

Presented by:	Stephanie Lawton, Chief Operating Officer
Subject / title:	Emergency Care Update & Covid-19 4 th November 2020
Appendices:	1 (Slides)

Emergency Care Update

The demand for urgent care through our Emergency Department fell sharply through March and April, starting to pick up in May and is now up to 92% - 98% of pre-COVID-19 levels. Our performance against the 4-hour standard has been much improved over the last 5 months and consistently higher than 85% of patients seen, treated, admitted or discharged within 4 hours. Winter planning has made very good progress building on the lessons learnt from last winter, the 1st COVID wave and feeding into the system level winter resilience planning that is managed under the Urgent and Emergency Care T&F group. We are on track to have the Adult Assessment Unit (8hr stay, 35 spaces) on stream before Christmas.

Emergency Care performance continues to be closely monitored with detailed plans in place to improve the internal professional standards. Separation of ED remains in place with some concerns identified in relation to waiting room capacity and maintaining social distancing ahead of winter. This continues to be reviewed daily. There are several workstreams in place both locally and across the STP/ICS. Strong support from NHSI to develop further capacity and support of the use of 111 services linked to emergency department plans are currently being worked through. We have established a Respiratory Assessment Unit which will focus on COVID attendances to allow for segregation from other attendances and we are in the process of finalising the plans and project teams for the Frailty Unit project. Good progress is being made with SDEC and Surgical Assessment Unit space as well. Ambulance handover performance improved during the first half of the year, however whilst improvements continue, the challenge of increased attendances, social distancing and avoiding corridor care is becoming an ever increasing area of focus. The support from the ambulance liaison officer onsite is extremely valuable and close working between this post holder and the ED team will continue to assist in improving flow and patient experience. The graphs below show the ED performance and attendance numbers since the start of the year.

Bed occupancy levels have been closely monitored with changes to ward configuration, specialty and layout having to be responsive to a changing environment. The hospital ward bed base was separated into zones to ensure adequate capacity for covid and non-covid patients. Staff were allocated to working in zones to reduce the risk of movement across the site. Bed occupancy has continued to be monitored on a daily, weekly and monthly basis with good engagement across the health system.

Restoration of services and winter planning

We are working well with health and care colleagues across West Essex to restore our services quickly and safely to pre-COVID levels, particularly focussed on the urgent cases and longest waiters.

As we move into the winter and the probability of a 2nd peak of COVID-19 cases, we are undertaking a significant amount of estate changes on the PAH site to support our patients and our colleagues. We are:

- about to start building work on a new facility to be co-located to Charnley Ward to enable us to co-locate all our urgent care assessment and provide a new model of care for patients. A new 2-storey building will be part open in December and fully open in January

- will also be reorganising the facilities on the ground floor next to our Emergency Department (ED) to provide enhanced frailty assessment space and support the speedier and better flow and care for our older people attending our ED
- have created the ability for us to have separate level 3 critical care facilities for known COVID-19 cases and confirmed non-COVID-19 patients
- created a Level 1 facility
- opening our on-site fracture clinic space in the autumn
- building a long awaited high quality staff area (Alex Lounge)
- expanding our multi-faith space for colleagues and patients

All the above changes are planned to be in place and operational during 2020.

All system colleagues are working well together to plan for winter and a potential second COVID-19 peak. Other winter preparation includes the important ability to provide all our colleagues with access to the 'flu vaccination. Our vaccination programme has started and learning from last year's campaign as well as recent COVID-19 testing has been taken to ensure that we are able to quickly and effectively mobilise colleagues to provide the vaccination to all our people.

Despite a huge amount of hard work from many across the system, the impact of COVID-19 has been significant on our services and it will be some time before we have managed to recover our services fully and meet the access targets and waiting times that we achieved pre-COVID-19.

