

# Improving the experience of our emergency patients, their families and carers

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# To cover:

- Performance update
- Quality & safety monitoring
- Preparation for winter
- NUH challenges & response
- System response

# National performance

- W/e 3 April, national performance: 82.75%
- Only 2 Trusts in the country achieved the national standard

# Performance update

- 15/16: 86.8% in less than 4 hours

Q1: 95.6%

Q2: 93.2%

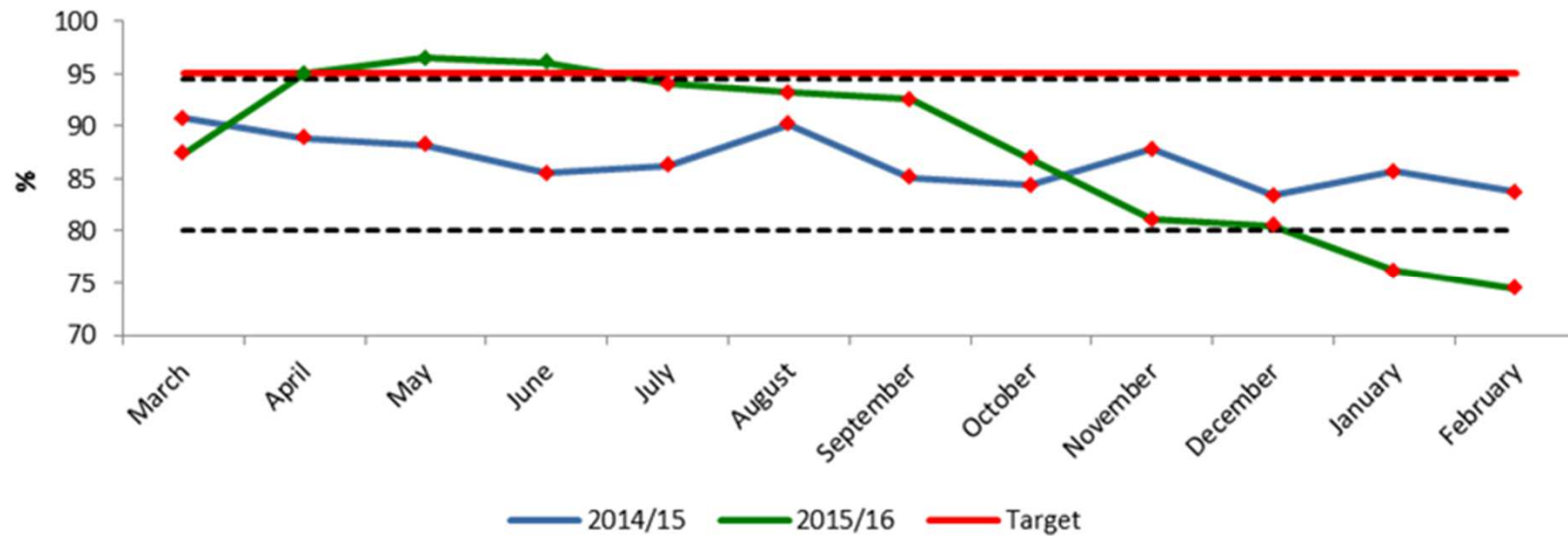
Q3: 82.8%

Q4: 75.7%

- Vs 95% national standard

- Vs 86.2% in 14/15

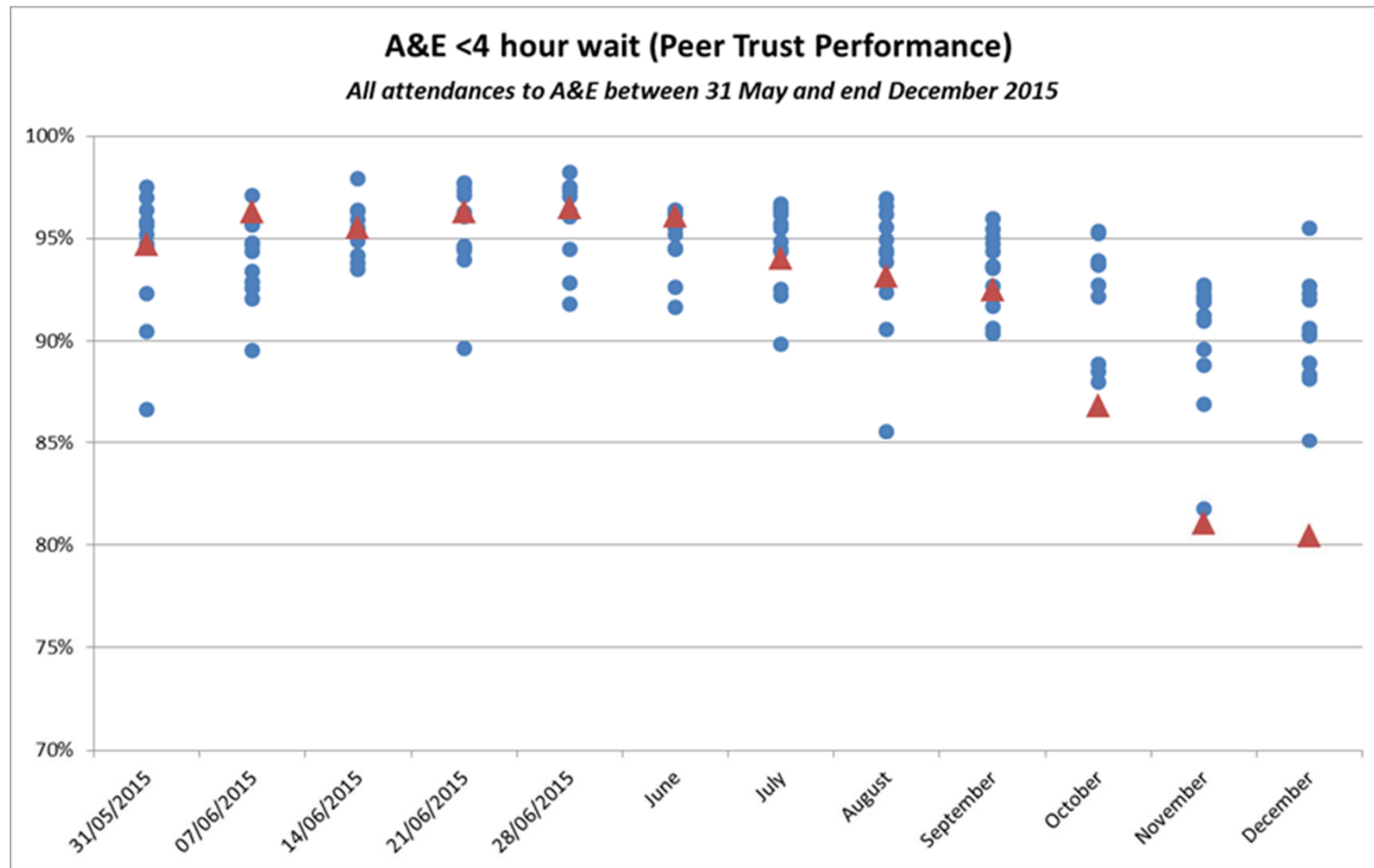
# NUH performance



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# NUH performance Vs peers



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# Growth in demand 15/16

- 3.7% increase in attendances (YTD)
- 10% increase in Jan & Feb vs prev yr
- 8.4% increase in ED attends >85 year olds
- 6.1% increase in emergency admissions (via ED)
- Higher conversion rate (attends to admissions)

# Flu & norovirus

- Moderate year for flu
- Flu & Norovirus seasons started mid-December
- Impacted on bed availability at our most pressured time of the year

Financial year	Number of outbreaks of norovirus/suspected norovirus	Number of Patients Affected	Number of Staff Affected	Bed Days Lost
Totals 2011 - 2012	44	703	161	1395
Totals 2012 - 2013	28	384	85	878
Totals 2013 - 2014	21	294	59	731
Totals 2014 - 2015	51	718	165	1390
Total 2015 – 2016 (end of Feb)	20	264	62	632



# Quality & safety monitoring

- 9 x12 hour trolley breaches 15/16 vs 50+ in 14/15
- RCA – all waits >8hrs
- Urgent & emergency services ‘Good’ for care & ‘Outstanding’ for well-led (NUH 2016 CQC Report)
