



# Fab Newsletter

Welcome to our 3rd Edition  
September 2022

# FabNewsletter

News - Events - Shares - Fabulousness - New Stuff

*Welcome to the third edition of the Academy of FabStuff Newsletter.*

The focus of this edition will be the plans and resources for #FabChanges22to23 and the Art of the Possible Festival October 17th to the 21st



For further Information please check out the website [Fab NHS Stuff](#)

**#ArtOfThePossible**

**ORACLE**  
Cerner

 **Liaison**  
Group

The themes of Reconnect, Recharge, Rebuild, and Renewal have brought a focused energy to the pledges for this year. If you have not yet done so, you simply must catch up and make your own pledge - [#FabChanges22to23 | Fab NHS Stuff](#)

When these themes are underpinned with the power of the right technology, amazing results can be amplified manifold. Pledges will result in local changes which, if shared through the right channels, may ripple across borders and become truly profound. Within this latest newsletter you will see how [#FabChange22to23](#) is going to help this to happen.

As a nurse who has leveraged digital health tools for more decades than most readers have probably been around (digital fossil?), I am pondering one question in particular: Why aren't there more digital health link nurses – in the way we have infection prevention link nurses, stoma link nurses, or other clinical specialist nurses. One person striving for change here is Ruth May, NHS England's chief nurse who said she would like to see a chief nursing information officer (CNIO) in every organisation to help drive the digital agenda; she recently appointed the first national CNIO (1). In further support of this need, The Royal College of Nursing (RCN) say every nurse should be an e-Nurse (2).

My road to digital nursing came about through infection control. I was that link nurse who trudged down to the lab three times a day to collect any recent results. When tasked with building an infection control solution on Oracle Cerner's classic black and white DOS system, the power of this system became intriguing. It enabled me to present data in ways which were useful to others, to benefit our patients. We were able to identify a *Serratia* outbreak on an NICU earlier than would have happened – babies lives were undoubtedly saved. To me, this was digital innovation (90's style). It was raw but it was fabulous.

When I saw that a child safety rule in our EPR system in King Faisal Specialist Hospital and Research Centre Saudi Arabia was saving children's lives, and that because shared, it was adopted as far away as Brazil, this reinforces the criticality of us asking two questions, every time. The first is – *can technology help us solve the issues we face, or improve what we already do very well?* If yes, then *how can we share it locally and globally?*

Delve into this newsletter to find out more ways we can help ourselves, our colleagues, our patients and our citizens to truly Reconnect, Recharge, Rebuild, and Renew on national and international scales, using technology to enhance where it is right to do so. Whatever country you are reading this in, you will see the digital health platforms burgeoning – let us harness them. Let us share them. We are committed to helping you, help us, help everyone. Delighted to have you reading the latest.

- 1) [NHS England's chief nurse wants a CNIO in every organisation \(digitalhealth.net\)](#)
- 2) [A-Health-and-Care-Digital-Capabilities-Framework.pdf](#)



# #FabChanges22to23

## *Reconnect, Recharge, Rebuild, Renewal*

### What's the difference with #FabChanges22to23?

We've gone back to the beginning & have started with a pledge - but rather than a focus on one specific day each year, we will have 4 stages & modules of activity supporting change, allowing time to plan change activity within organisational challenges.

### The four modules

**Module 1:** June/July/August/Sept – pledging & getting inspired **Reconnecting & Recharging PLEDGING**

**Module 2:** Oct/Nov/Dec/– networking, learning & starting your pledge activity **Recharging The Art of the Possible Festival**

**Module 3:** 2022-2023 Jan/Feb/March – how's your change going, how can we help? **Rebuilding**

**Module 4:** March/April/May – sharing you pledge outcomes & learnings to encourage adoption & spread by celebrating the work of you & your organisation. **Renewal**

Over the 4 modules, our aim is to support you in your planning & offer practical tips & resources & webinars to empower staff making big or small changes which improve outcomes for all.

# #FabChanges22to23



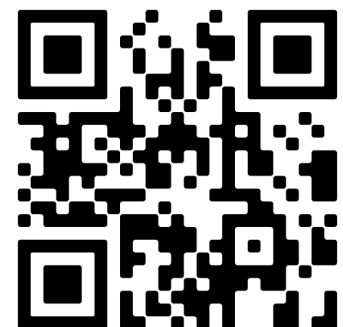
So what are main themes from the pledges we have received so far?

