

Confronting the challenges in urgent and emergency care

Navigating the current landscape and strategizing for the future

Charlotte Aston, National Director of iUEC Recovery

Our Founding Principles - 1948

Universal



High Quality

Equitable



Free at the point of Delivery

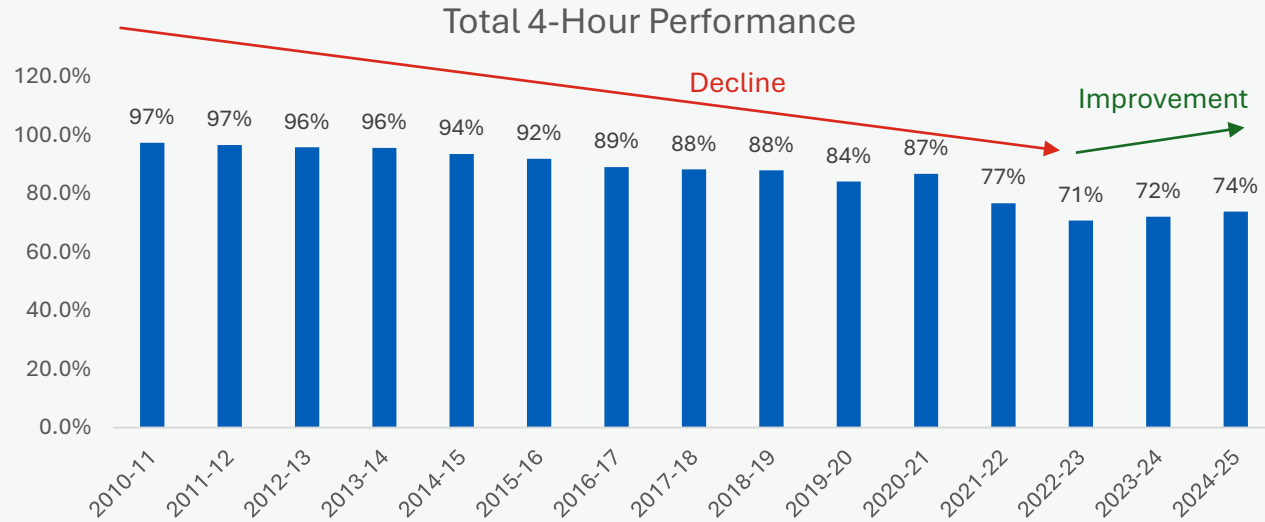
Comprehensive

THE NEW
NATIONAL
HEALTH
SERVICE

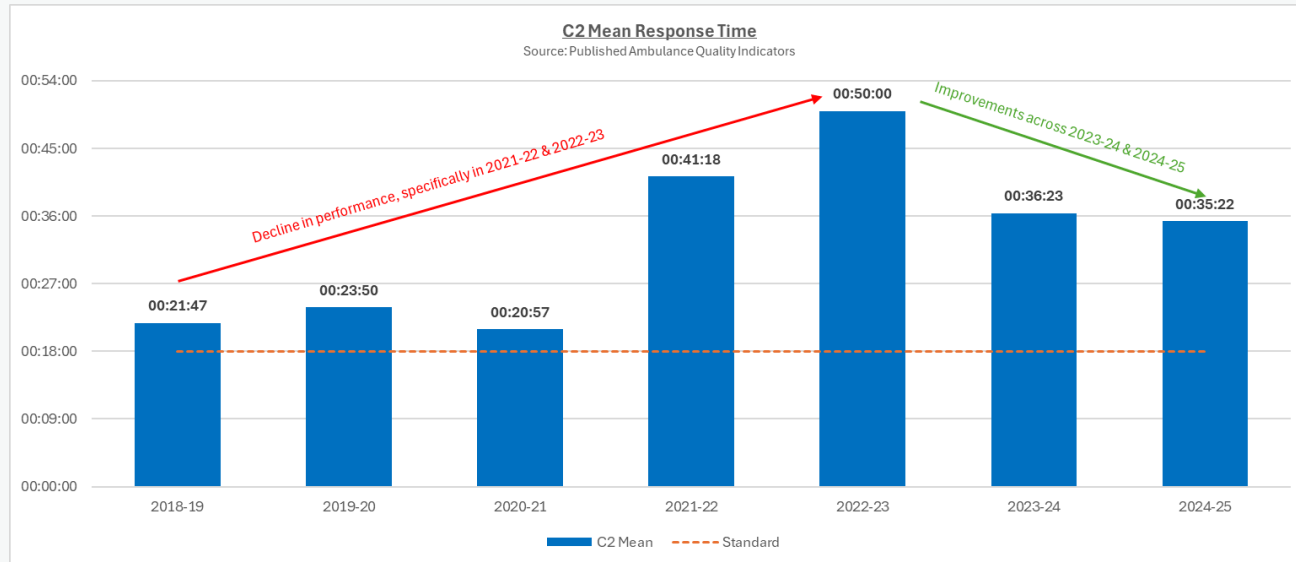
"No society can legitimately call itself civilised if a sick person is denied medical aid because of lack of means."

