

# Improving urgent and emergency care for patients, their families and carers

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# Our preparation : last winter

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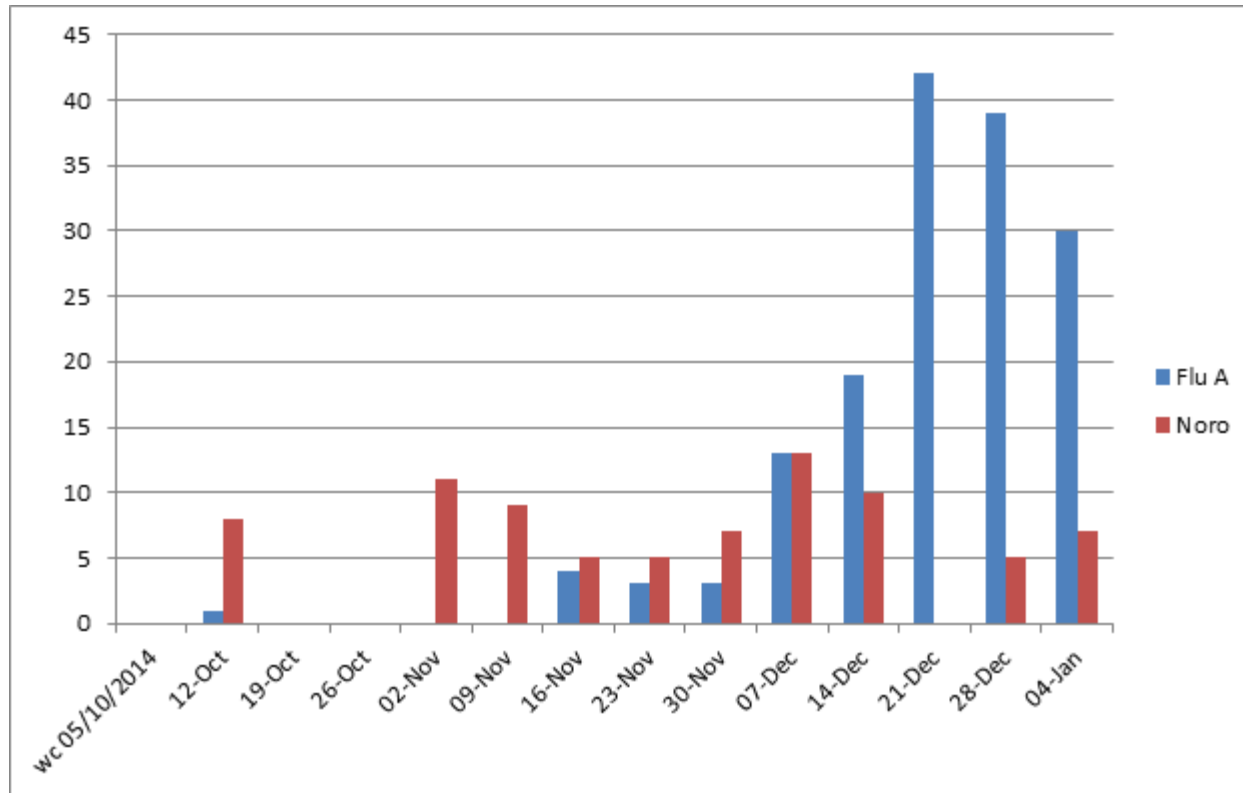
- £10+M for the Nottinghamshire health and social care system
- 70 extra beds: NUH
- 48 extra beds: community
- 12 additional Emergency Department cubicles
- All extra capacity opened on time

# Emergency demands challenging : Dec

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- **Increase in admission volumes** vs. expected
  - ED attendances +13% (760)
  - ED attendances over 65yrs + 23% (303)
  - Bed-days for emergency admissions + 11% (1098)
  - Calls to NHS 111 exceeded revised plan by 21%
- **More elderly patients**
  - Increase in emergency admissions +3% (107)  
(disproportionately in >65yrs)
  - Acuity high