## #FABCHANGES22TO23 PLEDGE THEMES RECHARGE AND RECONNECT



You can pledge now [via this simple link](#)

Or scan this QR code





# #FabChanges22to23



With the end of Module 1, we thought we would showcase some of our most popular Pledges:



All pledges can be found here:

[Filtering Results](#) | [Articles](#) | [Fab NHS Stuff](#)

**Sign up to the website & start sharing your Fab Stuff today:** <https://fabnhsstuff.net/register>

# #FabChanges22to23 Module 2 .....

With the end of Module 1, we enter a new season and a new

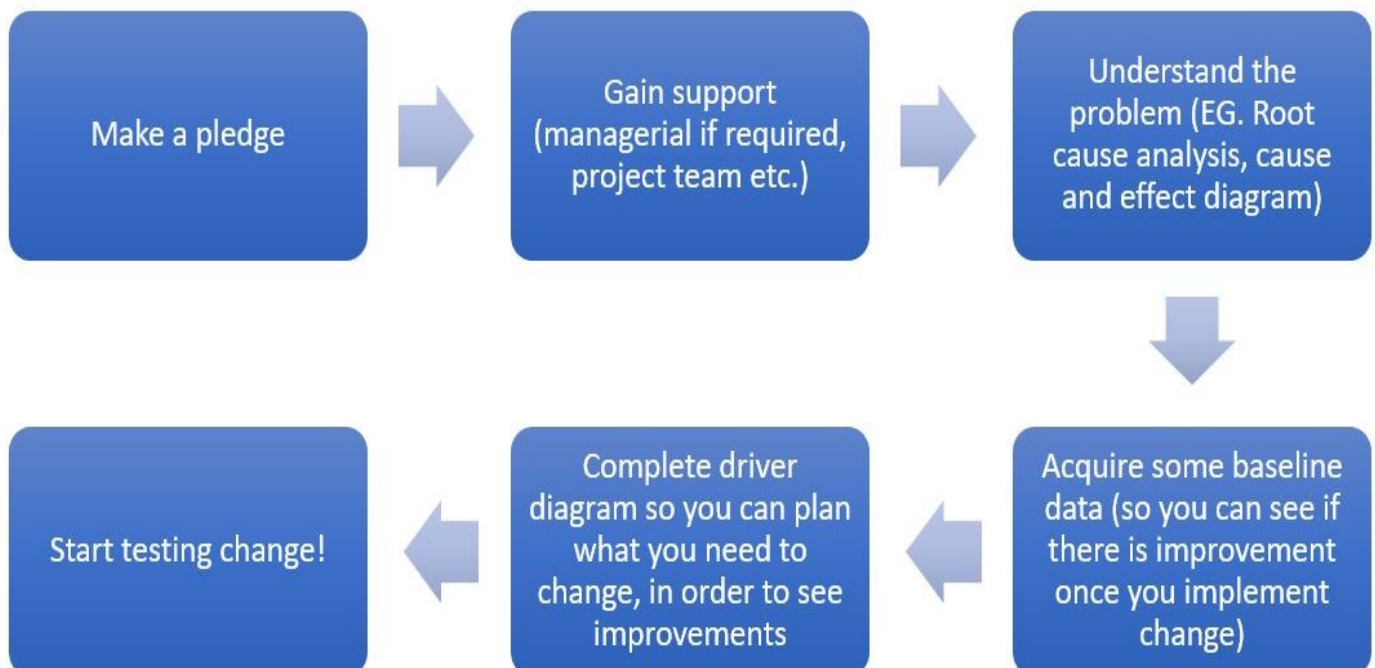
**Module** (*but don't worry you can carrying on pledging*)

Module 2 will cover Oct , Nov and Dec. The aim of Module 2 is network-  
ing, learning & starting your pledge activity; the theme is **Recharging**

Our aim, during Module 2, is to support you in your planning & offer  
practical tips & resources & webinars to empower you in making big or  
small changes which will improve outcomes for all

We are thrilled to announce **The Art of the Possible Festival October  
17th to the 21st** — *a week of online events focused on making good  
stuff happen*

## How to progress from pledge to project!



# The Art of the Possible

17th-21st October

# Festival

## #FabChanges22to23 Module 2

We are putting together a whole week of webinars, networking sessions, peer support, sharing resources and information that will help you to make your pledge a reality.

We have some Fabulous Guests to help you make the difference you are hoping for. All our guests will be delivering their top tips and key learnings around each of the pledge themes and you will leave each session with a digital postcard signposting you to resources which will help you to achieve your pledge.

You can read more about the Art of the Possible Festival [HERE](#)

All webinars will be free to attend and will be advertised via the website on our Eventbrite channel [HERE](#)

## #ArtOfThePossible

**Need some help or inspiration?** Get in touch with your local [Fab Ambassador](#) they are here to support #FabChanges22to23 activities & they will be able to point you in the right direction, give advice on how to run your own activities locally or how to get involved in programmed events.



