

**Report to STP Board: 22 January 2019**

<b>Agenda item:</b>	2.1		
<b>Title:</b>	Accident & Emergency (A&E) Performance		
<b>Lead:</b>	Caroline Walker, Chief Executive North West Anglia NHS Foundation Trust and Sam Higginson, Chief Operating Officer, Cambridge University Hospital.		
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<b>Report purpose</b> <i>(Please mark one in bold)</i>			
APPROVAL	DECISION	<b>ASSURE</b>	INFORM
<b>Link to STP Priorities</b> <i>(Please mark all applicable in bold)</i>			
AT HOME IS BEST	<b>SAFE &amp; EFFECTIVE HOSPITAL CARE, WHEN NEEDED</b>	WE'RE ONLY SUSTAINABLE TOGETHER	SUPPORTED DELIVERY
<b>Committees/groups where this has been presented to before</b> <i>(including date)</i>			
Health and Care Executive (HCE), 20 December 2018			

**Purpose of the paper**

The national standard is for at least 95% of patients attending Accident and Emergency (A&E) to be either admitted to hospital, transferred to another provider or discharged within four hours. As a system we are failing the A&E four hour wait standard, 84.3% year to date for 2018/19. A&E attendances are also up 3.92% over 2017/18 (compared to the national average of 0.2%).

This paper provides an update to the Sustainability and Transformation Partnership (STP) Board on the current A&E Performance at both Cambridge University Hospital NHS Foundation Trust (CUH) and North West Anglia NHS Foundation Trust (NWAFT). This paper is a key indicator of system flow, it sets out more details on the metric and A&E activity. We also capture the projects that aim to change how and where patients access services, to avoid A&E attendances, subsequent admissions and those patients who become Delayed Transfers of Care (DTOCs).

**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 Trusts A&E Departments are closely monitored by A&E Delivery Boards, along with DTOC performance. The latest data on A&E delivery which was taken to the CUH and NWAFT 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. Below are the performance metrics for towards the end of 2018. As received by HCE, performance in more recent weeks follows a similar pattern.

Table 1: Latest A&E performance

	A&E performance to end of Oct YTD	Recent A&E performance (week ending 2 Dec)	A&E attendances (week ending 2 Dec)
<b>England Average</b>	<b>83.8%</b>		
<b>CUHFT Inc MIU</b>	87.5%	78.7%	3,245
CUHFT	83.1%	83.5%	2,517
<b>NWAngliaFT</b>			
Peterborough City Hospital (including Stamford)	84.1%	70.5%	6,867
Hinchingbrooke	90.9%	97.9%	1,416

The System is currently not meeting 4hr performance standards for the year to date but is above the England average performance. At the start of December 2018, there was improvement in Hinchingbrooke, with performance above 90% for the previous 13 weeks. Integrated performance reports for both major Trusts are included in the appendices, specifying reasons for difficulties meeting the performance standard.

### **A&E Activity trends**

A&E departments are getting busier, both this year compared to last year, treating 243 more patients on average each week. This increase has particularly been felt at Peterborough City Hospital (PCH), with an average of 117 more patients each week, a 7% increase on each year.

Analysis carried out by the Cambridgeshire and Peterborough Clinical Commissioning Group (CCG) show that this increase is from a selection of GP practices in the local area. The CCG is taking this forward to understand the reason behind any increase.

The Cambridgeshire and Peterborough System has several projects in varying stages of development and delivery to address urgent care activity, to ensure that patients get the appropriate care at the right point in time. This will help address system performance, including A&E 4hr waits and DTOCs. These changes will come together under the Urgent and Emergency Care Clinical Community to ensure coordination of these and future projects.

See annex three for a draft list of those projects.

