

CUMBRIA HEALTH SCRUTINY COMMITTEE

Minutes of a Meeting of the Cumbria Health Scrutiny Committee held on Monday, 7 October 2019 at 10.30 am at Conference Room A/B, Cumbria House, Botchergate, Carlisle, CA1 1RD

PRESENT:

Ms C Driver (Chair)

Mr F Cassidy
Ms H Chaffey
Mr P Dew
Mrs RC Hanson
Mr N Hughes

Mr J Kane (Vice-Chair)
Mr P Scott
Mr CJ Whiteside
Mr S Wielkopolski
Mr M Wilson

Also in Attendance:-

- | | | |
|--------------------|---|--|
| Mr D Blacklock | - | Chief Executive, Healthwatch Cumbria |
| Ms J Clayton | - | Head of Communications and Engagement, NHS North Cumbria Clinical Commissioning Group |
| Mr A Gardner | - | Director of Planning and Performance, Morecambe Bay Clinical Commissioning Group |
| Ms C Gunn | - | Diabetic Podiatrist |
| Mrs L Harker | - | Senior Democratic Services Officer |
| Dr C Heasman | - | GP |
| Ms H Horne | - | Chair, Healthwatch Cumbria |
| Mr G O'Hare | - | Executive Director of Nursing & Chief Operating Officer, Northumberland, Tyne & Wear NHS Foundation Trust |
| Ms Z Larmour | - | ICC Manager/Team Lead Podiatrist West Network |
| Mr P Rooney | - | Executive Director of Improvement for the Integrated Health and Care System - North Cumbria Integrated Care NHS Foundation Trust |
| Mr D Stephens | - | Strategic Policy & Scrutiny Adviser |
| Professor R Talbot | - | Chair – North Cumbria Integrated Care NHS Foundation Trust |
| Ms R Tinson | - | Head of Performance, University Hospitals of Morecambe Bay NHS Foundation Trust |
| Mr P Woodford | - | Associate Director, University Hospitals of Morecambe Bay NHS Foundation Trust |

PART 1 – ITEMS CONSIDERED IN THE PRESENCE OF THE PUBLIC AND PRESS

24 APOLOGIES FOR ABSENCE

An apology for absence was received from Dr M Hanley.

25 MEMBERSHIP OF THE COMMITTEE

There were no changes to the membership of the Committee on this occasion.

26 DISCLOSURES OF INTEREST

Mr C Whiteside declared a personal interest as his wife was employed at the West Cumberland Hospital.

27 EXCLUSION OF PRESS AND PUBLIC

RESOLVED, that the press and public be not excluded from the meeting for any items of business.

28 MINUTES

RESOLVED, that the minutes of the meeting held on 18 July 2019 be agreed as a correct record and signed by the Chair.

29 COMMITTEE BRIEFING REPORT

The Committee received a report which updated members on developments in health scrutiny, the Committee's Work Programme and monitoring of actions not covered elsewhere on the Committee's agenda.

Members received an update on the Joint Cumbria and Lancashire Health Scrutiny Committee and noted it was anticipated the next meeting would take place in December 2019. The Committee asked for further information regarding the procurement process for Renal Dialysis Services in Lancashire and South Cumbria and was informed commissioning of the services was imminent but no timeframe had been made available.

The Committee discussed the appointment of a Joint Health Scrutiny Committee for the Lancashire and South Cumbria Integrated Care System. It was noted that Lancashire County Council was taking the lead on establishing the Joint Committee which would ultimately be considered by Cumbria County Council's Constitution Review Group with approval by full County Council. Members raised the following matters regarding the draft Terms of Reference:-

- concerns regarding the low quorum levels. It was suggested that the membership include a minimum of five members from at least three authorities;
- each authority should decide whether district councils, with voting rights, should be included in their representation on the Joint Committee;
- clarification on substitute arrangements requested;
- there should be a published calendar of meetings as far in advance as possible.

The Committee drew attention to a recent visit by members to the Maryport ICC and it was agreed to forward any feedback to David Stephens.