# #FabChanges22to23 Social Media

This Month this is your impact :

Total contributors: 137

Total tweets: 1,578

Total reach: 29,767,079

This is what people are saying:



# Fab Ambassadors

## Our Fab Ambassadors:

- ◆ We have over 120 Ambassadors across the 'WORLD'! Yes that's Right, we reach Holland, New Zealand & the whole of the UK.
- ◆ Our Volunteers have a hugely diverse set of skills.
- ◆ They are from a wide array of organisations & professions.
- ◆ They Lead for the future; with Enthusiasm, Positivity, Knowledge & Hope.
- ◆ They are Solution Focused; helping those new to QI with their 'Bumps in the Road'.
- ◆ They help to Connect people Locally & Nationally.
- ◆ They Lead on FabChange initiatives each year.

Check out who is near you & join our Fab Ambassador Family here:  
[Ambassadors | Fab NHS Stuff](#)



# Meet the Ambassadors.....



Hello - I'm Louise and I am proud to be a Fab Ambassador.

I have worked in substance misuse for 18 years & am passionate about empowering people to make changes & tackling discrimination. My special interest is supporting people with Hepatitis C. In 2012, I set up the award winning Hep C Hants P2P project (Peer to Peer) & it has seen over 495 patients successfully access & complete hepatitis C treatment. One of my career highlights was declaring micro elimination in Andover in January 2020.

My current role is Hep C U Later Elimination Coordinator for the NHS Addiction Provider Alliance (NHS APA) Hep C U Later project. The NHS APA was inaugurated in 2016, and is a membership body with all NHS providers of addictions services across the UK welcome to join us. We believe that, as a group of NHS Providers from across the UK, we will be more effective in positively contributing to the addictions treatment & support sector than as individuals.

We work collaboratively with service users, carers & other organisations who are committed to making a positive difference to the on-going development of the addictions field, including within drug, alcohol, gambling & gaming treatment & support. We have our annual conference on 8<sup>th</sup> November which is held virtually & free to attend [Annual Conference 2022 | NHS APA](#)

# Meet the Ambassadors.....



In 2020, we initiated our Hep C U Later project – which is our response & approach to Hep C Elimination. I oversee hepatitis C improvement strategies, data quality & innovation projects across 6 NHS Trusts in England. I excel in addressing unmet needs & passionate about empowering people to make changes & tackling discrimination. I am a registered Public Health Practitioner & currently studying for my MSc Public Health.

I became a Fab Ambassador to meet new people & to celebrate the work of the NHS. My role has shown me that there are so many exciting initiatives within the NHS & we can support other NHS Trusts by sharing ideas, best practices & learning. I have met some wonderful people & have been supported personally & professionally.

I have extensive personal & professional experience of stigma associated with drug addiction & hepatitis C, I was an integral part of campaigns by Adfam & Gilead Sciences addressing this & ensuring patients were able to access Hepatitis C testing & treatment

I am in long term (19 years) abstinent recovery from drug addiction, crime & hepatitis C, I genuinely know if I can overcome adversity & improve not only my life, but those of my community, then anyone can with the right support.

**Random fact: I have 7 cats**

# Fab Talks



Welcome to our [#FabTalks series 2](#)

In this series of #FabTalks, you will have the opportunity to listen and engage with our guests.

We have completed our 1st Fabulous series, with some amazing guests, if you missed any catch up here:

[FabTalks | Fab NHS Stuff](#)

Next We have our very own fab ambassadors joining us; they are not to be missed.

**Rachel Jury:**

<https://www.eventbrite.co.uk/e/fab-talks-with-rachel-jury-tickets-361667054897>

**Paul Devlin:**

<https://www.eventbrite.co.uk/e/fab-talks-with-paul-delvin-tickets-361668158197>

**If you know someone who would be great to interview, talk to and learn from please get in touch & let us know.**

[Contact Us | Fab NHS Stuff](#)



# Fab Collections

Here at Fab we like to showcase & share campaigns and collections of work. You can find all the FabCollections [HERE](#)

If something interests you, please do get in touch and get involved.

