

Urgent & Emergency Care Covid – 19

The Princess Alexandra Hospital February 2022



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Developments

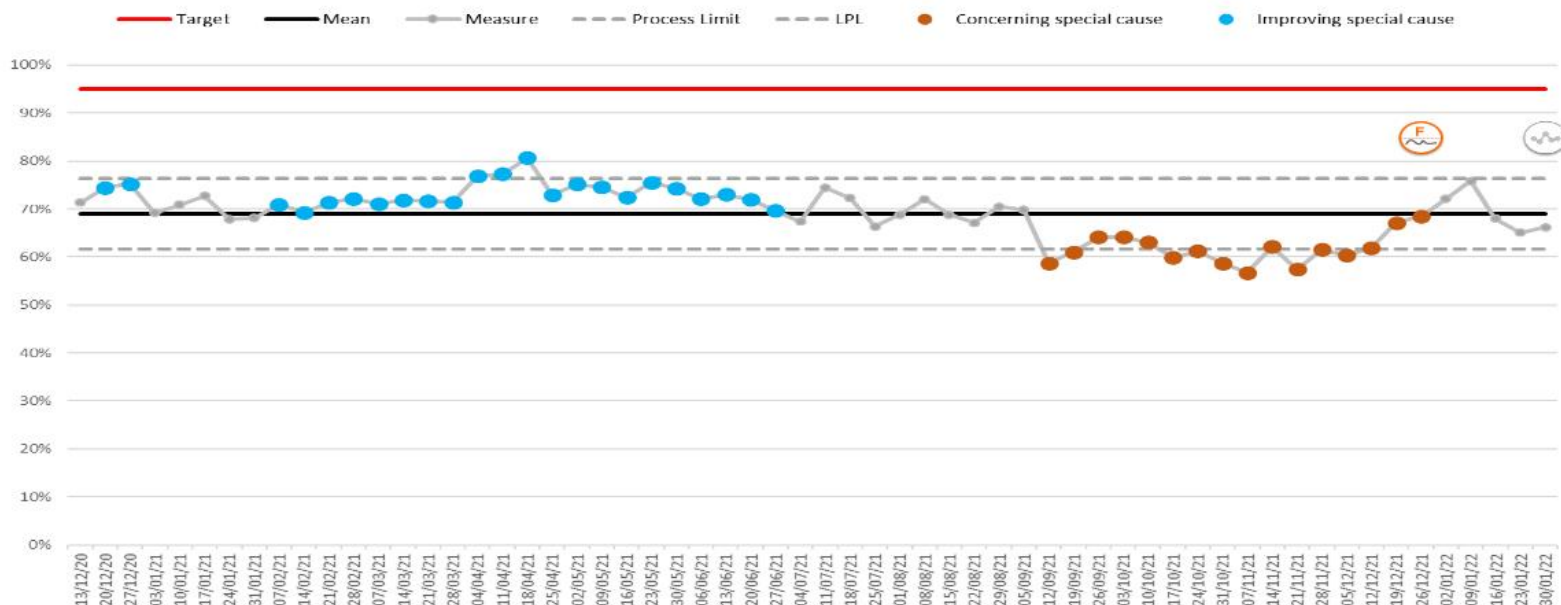
- Urgent Treatment Centre Expansion to 7 days a week 0700 – 0200 hours
- Paediatric Urgent Treatment Centre
- Frailty Assessment and Short Stay Unit (OPAL)
- Relocated and opened Red ITU
- Opened and responded as required for covid capacity
- Created surge capacity for inpatients
- Created super surge capacity if needed to support inpatients
- Reviewed and relocated day case activity to support patient surgery
- Developed a cohort area in the Emergency Department with ED and East of England Crews to support ambulance handover
- Extended the operating hours of the discharge lounge
- Joined
- Opened additional community capacity on the PAH site with Essex Partnership Trust support
- Enhanced virtual ward support for patients in Essex



Performance

In recent months, performance has been challenging with a notable increase in our attendance numbers which may be having an impact. 2 weeks in a row had seen a fairly significant improvement (above average). Additional support to manage increase in attendances has been in place since November.