RESOLVED, that

- (1) the Joint Cumbria and Lancashire Health Scrutiny Committee update be noted;
- (2) the following matters be raised regarding the appointment of a Joint Health Scrutiny Committee for the whole of Lancashire and South Cumbria Integrated Care System:-
 - (a) concerns regarding the low quorum levels. It was suggested that the membership include a minimum of five members from at least three authorities;
 - (b) each authority should decide whether district councils, with voting rights, should be included in their representation on the Joint Committee;
 - (c) the Committee receive clarification on substitute arrangements;
 - (d) there should be a published calendar of meetings as far in advance as possible;
 - (e) any further comments be forwarded to David Stephens;
- (3) the Joint Health and Adults Scrutiny Advisory Group update be noted;
- (4) the following members be appointed to the Cumbria Health Scrutiny Variation Sub-Committee:-

Allerdale – Mr P Scott
 Carlisle – Mrs A McKerrell
 South Lakeland – Mr M Wilson;

- (5) the existing Work Programme be noted and the following suggestions be considered:-
- (a) a discussion on a programme of items for the Work Programme coming out of the HealthCare for the Future update;
 - (b) North and South System Plans be considered by the Committee at its next meeting in December 2019;
 - (c) Winter Pressure Arrangements be considered by Lead Members at their next meeting with System Leaders;
 - (d) Health Inequalities for those with mental health issues be considered at a future meeting;
 - (e) Vascular Services be discussed at its next meeting in December 2019.

30 CHANGES TO MENTAL HEALTH REHABILITATION SERVICES IN CUMBRIA

The Committee received a joint report which provided information on the planned changes to the provision of mental health rehabilitation inpatient services, currently delivered by Cumbria Partnership NHS Foundation Trust (CPFT) through the Acorn Unit at the Carleton Clinic in Carlisle.

Members were informed that due to the membership of the Cumbria Health Scrutiny Variation Sub-Committee not being agreed at the time of the proposal the full Cumbria Health Scrutiny Committee was asked to consider the first phase of the Variation Protocol; whether the proposal constituted a substantial service change.

The Committee held a detailed discussion regarding the review of the pilot 16 bed Acorn Unit at Carleton Clinic, Carlisle which was initially established to facilitate rehabilitation for men with complex mental health needs. Members were informed that future provision would be to meet the needs of both males and females.

It was explained this was established under agreement that CPFT held responsibility for costs other than those agreed at the time the pilot was commissioned. It was noted the Clinical Commissioning Group (CCG) had agreed to support the pilot service on a 'cost per case' basis, up to a maximum of 10 beds.

Members were informed that over the five years of the Acorn Unit being available it had never gone beyond its pilot status, therefore, it had not been formally commissioned by either CCG. It was explained it had not reached optimum level of inpatients, usually with no more than 60% of its beds filled at any one time, with use across the two CCGs varying each year.

The Committee was informed that the male patient group had been very mixed and there was some confusion around the aims and purpose of admission, expected length of stay and clinical outcomes. It was highlighted they had varied from the pilot stage to present service delivery and little change had occurred to the model whilst demand and need for rehabilitation services had changed around the Acorn Unit.

Members were given an update on the background to the Unit which admitted men from acute mental health treatment and rehabilitation wards that had a longer length of stay as well as providing active rehabilitation for a number of them. It was noted that it also acted as a 'step-down' for male patients returning to Cumbria from Low or Medium Secure Forensic Hospitals elsewhere in the country. The Committee was informed that the typical discharge destination from the Acorn Unit was supported living, including individual tenancies, which was a pathway supported by the system and provided a positive outcome to service users. A concern was raised that the mental health pathway for patients currently in the Acorn Unit had not been completed. Members were informed that due diligence reviews had been undertaken with all patients.

The Committee was informed it had been agreed to review the current mental health services, including the Acorn Unit as part of a wider review of Rehabilitation Pathways in Mental Health services. It was explained that as both CCGs were now placed within different larger Integrated Care Systems (ICSs) the design and commissioning of future service provision would sit in those footprints. It was noted that the ICS commissioning groups were identifying a longer term bed model and rehabilitation model for each clinical system. It was anticipated the Acorn Unit review would help inform those processes and also ensure that learning from the Acorn pilot, and the needs of Cumbria residents, was embedded into those new services.

