

Update on Recent Board Activities

SUMMARY

- 1.1 Some members of this board visited the Emergency Department at Royal Derby Hospital to get a better understanding of its issues and actions. Members also held a joint meeting with Derbyshire County Council's Health Improvement and Scrutiny Committee to review the assessment and discharge of frail and elderly patients. A brief report on both these events is provided.

RECOMMENDATION

- 2.1 To consider and not the report on the two events.

REASONS FOR RECOMMENDATION

- 3.1 This item falls within the remit of this board and is of considerable public interest.

SUPPORTING INFORMATION

- 4.1 The A&PH Board agreed to undertake a visit to the Emergency Department as part of its work programme. The visit undertaken by a group of four councillors on 24 and numbers kept small minimise disruption to patients. Members were not only taken around and shown the adults and children's emergency sections but the staff also answered wide variety of questions. Members were impressed by the professionalism of staff in dealing with difficult issues in a challenging environment.
- 4.2 Members of the Board also attended a summit lead by Derbyshire County Council's Health Improvement and Scrutiny Committee on assessment and discharge of frail and elderly patients. The summit was held in the Council chamber and attended by a wide range of health professions across the county.

OTHER OPTIONS CONSIDERED

- 5.1 None

This report has been approved by the following officers:

Legal officer	N/A
Financial officer	N/A
Human Resources officer	N/A
Service Director(s)	N/A
Other(s)	Philip O'Brien – Statutory Scrutiny officer

For more information contact: Background papers: List of appendices:	M Hussain 01332 643647 mahroof.hussain@derby.gov.uk None Appendix 1 – Implications Appendix 2 – Notes of member visit to Emergency Department Appendix 3 – Notes of Care planning at admission to an acute hospital summit
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IMPLICATIONS

Financial and Value for Money

- 1.1 None arising from this report

Legal

- 2.1 The Local Authority (Overview and Scrutiny Committees Health Scrutiny Functions) Regulations 2002, gives health scrutiny committees powers to review any matter relating to the planning, provision and operation of health services.

Personnel

- 3.1 None arising from this report

Equalities Impact

- 4.1 None arising from this report

Health and Safety

- 5.1 None arising from this report

Environmental Sustainability

- 6.1 None arising from this report

Asset Management

- 7.1 None arising from this report

Risk Management

- 8.1 None arising from this report

Corporate objectives and priorities for change

- 9.1 Our aim is to work together so that Derby and its people will enjoy a thriving sustainable economy, good health and well-being and an active cultural life.

Report of the visit to Derby Royal Emergency Department

The Care Quality Commission publication showed four hour targets being missed at Emergency Department. The House of Commons' Health Committee have also raised concerns about the pressures on Emergency Departments, particularly as winter approaches. Health scrutiny committees and other similar bodies tasked with scrutinising hospitals and health services are expected to take a more active role in looking into these issues.

Members of the A&PH Board visited Royal Derby Hospital's Emergency Department on 24 October 2013 to see first-hand how the department assesses and treats patients with serious injuries or illnesses. Members wanted to get a better understanding of the challenges faced by the Trust and how these were being tackled to reduce admissions to the Emergency Department such as through the implementation of the Cardiff Model to reduce alcohol related admissions.

The visit culminated in the board members receiving presentation from a team of health professionals lead by the General Manager on the key issues related to the Emergency Department.

Key Issues

The Department has a full range of personnel to deal with patient needs. These range from consultants, registrars to nurses, receptionists and healthcare assistants. The greatest workforce pressures is not having sufficient number of consultants. The Department currently has 9 fte consultants with funding approved for 15 fte's. However, this issue is not unique to Derby as there is a national shortage and the Trust is actively seeking to recruit. The Trust is also recruiting additional 14 nurses in preparation for winter pressures.

The Board learned that on average 322 patients attend the emergency department daily with numbers increasing by approximately 3% per year. The Department is seeing an increase in major cases and patients are more poorly. The Trust has noticed does there are fewer troughs with demand continuing to remain high even during the summer period. It received its highest ever attendances in July when you would normally expect to see fewer patients whilst September received a record number of 437 patients. There is also an increase in the frail older population with more complex conditions which take longer to deal with.

The Trust also noticed an increase in mental health presentations with sees more patients with overdose self- harm conditions. As a result it is working Derbyshire Healthcare Foundation Trust to have specialist nurse presence on site. However there are issues of insufficient suitable local beds leading to the Trust placing some patients as far as Harrogate and Sussex.

Key Actions

The Trust has taken a number of actions to reduce avoidable attendance and minimise patient stay in the Department.

