Delivering the Community Hospitals Strategy – System Leadership Board

Overview

- The Community Hospital inpatient beds were included in the Healthcare For the Future Public Consultation which highlighted the challenges in providing sustainable, high quality community inpatient provision in the north of Cumbria.
- In March 2017, NHS Cumbria CCG Governing Body agreed to reduce overall bed numbers from 133 to 104, consolidating the beds onto 6 sites in multiples of 16 or 24 beds being implemented in a phased way.

Project Area	Update
Community Hospital Beds	On track – Bed base reconfiguration at Maryport, Wigton and Alston complete. Staff have moved into community roles. Brampton – Planned increase of 1 bed, works to commence Spring 2019. Keswick – Planned increase of 4 beds, works to commence November 2018 Penrith – Planned reduction of 4 beds. Refurbishment works to commence Summer 2019. Workington & Cockermouth – Phase 2 to commence 2020 Completion of the full plan will be in November 2020.
Residential Care	There is a planned refurbishment of Inglewood due for completion in Spring 2019. There will be 6 residential care beds available use across the system to support the community during this time. Wigton Community Hospital Ward will be used as a transitional ward from Spring 2019.
Medical Cover	Medical cover for the transitional ward will be provided by General Practitioners employed by CPFT or general practice.

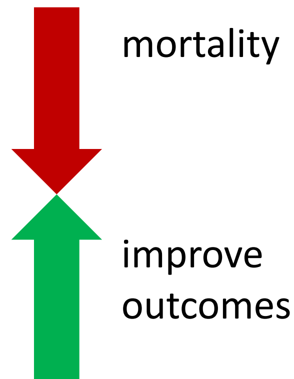
Improving Stroke Services in North Cumbria - System Leadership Board

North Cumbria Health & Care: ***Run by everyone, for everyone***

North Cumbria University Hospitals NHS Trust

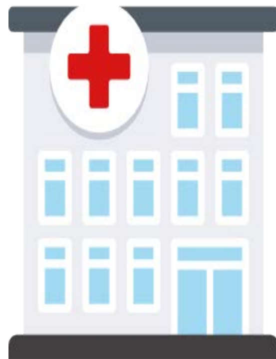
Purpose of the business case

Develop integrated stroke services in North Cumbria.

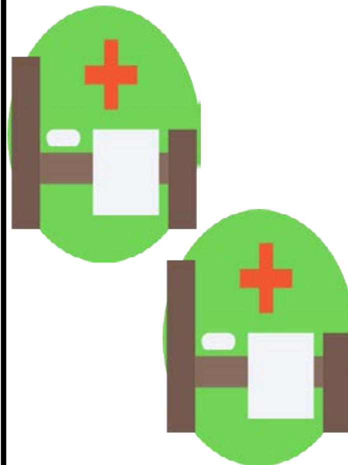


Stroke patients

Provision of Hyper Acute Stroke Unit (HASU) at CIC.

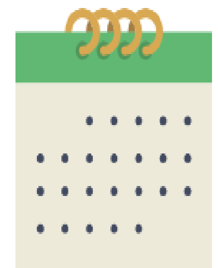


Deliver Acute stroke Rehabilitation at CIC and WCH.



Extend Early Supported Stroke Discharge (ESSD) service across all North Cumbria.

Introduce 7-day stroke service, including TIA clinics.



Progressing the Plan

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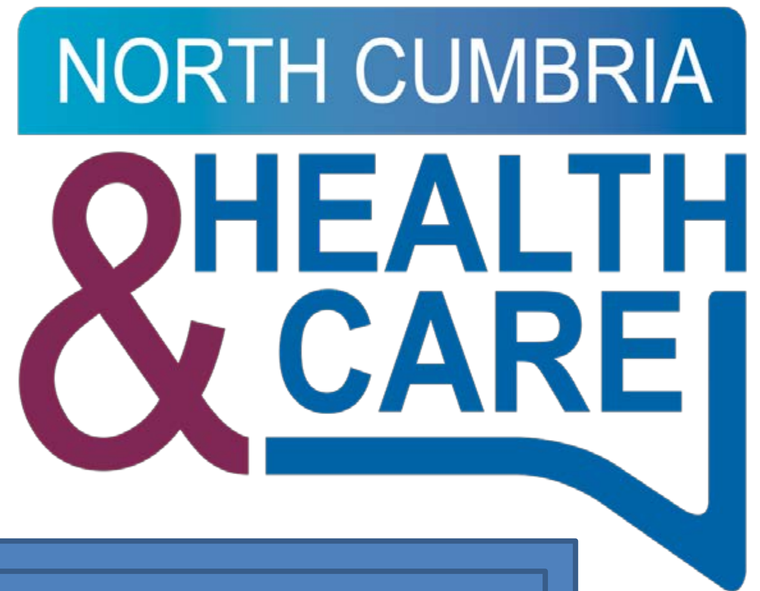
Key considerations

- A 2nd CT scanner in CIC is considered critical to support the new HASU.
- Installation of the 2nd CT scanner is complex and requires additional floor strengthening and considerable associated construction works – the impact of this additional building work means that the installation timetable requires additional refinement.

