

Report to STP Board: 22 November 2018

Agenda item:	2.1		
Title:	A&E Performance		
Lead:	Caroline Walker, Chief Executive North West Anglia Foundation Trust and Roland Sinker, Chief Executive, Cambridge University Hospital; also on behalf of Sam Higginson, Chief Operating Officer, Cambridge University Hospital		
Author:	Clare Hensman, Senior Analytics and Evaluation Manager, System Delivery Unit		
Report purpose <i>(Please mark one in bold)</i>			
APPROVAL	DECISION	ASSURE	INFORM
Link to STP Priorities <i>(Please mark all applicable in bold)</i>			
AT HOME IS BEST	SAFE & EFFECTIVE HOSPITAL CARE, WHEN NEEDED	WE'RE ONLY SUSTAINABLE TOGETHER	SUPPORTED DELIVERY
Committees/groups where this has been presented to before <i>(including date)</i>			
Health and Care Executive (HCE) 31 October 2018			

Purpose of the paper
<p>The national standard is for at least 95% of patients attending A&E to be either admitted to hospital, transferred to another provider or discharged within four hours. This is a key indicator of system flow, it sets out more details on the metric and A&E activity.</p> <p>This paper provides an update to the Sustainability and Transformation Partnership (STP) Board on the current Accident and Emergency (A&E) Performance in 2018-19 at both Cambridge University Hospital (CUH) and North West Anglia Foundation Trust (NWAngliaFT). Each Trust has an A&E Delivery Board which is responsible for monitoring A&E performance, as well as RTT and other key operational indicators.</p> <p>As a system we are failing the A&E four hour wait standard this year (to date) but our performance is improving, in particular at NWAngliaFT.</p>
The STP board is invited to:
The STP Board is asked to note the contents of this report.

1. INTRODUCTION / BACKGROUND

The national standard is for at least 95% of patients attending A&E to be either admitted to hospital, transferred to another provider or discharged within four hours.

The performance of both A&E departments is closely monitored by A&E Delivery Boards, along with Delayed Transfers of Care (DTOC) performance and Referral to Treatment targets (RTT). The latest data on A&E delivery which was taken to the CUH and NWAngliaFT boards is included in the annex.

2. BODY OF REPORT

A&E Performance

Trusts are measured by their performance over the course of the year and on performance each month. The latest performance metrics as per the following table:

Table 1: Latest A&E performance

	A&E performance to end of Sept YTD	Recent A&E performance (week ending 14 Oct)	A&E attendances (week ending 14 Oct)
England Average	89.1%		
Total CUH (type 1 and 3)	87.3%	77.8%	3,380
CUH type 1 only	82.9%	69.8%	2,484
Total NWAngliaFT	85.9%	92.4%	2,804
Peterborough City Hospital (including Stamford)	83.6%	93.1%	1,880
Hinchingbrooke	90.7%	92.4%	924

The System is currently not meeting 4hr performance standards for the year to date, and performance at each provider has slipped below the England average. The start of October 2018 has seen improved performance at NWAngliaFT, but a slip in performance at CUH.

A&E Activity trends

A&E departments are getting busier, both this year compared to recent years, and in recent weeks.

The System is treating more people through A&E this year, compared to the past few years, with 5,700 patients per week at CUH and NWAngliaFT, including their minor injuries units. This is 170 more per week than last year. In particular, Peterborough City Hospital (PCH) (including Stamford) is recording 120 more patients per week compared to the same period last year.

In recent weeks, attendances at A&E have increased at CUH, with an additional 200 attendances per week in the most recent four weeks, compared to the previous four weeks starting the end of August 2018. Attendances at Hinchingbrooke Hospital are up by 10 per week. Attendance at PCH (including Stamford) have remained level over the past few weeks, despite being higher than this time last year.

Work is ongoing in both the STP and each provider to better understand the reasons for changes in attendances and how to improve performance.

3. RECOMMENDATIONS

The STP Board is asked to note the contents of this report.

