C&P UEC IMPROVEMENT PLAN

UPDATED SEPTEMBER 2024

PURPOSE

This document sets out the Cambridgeshire and Peterborough ICB Urgent and emergency care improvement approach and priorities in 24/25.

It builds on the existing UEC strategy, reflects progress and learning year to date, and outlines the priorities to ensure momentum on performance improvement is maintained through winter. It highlights current risks, mitigations and how the governance structure will ensure oversight and assurance of delivery of the plan.

CONTEXT

Urgent and Emergency Care (UEC) delivery remains a high priority nationally and locally. The national standard for four- hour performance has been set for 2024/25 at 78% and C2 ambulance response times are expected to be below the interim target of 30 minutes.

In March 2024 C&P ICS reviewed the UEC strategy which underpins the delivery of system wide improvements across primary, community and secondary care UEC pathways. The delivery of the strategy was through two streams – delivery of system-wide improvement programmes and provider internal improvement programmes. It was developed and agreed with all system partners building on national best practice, the national UEC recovery plan and utilising local data, and benchmarking. National funding received for urgent and emergency care improvement was aligned to the priority areas identified in the strategy. Governance of the strategy is through the System Unplanned Care Board.

The programmes outlined in the strategy have been progressed during the first half of 2024/25 (H1) and C&P ICS has seen improvements in key metrics including 4-hour emergency department target, flow and discharge metrics. During H1, the New Care Models vision has been developed in response to the long-term challenges that the New Hospitals Programme identified where if there was no change in delivery of care there would be an expected deficit of 379 acute care beds by 2030. The local healthcare system is also facing other significant challenges such as ensuring the sustainability of Primary Care, increasing demand for mental health support services, and increasing staffing challenges with health care professionals reporting high levels of job dissatisfaction and burnout. As part of the New Care Models, the acute illness clinical model has started to emerge over the past few months.

Building on the acute illness clinical model, the current performance and anticipated risks ahead of winter, system wide discussions have been underway, including a workshop in July, to determine areas for accelerated delivery of the strategy ahead of winter to manage expected demand and ensure people access services in the right setting.

- **Feb 24** – C&P commences tiering meetings for enhanced oversight on UEC performance
- **Mar 24** – C&P UEC strategy agreed and supporting investment areas
- **Apr 24** – 24/25 plans go live, underpinned by continuous improvement approach
- **Jun 24** – Local C&P effectiveness review, learn and adapt for ongoing improvement plans
- **Aug 24** – Change in national tiering ranking, UEC plan updated to include learning and winter preparedness

UEC STRATEGY

VISION

System partners working collaboratively to provide Cambridgeshire & Peterborough's population with high quality, safe urgent and emergency care by delivering preventative initiatives close to home, enhanced urgent community response and admission avoidance schemes to reduce ambulance conveyances and minimise time spent in hospital, whilst supporting continuous improvements in hospital pathways for those who require access to secondary care.

AIMS

- To deliver high quality, safe urgent and emergency care
- To develop and deliver preventative services closer to home
- To continue to develop and improve services to avoid unnecessary hospital admission or/and ambulance conveyances
- To develop effective post hospital and discharge services to minimise time spent in hospital, optimize patient flow, and ensure patients are discharged to the most appropriate setting
- To continue to improve urgent and emergency pathways in primary, community and secondary care

