Greater Nottingham Urgent Care System

Working together to build a resilient emergency health and social care system for Nottinghamshire

NHS Nottingham North and East Clinical Commissioning Group

NHS Nottingham West Clinical Commissioning Group

NHS Rushcliffe Clinical Commissioning Group

Nottingham University Hospitals NHS Trust

NHS Nottingham City Clinical Commissioning Group

Greater Nottingham Urgent Care System

1. Context
2. Overview of system wide improvement plans
3. System Performance
4. What has been achieved / Our Challenges and plans for 15/16

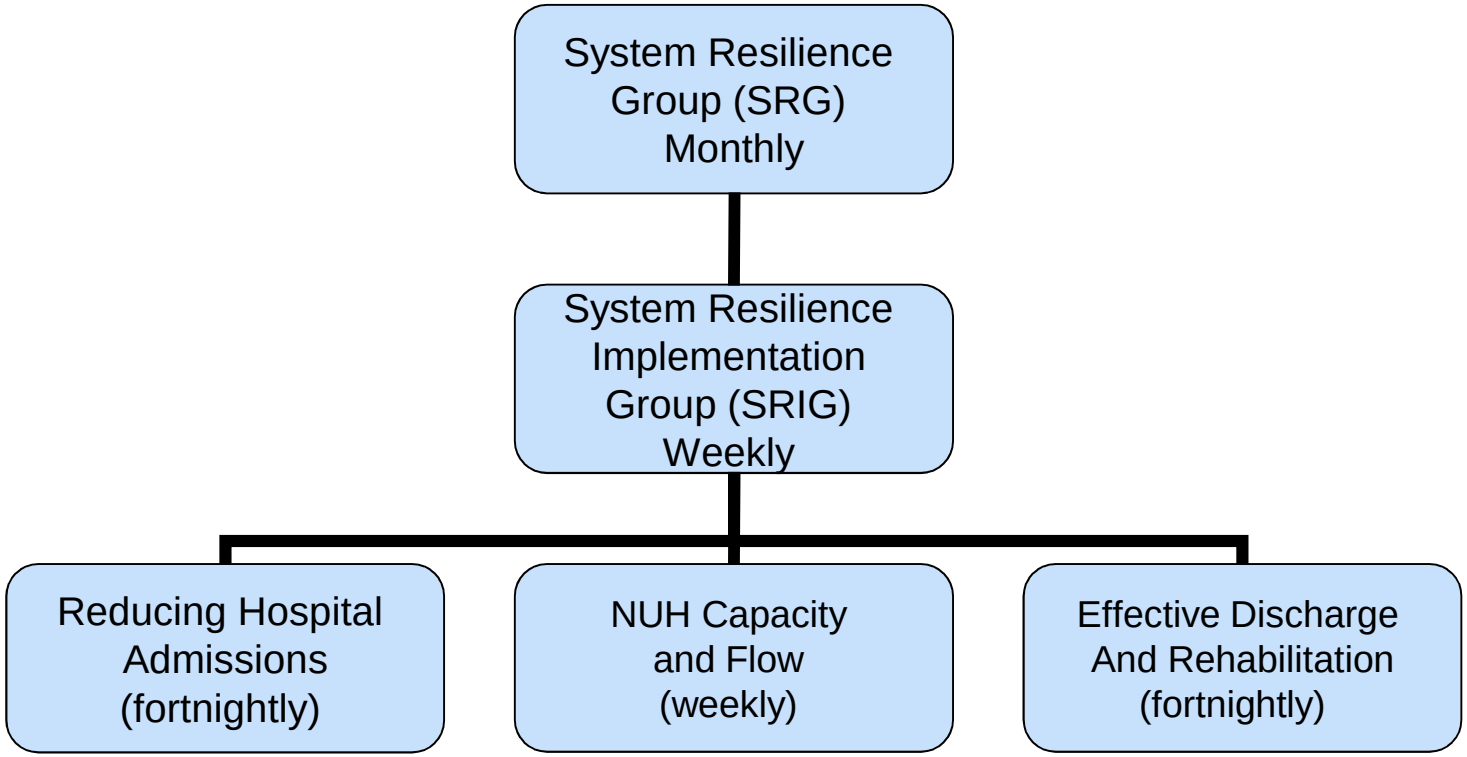
Greater Nottingham Urgent Care System

