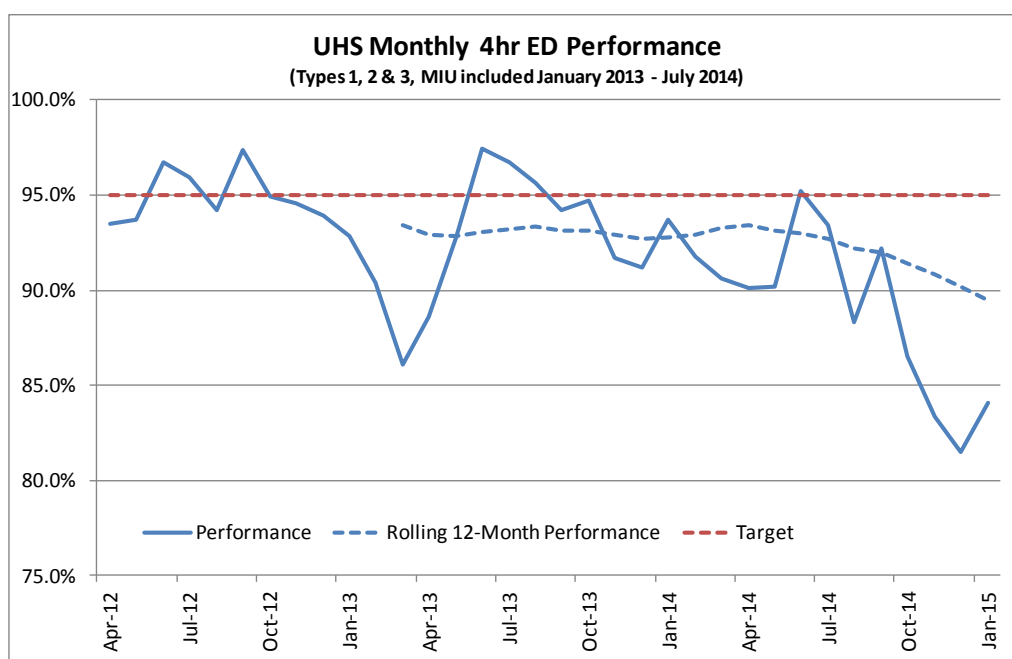


### Emergency Department Report for Overview and Scrutiny Panel – March 2015

The Trust is monitored on its ED performance across all emergency departments – the main SGH Emergency Department (a Type 1 Dept.), Eye Casualty (a Type 2 Dept), and until August 1<sup>st</sup> when management was transferred, the RSH Minor Injuries Unit (a Type 3 Dept).

Whilst the Trust met the target to treat and admit or discharge more than 95% of patients within 4 hours during June 14, this performance has not been sustained.



It should be noted that the removal of the MIU data from August makes it significantly harder for UHS to achieve the 95% target. Nationally, Type 1 Emergency Departments have not collectively achieved the ED 95% target in any given week for since July 2013. In most weeks the national performance for Type 1 EDs is between 92% and 93%, although since the week ending October 12, 2014, the highest national performance has been 90.8%, with the lowest being 79.8% for the week ending January 4, 2015).

In recent week performance has improved and over 92% of patients were treated and discharged home or treated and admitted within 4 hours. An update will be given at the meeting.

As can be seen in the table below, no major English teaching hospital (taking major trauma etc) consistently achieves this target for Type 1 activity although other hospitals (notably Birmingham and Newcastle) do much better at this target than UHS.

Week Ending	UHS	Birmingham	Bristol	Cambridge	Leicester	Newcastle	Nottingham	Oxford	Sheffield
04/01/2015	74.85%	96.84%	86.75%	71.26%	82.56%	91.39%	75.75%	76.32%	79.00%
11/01/2015	79.47%	95.19%	89.91%	78.99%	82.49%	93.73%	86.27%	81.51%	84.97%
18/01/2015	90.00%	96.60%	89.52%	84.73%	94.16%	96.79%	87.68%	90.04%	95.63%
25/01/2015	89.27%	94.71%	92.93%	85.19%	97.03%	95.97%	89.96%	87.09%	94.26%
01/02/2015	83.25%	95.53%	94.56%	81.53%	95.44%	94.17%	85.00%	82.42%	92.10%
08/02/2015	81.09%	96.28%	90.31%	88.02%	92.03%	93.02%	86.55%	91.18%	90.52%
15/02/2015	83.54%	94.52%	90.43%	74.90%	84.39%	94.40%	85.54%	87.90%	90.35%

Unusually, and contrary to the experience in many other Trusts in the country, the ED has not seen an increase in the numbers of patients attending for treatment this Winter nor has there been an increase in the number of emergencies (up 0.5% year on year). The central challenge facing the Trust is the lack of available beds for patients in ED requiring an admission into the Trust. This has been driven by an increase in length of stay.