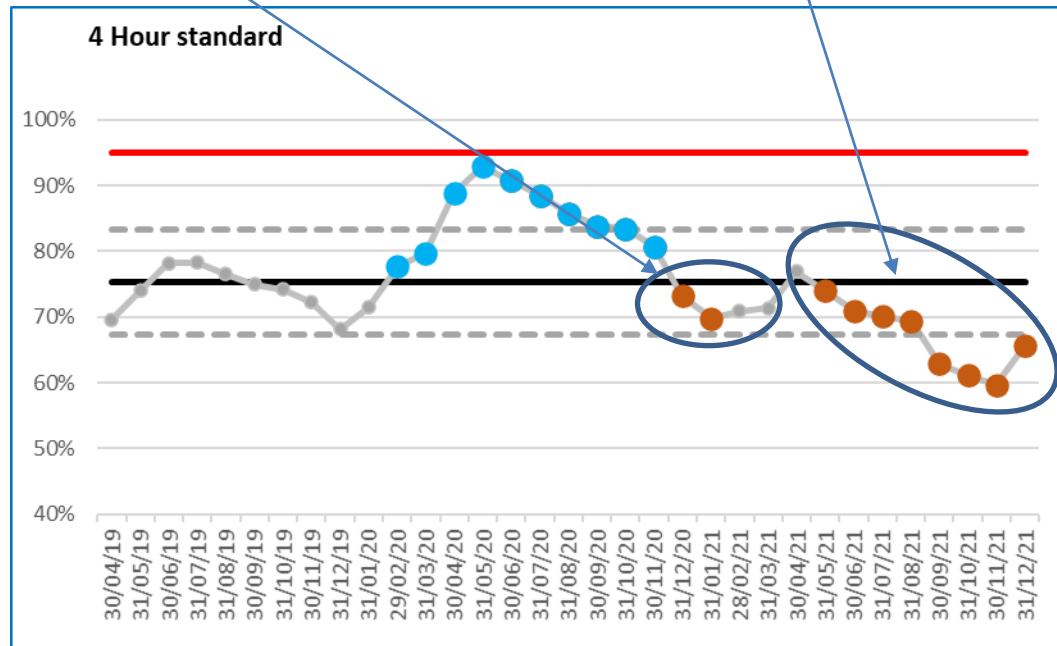
Weekly 4 Hour Performance



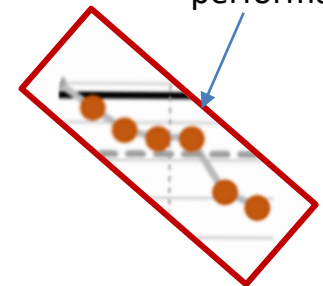
What is the current baseline

The end of 'lockdown' precipitated a significant increase in attendances higher than at any time over the last five years, impacting our performance against the standard

