Fit for the Future
Working together to keep people well

Report to STP Board: 14 March 2019

Agenda item:	3.3
Title:	Accident & Emergency Performance and Admissions Avoidance
Lead:	Caroline Walker, Chief Executive North West Anglia NHS Foundation Trust and Sam Higginson, Chief Operating Officer, Cambridge University Hospital.
Author:	Clare Hensman, Senior Analytics and Evaluation Manager, System Delivery Unit

Report purpose *(Please mark one in bold)*			
APPROVAL	DECISION	**ASSURE**	INFORM

Link to STP Priorities *(Please mark all applicable in bold)*			
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 *(including date)*

Health and Care Executive (HCE), 12 February 2019

Purpose of the paper

This paper provides an update to the STP Board on the current Accident and Emergency (A&E) Performance at both Cambridge University Hospital (CUH) and North West Anglia Foundation Trust (NWAFT). This paper is a key indicator of system flow, it sets out more details on the metric and A&E activity.

The STP Board is invited to:

The STP Board is asked to:

- Note the results of the review of the portfolio of Admissions Avoidance projects by the Urgent Care Clinical Community, supported by evidence and analysis; and
- Note the reporting arrangements for the Admissions Avoidance portfolio, to come into effect no later than 1 April 2019

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. As a system we are failing the A&E four hour wait standard, 87.7% year to date for 2018/19. A&E attendances are also up 2.2% over 2017/18 (compared to the national average of 3.4%), although this increase is unsustainable and needs urgent action.

Following a request from our regulators to "grip" this work more closely at System level, and to assure Council partners of efforts made to avoid admissions, the paper sets out the current projects in train relating to reducing system demand for urgent care. This portfolio of projects is subject to a review by the Urgent Care Clinical Community, supported by evidence and analysis of attendances and admissions, and may be subsequently revised. Further, it proposes that CEO level leadership and reporting arrangements are needed to ensure there is sufficient pace and visibility of this work.

The performance of both A&E departments is closely monitored by A&E Delivery Boards, along with Delayed Transfers of Care (DTOC) performance. A&E performance is one of *the* key national indications that NHS bodies are monitored on. Together with DTOC, A&E performance impacts the System's reputation nationally.

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 Jan YTD	Recent A&E performance (week ending 24 Feb)	A&E attendances (week ending 24 Feb)
England Average (type 1 and 3)	88.52%		
England Average (type 1 only)	82.30%		
Total CUH (type 1 and 3)	86.65%	83.27%	3,204
CUH type 1 only	82.22%	79.97%	2,433
NWAngliaFT incl. MIU	87.95%	78.22%	4,086
Peterborough City Hospital (including Stamford)	81.57%	65.59%	2,229
Hinchingbrooke	92.41%	90.58%	977

The System is currently not meeting the 4hr performance standards for the year to date are below the England average performance. The start of January 2019 saw performance decline across all sites. This was an anomaly for Hinchingbrooke, where performance had been above 90% for 24 out of 26 weeks. Performance has varied at the other two sites in the past 6 weeks, 75.13% to 82.67% at CUH (all types) and 60.33% to 73.82% at Peterborough City Hospital (PCH) (Inc. Stamford).

A&E Activity trends

A&E departments are getting busier, with A&E departments treating 309 more patients collectively on average each week than last year. This increase is unsustainable and needs urgent action. This increase has particularly been felt at Peterborough City Hospital at the start of the year, with an average of 129 more patients each week, a 7% increase.

More recently there have been larger increases in attendances across all sites. In the first three weeks of January there was an average of 600 more Type I attendances across all Trusts compared to last year. CUH had 292 (12%) more attendances than last year, Peterborough had 200 (10%) more and Hinchingbrooke had 107 (11%) more.

Analysis of attendances has shown that increases are from specific GP practices into PCH. In recent weeks the increase in attendances at CUH has been driven by a 32% increase in referrals from GP practices for CUH and a 10% increase in self-referrals. This is particularly in those under 17, and 17-64 attending for major (ambulant) care. To address this, the CCG is working with GPs to provide support through Practice Visits, whilst working on monitoring the situation with providers.

To understand the demand for urgent care, we need to look at alternatives to A&E, including NHS 111 and Minor Injuries Units. Activity trends for these services are in annex 2.

