DRAFT

Cambridgeshire and Peterborough Integrated Care System (ICS)

Demand Surge Plan

Winter 2022 / 23

Table of Contents

Introduction

This year has continued to present us with unrelenting challenges from the direct and indirect impact of the pandemic, along with a range of other factors, resulting in high levels of pressure and escalation across our services. Winter is always a difficult time for organisations working to deliver our health and social care services to meet the needs of our population, and we are expecting this winter to be particularly demanding in the face of ongoing pandemic impacts plus the impact of other current socio-economic factors like the cost-of-living increase.

The balance between maintaining planned care services and managing ongoing pressures in urgent and emergency care is an additional challenge making planning more complex. This means system partners will be constantly rebalancing and re-prioritising to use resources to treat the sickest and most urgent patients first. More than ever, demand for health and care services require organisations to work collaboratively to remove barriers and deliver safe and effective care.

This plan sets out the priority areas for winter 2022-23 for the Cambridgeshire and Peterborough Integrated Care System (ICS). Our focus is on keeping people safe and well, and we will deliver this through:

- ✓ Preventative initiatives
- ✓ Action to deliver services quickly and close to home where possible
- ✓ When hospital treatment is required, ensuring patients are seen by the appropriate discipline as early as possible in their acute care journey
- ✓ Ensuring the delivery of safe care in community and minimising time spent in hospital thus supporting people to return home at the earliest available opportunity
- ✓ And working to achieve a balance between the delivery of elective and non-elective care to reduce backlogs and waiting lists.

We also recognise the ongoing pressure and challenges our staff face, and we want to enhance their ability to face the winter period efficiently, effectively, and safely with confidence and full system support.

National guidance on winter surge planning was published on 12th August 22. The guidance set out eight strategic aims and more than 60 actions to be addressed within local plans. A read across of the national aims against our local plans is shown on the table below:

National / regional winter objectives	C&P Surge plan	C&P Unplanned care improvement plan	Other Local Work	Comments
Prepare for variants of COVID-19 and respiratory challenges	✓	✓		Vaccination programme underway. Alternative pathways out of hospital in development / implementation plus LoS actions inc. VW
Increase capacity outside of acute trusts	✓	✓		Short and long term actions underway to increase productivity / efficiency in existing capacity outside of hospital and establish expanded models of care
Increase resilience in NHS 111 and 999 services	✓	✓	✓	Work at system and individual provider level – focus on embedding system wide actions to enable effective use of resource i.e. call before convey, MDT workforce with input from system partners
Target Category 2 response times and ambulance handover delays	✓	✓	✓	Rapid release already in place at NWAFT and for CUH in August. Focussed activity on reducing handover delays – NWAFT involvement in national programme as well as system commitment to enabling actions
Reduce crowing in A&E departments and target longest waits in ED	✓	✓	✓	Focussed work on appropriate conveyance, alternative services and improving waits through process and flow improvements at both system and provider level
Reduce hospital occupancy	✓	✓		Additional capacity planned as part of C&D bids alongside extensive programmes of LoS improvement in individual providers
Ensure timely discharge	✓	✓	✓	100 day discharge challenge and transfer of care hub implementation plus additional investment in discharge support to increase overall capacity
Provide better support for people at home	✓	✓	✓	Support to neighbourhood teams and PCNs to enhance prevention and proactive activities with HIUs, Virtual wards activity, enhanced discharge support services utilising PHBs

Alongside the national guidance, ICS' were also asked to submit bids for additional non recurrent funding. The criteria for funding was focused on creating additional physical bed capacity and where measurable, bed equivalent capacity. For Cambridgeshire and Peterborough, the total additional bed capacity we need to achieve by 31st March is an average of 218 additional beds per day available across the system. To achieve this, a comprehensive investment package has been agreed targeting schemes that can deploy in the next few months to make a real tangible difference in the short and medium term. The overview of investment can be found in Page 14 of this plan. Specific schemes supported by these monies are also highlighted in each priority area for completeness.

The Size of the Challenge: Demand for Services

Demand for services has exceeded pre pandemic levels. Although there are variations between local sites, on average we have seen a 3.5% increase in non-elective activity compared to 2019/2020 levels year to date. Activity for 111 has also increased by 30% year on year and primary care activity is back to pre-pandemic levels, accompanied by a clear change in population behaviour who are increasingly demonstrating a desire to be seen face to face at times driven by misconceptions about availability of alternative services to hospital emergency departments.

Data also shows a higher than average increase in the over 75's in the South, whilst some areas in the North of the patch are experiencing significant growth in paediatric ED attendances (Hinchgingbrooke hospital has seen a 20% year on year growth on paediatric attends).