12 November 2018

Appendices: **Annex 1 – NWAngliaFT Board Report on A&E**
 Annex 2 – CUH Cambridge Integrated Care report

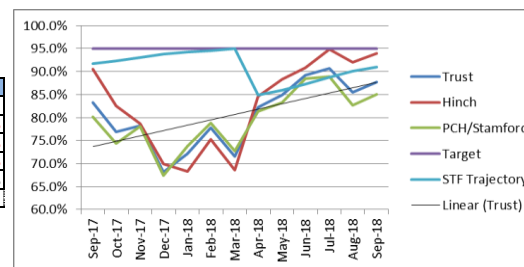
Annex 1 – NWAngliaFT Board Report on A&E

Urgent Care A+E 4 hour performance

Operations

YTD Performance and Trend

A&E 4 Hour	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18
Local System			83.5%	75.4%	78.6%	83.0%	78.1%	86.3%	87.8%	91.4%	92.3%	88.5%	90.1%
Trust	83.3%	76.9%	78.3%	68.2%	72.1%	77.7%	71.5%	82.3%	84.8%	89.2%	90.7%	85.5%	87.7%
Hinch	90.5%	82.5%	78.7%	70.0%	68.2%	75.3%	68.6%	84.6%	88.3%	90.8%	94.9%	92.0%	93.9%
PCH/Stamford	80.1%	74.3%	78.1%	67.4%	73.8%	78.8%	72.7%	81.3%	83.3%	88.5%	88.8%	82.7%	85.0%
Target	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%
STF Trajectory	91.7%	92.4%	93.1%	93.8%	94.2%	94.6%	95.0%	84.9%	86.0%	87.3%	88.7%	90.0%	91.0%



Key Actions taken in month:

PCH

- New Ambulance streaming process now embedded within Urgent Care and continues to assist with reducing offload times with fewer 30 minute and 60 minute handovers though 15 minutes still proving challenging to deliver consistently.
- Daily breach analysis ongoing – providing valuable platform for specialties to understand and discuss areas of key concern and improvement.
- CODU beds now operational however some beds still relinquished to assist with medical capacity and flow. This is reviewed on a daily basis.
- Fortnightly meetings with Chief Nurse to discuss recruitment concerns remain ongoing.
- ED team have recently attended recruitment day at Anglia Ruskin University and plan to have presence at both Leicester and Nottingham to improve marketing of a career in Urgent Care to newly qualified nurses.
- Paediatric band 6/7 roles and Clinical Educator band 7 have now started in post.
- Undertaking review of ED medical staff rota to ensure robust cover out of hours and resilience as we approach the Winter months.

Hinchingbrooke

- AAU/ACU Service development working group bi monthly meetings have now started
- New 1:8 Middle Grade rota has now started – long term Locums have joined the rota.
- Met with the ambulance team re- admitting patients on system & preparation for winter / streaming
- Winter planning will be captured in Urgent care steering group
- New symphony system now in place at HH
- SOP – taken to Divisional Clinical Governance meeting for approval. (ACU/AAU combined and updated)
- Consultants where possible are 'RATing'.
- Morning 08:15 meeting continues with Sisters focusing on Golden Patients, SAFER initiatives and staffing
- Trajectory in place for completion of MTS competencies – by December 2018
- Discharge lounge now open

Issues identified in month impacting on performance:

PCH

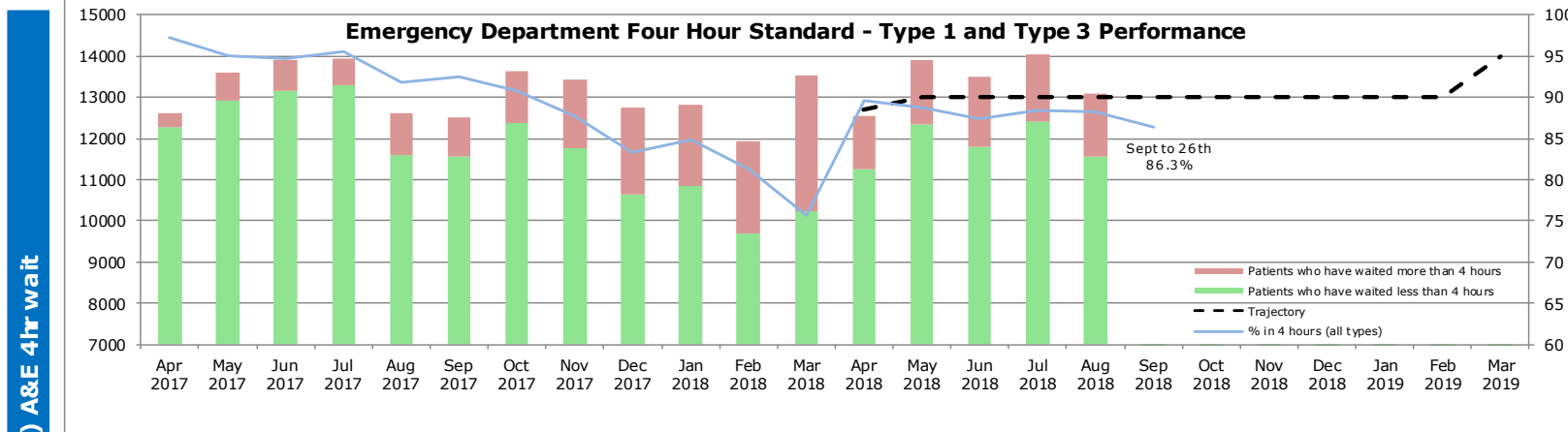
- High vacancies in B5 ED nursing staffing are reducing slowly
- Reliance on agency nursing staff still creating financial pressures
- Continuing high levels of DTOCs, stranded patients, medical outliers and late (in the day) discharging of patients causing difficulty in creating flow through hospital.
- Process for identifying golden patients still challenging, process being reviewed
- Gaps in management structure remain an issue cross site, however plans in place to cover gaps with effect from November 2018.
- Ongoing GP staffing shortages. Discussions underway to decide viability and cost-effectiveness of service.

Hinchingbrooke

- Capacity and demand remains a risk as often there is a reduction in ACU capacity as escalation beds open in AAU
- Poor discharge figures across the weekend results in poor capacity management and slow start to the week.
- DTOCs remain high .
- Batching of CDS from wards increases DTOCS
- Low numbers of "Golden Patients" to create early capacity for ED
- Red2Green initiative started
- Still reliance on Locum /Agency doctors but recruitment in progress
- Vacancy remains for 2 ward trackers

Annex 2 – CUH Cambridge Integrated Report

National targets



Emergency Department (ED) A&E 4hr wait

Emergency Department (ED) performance August

Performance against the four hour standard decreased to 88.2% in August from 88.5% in July. The type 1 performance for August was 84.0%. Type 1 attendances grew by 2.2% compared to August 2017, and YTD the growth is 1.6%. Across both type 1 and 3 attendances the Trust is 0.1% above 2017/18 for the YTD, but 1.5% below the plan.

Admissions from the Emergency Department YTD continue to be 4.4% down on 2017. Of these, 309 (41%) relate to admissions with 0 LoS and 448 (51%) with ≥ 1 day LoS. August however did show an increase of 3.7% compared to the previous year, the first month in 2018/19 to rise. This is driven by a 17.5% increase in 0 LoS admissions which have been seen through the Clinical Decision Unit where we have expanded the chair capacity.