Projects to reduce A&E Attendances and Admissions

There are a range of projects currently being planned or delivering results which should help reduce A&E attendances and admissions. These are currently being managed across the system primarily through partner organisations, with some visibility at A&E Delivery Boards and through Winter reports. However, there is not one shared view of the system's portfolio of projects to avoid attendances and admissions.

Projects have been identified and commissioned through a range of routes, and have differing reporting arrangements in place, not always with clear KPI tracking. Together, the result is that as a system, we cannot clearly express the impact of combined efforts on areas of need – we are potentially under-selling our efforts, or not using scarce resource to best effect.

Through the Regional Review, NHSE and NHSI have asked for the System to grip this work more closely. This is supported by views of the A&E Delivery Board and Alliance chairs, who have asked for greater visibility of schemes.

To address the uncertainty around prioritisation of efforts, the newly established Urgent Care Clinical Community, chaired by Vaz Ahmed, Urgent and Emergency Care STP Lead and with input from across health and social care, have been tasked with prioritising and tracking impact of an agreed portfolio of projects. This process will enable us to focus resources and efforts on a reduced number of priorities, in order to progress these areas at pace.

The Group has so far undertaken a preliminary stocktake of the current portfolio of Admissions Avoidance projects which makes up the System portfolio. This identified at least 21 projects, across a range of interventions in varying degrees of design and

delivery. They have also started to gather evidence of 'what works' from elsewhere, and to undertake some additional data analysis where gaps in our understanding have been identified.

However, while some tactical supplementary data analysis is proving helpful, the System needs to consistently demonstrate current activity and performance in Urgent and Emergency Care. This needs to include information about patient cohorts, practices, and cover all relevant points of care. This would enable analysis to more appropriately support decision-making and understand the drivers of acute growth that we are currently seeing. The Health Analytics Community will be asked to prioritise supporting this work, together with the work supporting the Alliances.

To aid in the prioritisation of projects, we are reviewing all relevant benchmarking and evidence for what has worked elsewhere to ensure we are targeting resources in the right place.

To ensure that as a System we are having the greatest possible impact, we have separated the projects into those with a potential immediate impact, from those that aim to impact from next winter. The list below contains the emergent priorities, and it is subject to refinement ahead of the April Health and Care Executive meeting.

<u>Priorities with impacts over the next 3-6 months, led by Caroline Walker and Sam Higginson</u>

In hospital;

- High intensity Users
- Ambulatory Care Pathways

Out of hospital;

- JET improvements
- Primary Care streaming/Out of Hours Primary Care
- Care Homes (ongoing)

<u>Priorities for next winter, led by Jan Thomas and Tracy Dowling</u>

- Impact from Urgent Care Round Table, which covers: 111, UTCs, MIUs, GP Home Visits, JET, GP Out of Hours, Extended Access – with the expectation of converting unplanned admissions into planned care and ensuring A&E Acute attendances are those patients requiring urgent care.

Beyond 2019/20, it is expected that the formation of the new GP networks along with Integrated Neighbourhoods and its integration with the UEC Community will be the primary route for reducing A&E attendances and Non-elective admissions.

To address concerns around grip, it is proposed that in line with our distributed leadership model, we have established a community of CEOs to lead the Admission Avoidance portfolio. This community, supported by Vaz Ahmed, would be responsible for agreeing KPIs, and be accountable for delivering impact. Given the links with the North and South Alliances, it is proposed the 'CEO' community, led by Caroline Walker on behalf of the North

with Sam Higginson as Chair of the South A&E Delivery Board will lead the immediate priorities. While Tracy Dowling and Jan Thomas will lead the priorities for next winter.

Each of the projects will have a Senior Responsible Lead for delivery, not at CEO level.

To address the concerns around visibility, it is proposed that all projects report to both the A&E Delivery Boards and North/South Alliances. This is intended to help with coordination of the projects, ensuring that priority areas are addressed without unintended overlapping and that resources are directed with greatest impact. Within the North and South, the exact split in oversight between the A&E Delivery Board and Alliance would be left to local determination – providing that every project is 'owned' by one group and no project is 'co-owned' by both. It is proposed these reporting arrangements commence no later than 1 April 2019.

