

## Trust Board of Directors

<b>Date of Meeting:</b>	2 June 2015	
<b>Enclosure Number:</b>	4	
<b>Title of Report:</b>	Clinical Strategy – Progress Update	
<b>Author:</b>	Debbie Freake, Executive Director of Strategy  Rachel Chapman, Programme communications and engagement lead, North Cumbria Programme Board	
<b>Executive Lead:</b>	Debbie Freake, Executive Director of Strategy	
<b>Responsible Sub-Committee (if appropriate):</b>	N/a	
<b>Executive Summary:</b>	<p>This report updates the Board on progress on the ‘in hospital’ elements of the <i>Together for a Healthier Future</i> Programme.</p> <p>Section 2 provides a combined report from the Interim Chief Clinical Officer of the CCG and Chief Executive of the Trust who are leading the two organisations in developing the detailed clinical strategy for the ‘in hospital’ services, and updates on the current position.</p> <p>Section 3 provides some further detail on the successful recent introduction of new pathways for patients with some specific high risk cardiology and gastrointestinal bleeding problems, noting the numbers of patients affected and some issues to be taken forward for further improvement.</p>	
<b>Board Assurance Framework Reference:</b>	2.1	
<b>Risk Rating (high, medium, low risk) and any recommended changes to risk rating:</b>	Delivery of the overall clinical strategy remains high risk given the quality and financial challenges facing North Cumbria system.	
<b>Compliance, legal and national policy regulatory requirements:</b>	New pathways require support from the Clinical Senate, Clinical Commissioning Group as part of NHS England Assurance, plus approval from the Overview & Scrutiny Committee, and potentially formal public consultation.	
<b>Financial Implications:</b>	None at present	
<b>Actions required by</b>	<b>To approve:</b>	Discussion and decision

<b>the Board:</b>	<b>To note:</b>	Where the Board is made aware of key points but no decision required
	<b>For information:</b>	For reading and consideration and for discussion by exception only
	The Board are requested to <b>NOTE</b> progress in relation to 'in hospital' elements of the North Cumbria system-wide Together for a Healthier Future work	
<b>Data quality:</b>	<b>Source:</b>	PAS and Symphony System
	<b>Validated by:</b>	Sam Duff
	<b>Date:</b>	May 2015

## 1 Introduction

This paper provides an update on progress with the 'in hospital' elements of the system wide North Cumbria *Together for a Healthier Future (TfHF)* Programme. The programme was set up early 2014 to address the whole system requirements for transformation to ensure the overall sustainability of high quality health care services into the future. *TfHF* partners continue to envisage:

1. An increase in the number of people receiving services at WCH [through additional volumes of outpatient, ambulatory, day case and low risk in-patient care provision].
2. An increase in the provision of specialist and high-risk emergency services delivered in line with national clinical standards at the Cumberland Infirmary Carlisle (CIC), consistent with the *NHS Services, 7 days a week forum – clinical standards* [consolidation of high risk and specialised care]
3. A wider use of clinical networks cross-site and with partner providers to optimise the use of the limited amount of medical staffing resources [maximising potential for competent workers to provide support across multiple traditional settings, better value for money, increasing attractiveness of posts].

A Programme Board, made up the senior clinical and managerial leaders across health and social care has been operating through a number of workstreams and working groups to progress development of a long-term direction of travel. Considerable work has been undertaken since the publication of the Trust's *Clinical Options & Potential Way Forward* paper published in October 2014.

Section 2 provides a combined report from the Interim Chief Clinical Officer of the CCG and Chief Executive of the Trust who are leading the two organisations in developing the detailed clinical strategy for the 'in hospital' services, and updates on the current position.

Section 3 provides some further detail on the successful recent introduction of new pathways for patients with some specific high risk cardiology and gastrointestinal bleeding problems, noting the numbers of patients affected and some issues to be taken forward for further improvement.

## 2. Progress report from the Interim Chief Clinical Officer/Chief Executive

Please note, the following combined update report from the Clinical Commissioning Group Interim Chief Clinical Officer and Trust Chief Executive is being circulated to all Trust staff:

**together for a healthier future.**

## **Working together to plan the future of hospital services in North Cumbria – an update**

The *together for a healthier future* programme board, which includes senior colleagues from health and care organisations across North Cumbria, NHS England and Healthwatch Cumbria has been meeting for over a year to make sure that in the future people receive high quality, safe and sustainable health services.

