

System working to improve emergency care

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We are here for you

- Performance
- Quality & safety monitoring
- Winter
- Ongoing challenges
- Observations by Emergency Care Improvement Programme (ECIP)
- CQC Inspection feedback
- Looking ahead

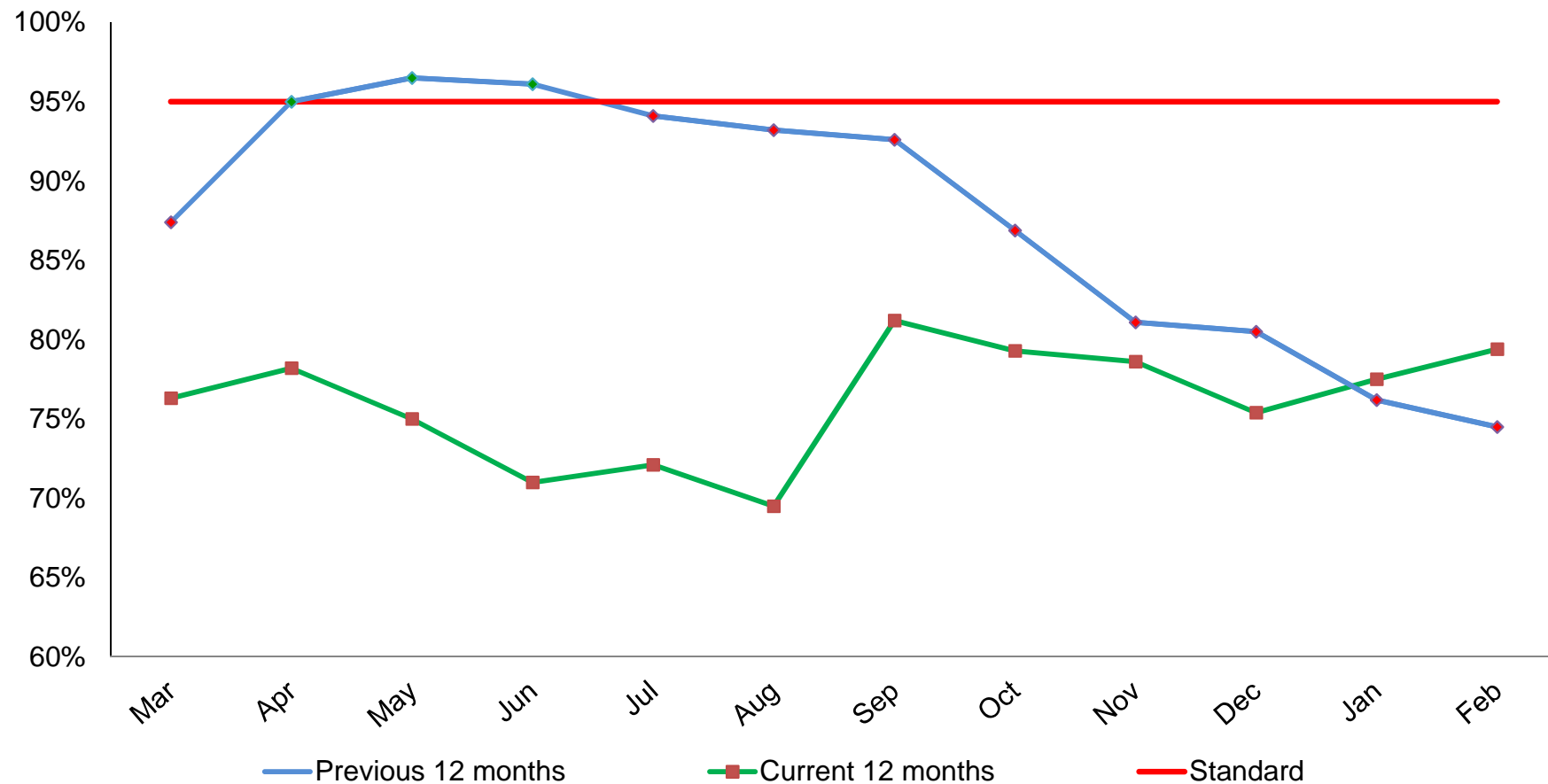
- Questions

System performance

- Standard: at least 95% through ED in <4hrs
- 2016/17: 76.1% (at 10 March)
 - Q1: 74.7%
 - Q2: 74.3%
 - Q3: 77.8%
 - Q4: 78.3% (at 10 March)
- A&E attends up 1.9% (vs 15/16)
 - Average of 535 patients per day (10 more than 15/16)
 - Average of a patient arriving every 2.5 minutes

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Through NUH A&E in <4 hrs



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Quality, safety & performance monitoring

- 5 x 12 hour trolley waits YTD (9 in 15/16)
- RCA on all waits >8hrs
- Board & Quality Assurance Committee oversight (incl. mortality rates)
- Strong patient experience scores (friends & family test scores remain strong)

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Winter: NUH

- 16 additional respiratory beds (Dec-Mar)
- Older Person's Assessment Unit at QMC (trial) – preventing c. 12 admissions weekly
- More primary care clinicians working at front door
- Reduced elective activity over Christmas & New Year: staff and beds used to support flow and discharge of emergency patients

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Winter: Community

- Extra home care packages, capacity & reablement
- Healthcare of Older Person in-reach service

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Winter: System

- **Flu jabs** (75% target for NUH & community)

NUH staff: 66% (vs 42.9% last year)

Community: Citycare 50%; Notts Healthcare Trust (incl CHP) 31.5%

- **Norovirus – bed/ward closures**

Pressures over Christmas and NY with 34 closed beds

Peak of 102 beds closed on 1 March. Late winter peak vs previous years

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Christmas/NY stats

- Challenging December/early January

Christmas Day - 2 January, we admitted a patient every 7 minutes (395 more patients than we discharged)

2 Jan - we had the highest ever number of patients in our ED at one time – 180 patients (vs an average of 60-80 patients)

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NUH CQC inspection report

- **CQC urgent & emergency care inspection: ('requires improvement')**
- **December 16' visit, February '17 publication**
- '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 (including a medium/longer-term plan to increase capacity in ED)

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Nottingham Citycare CQC Inspection Report

- ‘Outstanding’ overall rating (‘Outstanding for Caring’)
- ‘Good’ for Safe & Effective domains
- November & December ‘16 visit, March ‘17 publication
- Included inspection of Urgent Care Centre (improvements identified), improved assessment times recognised

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Ongoing challenges

1. Demand vs capacity
2. Staffing (ED)
3. Environmental constraints (overcrowding)
4. Consistency of internal processes
5. Delayed transfers of care for medically fit patients
6. 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

‘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
- Older Person’s Assessment Unit
- Strengthened streaming

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Consistency of NUH processes *'today's work today'*

- SAFER focus (incl pre-noon discharges)
- 2 x daily 'Gold' meetings
- Red & green days
- End PJ Paralysis
- Operations Room focus
- New technology for real-time 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)
- Leaving hospital policy and associated patient information updated

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System working

‘strengthened system leadership & accountability

- A&E Delivery Board system oversight of performance. Attended by system leaders (Chaired by NUH CEO)
- System winter plan
- System escalation plan
- 1 shared vision for urgent care
- Moving from quick fixes and workarounds to sustainable change

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Looking ahead

- It is critical that we have an Emergency Department, critical care and theatre facilities that are fit for purpose for the future
- Over the coming year we will begin important work with our clinical leaders and external partners to develop plans and business cases to create tomorrow's NUH

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Questions

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