In addition, the system faces significant performance challenges in length of stay and bed occupancy. Emergency length of stay has increased 0.96 days (or 17.5%) in 2021/22 compared to 2019/20. This translates into a shortfall of 224 acute beds that are required to support the same level of activity. Patients with a long length of stay over 21 days were at 19% in June this year (2022) versus 8% in 2019/20. Unsurprisingly, our bed occupancy rate of 94% (as a % of G&A beds occupied) is in the worst performing quartile nationally (SAPIT data – Q4 21/22).

Previous capacity and demand modelling demonstrated significant gaps in our available community capacity, particularly in home support services (care and therapy). A generous investment package was agreed earlier in the year to increase the capacity and efficiency of intermediate care services which provide care and therapy support for patients going home after a hospital stay discharged under what locally is referred to a discharge Pathway 1 (home with support). It is also recognised however that winter periods tend to put additional pressure on acute and community services and, paired to our average rate of bed occupancy, there is a risk of inappropriate patient placement contributing further to extended length of stay in acutes.

Our Focus During Winter

This plan sets out different critical aspects of preparedness to give the Cambridgeshire and Peterborough system the best opportunity to manage the risks that are likely to impact on demand for services during the winter months. But these are only one part of a much wider work programme of performance improvement and service transformation as illustrated below:

Anticipated Seasonal Demands (winter plan):

Health & Wellness:
- Vaccination programme (flu, covid19)
- Support individuals at highest risk
- Response to new covid19 outbreaks

First Contact Primary Care
- Community pharmacy
- Primary Care
- High intensity service users

Urgent Community Services
- Falls
- MH joint response cars
- Alternatives to ED to include support for ambulance crews
- Support for Care Homes

In hospital flow
- Improved Flow through hospital
- Additional bed capacity

6. Outflow & Discharge Support
- Prescribing
- Transport
- Out of Hospital capacity
- VCS support

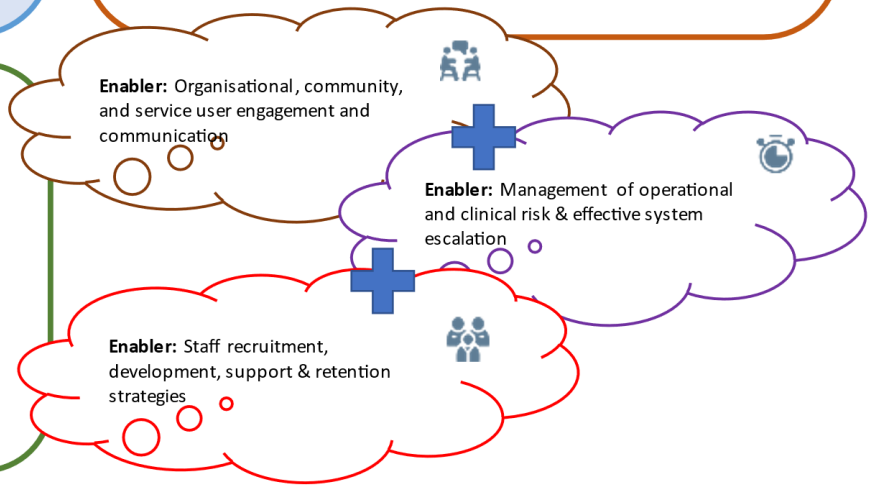
7. Elective Recovery
- Outpatients
- Cancer

Medium to Long Term Service Transformation:

- Embed primary care / PCN led urgent community response in each locality including a comprehensive community falls service
- Delivery of new UTC standards
- Build Integrated Neighbourhood Teams
- Embed share care record
- Pathway redesign in elective care (selected specialities with greatest opportunities / scope)
- Reach a 'one public estate' approach and think creatively about the use of all system estates / capacity

Performance Improvement Plans:

- Urgent Community Response: single integrated urgent care response service that supports people to remain in their home
- Ambulance Handovers: reduce ambulance handover delays and improve responsiveness of ambulance services to calls
- Minors / T3: improve type 1 minors and type 3 UTC/MIU access performance
- Length of Stay: reduce overall length of stay within in patient settings
- Home First: support transfer of care for patients to receive the right care, in the right place, at the right time – returning home wherever possible
- Virtual wards: deliver the national planning requirement for acute virtual ward beds



Whilst in the short term our focus will often be on patient safety, clinical risk, and ensuring the quality of services delivered during the difficult winter months, it is paramount that momentum is not lost in the delivery of our performance improvement plans and service transformation goals so that in the medium and long term we can make the delivery of patient centred and effective care a sustainable reality.