As part of this there has been work to consider what changes might be needed to hospital services, particularly around the consolidation of some high risk pathways for very sick patients. There has also been an independent review of maternity services. We would like to share with you the significant progress that has been made.

Although we have faced challenges in recent months linked to the increased volume of patients accessing our services, there have also been some very important successes such as the continued reduction in mortality rates for patients across North Cumbria and the reassuring patient experience results – out of 19,642 who gave the Trust feedback on their care as an inpatient, 96% would be likely or extremely likely to recommend its hospitals to their family and friends. This is testament to the commitment of staff, who go beyond the call of duty in order to provide the best care to our patients.

Despite these successes, we know that we still need to go further to improve outcomes for many more patients. Maintaining the status quo is not sustainable in the longer term and this has been clearly stated by the Chief Inspector of Hospitals.

Last year, senior doctors and nurses worked together to identify the areas which need improvement and these were included in the Trust's clinical options report, as follows:

- Treatment of the most seriously ill patients – in 'acute medicine'
- Obstetric and midwifery care
- Child health
- Planned care and outpatients

The above areas were identified as priorities as a result of feedback from the Care Quality Commission (CQC), Chief Inspector of Hospitals visit, performance to date and those areas that are currently not meeting national clinical standards.

Extensive engagement work about the Trust's clinical options was carried out on behalf of the Trust by Healthwatch at the end of 2014 with staff, stakeholders and members of the public: all comments made have been reflected in our further work. We have also taken into consideration feedback from engagement activities that have been taking place over the past year as part of the *together for a healthier future* programme. We continue to have discussions about these areas with all health and care partners at programme meetings. Clearly financial sustainability is an ongoing consideration.

### **Where are we now?**

This update provides you with a summary of progress made in the four areas identified as well as looking at our priorities for the year ahead. More detailed information can be found on the Trust's staff intranet under 'communications'.

### **Treatment of the most seriously ill patients – 'acute medicine'**

Acute medicine refers to the immediate and early management of adults in hospital who require urgent or emergency care, in North Cumbria at both the Cumberland Infirmary and West Cumberland Hospital.

NHS Cumbria CCG has provided additional funding to North West Ambulance Service which means that since 1 April 2015 there has been an additional ambulance available seven days a week and 12 hours a day. This arrangement, to ensure that people in West Cumbria receive a timely response when they need an urgent ambulance will be in place for six months pending a full capacity review of all transfers.

### **Upper GI bleed and cardiology patients**

From Monday 13 April 2015, a very small number of very ill cardiology and gastroenterology patients who come into West Cumberland Hospital and are assessed by their medical team as likely to benefit from additional urgent specialist care, have been transferred to the Cumberland Infirmary. This means they can access 24 hour services for the initial phase of their care. In line with expectations, approximately 3 cardiology patients and 2 upper GI bleed patients are transferring per week in addition to those patients already transferred. These new arrangements are bedding in very successfully which will have a positive impact on patient outcomes.

The vast majority of patients with heart and circulatory illnesses and with digestive conditions continue to receive their treatment at West Cumberland Hospital, with no change to other in-patients or outpatient provision.

Cumbria County Council Health Scrutiny Committee has approved the changes to these two patient pathways on an interim basis, given the anticipated safety improvements, but has indicated to NHS Cumbria CCG that this level of change will require public consultation. Discussions have subsequently been taking place about arrangements for appropriate consultation which will involve targeting patients on those pathways and the CCG is taking this forward with support from the Trust.

### **Stroke patients**

The CCG and Trust both recognise that stroke care needs to improve for patients across both of our hospital sites to ensure we meet national guidelines and impact positively on patient outcomes. In November 2014, the Trust hosted a visit from Professor Tony Rudd, National Clinical Director for stroke services, who made a number of recommendations for improvement including future consolidation of emergency stroke services in order to improve clinical outcomes for patients. These recommendations have been considered by the Stroke Team, and initial draft proposals shared with the Trust Board, NHS Cumbria CCG and colleagues from other organisations involved in the *together for a healthier future* programme. It has been agreed that further discussions and confirmation of clinical support is needed from the Northern Clinical Senate, and that as well more patient engagement is necessary, particularly targeting stroke patients and carers. This would inform the further development of any proposals, which should they represent a significant service change would require public consultation led by NHS Cumbria CCG.

