

Partnership working to improve emergency care

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We are here for you

-
- Performance
 - Quality & safety monitoring
 - Ongoing challenges
 - Observations by Emergency Care Improvement Programme (ECIP)
 - Questions

System performance

- Standard: at least 95% through ED in <4hrs
- NUH 2015/16: 86.8%
- Marked end-of-year deterioration

Q1: 95.6%

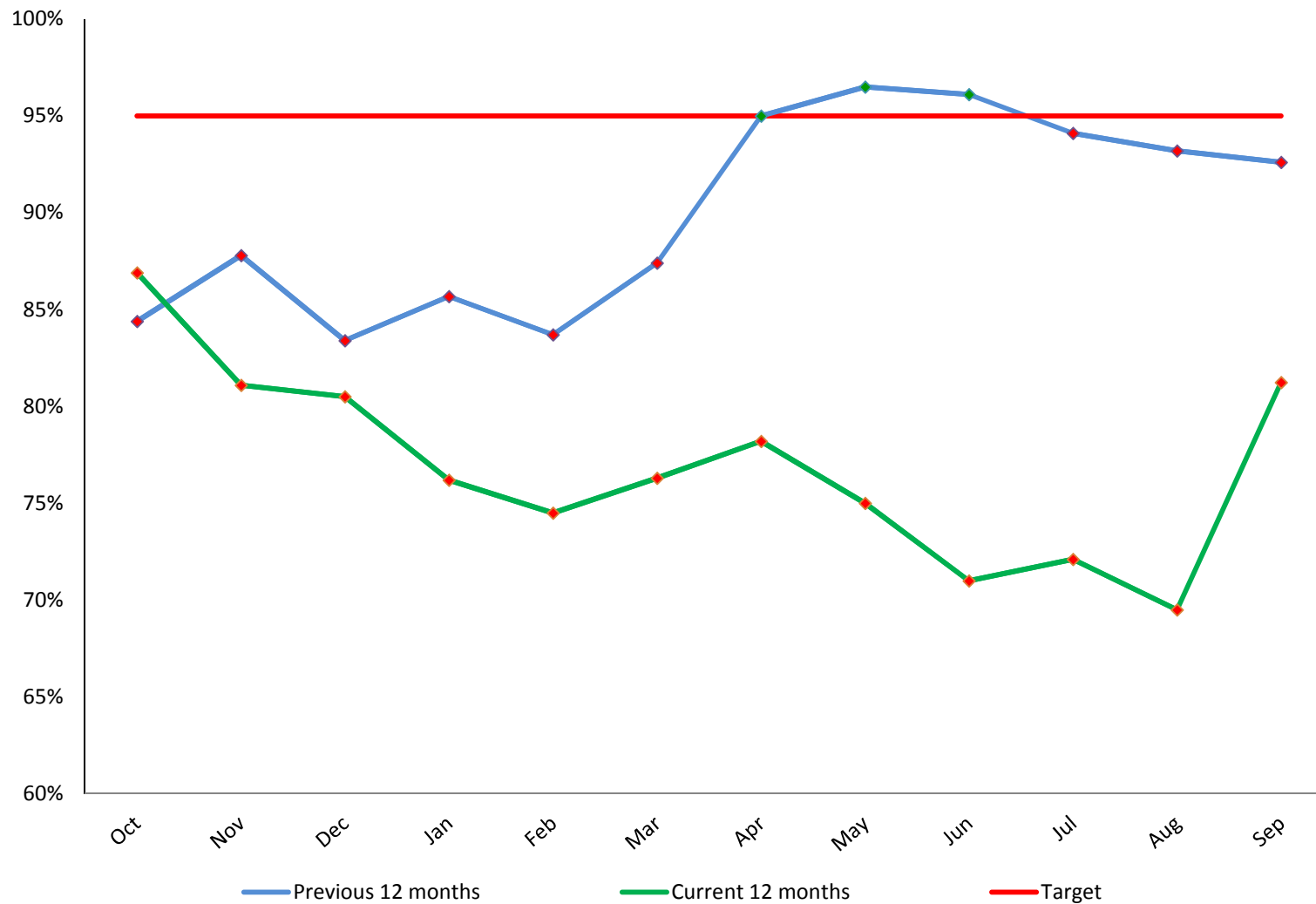
Q2: 93.2%

Q3: 82.8%

Q4: 75.7%

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Through NUH ED in <4 hrs

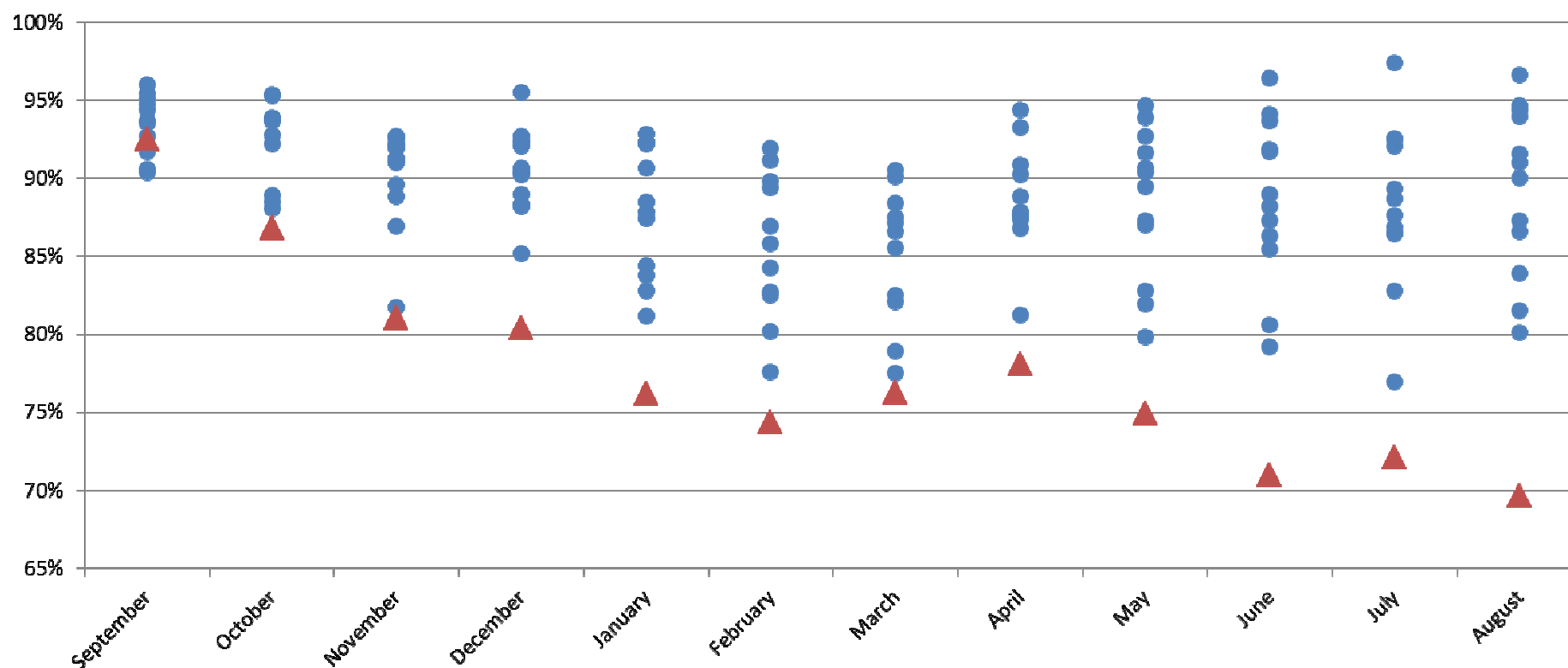


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Performance vs peers

A&E <4 hour wait (Peer Trust Performance)

All attendances to A&E between September 2015 and August 2016



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Quality & safety monitoring

- Three 12 hr trolley waits YTD (9 in 15/16)
- RCA on all >8hrs
- Board & Quality Assurance Committee oversight (incl. Mortality rates)
- Strong patient experience scores
- Urgent & emergency services 'Good' for care & 'Outstanding' for well-led (NUH CQC Report)

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Ongoing challenges

1. Demand vs Capacity
2. Staffing (ED)
3. Consistency of internal processes
4. Delayed Transfers of Care for medically fit patients
5. System working

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Emergency Care Improvement Programme's 'system diagnosis'

1. Assessment before admission
2. Today's work today
3. Home first/discharge to assess
4. Strengthened system leadership & accountability

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Demand: year-on-year change

Quarters 1 and 2	2014/15	2015/16		2016/17	
