



Improving the timeliness of urgent and emergency care and experience for patients and staff

October 2018



To cover:

- Context:
 - System performance
 - Increase in demand
 - Ongoing challenges
 - Improvements
- Emergency Pathway Transformation Programme
 - 'Front Door' expansion and redesign
 - Redesign of admitted pathways at NUH
 - Ensuring efficiency and maximising capacity 7/7
 - Culture & leadership
- Questions



System performance

- National requirement: at least 95% through ED within 4 hours
- 17/18: 81.4%
- 18/19 (YTD): 83.7%

Increases in demand

- Last winter busiest on record
- **17/18**
 - 1.3% increase in ED attends vs 16/17
 - 4.6% increase in emergency admissions
 - 23.1% increase in respiratory-related admissions (900 extra patients)
- **18/19 (YTD)**
 - Since April, 7.6% more emergency admissions than planned
 - & 3.9% more emergency attends than planned





Ongoing challenges

1. System demand vs capacity
2. Staffing - particularly medical staff (ED)
3. Environmental constraints (overcrowding)
4. Consistency of NUH processes
5. Staff morale



Improvements to date

- Discharge to Assess
- 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

NUH's Emergency Pathway Transformation Programme

- Trust-wide re-engineering programme (NUH)
- Working with patients & staff to improve our urgent and emergency care pathways
- National monies (£4.5m) to expand and modernise our existing ED
- 18-month project (phase 1: completed Dec)
- Review of emergency patient pathways
- Maximising capacity at NUH





1.

‘Front Door’ redesign

- Expanding 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) – 50% increase
- New Urgent Treatment Centre (minors will move to old Fracture Clinic)



8

‘Front Door’ redesign



2.

Streamlining patient pathways

- Expanding NUH's nationally-renowned Surgical Triage Unit model to:
 - Head & Neck, 24/7 (opened October)
 - Neuro & Spines (opening November)
- Streamlining pathways directly from the Urgent Care Front Door to improve the timeliness of care
- New medical admissions pathway
- City Hospital admission review
- New End of Life & Mental Health pathways

**Streamlining patient
pathways**





3.

Capacity at NUH

- Focus on:
 - Excellence in Discharge
 - Criteria-led discharge
 - Reduce long stay patients
 - Seven day services to reduce variation (all areas under review)
 - Increase number of patient discharges at the weekend
 - Roll-out of new model, which involves patients' discharge plans being reviewed with the wider MDT, IDT and social care

Capacity at NUH





4.

Culture & leadership

- Reviewing workforce requirements for newly-configured urgent and emergency care pathways
- Quality improvement training
- Skills training where required
- Roles and responsibility clarification
- Accountability
- Embedding new ways of working

Culture & leadership





Measuring our progress

- Key indicators
 1. Improve 4-hour emergency access performance to 92% through transformation driven by NUH teams and internal actions/change in pathways, processes and ways of working (wider system improvements will aim to further improve performance to >95%)
 2. Minors and non-admitted performance to >99%
 3. Admitted performance to 95%
 4. Number of patients waiting for a bed in ED
 5. Length of stay in admission areas
 6. Daily discharge target to reach 92% occupancy at NUH
 7. Long stay patients >20 days to <199

Questions?