Joined Up Care Derbyshire

Derby City Adult and Health Scrutiny Review Board

A&E Wait times & Discharge

31 January 2023

NHS

The Derbyshire VCSE sector Alliance

Derby City Council

DERBYSHIRE County Council

Urgent and Emergency care flow

111 response: Call demand is showing an increasing trend. The last validated data available relates to October 22. In recent weeks DHUHealthcare (111 service provider) has seen an increase in call demand of up to 50% per day.

999 response: EMAS' category 2 response time performance has been relatively steady over the last two weeks – an average of 25-30 mins (vs. a target of 18 mins) **New** 2023/4 target aims to be an average of 30 minutes.

New Clinical Navigation Hub clinical validation of EMAS C3/4: Of 1935 referrals received during December, 1219 (63%) avoided an ambulance response which is significant support to increasing Ambulance capacity.

Ambulance attendance to ED: Remains positive with consistent low levels of conveyance to ED from EMAS.

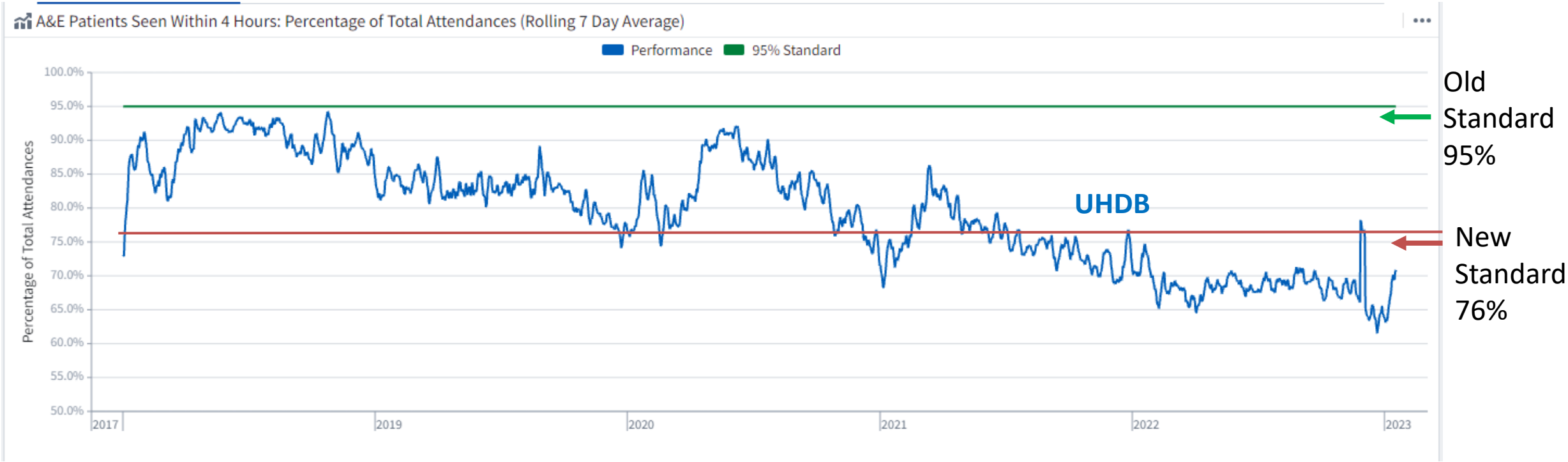
Ambulance Handover: Time lost to ambulance turnaround significantly reduced at the Royal Derby Hospital over the last six weeks

Overall attends: Attends overall are currently decreased against a six week average.

Walk-in attends: Walk-in attends are currently decreased against a six week average.

Bed Occupancy: General & Acute adult bed occupancy high - 96.7% over a six week average. This is exceeding winter planning assumptions, with escalation beds routinely open. A third more beds occupied by long stay patients compared to the same period last year.

