ENCLOSURE: N

Agenda Item: 135/14

NHS Bexley
Clinical Commissioning Group

Governing Body (public) meeting

DATE: 27 November 2014

Title	**UPDATE ON SYSTEM RESILIENCE IN BEXLEY, GREENWICH AND LEWISHAM**	
Recommended action for the Governing Body	That the Governing Body: **Note** the update on system resilience planning from the Bexley, Greenwich and Lewisham System Resilience Group.	
Executive summary	• This update consists of a summary of the key work streams and activity being overseen by the Lewisham, Greenwich and Bexley System Resilience Group, and undertaken by the various organisations within its membership, in 2014/15. • This work is focused primarily on delivering an improvement in performance and bolstering resilience across the system to ensure that both Lewisham Hospital and Queen Elizabeth Hospital consistently deliver the 95% national standard for A&E and that patients' experience of urgent and emergency care services is optimised. • This paper also includes a summary of how the System Resilience Group is utilising and monitoring the winter resilience funding that has been distributed by NHS England to support challenged health economies over the winter months.	
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)	
	Equality and diversity	

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	Patient impact	
	Financial	
	Legal issues	
	NHS constitution	
Consultation (public, member or other)	• Bexley, Greenwich and Lewisham System Resilience Group • Bexley Healthwatch representation at the Lewisham, Greenwich and Bexley System Resilience Group and System Resilience Network.	
Audit (considered/approved by other committees/groups)		
Communications plan		
Author	Tom Bunting, Urgent Care Project Manager (Bexley, Greenwich and Lewisham CCGs)	
	Clinical lead Dr Nikki Kanani (recent short term agreement)	Executive sponsor Sarah Blow Chief Officer
Date	13 November 2014	

ENCLOSURE: M

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NHS Bexley Clinical Commissioning Group

Governing Body (public) meeting

DATE: 27 November 2014

UPDATE ON SYSTEM RESILIENCE IN BEXLEY, GREENWICH AND LEWISHAM

Recommendation:

The Committee is asked to note the update on system resilience planning from the Lewisham, Greenwich and Bexley System Resilience Group.

Summary:

- This update consists of a summary of the key work streams and activity being overseen by the Lewisham, Greenwich and Bexley System Resilience Group, and undertaken by the various organisations within its membership, in 2014/15.
- This work is focused primarily on delivering an improvement in performance and bolstering resilience across the system to ensure that both Lewisham Hospital and Queen Elizabeth Hospital consistently deliver the 95% national standard for A&E and that patients' experience of urgent and emergency care services is optimised.
- This paper also includes a summary of how the System Resilience Group is utilising and monitoring the winter resilience funding that has been distributed by NHS England to support challenged health economies over the winter months.
- Finally, the paper sets out the risks (across the local health economy system) that the System Resilience Group is faced with and how these are being mitigated to ensure that services will work in tandem to ensure that the system is able to stand up to the demands on it on a sustainable basis.

Background:

NHS England (NHSE) published its plans for operational resilience in June 2013. These marked a shift change in the way that NHSE envisages pressures across local health systems are managed and set a framework by which health economies can more effectively balance elective and non-elective workloads. The guidance proposed that Urgent Care Working Groups (UCWGs) evolved into System Resilience Groups (SRGs) which as well as having a remit to look at unscheduled care, would also lead on demand and capacity, the coordination and integration of services and be responsible for achievement of both the 95% Accident and Emergency (A&E) standard and Referral to Treatment (RTT) times.

A&E performance:

University Hospital Lewisham has traditionally been a strongly performing site, though performance was missed in Q3 and Q4 2013/14 and Q1 and Q2 in 2014/15. The primary reasons for missing the target were staffing issues and sub-optimal patient pathways. An analysis performed on a specialty by specialty basis demonstrated a

shortfall of 29 beds for at University Hospital Lewisham on expected activity in Q3 and Q4. Silver Command was put in place in February which helped identify areas for improvement. These were implemented in spring 2014 which led to stronger performance, although the site narrowly missed the 95% standard in Q2.

In October 2013, following the merger of Lewisham Healthcare NHS Trust and Queen Elizabeth Hospital from the dis-established South London Healthcare NHS Trust, performance trajectories were set for Queen Elizabeth Hospital which deviated from the national standard, in recognition of the specific challenges the site faced. The trajectory was met throughout Q3, but as attendances, admissions and Length of Stay increased in late January and February performance deteriorated. On a weekly basis throughout Q4 of 2013/14 and Q1 and Q2 of 2014/15 performance has consistently been below the 95% target. The failure to meet performance targets has been caused by capacity constraints, (the demand and capacity analysis reference above indicated an 82-bed shortfall based on current demand, which has adversely affected patient throughput and performance), as well as suboptimal patient pathways and staffing issues within A&E.