Aneurin 'Nye' Bevan, 1952

The state of play



The NHS has delivered an improvement in 4 hour performance for the second year running following a continuous decline for the previous 13 years, increasing from 74% in 2024/25 from 72% the previous year. Coupled with the increase in demand this equates to a further 3,500 patients being seen within 4 hours per day over the course of the year.



March 4-hour performance followed a similar trend improving from 75% from 74% last year. However, this remains below our 78% target we set ourselves for the year.

The average Cat 2 response time for 2024/25 was 35 minutes and 22 seconds which is an improvement of over a minute against the previous year, again continuing the year-on-year improvement.

Cat 2 performance remains significantly above the statutory target of 18 minutes and the UEC Recovery Plan target of 30 minutes.

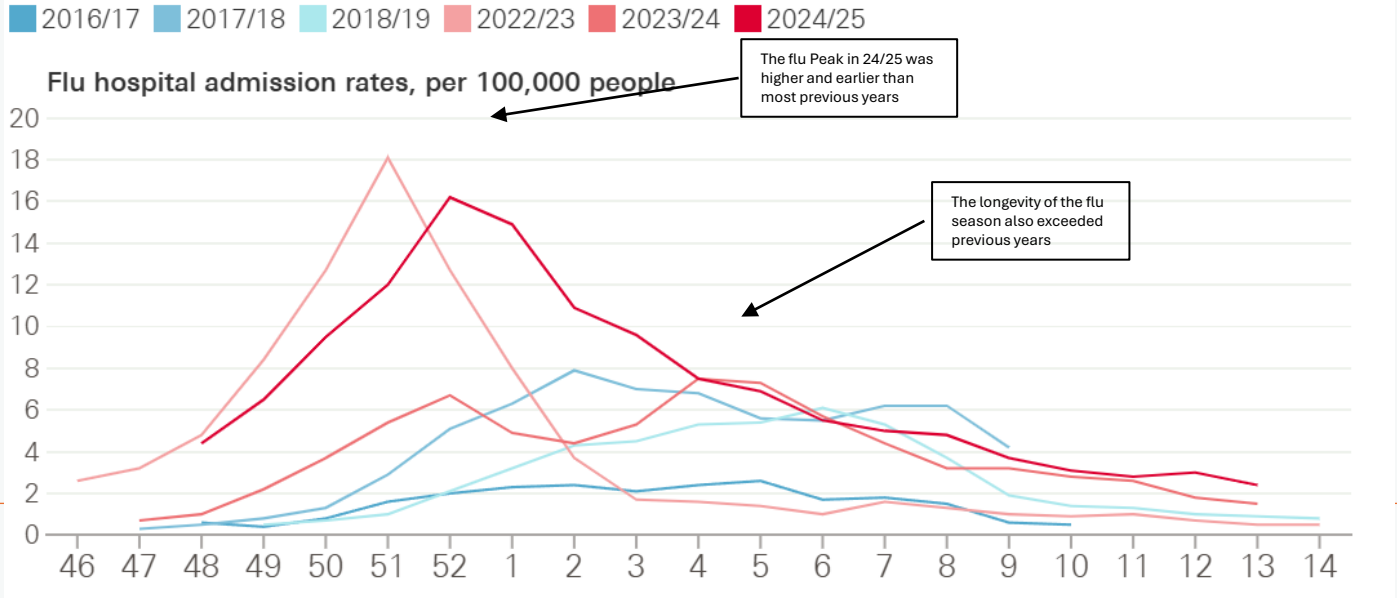
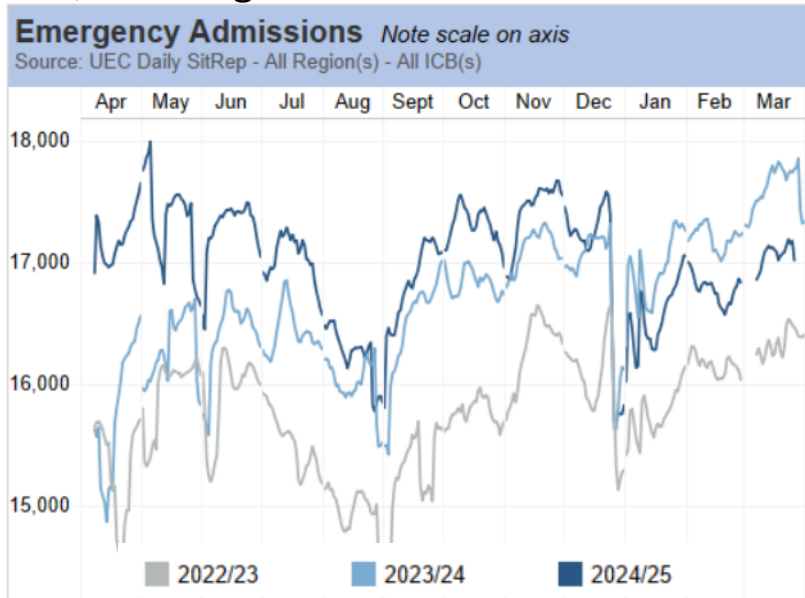
The challenges

Emergency department attendances have continued to rise year on year. Last year alone they rose by 3.9%. This follows the trend of the past ten years, in 2011/12 there were 21.6 million A&E attendances compared to 26.2 million in 2023/24.

We have seen a shift in how this activity is made up - a 1.4% increase in type 1 and a 7.9% increase in type 3 attendances across 2024/25 as we have pushed the separation of urgent and emergency care. Additionally, we have seen emergency admissions rise by 1.8% year on year.

Flu impacted differently this winter compared to previous years. A flu season tends to have either a high spike covering a relatively short period, or a flatter trend over a longer period. This year however had a high peak with a long tail. A record number of hospital bed days were needed for patients with flu – over 315,000 compared with around 174,000 in 2023/24 and around 211,000 in 2022/23

Nationally, ambulance incidents rose by 5.6% year on year and the ambulance conveyance rate improved 1.9ppt on 2023/24 to 54.3%, meaning an increase of 2% in the number of patients conveyed