Priority Areas

1. Health and Wellness

Area of Impact	Actions	Start Date	System Lead
Vaccination	✓ Continue system working and community engagement to improve confidence and promote vaccination update, supported by appropriate access.	Ongoing	ICS
	✓ Exploring potential for "Vaccination & Screening hubs" utilising existing NHS estate or Mass Vaccination Centres.	October 22	
	✓ Deliver the autumn vaccination [booster] campaign responding to outbreaks / surge and prioritising the groups recommended by the Joint Committee on Vaccination and Immunisation (JCVI).	Ongoing	
	✓ Continue to provide or support vaccination of newly immunosuppressed patients, pregnant women, and healthcare workers yet to complete a primary course and first booster.	Ongoing	CUHFT / NWAFT
	✓ Deliver the NHS influenza vaccination programme focusing on the groups identified by the JCVI and encourage vaccination of staff by all providers.	October 22 (onwards)	ICS
Support for people at highest risk	✓ Heating and health project: working with communities and voluntary sector organisations to provide targeted support to individuals and families during the cost of living crisis. Establishing "warm spaces" or "warm hubs" in local communities.	October 22	District Councils
	✓ Identification of patients at highest risk through winter and offer proactive personalised care including vaccinations, self-management, care coordination and follow up after ED attend or admission. Delivery through PCNs. *(Capacity and demand winter funding scheme)*	November 22	North and South ICPs

New Covid 19 variants & other respiratory challenges	✓ Full implementation of UKHSA Infection Prevention and Control (IPC) guidance and develop strategies to minimise the impact of "void" beds to maximise capacity.	October 22	ICB

2. First Contact and Primary Care

Area of Impact	Actions	Start Date	System Lead
Prescribing and Community Pharmacy	✓ Ensure that high risk drugs are monitored in primary care to prevent avoidable hospital admissions through Eclipse Live.	Ongoing	ICB
	✓ Increase use of the GP Community Pharmacy Consultation Service (GP CPCS) to refer lower acuity conditions to community pharmacy.	Ongoing	
	✓ Pharmacy staff employed within Primary Care Networks (over 100 staff) to ease pressure on general practice.	November 22	
	✓ Response to possible variants of C19 and respiratory viruses. Community pharmacies involved in C19 vaccination programme (estimated 31 pharmacies across C&P).	Ongoing	
	✓ Increase the uptake of the Repeat Dispensing Service to reduce calls to 111 for repeat medicines.	Ongoing	
	✓ Ensure that we make best use of anticipatory prescribing to support our EOL patients and reduce the pressure on staff and/or admissions (including scoping family administration of EOL medicines).	Ongoing	
Primary Care	✓ Find local solutions to digital transformation including cloud-based solutions and record storage to free up clinical time and space.	October 22	ICB
	✓ Deliver surge capacity for primary care to include social prescribers, care coordinator, and health and wellbeing coaches	October 22	ICB
	✓ Development and implementation of plans to deliver the national asthma bundle focusing on the GP practices with high referral rates into hospital with support from paediatric asthma practitioners	October 22	ICB

	✓ Continue to delivery the sats monitoring project working with primary care and focusing on high-risk individuals that would benefit from support (ie pregnant women with covid 19)	Ongoing	ICB
High Intensity Users	✓ Additional joint mental health emergency response vehicle 7 days a week staffed by a registered mental health professional and Police officers which responds to those having a mental health crisis to manage people safely in the community. *(Capacity and demand winter funding scheme)*	October 22	ICB
	✓ Undertake structured medication reviews with high intensity users to mitigate any deterioration through the winter and ensure optimal adherence to medicines.	Ongoing	ICB

3. Urgent community services, right service first time

Area of Impact	Actions	Start Date	System Lead
Urgent Community Response	✓ Delivery of a 24 hr 7 days a week comprehensive falls pick up service to avoid hospital conveyance and admission. *(Capacity and demand winter funding scheme)*	November 22	ICB
	✓ Delivery of a robust PCN led Urgent Community Response service in each locality including a cross county care coordination function. *(Capacity and demand winter funding scheme)*	October 22	North and South ICPs
	✓ Pilot of JET response to long lie falls patients pulled from the ambulance stack	September 22	CPFT
	✓ Joint CPFT/EEAST MH car service to provide mental health support to crews on scene. Service also facilitates and supports education and training of ambulance crews.	Ongoing	CPFT / EEAST
	✓ Exploring rapid response teams in community that prevent avoidable hospital admissions for children and young people with long term conditions	November 22	ICB
	✓ Exploring options to establish an Acute Respiratory Infection (ARI) hub to support same day assessment	November 22	ICB
Alternatives to ED	✓ Review of new draft UTC standards and strategic direction for MIUs / UTCs also ensuring consistency of service offer across MIUs.	March 23	ICB
	✓ Pilot review of Category 3 & 4 ambulance calls by 111 Clinical Advice Service (CAS)	November 22	HUC
	✓ Rapid access for ambulance crews to ED, GP or ANP to support with clinical support and guidance (call before convey). *(Capacity and demand winter funding scheme)*	October 22	ICS / TBC
	✓ Review of data and existing pathways to understand why children and young people are being admitted to A&E and what can be put in place within the community and primary care infrastructure to reduce flow through ED and reduce length of stay for admissions	November 22	ICB