Members were informed that as a result of the review it was also acknowledged that Cumbria did not provide an accessible, evidence-based, best practice rehabilitation pathway consistently across the two emerging systems of North East and North Cumbria, and Lancashire with South Cumbria. It was explained that such a pathway would include community rehabilitation services which facilitated care as close to home as possible and delivered continuity of care and early discharge when within an in-patient setting, high dependency unit or longer term rehabilitation services. The introduction of patients being looked after at home and managed by a community service was also being considered for the future.

The Committee was updated on the CCG commissioning intentions noting the North Cumbria System Executive Team had acknowledged that the current stand-alone service had not been commissioned in the traditional sense and currently did not meet the identified population need for mental health rehabilitation. Therefore, it had approved the temporary closure to admissions and the re-provision of high dependency and in-patient open rehabilitation services for up to approximately eight individuals per year within the well-defined Northumberland, Tyne and Wear NHS Foundation Trust (NTW) rehabilitation pathway.

A discussion took place regarding the future of the Acorn Unit and whether this was a potential temporary closure. Officers explained the closure was to allow a review of the pathway as the Service was not fit for purpose. Members were informed that in the next 6-12 months the review of urgent and rehabilitation pathways would be concluded and a model going forward, to strengthen a community based service, would be investigated. It was explained that the new service may not be ready in 12 months' time emphasising the need to get the model right.

It was explained that the NHS Morecambe Bay CCG had also identified the need to redesign mental health rehabilitation services to meet the needs of residents from south Cumbria and include a whole Bay service offer to include residents of north Lancashire. Members noted that Lancashire Care NHS Foundation Trust (LCFT) was currently developing a service profile for rehabilitation beds in line with the well-established NTW offer to ensure consistent outcomes for all residents.

Members raised their concerns regarding the impact the closure of the Unit could have on South Cumbria and were informed that this should be minimal.

A discussion took place regarding services in the south of the county and concerns were raised regarding the availability of adequately trained resources. It was acknowledged that historically there had been challenges regarding recruitment but emphasised to members that safety was paramount. Members were informed that the priority for this year was to expand the urgent care services and whilst the availability of staff was a cause for concern it was explained there had been some recent recruitment success.

A discussion took place regarding the availability of a Psychiatric Intensive Care Unit (PICU) in South Cumbria and members were informed that service users would have to travel to the Carleton Clinic in Carlisle as this was where the service was provided for the whole of Cumbria.

Members were informed that LCFT had agreed to a partnership with NTW to work on an improvement partnership. It was explained that representatives from NTW would engage with colleagues in the south throughout the continuous improvement journey to ensure a smooth transition.

It was agreed that a report on the development of Innovative Staff Models from Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust would be considered at a future meeting of the Committee.

A discussion took place regarding engagement and it was explained that a view of the needs of all patients currently receiving services within the Acorn Unit was completed and an analysis of projected future need undertaken; based on current usage and numbers requiring step-down from secure care. It was highlighted that senior clinicians from CPFT had met current service users and their families and they would be involved in the ongoing care plan of the individuals.

Members were informed this had identified that some of the current in-patients were ready for discharge and would require support into the community which could be actioned within a number of weeks. It was explained that the needs of the

remaining individuals could be met via transfer to both NTW open rehabilitation and high dependency unit (HDU) rehabilitation services to be facilitated at the earliest opportunity.

The Committee raised their concerns at the length of time the current service at the Acorn Unit had been tolerated and why the situation had not been allowed to evolve into a fast track recovery service. Officers explained that at the time the provider and commissioner had tried to do what they could but this had evolved into an incorrect model which did not meet the needs of patients. It was explained that work undertaken by NTW had identified that a fast track recovery service was needed for some patients who required intensive support and rehabilitation but that each case had to be considered on an individual basis. Members were informed that currently there was no flexibility in the pathway and that different skills were required from staff.

The Committee was informed that staff had been briefed and were being supported by contact on site with senior managers alongside HR and union representatives. It was noted that staff would continue to work in partnership with current patients, their carers and families to support existing care pathways. It was emphasised to members that all of the staff aligned to the Acorn Unit were part of the transfer of services to NTW and as such there was no impact to staff in the south of the county and NHS Morecambe Bay CCG had no ongoing concerns about staff within the south profile.

The Committee was informed that Stakeholders were provided with a written briefing ahead of the executive decision and had the opportunity to ask questions ahead of the information being shared more widely. Concerns were raised regarding the temporary closure to admissions at the Unit without any communication with the Cumbria Health Scrutiny Committee. Officers acknowledged members concerns and apologised for the lack of communication.

