

## **Accident & Emergency Services Delivered at Derby Teaching Hospitals Foundation Trust and the role of the Derbyshire Accident & Emergency Delivery Board**

### **SUMMARY**

- 1.1 The Royal Derby Hospital provides the only Adult and Children's Emergency Department (ED) in the South Derbyshire area, this serves the population of 548,000 people. It is supported by the Minor Injury Units at Ripley, Ilkeston and the Derby Urgent Care Centre in the city centre.
- 1.2 The ED provides consultant-led emergency care and treatment 24 hours a day, seven days a week. There are two distinct areas within the Emergency Department, one for adult emergencies and one for children's emergencies. Both are required to meet the national target of providing completed care within four hours of the patient's arrival to the department.
- 1.3 139,544 patients were seen in ED during 2016/7 financial year. This number is predicted to rise to 152,433 attendances by 2021/22.
- 1.4 A range of services are provided in ED including: triage, resuscitation rooms, treatment bays (major), 'see and treat rooms' (minor), plaster room, in-patient ward and relatives room. Approximately 30% of the patients who attend Adult or Children's ED require a hospital admission.
- 1.5 Derby has a good reputation nationally for emergency care and was officially named the best hospital in the country for Accident and Emergency Care in 2015. It does, however, face a number of key issues:
  - Difficulty in predicting demand. A growth rate of around 3% per year is predicted.
  - Changing patient population - increasingly older with multiple co-morbidities with long-term, complex and challenging needs.
  - It is becoming increasingly challenging to recruit and retain an appropriately skilled workforce, both medical, nursing and support staff. Innovative approaches to workforce shortages are in place at Derby including the increased use of Advanced Clinical Practitioners, Emergency Nurse Practitioners, the development of dedicated medical trainee posts and new posts such as the Emergency Department Practitioners.
- 1.6 To meet the challenges of future emergency care there is a focus on developing a new way for delivering urgent care for the patients of South Derbyshire. Working in

partnership with our wider health providers there is the intention to develop an Urgent Care Village adjacent to the Adult and Children's ED at the Royal Derby Hospital.

- 1.7 The **A&E Delivery Board** is mandated by NHS England and NHS improvement and in response to the continued pressure on performance against the A&E 4 hour target. The purpose of the Derbyshire A&E Delivery Board is to focus entirely on Urgent and Emergency Care providing a system wide response to delivery of sustainable 4 hour target achievement.
- 1.8 The Derbyshire A&E Delivery Board is also responsible for the delivery of the 5 mandates from NHS England and NHS Improvement.:
  1. Streaming at the front door.
  2. NHS 111.
  3. Ambulances.
  4. Improved flow.
  5. Discharge.

## RECOMMENDATION

- 2.1 The HWB is asked to receive and note the report.

## REASONS FOR RECOMMENDATION

- 3.1 To support the HWB in understanding the delivery of A&E provision within Derby and the role and function of the A&E Delivery Board.
- 3.2 His supports the HWB in its duty to improve the health and wellbeing of its local population.

## SUPPORTING INFORMATION

### Overview of provision

- 4.1 The Royal Derby Hospital provides the only Adult and Children's Emergency Department (ED) in the South Derbyshire area, this serves the population of 548,000 people, 34,600 or 13.9% of which were born outside of the United Kingdom. Additionally in South Derbyshire the Emergency Department is supported by the Minor Injury Units at Ripley, Ilkeston and the Derby Urgent Care Centre in the city centre.
- 4.2 The Emergency Department at the Royal Derby Hospital provides consultant-led emergency care and treatment 24 hours a day, seven days a week. A roof top helicopter pad enables patients to be transported by air ambulance to access rapid medical attention.