For 2019/20 the portfolio has the ambition to reduce A&E attendances and subsequent non-elective admissions. We will balance both what the system needs to deliver to improve performance alongside what the projects themselves can deliver. The project impacts will be stress tested by System partners, including financial and operational planning over the coming months to establish baselines and the impact on activity and quality of care.

3. RECOMMENDATIONS

The STP Board is asked to:

- Note the results of the review of the portfolio of Admissions Avoidance projects by the Urgent Care Clinical Community, supported by evidence and analysis; and
- Note the reporting arrangements for the Admissions Avoidance portfolio, to come into effect no later than 1 April 2019

7 March 2019

Appendices ***Appendix 1:*** **Current projects addressing admission avoidance**
Appendix 2: **111 Calls and MIU attendances**

Appendix 1: **Current projects addressing admission avoidance**

*** priority items shown in yellow*

Scheme	Project	Currently reporting into	Clinical lead	Officer Lead	Status	UEC Clinical Community Scope?	Suggested system oversight	Patient cohort
Ambulatory Care	Same day clinics	Provider Board	Ge Yu (CCG)	Sarah Shah	Deliver	Yes	A&E Delivery Boards	Non-urgent A+E attendees
Ambulatory Care	Surgical ambulatory care unit - CUH	Provider Board		Maria Mulrennan	Deliver	Yes	South A&E Delivery Board	Non-urgent A+E attendees
Ambulatory Care	Surgical ambulatory care unit - NWAFT (PCH)	Provider Board		Simon Evans	Deliver	Yes	North A&E Delivery Board	Non-urgent A+E attendees
Ambulatory Care	NWAFT (HH) ambulatory Care	Provider Board	Ge Yu (CCG)	Sarah Shah	Deliver	Yes	North A&E Delivery Board	Non-urgent A+E attendees
Care Homes	Prophylaxis service for care homes – reducing incidence of 'flu	Winter Plan		Carol Anderson	Deliver	Query	A&E Delivery Boards	Older people
Emergency Community response	Use of paramedics	EEAST		?	Design	Query	A&E Delivery Boards	Minor injuries/older people
Emergency Community response	NSTEMI	Cardiology working group			Deliver	Cardiology working group	A&E Delivery Boards	Cardiac
High Intensity User Offer	Identification of people who repeatedly use multiple services and working with them to reduce their need	A&E Delivery Boards	tbc	tbc	Design	Yes	A&E Delivery Boards	Repeat users of care