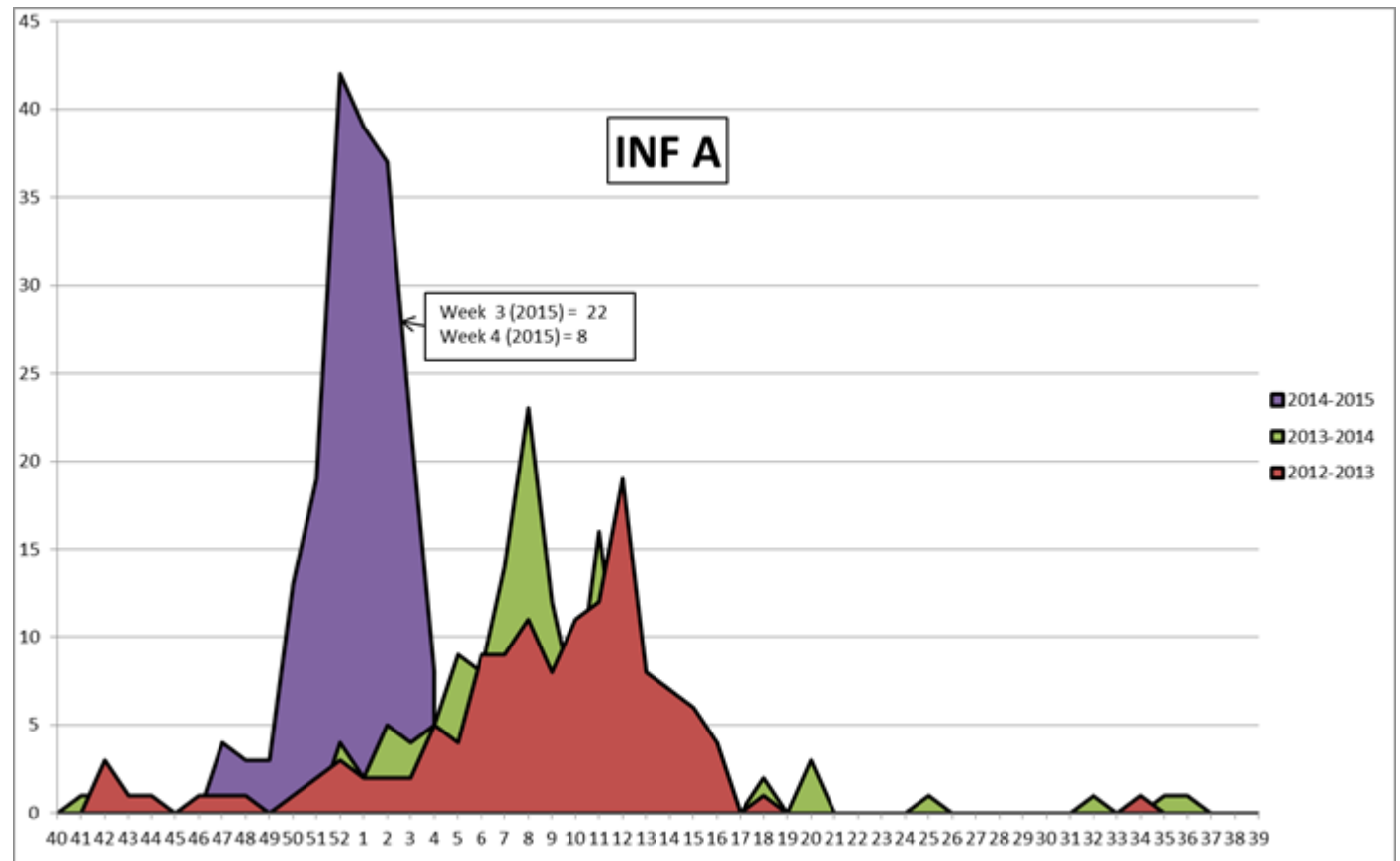
# Early flu & Norovirus



- Flu season started earlier this year, peaking over Christmas (NUH and the community)
- In contrast, October-December 2013, we had zero cases of norovirus and peak activity (flu/norovirus) was Jan/Feb 2014, which led to a spike in admissions and ward closures

