

EMERGENCY PERFORMANCE

CURRENT PRESSURES

Since New Year's Eve the Trust has continued to struggle with patient flow and reconciling capacity with demand. As a Trust with a long history of exceptional performance we are not complacent in continuing to examine issues within the system that have been very difficult to manage. Our review of every 4 hour A&E breach patient has highlighted availability of beds as the primary cause for patients experiencing unacceptable delays. Clearly the availability of beds and challenges in delivering improved flow are multifactorial.

- Admission numbers are well within the normal range.
- However the Acuity of patients is extremely high:
 - ICU have been running frequently with peaks of 9 patients (maximum capacity) plus theatre recovery is utilised as our escalation area for 2-3 patients at peak demand – acute/higher dependency wards, Allerton, Midgley have supported step down from ICU requiring additional support to those areas. The Trust has approved the increase in High Care capacity by authorising the creation of a high care area in our elective Orthopaedic ward. This will take pressure from ICU once opened in 3 months.
 - Respiratory and cardiac areas also continue to experience high priority and long stay patients.
 - Paediatrics has seen extreme swings in demand and significant growth 25% increase in admissions. This is after investing in additional senior medical staff. The implication being this reflects increased acuity in our paediatric attenders.
 - These factors have resulted in a period of low discharges – the last 10 days: average of 73 per day which is significantly lower than expected 80 to 85 per day. The cumulative effect of which equates to over 2 wards of additional inpatients.
- High clinical acuity has been further evidenced during our enhanced weekend working – whereby a senior consultant with the support of their full multi-disciplinary team are unable to have a significant impact on discharges due to high dependency and on-going clinical needs of the patients.
- Whilst having escalation staff (2 trained and 2 untrained 24/7) booked until the end of March – we are clinically advised by the physicians and senior nursing team, that it would be less than satisfactory to open additional escalation beds at this time. The impact of opening these beds would, in the view of the team, potentially reduce flow. The main priority is to our patients and our staff in the provision of our service. We will continue to review the option of additional beds with the senior medical and nursing team and clearly with a view to infection control management/decant purposes this is an alternative option.
- Therefore due to this on-going acute clinical pressure our decision has been to continue to intensify nursing and medical support to the areas experiencing the biggest demand.

Infection: Care of the Elderly Ward has been closed since the middle of January and only fully re-opened this weekend.

Newton Abbot medical ward has been closed for the last week

Stroke rehab delays – several patients each day have been waiting for Teign Ward.

Ongoing pressures around social services/packages of care.

Additional Actions beyond those reported previously;

We have recognised extreme pressure points during the evening and over night hours and we are reinforcing those vulnerable hours with clinical capacity and flow co-ordination with increased management input.

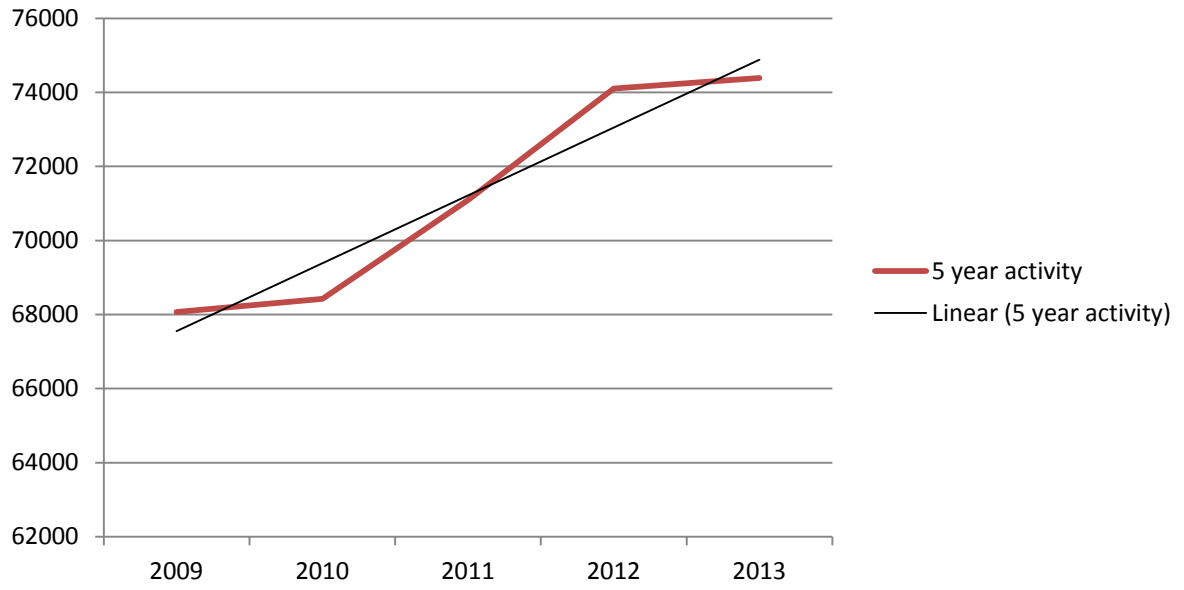
National and Regional Pressures Specific to the Emergency Department

- Consultant and senior doctor recruitment.
- Senior Nurse and Emergency Nurse Practitioner training and recruitment.
- Growth in demand/clinical acuity with the aging population/co-morbidities/end of life care
- Pressures on SWAST – ambulance demand continues to rise.
- Discharge arrangements/social care/domiciliary care.
- Increase and acuity in paediatric presentations.

Cathy Gardner

4 February 2014

ED Total Patients



Emergency Admissions