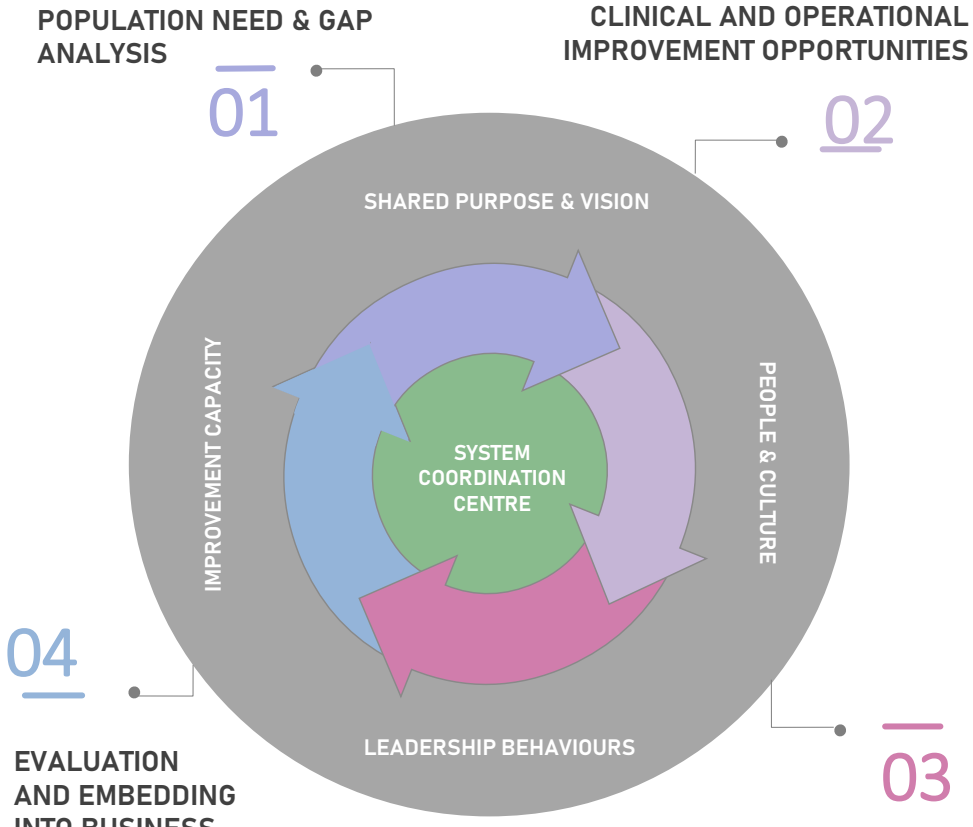
OBJECTIVES

1. Establishing a well-co-ordinated integrated community urgent care response service enabling patients to be supported at home where clinically appropriate
2. Ensuring ambulances reach patients in line with national target response times and can handover patients to hospital services quickly
3. Supporting Acute Trusts to deliver and sustain the 4-hour ED performance target
4. Minimising delays experienced by patients at any stage of their hospital stay thereby reducing average LOS and improving bed occupancy
5. Ensuring timely discharge and access to appropriate community-based services and intermediate support to complete rehabilitation
6. Embedding and refining our System Control Centre (SCC) model to ensure tight day to day grip on flow and effective escalation processes are in place
7. To improve patient experience, waiting times, and outcomes.

KPIS

1. C2 response times
2. Avg. handover time
3. Urgent community response
4. A&E attendances
5. A&E 4hr performance
6. G&A Bed occupancy
7. Zero-day Length of Stay
8. Non-elective admissions
9. Admissions from care homes
10. Length of stay 14+ days
11. Not meeting Criteria to Reside (daily avg.)
12. Virtual Wards occupancy

