Agenda Item No: 12

RECENT PRESSURES IN THE CAMBRIDGE AND SOUTH CAMBRIDGESHIRE HEALTH SYSTEM

To:	**Health Committee**
Meeting Date:	**20 November 2014**
From:	**Jessica Bawden, Director of Corporate Affairs, Cambridgeshire and Peterborough Clinical Commissioning Group**
Electoral division(s):	**All**
Forward Plan ref:	**Not applicable**
Purpose:	**Recent pressures on the health system in Cambridge and South Cambridge**. **This paper is to update the Health Committee on the current situation.**
Recommendation:	**The Health Committee is asked to note this report.**

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1. BACKGROUND

1.1 Cambridge University Hospital NHS Foundation Trust (CUHFT) launched e-hospital (EPIC) at 2am on Sunday 26 October 2014. At the same time, we have seen unprecedented demand in attendances at A&E and non-elective admissions across the system.

E-hospital is a technology programme that provides an electronic patient record for hospital patients. CUHFT has been working with two partners over 18 months to implement the system. The software system is provided by a company called EPIC and the technology infrastructure is provided by Hewlett Packard. CUHFT developed a full business case outlining a number of benefits which will be realised over time following the implementation. These include quicker co-ordinated care for patients in which they can be more involved (through a patient portal to be introduced in 6 months), consistent access to better quality information for hospital clinicians, and GPs will have more structured and accessible information about their patients. These benefits will be delivered over time and were not expected to be evident in the weeks after system go-live. Until 26 October CUHFT was using a number of software systems to support clinical care. The main patient administrative system, 'HISS', was implemented in 1994. The system vendors, CSC, indicated to the Trust that this system would not be supported after March 2015.

Prior to the launch of e-hospital CUHFT was under significant pressure, unfortunately cancelling a number of elective admissions in the week of 20 October. That pressure has continued and the reduced productivity attendant on the introduction of the new system. There has therefore been approximately a 20% drop in A&E performance from the date the new system was implemented. The hospital has also been experiencing capacity and demand issues. E-hospital has had an impact on the hospital's capacity to respond to demand and the CCG is carefully monitoring how this has impacted on performance and quality.

In order to support the go-live process CUHFT instituted a command structure, providing 24/7 support comprising of technical and clinical expertise. 'Floorwalkers' were deployed throughout the 24/7 period to provide 'at the elbow' advice to staff. The Trust planned to be on major incident standby for three weeks and has utilised major incident command structures to co-ordinate activities. Partners in the health and social care systems were briefed on these plans prior to go-live through a series of briefings and attendance at existing forums.

e-Hospital facts:

- 70,000 people are admitted to CUHFT each year, half a million people attend outpatient clinics and over 100,000 people attend A&E
- Over 2.1 million patient records from the last five years were migrated from our previous system to EPIC
- 4,500 new HP computers have been installed. In total approximately 7,000 devices, including some of the previous computer hardware, will be running the electronic patient record software
- Nurses have access to 500 iPod Touch devices which have been adapted to include barcode scanners to record nursing observations

- Specialist nurses, doctors and other medical staff will also be able to use their own devices through the use of EPIC applications HAIKU and CANTO
- All data will be stored securely and no information will be stored on the devices
- Data is backed up on two separate HP data centres in different geographic areas. Each data centre has a separate physical link to the Trust to ensure business continuity
- CUHFT is the first Trust in the UK to run the electronic patient record software designed by EPIC. In doing so the Trust is addressing key risks relating in inadequate technology infrastructure and software, and responding to the Secretary of State's request for all hospitals to implement an electronic patient record by 2015.

2. MAIN ISSUES

2.1 Technical issues

During the first week post go-live there were significant problems with the communication of pathology results through the different electronic systems that constitute the CUHFT and the Pathology Partnership (TPP) technology systems. Whilst some problems have been resolved there are ongoing issues with pathology codes and reporting leading to difficulty matching test results to patients, requiring re-checking. GPs were asked to stop all routine blood tests at short notice; patients were attending their GP surgery for blood tests and had to be turned away. Some tests that had already been taken had to be discarded and GPs had to repeat them. CUHFT has apologised to GPs for the inconvenience caused to them and their patients and TPP has written to GPs giving details of the 200 patients affected. The CCG is continuing to monitor the impact the e-hospital changes have had on primary care.

On the evening of Saturday 1 November the EPIC system became unstable. The decision to switch to a read only version of the software was taken at approximately 11.15pm. Following expert technical advice and action from suppliers the system was restored at 2.27am. Business continuity plans were deployed and a 'major incident' across the system was declared. All agencies came together during the night to support CUHFT, for example all ambulances were rerouted to different hospitals for a five hour time period.

On Monday 3 November Cambridgeshire Community Services NHS Trust (CCS) raised an issue with CUHFT that they usually receive 20 district nursing referrals a day but during the period from Thursday 30 October to Monday 3 November they had received four. They were concerned about this and CUHFT agreed to look into it. There was no improvement and CCS escalated the issue to CUHFT executive on Wednesday 5 November. A meeting took place on Thursday 6 November and a paper solution was put in place to ensure that appropriate referrals are made for district nursing and maternity services until the technical issues are resolved.

