

Health Scrutiny

Urgent and Emergency Care: Cambridgeshire and Peterborough Integrated Care System

To: Adults and Health Committee

Meeting Date: 12 December 2024

From: Chief Operating Officer
Cambridgeshire and Peterborough Integrated Care System

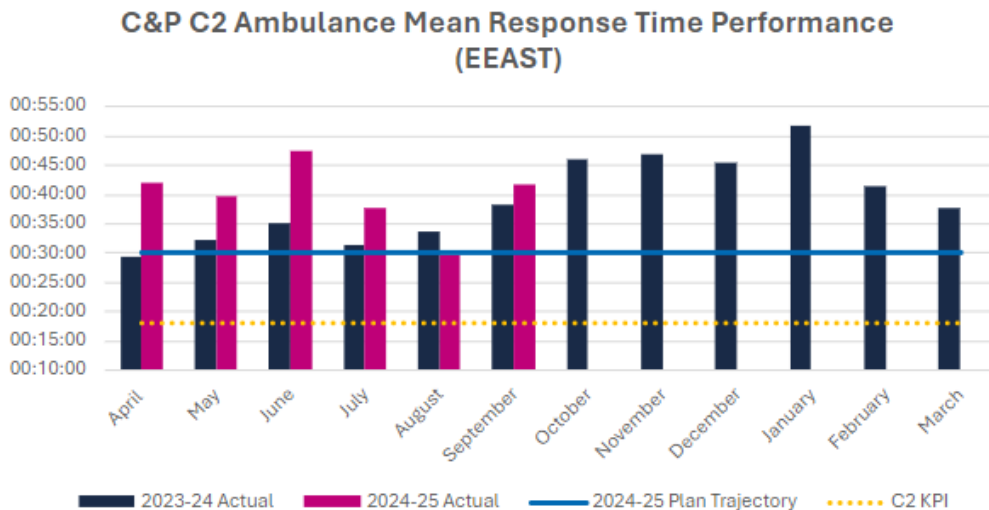
Electoral division(s): All

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2.3 Category 2 (C2) ambulance mean response time performance is failing to meet the 30 - minute target. In the first six months of 2024/25, response times in C&P remained higher than reported for the same period in 2023/24, with only August performance falling below the 30 minute target at 29 minutes 33 seconds.



	April	May	June	July	August	September	October	November	December	January	February	March
2023-24 Actual	00:29:12	00:32:12	00:35:06	00:31:23	00:33:29	00:38:04	00:45:56	00:46:45	00:45:22	00:51:31	00:41:20	00:37:38
2024-25 Actual	00:41:51	00:39:40	00:47:12	00:37:34	00:29:36	00:41:33						
2024-25 Plan Trajectory	00:30:00	00:30:00	00:30:00	00:30:00	00:30:00	00:30:00	00:30:00	00:30:00	00:30:00	00:30:00	00:30:00	00:30:00
C2 KPI	00:18:00	00:18:00	00:18:00	00:18:00	00:18:00	00:18:00	00:18:00	00:18:00	00:18:00	00:18:00	00:18:00	00:18:00

2.4 A system wide UEC improvement plan is in place in addition to provider recovery action plans, to support performance improvement. The Integrated Care Board (ICB) Quality, Performance and Finance Committee review the plan monthly, with the ICB Board also receiving regular updates on progress. Detailed operational conversations also take place with all providers through contract assurance meetings, UEC tiering/assurance meetings and system Unplanned Care Board.

3. Provider plans to address UEC performance

3.1 In August 2024, C&P ICS was moved into NHS England (NHSE) national UEC tiering oversight programme. As part of this, the system was offered national support from the NHS Rapid Improvement Team, a team of multi-disciplinary professionals with a focus for C&P on Internal professional standards (IPS), Same Day Emergency Care (SDEC) and length of stay (LoS).

3.2 Both Trusts have recovery plans in place to build operational resilience, improve performance against the 4-hour A&E wait target and respond dynamically to winter pressures. Below is an overview of key areas of focus:

3.3 North West Anglia Foundation Trust’s (NWAFT) Back on Track winter plan for 2024/25 focusses on:

- Maximising patient flow: re-establishing mechanisms to identify discharges earlier, maximising use of virtual ward provision, extending the Discharge Lounge hours and capacity, increased capacity in assessment areas, development of a Frailty Same Day Emergency Care (SDEC), extension of SDEC opening hours.
- Increasing physical capacity: Opening an additional ward with plans for further wards through the reconfiguration of the Peterborough City Hospital site 4th floor into additional bed capacity
- Workforce planning: Workforce and medical rota reviews and escalation plans for additional staffing to ensure correct levels of staffing and skill mix availability
- Visible Leadership adding value: increased visibility of senior leadership teams in clinical and non-clinical areas, cancellation of non-urgent meetings to join huddles, support ward rounds, manager-on-call presence on site out of hours

3.4 Cambridge University Hospitals NHS Foundation Trust's (CUHFT) Recovery Plan focusses on four main workstreams:

- Acute Front door: review of ambulance handover space, model reviews for Urgent Treatment Centre (UTC) and SDEC, rota alignment to demand, review of frailty model
- Acute Inpatient Flow: a 33% target for early discharge (pre-12pm), further development of virtual ward pathways, a focussed weekend delivery team to begin discharge planning on a Thursday, improving board rounds and mechanisms to plan and allocate discharge tasks.
- Site Management – introduction of seasonal escalation processes and triggers
- Capacity and Configuration: detailed, comprehensive review of the bed base.

