

**Work shadowing visit to Emergency Department at Queen Alexandra Hospital on Friday 6<sup>th</sup> August from 11 p.m. till 2 a.m.**

Present Cllr Lynne Stagg, Chair HOSP  
Cllr Margaret Adair  
Cllr David Gillett (co-optee)  
Anthony Quinn, Senior Local Democracy Officer

John Watkins, Emergency Medicine, Head of Service  
Maria Purse, Emergency Pathway Manager  
Allison Stratford, Head of Communications.

The panel spent the evening witnessing the flow of patients through the minor injuries waiting area as well as observing from a discrete distance the flow of patients into the minor injuries treatment area and adjacent major trauma area where patients arrive via ambulance. During the course of the evening the panel spoke to a wide range of ED staff, including ambulance paramedics who had brought in patients with alcohol related conditions.

The ED consultant Lt Col Katherine Hartington expressed her concern to the panel about the increase of young people attending ED with alcohol related conditions or injuries. The concern is that some of these children are as young as 13 and 14 years of age. There are consistent issues with teenagers around who have been binge drinking which sometimes necessitates an admission to the paediatric ward for observations as the hospital will not release any patient under 16 unless this is into the care of a responsible adult who is sober.

During the course of the visit, the panel saw the following;

- A 16 year old female who had been drinking and had been hit over the head with a bottle at a house party
- A male adult who had been out celebrating and fell over sustaining head and facial injuries
- An abusive drunk male with a head injury who had to be warned regarding his conduct by the staff, who informed him that he would be escorted from the premises if he continued his unacceptable behaviour
- Drunk female lying on a trolley in major trauma area who was retching
- Drunk female in her mid 20's who had been admitted by ambulance having been found unconscious at a party by her friends
- Two young drunk males in minor injuries waiting area with facial injuries which appeared to have been inflicted during a fight

Whilst the group had gone off for a comfort break, staff had to deal with an incident in the minor injuries waiting area where an abusive patient was escorted from the premises by security and refused treatment by staff due to his abusive nature and refusal to modify his behaviour.

During the visit the panel learnt that;

- There are military personnel employed across work areas within the hospital where their skills will be utilised as this helps them to maintain their skills when not on active deployment
- The shift cover for the night consisted of 1 Registrar, 3 Senior House Officers and 11 nursing staff to cover 8 cubicles in minor injuries plus the major trauma area – this is a typical staffing level for a weekend nightshift
- Senior House Officers rotate through ED on a six monthly cycle, therefore their main emphasis is on gaining valuable clinical experience
- Only 30% of patients admitted to hospital actually need to be in hospital
- The cost of an attendance at ED that lasts less than 1 day is on average between £600-£900
- Whilst there should always be a GP on site, the hospital are often advised that it has been unable to fill the rota at weekends
- Drayton out of hours service is due to move to QA, adjacent to ED in September, which has the potential to help reduce the workflow through minor injuries
- The lack of availability of community beds is problematic for the hospital and after noon on Fridays, the hospital are unable to access community beds which puts additional pressure on ED
- Whilst the Chief of Service welcomed any initiative to help reduce the level of alcohol related hospital admissions, he expressed concerns in relation to Safe Place being set up due to the potential complications for patients with alcohol related symptoms
- Chronic alcohol dependency is the biggest cost to the health economy

The alcohol survey was made available and patients were invited to complete it whilst waiting to be treated. Only one survey was completed during the period of our visit.

There is an Unscheduled Care Group that has been set up recently and includes the PCT, SCAS and social care.