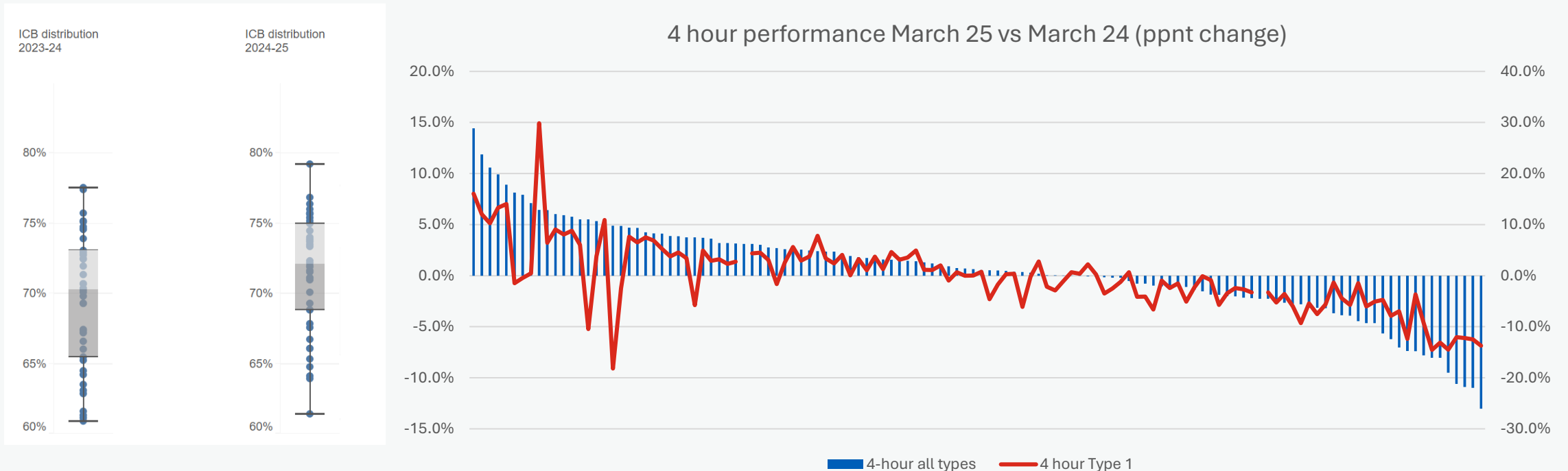


Variation in 4-hour Performance

Significant variation in the way UEC services are organised and subsequent performance still exists across organisations, seasonally and during the in hours versus out of hours period.

There is large variation between highest and lowest-performing ICBs in relation to 4-hour performance, with variation by time of day and day of week. The lowest performing ICB is at 61.4% whilst the best performing is at 79.2% for all type A&E performance across 2024/25, we have however seen a slight reduction in variation from 23/24 to 24/25.

There is also a risk of widening variation, some trusts have improved performance by up to 15% against the previous year and others have deteriorated by over 20%.

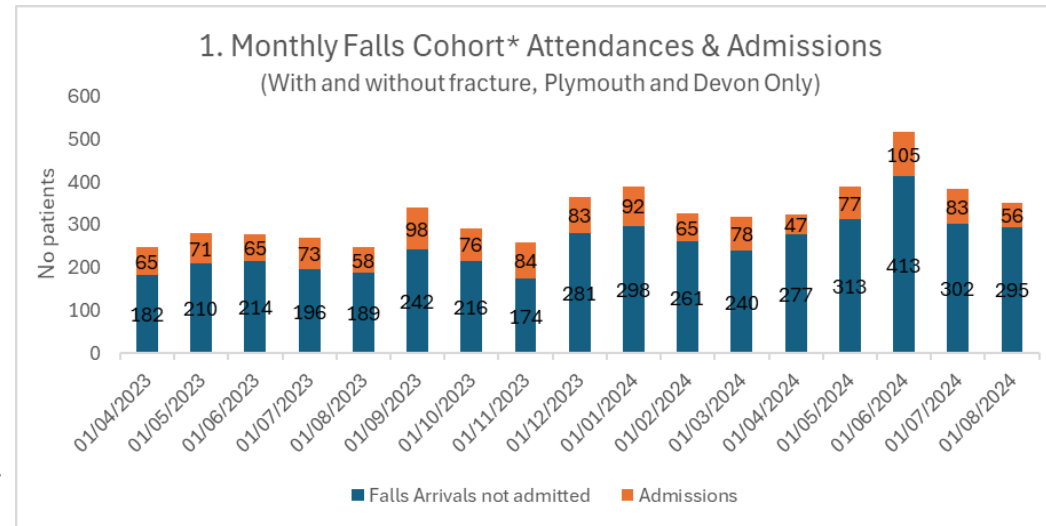


What we are doing well in places... Plymouth example of x ray cars....