Greater Nottingham System Resilience Partners

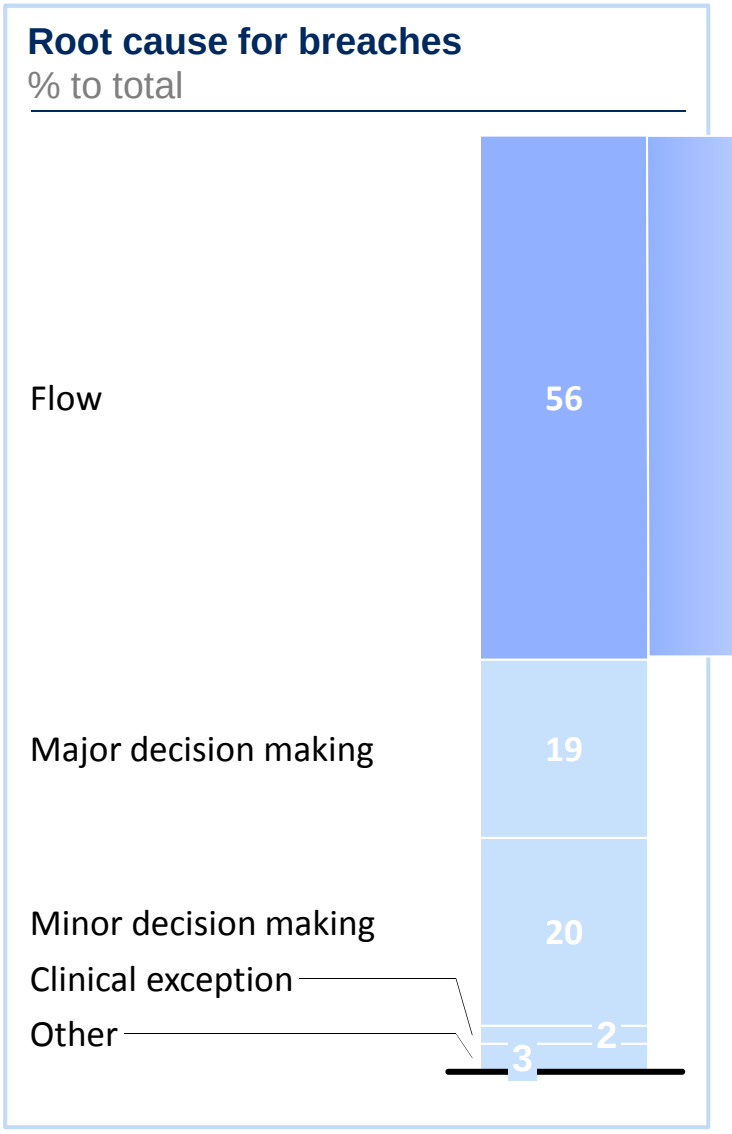
Nottingham City CCG
Nottingham West CCG
Nottingham North and East CCG
Rushcliffe CCG
Erewash CCG
Nottingham University Hospitals
East Midlands Ambulance Service
Nottingham Citycare Partnership
County Health Partnerships
Nottingham City Council
Nottingham County Council
NEMS
Derbyshire Health United (111)
Nottinghamshire Healthcare NHS Trust

Greater Nottingham Urgent Care System

Governance Structure



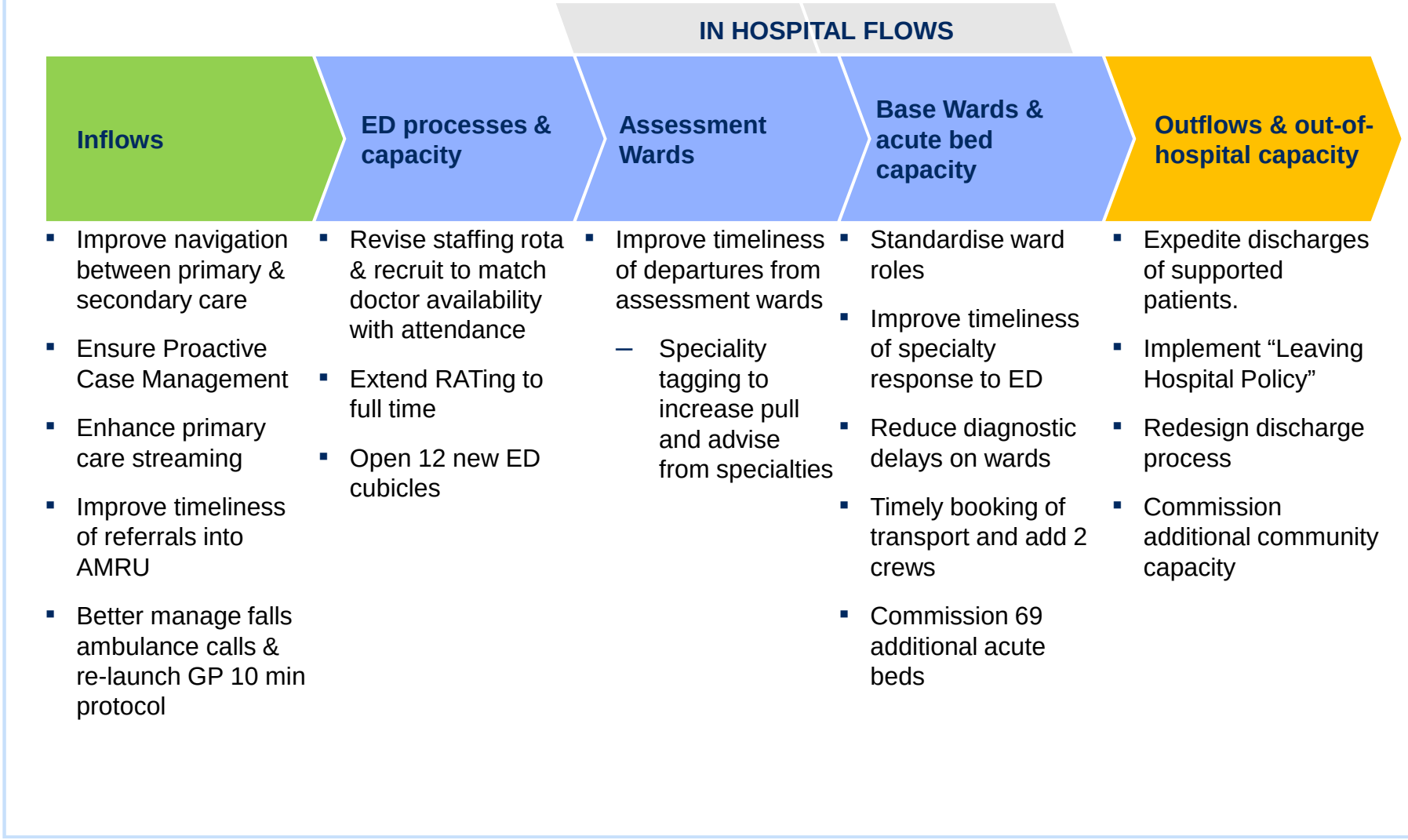
One Version of the Truth - 50% of ED breaches are due to lack of flow