The Committee questioned how confident the Trust was that the wider community of people providing mental health care were briefed on the changes. Officers explained that a comprehensive communication exercise had been undertaken to identify and engage with as many people as possible including service users, carers and governors of CPFT.

Members were informed that where in-patient services were required, support arrangements would be established to ensure carers and families were able to maintain contact should they be transferred to NTW Services. It was explained that technology including the use of skype and other social media applications would be used to ensure communication continued. Officers highlighted there was also a commitment to support issues around travel. The importance of ensuring relationships continued with family and friends was acknowledged.

Members were informed that information had been shared through the media, social media and other networks. A concern was raised regarding the reference to a 'potential temporary closure' and highlighted the need for effective communication to prevent anxiety to the public.

In conclusion the Committee was informed that the recommissioning of mental health services for the population of Cumbria had already seen significant improvements to services and had supported the reduction in unplanned acute out of county placements. It was emphasised to members the priority was to ensure that services provided were consistent within well-defined rehabilitation pathways for the residents of Cumbria.

The Strategic Policy and Scrutiny Adviser outlined the substantial variation protocol. Member raised several concerns including the lack of a clinical consensus as the review had not been concluded, inadequate community engagement and the reference to a 'temporary' closure. Officers confirmed that the future of the Unit had not been decided but confirmed it would not re-open as it was at present as it was deemed to be clinically inappropriate and not beneficial to patients. It was also explained that current patients were part of the consultation and engagement had been undertaken with them and their families.

On being put to the vote with four members abstaining and seven members agreeing that the proposal did not constitute a substantial service change, it was

RESOLVED, that

- (1) the proposal did not constitute a substantial service change;
- (2) a report on the development of Innovative Staff Models from Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust be considered at a future meeting;
- (3) the Committee receive early notice and comprehensive reports on any potential substantial variations as a result of the reviews of the Urgent Care and Rehabilitation pathways which are underway and will take approximately 6-12 months.

31 COPELAND SAME DAY HEALTH CENTRE

The Committee considered a report from NHS North Cumbria Clinical Commissioning Group regarding the Copeland Same Day Health(SDH) Centre which went live in February 2019.

Members were informed that as part of the growing pressures on GP Practices in Copeland innovative ways of offering improved access to patients had been considered collectively by the seven practices. It was highlighted that this was a collaboration between practices to support patients in a new way with resources available proportionate to their patient list size.

The Committee noted that it was felt the SDH Centre was an important step in building an urgent care hub and a fully integrated health and care system for West Cumbria. It was explained the Centre was led by Copeland GPs and was based in the Outpatient Department at West Cumberland Hospital. It was felt that this allowed the development of a connected network across primary and secondary care, and provided a multi-speciality model for primary care in Copeland.

Members were informed that the seven Copeland GP practices had access to an electronic cross-organisation appointment system for urgent on-the-day appointment requests. It was explained that patients were triaged by their registered GP practice and directed to the SDH centre as appropriate.

The Committee noted the service was offered Monday to Friday between 2.00-8.00 pm and provided urgent GP, nurse practitioner and extended scope physiotherapy appointments. It was explained that from 5.00 pm routine cytology, practice nurse and healthcare assistant appointments were also offered. There was full access to primary care medical records to the GP and health practitioners based in the SDH centre.

A concern was raised regarding staff in GP practices having the necessary medical knowledge and understanding to be able to advise and triage patients. It was explained that each GP practice triaged in different ways but assured the Committee that where this was the responsibility of non-medical staff they would receive a considerable amount of training and advice before being expected to carry this role out.

During the course of discussion a concern was raised as to expectation for GPs to provide cover at the SDH Centre after they had carried out their normal daily duties at a surgery. The Committee was informed that a GP was paid by the Copeland Primary Care Network to provide extended access and worked permanently in the Centre with other cover provided proportionately by individual practices.

The Committee welcomed the project and felt there should be consideration of how this could be further promoted to increase public awareness. Members were informed that information on the new service was available in GP practices and on their websites but it was agreed that further communication would be discussed with the Copeland Primary Care Network.

