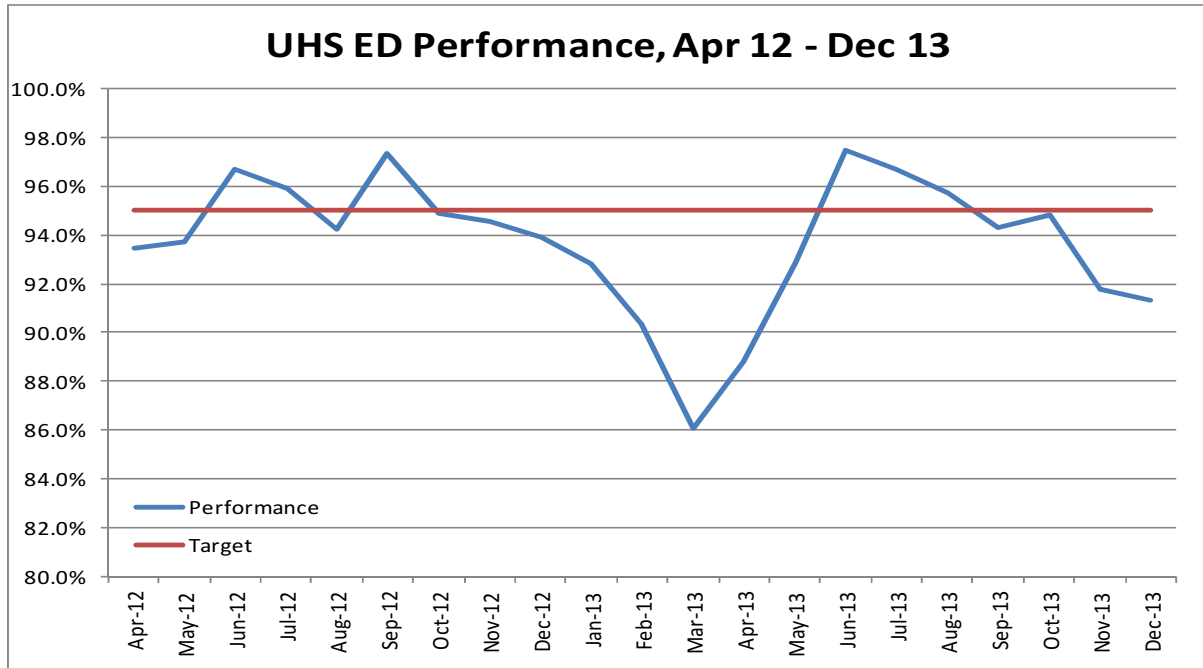
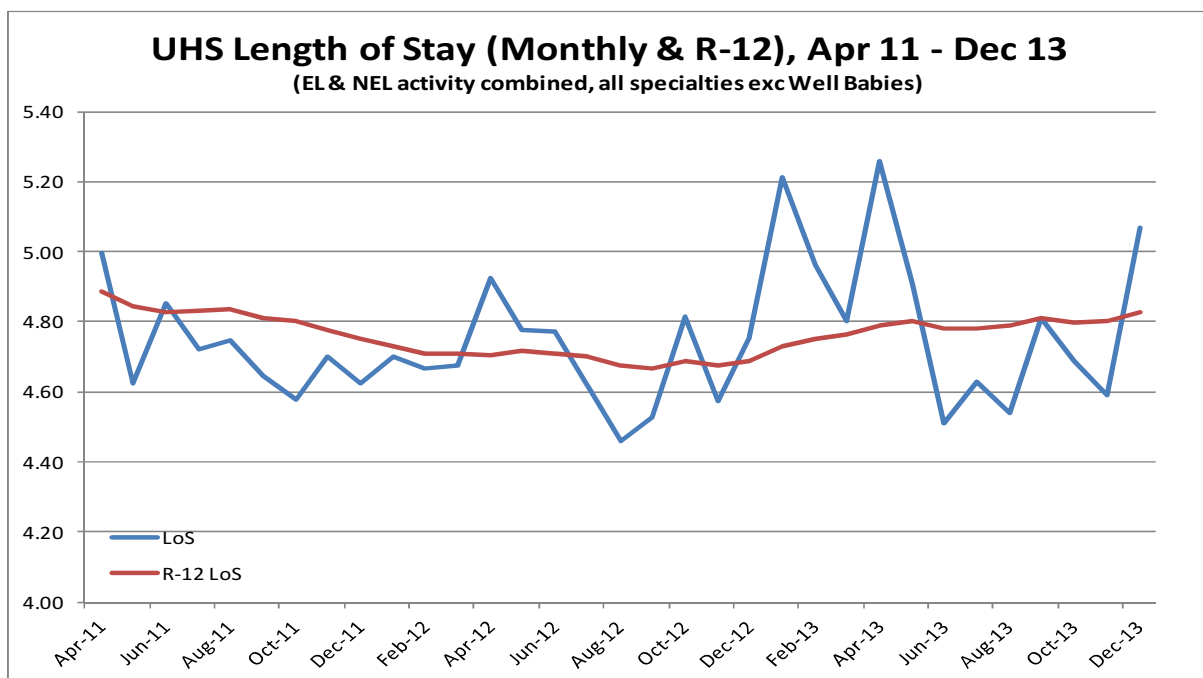


