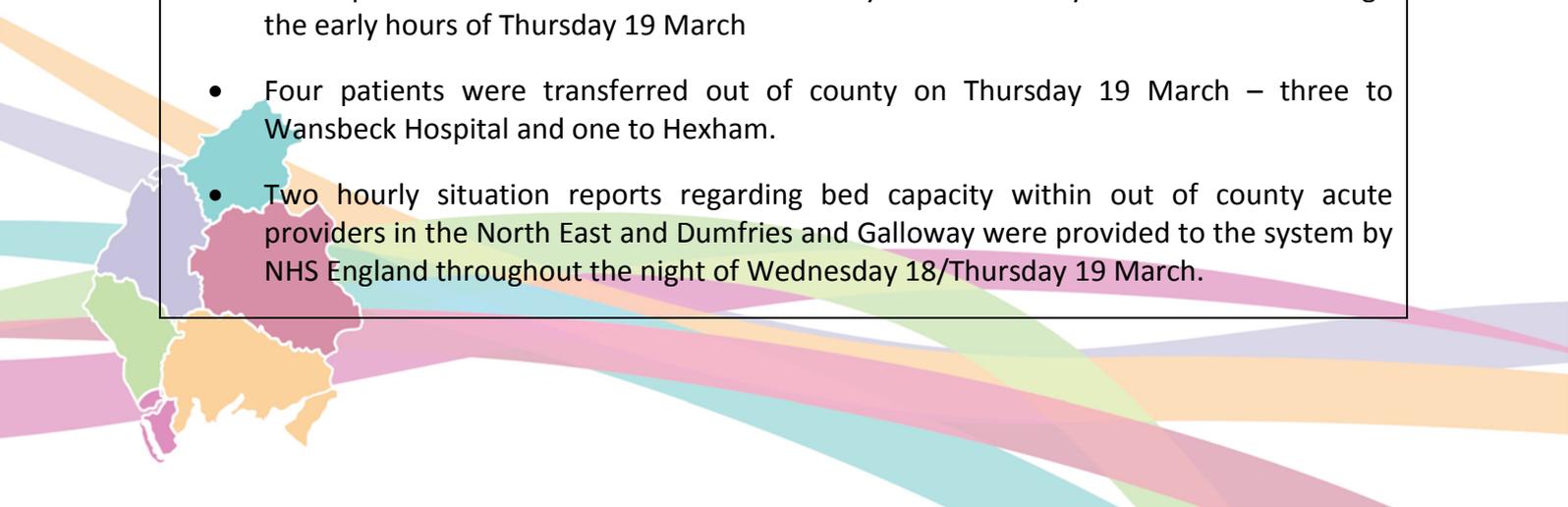


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| NHS Cumbria CCG Governing Body | Agenda Item |
| 1 April 2015 | 8 |

North Cumbria University Hospitals NHS Trust Major Internal Incident

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| Purpose of Report: |
| <p>To provide an update regarding the internal major incident declared in North Cumbria as a result of extreme bed pressures across North Cumbria University Hospital Trust (NCUHT).</p> <p>NCUHT reported that the Trust did not have the bed capacity, or the required staff numbers, predominantly at Cumberland Infirmary Carlisle, to safely provide care for the presenting demand, after all normal escalations.</p> |
| Key Issues/Considerations: |
| <ul style="list-style-type: none"> • Since mid-January 2015 NCUHT, in particular Cumberland Infirmary, have been operating at level 4 escalation. • On the morning of Wednesday 18 March NCUHT alerted the CCG and NHS England that they were under an extraordinary level of pressure. A 12:00 noon teleconference for all stakeholders was arranged with Director level input with a further 13:30 call. Actions were agreed at each call and the potential to instigate a major incident was discussed with the decision to review this at a 16:00 call. • NCUHT declared a major incident during the 16:00 system wide teleconference on Wednesday 18 March 2015. • Part of the major incident plan included, the transfer of some medical patients out of county, (Newcastle and/or Lancaster) with support from North West Ambulance Service (NWAS) and North East Ambulance Service, (NEAS). • Seven patients were transferred out of county on Wednesday 18 March and through the early hours of Thursday 19 March • Four patients were transferred out of county on Thursday 19 March – three to Wansbeck Hospital and one to Hexham. • Two hourly situation reports regarding bed capacity within out of county acute providers in the North East and Dumfries and Galloway were provided to the system by NHS England throughout the night of Wednesday 18/Thursday 19 March. |