Implementation

- A phased introduction of the ESSD service will commence 3 months in advance of the HASU opening.
- There have been delays to the introduction of this service.
- Installation of a mobile CT scanner will support the HASU opening and during the replacement of the original CT scanner.
- HASU clinical staff recruitment remains a risk – plans to recruit key staff and developing existing staff continue to be a priority.



Progress on the implementation of Public Consultation decisions: Maternity Services & Children’s Services

The story so far – Maternity

In March 2017 the CCG governing body agreed to implement option one maternity . The drivers behind this were safety and sustainability . The national better births report was also published laying out an ambitious transformation programme.

A number of things have happened since then:

- We have re-defined the midwifery led care (MLC) pathway on both sites.
- We have established an alongside midwifery led unit at West Cumberland Hospital (WCH) . Cumberland Infirmary (CIC)will follow soon. This will provide 3 different choices of birth environment in North Cumbria.
- We have co produced and implemented an audit of the Alongside Midwifery led unit (AMLU) at WCH.
- We have produced a high level plan which will advise 100-200 births from WCH take place at CIC in light of future paediatric changes.

Midwifery Led Care (MLC)

- A formal MLC pathway was introduced
- The AMLU at WCH is fully operational
- The AMLU at CIC has been delayed to ensure the right environment is available – but the MLC pathway is being followed – this will be in place on November 5th
- Continuity of carer development will fully embrace MLC options and is well underway – 20% of women to be booked onto a continuity pathway in March 2019.

The AMLU Clinical Audit and Case Review

- An audit has been co-produced – this is to inform the CCG governing body of the safety of option 2.
- Part one is giving an invaluable view of how MLC is working
- Part two data will be used to address the question – What would have happened if there hadn't been a Consultant Led Unit next door?
- The audit runs from April 2018 to March 2019 with a review panel looking at the first six months cases in November 2018.
- This is patient specific data and the detail will not be shared.

The Option One Implementation Plan

- Option one includes the potential movement of 100-200 births to CIC – this is to be able to keep a CLU in place as the Paediatric model changes.
- Data has been analysed covering all women who gave birth at WCH in 2017 – comparing known risk factors/conditions of the women and babies and admission to Special Care Baby Unit.
- Three workshops have taken place made up of a wide group of professionals, the community and health scrutiny committee members.
- A high level action plan has been co - produced – further detailed work will take place ready for implementation of this part of option one.

Services for Children
- The story so far

In March 2017 the CCG governing body agreed to implement option one Paediatrics – (and option one Maternity). The drivers behind this were safety and sustainability.

A number of things have happened since then:-

- We have started to set up Short Stay Paediatric Assessment units (SSPAU) on both sites (with no change to beds), the end model will also have an inpatient unit at CIC and low acuity beds at WCH. There would be no overnight admissions at WCH.
- Plans are in development for ‘children known to the ward’, ‘CAMHS patients who are on the wards ’ and ‘shared care oncology’ – this is to take into account the planned changes.
- The Integrated Care Community model includes 2 children’s pilots – changing the way that out of hospital care is delivered.

Phased development of SSPAU

		As at 31/08/18	As at 31/08/18
		CIC	WCH
Phase one	SSPAU Monday to Friday 0900 – 1700	In place	In place
Phase two	SSPAU Monday to Friday 14 hours	Progress made - further progress linked to nursing hours	Progress made – further progress linked to required changes to medical rotas
Phase three	SSPAU – 7 days per week 14 hours	Progress towards	As above
Phase four	Change to low acuity beds at WCH	N/A	Date not yet agreed Dedicated ambulance vehicle (DAV) needs to be in place prior to change

SCBU and development of a Transitional Care Model

- The new model has Level One SCBU on both sites.
- This is being strengthened by the development of Transitional Care on both sites – this is where a low level of intervention is required for the baby (that doesn’t require full SCBU) - so the baby stays with the mum to receive the care provided by Midwives and SCBU nurses.