Regional and National Benchmarking Picture

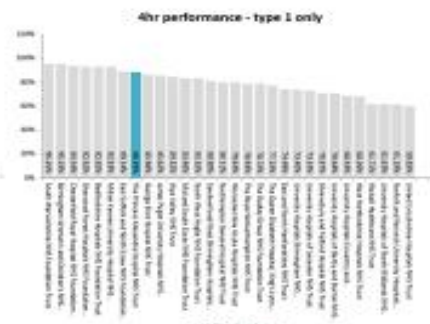
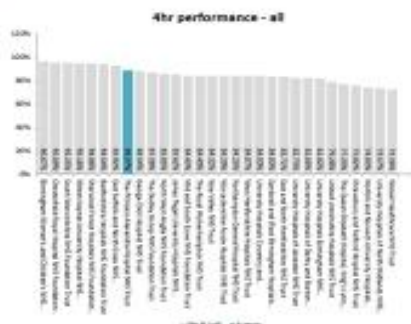
A&E

East of England		Performance Data for 20 October 2020							
Area	Provider Name	A&E Attends	A&E All Type 8 Hour %	A&E Conversion	Bed Occupancy	OTOC %	7 Day Standard %	21 Day Extended Standard %	Streamed %
14.137	North & Norwich IT	472	66.9%	28.3%	81.9%	0.0%	62.2%	11.7%	5.3%
14.137	East & North Hertfordshire	610	72.2%	42.3%	81.4%	0.0%	61.2%	18.7%	9.2%
14.137	West Hertfordshire Hospitals	400	73.5%	49.1%	86.7%	0.0%	40.8%	8.7%	8.0%
14.137	James Paget IT	202	74.6%	23.4%	82.5%	4.8%	51.8%	16.9%	1.0%
14.137	The Queen Elizabeth King's Lynn IT	185	61.4%	29.5%	81.5%	0.0%	40.4%	11.8%	8.0%
14.137	Mid and South Essex IT	373	62.6%	38.3%	72.7%	0.2%	46.0%	11.1%	8.1%
14.137	The Princess Alexandra	525	62.8%	29.4%	81.2%	1.9%	56.9%	18.9%	17.3%
14.137	North West Anglia IT	495	64.2%	28.0%	81.0%	0.0%	48.7%	13.1%	8.0%
14.137	East Suffolk & North Essex IT	672	68.8%	36.4%	85.0%	0.0%	52.7%	8.9%	4.1%
14.137	Arden Keynes IT	329	69.4%	22.7%	89.5%	4.8%	48.9%	13.1%	8.4%
14.137	Cambridge UK IT	355		34.3%	80.3%	0.0%	47.9%	20.2%	15.5%
14.137	West Essex Hospitals IT	545		41.4%	81.0%	0.0%	47.8%	13.9%	26.5%
14.137	West Suffolk IT	187		32.8%	88.5%	1.7%	42.9%	13.0%	3.7%
Total of England Region - Full Panel									
Next Friday		5,412	69.8%	32.1%	87.8%	0.6%	48.2%	13.9%	7.4%
Week To Date		11,412	62.1%	31.1%	87.7%	0.7%	49.0%	13.0%	7.7%
Month To Date		105,184	64.7%	32.8%	86.3%	0.8%	45.7%	13.4%	7.8%
Year To Date		806,632	67.4%	31.4%	85.5%	1.1%	41.4%	13.1%	7.2%

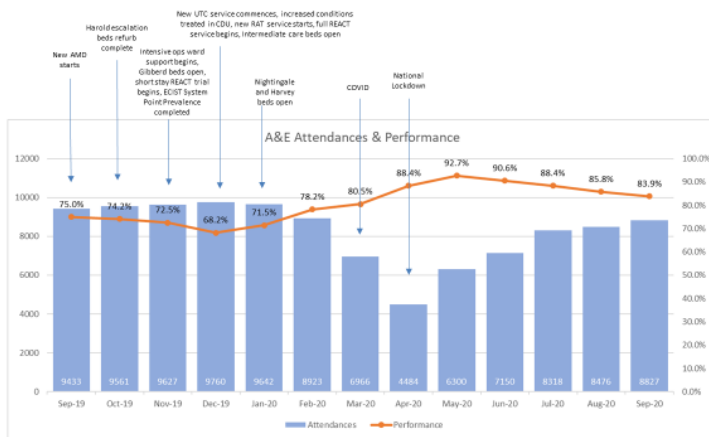
Unpublished Daily Data - For WISES operational use only and not to be shared externally

4hr performance weekly rank (all Types)	
National	Region
53/125	9/40

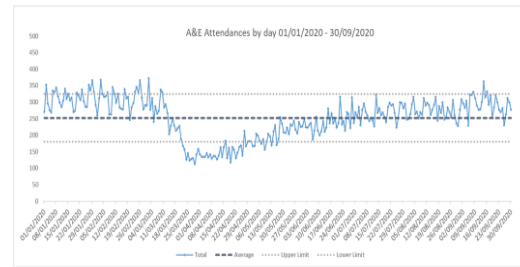
4hr performance weekly rank (Type 1)	
National	Region
27/125	9/40