Support for Care Homes	✓ Installation of falls lifting equipment in 22 care homes across C&P in phase 1 (up to March 2023) followed by roll out to all 176 care homes in phase 2 (April 2023 onwards)	November 22	ICB
	✓ Continue to work with primary care and care homes to improve MDT input into care homes and target support to high referring homes	October 22	ICB / PCNs

4. In hospital flow

Area of Impact	Actions	Start Date	System Lead
Medicines Management	✓ Undertake structured medication reviews to improve adherence and hence deterioration of conditions that may impact on hospitals (and GPs). Priority areas – i.e. care home patients	Ongoing	ICB
	✓ Develop appropriate medicines management pathways for our virtual wards to reduce length of stay	Ongoing	
Improved flow through the Emergency Department	✓ Rapid release initiative rolled out to CUHFT	November 22	EEAST
	✓ Ensure there is a corridor cohorting policy in place at HH	October 22	NWAFT
Acute Bed Capacity	✓ Delivery of 45 additional escalation beds at NWAFT. *(Capacity and demand winter funding scheme)*	November 22	NWAFT
	✓ Conversion of non-clinical space at PCH. *(Capacity and demand winter funding scheme)*	November 22	
	✓ Delivery of modular ward capacity at PCH site. *(Capacity and demand winter funding scheme)*	March 23	
	✓ Repurpose escalation ward into a frailty unit to increase patient throughput. *(Capacity and demand winter funding scheme)*	October 22	CUHFT
	✓ Deliver additional triage cubicle space in ED. *(Capacity and demand winter funding scheme)*	October 22	
	✓ Identify unwarranted variations in acute LoS and any opportunities for pathway redesign to reduce these and improve LoS.	November 22	ICS
	✓ Standardise frailty pathways across North and South and relaunch frailty services linking to wider new services and initiatives outside of hospital	November 22	ICB / Acutes

	✓ Continue to monitor P0 dischargers at weekends to maintain flow 7 days a week	Ongoing	ICS
	✓ Support early identification of children with Continuing Care needs, implementing targeted care package reviews and enabling flexible delivery to reduce admission and facilitate earliest discharge from hospital	Ongoing	ICB / Acutes

5. Out flow and discharge support

Area of Impact	Actions	Start Date	System Lead
Out of hospital capacity to support discharges	✓ Additional discharge car capacity (27 cars) across C&P during the peak winter months to support discharges whilst prioritising home first. *(Capacity and demand winter funding scheme)*	October 22	Local Authority
	✓ 1:1 support for complex dementia patients that require nursing home placement and are often delayed and declined by most nursing homes due to their complexity and staffing needed to safely manage their care. *(Capacity and demand winter funding scheme)*	October 22	
	✓ Phased expansion of virtual ward capacity to deliver a minimum of 300 acute virtual beds.	December 22	North ICP
	✓ Additional bed capacity at Ashlyn Grange care home (42 beds) to support discharges. *(Capacity and demand winter funding scheme)*	October 22	NWAFT
	✓ Repurpose some of the IPR bed capacity currently underutilised into D2A beds (16 beds).	November 22	CPFT
	✓ Delivery of Pathway 1 (Intermediate Care) efficiencies through recruitment of integrated care workers, reduction of reliance on independent sector car capacity, and improvement of flow through the pathway.	Ongoing	CPFT
	✓ Delivery of Transfer of Care Hub for discharges to include single point of access/virtual room, single PTL and trusted assessor model.	November 22	South ICP
	✓ Delivery of small, one-off Personal Health Budgets to facilitate early discharges	September 22	ICB
Patient Transport	✓ 5 additional PTS vehicles commissioned over winter to support patient discharges.	September 22	ICB

Prescribing	✓ Increase uptake of the Discharge Medicines Service to prevent hospital re-admissions.	Ongoing	
Voluntary Sector / Direct Patient Support	✓ Delivery of personal health budgets to support discharges by providing a one-off opportunity to purchase goods or services not provided through existing commissioned services (set up at £500 limit per patient).	October 22	ICB
	✓ Dedicated support for self-funders in acutes to help them navigate the independent sector market and find suitable providers thus reducing the wait time for discharge in acutes. *(Capacity and demand winter funding scheme)*	November 22	Local Authority