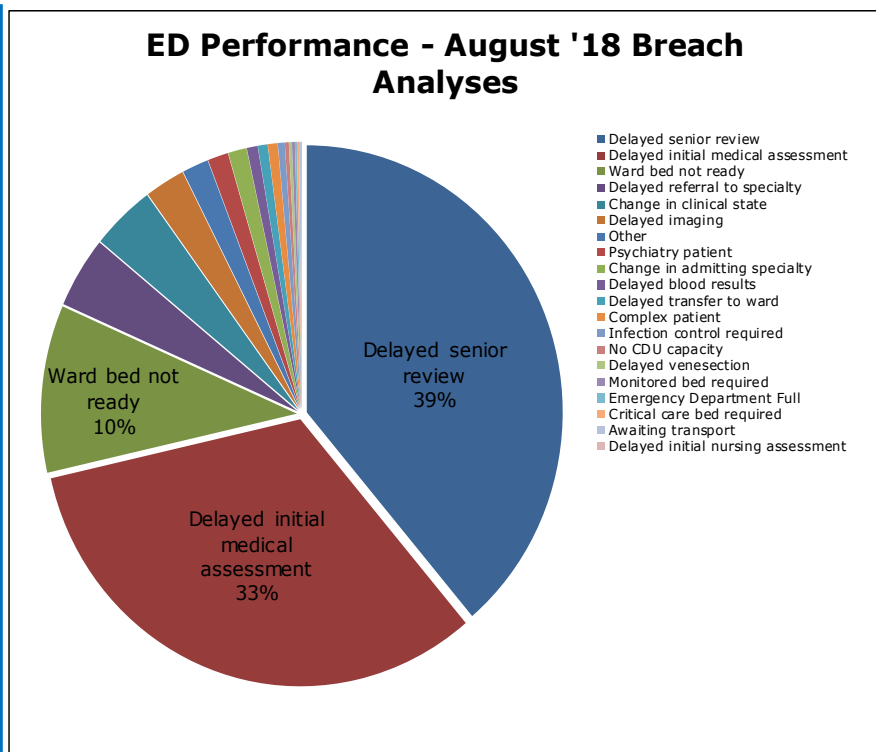
A&E performance forecast and recovery

Performance for the September month to date is 86.3% against our expected trajectory for the month of 90%. Daily average attendances have increased to 320 in September from 312 in August; it is also an increase on the 305 daily attendances seen by the same point in the month in September 2017.

Areas of focus to improve performance continue

- A continued focus on working with the acute hub and moving patients to the medical short stay wards promptly, within the patients pathway.
- Utilisation of the chair centric area in CDU.
- Increasing volume of patients streamed to the GP in the Urgent Treatment centre, currently 8.4%. Trajectory required by NHSE/I to reach 10% weekdays, 15% weekends from mid-October.
- Minors attendances (as per ECDS definitions) to improve to 95% within 4 hrs from November as per trajectory submitted to NHSE/I.
- DToC levels - System wide commitment to reduce DToC levels to 3.5%. CQC Peer review taking place week of 24th September.
- Internal focus on super-stranded patients with >21 day LoS. Weekly central review with representatives from the COO, Chief Nurse and Medical Director's offices.
- CUH continued to support the MIU's with nurse staffing to avoid MIU closures and CPFT have recruitment plans in place to fill vacancies by November.

National targets



Internal Professional Standards - August '18			
Measure	No. with data	No. achieved	% achieved
	Emergency medicine		
Ambulance handover will occur within 15 minutes of ambulance arrival at the emergency department	2678	1594	60%
All patients will have a nurse assessment within 15 minutes of arrival that will include a plan for the appropriate placement of the patient within the department.	9631	9423	98%
Initial medical assessment by a decision making clinician will occur within 60 minutes of arrival and will include the initiation of appropriate investigations.	8272	3380	41%
All emergency medicine referrals to another specialty to be completed within 120 minutes of arrival.	478	158	33%
Surgery (all specialties), medicine (all specialties), paediatrics, obstetrics and gynaecology, neurology, neurosurgery, oncology			
Initial assessment of patients referred by their GP to be undertaken within 60 minutes of arrival	1108	346	31%
Senior review for patients referred by their GP will be undertaken within 120 minutes of arrival.	460	46	10%
Mental Health			
Review of referred patients will be undertaken within 60 minutes of referral	111	59	53%
Bed Allocation			
Patients to be transferred to the ward or unit within 15 minutes of the "ready" time	1519	617	41%

72% of breaches in August related to time to assess patients for both initial assessment and senior review. Four new consultants begin with the Trust in October 2018 and will support a reduction in breaches due to processing power in the department. Acute medicine rotas continue to be a challenge to fill and further work is taking place daily with the medical staffing team. Daily ED performance meetings continue with the Chief Operating Officer/Operations Director reviewing breaches daily. A new system is being established to invite specialities in rotation to further understand breach causal factors and developed robust actions. The current hospital escalation policy is under review, for a hospital wide launch in readiness for winter.