### 3. RECOMMENDATIONS

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

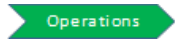
**14 January 2019**

**Appendices:**

- Annex 1 – NWAngliaFT Board report on A&E***
- Annex 2 – CUH Cambridge Integrated report***
- Annex 3 – Admission avoidance schemes in Cambridgeshire and Peterborough (draft)***

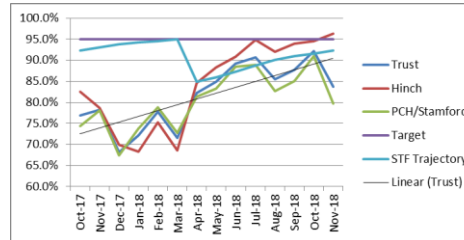
## Annex 1 – NWAngliaFT Board Report on A&E

### Urgent Care A+E 4 hour performance



#### YTD Performance and Trend

A&E 4 Hour	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-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%	93.6%	87.1%
Trust	76.9%	78.3%	68.2%	72.1%	77.7%	71.5%	82.3%	84.8%	89.2%	90.7%	85.5%	87.7%	92.1%	83.7%
Hinch	82.5%	78.7%	70.0%	68.2%	75.3%	68.6%	84.6%	88.3%	90.8%	94.9%	92.0%	93.9%	94.5%	96.3%
PCH/Stamford	74.3%	78.1%	67.4%	73.8%	78.8%	72.7%	81.3%	83.3%	88.5%	88.8%	82.7%	85.0%	91.0%	79.8%
Target	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%
STF Trajectory	92.4%	93.1%	93.8%	94.2%	94.6%	95.0%	84.9%	86.0%	87.3%	88.7%	90.0%	91.0%	91.6%	92.4%



#### Key Headlines:

- Develop a sustainable solution for ED staffing ie: medical rota review
  - Reviewed Ambulance streaming / handovers in ED
  - Reviewed site management at both Peterborough and Hinchbrooke sites
  - Embed symphony system within ED
  - Developing a DTOC and Longer Stay Patient project within the Trust
- Lead for SAFER, R2G, and Criteria Led discharge (Sophie Ives) having an impact, ward B^ and A10 have seen significant improvements impacting on patient flow
- Go Golden patient initiative to be re launched
- Re Review of discharge lounge staffing to allow longer opening hours
- Bol Additional medical presence at weekends in ACU

#### PCH

- Improved performance against the 4hr standard at PCH in October.
- All ED staff have been trained to use the Symphony system in preparation for 'go-live' on 20<sup>th</sup> November.
- Weekly ACU meeting have been set-up to look at ways to develop ACU
- 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 ongoing to discuss recruitment concerns.
- Undertaking review of ED medical staff rota to ensure robust cover out of hours and resilience as we approach the Winter months.

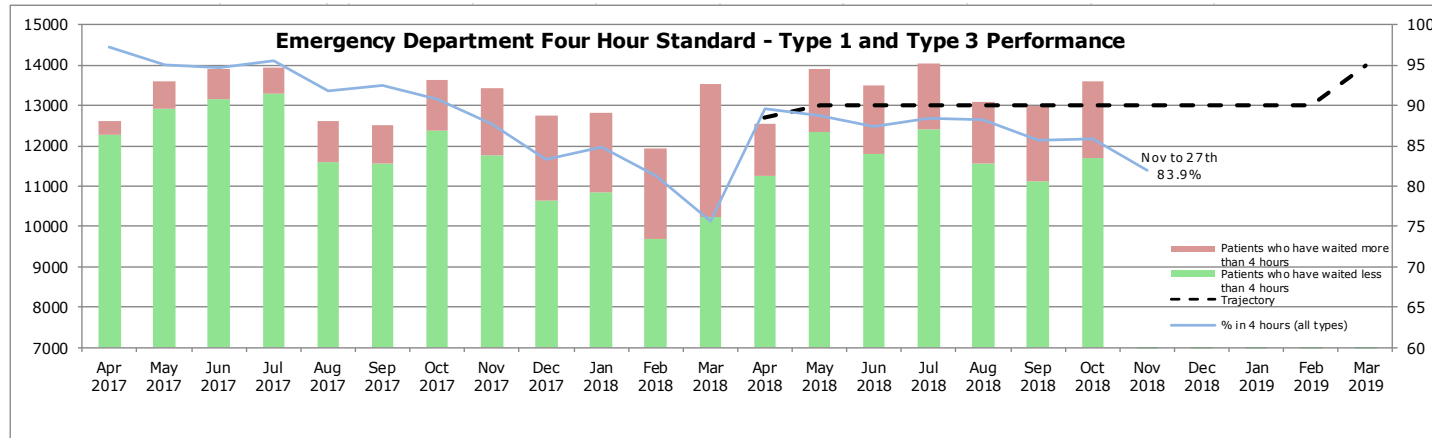
#### Hinchbrooke

- Agreement reached with CPFT to continue weekend Acute Psychiatric Liaison Service cover for HH ED through to the end of March 2019, this was due to cease end of November 2018
- AAU/ACU Service development working group meetings ongoing
- Winter planning will be captured in Urgent care steering group
- SOP – taken to Divisional Clinical Governance meeting for approval. (ACU/AAU combined and updated)
- 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