Operational plan: Improve A&E waiting times so that no less than 76% of patients are seen within 4 hours by March 2024 with further improvement in 2024/25



- Emergency Department performance is measured nationally on a 4 hour target. This target was introduced in 2004.
- In current NHS operational planning guidance this target is set to reduce from the 95% target to 76% by March 2024.
- Our Local system in line with NHS operational planning guidance for 2023/2024 have a series of work schemes already in place or planned which are designed to support achieving this target and improve quality outcomes for our patient population.

Discharge Position

What are the ‘pathways of discharge care’?

Discharge Performance at Derby Royal hospital

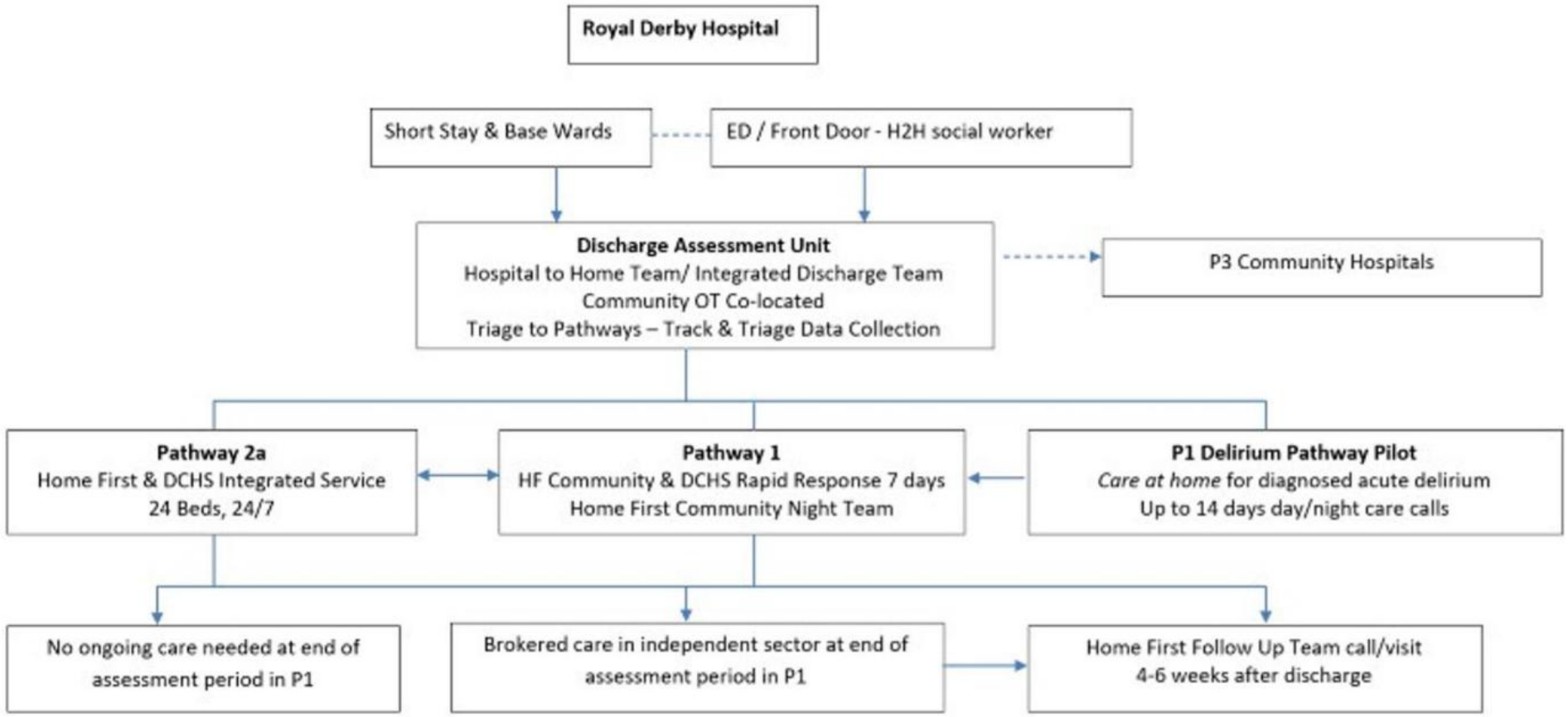
- The majority of patients (97.8%) return home after a stay in Royal Derby Hospital. This is above the National NHSE target. (P0 & P1)

