

# **Report for Harrow Health & Wellbeing Board**

**Update on A&E Performance at London North West  
Healthcare Trust (LNWHT)**

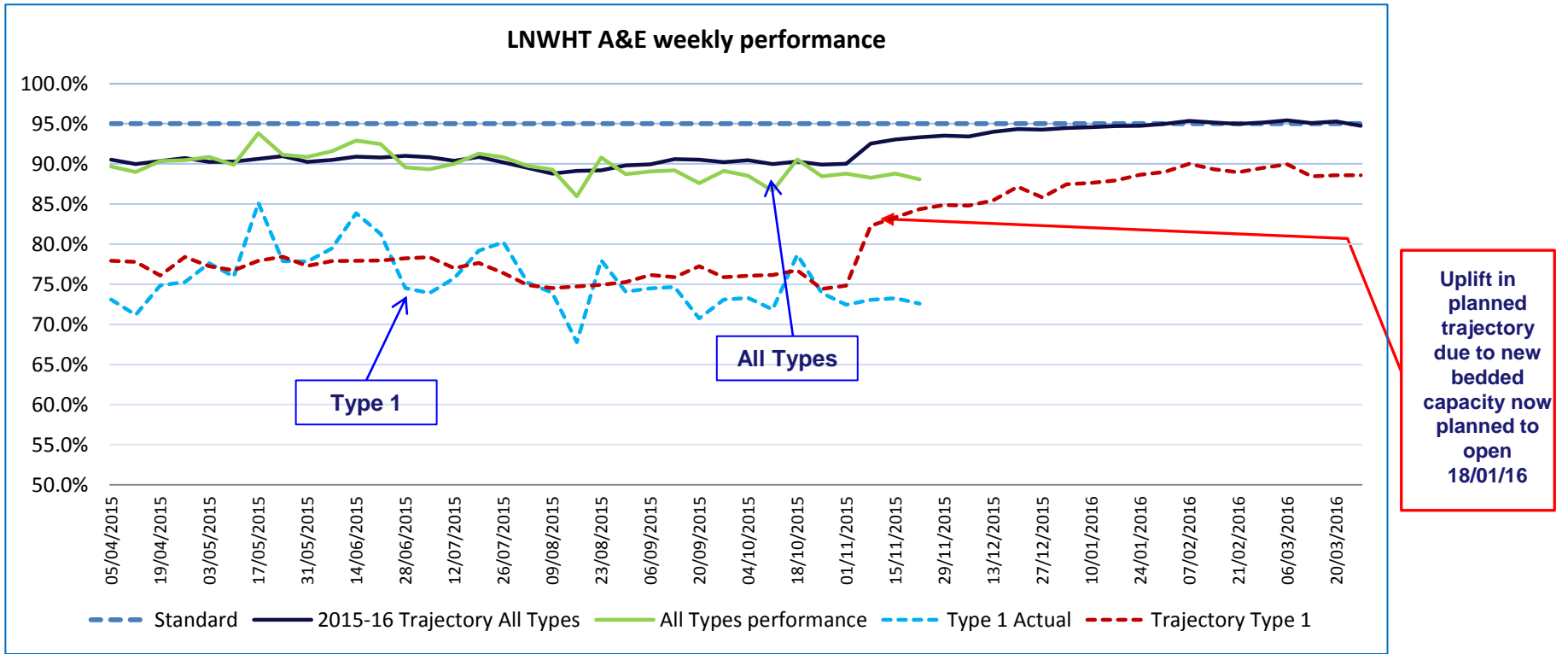
## **Harrow CCG**

**10th December 2015**

# Exec Summary

<b>Performance Improvement Trajectory</b>	The trust is currently below the improvement trajectory agreed with the Tripartite (NHSE, TDA, Monitor). There are actions in place to improve flow within A&E and in specialities, increasing ambulatory care and increase bed capacity. The trajectory for LNWHT can be seen on slide 3.
<b>Demand</b>	Steady increase in weekly attendances in the A&E at Northwick Park with increasing acuity. As at 22.11.15 there were 1903 attendances compared to 1749 for the same period 2015/15.
<b>LAS &amp; Intelligent Conveyencing</b>	Operational capacity to direct Ambulances to Ealing rather than NPH is limited and could adversely impact on LAS performance improvement. An option to transfer patients once seen and assessed is currently being considered. Intelligent conveyencing is directing demand away from NPH. In addition there have been a number of 'Diverts' during September to surrounding hospitals.
<b>Capacity – Beds</b>	The Trust is planning to open the modular bed unit in January, where 48 beds will be made available to address A&E pressures. The bed reconfiguration exercise has been completed and new staff will be going into the modular bed unit on the 11 <sup>th</sup> January 2016.
<b>DTOC &amp; Medical Stable for Transfer</b>	There was a significant increase in DTOCs for Harrow CCG in latter weeks of August which was 170 bed day delays at highest point. The Harrow bed days spike now reducing with corresponding decrease in patient numbers who are delayed.

