

Sent via e-mail

NHS England and NHS Improvement
East of England

To:

- CCG AOs
- CCG Chairs

2 – 4 Victoria House
Capital Park
Fulbourn
Cambridge
CB21 5XB

30 May 2019

Dear Colleague,

I wrote to all Acute CEOs on 30 April to describe the position on ED performance across the region and nationally. It remains of significant concern and is not currently showing the improvement we all want to see.

I am including Chairs in this letter which reflects the level of concern I have about where we are. I would ask that you have a discussion at your next Executive meeting on this and at your next Governing Body meeting and consider how, by working with primary care and local partners, your CCG can contribute to improving this position both locally and across the region.

I have attached at appendix 1 a summary which shows the performance by Trust for the East of England.

Performance in April and May compared to year on year is approximately 5% down which must demonstrate a very poor patient experience in our A and E departments.

Detailed analysis of the data shows;

- The activity in March and April compared year on year was significantly up and the activity numbers in May show some further increase although less than previous months.
- The flow numbers continue to indicate that we have about the same beds open across the region as we had during April and May last year and the stranded metrics and DTOC show that we are continuing to manage patient flow.
- We can see that there are shortages of senior and mid-grade Drs in some places and some unanticipated peaks in demand at the front door on individual days.

I have asked all acute Trusts for a step by step plan for how their organisation will achieve and maintain an improvement in A and E performance in Jun. Additionally, three organisations and their systems (NNUH) and (CUH) and (NWAFT) have been asked to produce a full improvement plan which delivers both the May trajectory and also to deliver a further step improvement in June.

Whilst the focus of national attention is very much on our acute Trusts, I am clear that the improvement needed will require all local system partners including Primary Care and Social Care and possibly STP/ICS leaders to step together in seeking to both identify the issues and come up with solutions which address some of the key issues which appear to be driving this deterioration in A and E performance.

I had a useful discussion with a number of Acute CEOs in the past week to understand the position across the region and I identified three areas where we need to work across the region. These are;

- What are the clearly identified issues for reducing demand at the front door which have been successful and what do we need to do to ensure these are consistently rolled out across all our systems.
- What is the performance of immediate and walk in services across the region and, where we are seeing reducing use/demand, what steps can we take to maximise and increase.
- Understanding what is happening with deployment and conveyances in the ambulance services and can we achieve any increase in see and treat/ alternative locations and what can we implement to balance out arrivals.

I am looking to you and your Teams to participate in the work which will be led by Sean and Elliot from my Team to do a more detailed appraisal of what sits underneath these areas and to identify, clear, tangible actions which will improve performance in not only the short term but also medium to long term.

Additionally, I am specifically asking you to work with Primary Care, other community based services and Out of Hours (OOH) services to consider what additional actions can be put in place to reduce the number of people arriving at A and E without previously having had at least a 'conversation' with one of the out of hospital services available in your area - a GP Practice, OOH, 111 or a pharmacist for example. I will be asking you to clearly demonstrate plans you have in place and the actions which have been taken within your CCG footprint to try and reduce demand.

I would like these plans by close of play on Monday 10 June please. This will enable my team to prepare a collated view of the responses for a discussion on 14 Jun when the CEO/AO community will be meeting.

There may be other areas that you feel are contributing to the poor A and E performance that is being seen and I would welcome your view on this.

I believe that we all need to have a shared aspiration to deliver improvement across the region and that we should aim to deliver over 90% for June and for the foreseeable future.

Yours sincerely,

A handwritten signature in black ink, appearing to read 'Ann Radmore', written in a cursive style.

Ann Radmore
Regional Director (East of England)