- 4.3 There are two distinct areas within the Emergency Department, one for adult emergencies and one for children's emergencies, providing care for a combined total of 139,544 patients during 2016/7 financial year.
- 4.4 The Joined Up Care Derbyshire Sustainability Transformation Plan (STP) predicts this to rise to a total of 152,433 attendances by 2021/22. Both are required to meet the national target of providing completed care within four hours of the patient's arrival to the department.
- 4.5 Services offered at the Adult and Children's Emergency Department include:
- *Pit Stop/Streaming/Triage services* - an advanced initial assessment area where patients can be effectively processed to the right area of the ED for their treatment.
  - *Resus* – a 6 bedded adult and a 2 bedded children's resuscitation room where patients whose condition carries the possibility of being immediately life threatening can be assessed and treated.
  - *Treatment bays (Majors)* – where patients with significant pathology can receive optimal treatment requiring nursing input, close monitoring, investigations and treatment.
  - *Triage/ see and treat rooms (Minors)* – where patients with minor injury/illness can be treated immediately and discharged from
  - An area with a number of *assessment and procedure cubicles* where patients with more Minor conditions can be cared for, such as fractured limbs, lacerations or minor illness
  - *Plaster room.*
  - *Relatives rooms* to provide care for families of the sickest patients or those who are bereaved.
  - *A six-bedded in-patient ward* is also located adjacent to the adult department to facilitate lengthier patient observation (Ward 101), along with a 5 bedded Paediatric Observation Unit (POU) is adjacent to the Children's Emergency Department and is open from 7:30am to 11pm seven days per week. This enables continuity of care for patients requiring short term observation and prevents them being transferred to an inpatient ward, only then to be discharged soon afterwards. Since opening we have reduced admissions to Paediatrics from Children's Emergency Department by 18% despite an increase of 7% in the number of attendances.
- 4.6 In 2014 and 2016 the Care Quality Commission rated our Emergency Care services as 'Good' across all domains.
- 4.7 In total approximately 30% of the patients who attend Adult or Children's ED require a hospital admission.

## **Key issues**

- 4.8 Derby has a good reputation nationally for emergency care and was officially named the Best hospital in the country for Accident and Emergency Care in 2015. This accolade was based on the Trust's clear focus on patient experience and ability to demonstrate compassionate care and good outcomes. The Trust also has very strong links with the community which is an important feature of any high performing emergency department. The award looked at a series of measures, including waiting times for treatment and patient experience.
- 4.9 It is, however, difficult to accurately predict how demand for Urgent Care and Emergency Care will change over the coming years and the impact this will have on performance; there are a myriad of factors which will influence this and it is not always easy to assess their impact. The Five Year Forward View into Action, states that at national level a growth rate of around 3% per year can be predicted, this is further supported through the Joined Up Care Derbyshire STP.
- 4.10 As well as population growth and demographics, demand may also be influenced by the impact of national and local Emergency Care reforms i.e. the East Midlands Major Trauma Centre based at Nottingham, and wider system transformation programmes.
- 4.11 The types of patients requiring care particularly in the adult Emergency Department is changing, with an increasingly older population with multiple co-morbidities surviving and needed long term health support, therefore increasing the acuity and dependency of the patients in the departments.
- 4.12 In order to provide care within the national timescales it is increasingly challenging to recruit and retain an appropriately skilled workforce, both medical, nursing and support staff.
- 4.13 Innovative approaches to national workforce shortages are in place at Derby including the increased use of Advanced Clinical Practitioners, Emergency Nurse practitioners, the development of dedicated medical trainee posts and new posts such as the Emergency Department Practitioners. These have been recognised nationally as areas of best practice where Derby is leading the way in redesigning and future proofing its emergency workforce – winners of the Health Service Journal Awards for Workforce Efficiency and Training and Development categories in 2015.

## **Future plans**

- 4.14 In order to meet the challenges of future emergency care, through the Joined Up Care Derbyshire South Derbyshire STP and national initiatives there is a focus on developing a new way for delivering urgent care for the patients of South Derbyshire.

- 4.15 Working in partnership with our wider health providers there is the intention to develop an Urgent Care Village adjacent to the Adult and Children's Emergency Department at the Royal Derby Hospital; this is likely to see the following types of patients:
- Minor injury.
  - Minor illness.
  - Mental Health patients who require assessments.
  - Frail elderly patients who require further assessments.
  - Seven day GP service for those patients who present with a primary care concern.
  - This will in turn create more capacity within the Emergency Departments and the Medical Assessment Units to care for those patients with emergency health care needs.

**Improved education and awareness of services for the general public when to use A&E, and what alternatives are available**

- 4.16 Derby Teaching Hospitals has a dedicated Communications and Media team who work in partnership across Derbyshire with other providers and commissioners of care services. By using various communication and engagement channels we are continuing to work hard across Derbyshire to raise awareness and educate the public about emergency and urgent care services. A range of initiatives have gained traction with the public and are being used to influence public behaviour to ensure the appropriate service is accessed. These include –
- Promotion of live waiting times for minor injuries units in Ripley, Ilkeston, Matlock and Buxton, as well as for Derby Urgent Care Centre on NHS websites.
  - STOP Campaign reminding the public of the alternatives to A&E.
  - Media campaigns and advertising.
  - Public and student engagement campaigns to promote GP registration and the Derby Urgent Care Centre as an alternative to A&E.