# LNWHT A&E is below the performance improvement trajectory



## Performance at LNWHT

Type 1 A&E Department is a consultant led 24 hour service with full resuscitation facilities and designated accommodation for the reception of accident and emergency patients. All Types of A&E attendance include Type 1 plus Types 2 and 3 (where appropriate) which are Consultant led mono speciality accident and emergency service and other type of A&E/minor injury departments.

Type 1 A&E performance is currently performing below trajectory. All Types performance is also below. LNWH M6 A&E all type performance, 88.5%, did not meet improvement trajectory of 90.2%.

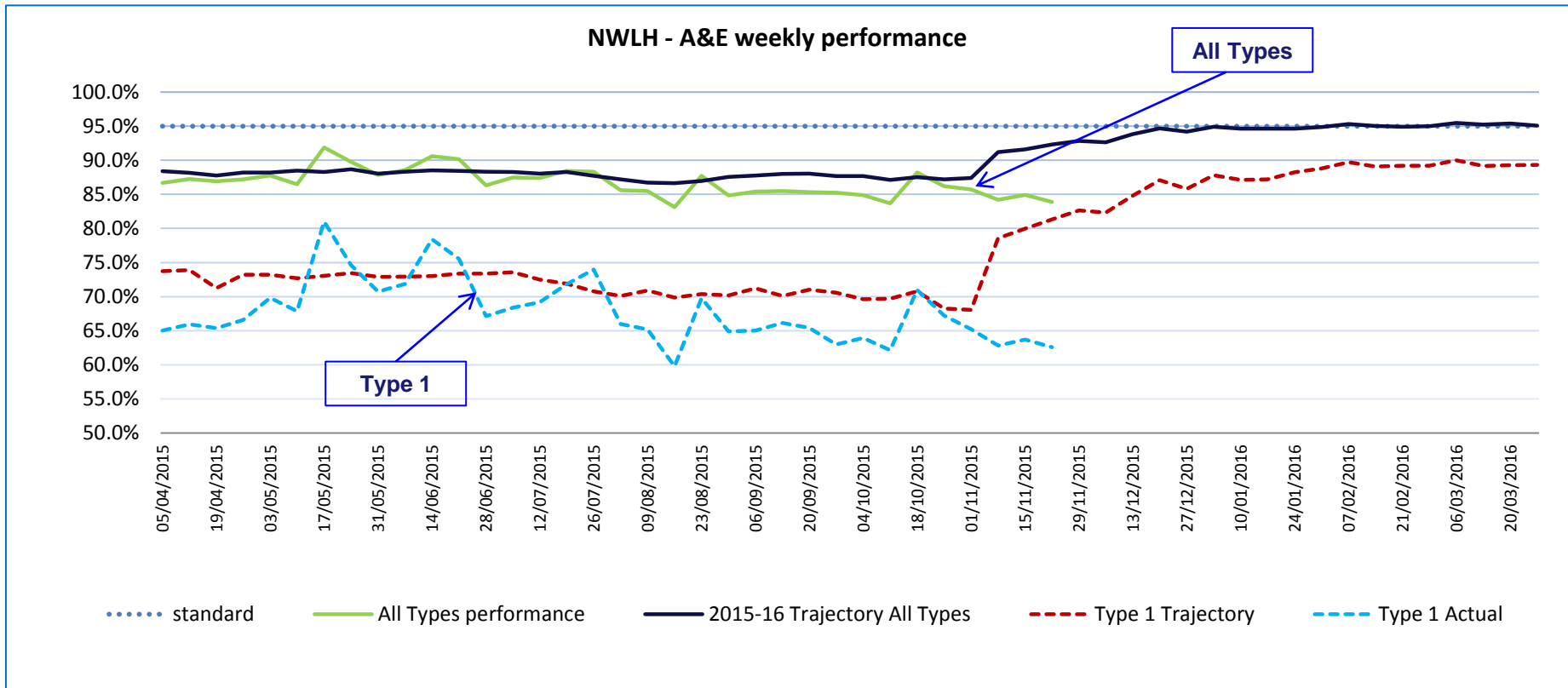
## Issues

There are significant delays in patient flow across the acute inpatient beds at NWP and a fragility with sustainable ED performance at Ealing due to surge capacity. Social Care support is not available at weekends to facilitate 7 day discharges.

## Improvements

- An overall action plan has been developed by the COO with CEO oversight, significant redesign and improvement to flow across the Integrated Care Organisation is the focus of the plan
- Support is being provided for some elements of the plan by the Emergency Care Improvement Programme (ECIP) – NHS England
- Commitment from SRG to aspire to zero Delayed Transfers of Care (DTC)

# NPH A&E performance is below trajectory



## Performance at NPH

Both Type 1 and All Types performance are below trajectory. NPH M6 A&E all type performance was 82.24% - did not meet performance trajectory of 87.69% and performance deteriorated slightly compared to M5 (82.83%).