In line with the NHS England guidance on Operational Resilience, and in response to the issues above, a new System Resilience Group was formed in Lewisham, Bexley and Greenwich to ensure joined up working across the health economy. It oversees a number of primary areas, which are listed below. These are contained in the System Resilience Plan, a summary of the plan is contained in Appendix A.

- Demand and Capacity – for both sites a number of plans were put in place to close the capacity shortfalls, taking effect between November 2014 and February 2015.
- Staffing – Extensive recruitment drive is under way to reduce vacancy rates both at home and abroad. These have been successful, with 140 nurses from the Philippines due to join between December 2014 and February 2015. However, due to staff turnover, progress to date has been limited.
- Reducing admissions and extending out of hospital provision – Increased community capacity planned across the system with a new 40 bedded Community Hospital due to open in Greenwich in January 2015. Improving ambulatory care services at both hospitals, supported by integrated discharge teams to provide health and social care assessment.
- Improving flow and Length of Stay – Creating dedicated CDU and RAT areas at Queen Elizabeth Hospital to improve flow and reduce A&E breaches and ambulance offload delays. Improving internal productivity across both sites to reduce length of stay with transformation team in place.
- Improvements in DTOCs – Bed days lost to delays in transfers of care were unacceptable; with February's figure of 1449 an all-time high. Joint working and increased scrutiny applied to reduce this figure and support length of stay reduction initiatives.

Winter resilience funding:

The tranche 1 allocation for the System Resilience Group was £5.184m. These bids have been approved by NHSE and confirmed with providers, who have implemented

the vast majority of schemes. On 26 September NHSE confirmed that additional winter monies would be available to support Trusts across London. For this second tranche bids the System Resilience Group was awarded £6.7m by NHS England. The main priority areas for schemes across both allocations are for enhancement of seven-day working across the system, processes to minimise delayed discharge, rapid response/admissions avoidance, and the provision additional physical capacity in and out of hospital. A summary of the tranche 1 and tranche 2 schemes allocations per provider is attached as Appendix B.

Expected impact of resilience plans in totality:

The Lewisham site is expected to meet the 95% overall for Q2, Q3 and Q4 noting that should there be any slippage against target in a given week, this will need to be compensated over the quarter as a whole.

The Queen Elizabeth Hospital site is expected to meet the 95% target consistently from February. The trajectory has been plotted based on when additional capacity opens, and also factoring in incremental performance improvements due to pathways being reshaped to ensure that additional capacity is best used, increases in staff numbers and their growing familiarity with processes and procedures, and the overall embedding of the significant changes being planned.

Monitoring:

The initiatives within the core system resilience plan and the winter resilience funding are monitored at the System Resilience Group. In addition, regular meetings are held with the regional tripartite panel on progress of the plans and mitigating any slippage.

Since the commencement of the schemes in early November a marginal improvement in performance has been seen. However, there is a considerable distance yet to go and a focus on ensuring that new systems continue to run as smoothly as possible and deliver the improvements that are required will be maintained.

Chief Officers and the Chief Executive of the Trust met with Simon Stevens and David Flory in the first week of November. The national team are clear that we need to continue to deliver and will be monitoring our success. They have endorsed our system resilience plan and have a clear understanding of it.

Appendix A: Overview of System Resilience Plans – Bexley, Greenwich and Lewisham

1. Purpose of the paper

To provide a brief summary of the System Resilience Plan, and clarify the key actions that are due to take place over the next few months. The described actions are intended to improve performance and resilience and ensure that both Lewisham Hospital (UHL) and Queen Elizabeth Hospital (QEH) consistently deliver the 95% national standard for A&E. This paper seeks to clarify what key initiatives are due to take effect and what their expected impact will be. All schemes listed are on track.

2. Background

LGT has experienced challenging performance at both UHL and, in particular, at QEH. Following the merger of the two sites it has become clear that there is a significant mismatch in demand and capacity at QEH, and that pathways, both in and out of the hospital, needed improving. An analysis performed on a specialty by specialty basis demonstrated a shortfall of 82 beds for QEH on expected activity in Q3 and Q4, and a smaller shortfall of 29 beds at UHL. The following actions are thus being taken to address the identified issues.