Pathway	Percentage of people discharged on pathway from Derby Royal Hospital
Pathway 0	94.5%
Pathway 1	3.3%
Pathway 2	1.9%
Pathway 3	0.3%

<u>NHSE target</u>
95% (Pathways 0 & 1)
4% Pathway 2
1% Pathway 3

Source NHSE sitrep

Overview of the Derby City Social Care & DCHS model



Current Bedded Position for Derby City Residents

Date: 20/01/23

- Currently the FNCH wards are being used flexibly to maintain discharge flow as part of the winter plan
- The Winter Plan includes an increase in Local Area Coordination, social workers/Community Care workers, support to PVI workforce payments, increase in PVI home care packages and increase in PVI residential care home placements
- The Plan allows the system to work jointly to balance staffing challenges to meet patient need

Name	Type of bed	No of beds
Perth House (Derby City)	Short term residential rehabilitation beds (P2a)	24
Community Hospitals (Across Derbyshire)	Short term nursing rehabilitation beds (P2b)	86
Florence Nightingale Community Hospital (Ward 5)	Winter Surge Beds	26
Hopewell Ward, (Ilkeston Community Hospital)	Winter surge beds	16
Residential homes	Short term winter surge beds	19 beds purchased in Jan 23
Nursing Home	Short term CHC assessment beds (P3)	Will be opening February 23
Florence Nightingale Community Hospital (Ward 2)	End of life – hospice beds	14

Current system position

- As a system the number of discharges achieved per week is **stable, but there is not enough capacity to meet demand leading to delays on discharge**
- UHDB are exceeding the target **standard for the number of citizens who return home following an admission to hospital**
- UHDB are in the top 5 performing acutes (in the midlands) with the **lowest percentage** of people **in delay in their beds**
- **Demand for discharge support in city (Pathways 1,2 and 3) outstrips capacity** (ie pathways are usually full or near capacity)
- **Exceptionally difficult winter** with increase in admissions, higher acuity of patients in beds, high levels of sickness in staff and industrial action
  - Winter pressure beds opened at Florence Nightingale hospital and Ilkeston community hospital to support with flow. Other schemes also to support discharge commenced Jan 23

Improvement and Transformation

- JUCD appointed a **discharge flow lead** in June 22 across JUCD system
- Initial deep dive into the discharge processes
- Focussed work on Pathway 1 : as largest capacity gap and inconsistency with offer across JUCD
- Action plan developed and presented across JUCD boards August 22 (JUCD Senior Leadership Team, A&E Delivery Board, Strategic discharge group, Integrated Place exec), approval to proceed with recommendations
- Focus areas are Data, Assessment (strength based approach), capacity, process, voluntary sector

What have we done in Derby City?

Area	
Agreement on discharge priorities	Engagement with all stakeholders on discharge process and priorities sign off from system exec level
Pathway 1 strategy	3 system workshops defined ‘what good looks like for pathway 1’ from lens of citizen, acute and community. Agreement as to key elements for future model with reablement care to support more complex needs at home with enhanced offer, and focus on early intervention.
VCSE (voluntary, community & social enterprise)	Proactive engagement with VCSE (discharge workshop). Best practice sought from NHSE and other ICS. Scoping out model of delivery for VCSE hub and home support Jan 23 : VCSE contracted to provide schemes to support P0 discharges and flow out of acute to Mar 23
Data and IT solution to system flow	Improved reporting of flow with monthly reporting and SPC analysis Jan 23 : Start of implementation of IT tool to improve operational understanding of delay reasons and support discharge
Strength-based approach	UHDB (ward 301) and system partners identified champions (27) to improve SBA to discharge. LA/VCSE/DCHS/Discharge team/wards all partners in programme of change