## Issues

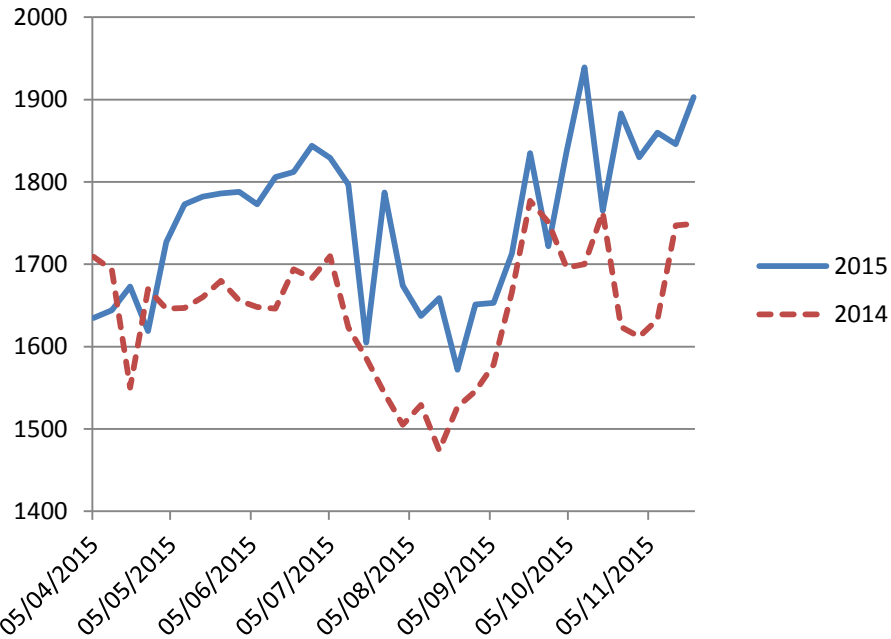
- Bed delays due to a range of reasons: DTOC, Diagnostics, Cath Lab, Community waits
- The poor flow is causing physical capacity issues down stream into ED and LAS handover, other areas have been used for inpatient capacity which are being phased out i.e. theatres recovery causing 90min delays each morning, ED assessment area having inpatients ( this equates to 12 beds)

**Improvements** Improvement programme consists of:

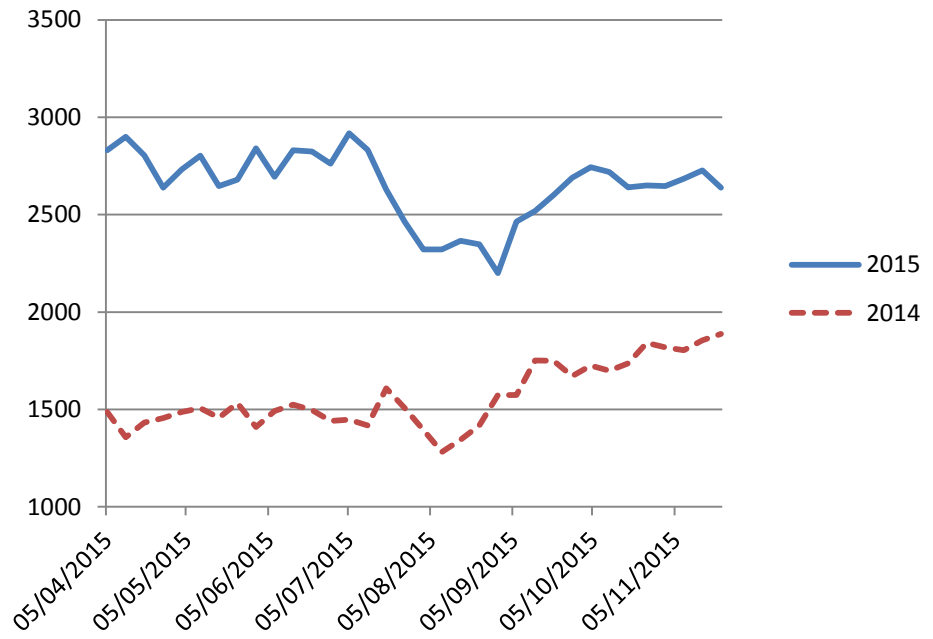
- **Community services** capacity being transparent, integrated community and acute bed management, new directory of services
- **Acute in-patients**; discharge bundle, new in-patient access centre, revised roles of Head of Nursing & Matrons, escalation framework & action cards
- **ED** escalation cards and role design for floor co-ordination (RN and DR)
- Increased bed base and redesigned acute flow out of A&E

# Demand for A&E attendances is increasing for Northwick Park

## A&E Northwick Park



## UCC Northwick Park



### Performance

- Steady increase in weekly attendances in the A&E at Northwick Park with increasing acuity. As at 22.11.15 there were 1903 attendances compared to 1749 for the same period 2015/15.
- UCC attendances have remained reasonable stable throughout the year although significantly higher than 2014/15. As at 22.11.15 there were 2639 UCC attendances, compared to 1888 for the same period the in 2014/15.

