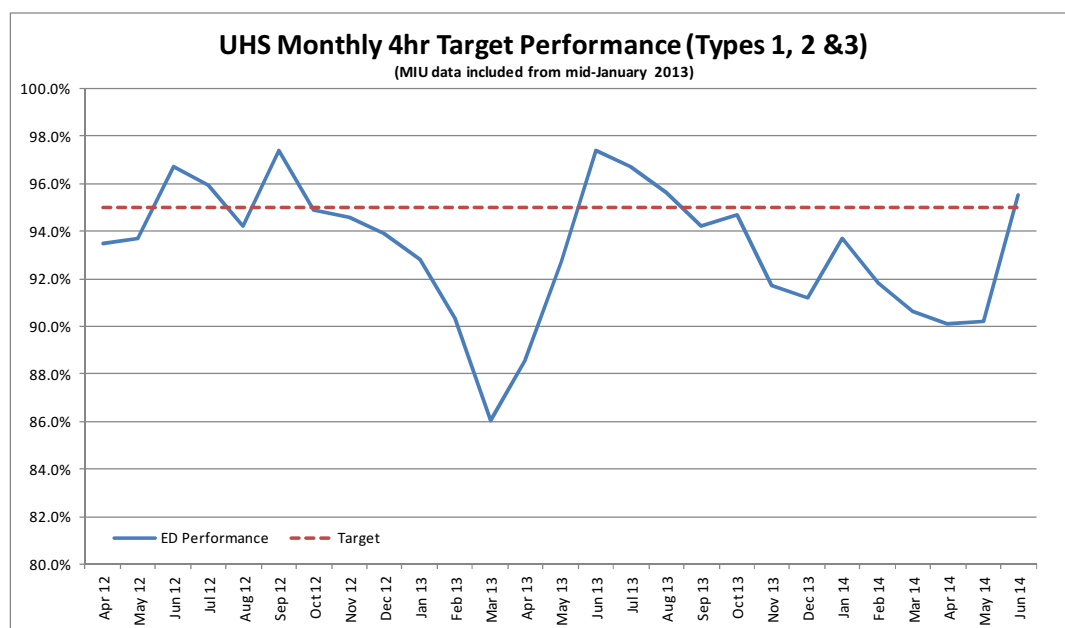


### Emergency Department Report for Overview and Scrutiny Panel – July 2014

ED Performance improved through Q1 2013/14 and remained stable, at or close to the target, in Q2. However, performance deteriorated through the winter, though not to the same degree as in Q4 2012/13, but did not experience the improvement seen in April and May 2013. In June 2014, as in June 2013, the Trust returned to meeting the ED Performance target.



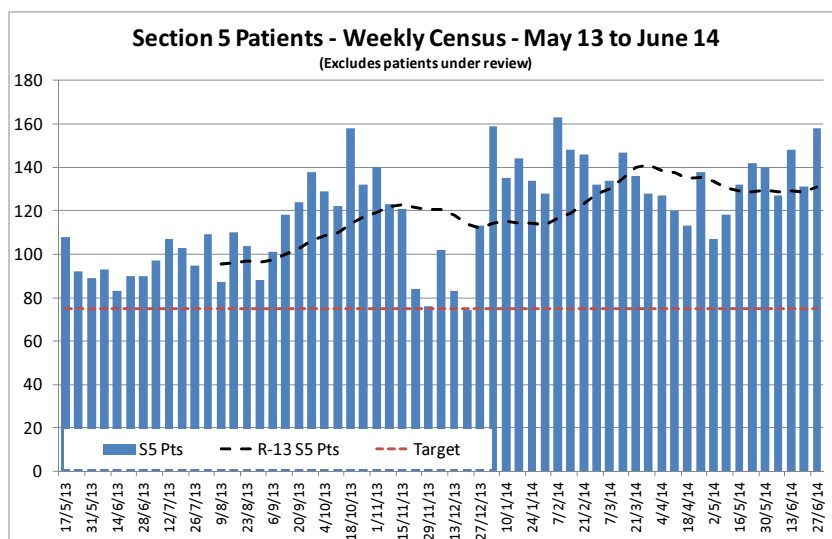
Bed availability in the hospital was the primary problem during the winter months, which prevented patients from being admitted in a timely manner. Length of stay typically increases during quarters three and four, however the rolling 12-month length of stay, which removes this seasonal effect, also slowly increased throughout 2013/14.

The table below shows weekly ED performance for quarter one 2014/15 for the local hospital trusts. These figures demonstrate the difficulty for all Trusts in the area to consistently meet the 95% target.