- 09:00 meeting held at Cumberland Infirmary (CIC), chaired by the Medical Director, NHS England on the Thursday 19 March attended by NHS Cumbria CCG Clinical Chair and Acting Chief Officer. Agreed internal major incident had been called. Plan agreed for system wide calls to be maintained twice daily (13:30 chaired by NECS on behalf of the CCG and 16:00 chaired by NHS England). Agreed objectives to be met to step down from internal major incident as :
 - Mutual aid not being required.
 - Escalation beds at CIC fully closed or safely staffed.
 - Effective discharge processes in place across the health and social care system.
 - No >12 hour waits in A&E for a period of 48 hours.
- General practice in North Cumbria was asked to support the system wide efforts to maintain patient safety by ensuring that all practices maintained one GP and a receptionist in practice during the PLT activities planned for the afternoon of Thursday 19 March.
- System wide calls were maintained, coordinated as above, twice daily on Thursday 19 and Friday 20 March.
- On Friday 20 March, during the 13:30 system call, NCUHT identified that no out of county transfers had occurred since 20:00 the previous evening and notified the system that they would now be admitting all patients internally to the Trust, however would continue to review the need for out of county admissions on a case by case basis.
- Once daily system calls (chaired by NHS England) maintained on Saturday 21 and Sunday 22 March.
- At the 10:15 system wide call on Monday 23 March NCUHT declared that the objectives for stepping down from the internal major incident had been reviewed at the Trusts internal morning Directors meeting and identified as being met. The system agreed to step down from internal major incident.
- System agreed the following on the 10:15 call:
 - to continue the daily 13:30 system calls (coordinated by NECS on behalf of the CCG) with representation from Director / Deputy Directors from each of the Cumbria organisations.
 - To reinstate the 4pm daily call (coordinated by NHS England) with Director level representation if the system assessed a deterioration of the situation.
 - During the period of the major incident all providers worked to relieve the pressures in the system, with for example, CPFT providing 3 escalation beds in their Day Care Unit at Maryport within 48 hours of the incident being initiated. This level of joint working and increased focus on transfers and discharges has continued since standing down the internal major incident with CPFT and ASC “pulling” patients through the system and additional CPFT and ASC staff working through the hub as the focal point for co-ordination.
 - In response to the Major Incident the North Cumbria System Resilience Group on Thursday 2 April will focus on a review of the incident with the aim of developing an action plan in response to any identified improvements needed. One of these will be to develop a more effective unified escalation plan across all agencies that

all will sign up to implementing.

Recommendations:

Next Steps

- The review of the causes and the management of the major internal incident will commence at the next System Resilience Group on the 2 April 2015 to ensure escalation processes within Cumbria are robust and appropriate in managing the increasing demands across the health and social care system, particularly when mutual aid from outwith Cumbria is required.
- It has also been agreed that external support will be sought to undertake a full and comprehensive root cause analysis in relation to the causes and management of the major internal incident.
- It is recommended that the Governing Body reads this report and uses the information enclosed and subsequent discussion and review of the management of the major internal incident to gain assurance that the escalation processes within Cumbria are robust and appropriate, particularly when mutual aid from outwith Cumbria is required.

CCG Objectives:

1. Quality: Implement clear systems to improve clinical effectiveness, patient experience and safety
2. Performance and Outcomes: Ensure continuous improvement in performance standards and outcomes
3. Strategic Commissioning: Lead the development of a strategy for sustainable services in the context of rising demand and reduced resources
4. Primary Care Development: Support primary and community care development including reducing variation, workforce development and integrated clinical information
5. Financial Control: Improve value for money through the most effective deployment of resources while maintaining financial balance
6. Engagement and Partnerships: The CCG actively involves our member Practices, patients and partners in our decision making
7. Organisational Development: Continuously improve the performance of the organisation in line with our values
8. Plan on a Page and Commissioning Plans: Ensure the effective delivery of our key commissioning plans

Statutory/Regulatory/Legal/NHS Constitution Implications

N/A

Assurance Framework:

N/A

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| Finance/Resource Implications: |
| N/A |
| Implications/Actions for Public and Patient Engagement: |
| Email communication expressing concern at the coordination of the internal major incident and its impact upon the planned PLT on the afternoon of the 19 March received from a number of GP practices. |
| Equality Impact Assessment: |
| The CCG is committed to fulfilling its duty under the Equality Act 2010 and to ensure its commissioned services are non-discriminatory. |

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