### Issues

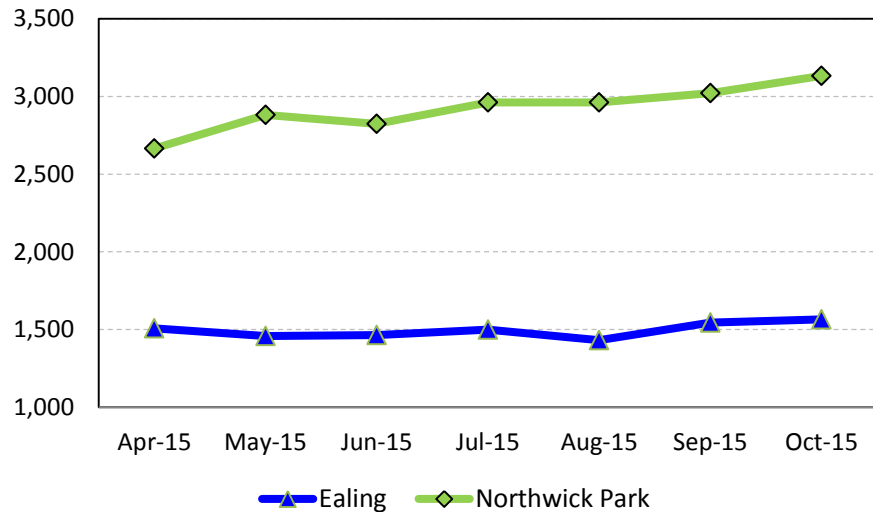
- Record daily number seen in A&E during October.
- UCC saw a reduction in patients between mid July until October, however now back to normal levels.

### Improvements

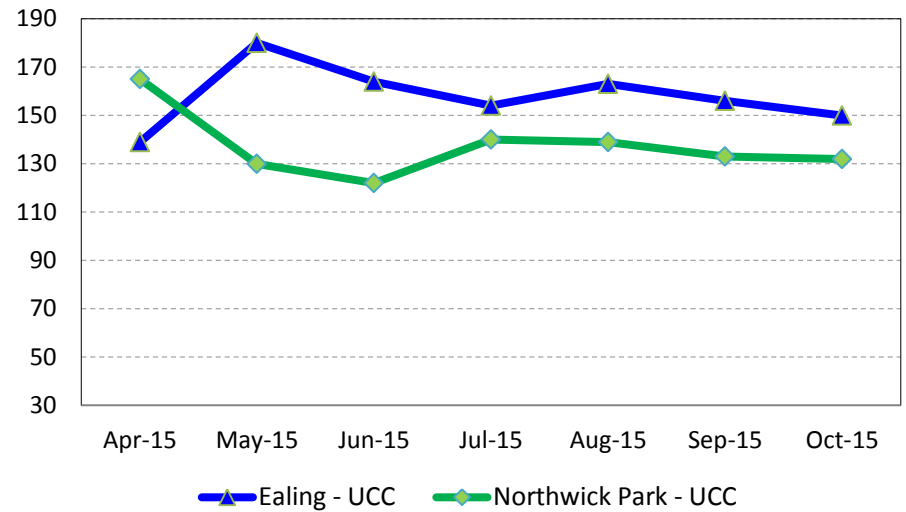
- A&E and UCC focus group has been set up as the UCC are keen to meet the 55% target share of attendances with joint processes in place to achieve goal.
- Trust is collaborating with LAS to review conveyances and discuss measures to mitigate risks.

# LAS conveyances to NPH A&E have increased while UCC falls

## Conveyances to Emergency Departments



## Conveyances to Urgent Care Centres



### London Ambulance Service (LAS)

- 30 minute and 60 minute hand-over breaches at NPH were the highest in London, equating to 6 whole time equivalent paramedics
- Conveyances to Northwick Park Hospital were the highest in North West London – about 1,000 each month above the second busiest A&E Department
- “Intelligent Conveyancing” is pushing some demand away from NPH
- LAS is looking into its performance elements which support Performance - namely Demand, Capacity, Efficiency and Forecasting Rule.
- Enable a more timely handover process by reviewing the number of trained handover nurses per shift

**Winter last year was a difficult period for LNWHT. This year's winter planning has been done in conjunction with NHSE. Planned activity is higher than actual activity reported.**

