

Winter 17/18 – the system's focus on keeping patients safe

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System winter plan – a recap

- Modelling winter demand
- Discharge to Assess (from Oct '17)
- Resilience actions (investment in out of hospital care)
- Additional care packages, increased community assessment capacity and additional community beds
- Additional GP appointment slots opened at weekends, Bank Holidays and out-of-hours from December-post Easter
- Additional GPs in NEMS
- Hospital capacity (30 additional respiratory beds; balancing pressurised elective pathways)
- Flu campaign & infection prevention
- Focus on staff health and wellbeing
- Christmas and New Year focus
- Escalation triggers and implementing actions; business continuity; governance

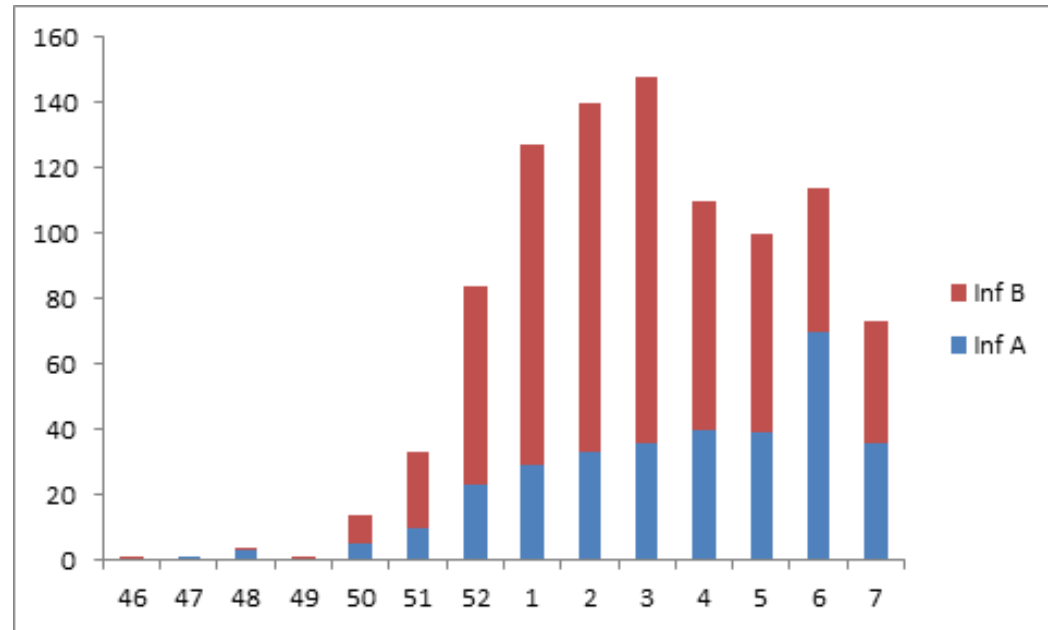
Christmas & NY: demand

Despite robust winter planning, the demand significantly exceeded capacity across the system

- **Significant demands on all services** (ambulance service, Urgent Care Centre, ED & 111)
- **Emergency Department** - ED 'majors' attends did not see any significant drop over the Christmas and New Year period (unlike in previous years). **Acuity of patients** increased immediately following Christmas (higher 'Early Warning Scores')
- **GP admissions** up >30% (25-Dec to 01-Jan) vs 2015 and 2016. This drove a 13% increase in overall emergency admissions to hospital vs the same period in 2016. This was driven by having significantly more emergency GP capacity across Nottingham over Christmas and New Year than in previous years
- The number of **patients waiting for a hospital bed in ED** increased from Christmas Day remaining high until 4-Jan
- Number of **elderly inpatients (≥75 years old)** with a 14 day or more length of stay on a medical ward increased since Christmas
- The number of **supported medically safe patients in hospital** increased throughout December despite above target number of supported discharges. **Delayed Transfers of Care (DTOC)** patients in hospital rose together with the rise in supported medically safe for transfer patients

Flu & Norovirus: impact

- Flu has increased since Christmas (mostly NUH inpatients but also includes outpatient, daycase, GP cases and nursing home residents)
- Take up of flu jab 63% in NUH (to date)
- Caused staffing challenges as sickness absence increased
- c150 more respiratory admissions than this time last year (NUH) & 200 more than the previous year – a 31% increase
- Impact of Norovirus on bed closures



Extraordinary actions taken

- OPEL 4 system status (business continuity incident) declared for Greater Nottingham on two occasions (Jan and Feb)
- Cancellation of additional non-urgent activity (410 operations and 640 outpatient appointments to date)
- Clinical staff freed from elective/clinic cancellations to support the emergency pathway
- Staff across health and social care worked over and above to ensure patient safety in very challenging circumstances
- 34 additional escalation beds (NUH) and 93 additional community beds opened
- Two surgical wards at City Hospital designated to accommodate medical patients
- GPs open evenings/weekends

Safety & quality

- 1 x12 hour trolley breach
- Praise for maintaining ambulance turnaround times
- Patient experience scores remain strong
- A&E Delivery Board oversight

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My Grandfather was in A&E on Christmas eve very unwell, it was a very stressful day for all of us. I wanted to write a posting about the care and treatment he received from the medical and nursing teams. The teams were very respectful towards my granddad treating him with dignity and respect. all of of the staff were very professional and even though it was a very busy day in A&E they spent a lot of time with my granddad and family ensuring he/we understood what the planned treatment would be. There are too many people to mention but I just want to mention one specific person Ruth (advanced nurse practitioner) she was wonderful towards my grandfather. Thank you for making a very stressful day, less so

The media is often so quick to criticise A&E departments but what we experienced on that day was professional staff members, doing their jobs on a very busy day.

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My father came to hospital in an ambulance after breathing difficulties, the care received in ED was excellent, all the staff were pleasant, professional and sensitive. Everyone took time to explain to my elderly father what was happening and why. I felt faint whilst I was in ED, they looked after me too. Very grateful for the care shown to my father and myself.

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The A&E department was very busy and the hospital trolleys started to back up with a two and half hour wait showing on the information screen, but the staff did a great job under difficult overcrowding and still found time to smile and talk to dad when he kept putting his flat cap over his face saying he was in Cyprus and keeping the sun off his face. The doctor who did the examination was patient and was gentle as he did his job. After a night on a ward and with dad waving at the nurses on his way home, I could only think; we must protect the NHS.

Reflections / learning

Actions we took to keep emergency patients safe had wider consequences – these were severe for NUH due to increased level of clinical risk and ability to deprioritise planned care.

- Impact on staff from working over and above on health and wellbeing
- So far, over 1,050 patients have had their operations or appointments cancelled at short notice in January, leading to poor patient experience and extended waits
- Lost activity has worsened the Trust's financial position (circa £500K per week)
- The system has supported the additional winter resources over and above the plan with additional community staff, additional wards, additional GPs in ED and additional transport
- Inefficient use of expensive resources - idle theatres; inability to effectively redeploy all staff freed up by cancelling clinical and non-clinical activity
- Delays in admissions from ED and increased outlying across both hospitals impacted on patient experience and outcomes