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Editor: Ruth Colville



TERESA COPE

**From Desk of the
Chief Operating Officer**

Ours is one of the most complex industries in the world. So what does it take to deliver great care for our patients while making sure we have capacity and system flow to keep treating new arrivals?

It's easy to be blinkered by one part of the complex system, but great patient care and good performance is only achieved when the whole hospital and indeed the whole health and care system work collaboratively and effectively together. Every organisation, service, department and team has a part to play.

BACK TO THE SHOP FLOOR

As Chief Operating Officer (COO), I need to be aware of many parts of our system on a daily basis: staffing levels, unusual events, what's happening in the community services and bed base, in Pharmacy, Theatres and Social Services. Do we have an outbreak of D&V? Is the ground floor CT scanner due for its routine service? An issue in any area of our hospital or wider system can inevitably impact on patient waiting times, patient flow, and patient experience.

While I share the responsibility of being your COO with Ellen Ryabov, it may be news to you that I am also a Diagnostic Radiographer. This week, I've been back to the shop floor where a lot of improvement work has been taking place and seen first-hand the role the Radiology Department plays

in the Emergency Care Pathway.

We are fortunate to have some of the most up to date digital imaging equipment on the ground floor which provides high quality images with low radiation doses. I was impressed with how 'slick' the whole process is from the e-referral, to the liaison with the portering team, to the 'red dot' and 'hot reporting' systems which provide timely radiology reports.

However a lot of time can be lost in patient movement and preparations. Unexpected things often get in the way. Navigating patients through our 13 floored tower block between base wards and scanners can mean an hour-long journey when lifts are in high demand. Bed bound patients need a porter and a nurse for safe transfer. When a scan is ordered in the Emergency Department and the patient moves to a base ward before the scan, a whole multitude of problems can arise. Is the scan still needed? How urgent is it? Where is the patient? This can lead to wasted resource, a lost scanning slot and the potential for error.

SO WHAT ARE WE DOING ABOUT IT?

Dave May, Portering Manager is looking at capacity and demand when it comes to patient transfers.

Rachel Cooper, ED CT Section Manager is meeting with surgical specialty leads alongside ED teams to explore the art of the possible. We're going to trial using the 2nd floor CT scanner for fracture clinic to see if that increases capacity for Emergency and Acute Medicine. We're confirming practise to ensure we order the right CTs from ED, in balance with what is safe from a specialty perspective – what needs to be immediate and what scans can follow admission to a ward.

Waiting to scan patients until they have been admitted can introduce latent delays. You solve one problem for ED whilst creating another. As soon as that patient is admitted to a base ward, you introduce a host of rate limiting factors that increase the time to access scans, effectively reducing bed capacity which then can lead to patients waiting in ED with a decision to admit. Did I mention we work in a complex system?

The best way to tackle thorny issues is to sit down collectively in a spirit of collaboration. That's why the Urgent and Emergency Care Pathways Programme is taking a whole hospital approach to meeting our 4-hour standard.



When Terry met Di...

Di Broadley, transfer nurse is the first recipient of Tea on Terry (ToT). The chairman was so engaged by Di's discourse that he's keen to shadow her for a morning and see first-hand what it takes to get in the flow when it comes to patient transfers.

EDITOR'S CORRECTION

The eagle-eyed amongst you have spotted the error of my ways. When you purchase a drink from a HEY café with a HEY reusable cup – as with Tea on Terry (ToT), you get a 10 pence discount with each delicious brew not a 10% discount. I offer my apologies. Any ToT recipient who feels particularly aggrieved can see me after class and I will buy you a cup of tea or coffee myself.