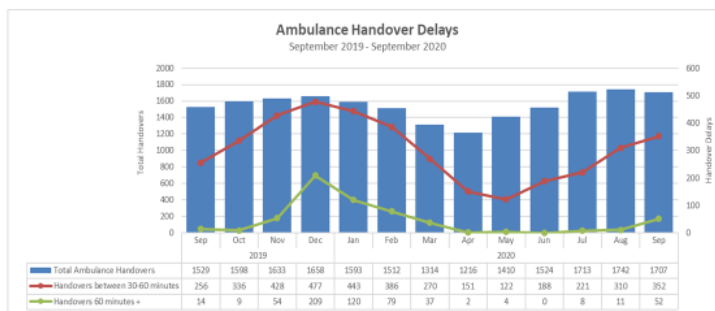
4 hour Performance



Daily Attendance Chart

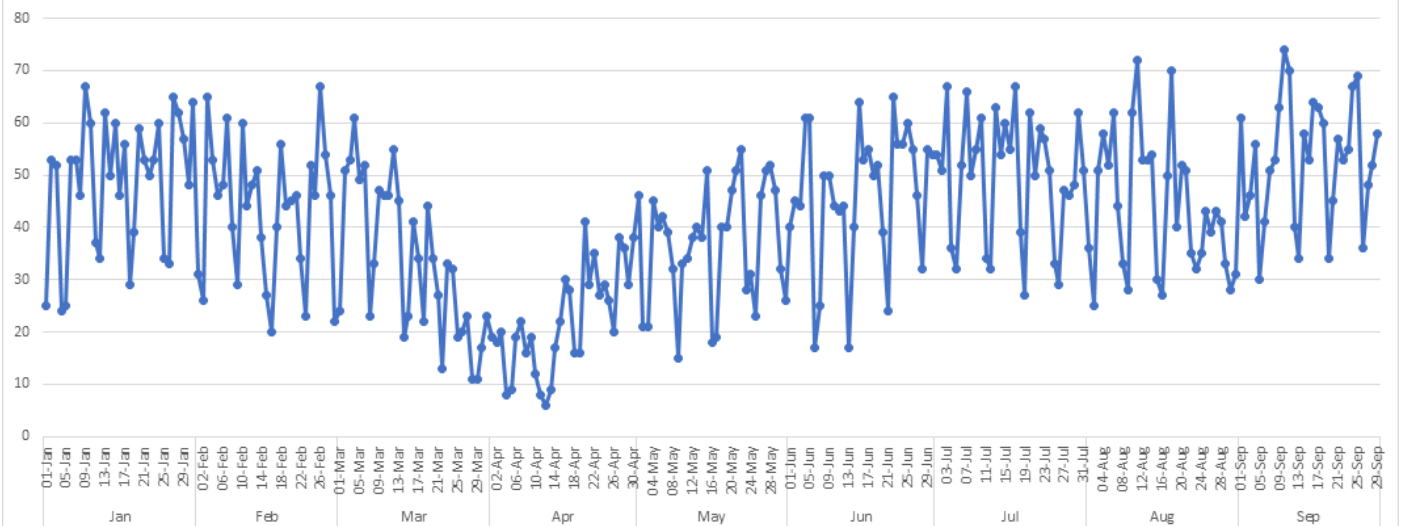


Ambulance Handover Times

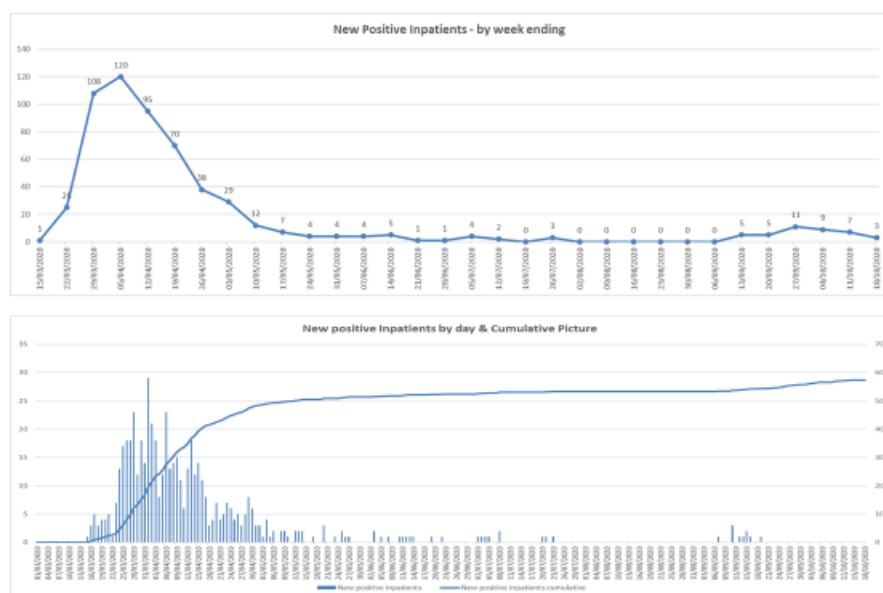


Non-Elective 0 Day LOS Discharges

January 2020 - September 2020



COVID



COVID – 19

In line with national guidance, to help manage the COVID-19 pandemic, we ceased elective operating (except for cancer cases and urgent cases) in March.

Along with other Essex hospitals, we experienced a very significant number of cases early in the pandemic and made a huge number of changes to how the hospital was run, co-ordinated and laid out to ensure we could maintain the safety of our patients and our colleagues. In addition to creating a separate 'red' Emergency Department for patients presenting with COVID-19 symptoms, we realigned our bed base and wards geographically in the hospital to create, as much as possible, a COVID-19 part of the hospital and a non-COVID-19 part of the hospital. We also significantly enhanced our critical care capacity and moved more than 90% of our outpatient consultations to virtual, many online.

At our peak, in April, our ventilated capacity for known COVID-19 patients was at almost 650% of our normal ventilated capacity, and at one point we had in excess of 150 positive COVID-19 patients being cared for in the organisation.

To date we have treated more than 500 patients with a positive COVID-19 test. Sadly 218 patients have died in our hospital as a result of COVID-19.

Impact of COVID-19 on services

We have some significant pressures currently in terms of patients waiting for diagnostics and for elective surgical interventions. For the first time in more than two years, we have patients who have been waiting for more than 52 weeks for their routine surgery, more than 200 in total, many of whom are waiting for elective orthopaedic procedures.

We also have significant pressure and demand for our diagnostic services so that we can ensure that we diagnose and treat suspected cancers in the timely manner, as we have done for several years. We have expanded our endoscopy, CT and MRI capacity significantly to support the management of cancer patients.