OUR APPROACH



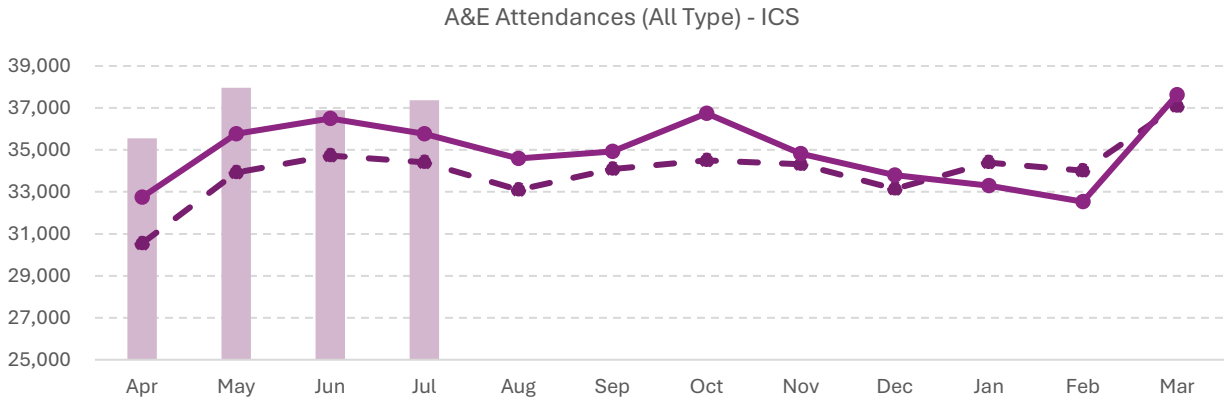
C&P ICS has a live UEC improvement plan in place, a version of which has been in place since winter 22/23. While taking the opportunity to do a full reset annually, aligned to operational planning guidance, the UEC plan is centred on the principles of continuous quality improvement. It brings together the key interventions required to support UEC improvement, developed by and agreed with all system partners through the Unplanned Care Board.

The UEC improvement plan supports a small number of collective interventions where a collaborative system approach is required. The ICS plan does not replace provider plans but is supplementary to the actions being taken by individual providers to manage their own performance.

The interventions in this plan are the result of discussions at system level and analysis of quantitative and qualitative evidence to identify schemes that are most likely to have a high impact in the next six months.

BASELINE – KEY PRIORITIES

Extensive data analysis has been completed by the ICB Strategic Commissioning Unit to support winter preparedness and ongoing UEC improvement. This data points to two key issues for C&P in the coming 6 months – managing overall demand and enhancing alternatives for those patients who should be able to be supported through proactive and better reactive care pathways.



A&E attendances continue to be above plan. All type attendances are 11% higher than in 23/24 and 2.7% above plan year to date. The demand is increasing for walk in patients, with ambulance conveyances flat compared to 23/24. This is contra to the national position which shows 4% ambulance conveyance growth. 39% of all patients attending A&E, UTC or MIU settings in C&P are being discharged with no diagnostics and no intervention, above the national average of 28%.

Avoidable Admissions: Top 10 Complaints (NHS Cambridgeshire and Peterborough ICS)

	May-2023	Dec-2023	Jan-2024	Feb-2024	Mar-2024	Apr-2024	May-2024[†]	% of All Avoidable Admissions	Diff to Last Month	Diff to May 2023
NHS CAMBRIDGESHIRE AND PETERBOROUGH ICS										
Falls 74yrs+	355	425	425	345	380	415	380	20.5%	-35	25
Non-specific chest pain	155	190	200	200	235	230	190	10.3%	-40	35
COPD	135	215	190	165	210	150	175	9.5%	25	40
Heart failure	155	135	160	200	145	140	165	8.9%	25	10
UTI	150	145	160	155	160	145	160	8.6%	15	10
Acute mental health crisis	135	115	120	130	130	100	130	7.0%	30	-5
Cellulitis	130	110	90	120	125	140	95	5.1%	-45	-35
Atrial Fibrillation	60	100	75	85	90	85	95	5.1%	10	35
Diabetes	95	95	120	105	100	90	75	4.1%	-15	-20
Asthma	50	75	65	80	70	60	70	3.8%	10	20

[†] Data is presented with a two month lag.

N.B. Numbers are suppressed, refer to metadata for methodology.

Avoidable admissions are above regional average in C&P, with c23% of all admissions potentially meeting the criteria over the last 6 months. The most common 10 complaints are shown in the table opposite with opportunities for improvement in this position through maximising proactive intervention (COPD & Heart Failure) and through expanding Urgent Community Response services as an alternative to the Emergency Department through the UEC hub (UTI, Non-specific chest pain and falls).

