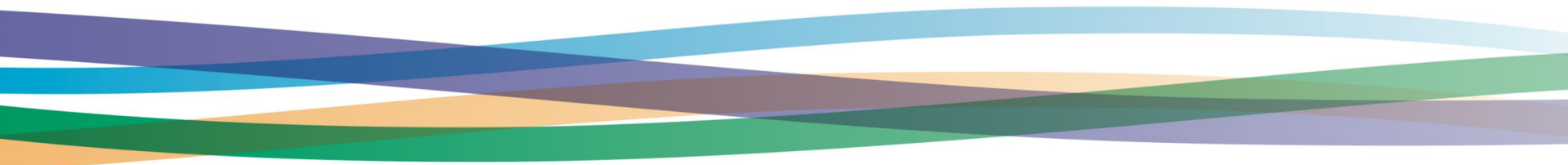


Improving Emergency Flow across the health and social care community

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2013 – 2014 Performance

4 hour Access target (95% standard)

- Achieved for the year but failed Q4

Key contributory factors

- Insufficient in-patient bed capacity
- ED delays in decision making by a senior clinician
- Case mix change – increase in majors (adults and children) and decrease in minors

2014 -2015 Performance

4 hour access target

- Failed 9 months of the year
- 5 Consecutive quarters failed

ECIST review May 2014

- 101 patients in delay either by the Trust,
social care, other healthcare, patient choice

2013 -2015 Activity

Summary of changing demand

	12/13	13/14	14/15
Total attendances	119,286	133,969	143,450
No's Admitted	26,362	25,928	27,428
No's > 65 yrs admitted	12,707	12,780	13,728
% > 65 Admitted	48.20%	49.29%	50.05%

2014 – 2015 Recovery Plans

SFHFT Emergency Flow Transformation Plan

5 project streams

- Front end Decision making
- Ambulatory care
- Ward based discharge
- Discharge pathway
- Capacity plan

Aligned to: Better Together Transformation Board

Urgent Care and Crisis Response workstream

2 workstreams

- Partnership working
- Single front door

2015 – 2016 Performance

4 hour access target (95% standard)

- April and May achieved, Q1 achieved

Key changes - Q1

- Senior decision makers in ED
- Board/ward rounds across all specialties
- 7 day Integrated discharge team
- Standardised bed management and escalation processes
- Increased 7 day consultant presence
- Transfer to Assess

2015 – 2016 Performance cont'd

Q2 key areas of focus

- Implementation of Ambulatory Care pathways
- Increased short stay capacity
- Single Front Door in ED
- Care Navigation System
- Point of Prevalence Profile/Bed modeling across acute and community

2015 – 2016 Performance cont'd

Average Length of Stay

- 13/14 – 5.89 days
- 14/15 – 6.07 days
- 15/16 so far – 5.85 days

Reduced occupied bed- days (Cohort of patients whose LoS >14 days)

- 25th June 2014 cohort of 235 patients occupied 8,573 bed days
- 25th June 2015 cohort of 225 patients occupied 7,579 bed days

Impact: Closure of beds without compromising flow through the system

Thank you

Questions?