- The Department is well organised to deal with various different types emergency admissions such as having a separate children and adults section
- Trust has established an Urgent Care Work Stream to manage and improve urgent care
- Improved triage process which assess patients as they arrive and directs them to appropriate units. Patient blood samples are taken where appropriate as these sent for assessment so that they not kept waiting.
- Opened ward 6 at London Road site to create bed space for better through flow
- It will establish a safe haven and treat some patients in city centre that don't need to be admitted
- It is recruiting more consultants and nurses
- Working with partners to create a 24/7 system for releasing patients into community.

Care Planning at Admission to an Acute Hospital Meeting

A joint meeting between Derbyshire County Council's Health Improvement and Scrutiny Committee and this board was held on 30 October in the Derby City Council Chamber. The purpose of this event was to find out how care planning and discharge processes operate across Derbyshire in respect of frail and elderly people. Also to assess whether frail and elderly people are getting appropriate care from health and social care services and to identify areas for improvement during care planning, discharge and post discharge processes.

The meeting was Chaired by Councillor Sean Bambrick, Chair of Derbyshire County Council's Health Improvement and Scrutiny Committee and attended by councillors from the two health scrutiny committees. Evidence on care planning and discharge was provided by a wide range of health and social professionals across Derbyshire. Members asked a wide range of questions of the witnesses and received full and comprehensive responses.

Key points

- There are many good practices it is difficult to provide a single unified process all acute hospitals across. Organisations have different process and structure still operate in silo's.
- Culture and approach needs some attention and not just systems to achieve good quality outcomes for patients.
- Health and Well-being Boards are in place and operating effectively providing leadership and accountability. These are well attended by senior leaders which will help to improve cultures and structures within organisations.
- Urgent Care Boards which consist of key health and social care professional are in place and meet regularly. These allow for more intelligent information sharing.
- Demand for service at acute hospital is 24/7 but many community support services still work during office hours Monday to Friday which can create problems for patient discharge. This could result in more patients being discharged to care homes. A longer operating time providing seven days service between 8am to 8pm would be more helpful and provide a much improved service.
- Care homes and hospitals haven't always had communication but it is now better integrated going forward.
- There are higher rates of discharge to nursing homes in Derby City and in Derbyshire.
- There needs to be better initial assessment of patients as they present themselves at the hospital which could help with reducing avoidable attendance.
- There is a public perception that patients presenting at Emergency Department will receive one-stop services. This leads to some avoidable attendance. There needs to be a better public campaign on educating people on they should attend accident and emergency.

Delegates List

	Name	Organisation
1	Cllr Sean Bambrick	Derbyshire County Council
2	Fiona Branch	Nottingham University Hospitals NHS Foundation Trust
3	Niki Cartwright	NHS North Derbyshire CCG
4	Ceri Charles	Nottingham University Hospitals NHS Foundation Trust
5	Dr David Collins	NHS North Derbyshire CCG
6	Cllr Hardyal Dhindsa	Derby City Council
7	Sharon Fitton	Sherwood Forest Hospitals NHS Foundation Trust
8	Conrad Foster	Chesterfield Royal Hospital NHS Foundation Trust
9	Jo Furley	Derbyshire Community Health Services NHS Trust
10	Cllr Frank Harwood	Derby City Council
11	Mahroof Hussain	Derby City Council
12	Janet Inman	Derbyshire Hospitals NHS Trust
13	Libby Keep	Derbyshire Hospitals NHS TRust
14	Cllr Wayne Major	Derbyshire County Council
15	Andrew Milroy	Derbyshire County Council – Adult Care
16	Caroline Nlce	Derbyshire County Council – Adult Care
17	Cllr Paul Pegg	Derby City Council
18	Elaine Price	Derbyshire Community Health Services NHS Trust
19	Cllr Irene Ratcliffe	Derbyshire County Council
20	Cllr Marian Stockdale	Derbyshire County Council
21	Jayne Stringfellow	NHS North Derbyshire CCG
22	Hilary Sullivan	Burton Hospitals NHS Foundation Trust
23	Becky Sutton	Derbyshire Hospitals NHS Trust
24	Chrissy Tucker	NHS Southern Derbyshire CCG
25	Nikki Tucker	Chesterfield Royal Hospital NHS Foundation Trust
26	Jackie Wardle	Derbyshire County Council – Scrutiny Officer
27	Chris Wheyway	Derbyshire Healthcare NHS Foundation Trust
28	Rachael Whyman	Derbyshire Hospitals NHS Trust
29	Clare Williams	Tameside Hospitals NHS Foundation Trust
30	Lynn Wilmot-Shepherd	NHS Erewash CCG
31	Anne Wilson	Derbyshire Community Health Services NHS Trust
32	Sarah Youd	Derbyshire Community Health Services NHS

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