The clinical team has also set out additional improvement work required over the next few months in order to raise the quality and responsiveness of the service for patients irrespective of any future service change, and this is being shared with the Trust Board.

### **Respiratory patients**

The Northern Clinical Senate fully supported the proposal for considering very small numbers of respiratory patients who may benefit from accessing 24-hour specialist care at the Cumberland Infirmary. They made some helpful suggestions which have been taken fully into account. NHS Cumbria CCG will discuss proposals for this group of patients with Cumbria County Council's Health Scrutiny Committee on Thursday 4 June 2015 in order to establish the way forward. The vast majority of patients with respiratory conditions would continue to receive their hospital care at West Cumberland Hospital, but for a very small number of highest risk patients better outcomes could be provided if they were to receive specialist care at Cumberland Infirmary.

As with stroke, upper GI bleed and cardiology patients, and patients who do receive care at Cumberland Infirmary, but who live more distantly will be transferred back to more local surroundings as soon as their medical condition allows.

### **Deteriorating patients**

Facilitated improvement workshops with clinicians in emergency care on both hospital sites are helping to develop first-class pathways for 'deteriorating patients' in line with the recommendations of the Northern Clinical Senate. The workshops are focussing on the identification of deteriorating patients, what is needed to deliver their high quality care and the criteria for accessing this care. This includes consideration of how patients are managed within the new integrated emergency floor within the new hospital at Whitehaven. The outputs of these workshops are anticipated to be shared with the Clinical Senate and Clinical Commissioning colleagues within the next few weeks to enable further pathway refinement.

## **Obstetric and midwifery care**

The findings of the independent review of maternity services across Cumbria and North Lancashire (commissioned by NHS Cumbria CCG and NHS North Lancashire CCG from the Royal College of Obstetricians and Gynaecologists) were published on 25 March 2015.

The review team presented six options, (three of which they would not recommend) for maternity services with their preferred being Option 1 – four consultant-led maternity units at Carlisle, Whitehaven, Barrow and Lancaster with the immediate development of ‘alongside’ midwifery-led units at Carlisle and Lancaster and in the longer term to evaluate the development of ‘alongside’ midwifery-led units at Barrow and Whitehaven.

However, the report concluded that this could only be supported if steps are taken to reform the approach to staffing, increase community support, address anaesthetic issues and ensure sufficient paediatric cover for special care baby services. It said that a project team should be established to appraise the feasibility of cost, viability and risks of proceeding with this option. The report said that this work should take place within a year and if it showed that Option 1 was not possible then Option 2a and 2b should be considered.

Option 2a, the review team’s second favoured option should it not be possible to achieve Option 1, would be two consultant-led units at Carlisle and Lancaster and developing two on the same site or next to midwifery-led units at Carlisle and Lancaster. It would mean the closure of consultant-led units at Whitehaven and Barrow.

Option 2b would be two consultant-led units at Carlisle and Lancaster, developing two on the same site or next to midwifery-led units at Carlisle and Lancaster and converting the consultant-led units at Whitehaven and Barrow to become ‘free-standing’ midwifery-led units, which means they have no consultant obstetric services on site. The report says that while this option increases the availability of skilled local midwifery care, when compared to Option 2a, there appeared to be little appetite for a ‘free-standing’ midwifery-led unit among women or staff.

The review team said that there should be a major investment in a communication strategy to support this work going forward.

Cumbria CCG as lead commissioners is establishing the project team as recommended, including an independent clinical adviser, external management support, local head of midwifery and patient representatives; the first meeting of the group is planned for the end of June.

The Trust Board fully supports the recommendations and looks forward to hearing from the maternity, anaesthetic and paediatric teams on their plans to deliver these in due course.

## **Child health**

In the 'clinical options' paper, a proposal was described for a 24-hour short stay paediatric assessment unit at West Cumberland Hospital with low acuity beds supported by 24-hour consultant paediatric access, with a full inpatient unit at Cumberland Infirmary working as part of a system-wide child health network. This model would mean that many more children could avoid admission to hospital. For those still requiring hospital care, the majority would continue to receive their treatment at West Cumberland Hospital, although some of the most poorly children would be treated at the Cumberland Infirmary or, as already happens, taken to the Great North Children's Hospital in Newcastle.