**North West London Hospitals (excluding Ealing Hospital) 15/16 Contract (Unplanned Care)**

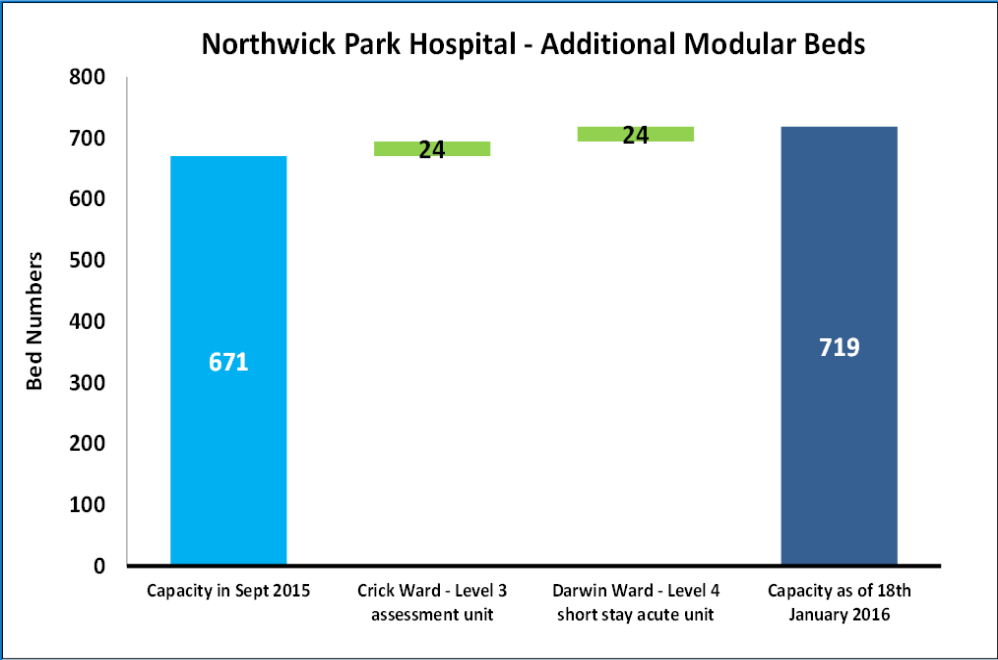
Harrow CCG	2014/15			2015/16				Planned growth over OT
	Annual Plan	Month 12 Actual	Variance	Annual Plan	Month 5 Plan	Month 5 Actual	Variance	
	Activity	Activity		Activity	Activity	Activity		
Accident and Emergency	31,747	34,423	8%	33,263	13,961	13,930	0%	-3%
Non-Elective IP	14,068	16,498	17%	17,101	7,155	5,850	-18%	4%

Source: 2014/15 CMS Reporting Table  
2015/16 A to J tables (unadjusted actuals)

Ambulatory Care Ward Attendance since April 2015 have been recorded as Outpatients and account for 535 attendances for Brent and 562 for Harrow to Month 5. If these were recorded as Non-Electives the underperformance would be -6% and -10% respectively

- Planned growth in Non-Electives has not materialised so far and together with the counting and coding change of Ambulatory Care has generated a significant underperformance at Month 5 for both CCGs

# Northwick Park Bed Capacity is increasing by 48 on the 18<sup>th</sup> January



New Bed numbers	Ward name	LOS
24 (includes 1 bariatric, 4 trollies & 6 chairs)	Crick Ward – Level 3 assessment unit	12 hours
24 (includes 1 bariatric)	Darwin Ward - Level 4 very short stay acute unit	24-48 hours
Total 48		
<b>Additional reconfiguration</b>		
AECU	Relocation to old A&E majors 16 Dec	<24 hours
Haematology day care (relocation release 2 beds back into ward stock)	Relocation to old A&E minors 16 Dec	<24 hours
A&E Observation Beds	New Acute Medical Unit frees up 10 beds on Carroll Ward for fully ring-fenced A&E capacity	<24 hours