6. Elective Recovery

Area of Impact	Actions	Start Date	System Lead
Outpatients	✓ Continue review of wider solutions across the system to protect elective activity including mutual aid and exploring opportunities with independent sector and community services.	Ongoing	ICS
	✓ Deliver transformation programmes to maximise outpatient capacity, implement HVLC, and move to day cases where appropriate which will support during winter.	Ongoing	ICS
	✓ System deep dive into key specialties and specific plans drawn out and delivered to improve performance	October 22	ICS
Cancer 62-day backlog	✓ Ongoing work with independent sector and system partners to look at further ways to ring fence cancer capacity	Ongoing	ICS
	✓ Enact guidelines for faecal immunochemical testing in the lower GI pathway for patients on endoscopy waiting list working with primary care and acutes	October 22	ICS
	✓ Deliver best practice timed pathway for prostate cancer including the use of mpMRI	November 22	ICS
	✓ Pilot delivery of telederm in suspected skin cancer pathway	November 22	ICS
Escalation	✓ Inclusion of data on elective cancellations into Shrewd as part of the key triggers considered daily under operations & system escalation	October 22	ICB
	✓ Establish clear processes and triggers for escalation to regional director when appropriate thresholds are reached	October 22	ICB

Enablers

✓ Workforce

At a time of increased demand for services our health and social care workforce has been put under considerable strain and as a result we continue to experience challenges with recruiting and retaining to key roles across the system. This places further strain on services. The impact has also been felt on the independent sector, both care home and domiciliary care provider markets, adding further pressure and limiting our collective ability to provide care packages for people with complex care needs to leave hospital.

Pressure has been rising during recent months and the priorities for this winter are a mixture of those intended to mitigate against the current and forecast pressures felt across health and social care systems over winter; and others that will have medium- or longer-term value, achieving more sustainable services for the future. This will provide a foundation on which to further develop recovery plans into the coming year and beyond.

Our key actions to increase our workforce resilience are set out below:

Winter Workforce Preparedness			
Leadership	**Recruitment**	**Retention**	**Health & Well Being**
• Ensure visible senior champion for health and well being working with system leadership to encourage and support employee-led improvements and local initiatives around workforce • Maintain clear focus on talent management and create internal opportunities (ie Local Mary Seacole Programme, Woman's Development Programme) • Embed continuous improvement approaches into ICS workforce strategies to keep priorities and actions under constant review	• Continue to develop ongoing international recruitment • Extend accomodation offer to include care home workers • Extend pastoral care to HCAs to improve retention • Enhance resilience through identifying and scaling high impact roles for volunteers • Recruitment of A&C staff to support clinicials thus releasing clinical time	• Engage the market to provide secure affordable housing • Develop and implement staff sharing arrangements and maximise collaborative banks • Ensure shift rostering patterns take account of best practice on safe working and caring and provide flexibility to take account of constraints and other responsibilities staff may have • Continue to work with HEI's on retention plans of students within the ICS	• Supporting staff to stay safe from flu, covid 19, and respiratory illness through vaccination take up • Ensuring staff have access to appropriate PPE • Develop and promote staff MH hubs in line with national guidance • Ensure all staff have access to health and wellbeing conversations and encourage them to access support to address any needs and concerns

✓ Communications

ICS communications teams help local people and communities access vital information about their health and care services; from where to get a winter vaccination to which service is the most appropriate for a given issue. The teams also protects the reputation of the ICS and ICB through reactive and proactive communications.

We have designed a number of proactive, targeted campaigns during winter to connect to specific audiences, encouraging them to take particular actions to better protect their own health and wellbeing; and to ensure that people use the right service at the right time. These campaigns are data-driven, with clear evaluation mechanisms in place to consider their impact.

We will also promote significant winter projects throughout the colder months, to make local people aware of new services and initiatives that are part of the winter plan. This will help ensure that new initiatives are utilised effectively and will boost the public's confidence in local health and care services. We will also share news of these new initiatives and projects with stakeholders, including politicians, media and senior leaders within the ICS, so that they are aware of new approaches being taken to manage winter pressures.

This is a dynamic and ongoing process, coordinated by the ICB communications team with input from all system partners. Operational teams are encouraged to sustain engagement with communication teams throughout the winter to continue the promotion of projects that could help to support winter pressures and/or that we want local people to be aware of and engage with, via cpicb.comms@nhs.net.

✓ System Resilience and Escalation

The Cambridgeshire and Peterborough ICS has completed a review of our system escalation framework resulting in a new protocol that will focus efforts on the daily proactive management of operational risks, thus driving system actions in response to such risks. A small number of key operational triggers and performance thresholds will be monitored daily by the new System Operational Centre (SOC) to determine the level of risk based on:

- ✓ Clinical risk to patients whether in an acute or community setting.
- ✓ Poor flow through pathways.
- ✓ Low bed capacity; and
- ✓ High workforce absence rates.

