

System plans for Winter & our shared commitment to improving emergency patient care

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We are here for you

- Performance
- Quality & safety monitoring
- System plan for Winter
- Ongoing challenges
- Emergency Care Improvement Programme (ECIP) progress
- Discharge to Assess
- Looking ahead

- Questions

System performance

- Standard: at least 95% through ED in <4hrs
- 16/17: 76.6%

2017/18 Q1: 81.69%

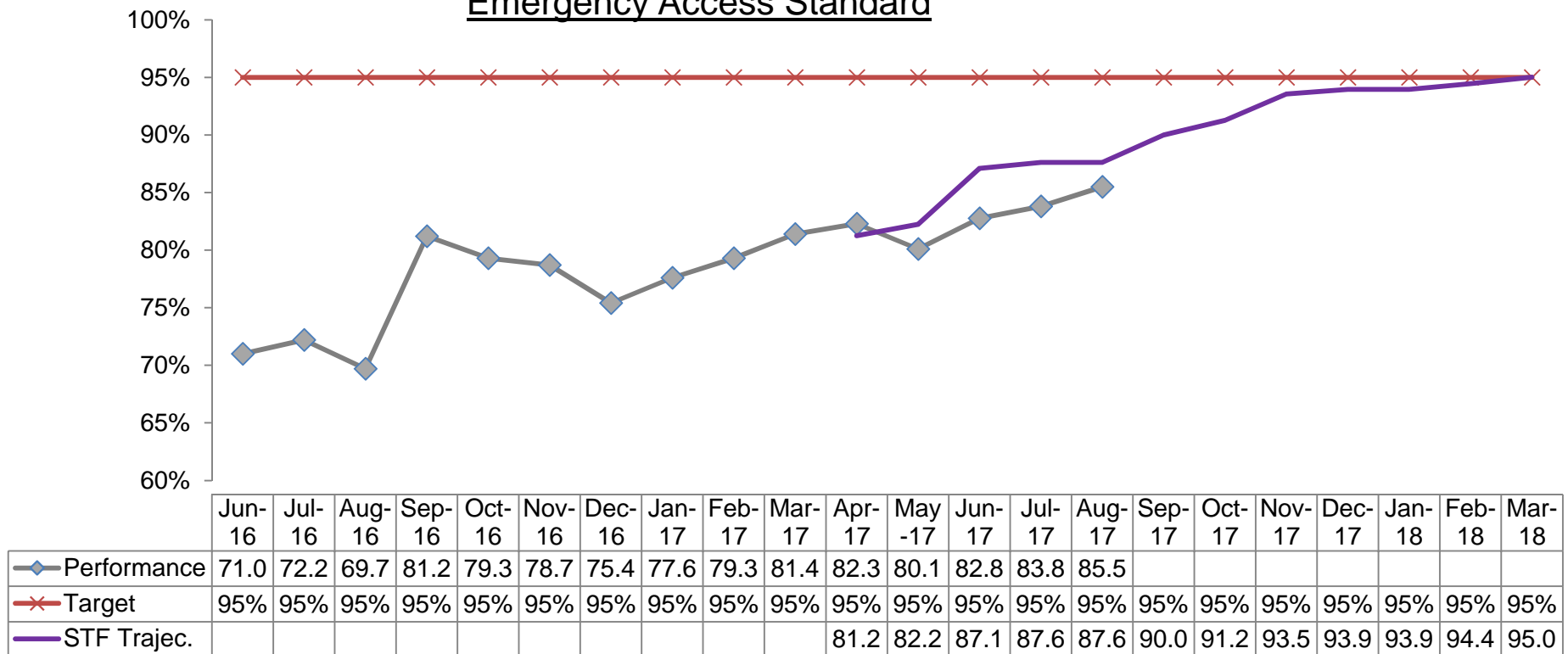
July 2017: 83.8%

August 2017: 85.5%

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Patients through NUH ED in <4 hrs

Emergency Access Standard



SFT trajectory: NUH is entitled to national funding (called Sustainability & Transformation Funds) each quarter if the agreed STF trajectory is achieved. The Trust lost £500,000 in Quarter 1 for falling below the agreed trajectory. This money cannot be recovered. The Trust is required to achieve 90% performance in Quarter 2 to receive the STF monies.

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Quality, safety & performance monitoring

- 6 patients had 12 hr trolley waits in 16/17 (9 in 15/16; 0 17/18 to date)
- RCA on all waits >8hrs
- Board & Quality Assurance Committee oversight (incl. Mortality rates)
- Strong patient experience scores (Friends & family Test scores remain among strongest in peer group)
- A&E Delivery Board – oversees system's urgent & emergency care performance

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External viewpoint

- CQC urgent & emergency care inspection (2016) – ‘requires improvement’

‘Good’ for Caring

Described improvements were required notably:

- Streaming at front door
 - Named nurses for patients in middle of Blue Area
 - Tackling overcrowding in ED
- Emergency Care Improvement Programme (ECIP)

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System progress (1)

Improving assessment & access for patients

- Strengthened front door streaming (GP-led primary care service, 7 day service, 8am-midnight)
- Supported Transfer of Care Team working at the front door
- Older People's Assessment Unit (preventing circa 10 admissions a week)

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System progress (2)

More consistent internal processes (NUH)

- Using technology to manage beds in real-time
- Improved ambulance handover times
- Updated Management of Patient Flow Policy
- End PJ Paralysis/ED Fit2sit
- Red & green days

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System progress (3)

Discharge to Assess

- From 1 October - no patients will be assessed for their post-hospital care needs within NUH
- Patients who are medically fit to be transferred from NUH will be treated & and assessed for continuing health and social care in either their own home or a different less acute health/ social care facility

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System winter plan (1)

Anticipate and assess

- Modelling winter demand
- Discharge to Assess (from Oct)
- Additional care packages, increased community assessment capacity and additional community beds (same commissioning specification)

Prevent

- Resilience actions (investment in out of hospital care)
- Flu campaign & infection prevention
- Focus on staff health and wellbeing

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System winter plan (2)

Prepare

- Hospital capacity (30 additional respiratory beds; balancing pressurised elective pathways);
- Christmas and New Year (perfect week)

Respond and recover

- Escalation triggers and implementing actions; business continuity; governance

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Ongoing challenges

1. System Demand vs Capacity
2. Staffing (ED) - particularly medical staff
3. Environmental constraints (overcrowding)
4. Consistency of internal processes
5. Delays stepping down medically fit patients

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Tomorrow's NUH: the future

- Emergency Department at QMC that was designed for 350 patients daily, now sees 550 daily (sometimes 600+)
- Need an ED & urgent care facilities that are the right size and design to meet demand now and that we anticipate in the future
- We are developing a series of business cases, and will prioritise the case for a new urgent and emergency care centre

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Questions

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