Causes of lack of flow

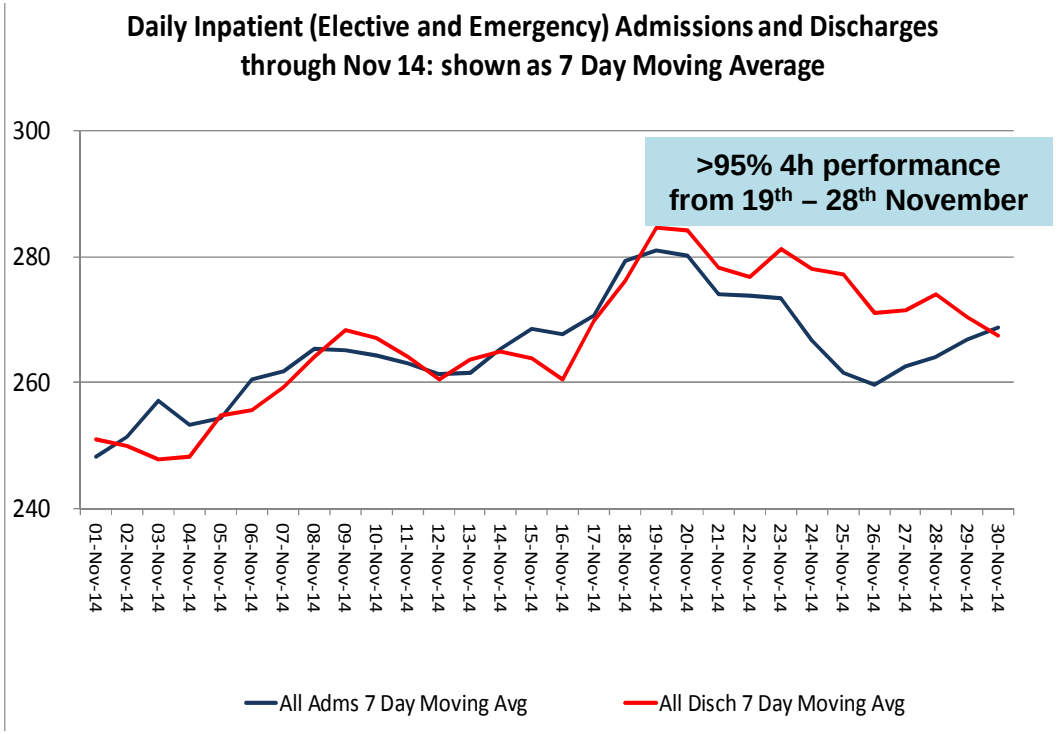
- **Lack of outflows: 14% of patients** need supported discharge and **occupy ~50% of the bed base**
- **Inflows: Non-elective admissions are increasing** which puts pressure on the hospital bed base
- **In-hospital**: **95% of the time there are not enough assessment beds available** to meet the flow required to achieve the target constraints

Overview of the system-wide Urgent Care Improvement Plans



> 95% for 9 consecutive days in November

Higher discharges than admissions built up capacity and allowed consistent flow out of ED



Features

- Reduced emergency medical admissions
- Reduced elective admissions (due to theatre maintenance)
- Increased medical discharges
- Smoother admissions and discharges
- Introduced Gold Command & Control

Each of these changes

- Not themselves ‘significant’
- Have been seen before without change in 4-hr performance