**Screening process prior to attendance at A&E and continued integration of services**

- 4.17 A key component part of the Derbyshire Transformation plan is that patients should be treated first time and as close to home as is clinically appropriate. Whether a patient visits or contacts their GP, in hours or out of hours, raises issues with their social worker or local authority, or calls an ambulance, or views the 111 website, or visits a Minor Injury Unit or Walk in Urgent Care centre – wherever possible the patient should be assessed by a clinician or professional and treated immediately or alternatively directed to the most appropriate place for their efficient and timely care.
- 4.18 Across Derbyshire, our Health and Social Care providers are working together to ensure pathways are joined up, clinical and professional standards are maintained and shared and that patients can access their care in the most appropriate setting.

## **Patient experiences and feedback used to improve and better align all existing and future services**

- 4.19 Our aim is to continue to build on the aspects of care that matter most to patients. ED collates information from a variety of sources including patient feedback from friends and family test as well as on line comments from NHS choices, twitter and website feedback forms.
- 4.20 Service improvement themes are generated from complaints and compliments which are fed back to both teams and individual staff to ensure practices and behaviours are changed.
- 4.21 Following a consultation exercise with over 3,000 patients, relatives, carers and staff, our 'Making the Moment Matter' initiative focuses on providing what matters most to our patients which fits alongside our Taking Pride in Caring Trust vision and objectives. An example of this is how we have introduced "comfort rounds" in ED. This involves nursing staff every two hours asking patients whether they are comfortable, if they are in pain and acting on this, ensuring they are aware of what is happening and whether or not they require refreshments. Comfort rounds are audited by the lead nurse and feed back to staff through staff meetings.
- 4.22 The national Emergency Care Intensive Support Team and Care Quality Commission praised the recognition schemes introduced across the Trust. For example the Pride of Derby Awards are a scheme where patients and relatives can nominate a member of staff or team for going the extra mile and truly making a difference to their experience of being in hospital. Staff within Children's and Adult Emergency Departments have been consistently recognised for positive impact they have on patients and relatives experience at very difficult times with hundreds of Pride of Derby patient led nominations for going the extra mile. The teams have also been recognised for unsung hero awards (250 staff nominations) and were the winners of the Chief Executives Award for outstanding achievement in our Celebrating Success Awards in 2014.
- 4.23 In 2016/17 the Trust's friends and family test results for the Emergency Department over 83% of patients said they would recommend the care they received to friend and family.

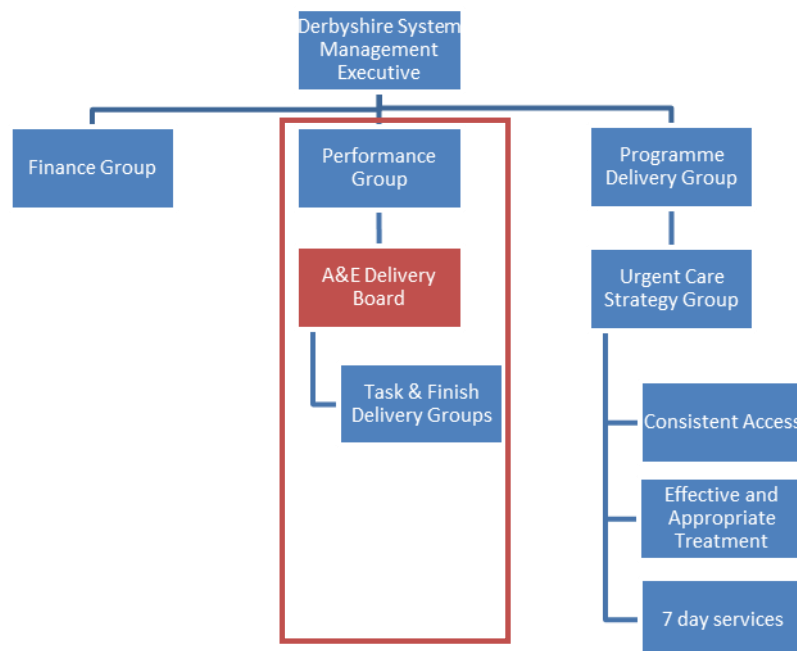
## **A&E Delivery Board**

- 4.24 As mandated by NHS England and NHS improvement and in response to the continued pressure on performance against the A&E 4 hour target, the purpose of the Derbyshire A&E Delivery Board is to focus entirely on Urgent and Emergency Care providing a system wide response to delivery of sustainable 4 hour target achievement.
- 4.25 The boards' primary aim is to facilitate and lead recovery of the 4 hour target but the Derbyshire A&E Delivery Board will be working closely with the STP Urgent Care Strategy Group on the longer term delivery of the Urgent and Emergency Care Review.