3.5 Progress against Trust recovery plans and the work underway with the Rapid Improvement teams is reviewed with the ICB and NHS England at fortnightly tiering meetings to gain assurance and oversight on delivery and to have focused discussions on headline indicators, key areas of risk, mitigations and deviation from recovery trajectories outlined in their plans.

3.6 Tiering has proved a useful forum for sharing best practice and learning between the Trusts and the Ambulance service as well as an understanding of individual organisational challenges and nuances.

4. Winter Planning and System Engagement

4.1 In September 2024, NHSE sent a letter to all ICBs outlining the national winter and H2 priorities and following review, C&P aligned the winter schemes within the UEC Improvement Plan to the areas of focus outlined within it. The key areas of focus are:

- National Flu immunisation programme and Covid 19 vaccination rollout
- Optimisation of Same Day Emergency Care (SDEC), Single Point of Access (SPoA) and virtual ward provision
- Hospital avoidance and provision of alternatives to ED (AtED), providing high quality, safe care to patients in their own homes/place of residence
- Provision of a community Frailty service
- Pro-active management of Long-Term Conditions (LTC)
- Collaborative working with community partners, local government and social care

- 4.2 Using a data driven approach and in collaboration with system partners, the ICS has revised its UEC improvement plan to accelerate some interventions ahead of winter. The ICS plan is focused only on those areas where a collaborative multi agency approach is required and in areas where it was determined there could be the biggest impact this year. A copy of the plan shared with ICB Board in September 2024 is attached as appendix A.
- 4.3 The system winter schemes are categorised under four key areas: Health Optimisation; Acute illness and UEC Hub, Home First and Demand and capacity. A summary of some of the key interventions and their progress are outlined below:
- UEC Hub development - All ICBs are developing UEC Hubs in line with NHSE guidance. The C&P ICS hub will be a single point of access for referrals and advice and guidance for alternative UEC pathways to hospital emergency departments. The hub will build on the current successes of the advice and guidance service for ambulances (Call before Convey) and will maximise utilisation and efficiency of current Urgent Community Response (UCR) services and integrate our system wide alternatives to ED pathways. This will include community based UCR services, Virtual Wards, voluntary sector services, Local Authority services, as well acute based services such as SDEC. The hub will operate 7 days a week from 8am – 8pm and has a planned go live date of 9th December 2024.
 - Additional Same Day Emergency Care Capacity Hubs - Three services will be established across C&P ICS with bases at Sawston, Peterborough City Care Centre and a site yet to be agreed at Hinchingsbrooke. These services will offer a total of 240 additional primary care appointments per day for patients needing urgent same day treatment. Referrals into the hubs will be made via 111 ED Streaming, 111 and directly from emergency departments. These services are due to go live in January 2025.
 - 111 ED Streaming - All patient's self-presenting at the emergency Department (with clinical exception) on any of the three hospital sites will be triaged by a 111 Health Advisor using technology and care navigation on arrival. All patients not suitable for ED will be redirected to an alternative service and where possible will leave with an appointment in hand. 111 ED streaming in planned for go live January 2025.
 - Acute Frailty (North and South) - Work is being progressed by both NWAFT and CUHFT to implement an Integrated Frailty Service with a view to reducing the number of ambulance conveyances, admissions, and readmissions for frail patients as well as reducing the amount of time those who need to be admitted spend in hospital by:
 - Offering rapid access frailty clinics for patients identified as moderately or severely frail, available in both acute and community settings, offering a comprehensive multidisciplinary team (MDT) Geriatric assessment and the development of ongoing care plans.
 - In reach to Care Homes supported by a Geriatrician to identify and support frail patients earlier to avoid ambulance dispatch and/or hospital admission and remain in the home.
 - Increased utilisation of Virtual Ward capacity, to both step-down patients i.e. support earlier discharge from the Acute Trusts and develop step up pathways from UCR and other services to enable patients to remain safely at home.

It is expected that the Frailty offer will go live from January 2025.

- Discharge capacity and pathway one (PW1) - Pathway one health discharge delays make up 40% of all discharge delays across C&P ICS. To increase capacity, Cambridge and Peterborough Foundation Trust (CPFT) will be mobilising additional cars to facilitate Pathway 1 (PW1) discharges with wrap around care (management, therapies, and other support) also provided. This increase in capacity will begin to roll out in November and will ramp up to full capacity by January 2025.

4.4 Performance and delivery against the winter improvement schemes will be monitored via the ICB's PMO, with fortnightly Executive oversight. Monthly reporting on deliverable, KPIs, risks and mitigations will be presented to ICS unplanned care board, with formal evaluation and assessment of schemes taking place in February-April 2025.

5. Summary

5.1 Maintaining and continually improving urgent and emergency care is of critical focus for all C&P system partners over the coming 6 months. The UEC Improvement Plan and its key areas of focus were developed in collaboration with system partners and progress against UEC performance and the winter schemes is regularly reviewed and monitored through ICB governance.

6. Source documents

6.1 [NHS England - Delivery plan for recovering urgent and emergency care services - Jan 2023](#)