The system is working hard to support CUHFT to maintain business as usual.

2.2 Quality issues

From a quality perspective Cambridgeshire and Peterborough Clinical Commissioning

Group (CCG) has been working closely with CUHFT to identify whether the systems and processes within A&E have worked, even under pressure, to prevent harm to patients. CUHFT carried out a retrospective quality audit using agreed terms of reference. The audit did provide the CCG with assurance that clinically the patients had received appropriate assessment, monitoring and treatment but did not provide sufficient assurance about nursing care and provision of food and drink on the wards.

On this basis the CCG's Quality Team is to undertake an unannounced quality visit to assure themselves that patients are being treated appropriately.

The Quality Team had been alerted to one incident whereby a patient was discharged, felt unwell and was found by the Out of Hours GP to have very high blood sugar which had not been identified or addressed by CUHFT. This is being investigated and there will be a report with learning points identified.

There are ongoing incidents with failures to communicate the outcomes of tests and Multi-Disciplinary Team (MDT) working.

CUHFT reported a serious incident relating to issues encountered in the immediate go-live period and an investigation into these issues will be completed. CUHFT has also briefed the CQC, Monitor and local MPs.

The CCG is in close communication with CUHFT and has been providing updates to GPs. CUHFT has been holding daily Silver Command incident meetings which have been attended by the CCG. All complaints and incident reports will be collated and an action plan devised to address the themes listed below as well as any others which arise. We have also agreed a "spotter practice" system (a nominated GP practice) which will track improvements.

The issues identified so far which will need further actions and monitoring are:

- Pathology
- Discharge letters
- Outpatient letters
- Outpatient appointments

CUHFT and CCG representatives have met to identify actions to address these issues and progress is being made in all areas, monitored through the twice weekly Silver Command meetings. The whole system is working to ensure that quality and safety are maintained for patients.

2.3 **Discharges and delayed transfers of care**

All systems have been experiencing high numbers of delayed transfers of care (DTOC) and there are many reasons for this – an older population, more people being admitted, insufficient home care support etc. The CCG held a DTOC summit on 23 October 2014 where all agencies attended and worked through what the main blocks were and what could be done in the short and longer term to improve the position. An action plan has been developed and is being implemented for each system with key actions for all agencies. Acute providers are critical players in ensuring patients leave hospital in a timely manner, especially if they are complex, and CUHFT is fully involved

in this work.

Community capacity is now being utilised much better with planned admissions being co-ordinated with planned discharges.

2.4 **Winter pressures funding**

To CUHFT a total of £2.8million:

Emergency Department (A&E) Phase 1	£300k
Expansion of OPAT (IV antibiotic) service	£300k
Pre-Operative Assessment for Frail Elderly (POPS)	£122k
Specialised Assessment for Frail Elderly (SAFE)	£265k
Return 29 beds to clinical use – refurbish spaces on existing wards to increase bed capacity by 29 adult beds	£1000k
Additional Emergency Department (A&E) staff	£619k
Additional schemes	£100k

CUHFT received £650k from the first tranche of winter monies in September and has just received around a further £2million of funding from the second tranche of monies as detailed above.

CUHFT has also received £900k of funding to do additional elective activity as part of the national initiative to reduce waiting times for surgery. This work is ongoing. CUHFT also planned to do less activity, particularly in outpatient services, between 27 October and 14 November as they were anticipating challenges from the implementation of EPIC.

A&E four hour target performance ranged from 59-65% during week commencing Monday 3 November 2014, with similar numbers in the previous week. On most days attendance levels at A&E have not been above normal, however on Monday 3 November 2014 and over the previous weekend numbers were higher. CUHFT has focused intense effort on optimising the EPIC system in A&E, working closely with clinical colleagues involved in building the system prior to go-live. Additional support has also been provided to staff.

CUHFT has received additional funding to support it to improve performance and this is not happening at the moment due to e-hospital implementation.

2.5 **As at Monday 17 November 2014 the situation was as follows:**

- The flow of patients has improved however the number of patients attending A&E and subsequently being admitted remains high with increasing numbers of frail elderly patients.
- CUHFT is admitting urgent elective surgery as planned this week. This position is reviewed on a daily basis in line with emergency attendances, admissions and the number of patients whose discharge from hospital is delayed.
- A&E four hour target performance for Sunday 16 November was 94%.

3. SIGNIFICANT IMPLICATIONS

3.1 Resource Implications

There are no significant implications within this category.

3.2 Statutory, Risk and Legal Implications

CUHFT is not meeting the A&E standard and issues regarding the quality of service have been identified.

3.3 Equality and Diversity Implications

There are no significant implications within this category.

3.4 Engagement and Consultation Implications

There are no significant implications within this category.

3.5 Localism and Local Member Involvement

There are no significant implications within this category.

3.6 Public Health Implications

Source Documents	Location
None	