Fit for the Future

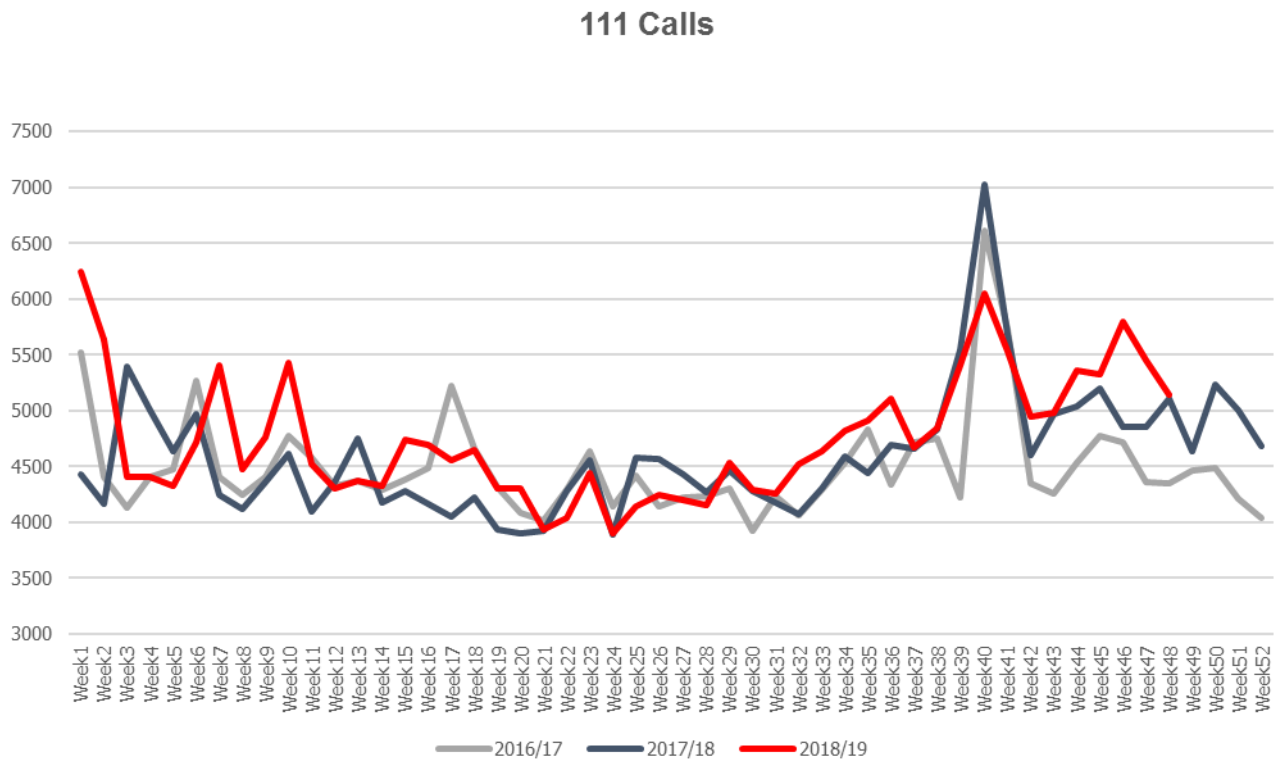
Working together to keep people well

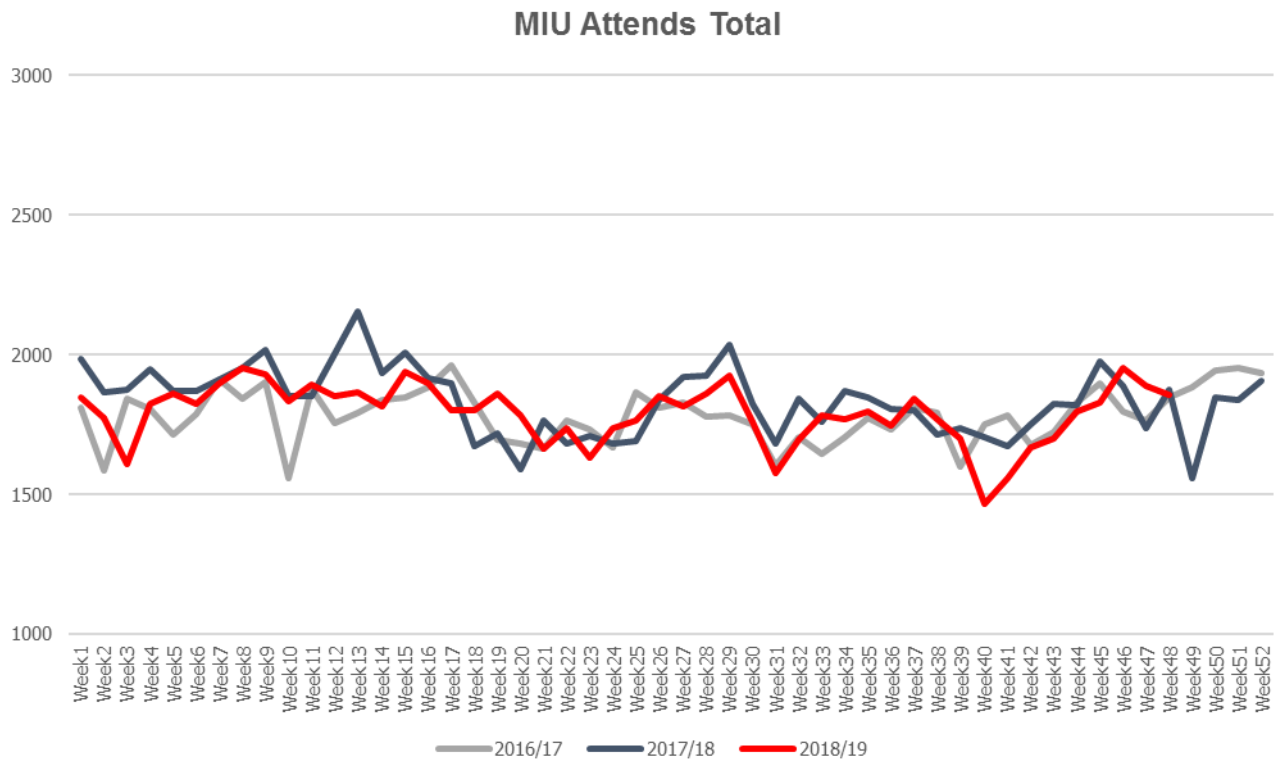
High Intensity User Offer	Identification of future DTOC's i.e. falls patients	UEC Clinical Community	tbc	tbc	Design	Yes	A&E Delivery Boards	Repeat users of care
High Intensity User Offer	COPD admissions	Respiratory Clinical Community	tbc	tbc	Design	Yes	A&E Delivery Boards	Respiratory
Integrated Neighbourhoods Initiatives	Heart Failure	Cardiology working group			Deliver	No	North & South Alliance	Cardiac
Integrated Neighbourhoods Initiatives	Falls	Ageing Well			Deliver	No	North & South Alliance	Older people
Integrated Neighbourhoods Initiatives	Tele Health	BCF			Deliver	No	North & South Alliance	
Integrated Neighbourhoods Initiatives	Neighbourhood Cares (Soham and St Ives)	County Council			Deliver (pilot sites)	No	North & South Alliance	
Integrated Neighbourhoods Initiatives	Risk stratification of patients for PCN's	IDBs			Develop	No	North & South Alliance	Depends on PCN
Out of Hospital Urgent Care	Roundtable to ensure: - Click and connect - Single point of entry through 111 - Neighbourhood delivery of face to face	CCG	Andrew Anderson	Louise Mitchell	Develop	Yes	North & South Alliance	Minor injuries/older people