Overall impact was

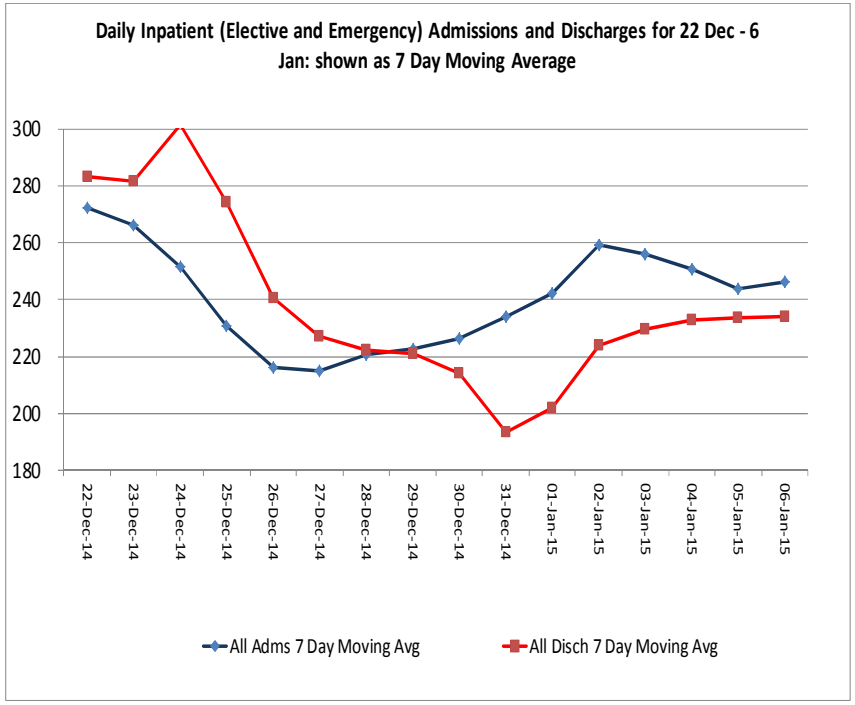
- Net flow atypically positive
- Occupancy rates reduced
- Consistent space for more efficient flow (notably faster flow from ED)

Emergency demands challenging throughout December

- **Increase in admission volumes** vs. expected
  - ED attendances +13% (760)
  - ED attendances over 65yrs + 23% (303)
  - Bed-days for emergency admissions + 11% (1098)
  - Calls to NHS 111 exceeded revised plan by 21%

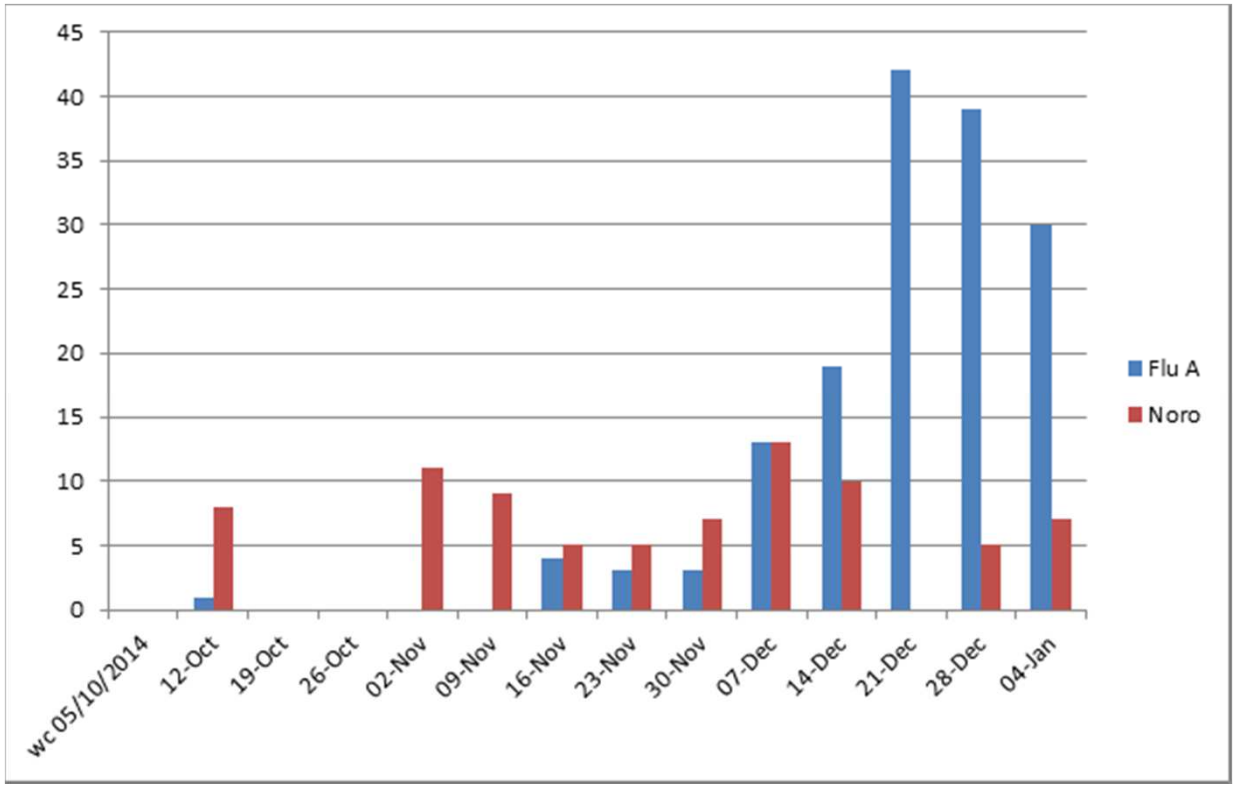
- **More elderly patients**
  - Increase in emergency admissions +3% (107) (disproportionately in >65yrs)
  - Acuity high

Challenges over Christmas and New Year



- Our **levels of admissions were higher** than planned
- **Acuity** was higher
- **Additional winter bed capacity was in place**
  - All additional beds in place as planned at NUH and community
  - New pathways opened for respiratory and surgical triage unit
- Some **beds unavailable due to infection** (Norovirus)
- **Pressure on paediatric capacity** due to over-running capital programme
- **All discharge arrangements were implemented successfully** prior to Christmas
- **All mitigations implemented vigorously**, but not enough to achieve 95% emergency performance