Maternity & Children's Services Changes – chronology

	Service change	Rationale	Progress
1.	Develop MLC pathway	Better Births / choice / prep for AMLU development	in place
2.	Develop AMLU at WCH	Better Births /choice/ and to enable audit of option 2 maternity	in place
3.	Develop AMLU at CIC	Consultation decision ,enable AMLU development	Freeing up of beds was delayed – AMLU change now planned for November .
4.	Co produce and implement audit of AMLU at WCH	Consultation requirement – answer the 'what if ?' question Support development of MLC	in place
5.	Develop SSPAUs – 4 phases	Consultation requirement ,Contemporary practice, RCPCH standards, patient experience Free up beds at CIC for in patients from the west	Phase one in place. Additional phases require resources via business case approval, medical rota changes at WCH, recruitment
6.	Develop ICC interface	An ICC based out patient approach which provides a one stop shop, avoids majority of follow ups, improves consultant /GP interface and skills transfer	2 areas in place (Workington and Brampton) I more being discussed

	Service change	Rationale	Progress
7.	Co produce plan to advise 100-200 births take place at CIC from WCH	Needed as a pre curser to paeds changes	High level plan developed - more detailed work to commence, needs to be agreed within CCG governance process. No date set for change.
8.	SCBU – implement a number of best practice changes and develop transitional care	Quality, free up cot space at CIC and WCH SCBU, patient experience - more babies stay with their mothers	Working group in place Work ongoing
9.	Implement DAV , Low acuity beds change	Consultation decisions	Dependent on SSPAU full development and DAV
10.	Advise 100-200 births move to CIC	Consultation decision	Not needed until 9 above is implemented

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ICCs

Integrated Care Communities

Update for System Leadership Board

Collaborative Working

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- CIC initiative with ICC working collaboratively is allowing quicker recovery from surges.

- Plans being put in place for all patient and focused movement to ICCs

Days in Hospital

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Summary of Hub Operations

ICC	Brampton & Longtown	Carlisle Healthcare	Carlisle Network	Cockermouth & Maryport	Copeland	Eden	Keswick & Solway	Workington
Full staff compliment	Y	N		Y	Y	Y	Y	Y
Hub staff vacancies		22.5						
Operating Hours	8am-7pm	8am-6.30pm	8am-7pm	8am-7pm	8am-7pm	8am-4.30 (8am-7pm from October)	8am-7pm	8am-7pm
POD	N	N	Y	Y	Y	Y	N	Y
MDT	Y	Y	Y	Y	Y	Y	Y	Y
Huddle	Y	Y	Y	Y	Y	Y	N	Y
Acute reports actioned	Y	Y	Y	Y	Y	Y	Y	Y
Coordinating all referrals	Y	N	Y	Y	Y	Y	Y	Y
Templates in use	Y	N	Y	Y	Y	Y	Y	N
SOPs in use	Partial	Partial	Partial	Y	Y	Partial	Y	Y

ICC Hub Activity

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Referrals by ICC				
	Referral Source			
ICC	Referred by acute hospital	Referred by GP	Other	Grand Total
Brampton & Longtown	4	6	30	40
Carlisle Healthcare	12	12	37	61
Carlisle Network	13	22	40	75
Cockermouth and Maryport	13	14	23	50
Copeland	16	170	113	299
Eden	20	23	15	58
Solway and Keswick	13	30	39	82
Workington		1	4	5
Out of Area / Unknown	2	5	7	14
Grand Total	93	283	308	684

Delayed Transfer of Care (DToC)

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Week 1	Days Delayed	Occupied Bed days	% Delayed (days delayed/occupied bed days)	Average delays per day (days delayed /days in period)	Target
Trust	**211**	1514	13.9%	30.14	21.43
Community North	66	656	10.1%	9.43	14.88
Mental Health North	96	568	16.9%	13.71	6.24
Mental Health South	49	290	16.9%	7.00	0.31

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Primary Care

- The (Frailty) Care Coordinator role is being introduced across ICCs.

- A key objective is for coordinators to identify those at risk of falls and to put measures in place to prevent falls given that falls can result in long lengths of hospital stay as well as having a devastating impact on individuals and their families.

Case Studies

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- One gentleman spent a number of weeks at West Cumberland Hospital but was keen to go home to Maryport. He was well enough to leave but still needed IV medication (given by an injection or infusion). Thanks to the new day services at Maryport Hospital, he was able to return home and visit daily for treatment – meaning he could recover in the comfort of his own home and saving his family the daily drive to Whitehaven.

- An elderly lady had a fall and fractured her arm. Although normally independent, she would struggle to manage at home as she used a walking aid. Her local ICC arranged for her to spend a few days in an interim bed close to her home and coordinated rehabilitation to support her recovery.