



**North Cumbria
Integrated Care**
NHS Foundation Trust

Urgent and Emergency Care & Elective Care Highlight Report to Overview and Scrutiny Committee Members

Date: 23 September 2020

1. PURPOSE

North Cumbria Integrated Care NHS Foundation Trust (NCIC) alongside local and national partners, have faced unprecedented challenges in the first half of the financial year 2020/21 due to the impact of the Covid pandemic. As a Trust we are now finalising plans for delivery of services for the remainder of the year, which include improving models of care to address the challenges of recovering from the peak of Covid and adapting to the new operating environment, whilst planning for the forthcoming Winter period.

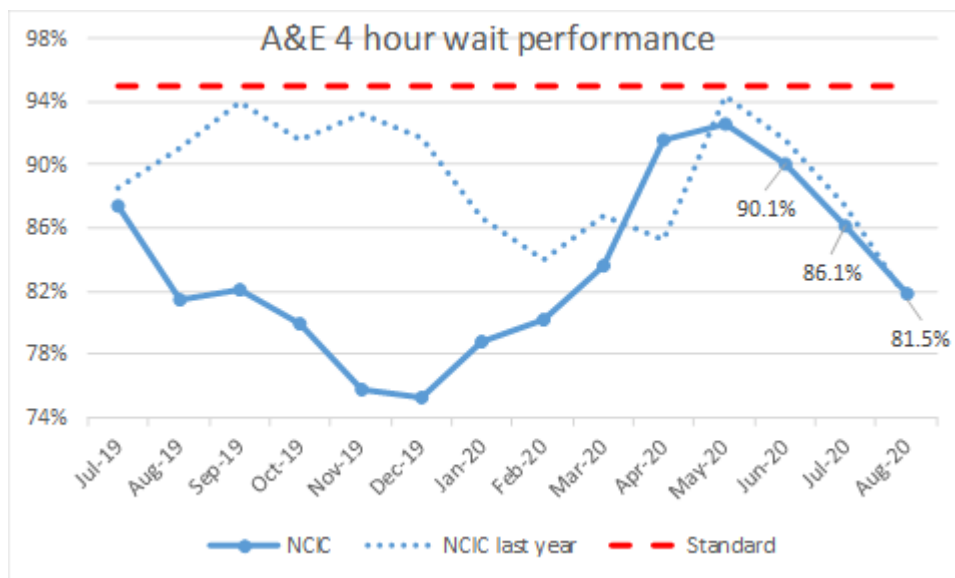
The purpose of this paper is to brief Committee members on the performance highlights for Urgent and Emergency Care, and Elective Care Services at NCIC year to date, and our delivery plans for the coming months.

2. URGENT AND EMERGENCY CARE (UEC)

The urgent and emergency care pathways have been considerably challenged during recent months and post Covid. The challenges within the UEC pathways are multifaceted in relation to capacity within the emergency department to see patients in a timely way, consistently. As well as the general patient flow across the acute and community hospital settings.

Performance against the national 4hr standard has been challenging, particularly at the Cumberland Infirmary site, with breaches increasing and performance declining for a third consecutive month, following an improved position in April and May (at the peak of Covid). This follows the same trend as last year at a slightly lower rate.

Figure 1: A&E Performance



2.1 Key developments

As part of our preparations for winter the Trust has developed a series of improvement plans across Urgent and Emergency care. Key changes include the launch of Same Day Emergency Care (SDEC) at the Cumberland Infirmary (CIC).

SDEC is designed to reduced overnight admissions; improve the timeliness of senior review, including emergency assessment and deliver shorter pathways of care. The model has been operating at West Cumberland Hospital since March 2020 and was introduced to the CIC site at the end of August.

2.2 Estate improvements

The Trust has a number of major capital schemes already underway, namely the redevelopment at West Cumberland Hospital, Cancer Centre in Carlisle and replacement of major pieces of kit such as Computer Topography (CT) and Magnetic Resonance Imaging (MRI) scanners.

