

System plans for Winter & our shared commitment to improving urgent and emergency patient care

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To cover:

- System performance
- Increase in demand
- Quality & safety monitoring
- Patient feedback/experience
- System progress
- System plan for Winter
- Ongoing challenges
- Future plan
- Questions

System performance

- National requirement: at least 95% through ED within 4 hours
- 17/18: 81.4%
- 18/19 (YTD): 83.8%
- August 2018: 83.2%

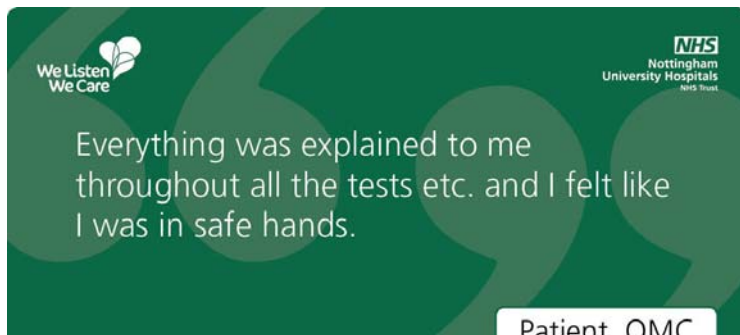
Increase in demand

- Last winter busiest on record
- Average of 543 A&E attendances to QMC a day, a 1.3% increase on 16/17
- 4.6% overall increase in emergency admissions
- 23.1% increase in respiratory-related admissions (900 extra patients)

Safety & quality monitoring

- 2 patients had 12 hr trolley waits in 17/18 (6 in 16/17).
3 year-to-date (mental health)
- RCA on all waits >8hrs
- Board & Quality Assurance Committee oversight
- Consistently strong patient experience scores re: care
- A&E Delivery Board – oversees system's urgent & emergency care performance

Patient feedback



We Listen We Care

Everything was explained to me throughout all the tests etc. and I felt like I was in safe hands.

Nottingham University Hospitals NHS Trust

Share **your** experiences:
QMCPET@nuh.nhs.uk

Patient, QMC

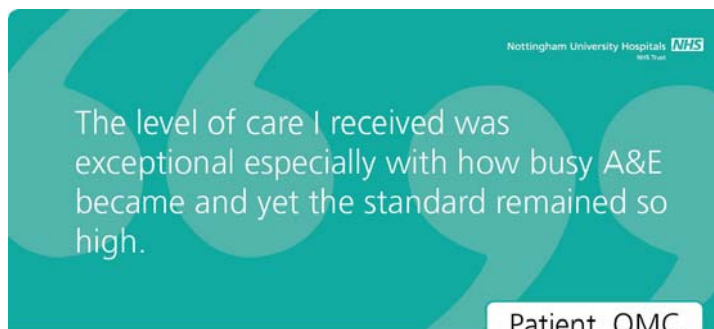


Nottingham University Hospitals NHS Trust

I felt that the staff ensured all patients received the same great treatment without delays.

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Patient, QMC



Nottingham University Hospitals NHS Trust

The level of care I received was exceptional especially with how busy A&E became and yet the standard remained so high.

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Patient, QMC



System progress (1)

- **Discharge to Assess**
- Since 1 October 2017: ambition for no patients to be assessed for their post-hospital care needs within NUH

System progress (2)

- Frailty hub with integrated pathways
- Integrated Discharge Team
- Best ambulance handover times in region
- EndPJParalysis/EDFit2Sit
- Red2Green and SAFER
- Respiratory service at home developments
- Home First
- System-wide discharge policy

System winter plan

- Planning 116 extra acute beds (NUH) subject to Board approval at cost pressure – 1 more ward than last winter
- Investment in community-based care, including 20 more enhanced care beds (care home)
- 48 community-run beds at St Francis at City Hospital for patients who no longer need acute care (£1.9M national funding for capital)

System winter plan (3)

- QMC front door – redesigning emergency and urgent care pathways and modernising and expanding A Floor (£4.5M national funding for capital works). 30 cubicles in majors (from 20)
- Expanding NUH's nationally-renowned Surgical Triage Unit model to wider specialties
- Focus on reducing long stay patients (LOS >20 days)
- Flu campaign & infection prevention
- Focus on staff health and wellbeing
- Preparing our workforce for winter
- Joined-up, system & NHS-wide public-facing comms campaign (including 'Home First' and 'Help us help you')

Challenges

1. System Demand vs Capacity
2. Staffing - particularly medical staff (ED) and home care staff (recruitment campaign underway)
3. Environmental constraints (overcrowding)
4. Consistency of NUH processes
5. Staff morale

Future plan

- We have previously described our ambition to develop a case for a new urgent and emergency care centre
- This will now be considered as part of a system-wide clinical services strategy part of the Sustainability and Transformation Partnership (STP)
- Care navigators supporting care outside of hospital
- System-wide demand and capacity modelling

Questions?