2.1 Stroke Unit transferred from QEH to UHL

Context: The CQC report in January 2014 stated that the emergency care pathway was ‘inadequate’ with a ‘lack of bed capacity at the hospital despite escalation wards being utilised’. In order to ensure that patient safety is maintained at QEH, acute bed capacity urgently needed to be released. Given that extensive construction work to create capacity is not a viable option in the short term, stroke is the only viable service that could be moved from the QEH site. It has thus been agreed that the stroke unit move to a new ward at the UHL site for several months on safety grounds.
Impact on QEH: Release of 24-28 beds. It is noted that whilst the Stroke unit is technically a 28 bedded ward, on occasions medical outliers have been placed on the ward, thus marginally reducing the total bed saving.
Impact on UHL: Whilst work will transfer to UHL, this will be to a new 24 bedded ward (Maple) so there is no net gain or loss of beds. It is also considered that the greater efficiencies and staff availability that the consolidated unit will offer will improve efficiency, particularly in regard to the timely repatriation of patients from HASUs.
Date of Impact: November 3rd

2.2 Elective work moves from Queen Mary’s Sidcup (QMS) to UHL

Context: As part of the longer term Trust vision, it was always intended for elective surgery currently performed at QMS to be centralised at the UHL site. This move would allow for greater efficiencies in the surgical pathway and also release beds at QMS which, through a series of other moves, would allow for Foxbury ward to be reinstated for use by QEH. To allow for this to happen, an escalation ward at UHL (Linden) will be utilised as a surgical unit. Linden is a 20 bedded unit, which is in excess of what is currently used at QMS. If possible therefore, a Surgical Assessment Unit will also be

created.
Impact on QEH: Not directly, but allows for space to be created at QMS for Foxbury to be reinstated
Impact on UHL: Loss of an escalation ward, but because of the layout and staffing this had not been used unless essential and only for low dependency patients. In addition, a new escalation ward is being created. Net effect is thus that 16beds worth of activity moves to a 20 bedded ward leading to a 4 bed surplus which is hoped to be used for an SAU. These projections are before any further efficiencies or reductions to length of stay are applied
Date of Impact: November 3rd

2.2 Foxbury Ward reopens at QMS for use by QEH

Context: Foxbury, a 22 bedded ward, was successfully utilised last year by QEH as a low-acuity medical ward. Whilst it was not fully utilised initially, once the criteria and staffing profile was adjusted it was fully occupied from February onwards, predominantly for Bexley patients. Due to building work at QMS, the ward had to close in April, but will be available again from the start of November.
Impact on QEH: Net increase of 22 beds
Impact on UHL: None
Date of Impact: November 3rd

2.3 Additional escalation ward opens at UHL

Context: A previously mothballed paediatric ward, Sapphire, is being renovated for use as an escalation ward that will be open and available throughout winter at UHL. This will replace Linden.
Impact on QEH: No impact
Impact on UHL: Net increase of 20 beds
Date of Impact: November 3rd

2.4 Opening of Eltham Community Hospital

Context: The new Eltham Community Hospital will see the transfer of patients from the Bevan Unit into a new purpose build centre, housing GP practices, out-patient services, a day surgery theatre and 40 intermediate care sub-acute beds. Crucially the unit will have Acute Consultant Geriatrician support to allow for avoidance of hospital admissions and re-admissions, support reductions in length of stay at QEH by earlier transfers, and allow a higher acuity of patients to be transferred to ensure better utilisation of community beds. As an interim measure however, Greenwich have commissioned 14 additional beds from 3rd November which will also move in to Eltham when ready
Impact on QEH: 14 additional community beds, but should allow for higher utilisation of community facilities than currently achieving
Impact on UHL: Would also support transfers of Greenwich patients from UHL, though it is considered that the vast majority would be from QEH given patient flows
Date of Impact: 3rd November for interim arrangements, with Eltham due to open on 26th January.

2.5 Hospital at Home service

Context: Building on work done by other local providers, notably King's, who have successfully used Medihome to provide home based care packages to support early discharge. The Trust and Medihome have done a joint audit of the numbers of patients able to be supported (who are outside of the remit of current community packages of care) with results indicating that the equivalent of 18 beds would be saved through reduced length of stay. A business case has been produced, but discussions are ongoing regarding funding sources for this initiative.
Impact on QEH: Based on the audit 18 beds would be released.
Impact on UHL: None initially – the pilot would be for QEH with further expansion possible depending on outcomes
Date of Impact: There would be a reasonable lead in time needed but should negotiations be rapidly concluded, the service would be able to start by mid-February at the latest.

