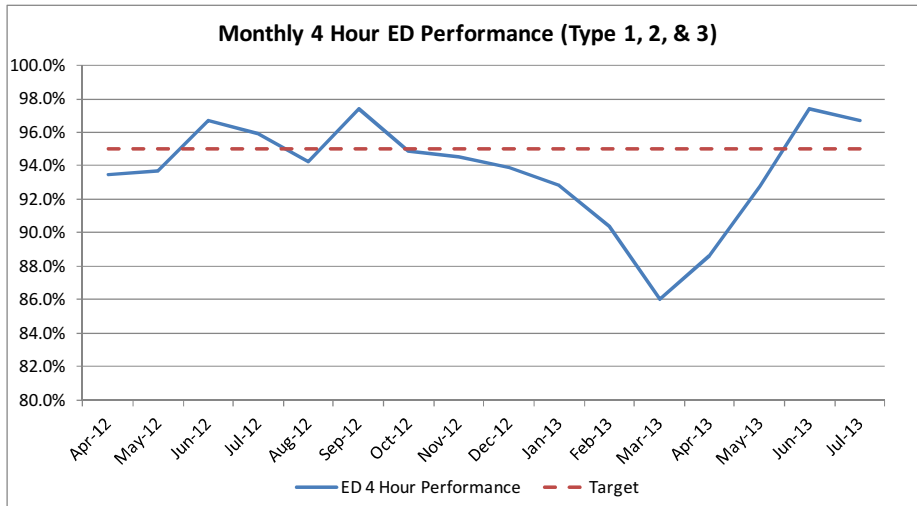
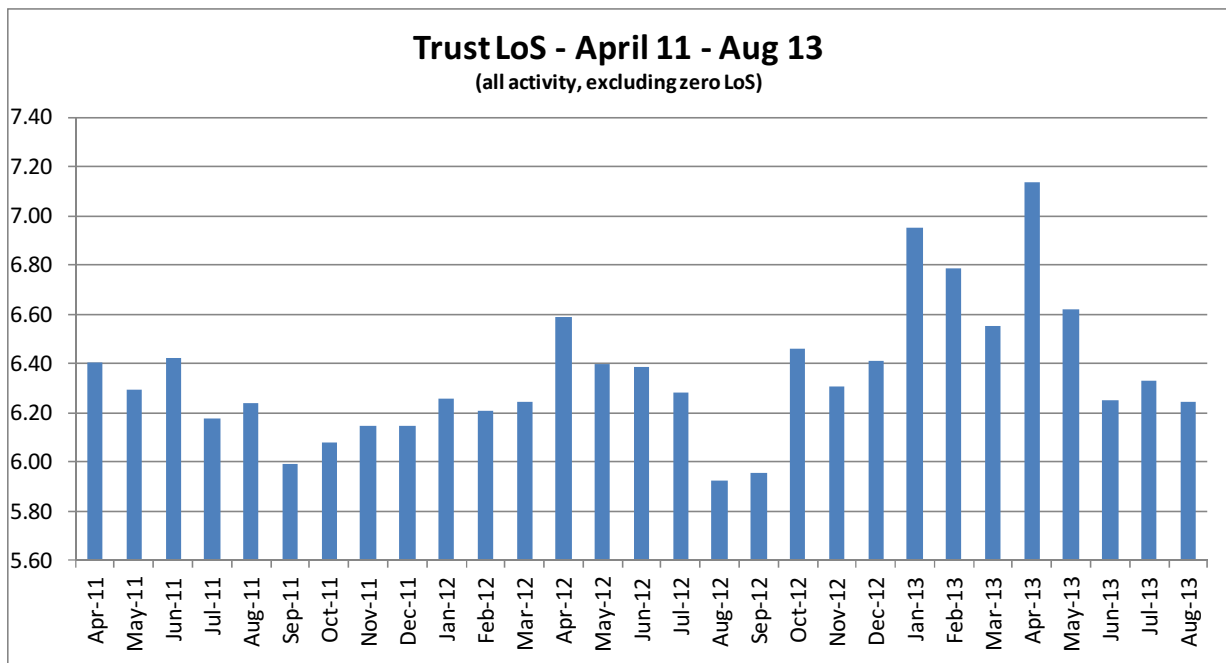


