

Improving emergency patient flow in our health and social care community

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Agenda

- NUH performance 14/15
- The singular features of winter
- Future key actions and challenges

Our performance 14/15

86.2% in less than 4 hours

- vs 95% national standard
- vs 93.3% in 13/14

Demand in 14/15

3% increase in ED attendances

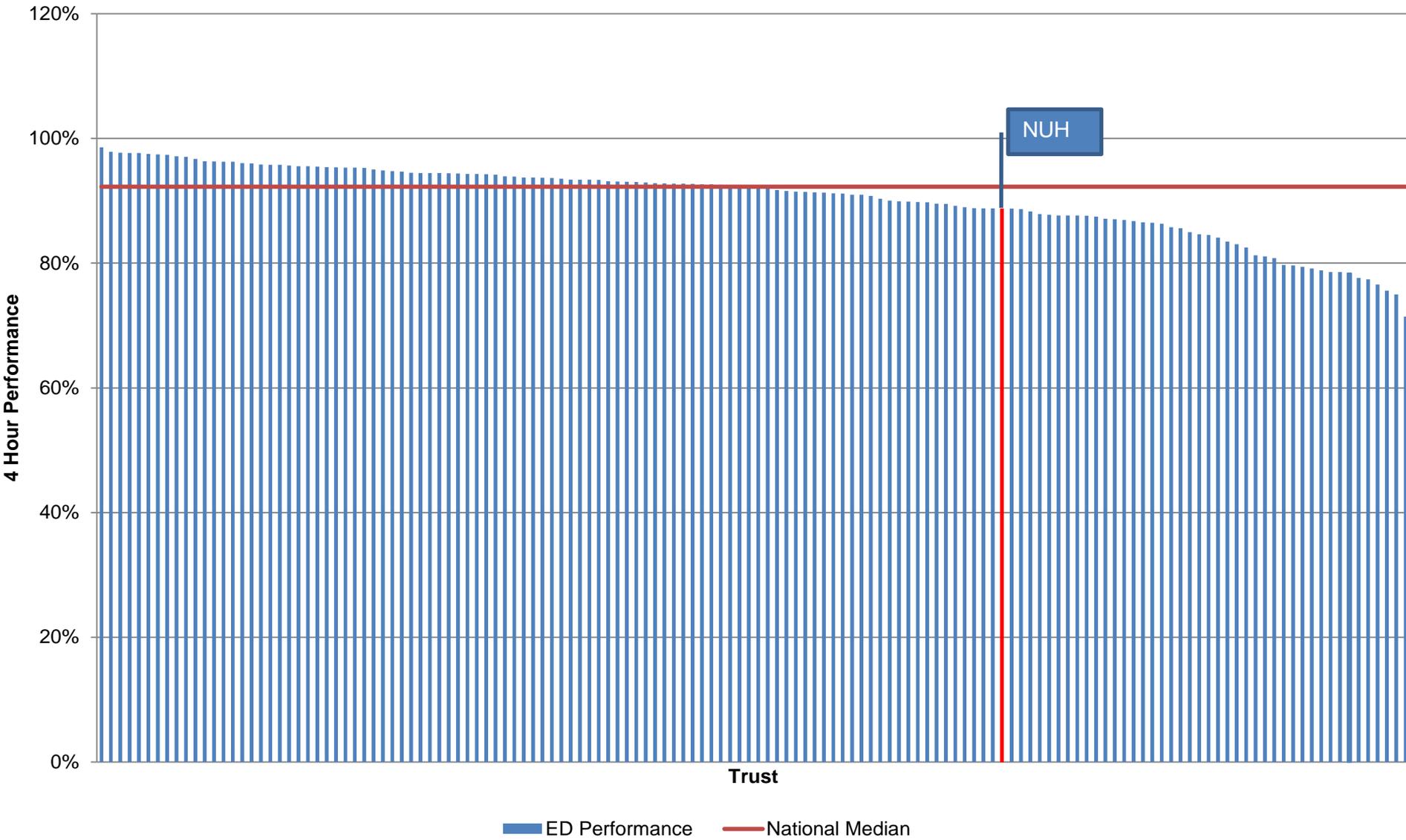
5.2% increase in emergency admissions

In >65 years

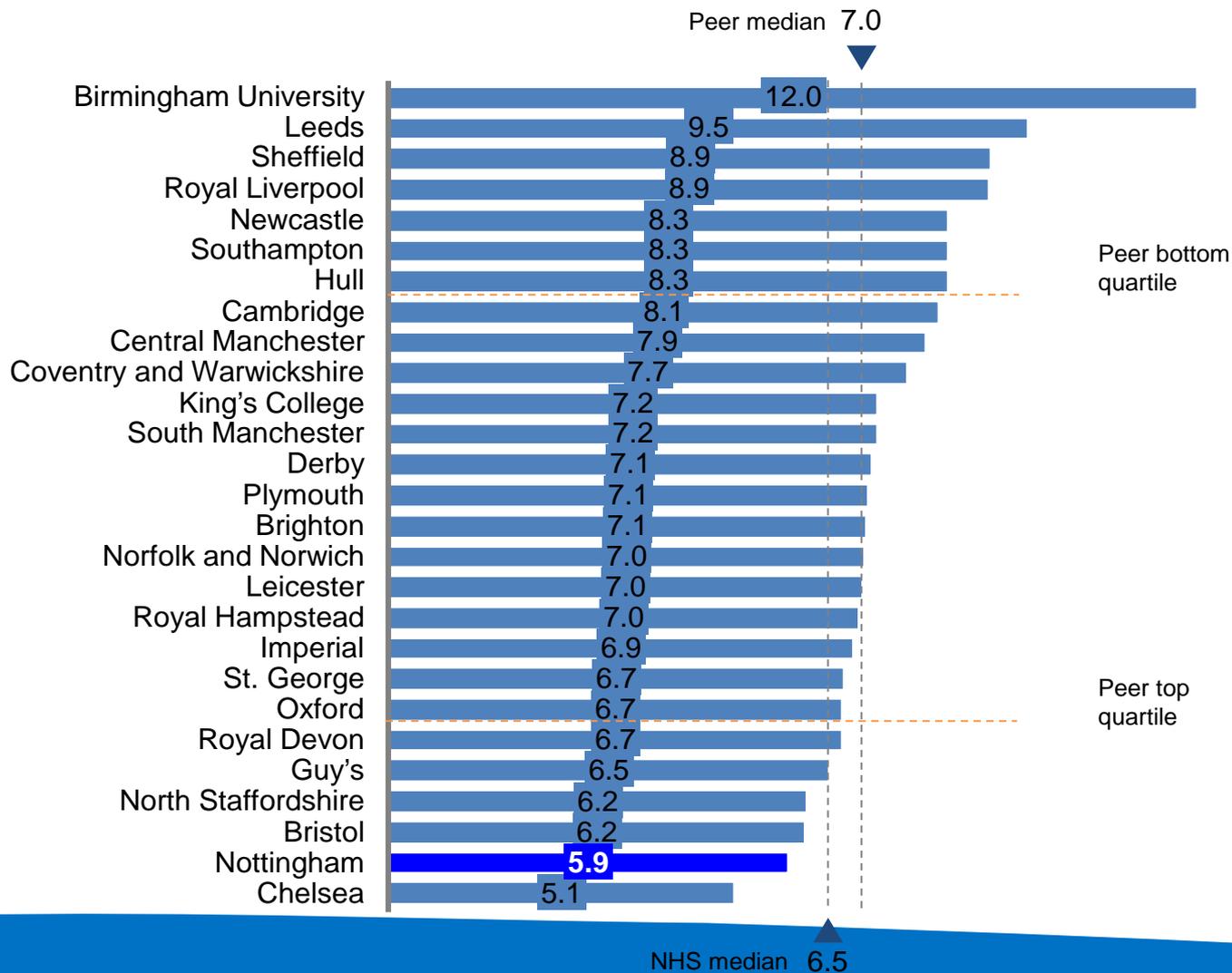
9.3% increase in emergency admissions

Mean LoS = 8.5 days

National picture: 4 hour performance by Trust (23-29 March 2015)