Covid Wave 2



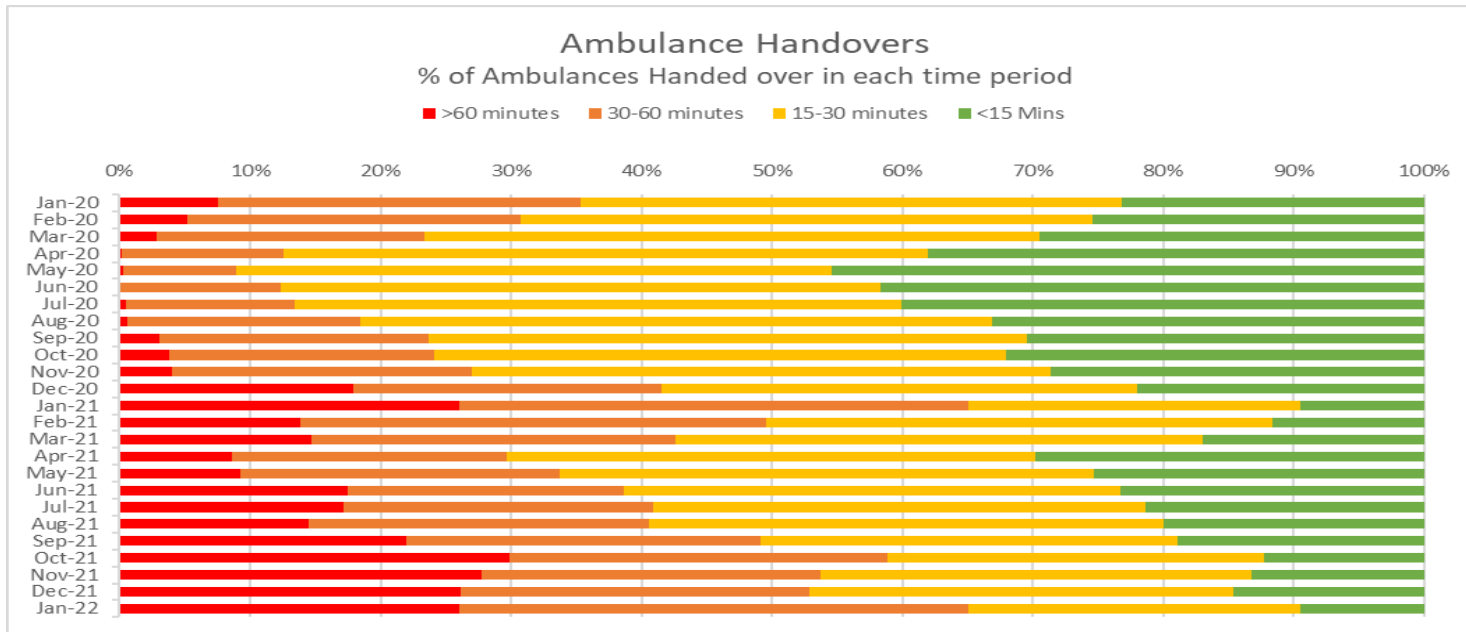
Similar correlation to overall performance against the four hour standard is mirrored in non admitted performance



The time series above is for June to November 2021

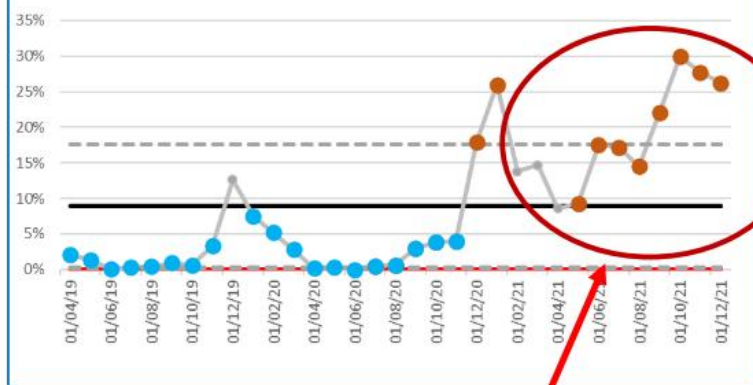
Ambulance

May 2020 – January 2021 saw an increase each month in handovers >60 mins & 30-60 mins. May 2021 saw a total of 1826 handover's (highest number since October 2020). However, this dropped again in June to 1627 handover's. July and August have remained in line with June performance (with similar number of overall handovers). In November there was a slight improvement seen in performance (compared with the previous month) – with more handovers <15 mins and less handovers >60 mins, this was seen again in December with a slight improvement in handover times.



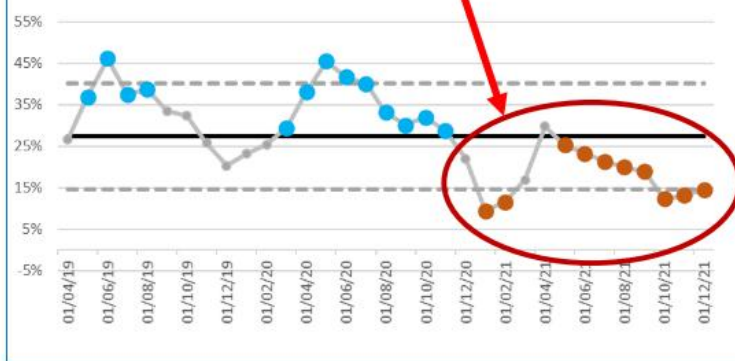
Patient Delays, Ambulance and Emergency Department