| Week Ending | UHS   | Bournemouth | Hampshire Hospitals | IoW   | Poole | Portsmouth | Salisbury |
|-------------|-------|-------------|---------------------|-------|-------|------------|-----------|
| 06/04/2014  | 86.9% | 95.6%       | 93.7%               | 95.8% | 89.6% | 82.4%      | 97.3%     |
| 13/04/2014  | 90.2% | 94.7%       | 95.0%               | 92.7% | 95.0% | 83.6%      | 94.3%     |
| 20/04/2014  | 91.6% | 92.7%       | 96.3%               | 99.3% | 96.6% | 88.7%      | 97.3%     |
| 27/04/2014  | 90.2% | 93.7%       | 94.6%               | 96.4% | 94.4% | 84.1%      | 95.3%     |
| 04/05/2014  | 90.9% | 94.1%       | 93.8%               | 95.7% | 98.0% | 87.3%      | 97.1%     |
| 11/05/2014  | 88.5% | 94.2%       | 94.6%               | 93.6% | 97.2% | 84.9%      | 96.6%     |
| 18/05/2014  | 90.1% | 93.1%       | 97.2%               | 92.0% | 94.8% | 82.6%      | 95.2%     |
| 25/05/2014  | 92.3% | 96.0%       | 94.7%               | 93.6% | 94.9% | 82.8%      | 95.7%     |
| 01/06/2014  | 90.0% | 93.9%       | 97.1%               | 96.4% | 91.9% | 88.1%      | 92.3%     |
| 08/06/2014  | 91.7% | 94.8%       | 97.0%               | 97.7% | 92.5% | 83.8%      | 95.5%     |
| 15/06/2014  | 96.4% | 95.3%       | 97.1%               | 97.4% | 97.7% | 82.5%      | 94.9%     |
| 22/06/2014  | 97.4% | 94.6%       | 96.0%               | 92.9% | 98.0% | 87.1%      | 95.9%     |
| 29/06/2014  | 95.9% | 96.6%       | 95.7%               | 96.3% | 98.8% | 87.5%      | 94.7%     |
| 06/07/2014  | 95.3% | 92.3%       | 97.5%               | 96.3% | 96.6% | 88.2%      | 95.1%     |

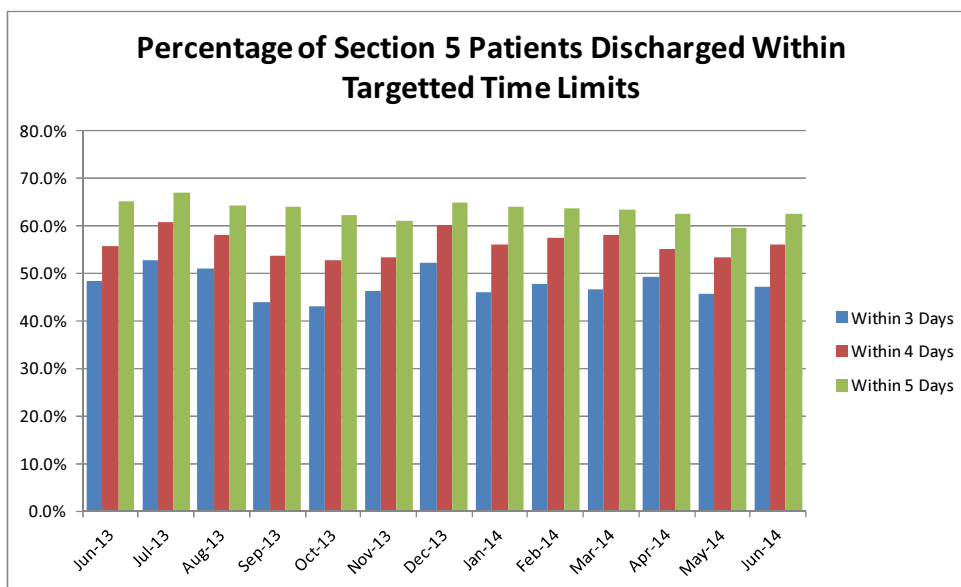
Complex discharges (section 5 patients) remains of particular concern. Whilst there has been some improvement in processing patients through the system, patients remain in hospital to undertake clinical and social assessments, or while waiting for the most appropriate facility or placement to become available. On one day in January there were 163 patients (out of 1000)

who were medically fit, but not discharged for these reasons. The health and social care system's ambition is to reduce this to 75, while the system is averaging about 135 at present. This is a significant cause for concern and the Trust, the CCG and the Council have developed a plan to reduce this over the next six months.



The significant reduction that was seen in November and December was due to infection control issues preventing patients who would otherwise have been categorised as section 5 patients being counted.

Despite concerted efforts by local authority partners, the percentage of patients discharged within three, four and five days of being listed as a Section 5 patient has not shown any signs of consistent improvement, with no month to month trend.



The Trust has a four point plan to ensure we can continue to deliver a good service to patients throughout the summer and into the winter of 2014/15:

- A) We will open 38 beds to compensate for the increase in demand and the growing length of stay. Over and above this we plan to open 39 virtual beds by creating new community provision.
- B) We will minimise length of stay by ensuring patients do not have unnecessary waits (for things like X-ray), increase the number of times patients see doctors to ensure their care

is always moving forward, improve systems on the day of discharge so that transport and medicines are in place and improve continuity of care for elderly care patients between a hospital admission and care in the community.

- C) We will increase the staffing in ED and change our processes so that patient care can be undertaken as quickly as possible.
- D) We will work with our colleagues in social services, community care providers and the private sector to create new services and change processes to reduce delays. In particular the Trust, the CCG and Council have developed a plan to discharge patients into the community to undertake complex assessments (discharge to assess) and new teams of staff in the Trust will be able to undertake some of the more basic assessments (trusted assessments).

Fiona Dalton  
**Chief executive**