2.6 Opening of a Clinical Decision Unit (CDU) at QEH

Context: A cause of significant breaches at the QEH site is the lack of a dedicated Clinical Decision Unit (CDU) and an observation area to provide longer periods of assessment for patients who do not require an acute admission or who are waiting on diagnostic results before discharge. The area currently improvised as a CDU is also used to undertake Rapid Assessment and Treatment (RAT) and the competing priorities mean that both services are negatively impacted at times of surge. By relocating the Fracture Clinic the winter estate programme will create a CDU with 12 beds and 6 chairs in a dedicated location freeing up space to continue RAT for all new LAS arrivals.
Impact on QEH: Whilst the CDU technically adds 12 beds, these have not been included in the overall bed base, as they are not intended as inpatient capacity. However, the CDU will help decompress A&E and the ring-fencing of the RAT space should significantly reduce offloading breaches.
Impact on UHL: The opening of the CDU, together with the other initiatives described for early November will allow the interim changes to ambulance catchment areas which saw a higher proportion of ambulance patients from Greenwich to be directed to UHL to finish

2.7 Other Initiatives

In parallel to the work progressing on capacity, it is important to note that there are several other strands of work underway, details of which are fully explained in the System Resilience Plan. These include:

- 6 key work streams on reduction in length of stay and improvements to patient care, each with a Clinical and Managerial lead. These include Front Door, Ambulatory and Short Stay, Internal Patient Flow, External Patient Flow, Winter Resilience and Stroke Consolidation

- Continued progression of admission avoidance schemes, including increased primary care support to care homes, extension of palliative care services, and community based ambulatory care services
- Working with ECIST to run two ‘Perfect Weeks’. The focus of these weeks will be on making the best of the new capacity, improving utilisation of community services, and provide rapid learning and process change to boost efficiency and performance. These weeks will be actively supported by all organisations within the SRG.
- The UCC at QMS is now run by the Hurley Group, with OOH services co-located. The QMS UCC is the hub, with Erith Urgent Care Centre having opened at the beginning of October as a spoke site. These changes are being well publicised through local communications and with patient groups. These services should support a reduction in A&E attendances, and a revised ACP has been agreed with LAS that is intended to increase utilisation of the UCC and support a reduction in ambulance conveyances.
- In collaboration with LAS a Project Manager is being employed to work will all ACP holders and with ambulance crews to standardise the ACP criteria to ensure better utilisation by crews. Feedback has indicated that whilst Bexley, Greenwich and Lewisham have a wide range of ACPs available, the different inclusion and exclusion criteria has caused confusion for crews resulting in them defaulting to A&E. A hospital liaison offer is also in place at QEH who will work proactively with crews to ensure all conveyances are appropriate and advise on community alternatives
- Staff recruitment continues apace with successful recruitment drives in Portugal and the Philippines. Staff are expected to be in post during Q3.
- Robust programme management both within the Trust and across the whole system, with a newly created Head of System Resilience post currently being recruited to. System oversight will be led by the Chief Officer of Bexley as Chair of the SRG.
- A subgroup of the SRG is also being established to focus on system wide measures to be implemented for the first two weeks of January – a traditionally difficult period – to ensure no slippage against planned trajectories.

3. Expected impact

QEH is expected to meet the 95% target consistently from March. The trajectory has been plotted based on when additional capacity opens, and also factoring in incremental performance improvements due to pathways being reshaped to ensure that additional capacity is best used, increases in staff numbers and their growing familiarity with processes and procedures, and the overall embedding of the radical changes being planned. The Lewisham site is also expected to meet the 95% overall

for Q2, Q3 and Q4 noting that should there be any slippage against target in a given week, this will need to be compensated over the quarter as a whole.

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Bexley, Greenwich and Lewisham winter resilience
Funding allocations 2014-15

Summary of allocations per provider (confirmed by NHSE)

	Value of approved bids			
Provider	Tranche 1	Tranche 2		Total
Lewisham & Greenwich NHS Trust	3,110,077	4,956,776		8,066,853
Oxleas NHS FT	565,000	805,600		1,370,600
Royal Borough of Greenwich		250,000		250,000
London Borough of Bexley	340,000			340,000
London Borough of Lewisham	597,000	204,900		801,900
South London and Maudsley NHS FT	64,926	150,500		215,426
SELDOC	6,900			6,900
Hurley Group (QEH UCC)	90,000			90,000
Greenwich & Bexley Community Hospice	70,000			70,000
London Ambulance Service	160,000			160,000
Bexley Voluntary Service Council (+ Age UK in B G and L)	61,265			61,265
South east London PMO (Urgent Care)	90,195	125,000		215,195
Dartford & Gravesham NHS Trust		250,000		250,000
Totals	**5,155,363**	**6,742,776**		11,898,139
Allocations	Tranche 1	Tranche 2		
	5184417*	**6,742,776**		

*NB: difference of £29,054 is largely explained by the remaining £26k of Lewisham CCG funding - this was allocated to fund Bexley social worker in support of stroke ward from QEH to UHL

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