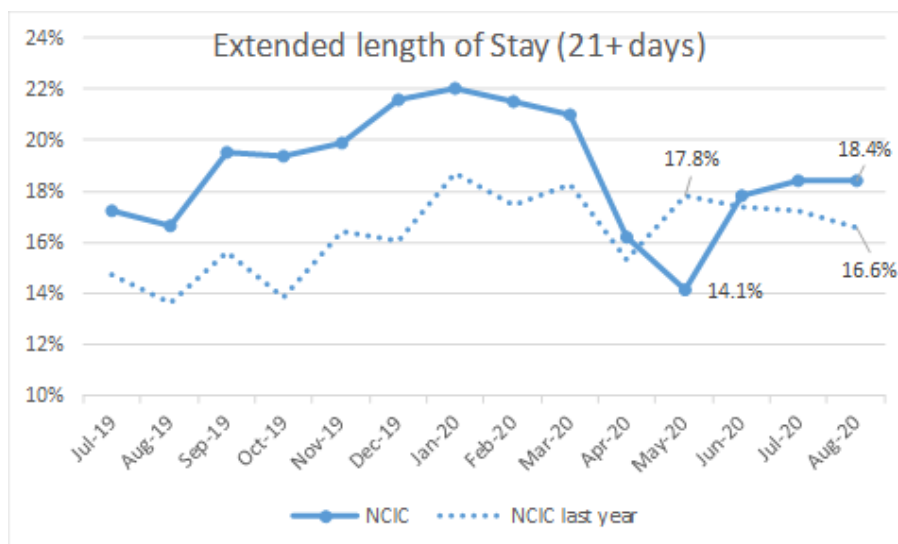
In addition to this and following a successful capital investment bid, work has begun on the Emergency Departments at both acute sites to improve departmental flow and capacity. This includes changes to the estate to support Same Day Emergency Care facilities.

Improvements to critical care capacity, continuous positive airway pressure (CPAP) and increased inpatient cubicle capacity at the Cumberland Infirmary site is also planned as part of these improvements.

2.3 Patient flow out of NHS settings & improving length of stay

The Trust has also seen an increase in hospital lengths of stay post-COVID peak period, with levels of both its 'stranded' and 'super-stranded' patients increasing to pre-COVID levels.

Figure 2: Length of Stay



Targeted improvement work looking at the current Length of Stay position across the trust is being implemented including:

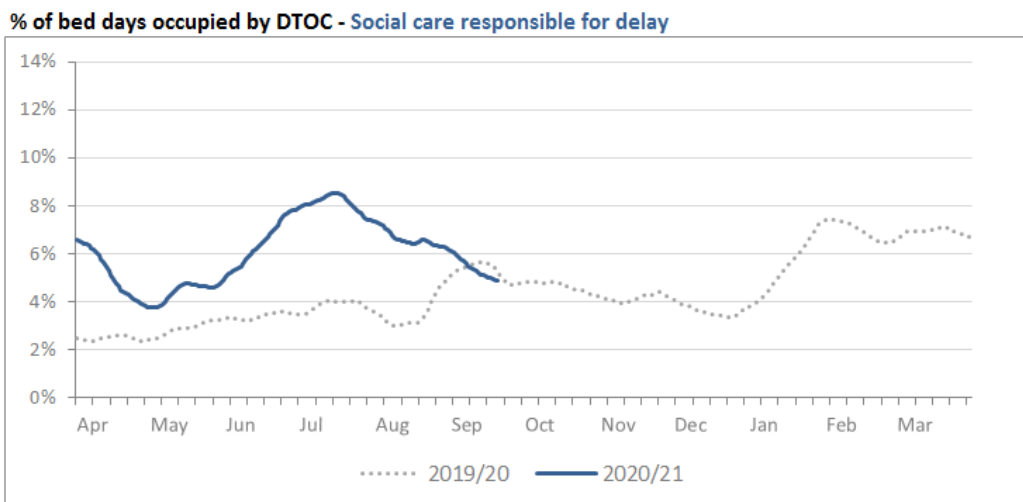
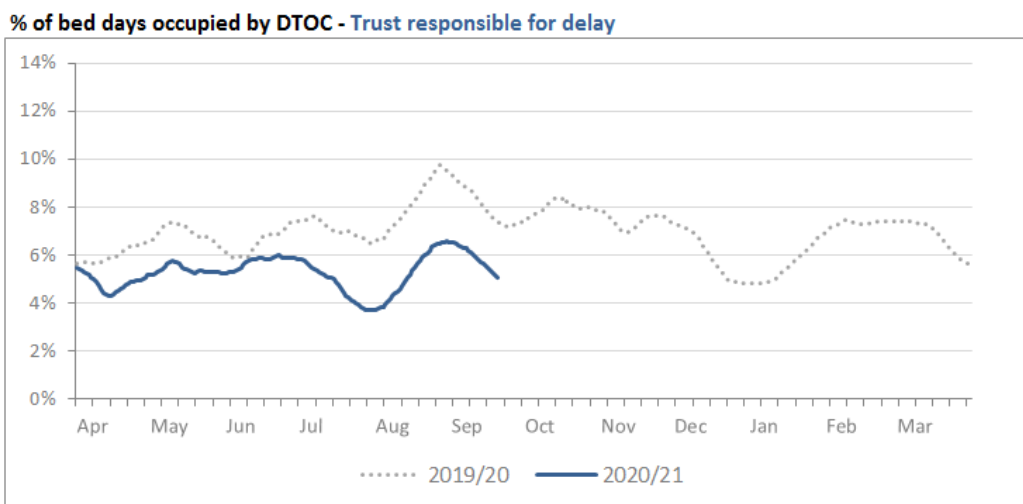
- Standardisation of ward rounds and processes to support flow and reduce delays through the implementation of SAFER across all wards.
- Implementation of electronic patient observation system and live 'bed status'.
- Establishing long length of stay process with partners.
- Implementing Discharge to Assess.
- Embedding timely speciality response for urgent patient assessment and treatment.

