Standard Operating Procedure (SOP)
Your Next Patient (YNP)
1ˢᵗ November 2022 Version 2.8

NHS
University Hospitals of North Midlands
NHS Trust

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1. Introduction

The purpose of this SOP is to define the process of proactive clinical pathway management of patients from the Emergency Department (ED) into the bed base to ensure timely, safe, and effective care delivery for patients in the Emergency Department, those arriving by ambulance, and those members of the public waiting for an emergency response.

This SOP seeks to distribute risk throughout the Trust in order to ensure that no one group of patients or staff are adversely affected.

2. Scope

This SOP links to Trust Escalation Policy, Hospital Full Policy, and Outlier Policy.

This SOP applies to all UHNM staff and relevant Sodexo staff involved in the clinical pathway management of non-elective patients including but not limited to:

- Chief Operating Officer (COO) and Deputy COO
- Clinical Directors and Clinical Leads
- Consultant Of the Week (COW)/Emergency Physician In Charge (EPIC)
- Ward Managers and Nurse In Charge (NIC)
- Clinical Site Managers (CSM) and the Site Management Team (SMT)
- Divisional Management Teams
- Directorate Management Teams

Part A: Business As Usual (BAU)

No.	Description of Procedural Steps
1	Daily Senior Ward/Board (AM) & Board Round (PM)
2	Application of SAFER/Red2Green principles to ward planning in relation to discharge
3	Discharge lounge to be utilised where there is no documented clinical exception
4	Estimated Date of Discharge (EDD) to be maintained as a LIVE state via the WIS system
5	Discharge delays to be escalated and expedited in a timely fashion

Part B: YNP – Escalation/Triggers

No.	Description of Procedural Steps
1	The YNP SOP can be enacted during the hours of 08:00 to 18:00
2	The YNP SOP can be enacted on any day of the week
3	The YNP SOP will be triggered when ED have no capacity in both Ambulance Assessment and Majors Cubicles and will continue as required to support management of risk throughout the Trust
4	The decision to trigger the YNP SOP will be made by the COO, Deputy COO, or their nominated deputies, (Gold On Call for Out Of Hours) in conjunction with the CSM based on an overall balance of risk
5	All moves should be conducted as per the YNP Schedule (Appendix 3), in order to create capacity and reduce risk to patient safety and is to be co-ordinated by the CSM. Transfers will take place

No.	Description of Procedural Steps
	irrespective of the discharge profile at the time. ED will proactively move 4 pts an hour to the medical bed base from 8am to 6pm (on top of ward moves to SDEC, Surgery and Network areas).
6	Where Wards have concerns re the ability to create capacity to admit a YNP, or have any safety concerns they should escalate these concerns through the Directorate Leadership Teams in hours or CSM out of hours so an assessment of risk can be undertaken
7	Patients remaining in additional ward space require a plan to be agreed as a priority. These patients will be discussed and proactively managed at an additional 1900hrs Capacity Call for them to be in a bed space by 22:30, with risk of failure to adhere to be escalated to Silver On Call
8	The duration that patients remain in additional ward space will be digitally monitored via WIS and should not exceed 6 hours with relevant Ward Managers/NICs to escalate patients in additional spaces to their Matron at 4 hours, and Divisional Leadership Team at 5 hours
9	The CSM is responsible for logging each enactment of the YNP SOP and ensuring that one Datix Incident is reported each day that the SOP is enacted
10	Where possible YNP should be placed into a bed space, and those patients who are a definite or potential discharge being transferred to the discharge lounge or sat out in a chair if able, with a recommendation of up to 2 additional YNP per ward at any one time (this can be risk assessed to a maximum of three YNP where safe to do so in response to ED continuing to have no capacity in both Ambulance Assessment and Majors Cubicles)

Part C: YNP – Portal Actions

No.	Description of Procedural Steps
1	Once the YNP SOP is triggered, the relevant Portal Ward Managers/NICs will action a pre-prepared list of patients (Appendix 1) ready to transfer to the relevant base Wards
2	Where Wards are unable to identify an appropriate definite or potential discharge patient suitable to move out, Portals will assess and identify a patient (Appendix 1) suitable to move out to an identified appropriate area on a Ward
3	The relevant Portal Ward Managers/NICs will notify Sodexo of required portering needs

Part D: YNP – Ward Actions

| No.	Description of Procedural Steps
1	Once the YNP SOP is triggered all relevant Ward Managers/NICs need to identify the appropriate space to receive the additional patient
2	Where appropriate, YNP should be placed into a bed space, and those patients who are a definite or potential discharge should be transferred to the discharge lounge or sat out in a chair, in an identified location with their belongings packed to allow YNP to occupy the bed space
3	Where Wards are unable to identify an appropriate definite or potential discharge patient suitable to move out this should be escalated to the consultant of the week, matron, and/or directorate team so required actions are agreed and monitored.