RESOLVED, that

- (1) the report be noted;
- (2) a progress report be made available to the Committee in the future.

32 NORTH CUMBRIA PODIATRY SERVICE 2019

Members considered a report which gave an update on the current North Cumbria Podiatry Service which provided assessment, diagnosis and treatments to any person registered with a GP in North Cumbria.

The Committee was informed that the Service delivery included generic and specialist podiatry across the county with specialist/advanced care delivered in specific locations. It was explained that the current practice and criteria for ongoing long-term care had not changed for a number of years and was no longer evidence based.

It was highlighted to the Committee that taking into account an increase in chronic long-term conditions and the ageing population the current model was no longer sustainable, especially if the service was to efficiently manage more complex foot problems.

The Committee was informed this proposal was to roll out the use of a new evidence-based eligibility criteria, to reassess the current caseload and, where appropriate, to signpost patients to other providers who were no longer eligible for ongoing care.

Whilst the Committee recognised the parameters for re-scoping the Service they raised their concerns regarding access to on-going care for patients on low income. Members were informed that part of the communication package included information which signposted patients to various agencies to provide financial package support.

Members were informed this had been piloted in the Copeland locality where 1,000 patients had been discharged from the current caseload as a result. It was explained that the pilot was to test out the communication package and strategy and ensure it was robust and minimised any potential complaints.

The Committee noted that extensive engagement had been undertaken with patients and third sector groups such as Age UK and Alzheimer's Society as part of the pilot; resulting in more integrated working.

Whilst members recognised the reasons for the pilot in Copeland and the desire to work with high risk patients they still had concerns regarding the prevention agenda. They asked how confident the Service was that there would not be pockets of areas in the county where provision was patchy. The need to have appropriately qualified podiatrists in the county to ensure patients were not being inadvertently exposed to sub-standard service was highlighted. Officers emphasised that on discharge patients were only signposted to qualified podiatrists explaining that a number of existing private podiatrists already undertook work on behalf of the Trust.

Members were informed that Cumbria's NHS Podiatry service was not unique in having to manage their caseload more efficiently and concentrate on more high risk patients. It was emphasised that the Podiatry service in north Cumbria would continue to maintain an open access service for all patients for a one-off assessment and advice.

A discussion took place regarding the effects of diabetes and members were informed that in Cumbria diabetes foot-related bed days and number of amputations were above the national average. It was explained that approximately 30% of the existing podiatry caseload was increased due to high risk diabetic care.

The Committee was informed of a type 2 diabetes structured education programme 'DESMOND' for newly diagnosed diabetics and it was agreed members would be provided with additional information on this.

Members asked whether a breakdown of data on preventable and non-preventable cases was available. It was explained that patients with certain existing health conditions such as diabetes or arthritis could deteriorate very quickly, therefore, it was difficult to predict caseloads.

It was highlighted that the year on year increase meant that unless capacity was created within the system it would not be possible to provide the quality care for the increased and high risk patients. Members were informed that as a preventative measure GP surgeries offered a diabetic foot check which was risk classified but highlighted that a number of patients still did not take up the offer which then led to longer term problems including amputation in some cases. The Committee suggested that engagement with the Local Authority regarding the promotion of preventative work may be beneficial.

A discussion took place on the provision of appropriate and up-to-date advice and information on all relevant aspects of effective foot care to patients, carers and other health care professionals to ensure care co-ordinators and advocates were involved as appropriate. Members felt that training should be available for carers to ensure they had the knowledge to be able to provide self-care and suggested that this could take the form of one-to-one training or the production of video training resources.

Members suggested that information on the Service should be made available as widely as possible including future health promotions by the Trust, County Council buildings throughout the county, Health and Well Being Forums across Copeland, Eden and Carlisle to raise awareness of the changes.

RESOLVED, that

- (1) the report be noted;
- (2) engagement take place with the Health and Well Being Forums across Copeland, Eden and Carlisle to raise awareness of the changes;

- (3) the potential of producing video training resources be examined;
- (4) additional information on the DESMOND training programme to be provided to the Committee and potentially shared more widely;
- (5) a revised communication plan be circulated to the Committee and the Director of Public Health and Locality Public Health Managers.

33 HEALTHCARE FOR THE FUTURE UPDATE

The Committee considered a report which provided information regarding progress made on outstanding developments following the Healthcare For the Future Consultation.