**Emergency Department Report for Overview and Scrutiny Committee – September 2013**

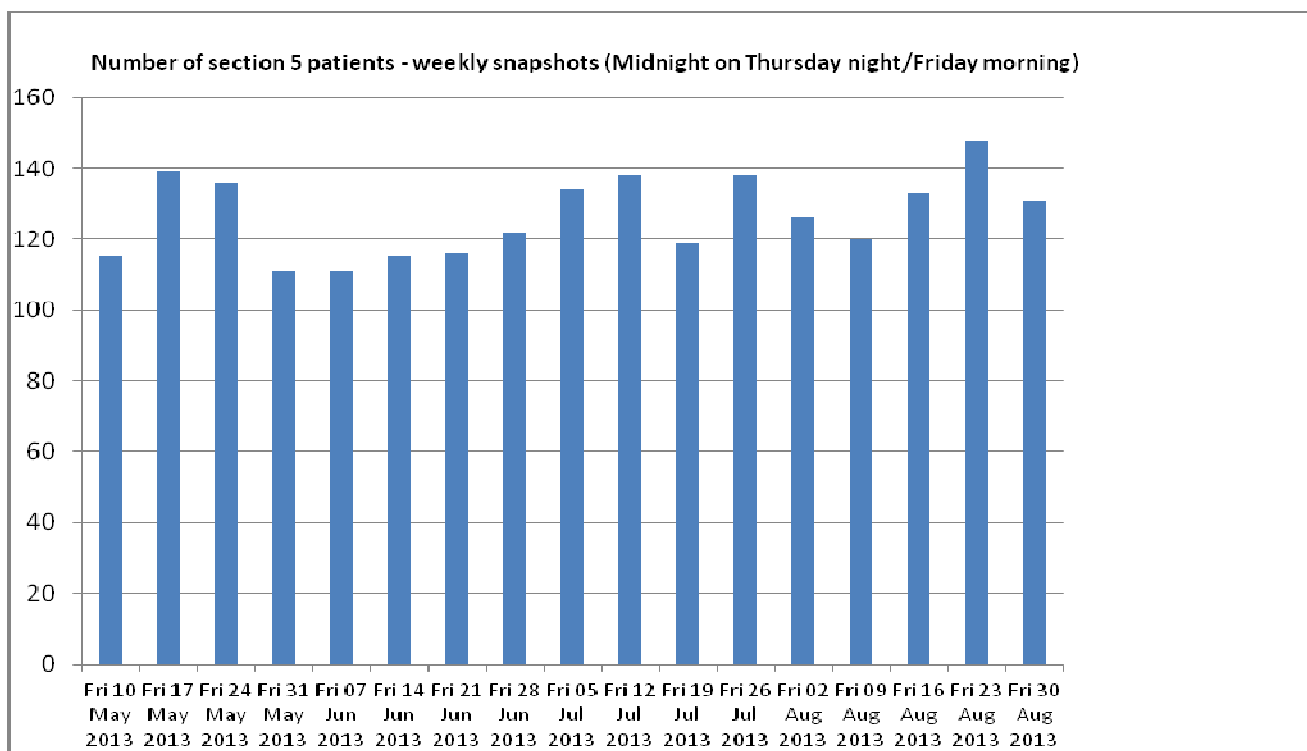
There had been significant improvement in the ED performance in the last few months and 96% of patients were treated and admitted or treated and discharged within 4 hours of arrival.



In particular the bed availability situation has improved in the hospital since the winter allowing patients to be admitted in a timely manner.



Delayed discharge of care 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 any one given day there are over 120 patients (out of 1000) who are medically fit, but not discharged for these reasons. The health and social care system’s ambition is to reduce this to 50. This recently peaked at 155 patients. This is a significant cause for concern.



Looking forward a summer plan has been prepared and the hospital will be fully staffed and all ward beds will remain open. This will help support a reduction in waiting times for patients having planned surgery.

As we approach the winter we have a 4 point plan to ensure we can continue to deliver a good service to patients;

- A) We will open a further 74 beds to support an increase in winter acuity and reduce occupancy. This will include a new isolation ward to mitigate the impact of any seasonal norovirus in the community.
- 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 patients' 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 we will develop new support services for patients who are non-weight bearing, those with housing issues, bariatric patients and those that need 3 or 4 times a day visits. This should create 100 virtual beds in the community system.

Our winter plan (the remedial action plan) has been approved by our commissioners (the CCGs) and shared with our regulators Monitor.

Jane Hayward  
**Chief Operating Officer**  
 JH/mfh  
 02/09/13