FabChanges22to23



FabNewsletter



FabTalks



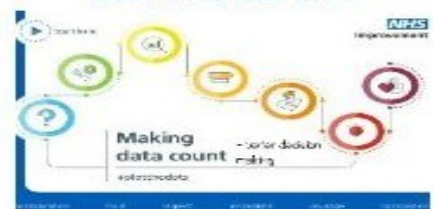
#MatExp #WhoseShoes Co-production



NHS Kindness & Positivity Network



#PlotTheDots Making Data Count for the NHS



FabChange21



Fab Anti-Racism Campaign



Community Hospitals Are FAB



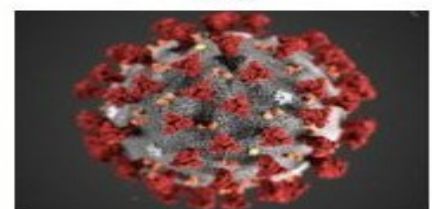
A greener NHS and Social Care



#NoGoingBack



CV-19



Each edition we will shine a light on a Trust, who underpins all we do here at the Fab Academy!

**This month's shining Fab Example is:**

**ECIST Team**

# **Hospitals NHS Trust SPECIAL EDITION**











england.eeci@nhs.net

# Emergency Care Improvement Support Team

Safer, faster, better care for patients

## Welcome, the Emergency Care Improvement Support Team update

It's great to be able to share some of the fab stuff that ECIST are up to these days. It's been incredibly busy recently as we respond to requests from across the country (and at times from Whitehall!!) to support teams throughout urgent and emergency care. We try to be helpful in all we do and find new and innovative ways to reach our customers, so we have really done a lot in the last couple of years to create easily consumable information and good practice, in ways that busy teams can access when it suits. Let us know if there are other things we can do to help.

	<p><b>Twitter</b> Join nearly 12,000 other followers who get their regular ECIST updates from our popular Twitter account. Will RT and share all the good stuff too, so tag us into your great urgent and emergency care work. <b>@ECISTNetwork</b></p>
	<p><b>YouTube Channel</b> Our YouTube channel is full of great content. This is a home of all our webinar recordings from our improvement programmes such as Modern Ward Rounds Collaborative, Hospital Only Discharge and Optimising Discharge Series, Improvement Science, and last year's Alliance 16 programme. Loads of other content on specialist subjects. Follow link and browse the many playlists <b><a href="https://www.youtube.com/c/ECIST1">https://www.youtube.com/c/ECIST1</a></b></p>
	<p><b>Podcasts</b> Launched in 2019, the podcast series has proved very popular with loads of great guests from across health and social care. Browse the playlist at link below to find over 50 episodes. The latest is a superb conversation with the team from Walsall Healthcare discharge lounge and Chief Operating Officer Ned Hobbs who describe how their approach has significantly improved flow across the trust <b><a href="https://www.youtube.com/playlist?list=PL6rrXMWFEqXITIQTxTTC1Os4qi-ixyfvx">https://www.youtube.com/playlist?list=PL6rrXMWFEqXITIQTxTTC1Os4qi-ixyfvx</a></b></p>
	<p><b>FutureNHS platform</b> Currently, our 'website' for all things ECIST. Find details of our national programmes of improvement work, expert resources, and latest news. Register for latest updates and news dropped straight into your inbox <b><a href="https://future.nhs.uk/connect.ti/ECISTnetwork/groupHome">https://future.nhs.uk/connect.ti/ECISTnetwork/groupHome</a></b></p>
	<p><b>LinkedIn</b> The newest addition to our social media stable, we are developing a growing number of contacts on LinkedIn to help find ways to share our messages and content. Join us if you are on the platform <b><a href="https://www.linkedin.com/company/emergency-care-improvement-support-team/">https://www.linkedin.com/company/emergency-care-improvement-support-team/</a></b></p>
	<p><b>WhatsApp</b> Developed through the pandemic, our WhatsApp community groups have proved amazingly popular. Follow link below to join, and get access to a growing library of, shared materials as well as discussion and peer support. We currently have groups for site management, discharge leads, and ED best practice and recently SAFER patient flow bundle <b><a href="https://future.nhs.uk/ECISTnetwork/view?objectID=33686672">https://future.nhs.uk/ECISTnetwork/view?objectID=33686672</a></b></p>

## What's on

The NHS England UEC team are planning two events, one in the North and one in the South of England allowing delegates to choose the event most convenient to them. The events will have broadly the same agenda based on feedback that we received from you on what you would like from the day.

During the day there will be a Q&A segment with a leading panel who will answer pre-submitted questions completed at the time of registration, along with some questions you may have on the day. The panel will consist of representatives from NHS England, NHS Leadership Academy, senior clinicians, ICB leaders, a patient voice and improvement colleagues.