# Flu (Influenza A) – last 3 winters

Earlier peak in  
2014/15 Vs  
previous 3  
winters



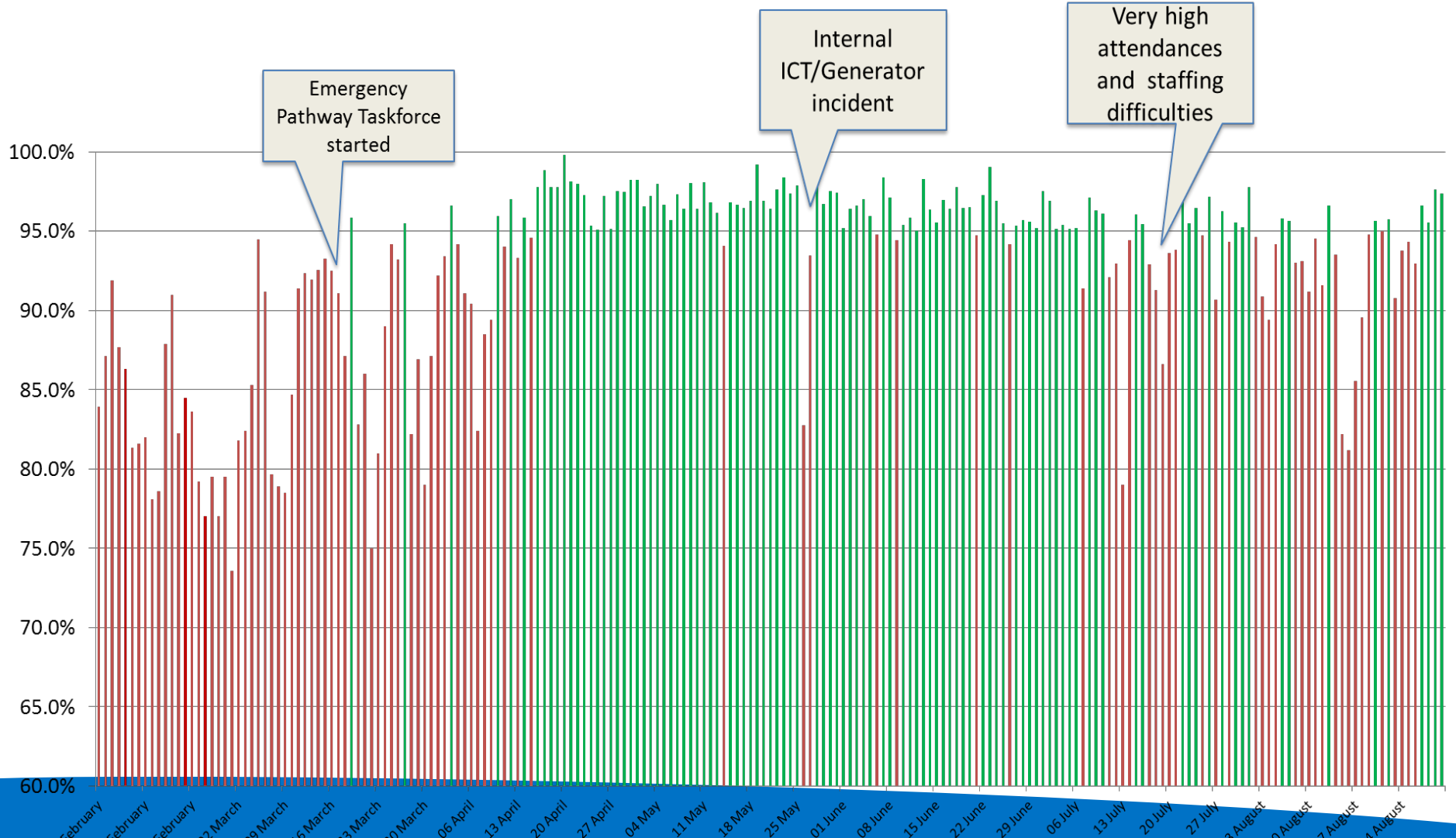
# Performance: improved

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- 2014/15: 86%
- Quarter 1 2015/16: 95.63%
- 2015/16 year-to-date: 95%