Out of Hospital Urgent Care	Ely Local Urgent Care Service (LUCS, MIU) hub Ely - Prince of Wales re-development	Ely Community Super-hub/ PoW site redevelopmen t steering group	Alex Manning	Mark Evans	Design	Yes	South Alliance	Minor injuries
Out of Hospital Urgent Care	North Cambs + Doddington LUCS hubs	CCG	Alex Manning	Mark Evans	Design	Yes	North Alliance	Minor injuries
Out of Hospital Urgent Care / Emergency Community response	JET development - colocation 111/JET triage training	JET Steering Group - AEDB	Ben Underwood	Ian Weller Mark Cooke	Deliver	Yes	A&E Delivery Boards	LTCs/ Older people
Out of Hospital Urgent Care / Emergency Community response	Telephone liaison (silver phone/RADAR) by GPs and paramedics	Provider Boards - AEDB	Stephen Wallis / Vas Ahmed/ Deyo	Sarah Shah	Deliver	Yes	A&E Delivery Boards	Older people
Out of Hospital Urgent Care / Primary Care	Octagon trial visiting service	North Provider Alliance	Andrew Anderson	Ian Weller	Design	Yes	North Alliance	
Out of Hospital Urgent Care: Care Homes	Care Homes: Vanguard 7 themes; Primary care support; MDT incl MH/social care; Reablement; Eol/Dementia care; joined up commissioning; workforce development; Data/IT	CCG	Ellie Addison	Ellie Addison	Deliver	Yes	North & South Alliance	Older people in care homes
Primary Care	Granta in-reach into CUH	South Provider Alliance	James Morrow		Design	Yes	South Alliance	

Primary Care	GP extended access	CCG		Alice Benton	Deliver	Yes	A&E Delivery Boards	All
UEC pathway re-design	Catheter and UTI	CCG		Ian Weller	Design	Yes	North & South Alliance	Catheter and UTI patients
UEC pathway re-design	Stroke mimics reduction	Stroke Network	Liz Warburton	Martin Bainbridge	Design	Query	Query	Stroke
UEC pathway re-design	Liaison Psychiatry Service	CCG	Emma Tiffin	Modestas Kavaliasukas	Deliver	Yes	AEDB	Older people
UEC pathway re-design	Frailty Pathway	CCG	Ge Yu (CCG)	Sarah Shah	Design	Yes	Query	Older people
UEC pathway re-design	DVT Pathway	CCG	TBC	Sarah Shah	Design	Yes	AEDB	DVT

Appendix 2: NHS 111 calls and Minor Injuries Units attendances





`