PERFORMANCE

Data: Jun 2024	ACTUAL	PLAN	MOM MOVEMENT	ON TRAJECTORY
C2 RESPONSE TIME (MINS:SECS)	41:27 YTD	30:00	-09:30	✗
AVERAGE HANDOVER TIME (MINS:SECS)	41:06 YTD	30:00	-18:06	✗
URGENT COMMUNITY RESPONSE <2 HOURS	85%*	70%	+4%	✓
A&E ATTENDANCES	147,775 YTD	140,789 YTD	+466	✗
A&E FOUR HOUR PERFORMANCE	69% YTD	70%	+1%	✗
G&A BED OCCUPANCY	93.7%	92%	-0.8%	✗
ZERO DAY LENGTH OF STAY	27.5%	40%	+1%	✗
NON-ELECTIVE ADMISSIONS	38,459 YTD	35,833 YTD	+657	✗
NON-ELECTIVE LENGTH OF STAY	5.8* Days	6.60 Days	-0.16	✓
NOT MEETING RESIDE CRITERIA (DAILY AVG)	298	127	-7	✗
VIRTUAL WARDS OCCUPANCY	83%	80.0%	+4%	✓

UEC performance across C&P in Q1, as shown opposite, was below plan in several areas. There were several specific drivers for poor performance including extensive infection prevention and control issues resulting in closed beds and ambulance handover delays, issues with workforce availability and demand significantly exceeding planned activity in May.

Since Q1, there has been a return to continuous improvement across UEC performance indicators. We have rapidly taken learning from Q1 and adapted our approach for Q2 and beyond. A&E performance has improved across providers and is now closing the gap to trajectory to achieve the 78% standard by the end of the year. Ambulance handover performance has improved dramatically, with C&P achieving average handovers and C2 response below the 30-minute targets in August. Reducing length of stay is supporting better bed occupancy along with greater utilisation of alternatives to ED and hospital, including UCR and Virtual ward services.

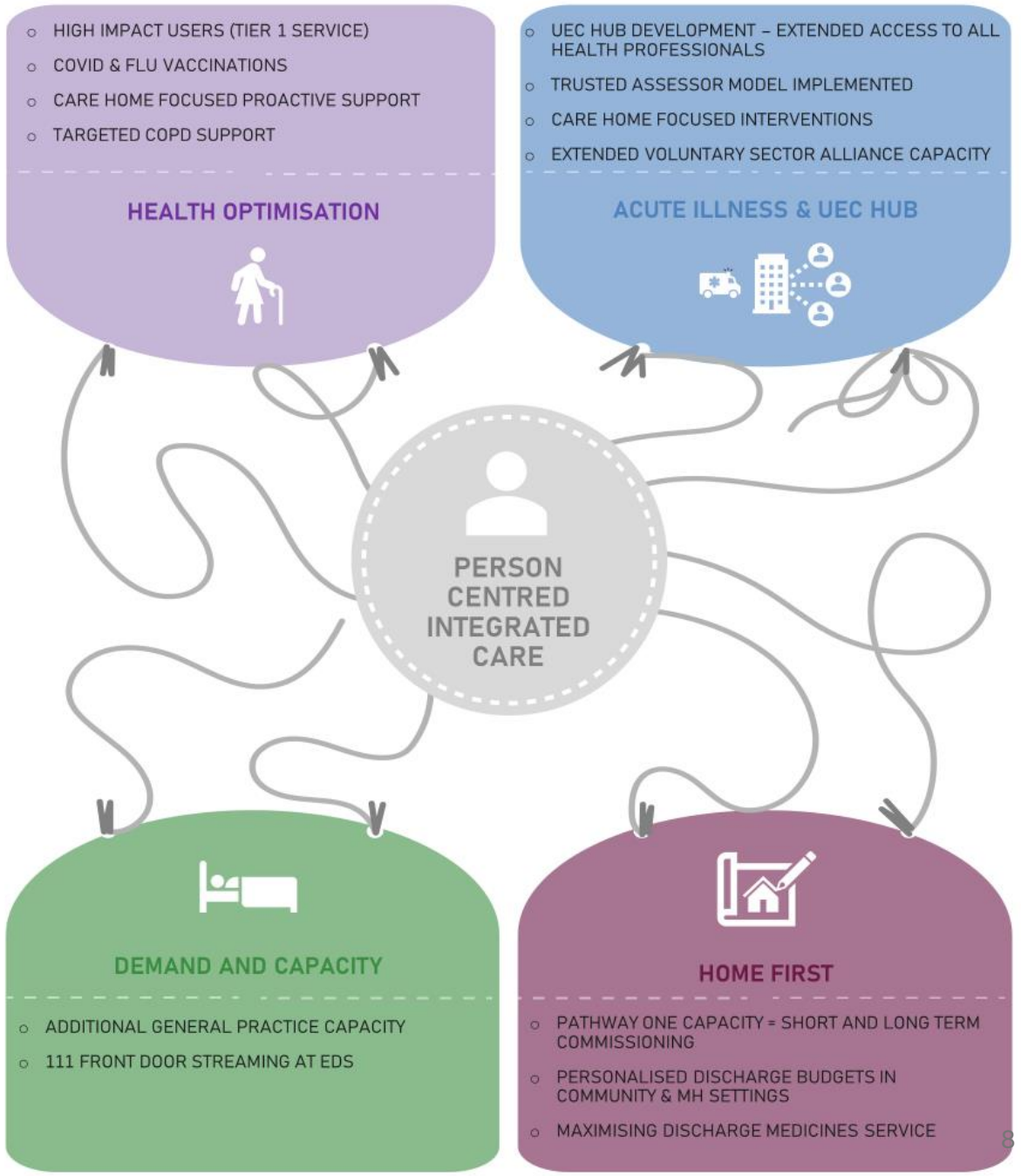
The NHS England national team is developing a winter dashboard that is likely to include a range of different metrics. Once available, these metrics will be used to monitor performance in UEC tiering and as part of our overarching UEC improvement plan.