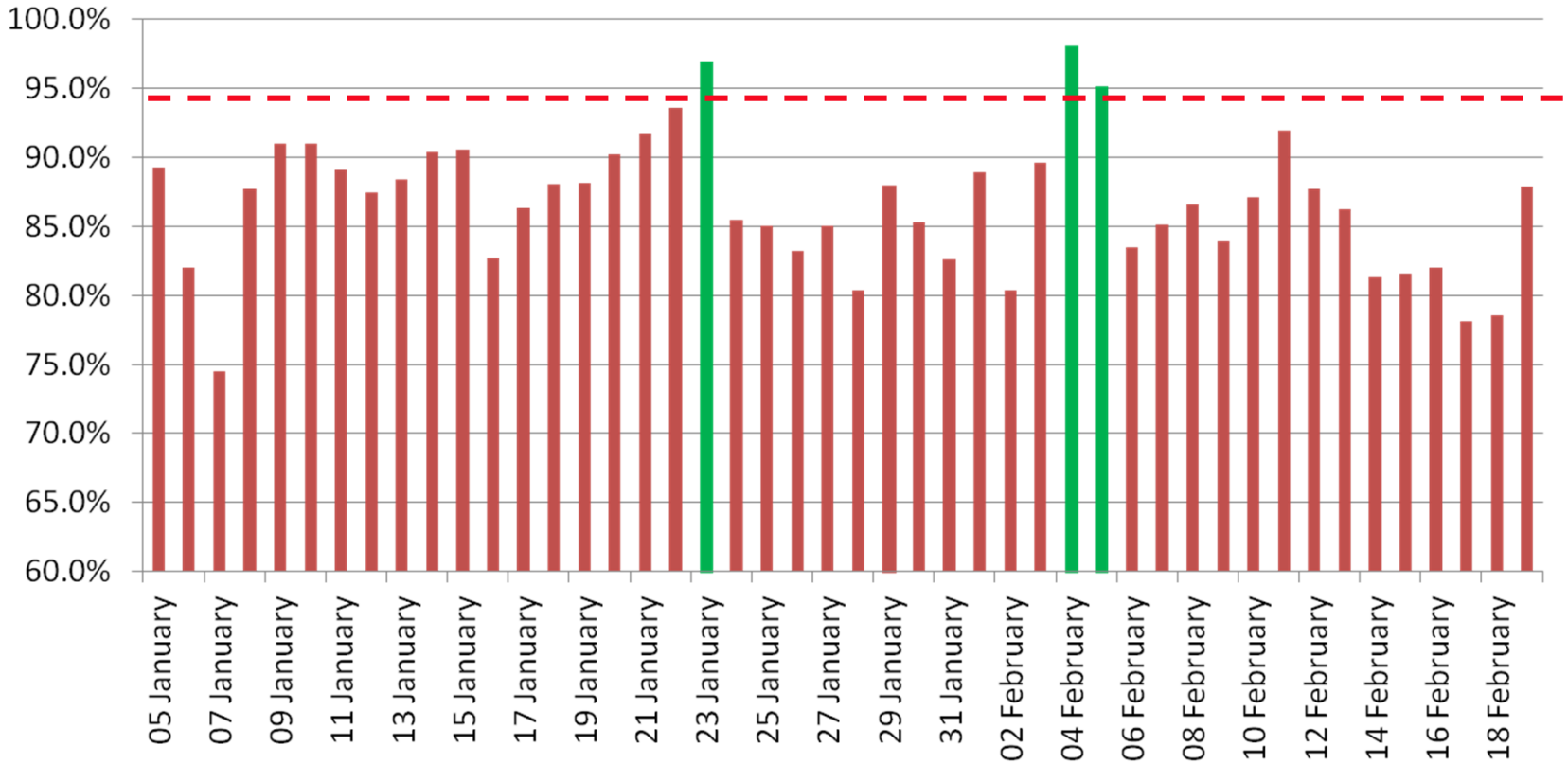
Early flu & norovirus



- Flu season started earlier this year, peaking over Christmas (NUH and the community)
- In contrast, October-December 2013, we had zero cases of norovirus and peak activity (flu/norovirus) was Jan/Feb 2014, which led to a spike in admissions and ward closures