# Current performance

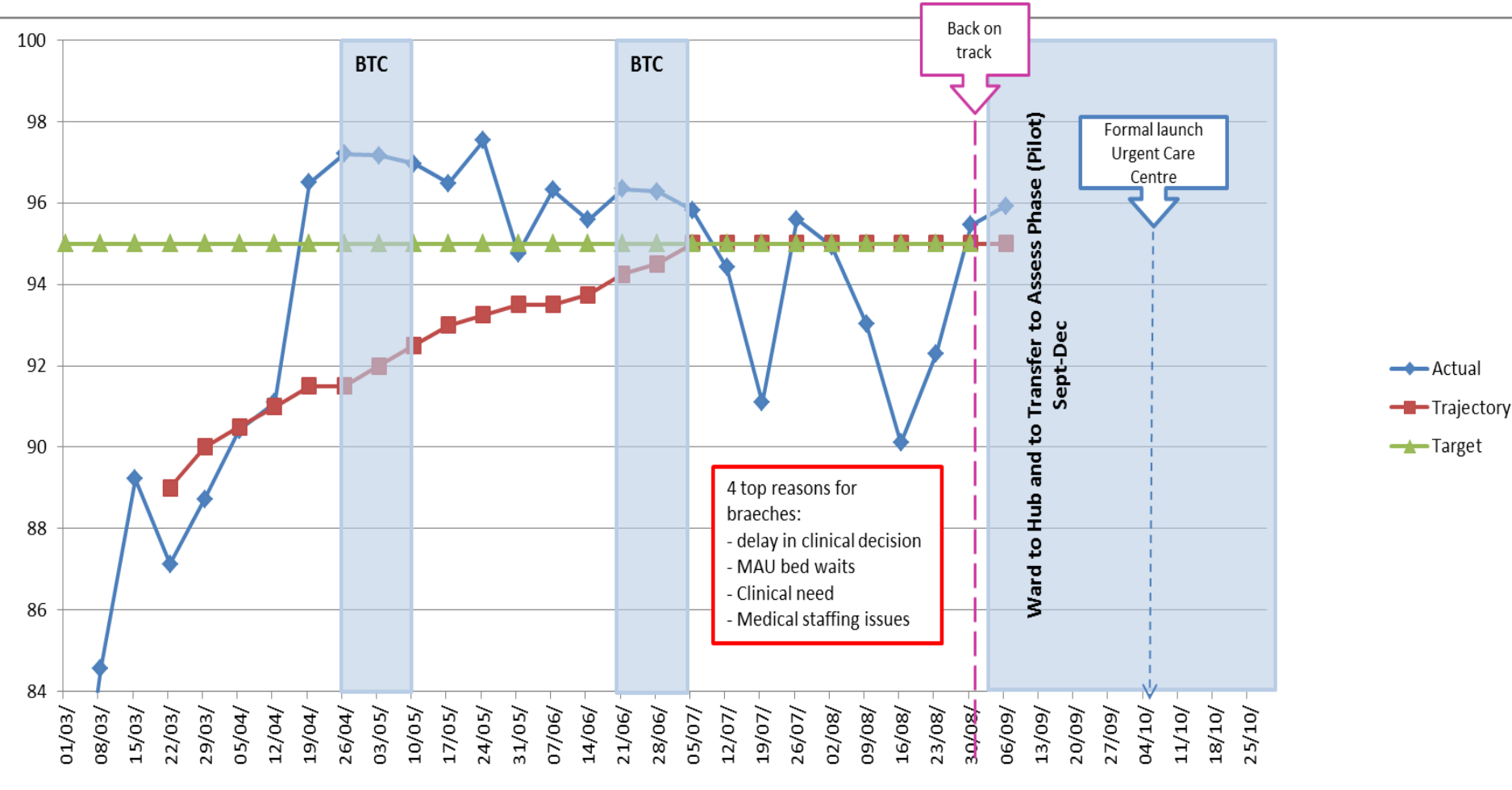
**Breakdown of Day by Day Performance; Monday 9<sup>th</sup> February 2015 - Midnight Monday 31<sup>st</sup> August 2015**



Improving the timeliness of emergency patient care

*We are here for you*

# Nottingham revised trajectory target





# NUH response

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1. Internal multi-disciplinary Emergency Taskforce
2. Strengthened operational processes
3. 5 SAFER actions for flow
4. Dedicated phone line for GPs to NUH clinicians reduced admissions by 20+%
5. 'Specialty tagging'
6. New patient flow and escalation policy
7. Strengthened leaving hospital policy
8. Centralisation of respiratory service at City (2014)

# Surgical Triage Unit: success

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- Opened new consultant-led unit at QMC (April 14)
- All potential emergency surgery admissions discussed with surgical consultant (phone)
- Means patients avoid ED (and reduces unnecessary surgical admissions)
- 52% fewer admissions (C31)
- 27% reduction in total bed days
- Reduced LOS
- Fewer readmissions

# System response

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- Closer working with health and social care system
- Emergency Care Intensive Support Team (ECIST) feedback following 3 x Breaking the Cycles at QMC and City
- Focus on increasing (complex) discharges
- Easter trial of GPs working at the front door (ED)
- Integrated approach to community re-ablement teams
- Increase community beds accepting patients with more complex needs
- Development of clinically-led community hubs

# Vanguard: Greater Notts

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- South Nottingham one of 8 Urgent and Emergency Care Vanguards in England
- Aim to help people who need urgent care to get the right advice in the right place

Our work will focus on:

1. Enhancing mental health services
2. Improving access, clinical assessment & treatment to primary care clinicians at the 'front door' of ED
3. More direct clinician to clinician contact to navigate patients to the right service, first time

# Quality & experience

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- Patient feedback and experience re: quality of care and experience remains strong, including:
  - Friends and Family Test
  - Social media, Patient Opinion, NHS Choices
- Carefully monitor safety (pressure ulcers, falls, R&R) – no adverse patient outcomes
- RCA on all 12 hour trolley breaches

# Ongoing challenges

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## **Staffing**

- Availability of key staff
- Agency staff usage

## **Supported discharges**

- Working with system partners to understand plans to increase weekly numbers of supported discharges

## **Fragility of system**

- Working with senior social care colleagues & commissioners to resolve capacity gaps across the emergency pathway
- Strengthening plans to reduce attends and admissions

# Going forward

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- Breaking the Cycle Week – Jan 2016
- Winter capacity plans
- Right-sizing bed capacity
- New Divisional Leadership Teams
- Speciality tagging: phase 2 (City)
- Patient transport focus (with Arriva)
- Speciality Tagging & Outlier Policy