KEY FOCUS AREAS NEXT 6 MONTHS

The updated UEC improvement plan has four key themes, reflecting the data and known opportunities aligned to healthcare utilisation model (optimisation and acute illness). The plan builds on the minimum national expectations as outlined in the NHS UEC improvement plan and the specific winter requirements expected to be published by NHS England in late September.

Each thematic area has a defined set of interventions and actions, contained within detailed delivery plans, which will be monitored through existing governance arrangements.

Further narrative on each area is shown on slide 9 and a summary delivery plan shown on slide 10.



KEY FOCUS AREAS NEXT 6 MONTHS

Health Optimisation:

- **Proactive intervention with high-risk cohorts** will support reversible risk, reducing the number of people experience acute exacerbations of illness and minimising the need for patients to require a hospital admission. **Focus on respiratory, care homes and seasonal illnesses.**

Acute illness & UEC hub:

- We know that when people are unwell, coordination of care is desired. Through the **expansion of the C&P hub** and alignment of all onward services through a **single trusted assessor model**, we can ensure that more people end up in the right service first time, both in and outside of hospital. By introducing a **single point of access for all healthcare professionals** in C&P, we can support all clinical professionals, including general practice, by enabling patients to receive the right service.

Demand and capacity:

- While winter demand peaks are not what they once were, with growth in demand all through the year, we know that access continues to be a challenge for our population. By targeting two specific interventions to manage and stream demand effectively, through **additional GP capacity linked** to our other urgent and emergency care services and through introducing robust **streaming at our EDs**, we can direct patients to the right service, ensuring those that are acutely unwell receive timely high-quality care.