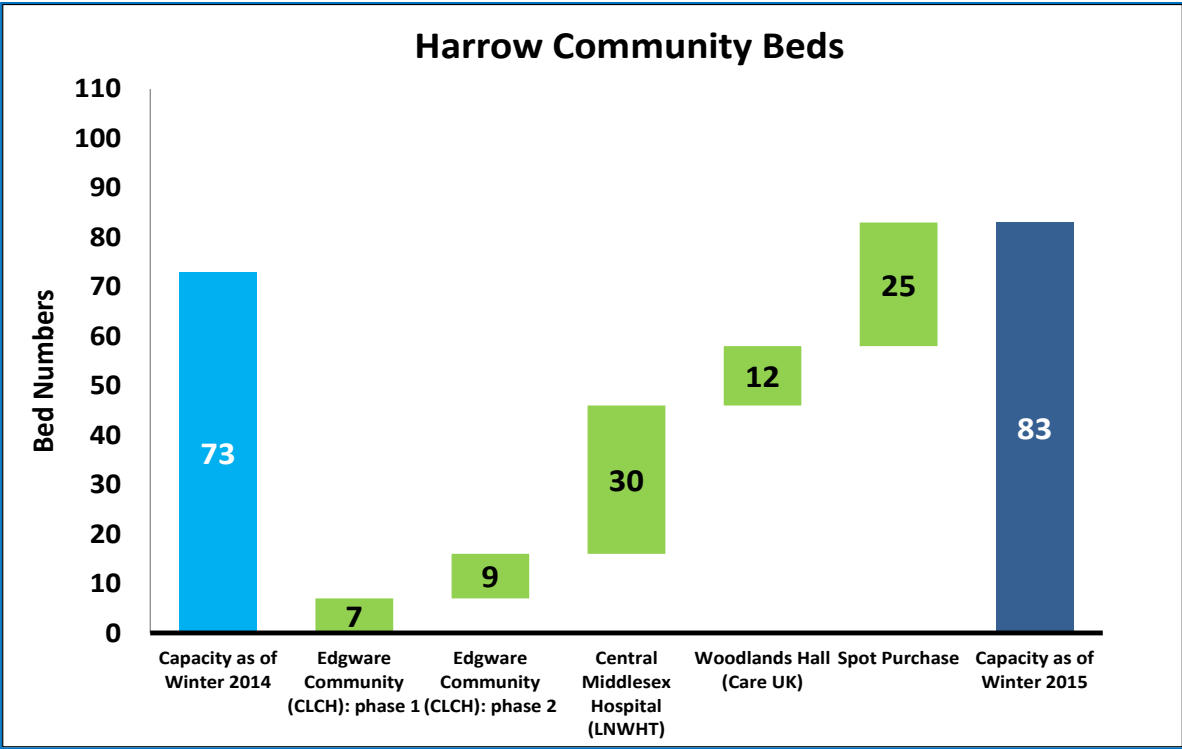
**Beds Update:**

Delay due to building regulations and subsequent lift fit out. All timescales have been checked and minimal extension being given to building contractors

- Additional beds are not the sole answer to the performance of the ED
- Major redesign and improvement with significant organisational development in flow management, pathway of care and escalation.
- Reducing stranded patients to restore flow through the total bed base
- New Acute Medical Unit fully staffed and supported by KPI's, escalation plan and principle to pull from ED
- Community pull from acute bed base to improve safety and reduce LoS
- Northwick Park Bed Capacity will increase by 48 on the 18th January



# Harrow CCG has 86 Community and Nursing Home Beds



Harrow Interim Community Beds Plan	Beds	Start Date	
Edgware Community (CLCH): phase 1	7	16/11	
Edgware Community (CLCH): phase 2	9	30/11	
Central Middlesex Hospital (LNWHT)	30	1-19/12	Transfer of 28 beds from Denham plus 5. No loss of capacity during ramp-up.
Woodlands Hall (Care UK)	12	07/12	
Spot Purchase	25		Joint Residential & Nursing Home beds
<b>Total</b>	<b>83</b>		

## Harrow Community Beds:

- There are 10 more community beds compared to winter 2014 capacity

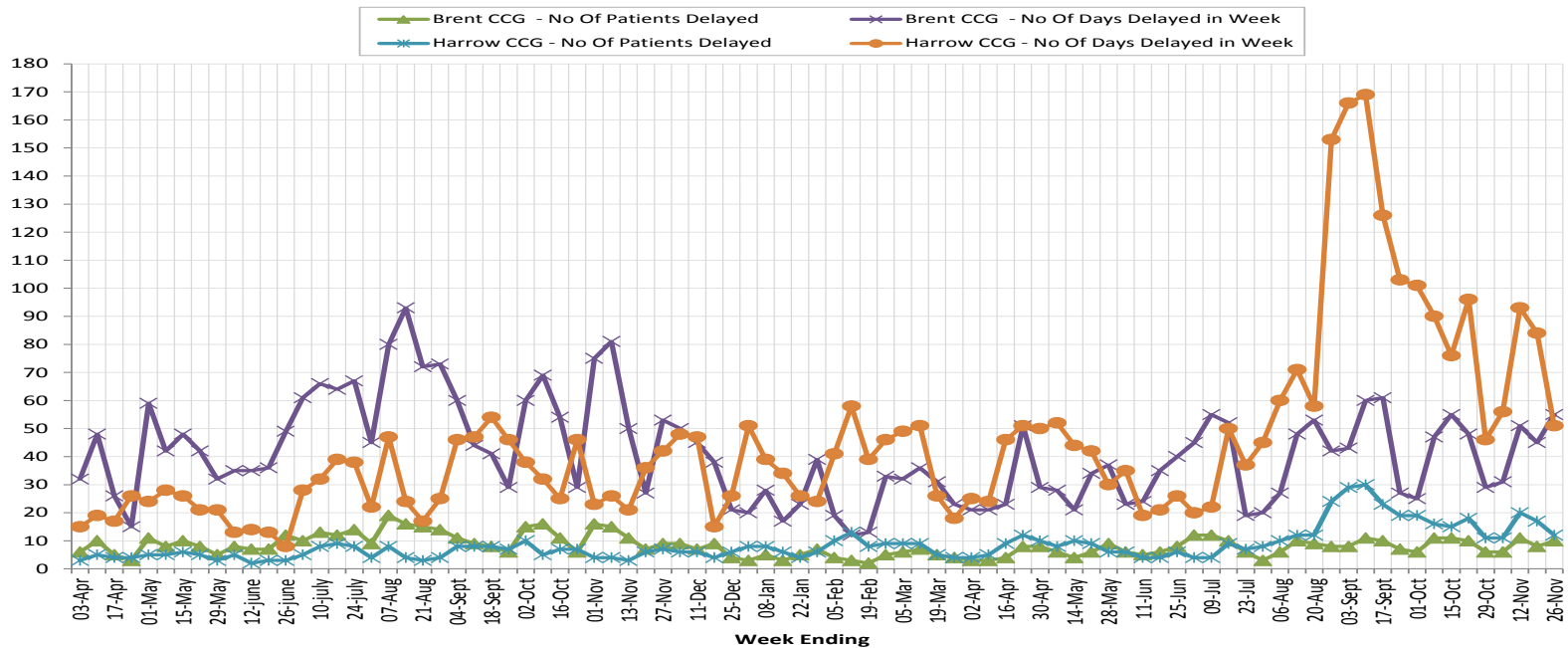
In July 2014 Brent and Harrow CCGs commissioned a community beds review in order to provide assurance to the system wide decisions on total bed capacity. This concluded that 89 community beds were required to provide step-down, step-up and general rehabilitation.