In addition to our capacity, we are working closely and well with our independent sector colleagues at The Rivers and several other providers to maximise access to key services so that we can restore timely services to all our patients.

All patients who have been waiting for longer than they would do normally are being reviewed by the relevant clinical team and reprioritised where appropriate on a regular basis to ensure that we manage everyone's care and priority effectively and safely.

We have detailed and clear plans to get back up to more than 90% of our usual day surgery capacity by the end of September and inpatient elective capacity by November.

Referrals to PAHT for suspected cancer fell significantly during the height of the pandemic and I'm pleased that the rate of referral for suspected cancers has largely returned to pre-COVID-19 levels over the last 6 weeks.

Routine GP referrals to the Trust however remain low, with recent weeks about 20% lower than normal pre-COVID-19 levels.

We will continue to communicate with the local population to try to provide assurance that our services and facilities are safe to use.

Staff support and testing

Whilst the number of patients attending the hospital fell significantly over recent months, the demands of treating COVID-19 patients have been significant and put a huge amount of physical and mental stress on many of our colleagues. We have provided a range of health and wellbeing support for colleagues through this period and in particular I'd like to thank Essex Partnership University NHS Foundation Trust (EPUT) for the mental health and wellbeing support that they have provided for our colleagues.

To support the ongoing pandemic, 78.3% of our people have been tested for COVID-19 antibodies and vitamin D levels. 21% have antibodies detected, although this does not guarantee immunity, and 37% have either a deficient or insufficient level of vitamin D and have been advised to use supplements.

The results show some, but not significant, variations between professionals and departments. For example our scientists and administrative teams having slightly lower levels of antibody positive results than other colleagues.

