

Report to STP Board: 19 September 2019

Agenda item:	5.		
Title:	Accident and Emergency Performance and Admissions Avoidance		
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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>)			
N/A			

Purpose of the paper

This paper provides an update to the Sustainability and Transformation Partnership (STP) Board on the current Accident and Emergency (A&E) Performance and ongoing work around Urgent and Emergency care (UEC).

STP Board is invited to:

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

1. INTRODUCTION / BACKGROUND

Improving A&E performance remains a priority for the system, given the regional interest and requirement to achieve 95% of patients being discharged or admitted within four hours. However, our system, like many others, is experiencing higher numbers of attendees at our main A&E sites. Our response to this challenge is set out below.

2. BODY OF REPORT

A&E Performance

Trusts are measured by their daily performance on the four hour standard. Performance for Cambridge University Hospital (CUH) is only available up to April due to trialling potential new A&E standards. Without this measure, the national standard cannot be calculated. The latest performance metrics as per the following table:

Table 1: A&E performance at Month 5

	A&E performance to end of August (YTD)	Recent performance (week ending 08 September)	A&E attendances (week ending 08 September)
England Average (type 1 and 3)	86.0%		
England Average (type 1 only)	78.4%		
Total CUH (type 1 and 3)	n/a	n/a	3,237
CUH type 1 only	n/a	n/a	2,224
NWAFI incl. MIU	78.9%	84.2%	3,986
Peterborough City Hospital (incl. Stamford)	64.7%	73.6%	2,164
Hinchingbrooke	93.0%	94.3%	993

Activity growth – including A&E attendance, 111, Out of hours and MIUs/MIU

The number of A&E attendances by the Cambridgeshire and Peterborough population has increased year on year by 6.8%, or 12,355 attendances. This headline figure is reflected across sites: 9.1% at CUH, 11% at Hinchingbrooke, and 4.8% at Peterborough City Hospital.

Recent activity growth is not just a local issue as NHS England and NHS Improvement data shows that attendances across the region have grown significantly.

System performance improvement plans

Both acute providers along with the CCG have been asked by the Regulator to develop plans to improve A&E performance and for demand management. There are a broad range of actions in place including:

- Effective use of improved primary care access slots and GP Out of Hours services;
- Build on successful (social) media campaign promoting MIUs, target messages to localities and demographics;
- Managing practice variation (high ED activity rates);
- 111 ED dispositions - Stretch target for clinical validation beyond QIPP plan and progress NHS online clinical validation with NHS digital;
- extending access to A&E alternatives, with CUH looking at opening hours of the ambulatory care unit to midnight and PCH looking at opening the MIU to 10pm; and
- improved internal working to plan patient's journeys, both in the ED department and addressing bed capacity for patient's requiring admission.

Actions are being overseen by A&E Delivery Boards and with Regulators via a fortnightly call.

Projects on Admission Avoidance, including the 'Round Table' Out of Hospital Urgent Care Transformation Programme and reporting arrangements

A series of workstreams are looking at demand management for UEC. Progress has been made around High Intensity Users of A&E, to see whether NHS Right Care solutions such as a Link Worker which have been successful elsewhere could be adapted for our system and would work for our patients.

The Round Table workshops at a system level engaging clinical and service leads have identified the proposed pathways for patients accessing on the day urgent care appropriately, whether this is through NHS 111, General Practice, Minor Injuries Unit or A&E. The focus is to ensure that patients access the right level of care in the right setting and are redirected according to the agreed pathway where appropriate. The fundamental need to ensure clear communication with the public that care will continue to be provided where it is required will be addressed through the programme and with all relevant system stakeholders

The next step for the Round Table group is to commence preparation for mobilisation of the pilot which will commence across the geography in October 2019. This will be completed alongside establishing new out of hospital provider relationships to encourage new and standardised ways of working that provide both local delivery and single provider economy of scale. Progress reports will be brought to the A&E Delivery Boards.

Joint work to develop the system response to the long-term plan around Urgent and Emergency Care is underway.

3. RECOMMENDATIONS

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

September 2019