Members were informed that the building work for the purpose built Hyper Acute Stroke Unit (HASU) at the Cumberland Infirmary Carlisle (CIC) had been completed and was now operating for patients who would have received their treatment in Carlisle. It was explained the Unit would eventually be fully operational and include patients from West Cumbria.

The Committee noted that the full opening would mean that all potential stroke patients would initially be brought to the Unit at CIC for a maximum of 72 hours where they would have access to a specialist stroke team 24 hours a day, seven days a week. It was explained the patient would then be either discharged home with support from the Early Supported Stroke Discharge (ESSD) and the Integrated Care Community (ICC) teams or remain in hospital for ongoing care and rehabilitation.

Members were informed there had been considerable work over the last two years to develop the HASU including the design of the Unit, recruitment of additional specialist staff and the development of the new ESSD team in Copeland and Workington to support patients at home, or closer to home. It was explained that after previous recruitment difficulties introduction of the new model had improved this situation.

The Committee was informed the Trust was expecting imminent confirmation from the North West Ambulance Service (NWAS) as to when they would be in a position to provide the appropriate transport. Members asked that they be given early notice if there were any indications that there would be delays in NWAS being ready to enable access to the HSCU.

During the course of discussion a concern was raised regarding the term 'Zone of Disadvantage' being used with reference to the Copeland area and potentially giving the impression that the population would not benefit from the HASU. Officers acknowledged the concerns this could raise and agreed to raise this matter with the West Cumberland Hospital Group but emphasised the HASU would improve services for the whole of the county.

Members drew attention to the constant fragile services in West Cumbria and were assured that collaborative work was being undertaken to investigate any matters of concern.

The Committee welcomed the new improved service and it was agreed the Co-Production Review would focus on the HASU to ensure all evidence was captured and shared when convenient.

A discussion took place regarding future reporting of HealthCare for the Future to the Committee and it was agreed that Lead Health members, the Strategic Policy and Scrutiny Adviser and Head of Communications and Engagement, NHS North Cumbria Clinical Commissioning Group would consider how best to continue to monitor developments around the topics usually covered under this agenda item.

RESOLVED, that

- (1) the report be noted;
- (2) early notice be given to the Cumbria Health Scrutiny Committee if there are any indications that there will be delays in NWAS being ready to enable access to the Hyper Acute Stroke Unit.

34 CANCELLED OPERATIONS

a North Cumbria

The Committee received a presentation from North Cumbria Integrated Care NHS Foundation Trust regarding cancelled operations in North Cumbria. Members were informed there were six purpose-built theatres at the West Cumberland Hospital (WCH) and a further ten theatres at the Cumberland Infirmary, Carlisle (CIC) with all of them used for both planned and urgent operations.

The Committee was informed that overall cancelled operations were showing a slightly increasing trend since April 2019. It was noted that hospital initiated non clinical and clinical cancellations were showing a slightly increasing trend since April 2019 with patient initiated cancellations remaining constant over the same period.

A discussion took place regarding patient initiated cancellations and officers felt there was a need to improve joint decision-making with patients to ensure they were aware of the outcome and benefits of the surgery and hopefully avoid cancellations.

Members were informed that the 28 day breach performance had deteriorated compared with the same period the previous year, although the position in August was similar year on year. It was noted that the number of non-clinical cancellations on the day was similar year on year, however, there had been more 28 day breaches in 2019/20.

It was explained to members that for quarter 1 in 2019/20 the Trust compared favourably with the national average number of non-clinical cancellations, but had more than double the national average breaches.

A detailed discussion took place regarding the information presented and members were informed of the trend towards a growth in cancellations for a number of reasons. It was explained to members that although every effort was made not to cancel operations on the day this did happen.

The Committee raised their concerns regarding the lack of communication with patients regarding cancelled operations. Members felt that pro-active work was needed to ensure patients were informed of cancellations. The Trust acknowledged the communication problems and informed members that work was being undertaken to improve this. During the course of discussion the Committee drew attention to possible technological solutions and it was confirmed this was being investigated.

It was agreed that data regarding operations cancelled two or three days in advance of the planned date would be provided to the Lead Health Scrutiny members.