Ambulance handovers > 60 mins



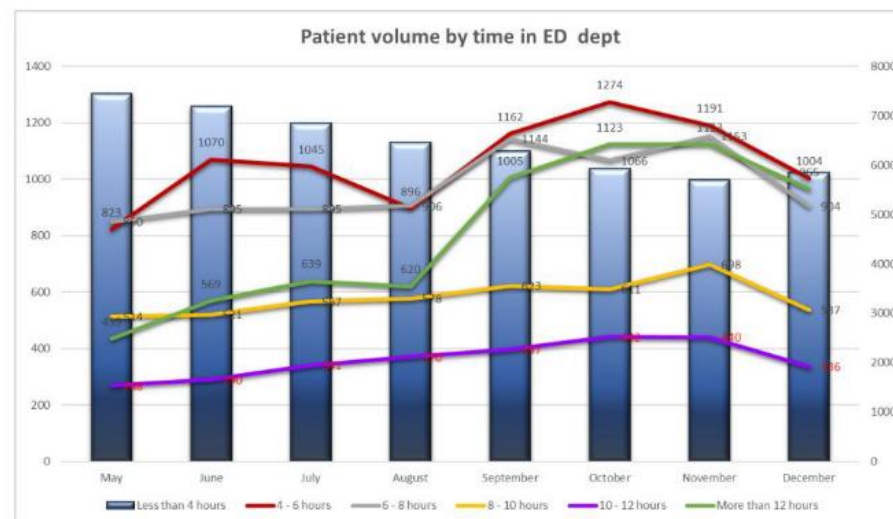
Unsurprisingly, as we have seen the proportion of patients offloaded withing 15 minutes, reduce, we have seen a mirror in the proportion of patients waiting over an hour to be offloaded.

Ambulance handovers less than 15 minutes



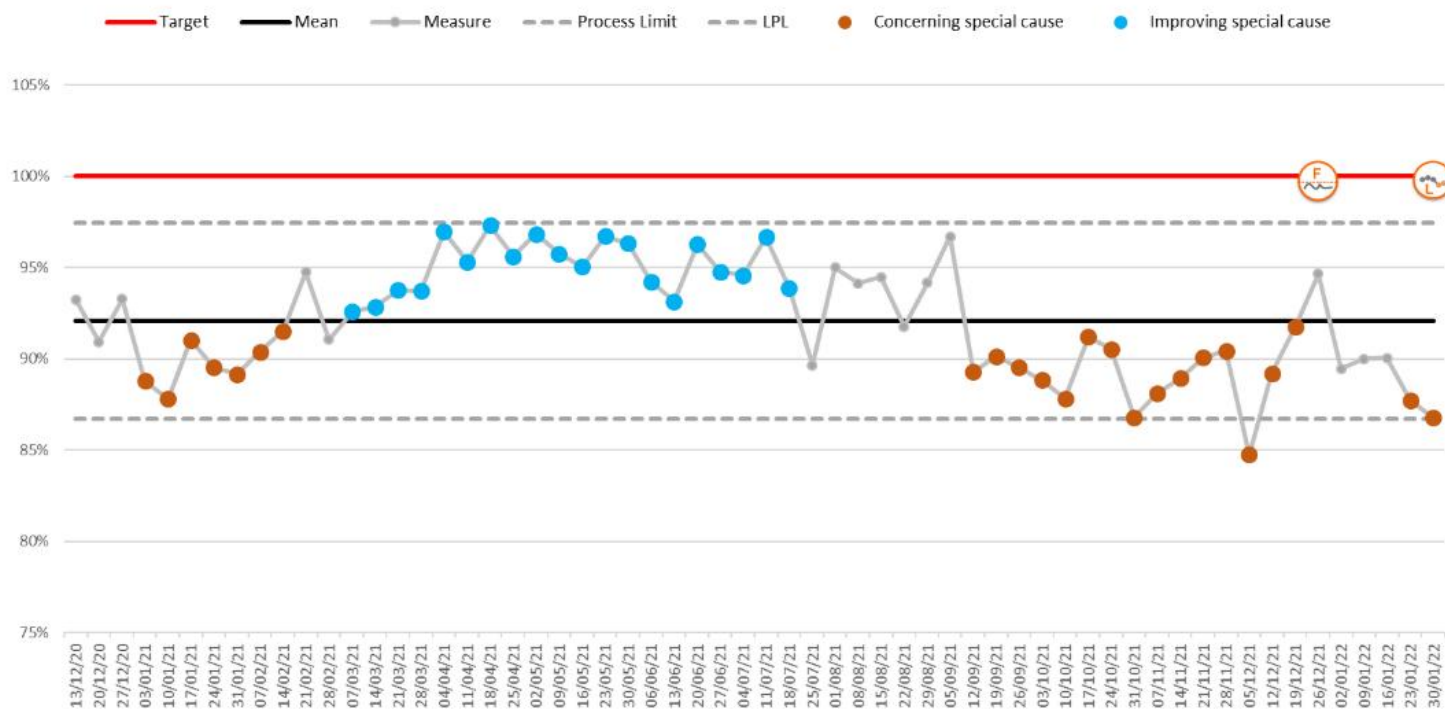
Below shows the breakdown of patients by time period. The gradual reduction of patients in the dept less than four hours is understandably consistent. However, the below shows the significant increase in patients waiting over 12 hours in the dept (nearly double in four months), and those waiting between four and six hours)