4.26 The purpose of the A&E delivery board in Derbyshire is to:

- Provide a tactical and system focused response to the pressures on performance in Royal Derby Hospital.
- Deliver the A&E recovery plan.
- Hold the task and finish delivery groups and partner organisations to account for the delivery of the 5 focus areas.
- Support escalation and unblock issues arising that delay delivery of the 5 focus areas.
- Develop timely system wide performance information dashboard.
- Co-ordination and timely submission of NHSE returns.

4.27 A&E Delivery Board Structure and accountability:



#### 4.28 A&E Delivery Board responsibilities:

- Core responsibilities as set out by NHS England and NHS Improvement.
- Leading A&E recovery.
- Developing plans for winter resilience and ensuring effective system wide surge and escalation processes exist.
- Supporting whole-system planning (including with local authorities) and ownership of the discharge process.
- Participating in the planning and operations for local ambulance services.
- Participating in the planning and operations of NHS 111 services including oversight of local Directory of Service development.
- Agreeing deployment of any winter monies.
- Agreeing how money used via sanctions and incentives is deployed for maximum benefit of the system.
- Working with in the STP footprints (& Urgency and Emergency Care Networks) deliver the Urgent and Emergency Care Strategy locally with specific focus to be given to:
  - Expanded access to primary care.
  - Creating an out of hospital hub combining NHS 111 and Out of Hours services.
  - Delivering on the 4 key Urgent and Emergency Care hospital standards.
  - Supporting Vanguard and New Care Models (where applicable) to ensure good outcomes and supporting spread.
- Leadership of the BCF will continue to be at local Clinical Commissioning Group / Local Authority level but the A&E Delivery Boards will have an important role in helping to implement action plans, particularly in the case of BCF Delayed Transfers of Care plans where they could help align the discharge elements of A&E plans and Delayed Transfers of Care plans.



4.29 The Derbyshire A&E Delivery Board is also responsible for the delivery of the 5 mandates from NHS England and NHS Improvement. These may be delivered through task and finish delivery groups or alternatively these initiatives form a key part of the STP and will be delivered through the Urgent Care Strategy Group.

1. **Streaming at the front door** – to ambulatory and primary care. This will reduce waits and improve flow through emergency departments by allowing staff in the main department to focus on patients with more complex conditions.

Mental Health Care - A mental health liaison team based in the hospital provides assessment for patients within the department within one hour of a request 24 hours per day. This is a combined service for mental health, alcohol and substance abuse.

Ambulatory care - Better patient experience, prevention of unnecessary admissions and reduced pressures in the Emergency Department have been achieved after the introduction of our Ambulatory Care Centre (ACC). Patients are quickly referred from ED with waiting times cut by 100 minutes, receive tests and treatment on the same day resulting in a 37% drop in admissions.

Next Day Pre-Bookable Medical Assessment – A “GP pre-bookable next-day” appointment system has been established for Medical Assessment at Royal Derby Hospital. Next day appointments are designed for patients who require hospital input, but who do not necessarily need to be seen immediately and may not be suitable for ambulatory care. The pre-bookable appointments are available between 10am and 1pm the next day. By arriving at the hospital earlier in the day, patients are more likely to be able to complete their assessment and return home the same day, reducing the chance of needing an overnight stay as well as avoiding an A&E attendance.

Children’s Emergency Advice Line - The Children's Emergency Department also offers an 'advice line' service for all GPs wishing to discuss an acute paediatric patient prior to admission. The dedicated GP Advice line is answered by a consultant between 0900-2300 Mon-Fri and 1300-2300 Saturday and Sunday. All GPs now get a prompt to call the advice line before requesting blood tests for under-5s.

2. **NHS 111** – Increasing the number of calls transferred for clinical advice’ this will decrease call transfers to ambulance services and reduce A&E attendances.