## Annex 2 – CUH Cambridge Integrated Report

### National targets

Emergency Department (ED) A&E 4hr wait



#### Emergency Department (ED) performance October

Performance against the four hour standard remained constant at 85.9% in October compared to 85.8% in September. The type 1 performance for October was 81.2%. Type 1 attendances were flat compared to those seen in October 2017, and the year to date growth for Type 1 is of 1.5% for April-October. Across both type 1 and 3 attendances the Trust is now 1.0% above 2017/18 for the YTD, but 1.7% below the plan. Admissions from the Emergency Department YTD are 639 (2.7%) down on 2017. October itself however did show an increase in admissions of 1.7% compared to the previous year. There was one 12 hour trolley wait in October. The case involved a paediatric patient who required a high dependency bed and at the time there were no available beds in PICU. Initially the child was not ventilated and therefore CATS were unable to transfer the patients as the commissioned service is for intubated patients only. The patient was safe and cared for appropriately whilst in the Emergency Department

#### A&E performance forecast and recovery

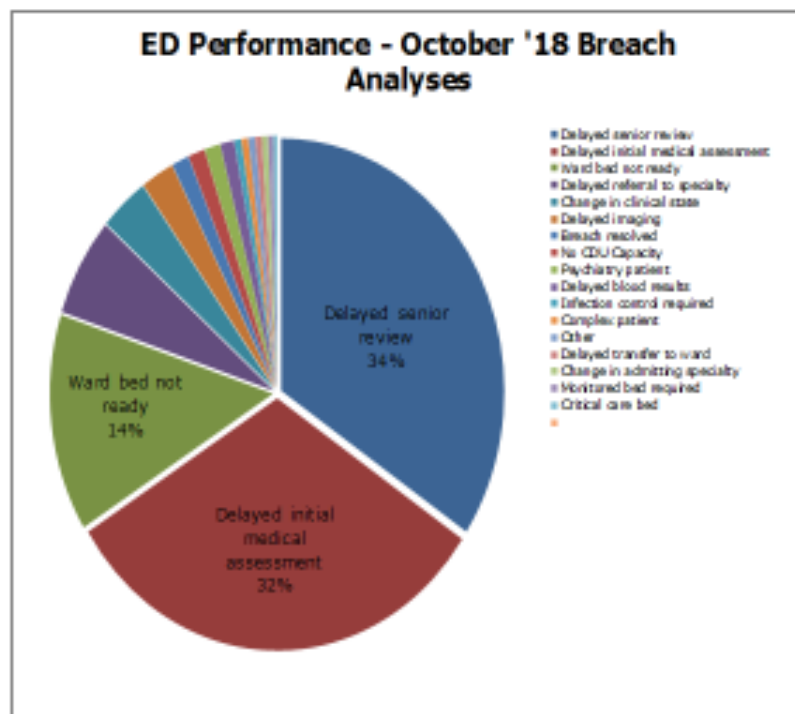
Performance for the November month to date (1st-27th November) is 83.9% against our expected trajectory for the month of 90%. Daily average Type 1 attendances have increased to 343 in November compared to 331 in November 2017, 3.6% increase. An internal critical incident was called on the 2nd November due to Trust bed capacity, the Trust stepped down from internal critical incident on the 14th November.