• Patient Cohort for X-Ray Car Pathway



- ❑ In 2023, 2000 patients aged 55+ attended ED following a fall, with no fracture found after examination
- ❑ 1,300 of those patients arrived by ambulance (3.5 per day)
- ❑ 1,000 we admitted as inpatient
- ❑ Falls arrivals in the elderly population have also been increasing (chart 1)
- ❑ On average this patient group stays 12-14 days once admitted to hospital



- ❑ Patients with no fracture may not need admission
- ❑ Some fractures can also be conservatively managed out of hospital
- ❑ RHCT pilot



RCHT 'RAFIX' Service

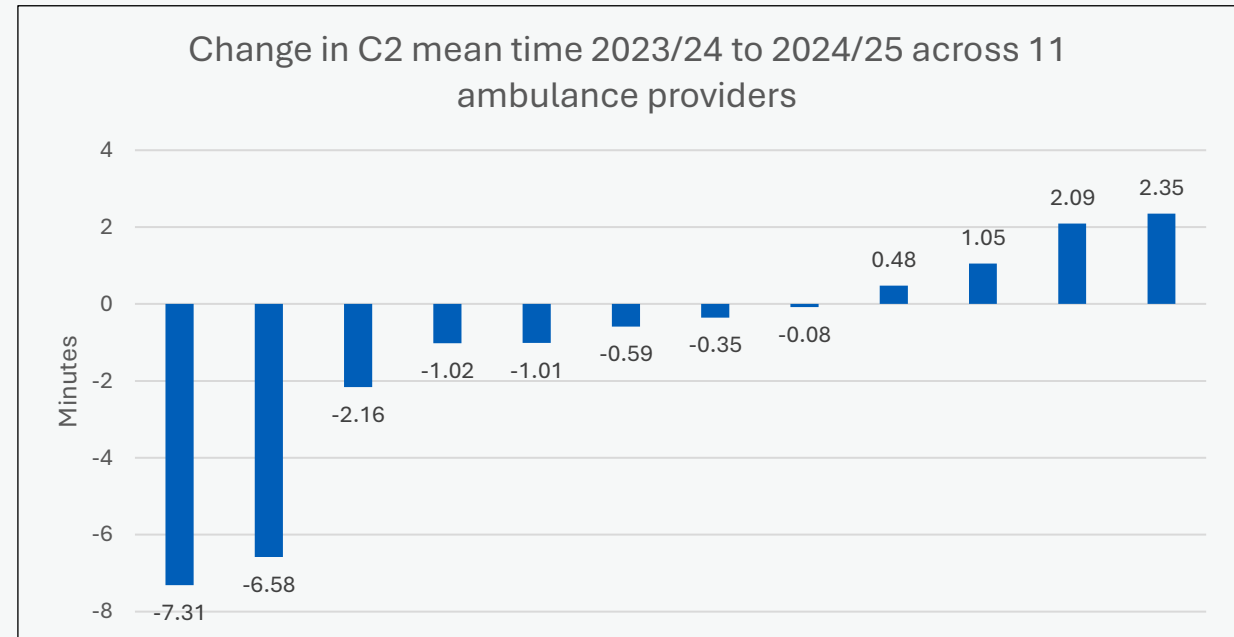
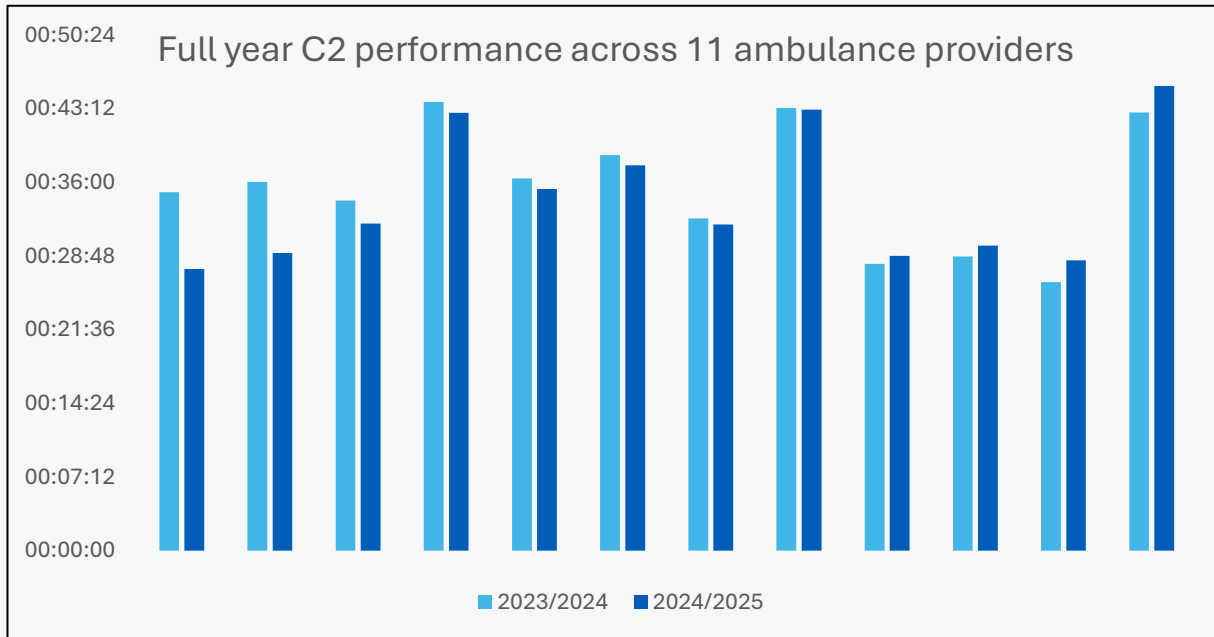
*55+ ED falls, excluding FNOF, with XR, with and without fracture, excluding Ortho theatre, admits to ICU or CCU and deaths. Excluding Paeds, prisons or police admission