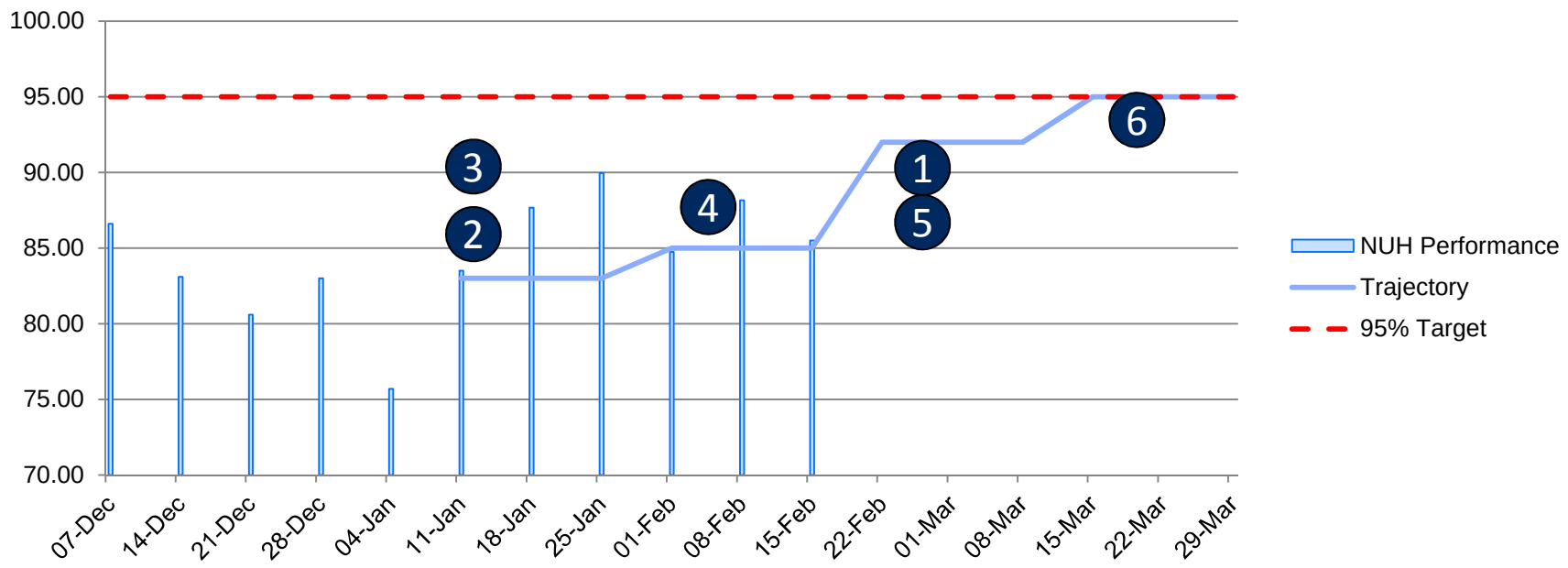
Current Performance

Breakdown of Day by Day performance; Monday 5th January 2015 to Midnight Thursday 19th February 2015



Greater Nottingham Performance Improvement Trajectory

NUH performance on the 4 hour target



Our best **approximation of the glide path** towards hitting 95% performance is based on the successful implementation of the key actions:

1. Further **reduction in admissions**
2. **Flexible use of bed stock** in times of peak demand
3. **Focus on further strengthening escalation**
4. **Further reduction of electives**, without affecting cancer or clinically urgent patients, achievement of RTT performance targets or income
5. **Improving ward processes** and performance management
6. Further improvement in **reducing both number of medically safe patients awaiting Health or Social care and time taken to access required provision**

SOURCE: NUH COO and CCG COO Discussions, 14th January 2015

Lack of flow remains primary breach reason followed by delays in medical assessment and/or clinical decision making

Breach Analysis for last 4 weeks; week ending 25th Jan 2015 – week ending 15th Feb 2015

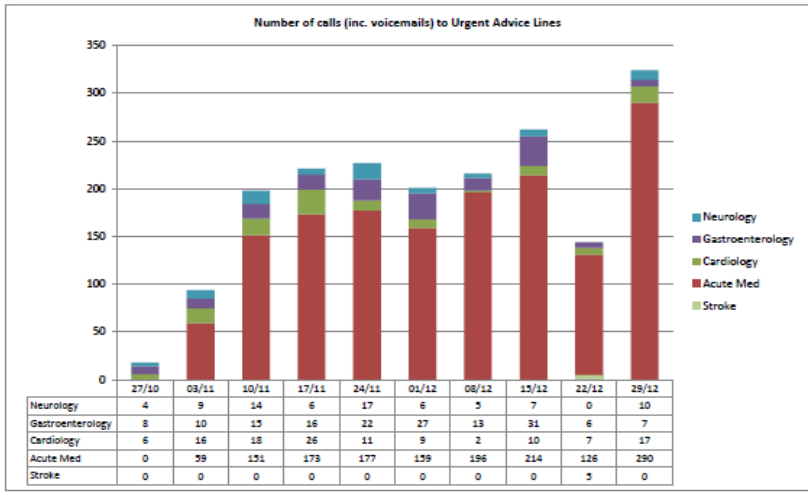
			Week ending	Week ending	Week ending	Week ending
Breach Reason Grouping	Target	Original Baseline	25-Jan	1-Feb	8-Feb	15-Feb
Lack of flow out of department	8	45	27	44	31	40
Delay in medical assessment and/or clinical decision making	4	17	0	12	9	16
Clinical Need	5	5	1	6	3	3
Other delays	4	4	12	5	4	6
Delay in mental health review	3	3	1	1	2	2
Specialty review delay	0	2	2	2	2	2
Diagnostic delay	1	1	4	6	5	6
Total	25	77	48	76	58	75
4 Hr Target Performance	95%	83%	89%	84%	87%	85%

