

Governing Body (public) meeting

DATE: 29 May 2014

Title	Update from the Bexley & Greenwich Urgent Care Working Group	
Recommended action for the Governing Body	That the Governing Body: NOTE the update from the Bexley & Greenwich Urgent Care Working Group	
Executive summary	This update consists of a summary of A&E performance and related issues and system-wide initiatives to mitigate this. This includes plans to manage surges in activity, an analysis of demand and capacity (and associated actions), and a review of winter 2013-14.	
Which objective does this paper support?	Patients: Improve the health and wellbeing of people in Bexley in partnership with our key stakeholders	✓
	People: Empower our staff to make NHS Bexley CCG the most successful CCG in (south) London	✓
	Pounds: Delivering on all of our statutory duties and become an effective, efficient and economical organisation	✓
	Process: Commission safe, sustainable and equitable services in line with the operating framework and which improves outcomes and patient experience	✓
Organisational implications	Key risks (corporate and/or clinical)	Delivery of national performance targets on A&E
	Equality and diversity	Ensure appropriate services for whole population
	Patient impact	Quality of urgent and emergency services
	Financial	Additional costs on capacity but also forms part of QIPP
	Legal issues	N/A
	NHS constitution	Constitutional target
Consultation (public,	Per the programme	

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member or other)			
Audit (considered/approved by other committees/groups)	N/A		
Communications plan	Clear communications on surge and winter, the “yellowman” not always A and E campaign		
Author	Tom Bunting – Urgent Care Project Manager (Bexley, Greenwich & Lewisham CCGs)		
	<table border="1"> <tr> <td>Clinical lead Dr Surinder Nehru</td> <td>Executive sponsor Sarah Blow</td> </tr> </table>	Clinical lead Dr Surinder Nehru	Executive sponsor Sarah Blow
Clinical lead Dr Surinder Nehru	Executive sponsor Sarah Blow		
Date	19 May 2014		

Update from Bexley and Greenwich Urgent Care Working Group

1. A&E Performance and associated issues

There is a national requirement to meet the performance target of 95% of patients being seen and treated within 4 hrs. In October 2013 performance trajectories were set for the Queen Elizabeth Hospital (QEH) and the Lewisham Hospital site along with a whole Trust (Lewisham and Greenwich) target. The requirement is to meet the whole Trust target, although Governing Bodies will be interested in individual site performance based on quality of services to local populations. The trajectories set deviated from the national standard of 95%, in recognition of the specific challenges the Trust faced following the dissolution of South London Healthcare NHS Trust. The agreed trajectory was met throughout Quarter 3, but as attendances, admissions and Length of Stay increased from January, performance on a weekly basis has consistently been below the 95% target, typically at around 85-87% at the QE site. There are several key factors that explain the failure to meet performance targets:

- Capacity constraints: With an assessed bed capacity shortfall based on current demand, the lack of capacity has adversely affected patient throughput and performance. The focus is now on ensuring there is sufficient community capacity and flow through hospital services mitigate a shortfall against demand and capacity projections. The recent Care Quality Commission report (following the visit to the QEH site in February) identified that the ED is not fit for purpose in terms of its physical layout and capacity. The Trust is developing an action plan in response to the report, which will be monitored via the Clinical Quality review group with oversight by the urgent Care Working group (UCWG). In the longer term, work is on-going to develop a business case regarding the redevelopment of the ED.
- High numbers of ambulance arrivals at QEH. These average approximately 100 per day and the site ranks as the second highest in London in this regard. This compounds the capacity issues experienced in the ED. London Ambulance Service (LAS) piloted a new system (Intelligent Conveyance) for managing surges of ambulance arrivals at sites affected during peak periods. The ability of this to aid QEH has been limited by the location of QEH on the outer ring of London and the ability of LAS to send ambulances to alternative sites. Also the Intelligent Conveyance (IC) processes themselves need to improve and account for local knowledge to have an impact at QEH. IC has been commissioned for a further six months from April 2014, during which time further improvements will be sought. A number of other initiatives are being worked up between LAS, LGT and commissioners to further alleviate pressures including enhancing the utilisation of Appropriate Care Pathways (ACPs) in urgent care locally.
- Staffing issues within A&E and the Trust as a whole. The department has had to rely on high numbers of bank and agency staff. This has led to staffing levels being below where the Trust would like, or with staff in place who are unfamiliar with the department and patient pathways. Unfilled vacancy rates for the Trust were 18.9% in January, a position



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which has now improved slightly to 16.9%. Work is on-going to recruit permanent staff; including attracting staff from overseas (for example the Trust has carried out recruitment drives in Spain and Portugal).

2. Demand and capacity model

In January 2014 Lewisham and Greenwich NHS Trust, in collaboration with local commissioners, developed a modelling tool to assess current and future capacity requirements. The tool can be used flexibly to model requirements by specialty and factor in changes in admissions and length of stay. Current modelling based on 2013-14 activity levels shows that acute capacity is currently 82 beds less than required to run at a safe level of occupancy (90%).