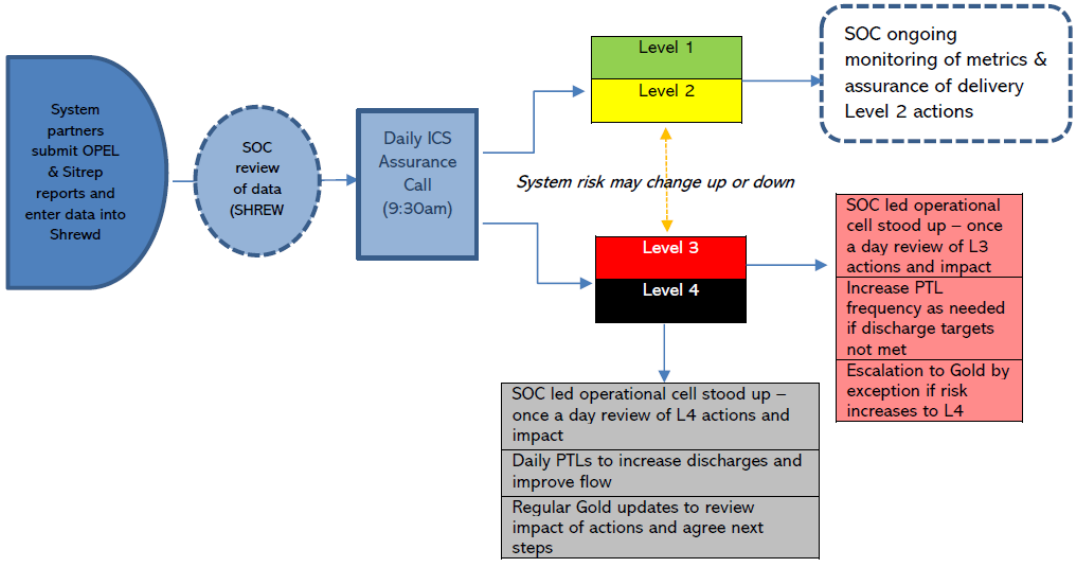
The SOC will be led by the ICB and operate 7 days per week from 8am to 8pm Monday through Friday, and 8am to 6pm Saturday and Sunday. It will include a single point of access for all escalations and appropriate queries/asks, an operational resilience lead, and an EPRR manager of the day bringing together all aspects of operations, escalation, and emergency planning. The SOC will take responsibility for overseeing the daily management of system pressures and flow at tactical level, working in a collaborative way across system partners as part of the Integrated Care System.

The system command structure will still be split between the Strategic (Gold) and the Tactical (Silver) levels of escalation as set out in the table below:

Strategic	The Strategic (Gold) Command will: ➢ Facilitate redeployment of staff and services between system partners ➢ Liaise and report to regulatory bodies during periods of escalation ➢ Ensure decisions and commitments made in relation to response to incidents are honoured ➢ Support in decision making regarding an appropriate balance of priority between management of incidents and continuity of services ➢ Seek to support and resolve escalations brought by Tactical Command
Tactical	The Tactical (Silver) Command will: ➢ Take decisions relating to changes in practice, guidance or clinical pathways to be adopted in times of heightened escalation or incident ➢ Work with system partners regarding escalation level declaration ➢ Make decisions to organisations to support decision making ➢ Take tactical decisions e.g. when plans should be activated and stood down ➢ Take decisions in relation to any escalation to Strategic Command ➢ Support and resolve escalations brought by individual organisations ➢ Consider actions to be taken to prevent further escalation

At all levels of escalation, a daily system assurance call at Tactical level will take place every morning at 9:30 am. The purpose of the calls is to review system data, highlight immediate operational pressures and risks, and agree actions including any systems asks of support not already included in the action plan assigned to the appropriate escalation level.

The daily rhythm for tactical and strategic management will depend on the level of escalation for the system at any given point, but will generally follow the following process:



This new approach to system escalation seeks to ensure that essential urgent and emergency health care needs are met effectively when services become overloaded, restricted, or non-operational. For a full copy of the C&P Surge and Escalation Framework please contact cpicb.uecreturns@nhs.net.

Monitoring Impact: Patient Outcomes and Performance

The ICS holds shared accountability for delivering improved outcomes through the schemes set up in this plan. To do this effectively and support the system to keep oversight against delivery, all the schemes set out in this plan will be closely monitored on a monthly basis to ascertain whether the anticipated impact on patient care and system performance improvements are being realised, and if not, agree corrective action as appropriate.