Patient volume by time in ED dept



Performance

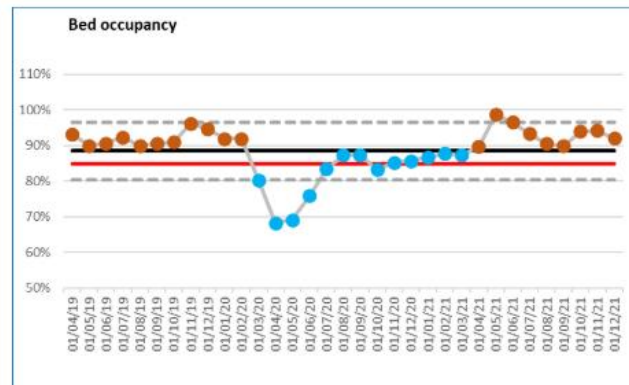
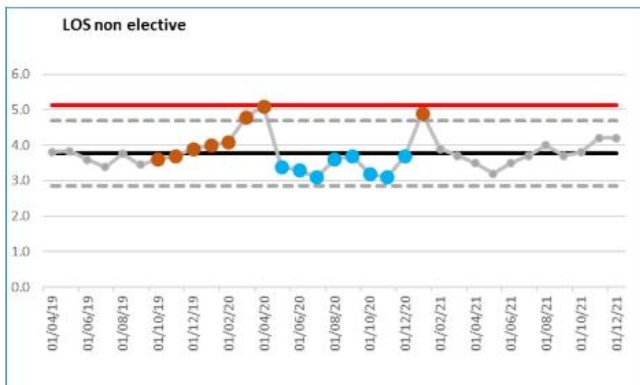
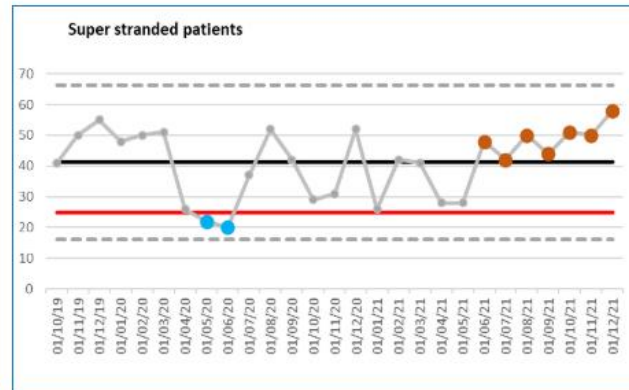
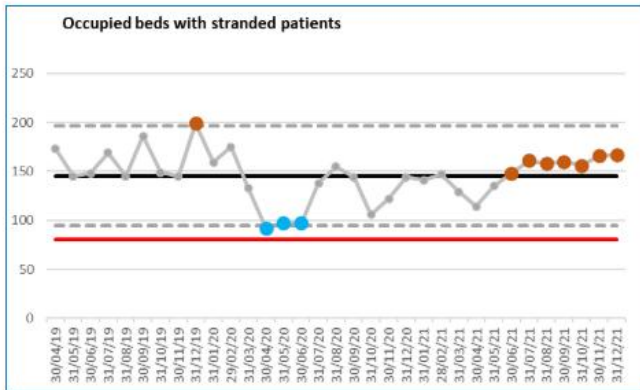
% Patients Total Time in ED - Less Than 12 Hours - All