#### Areas of focus to improve performance :-

- The Acute Hub was launched on the 14th November which has already showed signs of an improving picture of Acute Medicine patient turnaround times. The Emergency Department and the Acute Hub will be continuing to embed the process of moving patients through the Emergency Department up to the Acute Hub for their Senior Reviews.
- Ambulatory Care are now working on an Investment case to open the unit into the evening, further scoping work is being carried out.
- We are continuing to stream appropriate patients to the Chaired centric area of CDU. This project went live at the beginning of June, and we have almost doubled the throughput since going live averaging between 80-90 patients per week.
- The CCG undertook an audit of our GP streaming process on the 14th November to assess our criteria and throughput. Early feedback has not suggested any concerns but we are awaiting the formal report.
- The point of care testing lab within the Emergency Department is temporarily relocated whilst construction work is undertaken to expand the size of the ED lab. This will complete in December and will allow the lab to incorporate rapid flu testing to support decision making on patient placement and need for isolation.
- DTOC levels - System wide commitment to reduce DTOC levels to 3.5% continues.
- An ED nursing recruitment taskforce has been established to look at opportunities to increase recruitment rates and incentives that may be available.

The Trust has undergone a number of visits over the past four weeks. ECIP and NHSI walked the non-elective pathway on the 22<sup>nd</sup> October. ECIP provided additional support to assist with getting back on the trajectory for the Super Stranded (21+ LoS) reduction on 30<sup>th</sup> October. NHSE and NHSI are visiting the Trust on 6<sup>th</sup> December 2018 to undertake their winter assurance process. This visit will review both the front door emergency pathway and the inpatient emergency pathway.

## National targets



Internal Professional Standards - October '18			
Measure	No. with data	No. achieved	% achieved
<b>Emergency medicine</b>			
Ambulance handover will occur within 15 minutes of ambulance arrival at the emergency department.	2669	1572	59%
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.	10173	9898	97%
Initial medical assessment by a decision making clinician will occur within 60 minutes of arrival and will include the initiation of appropriate investigations.	9005	3643	40%
All emergency medicine referrals to another specialty to be completed within 120 minutes of arrival.	583	248	43%
<b>Surgery (all specialties), medicine (all specialties), paediatrics, obstetrics and gynaecology, neurology, neurosurgery, oncology</b>			
Initial assessment of patients referred by their GP to be undertaken within 60 minutes of arrival	1519	407	33%
Senior review for patients referred by their GP will be undertaken within 120 minutes of arrival.	590	73	12%
<b>Mental Health</b>			
Review of referred patients will be undertaken within 60 minutes of referral	4	0	0%
<b>Bed Allocation</b>			
Patients to be transferred to the ward or unit within 15 minutes of the "ready" time	1724	600	35%

### IPS Commentary

ED together with acute medicine have now launched the acute hub model which will see medicine patients receiving senior reviews outside of ED and all patients flowing through three acute wards, with the exception of those needing a specialist inpatient bed. This model should lead to reduced patient times in ED, patients moving onward to appropriate areas within the hospital and therefore reduced length of stay.

# Fit for the Future

Working together to keep people well

## Annex 3 – Admission avoidance schemes in Cambridgeshire and Peterborough (draft)

Project	Current reporting arrangements	Status
<b>JET</b>		
Joint clinical triage with GP OOHs/NHS 111	JET Steering Group	Deliver
GP/ED telephone liaison (Silver phone / RADAR)	Provider Boards	Deliver
<b>Minor Injuries Hubs/LUCS</b>		
Prince of Wales re-development	CCG UEC / CEC	Develop
Ely Local Urgent Care Service (LUCS)	CCG UEC / CEC	Develop
<b>GP</b>		
Granta in-reach into CUH	South Provider Alliance	Design
Octagon trial visiting service	North Provider Alliance	Design
<b>Ambulatory care</b>		
Same day clinics	Provider Board	Deliver
Surgical assessment unit (HH)	Provider Board	Deliver
NWAFT (PCH) Ambulatory Care	Provider Board	Deliver
<b>Care Homes</b>		
Vanguard 7 themes; Primary care support; MDT incl MH/social care; Reablement; EoL/Dementia care; joined up commissioning; workforce development; Data/IT	CCG UEC / CEC	Deliver
<b>High Intensity User Offer</b>		
Identification of people who repeatedly use multiple services and working with them to reduce their need	tbc	tbc
<b>Contract Management</b>		
GP OOHs/NHS 111/Clinical hub re-tendering October 2019	CCG UEC / CEC	Develop