As with the national picture, our staff from a BAME background have had a higher incidence rate of contracting COVID-19 than non-BAME colleagues with 28.6% of BAME colleagues tested returning positive antibody test results compared with 17.3% of our non-BAME colleagues.

All colleagues have been encouraged to complete a personal COVID-19 risk assessment to support decisions to maximise their health and wellbeing.

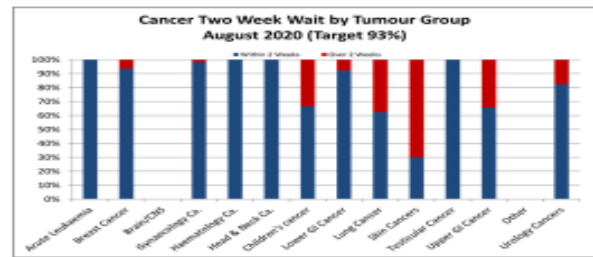
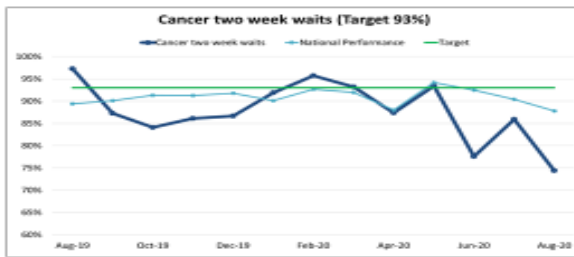
We have supported colleagues in many ways including:

- Ongoing access to SHaW, chaplaincy team, mental health first aiders, Health Assured and EPUT services for their own health and wellbeing
- Support from our SHaW team for initial staff testing and welfare calls
- 'Wobble room' on Henry Moore ward for staff to have a quiet moment
- Credit card sized communication regarding support
- Absence reporting line to make contacting the hospital in times of sickness easier
- Access to staff and household testing
- PPE Safety Officers to support colleagues with PPE guidance and anxieties
- Access to free drinks and food
- Free on site car parking
- Support for home working and more agile working arrangements
- Ongoing communications with and support for colleagues who are shielding
- Project Wingman with support from British Airways and Stanstead Airport to provide a lounge style service for colleagues

In addition we have received in excess of £35,000 to our 'just giving' page, more than £50,000 worth of goods through an Amazon wish list, not run by the Trust, and significant amounts of other support from local residents and local organisations and businesses in terms of food, drink and messages of support.

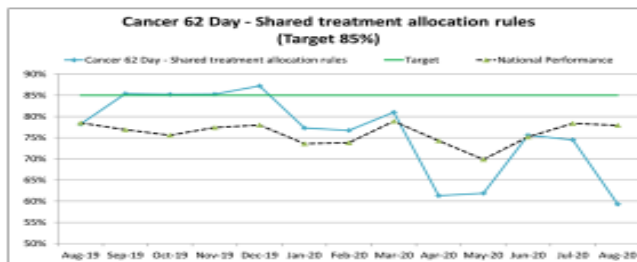
We will be developing a high-quality staff room for all colleagues on the PAH site once we have created a suitable space through filling Kao Park with non-clinical colleagues who do not need to be on site.

Cancer – First appointments



Cancer activity has continued throughout the first Covid period however capacity was reduced due to infection prevention measures. Clinical stratification of patients at first attendance ensured that patients at highest risk were prioritised for earliest appointments. Tumour sites that required face to face first appointments have taken longer to recover and dermatology was impacted by the summer surge in referrals. August performance is the latest national reported, September performance (unvalidated) still reflects backlog catch-up but October first appointment data is showing improvements.

Cancer – 62 day performance



- The deteriorated cancer performance reflects the focus on diagnosing & treating the backlog of patients caused during the Covid period. Treating a larger number of breached patients directly impacts the 28 day diagnosis, 31 day and 62 day standards.
- The backlog of patients over 62 days has reduced by 29% from August to date (18/10) and the number of patients over 104 days has reduced by 44%.
- Cancer tumour site clinical leads have been integral in developing recovery plans which are presented and discussed monthly at the Cancer Management Board.
- Detailed cancer recovery action plan in place, support from ICS colleagues, Cancer Alliance & NHSE/I.

Additional slides and detail are attached for information

Stephanie Lawton
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