Bed Occupancy

There has been a gradual increase in length of stay, stranded and super stranded patients. However, none of these increases have been significant, and none are in special cause variation. Whilst overall occupancy is in special cause variation, it is consistent with occupancies levels that we generally experienced prior to the first Covid wave in March 2020. If bed occupancy was a key driver to deliver of the four hour standard, we would expect to see more of a direct correlation, ie the consistent downward trend of four hour standard

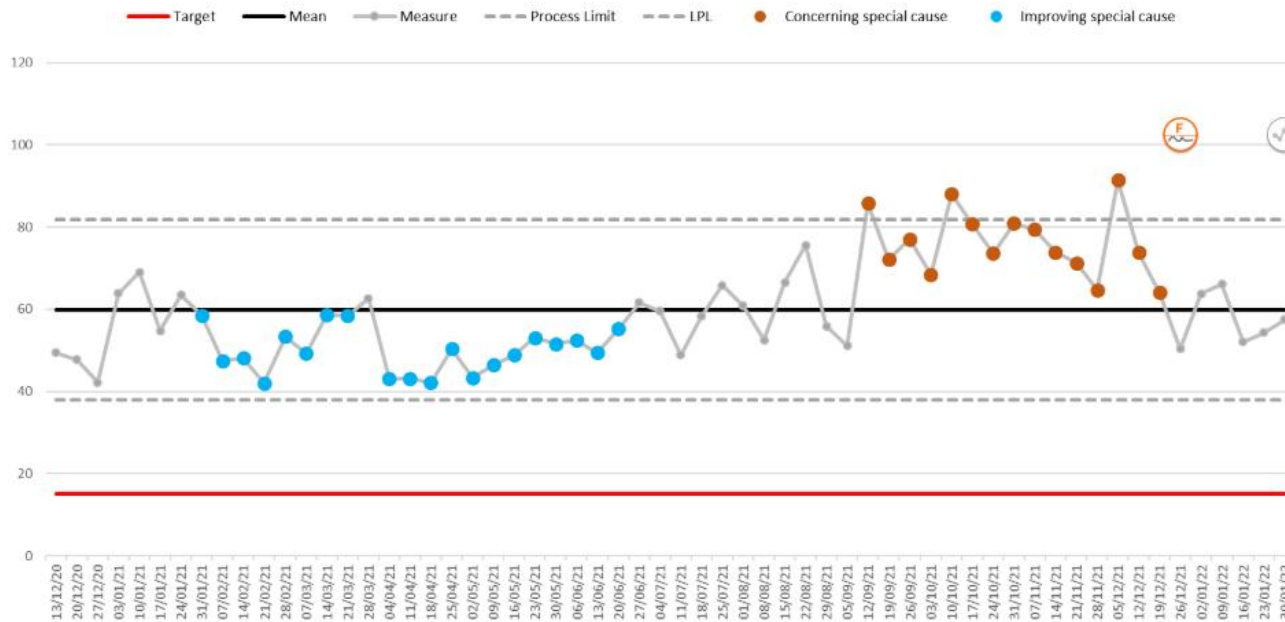
performance set against a consistent upward trend of bed occupancy. This correlation is not evidenced



Arrival to Assessment

Average arrival to assessment has improved for the third consecutive month. The emergency department team have implemented a new triage system and are working hard to improve patient experience and outcomes. The triage times are reported on a monthly basis to the Care Quality Commission as part of the overall governance framework in line with the Section 31 notice.