- Trust Board & QUAC oversight

# Winter preparation

- 38 extra beds at QMC and City (28 community)
- £1.1m investment
- GPs at the front door
- Planned reduction of planned (elective) activity – to get a balance between emergency, cancer and planned operations in busiest winter months
- Discharge Lounge opened at City

# Ongoing challenges

1. Capacity vs demand
2. Consistency of internal processes
3. Staffing (ED)
4. Delayed transfers of care for medically fit patients
5. System fragility

# 1. Internal processes

- Pre-noon discharges
- Weekend discharges
- Discharge Lounge usage
- Early transport bookings
- TTOs (today for tomorrow)
- Rapid escalation of waits/delays

## 2. Staffing

### Nursing

- 34.8WTE registered & 8.7 untrained vacancies  
vs 18.8WTE vacancies at March 2015

### Medical/ANP

0 substantive consultant vacancies

- 7.7WTE vacancies & 7WTE increase in establishment  
(middle/junior grades & ANPs)  
vs 18.1 WTE vacancies at March 2015

### 3. Delayed transfers of care

- Enhanced the work of our multi-agency team, led by senior colleagues from across the health and social care
- More closely overseeing the next steps required for all patients who are ready to leave hospital

# 4. System resilience

- Evidence that combination of subtle changes have profound impact on performance
- Acuity, attends, surge in attends in short periods, conversion rate from attends to admissions
- System recovery time

# System response

- Closer working with health and social care system
- External support - Emergency Care Intensive Support Team (ECIST)
- System capacity review
- Focus on increasing (complex) discharges
- Urgent & emergency care Vanguard



# Questions

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