Emergency Department Report for Overview and Scrutiny Panel – January 2014

In October, November and December 92.7% of patients were treated and discharged or treated and admitted within 4 hours. This was just below the national target of 95.0%.

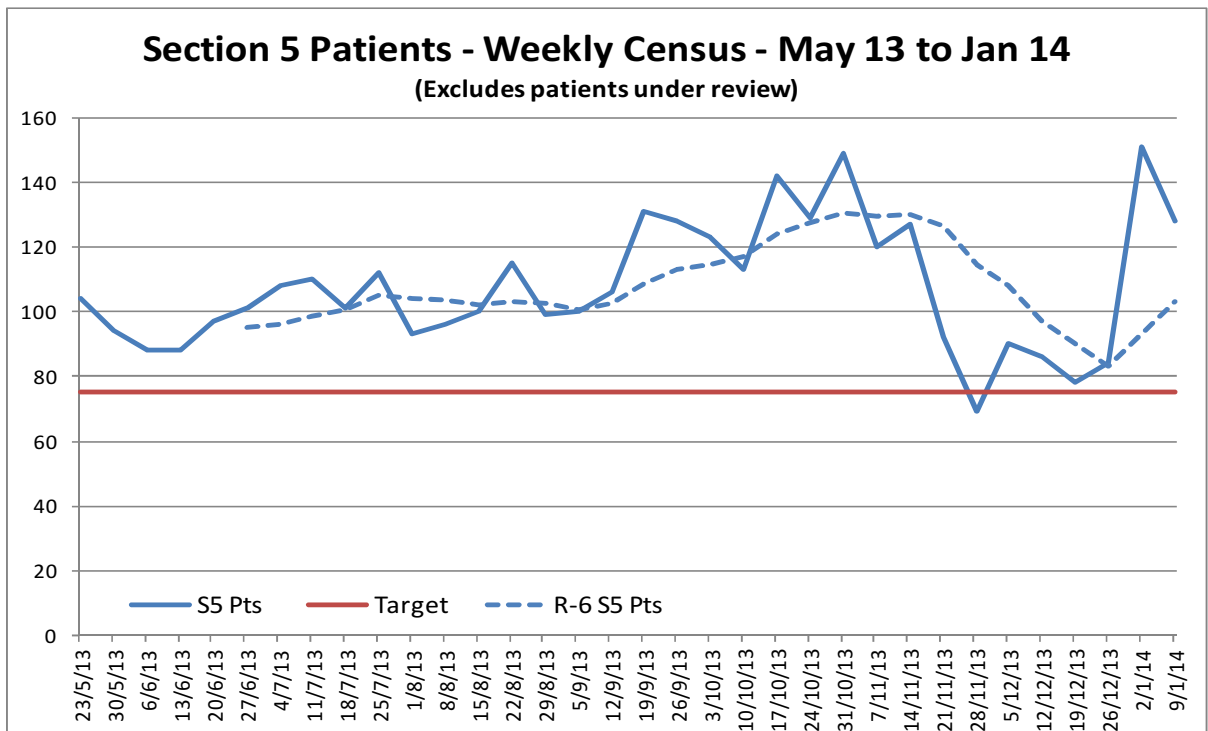
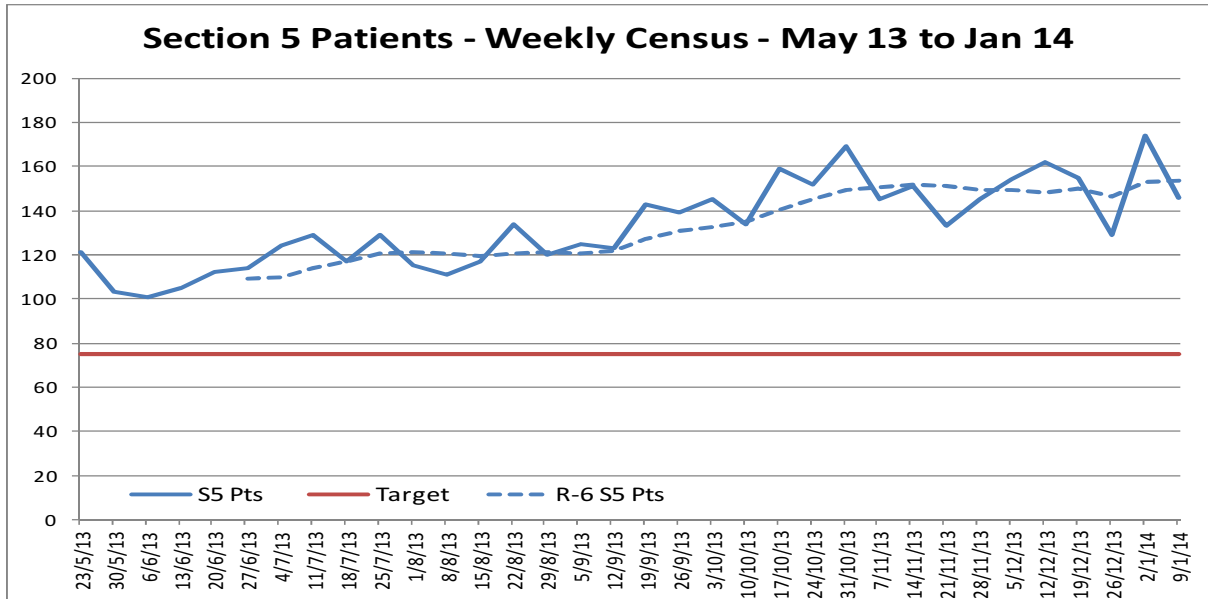


The bed availability situation improved in the hospital during the summer months allowing patients to be admitted in a timely manner. However, we are now experiencing an increasing length of stay and this has put pressure on the hospital system. This was compounded by Norovirus in the hospital later in the year.



Complex discharges 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 day recently there were 164 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 75. The system is averaging about 145 at present (a second graph is included which demonstrates the impact of norovirus).

This is a significant cause for concern and the hospital is very much in need of the Council's support in addressing this, in particular to create more capacity for patients requiring long term nursing home care.



During this 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 20 beds to support an increase in winter acuity and reduce occupancy. This will include the remainder of the new isolation ward to mitigate the impact of any seasonal Norovirus in the community. Fourteen beds opened in December 2013.
- 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. In February the hospital will trial a consultant being present for 24 hours a day for 2 days a week.
- 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 is being funded through the £3.2m local fund and £1.6m national fund.

Jane Hayward
Director of Transformation

JH/mfh
15/01/14