During the course of discussion members asked whether account was taken of pre-existing conditions of patients, particularly with regards to cancellations. It was agreed that further information would be provided to the Committee.

The Chair of the North Cumbria Integrated Care NHS Foundation Trust highlighted that the Trust's Board was concerned with the situation; and taking into account the onset of winter, had agreed to make extra beds available in the system to try and alleviate the problems, particularly at the CIC.

During the course of discussion concerns were raised regarding the disproportion between the north and south of the county with better performance in the south. Officers explained that the number of operations required were significantly more than available resources could deliver, acknowledging that north Cumbria had a fundamental mismatch in their ability to deliver care. It was acknowledged that an improvement in efficiency was required, highlighting the problems incurred due to lack of theatre nursing staff, less efficient theatres, issues regarding booking, planning and ring-fenced beds with a need to understand how to get a better insight into demand.

Whilst members appreciated operations were being scheduled with finite resources a question was raised as to whether the Trust had the ability to minimise the breach of the 52 weeks target. The Committee welcomed the extra beds and questioned whether the ring-fence arrangements were effective.

Members were informed that the CIC bed issues had been mainly due to practical estate issues in the Hospital. It was explained they were due to fire safety in the building which had meant a 'de camp' ward had been created to allow patients to be relocated whilst works were being undertaken.

A discussion took place on the Action Plan and it was confirmed that progress on this to address cancellations and work to reduce waiting times would be reported regularly at the Lead Health Member meetings. It was agreed that a further report would be made to the Cumbria Health Scrutiny Committee if no improvement was evident.

RESOLVED, that

- (1) the presentation be noted;
- (2) data regarding operations cancelled two or three days in advance of the planned date be provided to the Lead Health Scrutiny members;
- (3) progress on the Action Plan to address cancellations and work to reduce waiting times be reported regularly at the Lead Health Member meetings with a further report to the Cumbria Health Scrutiny Committee if there was no evident improvement;
- (4) further information be made available to the Committee on how pre-existing conditions are taken into consideration particularly for patient cancellations

b South Cumbria

The Committee considered a report from University Hospitals of Morecambe Bay NHS Foundation Trust which provided an update on cancelled operations in south Cumbria. It outlined the performance against the national headline 28 Day Cancellation Standard and local total Last Minute Cancelled Operations standard, benchmarked performance and the causes, implications and actions to resolve any issues.

Members were informed that the theatres were largely separated between emergency and planned operations highlighting that trauma spikes did occasionally affect their use.

The Committee noted the number of elective operations cancelled and not re-booked within 28 days against the standard of 0. It was explained the standard had been met in eight of the previous 12 months, with a spike of four in February, one breach in October and December 2018 respectively and one in June 2019.

Members were given details of a number of completed actions which had been undertaken to maximise theatre throughput and reduce the potential for last minute cancellations which included the implementation of the Theatre Efficiency Programme, maximisation of the theatre capacity across the three main sites, daily operational call to review theatre activity, review of pre-operative assessment, escalation process in place to ensure that authorisation was given for last minute cancellations and a focus on staff health and well-being through the Flourish programme and attendance management, therefore, reducing cancellations due to sickness and other absence.

During the course of discussion members sought assurances that actions were being undertaken by the Trust to address cancelled operations and suggested that they be made available in a public forum.

The Committee was informed that the cancellation of elective procedures at the last minute was and would continue to be strenuously avoided as a last resort in order to maintain patient safety. It was emphasised to members that operations were not cancelled due to lack of beds.

Members discuss the number of operations cancelled multiple times and asked that the Committee be provided with further data.

In conclusion, the Committee felt that performance in the south of the county appeared to be much better than in the north and the need to find an equity of service throughout the county was highlighted.

The Chair welcomed the report and agreed discussions would continue regularly at the Lead Health Member meetings.

RESOLVED, that

- (1) the report be noted;
- (2) assurances be available in the public forum to outline actions being undertaken by the Trust to address cancelled operations;
- (3) data on the number of operations being cancelled multiple times be provided to the Committee.

35 DATE OF FUTURE MEETING

It was noted that the next meeting of the Committee would be held on Tuesday 10 December 2019 at 10.30 am at County Offices, Kendal.

There was a suggestion that hospitals should be considered as possible venues for future meetings of the Committee.

The meeting ended at 3.35 pm