To address the gap shown by the modelling, a number of work streams are in process; these are being monitored by a senior task group comprised of leads from the Trust and CCGs:

- Commissioners are reviewing the extent to which QIPP schemes in 2014-15 will reduce demand in the unscheduled care system and the impact on reducing the mismatch between demand and available capacity.
- The Trust is looking to reduce Length of stay in order to free up bed capacity
- The Trust has undertaken a bed utilisation audit at QEH alongside Social Services, Community and Hospice providers to identify those patients that could be in an alternative care environment. The audit took place on 14 April and involved 418 adult inpatient records. The draft report identifies that of those patients, 142 patients could have been managed in an alternative care environment. Analysis from the audit is underway to finalise the key recommendations and agree actions as a local system.
- Community and social care providers and commissioners are reviewing demand and capacity of all beds outside the acute sector to ensure required appropriate levels of specialist capacity.
- The Trust will undertake readmissions audits on both sites and carry out an internal length of stay analysis to identify and act on any avoidable delays.

Based on current work, the Trust and commissioners are confident that current bed numbers would provide the appropriate capacity for the levels of demand as long as all of the above are delivered. There is an element of risk associated with this which the Trust and commissioners are currently working through.

There is a short term issue with capacity as the above initiatives are implemented and whilst building work is on-going at QMH. It is expected that additional capacity will be available in time for the winter period.

3. NHSE winter funding 2013-14



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Additional money was made available by NHS England to support Urgent Care Networks to meet A&E targets during the winter months. Urgent Care Networks, in conjunction with NHS England had to approve schemes proposed by providers and allocated resourcing from the winter funding.

The local Urgent Care Network agreed with Lewisham and Greenwich NHS Trust and the community and social services providers to identify a range of initiatives to use the additional funding to support improvements in quality and performance. These included:

- 28 additional beds at Queen Marys Hospital to provide post-acute step down beds for patients from Queen Elizabeth Hospital Increased levels of senior clinician availability and increased middle grade doctors and nursing staff during the busiest periods in A&E
- Additional weekend capacity in Radiology, Therapies, Pharmacy and Clinical Site Management
- The development of Ward 20 as an acute frailty unit.
- Extended hours and staffing at the Urgent Care Centre at Queen Elizabeth Hospital
- Extension of existing Admission Avoidance schemes in Bexley and Greenwich
- Increasing bed capacity in our community service providers.

Evaluation of the 2013-14 schemes has shown that the majority of the schemes have been productive in helping the local urgent care system to stand up to demands in activity during the winter months, if not to ensure performance against trajectory.

For 2014-15 it is anticipated that given the capacity and performance pressures on our health economy there will be increased funding from NHSE available, and that a greater proportion of that funding will be directed to winter initiatives that reduce demand on A&E, compared with the allocations for 2013-14. Additional capacity at QEH/in the community will be factored into the allocations, in line with the emerging demand and capacity model.

A key lesson learned from 2013-14 and previous years is the need to agree bids earlier, and jointly across the system. In addition a more project-oriented approach, coordinated via the UCWG, is envisaged for 2014-15. One of the other main issues in 2013-14 was the ability of providers to recruit the staff in a very short window of time, to service the schemes. The Trust have already begun planning for the agreement of the 2014-15 bids and are anticipate being able to commence recruitment processes associated with the schemes prior to the summer holiday period, to enable start dates in October.

A timescale to agree 2014-15 winter plans earlier than in previous years was agreed at the Urgent Care Network meeting on 14 May. The ambition is that all bids will be agreed by the urgent care network at its July meeting, prior to submission to NHSE. In previous years this process has been not been completed until November. The operational project plans for the confirmed bids will be reviewed by the Urgent Care Network in early September, and an early review of the schemes will be taken in November so that any identified slippage can be mitigated.

4. Governance

The Bexley and Greenwich Urgent Care Working Group meets monthly and membership includes representatives from providers involved with urgent care: Lewisham & Greenwich NHS Trust, London Ambulance Service, Greenwich & Bexley Community Hospice, Oxleas NHS Trust, Bexley and Greenwich Social Services, Healthwatch and NHS England (NHSE) London Primary Care. It is chaired by the Chief Officer of Bexley CCG.

The Bexley and Greenwich Urgent Care Working Group focuses on operational issues affecting the day to day delivery of local urgent care services, in order to ensure that all parts of the system are working together to drive improvement by achieving the operational changes necessary to drive improvement across the system locally. The group reports to the Bexley, Greenwich and Lewisham Urgent Care Network, as does the Lewisham Urgent Care Working Group.

The Bexley, Greenwich and Lewisham Urgent Care Network is a forum to address and rectify operational and performance issues across both sites. It provides oversight on how the newly-formed Trust will maximise opportunities to work effectively across both sites in order to improve the quality of services for all patients, and ensures we have a strategic approach to our planning of Urgent care services. It is also the body that provides assurance to NHS England on matters on urgent care.

At the recent meeting of the Bexley, Greenwich and Lewisham Urgent Care Network, it was agreed that the two Urgent Care Working Groups will merge, with effect from June 2014. There were sound reasons for keeping two groups separate following the merger of the new Trust, but the Urgent Care Network deemed that bringing them together would facilitate enhanced whole systems working in urgent care across the whole of the new health economy, and reduce duplication of attendance and administration across the two working groups. The arrangements for the merged Urgent Care Working Group will be kept under review over the summer and beyond.