

BLMK System Charter

Programme Name: Admission Avoidance and Discharge Pathways

Strategic leadership and oversight for the transformation of urgent and emergency care across Bedfordshire, Luton, and Milton Keynes. Responsible for identifying, overseeing, and ensuring the delivery of system-wide initiatives that improve urgent and emergency care services, with a particular focus on the prevention of hospital admissions and the facilitation of timely discharge home wherever possible.

Change Record			
Date	Author	Version	Summary of changes
6/05/25	Mark Morton	V1	Initial document
6/05/25	Mark Morton	V2	Additional content added
10/06/25	Georgie Brown	V3	
11/06/25	Mark Morton	V4	

Problem statements:

The current performance of UEC services does not meet the standards our patients need or our frontline staff want to deliver.

Each part of the system has responsibility for improving UEC performance:

- Integrated Care Boards (ICBs) and primary care need to improve access to primary and community care and drive stretching system-wide improvement to prevent avoidable admissions and discharge rates
- Community providers need to improve admission avoidance, making more effective use of community beds and care home facilities, and using technology to support people to stay well at home
- Acute Trusts should use all available tools to improve patient flow, including: optimising triage and appointment systems to direct less urgent cases to same day emergency care (SDEC); optimising the use of urgent treatment centres (UTCs) and Hot Clinics; ensuring medical directors and chief nurses are applying clinical operational standards to ensure all specialties – not just UEC – lead UEC improvement; and training and empowering medical staff to use the clock to drive performance improvements

Admission Avoidance and Discharge Pathways

Acute bed occupancy rate in BLMK is consistently above 95% and often exceeds capacity, which results in the opening of escalation areas. This puts additional pressure on the workforce and results in cancelled elective procedures (e.g. endoscopy in BHT) as this is the suite that is utilised for escalation.

There are inappropriate delays across the system, with patients and residents waiting to access services for same day, urgent and emergency care, in ambulance waiting times, emergency departments and in discharge from hospital.

The health and care system is pressurised, often at capacity and reactive in managing

Admission Avoidance

There is a lack of robust admission avoidance pathways and risk stratification processes including those for frailty, End of Life and high intensity-users.

There is a focus on access in acutes. Patients need to be supported to access support from appropriate services, including community and primary care.

We need to maximise and optimise all same day, urgent and emergency provision across BLMK, ensuring residents and staff know the support and services available.

Discharge

There are long lengths of stay for medically optimised patients: 5 – 10 days, which is above the national and regional averages.

Over reliance on bed-based solutions, particularly in P1 and P2 pathways.

Discharge processes are fragmented, with inconsistent flow, particularly over the weekends. Discharges often happen after midday and after 15.00, which places pressure on services should challenges occur at any point of the process.

Commissioned step-down (P2) beds are underutilised and, in some cases, not able to support the complex needs of some of our BLMK residents. Alternative provision and SPOT purchasing is required. This results in paid-for vacancies in commissioned beds and high usage of high-cost SPOT purchase.

Aim statements:

- The overarching aim of the Transforming Admissions and Discharge Flow programme, is to fully optimise and maximise Urgent and Emergency Care Pathways across BLMK.
- Ensure P2 commissioning matches patient needs.
- Review and re-design, where necessary, the discharge pathways to increase patients that can be discharged through the P0 pathways and to left shift pathways P1 – P3. Set local performance targets by pathway to improve patient discharge times and eliminate internal discharge delays of more than 48 hours in all settings.
- Review and restructure step down beds to lower vacancy rates and decrease use of Spot purchase. This includes the short-term aim of commissioning dementia specific step down (P2) beds
- Enhance and expand admission avoidance initiatives and pro-active care models, through integrated working and risk stratification, targeting high users of resources: Increasing the number of patients receiving urgent care in primary, community and mental health settings, including the number of people seen by Urgent Community Response teams and cared for in virtual wards
- Embed a Home First culture across BLMK to support people in their own homes, creating a true 'left shift' from hospital-centric care.
- Enhance public education on service availability and promote ED alternatives
- Embed robust multidisciplinary teams in preparing discharges, fostering a Home First

culture, and ensuring all decisions are made through multi-agency collaboration focused on neighborhood care.