The Clinical Senate advised that the Trust's Child Health Team should carry out an audit in order to understand the nature of patients currently presenting at West Cumberland Hospital. Patients presenting to West Cumberland Hospital between 15 December 2014 and 15 January 2015 were reviewed and it was confirmed that the majority of patients could be managed within a 16- hour time scale from admission to discharge, and that only a minority had conditions that would benefit from more specialised care.

The focus for the next piece of work is on identifying which children could be managed in the community without any (or just a very short) visit to hospital, and what would be required to achieve this, as well as further defining transfer criteria. The Trust is continuing to work with colleagues involved in the *together for a healthier future* programme, including those in community services and the NHS Cumbria CCG to develop the detailed pathways and support required to safely prevent admission and even further reduce lengths of stay. As with some of the other services outlined above, NHS Cumbria CCG on behalf of the *together for a healthier future* programme board will be commissioning further engagement activity to inform this work.

## **Planned care and outpatients**

Planned care includes all outpatient appointments, day case procedures or short stay planned (elective) operations. The shared aim is for more patients from across North Cumbria to have access to planned care in West Cumbria, making use of the new facilities and extra theatre space that will soon be available at the new West Cumberland Hospital as well as Community Hospitals and other amenities. The Trust has committed to transfer many of its outpatient appointments to West Cumbria.

The Trust has already started working to increase activity at West Cumberland Hospital, with some specialities seeing an increase over the past year such as breast surgery (6.5% increase from 13/14 to 14/15) and thyroid surgery (9.7% increase from 13/14 to 14/15). A new lithotripsy service (treating kidney stones) for North Cumbria also started in March 2015 at West Cumberland Hospital.

Plans are now being put in place for to offer more services to patients at West Cumberland Hospital between October 2015 and January 2016 in the following specialities:

- Breast
- Vascular
- General surgery
- Gynaecology
- Orthopaedics
- ENT
- Orthodontics

We look forward to continued joint progress and ongoing discussions between our clinical teams, other staff, patients and the public to help improve our in-hospital services to ensure they are fit for the future.

Dr Hugh Reeve  
Interim Chief Clinical Officer  
NHS Cumbria CCG

Mrs Ann Farrar  
Chief Executive  
North Cumbria University Hospitals Trust

## 2 New High Risk Patient Pathways – High Level Implementation Review

This section provides a high level review of the operation of the new High Risk Patient Pathways in Cardiology and for major upper GI Bleeds which commenced on the 13<sup>th</sup> April 2015, and briefly describes the issues identified and subsequent remedial actions agreed

### Cardiology

Total 6 pts transferred between 13 April and 17 May (this is compared to the upper estimate modelled of 2.7 per week x5 weeks = 13.5)

#### *Issues / actions:*

- Scope to improve communication between referrer and accepting clinicians identified – new aide-memoire cover sheet to be developed.
- Need for a rolling audit has been identified; to assess the clinical and operational performance of the pathway – now in development
- Bed management in relation to infection control has been a factor in the operation of the pathway – however the Trust's site capacity management systems have dealt successfully with this issue.
- One patient accepted for "next working day" transfer was delayed. Bed Manager should have escalated to the operational OSM, GM & specialty if no CIC bed available - Escalation process being clarified with Bed Managers and ward staff.

## **GI Bleed**

Total 6 pts transferred between 13 April and 17 May (this is compared to the upper estimate modelled of 1.7 per week x5 weeks = 8.5)

*Issues / actions:*

- Scope to improve communication between referrer and accepting clinicians identified – a new electronic referral form is being developed.
- No email referral was received regarding one patient transfer – the requirement to send a referral e-mail to the emergency endoscopy email address has been re-emphasised to all medical staff.

A pathway implementation review meeting has been set for 27<sup>th</sup> May where all issues identified will be reviewed and progress with remedial action verified. This meeting will also address:

- Consistent utilisation of patient transfer checklists / SBAR.
- Validation of reported patient transfer numbers, fully reconciled with BWAS figures.

Overall, the High Risk patient pathway launch has been successful with numbers comfortably within the maximum modelled. Inevitably, some issues have arisen in the early stages of implementation, however these issues are not significant and have been the subject of prompt remedial action.

### **3 Recommendation**

The Trust Board is asked to:

- note the progress to date in relation to 'in hospital' elements of the North Cumbria system-wide *Together for a Healthier Future* work

**Dr Debbie Freake**  
**EXECUTIVE DIRECTOR OF STRATEGY**