Variation in Ambulance Performance

We have seen similar variation in ambulance performance.

Handover delay is the single biggest cause of reduced DCA availability which in turn adversely affects Category 2 response times. Mean handover time in February 2025 was less than 45 minutes in most acute trusts, but exceeded one hour in at least ten trusts, and exceeded two hours in one trust. There is significant variation by time of day and day of week.

Despite this, the overall position for Cat 2 improved. However, whilst most ambulance providers showed an improvement on last year, four providers showed a concerning deterioration in performance.



Plan for 2025/26

Despite improvements in the national position against key targets, there still exists huge variation across the county and many acute and ambulance trusts have not shown an improvement over the year.

We are still not meeting the standards our patients need or our frontline staff want to deliver so we are changing our approach for 2024/25, taking the lessons learnt over this year to plan better for the coming year. This includes:

- Better preparations ahead of winter for NHS Organisations, the public and patients
- Improving system understanding of shared risk,
- Improved executive and clinical leadership and grip,
- Co-ordinating alternatives to conveyance and ED,
- Focusing on resilience and safety.

In addition, we are publishing the UEC Delivery Plan this Spring which will communicate the priorities for the year to the system. The key areas we will be focusing effort are:

- Continuing to improve Cat 2 and 4-hour performance towards 30 minutes and 78%
- Focus on eliminating lengthy handover delays
- Reducing the number of patients waiting over 12 hours by learning from those who have shown improvements this year
- Working to ensure that mental health patients do not experience excessively long delays
- Tackling delays in discharge once patients have been cleared as ready for discharge
- Making sure that children receive timely care in emergency departments

This will be achieved through continuing to focus on the 'left shift', building capacity in the community and moving activity away from emergency departments.