For the three months of September to November 2014, 35.5% of all breaches of the 4-hour standard in ED were due to patients waiting for an available bed. For December to late-February this had risen to 53.5%.

In 2014/15 the Trust has opened an additional 38 permanent beds through a capital investment programme to support ED and each night opens additional facilities which normally would close (a good example of this is the day of surgery unit which would normally close at 9pm is now staffed to look after patients overnight).

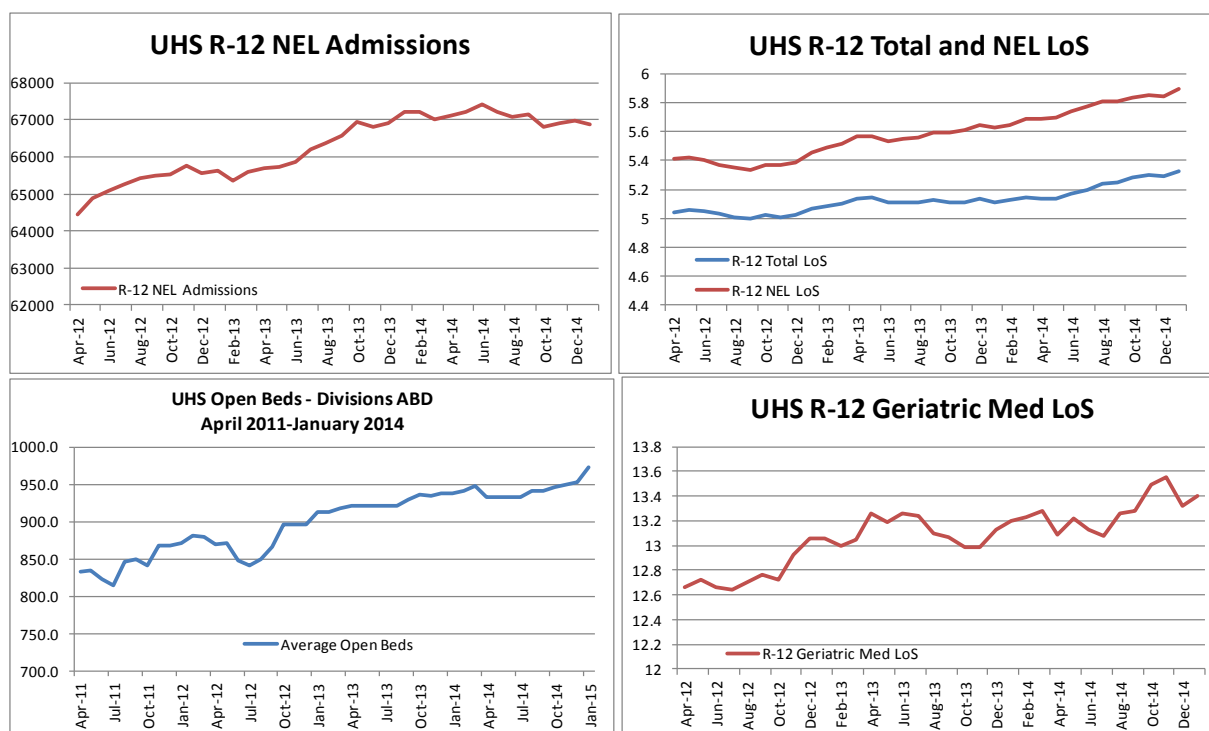
Even after this increase this has not been enough to absorb the increase in bed nights for each patient staying in Hospital.

