

Emergency Care Performance

ED 4 hour performance is showing sustained performance on all measures. This is mainly related to the volumes coming through the door in relation to the Covid lockdown. The SPC chart indicators show August performance at 80.34% a decline of 4.53% compared to August. Whilst volume of activity has decreased compared to last year, ED has to operate through two streams, with 80-85% of total volume coming through the Cold stream. With the configuration of the ED split, there is reduced cubicle capacity to review throughput of activity coming through in the cold stream.

1. Improvement in 30 mins initial assessment

SGH has decreased its time to initial assessment in September by 4.1% with 82.5% on average of patients being seen within 30 mins compared to August. This can be attributed to increase in activity at SGH with some days back at pre-Covid numbers, and influx of cold capacity leading to cubicle capacity being limited. City has slightly declined its time to initial assessment in August at 95% by 1.2% on average of patients being seen within 30 mins. This can be attributed to the senior triage and decision making places in ED placing patients in the correct stream. The work being progressed to separate walk in and ambulance entrances at City will reduce overcrowding at the streaming desk and support the maintenance of time to assessment.

2. Improvement in seeing patients within 60 mins from arrival

Both sites have seen a variation in patients being seen within 60 mins from arrival from August to September. City in September averaged 64%, a decline of 0.3% compared to August. SGH has declined from August to September by 6.5% averaging at 52.8%. This can also be attributed to both departments seeing a shift in total activity but mainly the shift from Hot to Cold streams and the impact on cubicle availability and total occupancy leading to delays. Both departments, having reviewed total capacity cannot increase cold capacity without expanding outside of ED geographical foot print, and needing additional Covid staffing to remain within budget templates. There have also been notable delays due to beds and lack of flow causing overcrowding in ED and reducing cubicle capacity in which to see patients in.

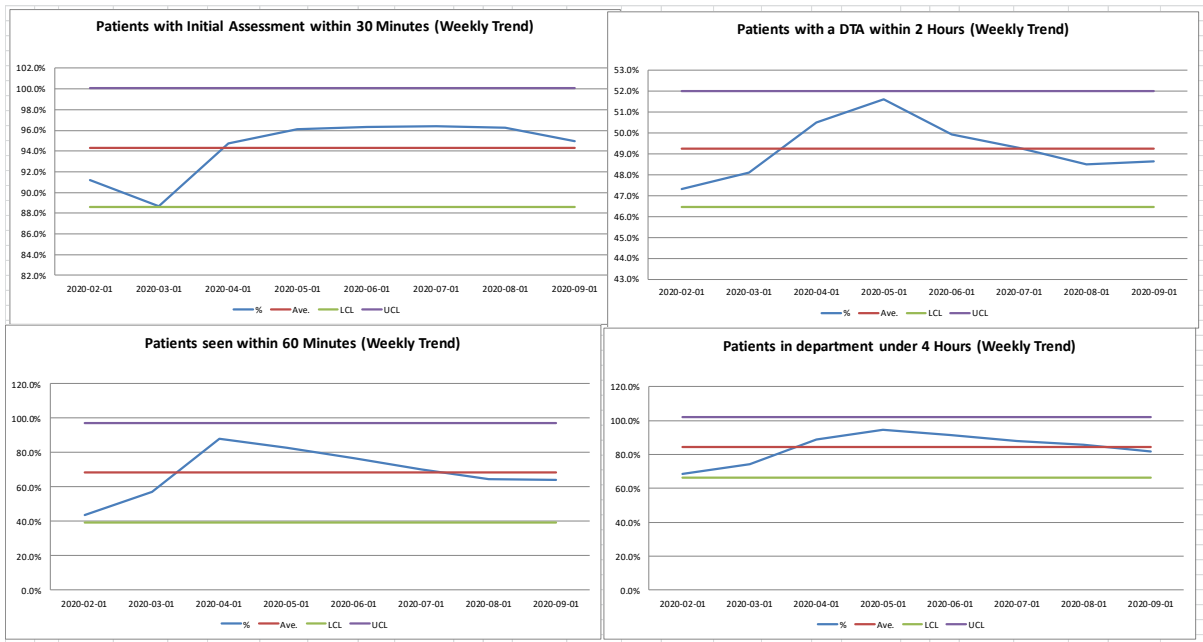
3. Patients with a DTA within 2 hours from arrival

Both sites have had a slight improved/maintained in performance in ensuring all patients have a DTA within 2 hours from arrival. At City in September the average was 47%, an increase of 0.3% compared to the previous month, and at SGH the average was 47%, holding the same as August. The maintenance of rapid speciality and diagnostic responsiveness will be instrumental in maintaining this metric as the number of patients continues to increase.

ED's have divided their departments into Hot and Cold areas as a response to Covid-19 through a number of phases. In order to assess the right area a patient is to be treated in, triage points at the front door and in RAM have been set up. There have also been a number of operational changes to Paediatric and Minors streams and bringing this activity back into ED to support the Trusts recovery programme. In light of physical capacity and challenges with flow at SGH, as demonstrated in the number of bed delays contributing to poor performance, there have been changes made to Red and Blue streams to support demand against capacity. This will be reviewed in October

Streaming to GP, ambulatory care and scheduled urgent OP will divert out of hours ED activity.

City daily SPC charts



Sandwell daily SPC charts



Liam Kennedy, Chief Operating Officer