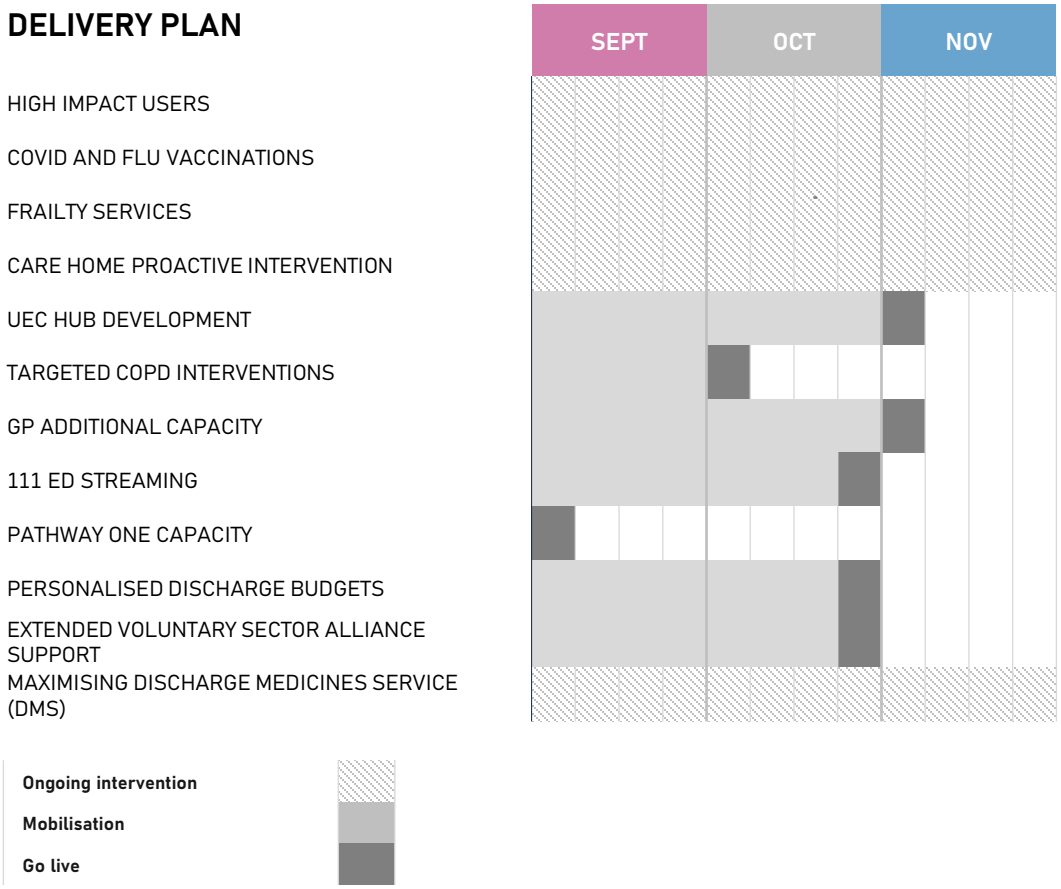
Home First:

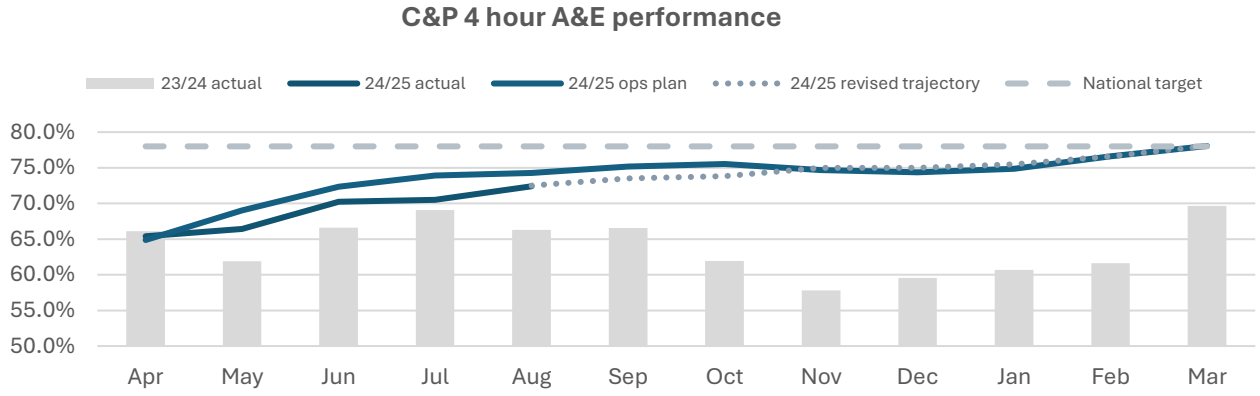
- Supporting patients to return home as soon as they are able is critical for their outcomes. The focus for this coming period is on maximising the work already done to improve discharge flows in acutes with **enhanced voluntary sector support** and expanding these to support those in **community and mental health** settings.