ED attends	83,889	84,959	▲1.3%	87,800	▲3.3%
Admissions from ED	22,143	23,605	▲6.6%	23,633	▲0.1%

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Demand

‘assessment before admission’

- Integrated urgent care (vanguard) project bringing together ‘111’, mental health, urgent care centre, primary care and ED
- Improving ambulance turnaround
- Primary care at front door reducing admissions
- Acute frailty unit (QMC)

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Capacity: ED Staffing

current vacancies

Nursing

- 22 WTE registered (vs 34.8 at April 2016)

Medical/ANP

- 0 substantive consultants/ANPs, 5.3 WTE junior grades (vs 7.7 at April 2016)

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Consistency of NUH processes

‘today’s work today’

- SAFER focus
- Operations Room focus
- New technology for bed / capacity management
- New Operations Director (flow/site management)
- Updated patient flow and escalation policies

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Reduce Delayed Transfers of Care

‘home first/discharge to assess’

- Home is ‘default’ not hospital
- A shared commitment to ensuring that patients do not go directly to long-term care from an acute bed
- SAFER rolled-out to community settings (incl. visibility of waits)

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System working

‘strengthened system leadership & accountability

- A&E Delivery Board (NUH CEO Chair)
- System winter plan
- 1 shared vision for urgent care
- Moving from quick fixes and workarounds to sustainable change
- Emergency Pathway Taskforce (NUH)

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Questions

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