Following a recent meeting with NHS England London, Brent and Harrow CCGs refreshed this review to take into account the closure of Central Middlesex Hospital's A&E department.

- Harrow CCG has agreed an interim solution for 86 beds that will better meet local need in the short term whilst a full procurement for a sustainable community bed solution is completed over the next 12 to 18 months.
- The CCG will continue to review the demand for and usage of community beds throughout the winter period and the effectiveness of the interim solution in supporting the management of delayed transfers of care from the acute sector into the community.

# DTOC has increased in August in Harrow due to lack of bed availability & the inability to discharge 7 days a week.

Number of Patients/Days delayed for Brent and Harrow CCG's - 2014 to Date



## Performance

- Significant increase for Harrow CCG in latter weeks of August
- 170 bed day delays at highest point
- Harrow bed days spike now reducing with corresponding decrease in patient numbers who are delayed

## Issues

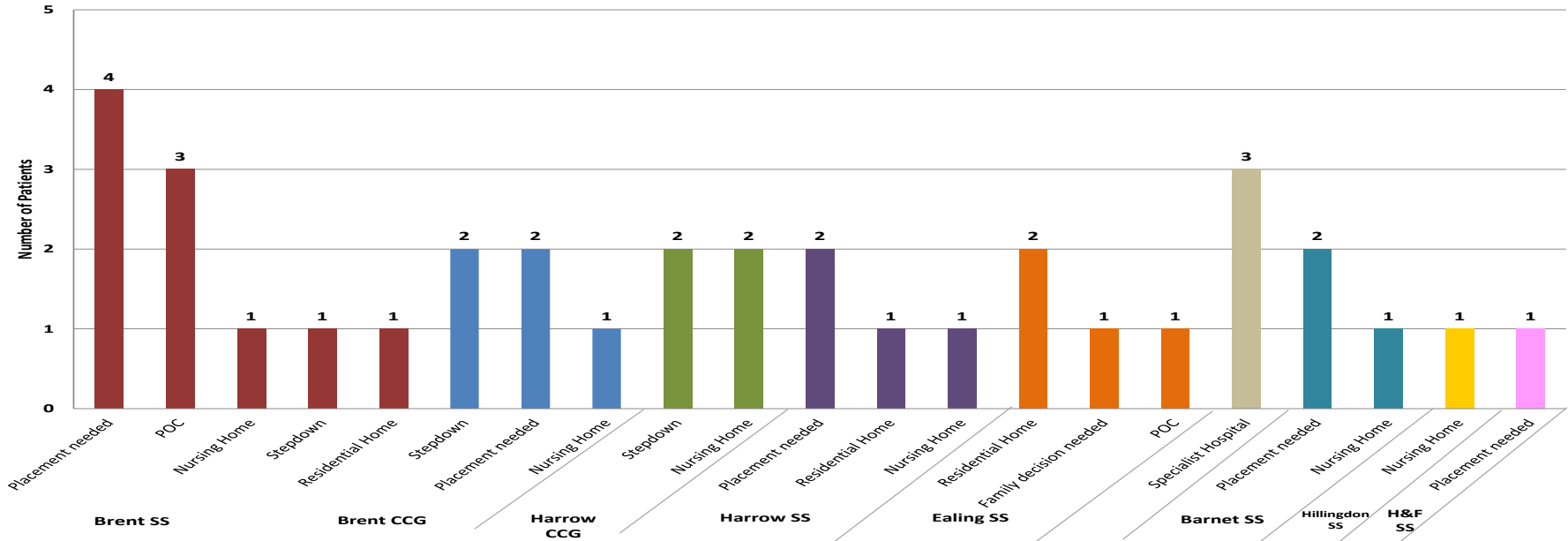
- Delay reasons include awaiting care packages and nursing and residential home placements
- Awareness of difficulty of accessing community nursing home beds

## Improvements

- Reviewing process with CCGs and Social Care to support faster transfer to appropriate care settings
- Available use of Harrow system resilience funding for step down capacity
- Transfer of Harrow Denham unit to CMH to improve flow

# Majority of MFD patients require Rehab or Packages of Care (POCs)

Total MFD Partner - 19 Nov 15



## Issues

- 34 Medically fit for discharge (MFD) patients as of 1st October 2015
- 11 Brent & Harrow patients require Nursing Home placements (by ward and CCG above)
- 23 require Rehab/Step down/POCs (CCGs and LAs)
- Number of patients awaiting placement from Social Services (8 in total)

## Medically Optimised Definition

Medical optimisation' is the point at which care and assessment can safely be continued in a non-acute setting. It is a decision that balances the acute care requirements of the patient, the typical desire of individuals to return to their home environment at the earliest opportunity, the potential harm associated with staying in hospital and the needs of other more acutely ill patients.