**Thursday 29th September 2022** - Manchester: Piccadilly Suite, Macdonald Manchester Hotel, London Road, Manchester, Greater Manchester, United Kingdom, M1 2PG. [Register for Manchester event here](#)

**Wednesday 5th October 2022** - London: Enterprise Suite, Ambassadors Bloomsbury Hotel, 12 Upper Woburn Place, Bloomsbury, London, Central London, United Kingdom, WC1H 0HX. [Register for London event here](#)

You can find the ECIST Resources on the Fab website [HERE](#)

**Emergency Care  
Improvement Support Team**  

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# NATIONAL RE-CONDITIONING GAMES

#ReconditionTheNation



INSPIRED BY

WINTER RE-CONDITIONING GAMES  
East of England

#EndPjparalysis

Inspired by the amazing Deconditioning Winter Games in the East of England, we are taking the games national. Lots of ways to get involved, look out for more details as they come out. Follow @ReconGamesUK on Twitter.

We are encouraging a fun, social movement approach so find ways to create lots of ideas and activities in your own organisations. Underpinning the fun, there are very serious messages.

Inappropriately prolonged bed rest in hospitals can affect a persons' ability to perform routine activities of daily living which can lead to a loss of independence and may even increase the need for residential or nursing home care. Imagine leaving your home in a rush, never to return.

Hospital stays can have benefits in treatment when needed but it comes with risks. Apart from the conventional harms of hospitalisation like infections and clots, frail older people can be at a high risk of deconditioning. (In the text we can then show what is deconditioning: Deconditioning syndrome can be defined as the condition of physical, psychological, and functional decline that occurs because of complex physiological changes induced by prolonged bed rest and associated loss of muscle strength. (Dr Amit Arora)

Research shows that bed rest is not the best form of recovery. Therefore, ensuring a person does not stay any longer in bed than they really need to, is important. Activity will help people recover quicker, stay independent and improve their overall health and wellbeing.

It is surprising how quickly the loss of function and confidence in usual activities can set in and how it impacts a person's life. When an older person comes to hospital and lies on a trolley or a bed for few hours, complex physiological changes start to occur in the body with in the first 24 hours of hospital admission. For example, muscle power is reduced by 2-5% with in first 24 hours and by 5-10% in first 7 days. Blood flow is also reduced in the body which leads to changes in lungs, heart, kidneys, brain, skin, and other organs. These then affect the physical, psychological, and functional wellbeing as well as dignity, independence, and confidence



## **What can patients, residents and service users do?**

When in hospital or care homes you can:

- ◆ Sit out or up for all meals, sit out in chair when you have visitors, try and wear own clothes and shoes- it makes one feel better and also gives clinical teams a different picture of your usual self
- ◆ Walk around the ward or care home, either alone or with help- walk to the bathroom-ask relatives to walk with you a bit when they visit. Spend some time looking at the photos on the wall
- ◆ Ask your nurse, carer or therapist for exercise videos or leaflets or magazines or puzzles or crosswords etc. to keep the mind active
- ◆ Let the staff know what your usual capabilities are like so they can tailor your care to try and return to your usual level of function to prepare you better to return home sooner
- ◆ Use pedals or resistance bands for exercise – talk to the staff about setting some activity goals
- ◆ Ask yourself: Can I cut my own food and eat myself? Can I walk to toilet? Can I shave myself? Can I try and change from my gown to my own shoes and clothes?
- ◆ Measure your steps by using a pedometer or smart phones- you will be surprised. Many patients take only 24 steps a day when admitted to hospital
- ◆ Think what you can do yourself to keep your mind and body active when in bed or chair
- ◆ Get involved in exercises in the hospital or care home.

## **What can staff do?**

- ◆ Encourage those in your care to be active both physically and mentally
- ◆ Think how you can encourage them to be active. How you can modify the language you use: Safe mobilisation practices rather than falls
- ◆ Reconditioning instead of deconditioning
- ◆ Whilst dispensing medicines ask patients to do sit and stand-ups or bed/chair-based exercises.
- ◆ If a carer is shaving a patient; ask can he do this himself
- ◆ When serving tea to a patient; ask can they put the sugar and milk in the cup themselves? Can they walk to toilet rather than bringing the commode to the bed?
- ◆ Support people to set activity goals and find out “what matters to them”
- ◆ Think how we can measure harm caused by deconditioning- is the patient losing their function, continence, or confidence
- ◆ And identify small changes that you could make as a team to help prevent deconditioning

**Emergency Care  
Improvement Support Team**

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**Safer, faster, better care for patients**

**NHS**

Emergency Care  
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SAVE THE DATE

**NHS**

England



# NATIONAL RE-CONDITIONING GAMES

OPENING CEREMONY

1ST NOVEMBER 2022

12:00-13:30 (TBC)