2.3.1 New National Hospital Discharge Policy

On 21st August 2020, the updated national Hospital Discharge Policy was issued for implementation. NHS and Local Authority partners locally are working together to implement these requirements, at pace.

One of the key elements of the national policy stipulates that every patient on a ward should be reviewed twice daily to determine whether they meet set clinical criteria to reside in an acute setting. Where this criteria is not met the patient must be discharged into a non-acute setting. The North Cumbria system has faced significant challenges with reducing delayed transfers of care, which remain challenging at the present time.

Figure 3 DTOC Position



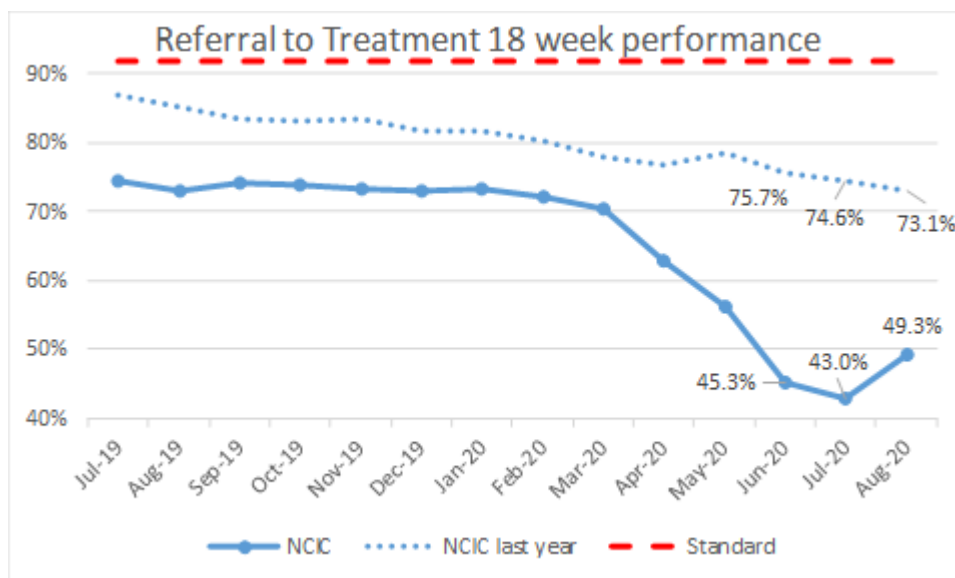
In August 2020 the North Cumbria system undertook a peer review led by the Local Government Association to support the improvements the system needed to make in relation to patient flow and discharge.

Ongoing support from the LGA and NHS Intensive Support Teams is in place to ensure the recommendations and improvements are implemented to improve these long standing challenges. Executive and senior officer oversight is in place from all partners to ensure progress is made in advance of winter surge pressures.

3. ELECTIVE CARE

The Trust was already in a challenged position in relation to elective care performance pre COVID. This has now been further exacerbated following the pandemic period which instructed all organisations to suspend routine/elective operating.

Figure 4: RTT Position



3.1 Referral to Treatment Recovery

In July 2020 the Trust began its elective theatres restart programme, the focus being on longest waiters and maximising existing resources within the confines of infection prevention restrictions, this includes the increased utilisation of West Cumberland Hospital (WCH) as well as the Independent Sector capacity the broader NHS has put in place.

Access to diagnostics performance has been significantly impacted by COVID with performance against the 6 week standard reaching 63.5% waiting over 6 weeks in April, although this has slowly improved to 52.9% for July. The diagnostic waiting list is now double pre-COVID levels, and performance is expected to decline again before sustained improvement can be seen. The Trust is delivering Elective care at expected post-COVID levels, however current capacity levels does not address the waiting list challenge.

In response to the challenges facing Elective Care, the Trust has developed an Elective Care Recovery Strategy, with the aim to develop a sustainable Elective Care programme.

The Trust is working with North Cumbria CCG as part of the national planning requirements to secure investment for sustainable elective care recovery.

4. WINTER PLANNING

Linked to the updates on urgent and emergency care and elective care within the Trust is the work to ensure a robust winter plan is in place for both standard winter pressures as well as second surge for Covid. The Trust has developed a plan for winter and has contributed to the system plan for North Cumbria. A core component of this plan will be the additional capacity the system puts in place to support surges in demand, including Covid second wave.

5. RECOMMENDATION

Committee members are asked to NOTE the updates in this report and seek any points for further clarification or detail.

Ramona Duguid
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