Appendix 1 – Patient Exclusion Criteria

- Delirium
- NEWS >3 (1 category)
- NEWS >5 (>1 category)
- >2 Infusions
- >2L & New O2
- End Of Life Care
- Tracheostomy/Laryngectomy
- NIV

Appendix 2 – Risk Assessment Heat Map

1. WMAS Community Risk
2. UHNM YNP High Quality Risk
3. UHNM YNP Responsive Risk
4. UHNM YNP Resources Risk

YNP Risk Heat Map
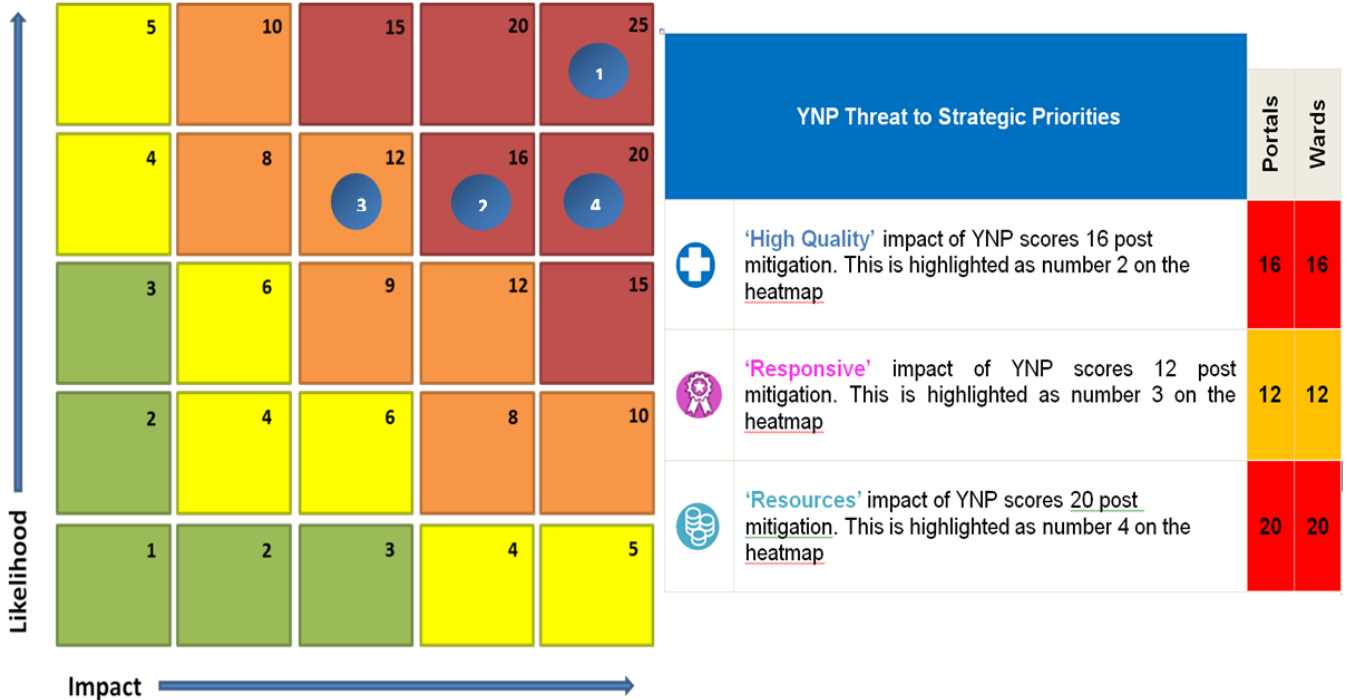
Appendix 3 – YNP Schedule

	8am-9am	9am-10am	10am-11am	11am-12pm	12pm-1pm	1pm-2pm	2pm-3pm	4pm-5pm	5pm-6pm	Target Discharges
113	1			1			1		1	4
124		1						1		2
126	1		1				1		1	4
121		1		1				1		3
122		1			1				1	3
117			1				1			2
222			1					1		4
230	1			1			1		1	4
FEAU		1			1	L u n c h		1		3
FDU			1				1			4
AMRA	1		1	1				1		4
SSU	1		1	1			1		1	5
76a										2
76b			x6 (1/Ward)(Timing TBC)					x6 (1/Ward) (Timing TBC)		2
78										2
79										2
80										2
81										2