Last Modified 25/09/2014 20:44 GMT Standard Time

Printed 24/09/2014 16:09 GMT Standard Time

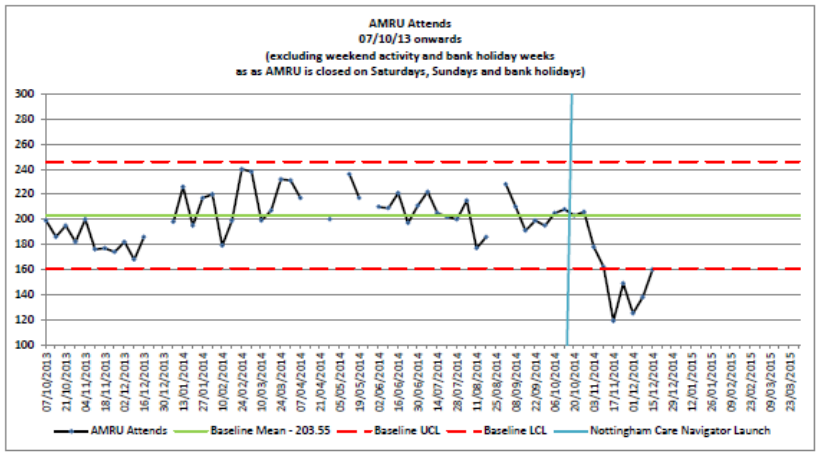
Our work on Navigation is being implemented at scale and at pace

1 *Navigation project has launched urgent advice lines*

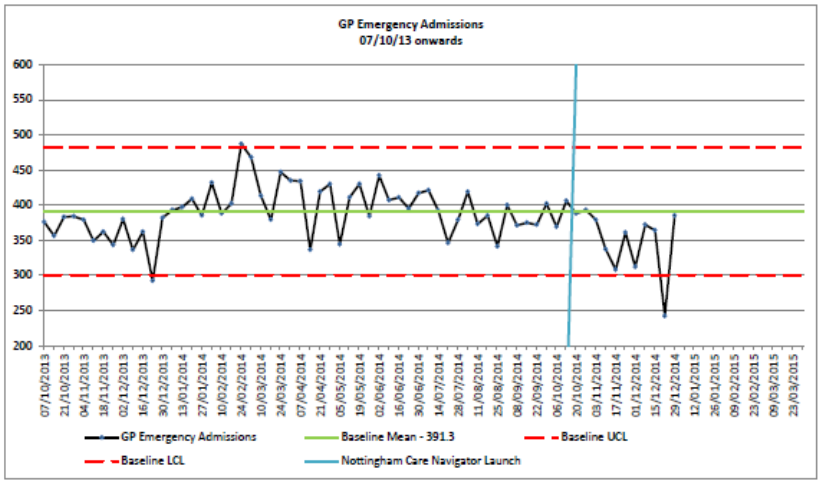


	27/10	03/11	10/11	17/11	24/11	01/12	08/12	15/12	22/12	29/12
Neurology	4	9	14	6	17	6	5	7	0	10
Gastroenterology	8	10	15	16	22	27	13	31	6	7
Cardiology	6	16	18	26	11	9	2	10	7	17
Acute Med	0	59	151	173	177	159	196	214	126	290
Stroke	0	0	0	0	0	0	0	0	5	0

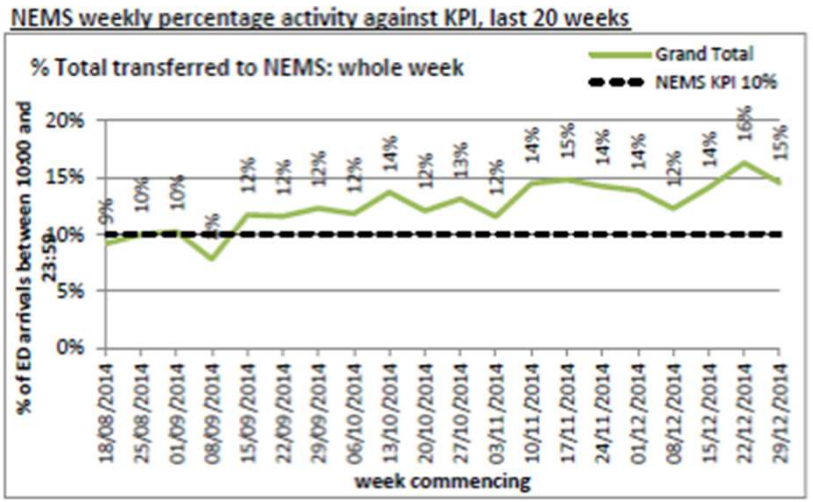
2 *This is reducing the incoming patient demand on AMRU*