Average Minutes Arrival to Assessment - ED

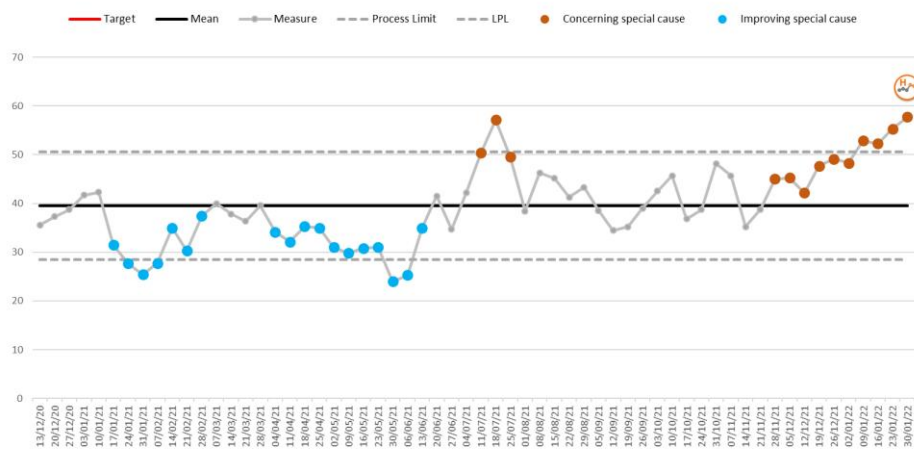


Discharge

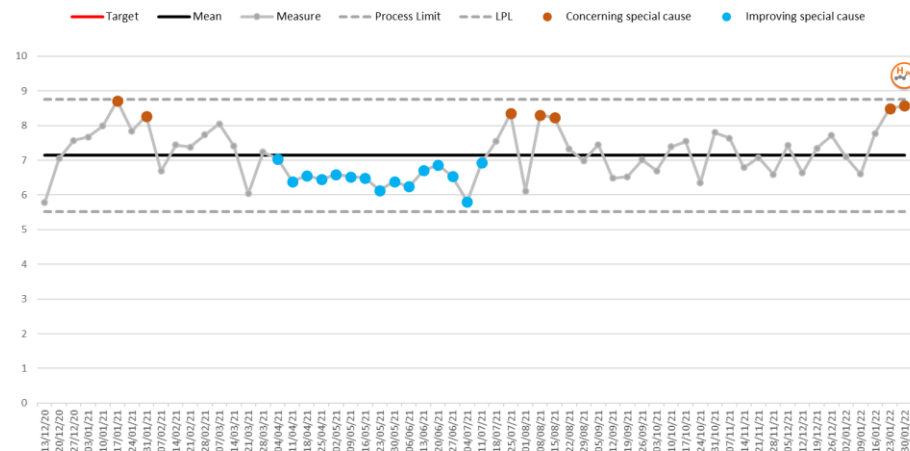
A lot of work has gone on throughout the wards with the daily patient panels to improve discharge planning. We know bed availability also has a direct impact on A&E performance. A&E performance has suffered when discharge performance has been poor. Equally A&E performance has been greatly improved when we have bed capacity.

Average LOS has remained fairly stable in recent weeks – although a slight spike for the last 2 weeks, while the weekly average number of patients with a LOS >21 days has been showing some concerning special cause variation (remaining above the upper limit for the last 4 weeks).

Weekly Average - LOS >21 days



Average Non-Elective LOS excluding Zero LOS



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Latest - National & Regional Position

4hr performance weekly rank (all Types)	
National	Region
76/116	19/30

4hr performance weekly rank (Type 1)	
National	Region
43/116	11/30

