

For the Record – Press Statements

Publication	Express and Star
Date of article	Monday 2 nd March 2015
Reporter	Adam Burling
Headline	<p>Print Bed blocking crisis will only get worse</p> <p>Online Shocking toll of bed blocking: 10,000 extra days in hospital in one month</p>
First paragraph/s of article	<p>Print CUTS to NHS and council budgets and a lack of facilities for elderly people are the root causes of the bed blocking crisis, it has been claimed.</p> <p>Patients in the West Midlands spent more than 10,000 days in beds when they should have been discharged or transferred, shocking new figures for just one month reveal.</p> <p>Online Sandwell was the worst area in the Black Country with patients having to spend 970 days in hospital unnecessarily because their discharge or transfer was delayed, new figures show.</p>
Paragraphs relating to The Dudley Group	<p>Print Paula Clarke, of the Dudley Group of Hospitals NHS Foundation Trust, said: “We are working hard with our clinical commissioning group and social care partners to ensure patients who are medically fit to leave hospital do so as soon as possible. Planning for discharge starts as soon as a patient is admitted.”</p> <p>Online In Dudley, 913 of the days were spent at Dudley Group NHS Foundation Trust, which runs Russells Hall Hospital.</p>
Press enquiry	December 2014 figures from NHS England show delayed discharges for hospitals in Birmingham and the Black

Country. At Russells Hall Hospital, patients spent 913 days in hospital beds when transfer or discharge was delayed. The Express and Star is looking at figures for all local trusts

They asked the following questions:

1. Are bosses happy with the performance?
What is being done to reduce the figure?

Trust response

COMMENT FROM PAULA CLARK, CHIEF EXECUTIVE, THE DUDLEY GROUP NHS FOUNDATION TRUST

We are working hard with our clinical commissioning group and social care partners to ensure patients who are medically fit to leave hospital do so as soon as possible. Planning for discharge starts as soon as a patient is admitted.

In December 2015, there were 913 bed days lost due to delays in discharge where patients were medically fit but could not be discharged for a number of reasons. This inevitably has an impact on capacity and our ability to admit more poorly patients, especially emergency patients, to a hospital bed.

Almost half of these delays (450) relate to those patients whose transfer or discharge was waiting for an assessment to be completed. This includes assessment by social care professionals to identify a patient's future care needs and the most appropriate setting for that care.

A further 306 days related to patients who had been made a reasonable offer of a package of care but refused it. This figure also includes delays incurred by patients who were funding their own care and insisted on placement in a home where there was no bed available.

We have taken a number of measures to help discharge medically fit patients as soon as appropriate. We are working with our health economy colleagues in a "Discharge to Assess" model. The purpose of this is to promote earlier discharge from hospital by not having patients waiting for assessments in hospital by external agencies. This optimises our ability to discharge patients home and to take care to them in their homes.

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