Your role in overcoming those difficulties

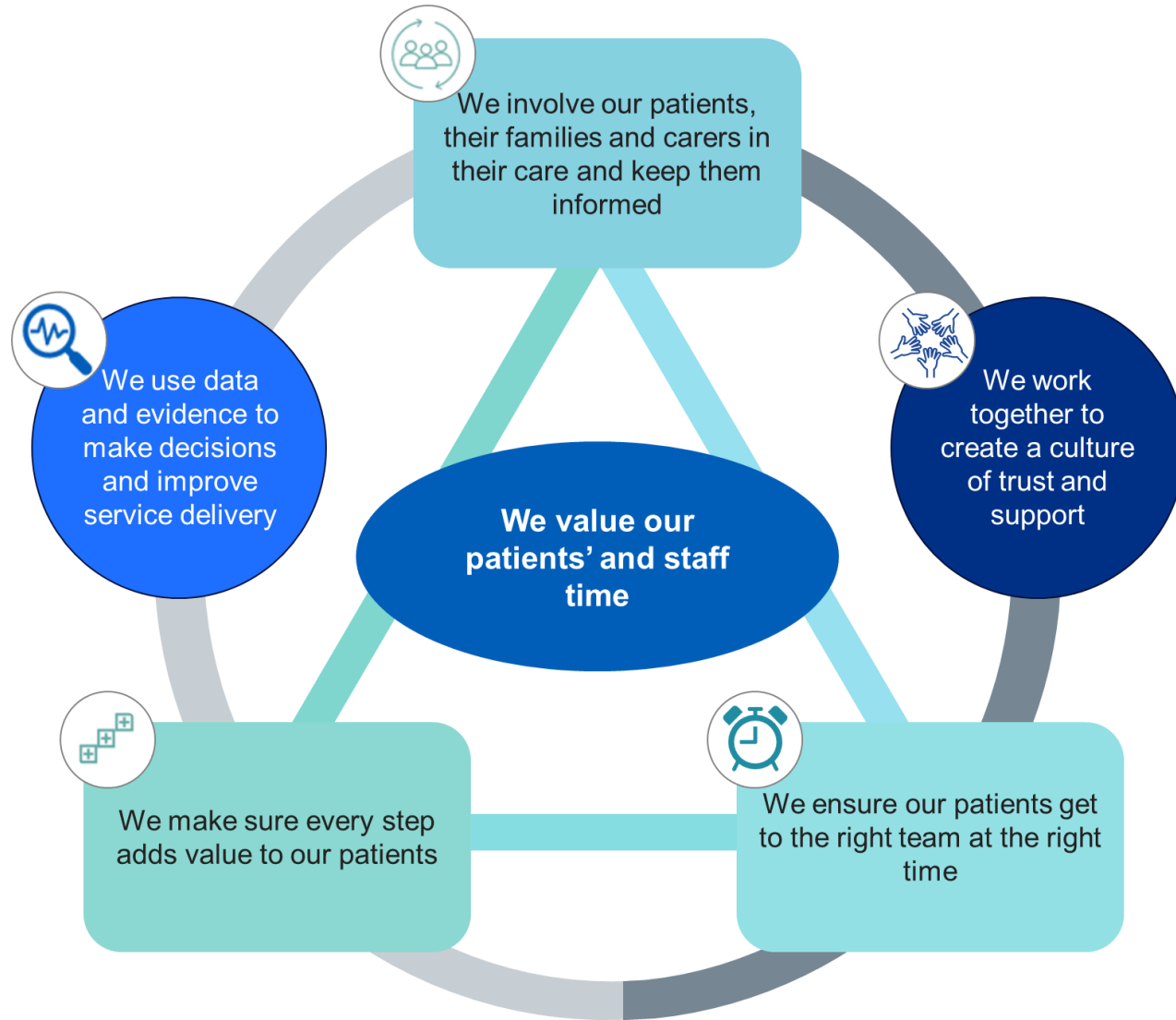


Diagram from: NHS Impact

Team based improvement is critical to this aim – improvement it is everyone's business.

Embedding the 5 universal flow principles in local improvement programmes will help **gain traction with teams** and provide a framework through which to **capture hearts and minds** in this important work.

**Thank you for listening
are there any questions**

Charlotte Aston, National Director of iUEC Recovery