It is also recognised that beyond monitoring delivery of individual schemes, successful delivery should translate into the achievement of a small number of key performance indicators, which form the basis of our Urgent and Emergency Care dashboard and will be monitored daily (or weekly for those indicators where daily data is not available). The dashboard is set out below:

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Daily Data								Daily Performance			Daily Trends			
111 Calls Abandonment (NATIONAL METRIC)	12/10/2022	13/10/2022	14/10/2022	15/10/2022	16/10/2022	17/10/2022	18/10/2022	Target	Latest Day Performance	Weekly Performance	Day on Day	Same Day Prev Wk	Wk on Wk	28 Day Trend
C&P ICS	0.8%	1.3%	2.1%	11.3%	11.3%	10.0%	12.1%	5.0%			✓ 2.1%	✗ 7.2%	✓ 2.3%	
Cat 2 Mean Response Time (NATIONAL METRIC)	12/10/2022	13/10/2022	14/10/2022	15/10/2022	16/10/2022	17/10/2022	18/10/2022	Target	Latest Day Performance	Weekly Performance	Day on Day	Same Day Prev Wk	Wk on Wk	28 Day Trend
EEAST Average	36.87	38.97	61.49	34.32	43.17	56.92	34.88	18			✗ -22.04	✗ -5.28	✓ -86.16	
Ambulance Handover Delays >60min	12/10/2022	13/10/2022	14/10/2022	15/10/2022	16/10/2022	17/10/2022	18/10/2022	Target	Latest Day Performance	Weekly Performance	Day on Day	Same Day Prev Wk	Wk on Wk	28 Day Trend
C&P ICS	28	19	26	13	38	60	29	0			✓ -31	✓ -17	✓ -129	
Ambulance Handover Delays >60min % of Total Conveyances	12/10/2022	13/10/2022	14/10/2022	15/10/2022	16/10/2022	17/10/2022	18/10/2022	Target	Latest Day Performance	Weekly Performance	Day on Day	Same Day Prev Wk	Wk on Wk	28 Day Trend
C&P ICS	15.6%	9.8%	13.9%	6.8%	25.7%	33.9%	15.5%	0%			✓ -18.4%	✓ -9.6%	✓ -10.6%	
Minors/T3 4hr Performance	12/10/2022	13/10/2022	14/10/2022	15/10/2022	16/10/2022	17/10/2022	18/10/2022	Target	Latest Day Performance	Weekly Performance	Day on Day	Same Day Prev Wk	Wk on Wk	28 Day Trend
NWAFT P	76.8%	61.6%	66.7%	82.8%	64.1%	49.7%	64.4%	95.0%			✓ 14.7%	✗ -22.1%	✓ -0.5%	
NWAFT H	78.7%	98.2%	100.0%	100.0%	98.2%	95.6%	100.0%	95.0%			! 4.4%	✓ 23.1%	✗ 18.8%	
% of Patients Exceeding 12hr in Dept.	12/10/2022	13/10/2022	14/10/2022	15/10/2022	16/10/2022	17/10/2022	18/10/2022	Target	Latest Day Performance	Weekly Performance	Day on Day	Same Day Prev Wk	Wk on Wk	28 Day Trend
C&P ICS	15.8%	13.0%	13.0%	13.9%	7.4%	11.8%	19.4%	2.0%			↑ 7.7%	↓ -0.3%	✗ -1.6%	
Average ED Journey Time (minutes)	10/10/2022	11/10/2022	12/10/2022	13/10/2022	14/10/2022	15/10/2022	16/10/2022	Target	Latest Day Performance	Weekly Performance	Day on Day	Same Day Prev Wk	Wk on Wk	28 Day Trend
C&P ICS	888.4	855.8	713.7	798.4	791.3	756.5	628.9				✓ -127.6	✓ -199.9	✓ -165.2	
Adult G&A Occupancy (NATIONAL METRIC)	12/10/2022	13/10/2022	14/10/2022	15/10/2022	16/10/2022	17/10/2022	18/10/2022	Target	Latest Day Performance	Weekly Performance	Day on Day	Same Day Prev Wk	Wk on Wk	28 Day Trend
C&P ICS	96.4%	97.0%	96.9%	97.0%	97.7%	97.8%	98.2%	94.0%			! 0.4%	! 1.7%	! 0.0%	
Beds Occupied by Patients with no CTR (NATIONAL METRIC)	09/10/2022	10/10/2022	11/10/2022	12/10/2022	13/10/2022	14/10/2022	15/10/2022	Target	Latest Day Performance	Weekly Performance	Day on Day	Same Day Prev Wk	Wk on Wk	28 Day Trend
C&P ICS	294	233	163	150	172	162	167				! 5	✓ -46	✗ 69	
Average LoS (non-elective)	03/10/2022	04/10/2022	05/10/2022	06/10/2022	07/10/2022	08/10/2022	09/10/2022	Target	Latest Day Performance	Weekly Performance	Day on Day	Same Day Prev Wk	Wk on Wk	28 Day Trend
C&P ICS	6.2	5.5	6.4	5.8	6.6	6.0	4.5				✓ -1.45	✗ 0.77	✓ -2.90	

