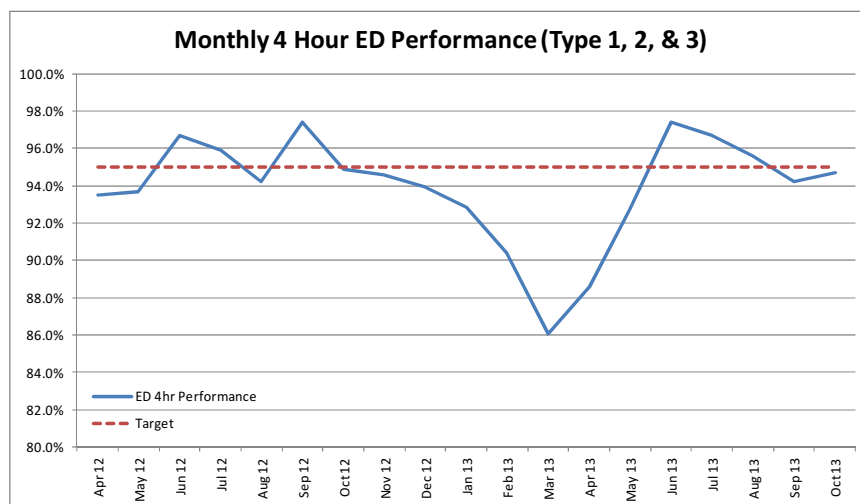
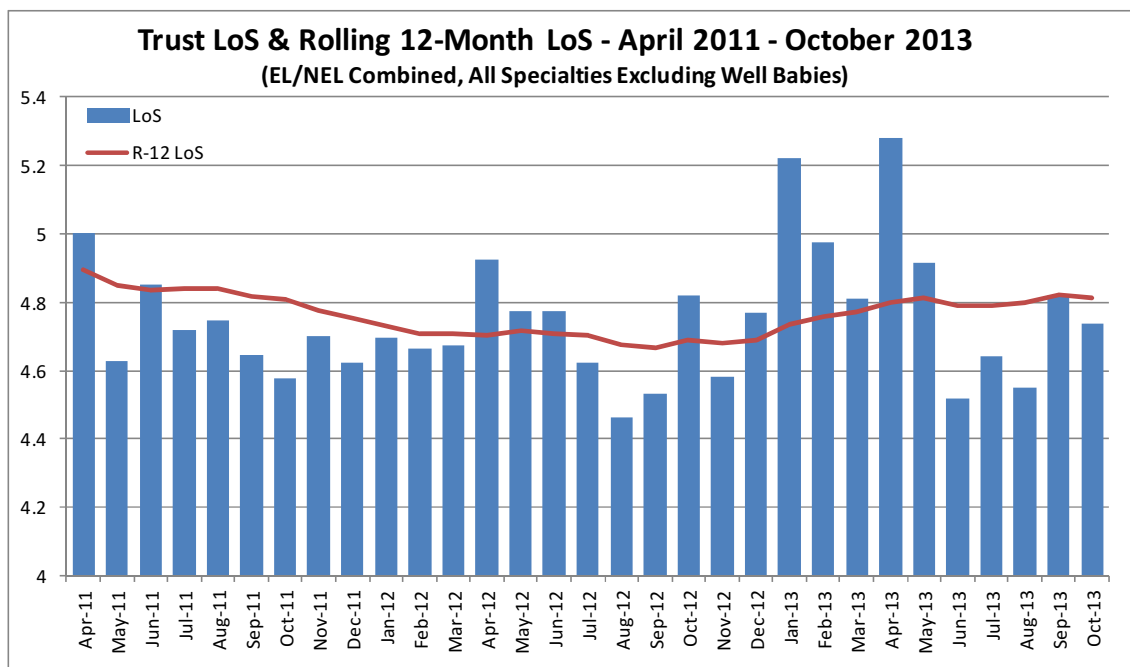


### Emergency Department Report for Overview and Scrutiny Panel – November 2013

Following improvement in the ED performance in the last few months, the Trust met the target in the second quarter (July to September) and was just below target for October.

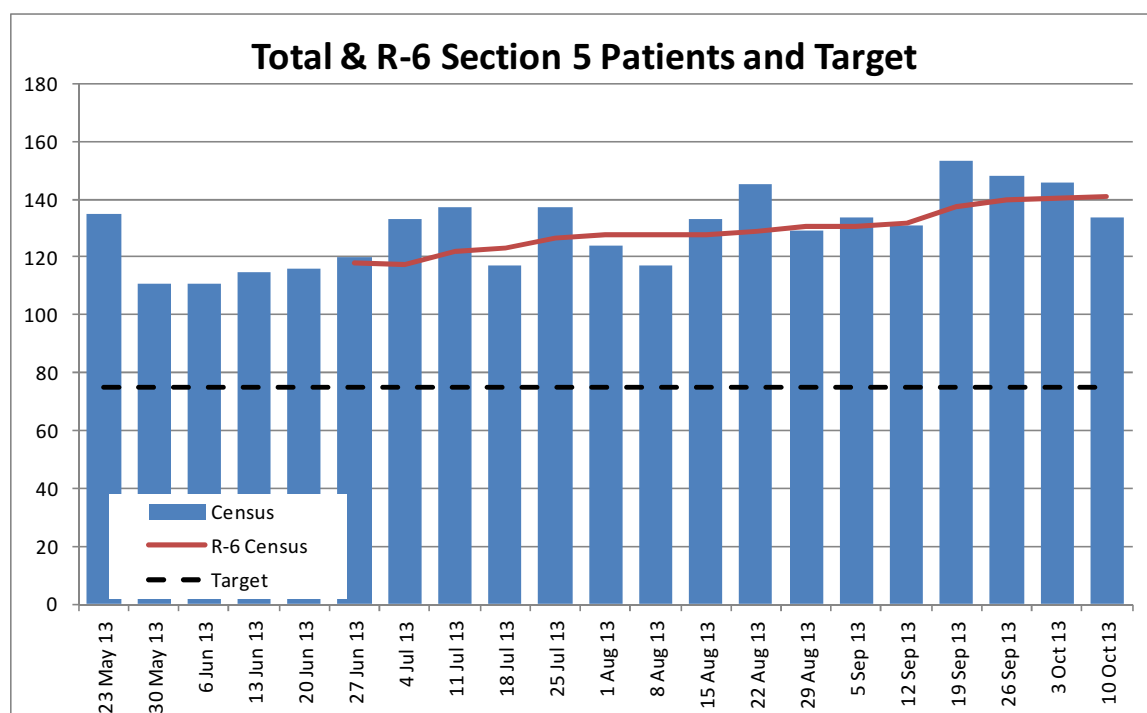


The bed availability situation improved in the hospital during the summer months allowing patients to be admitted in a timely manner. However, we are now experiencing an increasing length of stay and this has put pressure on the hospital system during October and November.



Delayed discharge of care (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 one day recently there were 156 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. The system is averaging about 135 at present. This

is a significant cause for concern and the hospital is very much in need of the Council's support in addressing this.



Approaching winter we have a four point plan to ensure we can continue to deliver a good service to patients;

- A) We will open over 50 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.

Fiona Dalton  
**Chief executive**