

Winter 18/19 - our shared commitment to improving urgent and emergency patient care

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and providers

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To cover:

- System winter plan – a recap
- Performance
- Increase in demand & record days
- Quality & safety monitoring
- Patient feedback/experience
- System progress
- Ongoing challenges
- Future focus
- New national standards pilot
- Questions

System winter plan: recap (1)

- Extra 113 extra acute beds (NUH) at cost pressure
– 1 more ward than previous winter
- Investment in community-based care, including 20 more enhanced care beds (care home)
- 35 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: recap (2)

- 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 (80% frontline staff vaccinated for flu – a record year)
- Focus on staff health and wellbeing
- Joined-up, system & NHS-wide public-facing comms campaign (including 'Home First' and 'Help us help you')

System performance

- National requirement: at least 95% through ED within 4 hours
- 18/19: 78.5% (17/18: 81.4%)
- March 2019: 72.3%

Increase in demand

- Average of 566 A&E attendances to QMC a day, a 4.3% increase on 17/18 (average 543 per day)
- 4.2% overall increase in emergency admissions

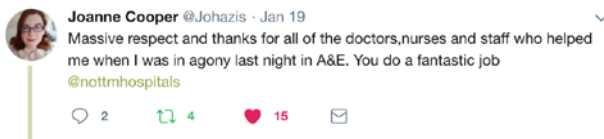
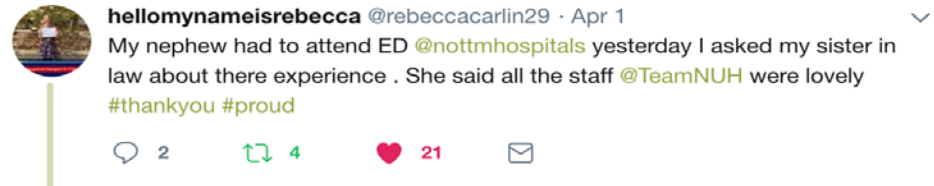
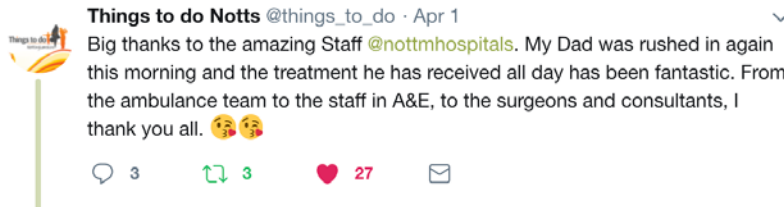
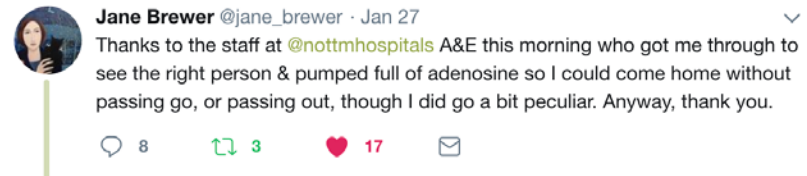
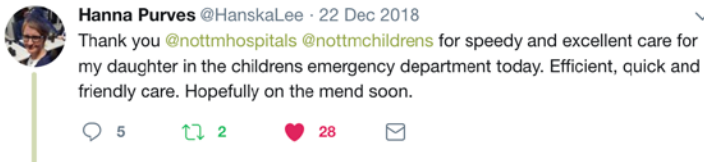
Record days for system attends

- **1 April 2019**
 - 920 attends QMC and London Road Urgent care Centre, previous highest attendance 878 on 18 March 2019)
 - 611 attends for QMC's ED & NEMS (a record)
 - 527 attends for QMC's ED (a record)

Safety & quality monitoring

- 12-hour trolley waits: 7 in 18/19 (2 in 17/18) 6 due to mental health waits
- RCA on all waits >8hrs
- Board & Quality Assurance Committee oversight
- Consistently strong patient satisfaction scores re: care
- A&E Delivery Board – oversees system's urgent & emergency care performance

Patient feedback



System progress

- Extended GP appointments – evenings and weekends
- Frailty hub with integrated pathways
- Integrated Discharge Team - supporting 280 discharges a week
- Best ambulance handover times in region
- Respiratory service at home - helping patients get home sooner and manage future exacerbations
- Home First developments additional packages of care
- System-wide Discharge Policy implemented

Ongoing challenges

1. System Demand vs Capacity
2. Workforce
3. Internal flow (NUH)
4. Discharge managing to keep pace with admissions and patient acuity/complex needs

Future focus

- NUH's Trust-wide emergency pathway transformation programme (phase 2 focus):
 - Front Door and Assessment
 - Internal flow (incl portering, therapies & diagnostics)
 - Discharge (incl long stay patients, criteria-led discharge, back to basics (TTOs, Discharge Lounge, Board Rounds etc)
- Additional NUH capacity 19/20 to address bed deficit
- Community offer flexible beds and home care

New national standards for urgent & emergency care

1. **Time to initial clinical assessment in EDs & Urgent Treatment Centres:** Timely clinical assessment to identify those in need of immediate treatment and direct patients to those best able to meet their needs at the earliest opportunity
2. **Treatment within the first hour for critically ill & injured patients:** Rapid treatment for conditions such as stroke, heart attack and suspected sepsis. Also includes those requiring emergency mental health care
3. **Mean total time in ED:** Mean waiting time for all patients will be measured
4. **Increased utilisation of Same Day Emergency Care:** to avoiding unnecessary overnight admissions and improve flow

- Supporting Indicator:

Call response standards for 111 and 999: Rapid response & match patients (including mental health patients) to the service that best meets their needs

NUH is one of 14 pilot sites for the revised access standards

WHY NOTTINGHAM?

Trusts have been chosen for size and to ensure a good geographic spread, and to ensure a range of performance levels against the current standard are represented

OTHER TRUSTS

Poole, Imperial, North Tees, Chelsea and Westminster, Frimley, Rotherham, Cambridge, Mid Yorks, Kettering, Luton, Plymouth, Portsmouth, West Suffolk

Next steps

- **April** – 14 sites to design the process in which the new standards will be piloted and evaluated
- **May** – field testing starts at pilot sites
- **Summer** – final recommendations for review by NHS England following analysis of data from pilots
- **Later in 19/20** – new standards apply to all Trusts

Questions?