also had to sell it to people, especially the nurses, by underlining what was in it for them. A clear benefit is that there's no longer any need to write up a handover sheet. Now it's just a question of printing one off at each shift change.

Aside from speeding things up, and greatly reducing paper, from the Trust's point of view a huge benefit is that we're also saving on headcount. Each shift has a controller who monitors what's going on and, in addition, a person linking to surgery covering both elective and emergency, and another person linking to medicine. Without Patient Flow, and given how busy we are, we'd probably need one person on each of elective and emergency surgery and two or three people doing medicine. I don't know how other Trusts manage without it.

**What we've learned**

What we've learned about improving performance is that you get out what you put in. If you put in the right people, give them the right tools, clear leadership and support, they will deliver for you ten times out of ten. What you need is clarity in terms of the vision.

When we began this journey, there was no question in anybody's mind that we were going to deliver on our targets. They were non-negotiable. But it wasn't a matter of just get on and do it. It was "What do we need to do to get there?" We built a whole supportive, collaborative approach, with board-level buy-in and leadership from the very top.

It's been a real team effort by an amazing group of people.

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