- Reduce inappropriate 999 and 111 referrals through Cat 2 validation and smart signposting.
- Establish local, stretching daily/weekly ambitions for discharge profiles across the system, agreed and supported by all to ensure patients are discharged as soon as possible to appropriate setting.
- Acute trusts, local authorities and ICBs should progressively eliminate the longest and most unacceptable discharge delays, starting with patients who wait more than 10 days beyond their discharge ready date. All settings should eliminate any internal delays to discharge of more than 48 hours.

Scale and scope:

- Population: all patients and residents across the BLMK system
- In scope:
 - Anyone that accesses health care services in BLMK will be supported to access the appropriate health care services
 - Patients admitted to hospital bed will be supported to discharge at the earliest opportunity once medically optimised
 - Patients that require a longer period for further assessment or rehabilitation will have a smooth transition at the earliest opportunity
 - Patients that require longer term inpatient care will be supported to access the best service meeting their needs at the earliest opportunity
 - There will be appropriate support for patients requiring non-clinical support following hospital discharge

Measures:

The Board is developing a UEC scorecard to support the identification of key performance measures/indicators to provide oversight of the UEC pathway: successes and challenges. These metrics will be different to the programme aims and ambitions and will enable the Board to have oversight of performance to inform improvement and pressured areas.

Additional metrics would be required at working group level to monitor the impact of specific projects.

Suggested Improvement Measures under consideration by the Board

Outcome	<p>Admission avoidance –</p> <ul style="list-style-type: none"> • Reduce the number of respiratory ambulatory care sensitive admissions by 20% using a baseline of Dec 24 • Reduce avoidable emergency admissions across BLMK by X% by March 2026 (yet to be defined) <p>Flow / Discharge</p> <ul style="list-style-type: none"> • Reduce LOS on all pathways • Improve weekend discharges by 20% by November 25 using a baseline of March 25. To hold performance mid-week • Reduce average discharge delay (DRD to actual discharge) from 12 to 4 days by March 2026
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	<ul style="list-style-type: none"> • X% of people are discharged on the day they are medically fit (yet to be defined)
Process	<ul style="list-style-type: none"> • Primary Care - % same day appointments • 2-hour urgent community response - % seen in 2 hours • Reduced acute bed occupancy <ul style="list-style-type: none"> • Reduced number of escalation areas opened in secondary care settings • Reduced number of emergency admissions to secondary care • Reduced number of people in Secondary care 4+ days after DRD • Proportion of all ED patients discharged, admitted or transferred <= 4 hours from arrival • % of people discharged on the day they are medically optimised
Balancing	<ul style="list-style-type: none"> • Proportion of all ED patients spending >12hours in department from time of arrival • Proportion of acute adult beds occupied by patients no longer meeting Criteria to Reside (LoS 7+ Days)

Admissions and Discharge Pathways Transformation Priority Governance Chart - TBC

Roles and responsibilities of Programme Board Members - TBC:

Resourcing requirements:

TBC

Key Tasks and Milestones: *to be captured and managed on Verto moving forwards*

Description	Owner	Plan date
Agree priorities, working group leads and proposed structure to deliver priorities within 18 months	MW	18/07/25
Programme Board establishment	GB	23/05/25
Meeting of 1 st Programme Board	GB	2/06/25
Develop driver diagrams including change ideas and agree top 3 priorities for improvement with project plans in each working group over medium and long term timescales	STT	31/08/25
Establish scorecard and ongoing reporting structure agreed	MM	07/07/25

Risks and Issues:

Risks	Impact	RAG
Priorities are different across the 2/4 places	The number of separate projects will be increased placing capacity strain from supporting services. Reporting challenges and risk of geographical service inequity	
Lack of detail of ICB Transition: Clustering and merging	Priorities of the wider clusters will lead to dilution of local priorities with fewer resources to deliver transformation	
Operational challenges (winter) will reduce ability to deliver longer term transformation and associated financial efficiencies	Additional resources will be channeled into winter delivery and financial recovery/efficiency will not be met	
Short term (in-year) savings are seen as more important than longer term continued efficiencies	Some of the transformation ideas will take time to be implemented and to start delivering results. If these are stopped in favour of smaller short term impacts the bigger continued efficiencies will not be realised	

Issues	Impact	RAG