JOIN US AND GET INVOLVED

- Promoting re-conditioning
- Sharing best practice
- Testing small changes
- Making a difference
- and having FUN

~~~~~

RECONDITIONING  
GAMES 2022 - 23



## Using a Single-Handed Care approach Is it a solution to the Health and Social Care crisis?

### What is a Single- handed care Approach?

It is a person-centred assessment of an individual's Moving and Handling needs.

Ensuring people receive the proportionate amount of care and treatment in the correct environment, using equipment and single-handed care (SHC) techniques. It contributes to much needed capacity across the whole system

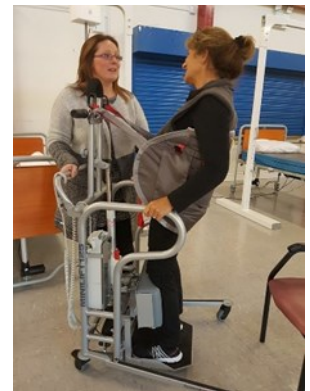
### Why is it important?

We need to ensure the number of carers is proportionate to a person's needs. For the individual being discharged from hospital it is vital that we do not foster dependency, this has a negative deconditioning consequence for the individual.

It is a means of creating efficiencies and capacity across the system. The amount of unmet need for care packages in the community directly affects the patient flow throughout the NHS. The number of unnecessary requests from an acute setting for double-handed care (DHC) packages significantly affects the patient flow and the whole system grinds to a halt.

It is a spend to save model, monies are invested into the workforce, with training, support as well as the provision of safe equipment. The equipment used in the community should be replicated across the NHS

Using the equipment with one person in a therapeutic manner, releases more opportunities for the therapeutic interventions in all settings.



### Is it safe?

Yes. With the correct systems and processes in place, even the most complex cases may be safely carried out with one handler. Including hoisting, distressed behaviour, care of the

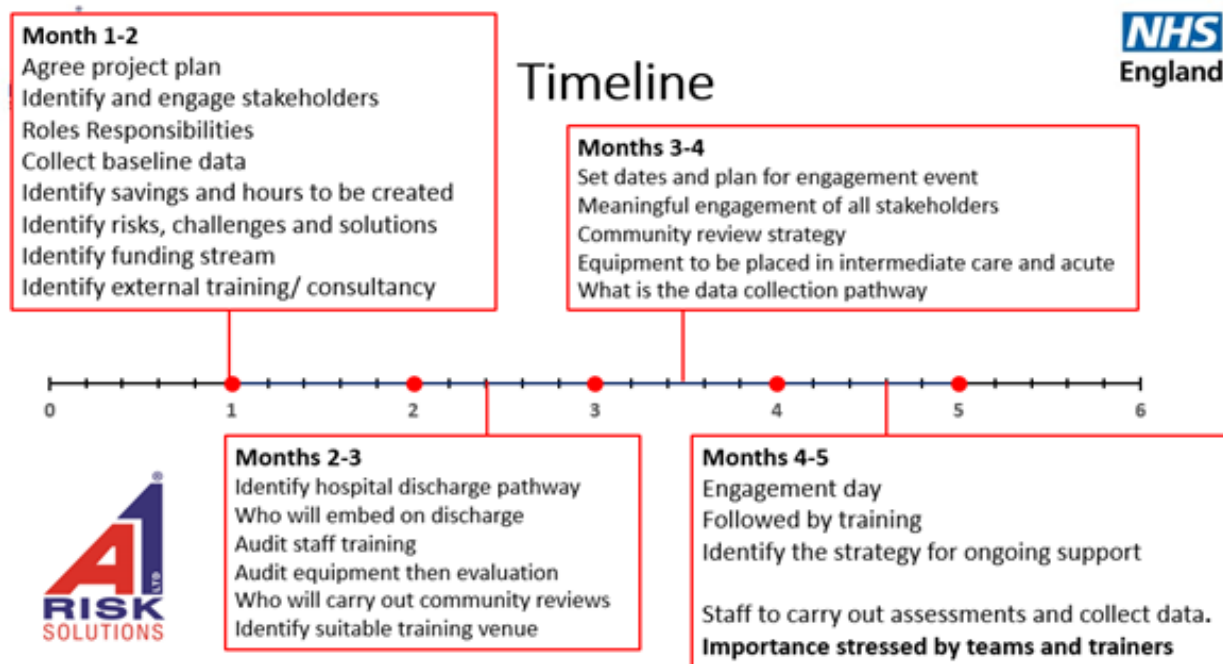


## Emergency Care Improvement Support Team

**Safer, faster, better care for patients**

## The process and timeline

This does not happen overnight and stakeholders across all sectors need to be engaged. This involves culture change for whole organisations and processes.



## Systems that have successfully used this approach

A few examples are below:

- ◆ Southport and Ormskirk NHS Trust have been working with their local authorities and have significantly reduced the discharge time for complex packages by at least a week.
- ◆ Countess of Chester NHS and Chester and Cheshire East local authority have been working together to ensure a timely discharge process using SHC as part of their Home first model.
- ◆ Southampton NHS ran a pilot and 100% of their complex hoisting cases were discharged with a SHC package.
- ◆ Lancashire Council reported 87% of total conversions from DHC to SHC (2018). They are now joined by Royal Lancaster NHS Trust in 2022 who are now discharging using SHC.
- ◆ Royal Berkshire NHS Trust introduced SHC as part of their discharge process with the support of their local authority, resulting in a 55% reduction in DHC discharges.
- ◆ Medway intermediate care are adopting single-handed care into their successful home first model. This is now reaching out into acute trust and joining the community as part of the programme of change.

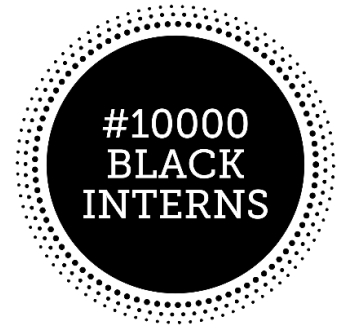
**For advice and guidance contact:**

Jo Richardson ECIST Therapy Improvement Manager [joanne.richardson28@nhs.net](mailto:joanne.richardson28@nhs.net)

Deborah Harrison A1 Risk Solutions Managing Director [deborah@a1risksolutions.co.uk](mailto:deborah@a1risksolutions.co.uk)



## #10,000 Black Interns Programme - reflections



We were delighted to welcome Izieduwa Akhionbare, Victoria Alabi, Romanus Chukwunonso Obiakonwa and Joy Ajibade as part of the [#10,000 Black Interns](#) programme - developed to transform the horizons of young black people in the UK by offering paid work experience across a wide range of industries, as well as world class training and development.