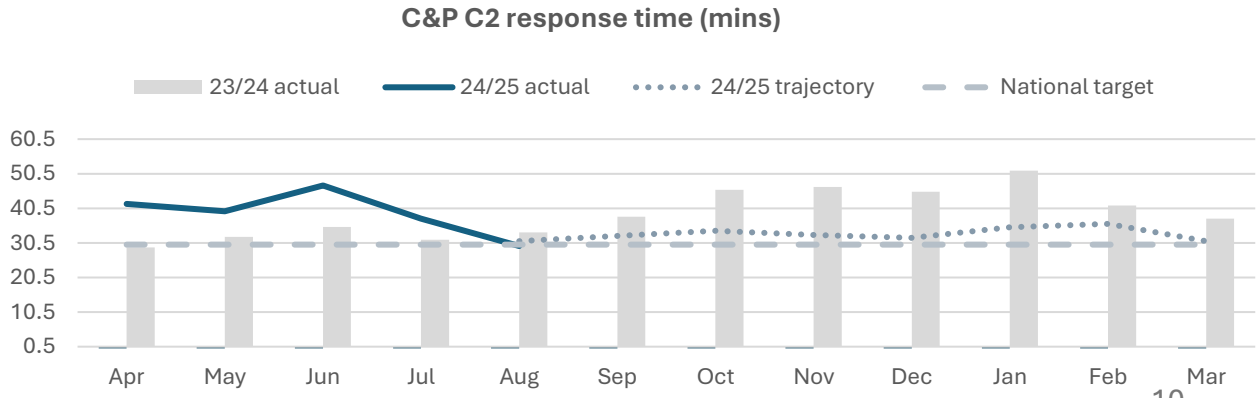
SUMMARY PLAN

All delivery plans are aligned to the core UEC indicators for improvement – A&E four-hour performance and improved C2 ambulance response times, with trajectories for performance shown below. The ICS expect to achieve the 78% four-hour A&E target by March as per our operational plan submission, however the trajectory to get there has changed slightly reflecting slower than anticipated improvement year to date. C2 ambulance response time is an annualised target of 30 minutes and at this stage, it is unlikely C&P can achieve this for the full year. C2 performance is not entirely within the control of the C&P system, as while ambulance handovers contribute, other factors such as EEAST resource availability have a material impact. Performance over the coming months is expected to remain above 30 minutes due to a combination of factors but demonstrate improvement when compared with the previous year.