3 *GP Emergency Admissions are starting to reduce*



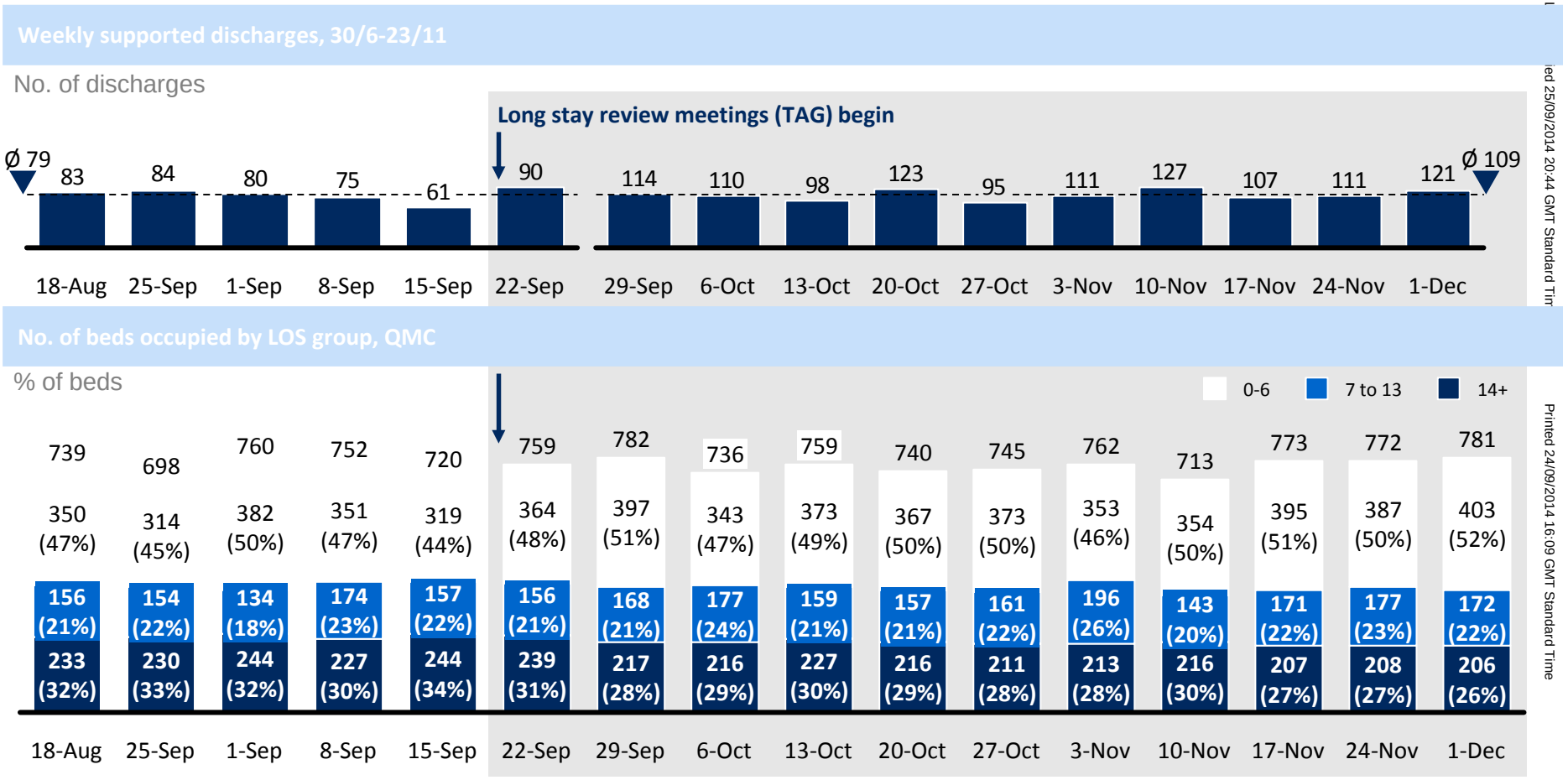
4 *At the Front Door, we are navigating more patients into NEMs, our GP facility that is co-located within NUH ED*



Last Modified 25/09/2014 20:44 GMT Standard Time

Printed 24/09/2014 16:09 GMT Standard Time

1 Supported discharges have increased by ~30 patients per week, resulting in long stay patients occupying fewer beds



- As supported discharges increased, the percentage of beds occupied by long stayers began to decrease
- Comparing the weeks before TAG meetings began to the most recent week of performance, ~40-50 beds were released by discharging long stayers

SOURCE: PAS inpatient data, Aug 2014-Dec 2014

What are our continuing challenges?

- Workforce sustainability
- Increasing our ability to flexibly respond to demographic shifts in attendances and admissions
- Commissioned community capacity is at high levels of occupancy
- Availability of complex need care packages and rehabilitation
- Continued delivery, at pace, of a large-scale transformation during the pressured winter period
- Hospital bed occupancy levels remain high; priority has to be on ensuring patient safety and quality of care

Last Modified 25/09/2014 20:44 GMT Standard Time
Printed 24/09/2014 16:09 GMT Standard Time

Future Plans and Actions

- Further additional actions taken by the system to improve performance during March.
- Ensure benefits of existing transformation schemes are fully realised
- Stock-Take Review of all system resilience schemes to agree use of recurrent system resilience funding for 15/16
- Development of 5 year Urgent Care Strategy

Last Modified 25/09/2014 20:44 GMT Standard Time

Printed 24/09/2014 16:09 GMT Standard Time

There are a set of pre-conditions to success that are clearly in place at Nottinghamshire

- ☑ A shared commitment and determination to improve care throughout the system—effective cross boundary working (both professional and organisational boundaries)
- ☑ A strong relationship with colleagues built on mutual respect and a non-defensive attitude
- ☑ Excellent analysis and diagnostics and a shared understanding of the issues to address across all system resilience partners
- ☑ Complete engagement from medical colleagues
- ☑ Highly responsive and action-oriented teams
- ☑ Effective 'system governance' with a robust PMO approach taken
- ☑ Incremental resources to build in the right long-term capabilities

Greater Nottingham Urgent Care System Update

QUESTIONS

Last Modified 25/09/2014 20:44 GMT Standard Time

Printed 24/09/2014 16:09 GMT Standard Time