This was the first year that NHS England participated in the programme and there were 74 interns placed across the organisation.

Now that the programme has ended, our interns have shared their reflections of their time with us.

### **Joy Ajibade - Intern with the Emergency Care Improvement Support Team**

During my time in ECIST I was able to shadow many meetings for example frailty and deconditioning, Hospital Only Discharge collaborative, ward rounds, length of stay reviews and many more. I have also had the opportunity to shadow my mentor who works with Croydon Health Service NHS trust on hospital only discharge delivery group and how they prepare workforce plans, plus criteria led discharge. It helped me to understand the process and how information is shared during the meetings and making sure patients wants and needs are at the centre of what they do. Plus, following up wherever there are gaps of information or if a patient has not been discharged on time, during length of stay reviews. Secondly another thing which stood out to me in my time with ECIST is the prominence of making sure that patients are at the centre of what they do, and to value their own input and decision on their length of stay in the hospital and demonstrating an empathic, compassionate approach.

Moreover, I was able to meet different members of the team from different departments in emergency care, the team was very welcoming and continues to promote diversity and inclusion within the workplace. One thing I also learnt was the purpose of reflection as a healthcare manager and working as a team to help each other to reach their desired outcome. Also, the importance receiving constructive feedback from peers and to hold each other accountable for the decisions made. These are skills that I would use to develop myself as I enhance my skills for the future. This has been a one-of-a-kind experience and my mentor has encouraged me throughout this internship and she has given me valuable advice which I will use in the future. I am truly grateful for the experience.

**Emergency Care  
Improvement Support Team**

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## NEW – Summary Acute Provider Indicator Table (SAPIT)

The SAPIT has been developed by our very own tame expert data analyst Chris Green and continues to be very popular with sites and systems.

Chris has arranged for plans for it to go onto Tableau in the coming weeks so that it is more widely accessible.

The SAPIT provides a summary of an organisation’s urgent and emergency care metrics, how they have changed over time and how they compare to national benchmarks.

### Standard activity report

This report is designed to give an introductory view of any acute provider in England. It will not look at specifics but will give an overview of current, and historical, data.

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Name

EXAMPLE HOSPITAL A

← Select trust here

This dashboard has been designed to look at two areas of analysis; historical, looking at data over the past two years and relative performance, looking at the most recent quarterly data and comparing this with the rest of the country. The relative performance will be shown in quartiles (the colour scale shown to the right). For each metric, the colours will be according to whether high performance is good (4hr performance) or not desired (bed occupancy). The data has also been split into different areas of an acute provider.



#### Demand data

|                                      |        |
|--------------------------------------|--------|
| ED attendances (year growth)         | 29.72% |
| Ambulance attends (year growth)      | 12.88% |
| Walk in attends (year growth)        | 43.54% |
| % ambulance (against total attends.) | 16.45% |
| Paediatrics (year growth)            | 62.58% |

#### ED Process measures

|                                  |        |
|----------------------------------|--------|
| % treated within 60 mins         | 63.05% |
| 4hr performance %                | 69.31% |