DELIVERY PLAN







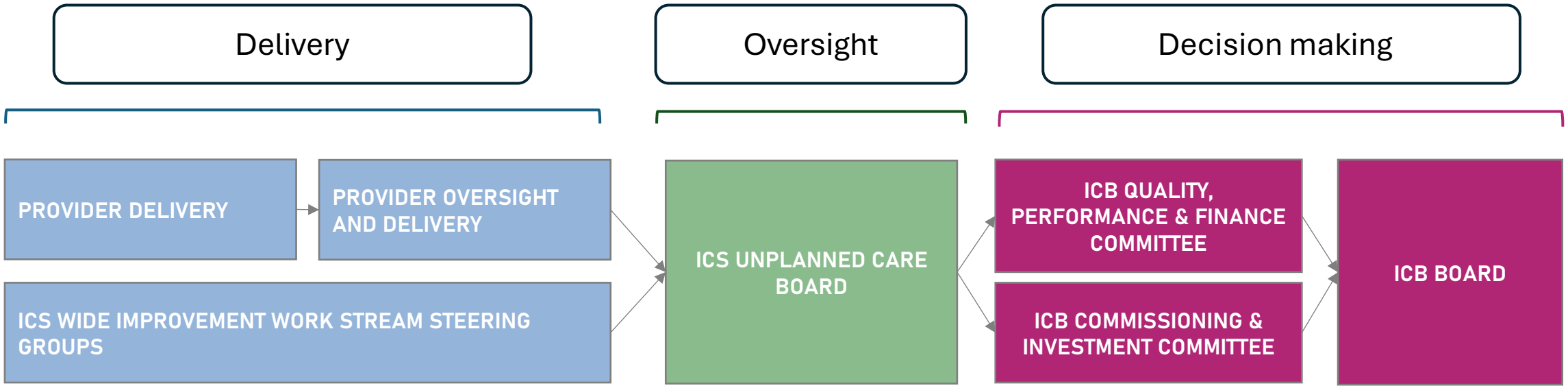
INVESTMENT OVERVIEW

The updated UEC improvement plan has four key themes, reflecting the data and known opportunities aligned to healthcare utilisation model (optimisation and acute illness) and removing duplication between individual provider owned plans and those which are system owned.

Many of the priority areas remain those identified at the beginning of the year, with schemes and services implemented to support more effective integrated UEC across C&P. There are several areas of additional investment expected in H2 as outlined in the table below, these will be supported by specific national funding for capacity and demand / UEC performance, with detailed schemes subject to Commissioning and Investment Committee review and expected to be finalised through September 2024.

Priority Area	April 2024	September 2024	Total
NWAFT & CUHFT (bed capacity & winter preparedness)	£21,424,000	£0	£21,424,000
Care of the elderly (North & South)	£0	£2,100,000	£2,100,000
UEC Hub**	£1,800,000	£1,800,000	£3,600,000
Urgent Wrap Around Care (UWAC /North & South)	£2,200,000	£0	£2,200,000
Virtual Wards	£3,552,470	£0	£3,552,470
GP Hubs and 111 ED streaming	£0	£4,100,000	£4,100,000
Discharge Support	£3,920,000	£0	£3,920,000
Voluntary sector (including EoL care)	£754,229	£233,076	£987,305
Integrated Respiratory Care Teams	£0	£75,000	£75,000

GOVERNANCE



The governance arrangements around UEC improvement, including winter preparedness and delivery, are well embedded across the ICS. These are kept under constant review to ensure that they are adaptable to changing needs, particularly relating to delivery work streams and in line with performance risks.

RISKS AND MITIGATION

Risk	Mitigation
GP Collective Action Dependent on actions taken we could see substantially different patient flows and access across the C&P locality	Ongoing system response structure in place, continuation of engagement with primary care, planning for UEC improvement alternatives to mitigate additional demand
Workforce Recruitment delays into vacancies, increased staff challenges over winter due to sickness, high levels of job dissatisfaction and burnout	Individual recruitment plans in place for winter accelerated actions. Ongoing health and wellbeing initiatives across system and providers.
Infection, prevention and control (IPC) or spike in specific illness or condition High levels of COVID, Flu or Norovirus within care settings resulting in closure of beds. Limitations with COVID vaccination programme due to national pricing structure.	Vaccination programmes in place with mitigations sought through alternative providers i.e. community pharmacy. IPC controls undertaken within provider settings with greater alignment paan C&P to ensure adherence to national protocols.
Incident declaration Local declaration or NHS level 4 national incident impacting local provision, capacity and response	Established Incident Response Plan and local and regional governance routes in place
Elective delivery Maintaining electives through winter is always challenging with UEC pressures taking priority on OP capacity and increased staff absence resulting in short notice cancellations	System commitment to keep focus on cancer, diagnostics and routine elective activity, robust governance across planned care to focus on evolving risks. Strong performance in elective year to date (H1 24/25) building up mitigation for any slow down in performance in H2.