Weekly Data								Weekly Performance			Weekly Trends		
Handover Minutes Lost (NATIONAL METRIC)	04/09/2022	11/09/2022	18/09/2022	25/09/2022	02/10/2022	09/10/2022	16/10/2022	Target	Latest Day Performance	Weekly Performance	Wk on Wk	Month on Month (4 Week)	28 Week Trend
C&P ICS	19755	13838	17387	19599	29587	39230	32064				✓ -7166	✗ 52150	
Weekly Average LoS (non-elective)	28/08/2022	04/09/2022	11/09/2022	18/09/2022	25/09/2022	02/10/2022	09/10/2022	Target	Latest Day Performance	Weekly Performance	Wk on Wk	Month on Month (4 Week)	28 Week Trend
C&P ICS	6.7	6.8	6.0	6.3	6.1	6.5	5.9				✓ -0.58	✓ -0.69	
Weekly Average LoS (elective)	28/08/2022	04/09/2022	11/09/2022	18/09/2022	25/09/2022	02/10/2022	09/10/2022	Target	Latest Day Performance	Weekly Performance	Wk on Wk	Month on Month (4 Week)	28 Week Trend (where available)
C&P ICS	6.6	6.8	6.0	6.3	6.1	6.5	5.9				✓ -0.66	✓ -0.67	

UEC dashboard (data as of 18th October 2022)

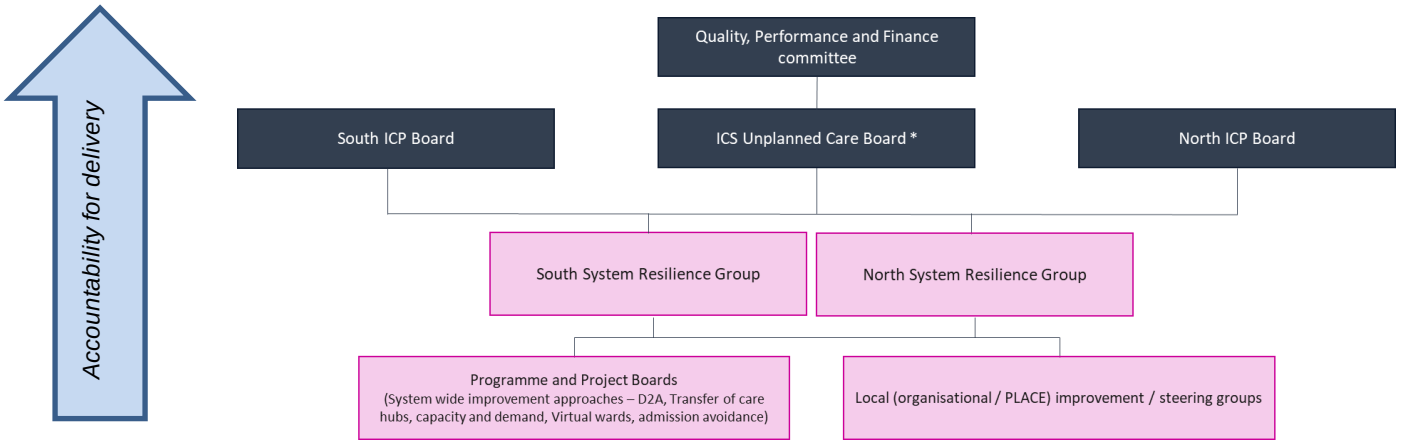
Governance

Delivery of all winter initiatives and relevant performance metrics will be overseen by the ICS Unplanned Care Board whose responsibilities include:

- Whole system planning for the delivery of services across urgent and emergency care pathways, and assessment of overall priorities and resourcing for unplanned care service improvement and transformation.
- Managing overall system performance, including assurance and recovery plans as required to address areas of concern.
- Keeping oversight of whole system operational management and escalation processes, including seasonal and bank holiday plans.

All schemes in this plan are targeted to support those most in need. For some projects the scope covers the full Cambridgeshire and Peterborough geography, but others will be targeting specific localities based on evidence of need and opportunities to improve outcomes for our local communities. As such, different elements of delivery are likely to be closely monitored at place via the North and South System Resilience Groups respectively as appropriate.

Information flows and accountability will thus work across different geographical levels as set out below:



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