NUH's non-elective length of stay remains among shortest in country

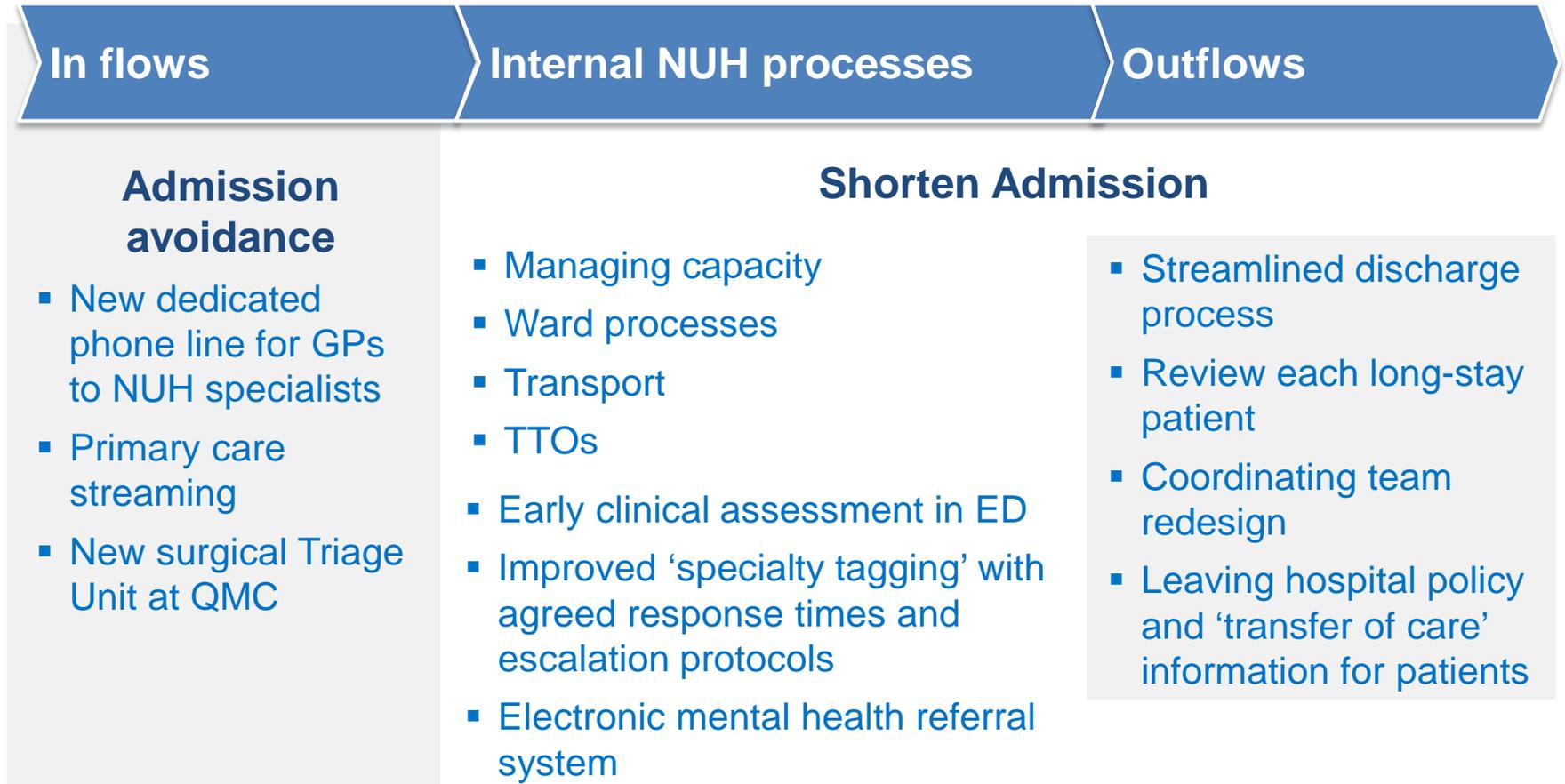


Preparing for last winter

- £10m + for the Nottinghamshire health and social care system
- 70 extra beds: NUH
- 48 extra beds: community
- 12 additional Emergency Department cubicles