Key – NEL = non elective/emergency

R12 = rolling 12 months data

Geriatric = over 85s

Divisions ABD = excludes children’s and maternity services



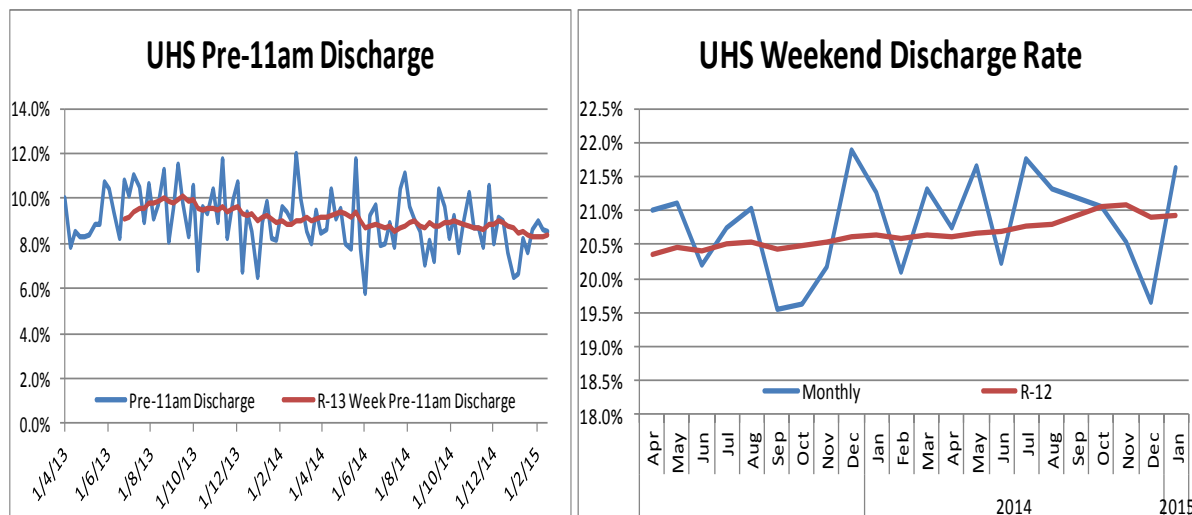
The increase in length of stay is linked to the complex nature of the patients and the increase in the number of patients needing ongoing support in the community once they leave Hospital (delayed discharges). There is a separate report for this committee to consider the issues linked to delayed discharges.

### Actions in place

The Trust continues to focus on improving the performance within the Emergency Department itself. A new deputy clinical lead has been appointed, Dr Iain Beardsall, who is supporting Dr Nick Maskery to make the changes. They are embedding a new model of triage (called pitstop) for the most urgent of patients to ensure that patients care is started as soon as they

arrive in the department. They are also focused on patients in minors (breaks, strains and minor illnesses) as well as children attending the department. This is already leading to some improvements.

The Trust is also focused ensuring patients who can go home with support from their GP go home as soon as is possible. There are two measures shown below.



All of these actions are included in the ED actions plan (remedial action plan) in place in 14/15 and a new plan will be developed for 15/16. This is supported by the whole system action plan previously presented to this committee. Again a new plan will be developed for 15/16 which can be shared with this committee.

Staffing in the Hospital remains a significant concern with more than 10% of nursing and healthcare support worker posts vacant. The Trust has a pool of people it can call upon to work additional shift (NHS professionals) as well as offering overtime to its own staff. However, more and more the Trust is having to employ high cost agencies (the rate of pay received by the member of staff is more and the premia is higher). This can lead to a threefold difference between the costs of our staff and agency staffing. This is financially unsustainable for the Trust. The Trust has a good track record of recruiting overseas and will continue to do so where possible but more must be done. The Director of nursing is leading a new recruitment and retention campaign and plans will be presented to the Trust Board in the Spring.

### Conclusions

The Trust is still not delivering against the 4-hour standard. The staff in the emergency department have worked incredibly hard this Winter to ensure that the patients are safe and well cared but there is still more to do to ensure that 95% of the patients are treated and discharged or treated or admitted to a bed within 4 hours. The CCG has asked that we prepare a new action plan linked to a recent review from the Emergency Care Intensive Support Team (ECIST) who are the national experts on ED performance. This will be agreed in early April and could be presented to the next meeting of the OSC if members would find that helpful.

**Fiona Dalton**  
**Chief Executive**