## Progress To Date

- Electronic recording of MFD rolled out
- Refresher training for referring to Social Services completed
- Flash report used to monitor performance
- Continuing Care timeframes for assessment re-launched
- Partner Escalation call – Bi weekly LLOS meetings in place
- Twice weekly attendance from CCG and LA colleagues for LLOS meeting
- Trust working closely with CCG and LA colleagues to resolve blockages
- Ownership of issues across health system

## Challenges

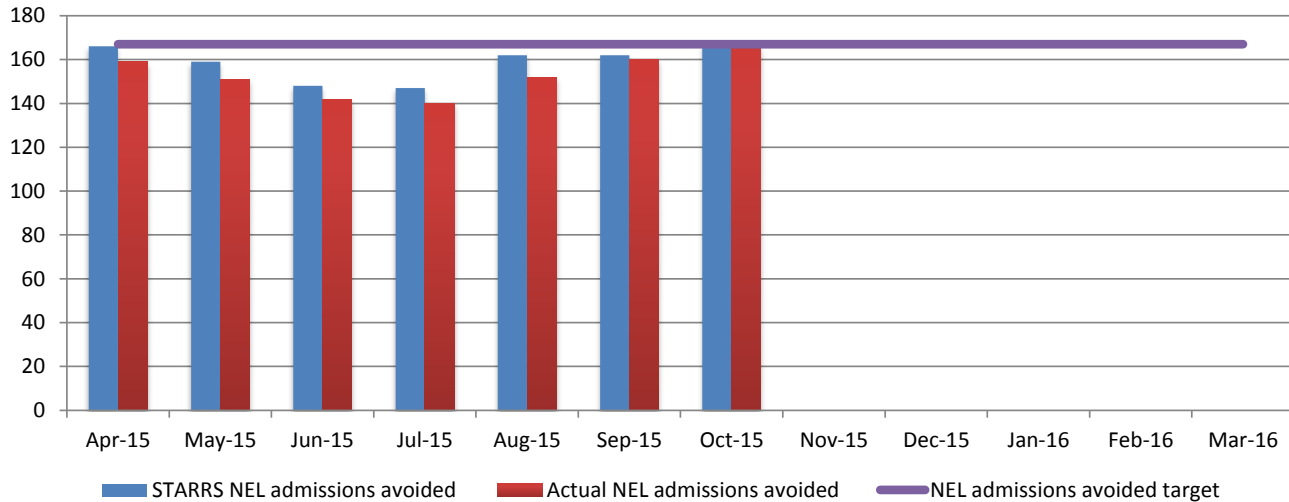
- Availability of Nursing Home and Rehab beds

## Next Steps (Q3)

- Scoping exercise “electronic discharge paperwork” e-referrals/assessments
- Finalising Care of Elderly model
- Strengthening medical model – community sites

# Community Beds & STARRS Update

**STARRS NEL Admissions Avoided**



## Comments

- At Month 7, STARRS NEL avoided admissions is 166 of the 167 target.
- % of target achieved has grown from 84% to 99% between Months 4 – 7

## Harrow

### Community Beds

Review of current capacity

- Completed governance process

CCG Team is contacting Mount Vernon & Denham to facilitate transfer of patients awaiting beds at NPH

- Reviewing patients at Mount Vernon and Denham suitable for early discharge to create capacity

Discussions with providers in relation to early utilisation of beds

### Nursing Home Beds

Increasing number of nursing home beds:

- 12 additional beds to be agreed as part of review
- 12 nursing home beds to be commissioned as a block
- Additional beds available from Mid-October 2015

Commissioning more EMI and broader range of rehab beds

# Primary Care capacity has increased with more OOH and weekend appointments available

## **Comments:**

- Majority of practices offering extended hours (from 8am and closing at 8pm)
- Larger volume of GP appointments outside of core hours across Harrow compared to last year
- Large allocation of appointments available on Sundays
- Two walk in Centres will provide primary care access 375 days a week from 8.00am -8.00pm.

## **During the holiday Period:**

- STARRS team will support patients in their homes.
- Urgent Care Centre will support front door of A & E.
- Virtual Wards are pro-actively managing patients during the holiday period, Peer group 6 which spans 5 GP practices has established a virtual ward where high risk patients are supported by healthcare professionals within primary care.
- Harrow federation is in the process of being established.