Appendix 1

A&E East of England Monthly Overview

Figures are based on the Daily SITREP returns average per day
Data to 28 May

East of England	Mar-18			Apr-18			May To Date			Change from previous Year		
	Mar-18	Apr-18	May To Date	Mar-19	Apr-19	May to Date	Mar-19	Apr-19	May to Date	Mar-19	Apr-19	May to Date
A&E Performance	81.6%	88.2%	90.0%	84.0%	83.4%	85.8%	2.9%	-5.4%	-4.6%	2.9%	-5.4%	-4.6%
A&E Attendance	5,938	5,911	6,318	6,436	6,445	6,491	8.4%	9.0%	2.7%	8.4%	9.0%	2.7%
12 Hour Trolley Waits	8	7	1	3	3	1	-56.5%	-65.5%	0.0%	-56.5%	-65.5%	0.0%
Emergency Admissions	1,780	1,756	1,798	1,826	1,817	1,794	2.6%	3.5%	-0.2%	2.6%	3.5%	-0.2%
A&E Patients Streamed	521	505	499	514	516	511	-1.4%	2.2%	2.4%	-1.4%	2.2%	2.4%
Streamed Breaches	16	8	5	12	16	9	-23.8%	106.4%	59.9%	-23.8%	106.4%	59.9%
Streamed Performance	97.0%	98.5%	98.9%	97.7%	96.9%	98.3%	0.7%	-1.6%	-0.6%	0.7%	-1.6%	-0.6%
Streamed Proportion	8.8%	8.5%	7.9%	8.0%	8.0%	7.9%	-9.0%	-6.3%	-0.4%	-9.0%	-6.3%	-0.4%
G&A Total Beds Available	10,158	9,943	9,916	10,119	10,118	10,088	-0.4%	1.8%	1.7%	-0.4%	1.8%	1.7%
G&A Total Beds Occupied	9,829	9,521	9,400	9,562	9,527	9,510	-2.7%	0.1%	1.2%	-2.7%	0.1%	1.2%
G&A % Beds Occupied	97%	96%	95%	95%	94%	94%	-2.3%	-1.7%	-0.6%	-2.3%	-1.7%	-0.6%
Delayed by stranded 7 Days	4,712	4,509	4,314	4,145	4,177	4,157	-12.0%	-7.4%	-3.6%	-12.0%	-7.4%	-3.6%
Delayed by stranded 21 Days	1,621	1,605	1,504	1,323	1,335	1,386	-18.4%	-16.8%	-7.8%	-18.4%	-16.8%	-7.8%
Delayed DTOC	447	454	392	367	362	369	-17.9%	-20.3%	-5.9%	-17.9%	-20.3%	-5.9%
Stranded 7 Days %	47.9%	47.4%	45.9%	43.3%	43.8%	43.7%	-9.6%	-7.4%	-4.8%	-9.6%	-7.4%	-4.8%
Stranded 21 Days %	16.5%	16.9%	16.0%	13.8%	14.0%	14.6%	-16.1%	-16.8%	-8.9%	-16.1%	-16.8%	-8.9%
Delayed by DTOC %	4.6%	4.8%	4.2%	3.8%	3.8%	3.9%	-15.6%	-20.4%	-7.0%	-15.6%	-20.4%	-7.0%
A&E Attendances Type 1	4,494	4,466	4,776	4,842	4,835	4,846	7.7%	8.3%	1.5%	7.7%	8.3%	1.5%
A&E Breaches Type 1	886	572	518	837	863	748	-5.5%	50.8%	44.4%	-5.5%	50.8%	44.4%
A&E Type 1 Performance	76.1%	84.5%	86.9%	79.0%	78.3%	81.3%	3.8%	-7.3%	-6.5%	3.8%	-7.3%	-6.5%
Minors Attendances	1,589	1,629	1,723	1,555	1,653	1,653	-2.1%	1.4%	-4.0%	-2.1%	1.4%	-4.0%
Minor Breaches	147	90	83	117	131	100	-20.0%	45.0%	20.0%	-20.0%	45.0%	20.0%
Minors Performance	88.7%	93.3%	94.0%	90.5%	90.1%	92.4%	2.0%	-3.4%	-1.7%	2.0%	-3.4%	-1.7%
Ambulance Arrivals	1,421	1,387	1,396	1,433	1,402	1,391	0.9%	1.1%	-0.4%	0.9%	1.1%	-0.4%
Handover Delays 30-60 mins	174	122	107	147	155	131	-15.1%	27.1%	22.3%	-15.1%	27.1%	22.3%
Handover Delays over 60 mins	61	24	19	48	41	30	-22.1%	71.0%	57.3%	-22.1%	71.0%	57.3%

L&D, CUH and WSH are participating in the A&E trial of the new A&E standard and have been removed from A&E performance measures above.