All extra capacity was opened on time

Key initiatives have been developed along all parts of the Emergency Pathway



NOTE: not an exhaustive list of all initiatives

14/15 was busiest winter on record

16 day period Dec-Jan

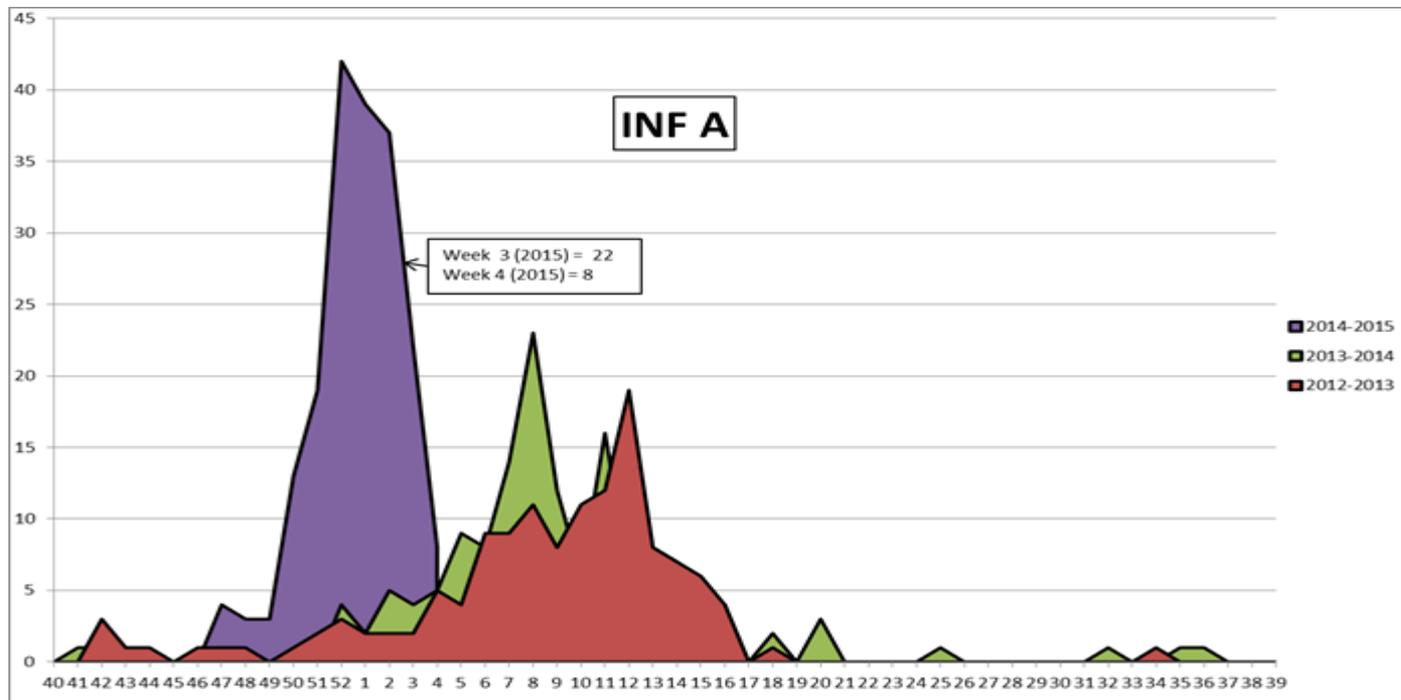
- ED attendances + 13%
- ED attendances >65yrs + 23%
- Increase in emergencies + 3%

higher in >65yrs
sick
respiratory

- Bed-days for emergencies + 11%

Early flu & Norovirus

- Flu started earlier 14/15 and peaked over Christmas (NUH and beyond)



Early flu & Norovirus

- Norovirus started Nov / Dec (vs Jan/Feb in most previous years)
- Surge in ward closures and staff sickness

Our health system's response

- **NUH 'internal Incident' on 6th January 2015**

Cancellation of a few additional elective patients

(no cancer patients & our interval between referral and treatment remains among shortest in country)

Corporate nurses supplemented patient care in ED

Community colleagues in NUH to support weekend discharges

- **52 twelve-hour breaches**

RCA and safety review of each

Continuing challenges

- **ED Workforce**

Nurses 124 WTE

18 vacancies (40 vacancies August 2014)

Consultants 19 WTE

3 vacancies

- **Other NUH workforce**

- **Other system-part workforce (home-care packages)**

Continuing challenges

- Increasing demand for admission
- Pressure on length of hospital stay
- High bed occupancy levels (hospital & 'community' beds)

- Capacity in rehabilitation / re-enablement
- Availability of complex care packages

- System transformation when demand exceeds capacity

Our focus

1. Improved operational management & accountability
2. Focus on weekend internal flow
3. More effective use of beds ('specialty tagging')
4. Increase weekend discharges
5. Breaking the Cycle x 2

Questions

Thank you