| 12hr performance %               | 97.84% |
| Conversion rate                  | 27.66% |
| EM admissions - ED (year growth) | 4.24%  |

#### Admitted care (specialty based)

|                             |        |
|-----------------------------|--------|
| Medical EM 0 day LoS %      | 36.36% |
| Medical short stay LoS %    | 60.48% |
| Medical EM LoS              | 5.39   |
| Medical EM SDEC Opportunity | 24.12% |

#### Outcome metrics

|                                  |        |
|----------------------------------|--------|
| Bed Occupancy %                  | 91.14% |
| Current Qtr long stay (7+ days)  | 43.91% |
| Current Qtr long stay (14+ days) | 26.75% |
| Current Qtr long stay (21+ days) | 17.59% |
| Growth in long stay (7+ days)    | 18.58% |
| Growth in long stay (14+ days)   | 30.45% |
| Growth in long stay (21+ days)   | 18.58% |

#### Ambulance delays

|                                           |         |
|-------------------------------------------|---------|
| 30-60 minute handover delays (growth)     | 59.79%  |
| 60+ minute handover delays (growth)       | 367.86% |
| Total handover delays (% of amb attends.) | 44.70%  |

#### Admitted care

|                                   |        |
|-----------------------------------|--------|
| EM admissions - All (year growth) | -1.15% |
| Length of stay (Elective)         | 4.54   |
| Length of stay (Emergency)        | 5.44   |

|                         |        |
|-------------------------|--------|
| Surgical Daycase rate % | 86.19% |
| Surgical EM LoS         | 2.91   |
| Surgical EM 0 day LoS % | 32.47% |

|                    |        |
|--------------------|--------|
| T&O daycase rate % | 71.88% |
| T&O EM LoS         | 10.42  |
| T%O EM 0 Day LoS % | 15.07% |

|                                   |        |
|-----------------------------------|--------|
| Weekend discharge ratio           | 62.38% |
| Weekend discharge ratio (7+ pts.) | 46.86% |

**Emergency Care Improvement Support Team**

Safer, faster, better care for patients



I think you will agree, that the  
ECIST Team are truly Fabulous!

Thank You for sharing all you are doing with us!

Give them a follow on twitter:

@ECISTNetwork

Did you know that you can apply for Trust Fab Academy Accreditation, just like the Princess Alexandra NHS Trust?

If you would like to learn more about how your trust can gain the recognition for being a trust true to QI & Transformation, from the bottom up & putting Quality First with our Accreditation, get in touch here: [Contact Us | Fab NHS Stuff](#)

P.s. Did I tell you, that you gain a shiny plaque to show off too?!

# Events Coming Up.....



quality improvement hub

NHS  
Royal Cornwall Hospitals  
NHS Trust

ROYAL CORNWALL HOSPITAL TRUST  
**QI CONFERENCE**

EMBEDDING A CULTURE OF LEARNING & IMPROVEMENT

growth simple focused  
problem-solving mindset efficient  
structure proactive inspiration  
team-working planning safe quality  
learning improvement commitment  
equitable community joy change services  
sustainable support innovation culture  
effective motivated patient-centred  
timely better-care governance aims healthcare  
approach active-listening  
opportunities

**VIRTUAL EVENT**  
LINK AVAILABLE VIA QI HUB

SAVE THE DATE!  
**Friday  
November 18th 2022  
9 -12 AM**

EMAIL US IF YOU'D LIKE TO FIND OUT MORE:  
**RCHT.QIHUB@NHS.NET**

SIMPLY MAKING THINGS BETTER ✉ [rcht.qihub@nhs.net](mailto:rcht.qihub@nhs.net) [@RCHTQIHUB](https://twitter.com/RCHTQIHUB) [Search 'rchtqihub'](https://www.facebook.com/rcht.qihub) [Search 'rchtqihub'](https://www.instagram.com/rchtqihub)



The Art of the  
Possible  
Festival

17th-21st October

Coming Soon: **#PositivelyFabulousPodcast**

In our Next Edition there is going to be information on



Positively  
Fabulous  
Podcast

If you have an event coming up, let us know and we can share it in our next edition [fabnhsstuff@gmail.com](mailto:fabnhsstuff@gmail.com)

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