A key development during 2016/17 has been the increase from 22% to an national interim threshold of 30% of calls transferred to a clinical advisor, this was achieved before 31st March 2017.

Within Derbyshire, the system has a fully integrated NHS111 and the OOH service.

NHS111 can directly book appointments at the Urgent Care Centre and the 4 minor injury units across the county plus there is currently a pilot of 6 GP Practices who can take direct booking from NHS111.

3. **Ambulances** - this will help the system move towards the best model to enhance patient outcomes by ensuring all those who contact the ambulance service receive an appropriate and timely clinician and transport response. The aim is for a decrease in conveyance and an increase in 'hear and treat' and 'see and treat' to divert patients away from the ED.

The A&E Delivery Board has established local mechanisms for increasing clinical input into green ambulance dispositions particularly at times of peak demand - The current pilot whereby clinical advisors re-triage Green 2 ambulance dispositions each weekday evening and weekends. Currently running 6.30pm to 10.30pm Mon-Fri and 8.00am to 10.00pm Saturday and Sunday. They will continue to maximise direct booking from NHS111 into the Urgent Care Centre and MIU's where possible.

4. **Improved flow** – 'must do's that each Trust should implement to enhance patient flow. This will reduce inpatient bed occupancy, reduce length of stay, and implementation of the 'SAFER' bundle will facilitate clinicians working collaboratively in the best interests of patients.

Frail Elderly Care - Due to an increasing number of frail elderly patients in the local community, we have introduced a Frail Elderly Assessment screening tool which is used to screen elderly patients in the adult emergency department. Any patients identified as frail elderly are directly referred to our Frail Elderly Assessment Team which includes therapists, specialist medical staff, social workers, mental health specialists and pharmacists (available between 8am and 8pm seven days a week).

Their aim is to provide a comprehensive assessment of the patient and work with the wider community team to ensure that medically fit elderly patients could return home safely and where possible within the same day. This is achieved for an average of 80% of these patients.

Ready to Go - The Ready to Go discharge scheme launched in December 2015 across the hospital with wards signed up, having made pledges to carry out priority actions to make sure those patients who are Ready to Go received a timely discharge. This has subsequently evolved embracing the SAFER bundle and ensured the Hospital is better positioned to manage patient flow at peak activity times.

5. **Discharge** – mandating 'Discharge to Assess' and 'trusted assessor' type models.

All systems moving to a 'Discharge to Assess' model will greatly reduce delays in discharging and points to home as the first port of call if clinically appropriate. This will require close working with local authorities on social care to ensure successful implementation for the whole health and care system.

Discharge to Assess - a team of multi-agency experts ensure that patients are effectively transferred from acute wards into the most appropriate place for the next steps in their care pathway. The 'Home to Assess' team also manages downstream resources including short-term nursing home beds, specially commissioned to support winter pressures and to case manage 'issues' to ensure that barriers and blocks were removed.

Virtual Ward - The Virtual Ward is a service which emulates the services of a ward to patients in their own homes. Staff in the community provide intensive therapy, nursing and care to patients at home to facilitate an early discharge.

Care Home Beds - In nursing homes across the city and county also help the Trust better manage our discharge delays particularly over the winter period. If a patient is deemed to be medically fit for discharge by the doctors but were waiting for something to enable them to be discharged from the hospital (an assessment, piece of equipment, care package or a permanent care home placement) then they may be temporarily transferred to the care of a nursing home while they await this intervention.

<b>OTHER OPTIONS CONSIDERED</b>
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5.1 Not applicable.

**This report has been approved by the following officers:**

<b>Legal officer</b> <b>Financial officer</b> <b>Human Resources officer</b> <b>Estates/Property officer</b> <b>Service Director(s)</b> <b>Other(s)</b>	Gavin Boyle, Chief Executive, Derby Teaching Hospitals NHS Foundation Trust
<b>For more information contact:</b> <b>Background papers:</b> <b>List of appendices:</b>	Mike Hammond michael.hammond@nhs.net None Appendix 1 – Implications

<b>IMPLICATIONS</b>
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**Financial and Value for Money**

1.1 n/a

**Legal**

2.1 n/a

**Personnel**

3.1 n/a

**IT**

4.1 n/a

**Equalities Impact**

5.1 n/a

**Health and Safety**

6.1 n/a

**Environmental Sustainability**

7.1 n/a

**Property and Asset Management**

8.1 n/a

**Risk Management**

9.1 n/a

**Corporate objectives and priorities for change**

10.1 n/a