

LNWHT Urgent and Emergency Care Bid: 32 bedded AMU modular new build

Appendix Document

Brent Health and Wellbeing Board 25 July 2023



Summary

An initial outline bid was submitted in February 2023.

A short form business case was submitted on 4 May 2023 to NHS England.

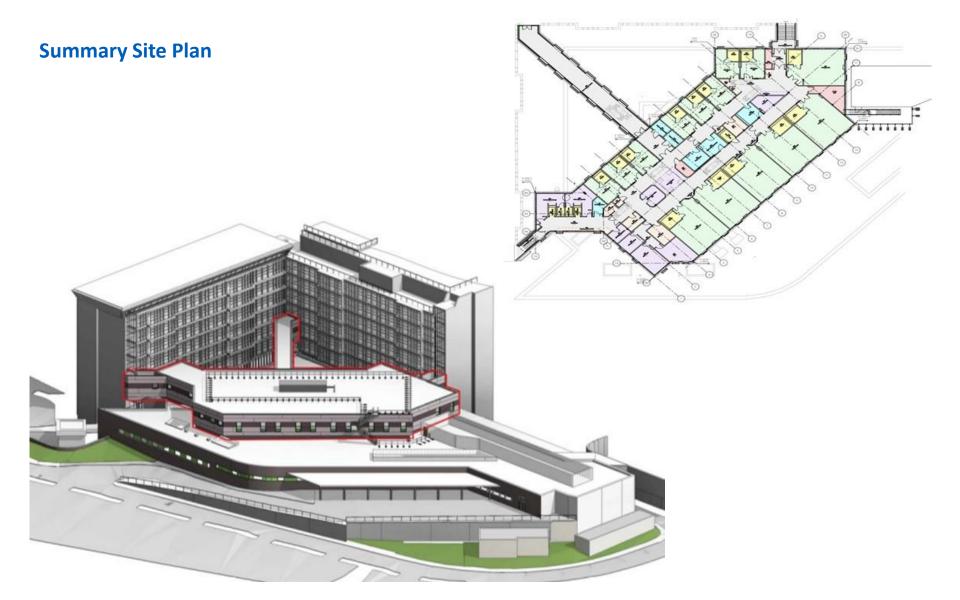
Support has been received from the following groups:

- NWLICB
- NWL Urgent & Emergency Care Board
- NHS England Regional Team

Ahead of formal approval of the business case by NHS England, the Trust invested at risk to accelerate the estates enabling and planning works in parallel to the business case assurance process to pre-mitigate any delays in the business case approval and building supply chain steps.

The business case outlines a plan whereby the additional bedded capacity will ramp up from 1 October 2023, initially across the Trust's 3 sites and once the new build is complete, this capacity will transfer to Northwick Park site where the additional capacity is required to manage the demand.

External authorisation / bid sign off confirmation was issued by NHS England National Team on 8 June 2023.



Case for change

Demand: Local assumptions for non-elective attendances and admissions growth next winter

Our assumptions for Northwick Park site growth is based on:

- Attendances: Highest Type 3 attendances nationally (Public View)
- Admissions: 3rd highest total emergency admissions nationally (Public View)
- Ambulance arrivals: Northwick Park site is the single busiest site in London
- 4.4% type 1 arrival growth since 2019/20 baseline
- Increase acuity of arrivals with 11.5% ambulance blue light growth since 2019/20 baseline
- This has contributed to a 178% increase in the annual number of ambulance handovers over 60% minutes since 2019/20 baseline
- The Trust received over double the number of adult mental health attendances to NPH in comparison to other NWL Sector sites which block cubicles

Capacity: Getting It Right First Time (GIRFT) Review

NHS GIRFT published Northwick Park site level review (27 Sept 2022) highlighted a flow problem as:

• 'AMU is not big enough, too reliant on downstream wards to create capacity early.'

Daily pressures / site blocks time of day:

- Start of the day
- Early evening aligned to LAS shift changes
- Late night following ambulance flow and need for further admissions but no bed flow

Managing Site Safety - every day we are now:

- Cohorting up to 9 patients in corridors supported by LAS
- LAS early redirection to Ealing project
- Holding up to 10 mental health patients in our ED taking up clinical capacity
- Placing patients during the day on corridors in wards on all but 2 wards from 07:00 through to 18:00
- Bedding acute patients in our ward corridors overnight to create acute capacity to support front door demands and to release ambulances
- Resus at full occupancy
- Driving discharges daily to create flow
- Driving flow to ambulatory pathways

Clinical performance benefits to the plan to build and staff a fit for purpose 32 bedded Acute Medical Unit offering a 7 day service with the benefits of:

Reducing the number of patients with protracted length of stay in the Emergency Department (ED) awaiting a medical bed

- by being in the right ward environment with the Allied Health Care Professionals to support progression in their patient journey this will also support reduction in overall length of stay; this is not otherwise happening whilst patients are stuck in the ED
- the risk of increased morbidity and mortality due to prolonged length of stay within the ED, which is on the Trust's risk register will be reduced
- improve ambulance handover times by increasing free cubicle spaces within the ED in which to offload into
- improve non-admitted ED performance a large number of acutely unwell patients are managed in the Rapid Assessment Unit (RAU) / ambulatory area of the department without the bed base to support this; there are limited cubicles for clinicians to examine patients which result in delays to treatment and increased risk to patients

Aligning with the number of AMU beds recommended by GIRFT

- this will allow a greater proportion of patients to be admitted to AMU rather than directly to a longer stay ward; there is good evidence that Acute Physicians are better at discharging patients and reducing LoS; the 7 day service on this ward will also improve the weekend discharge profile

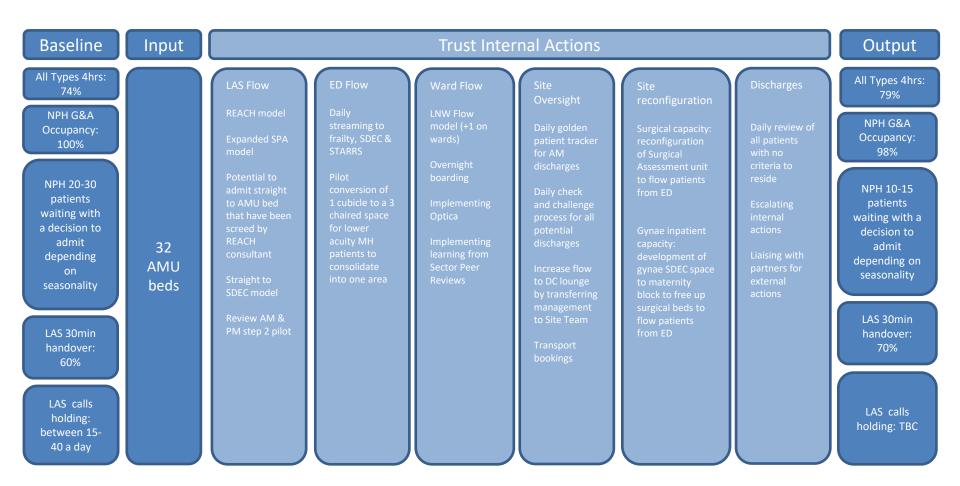
Synergistic effect with the other admission avoidance and flow schemes already running

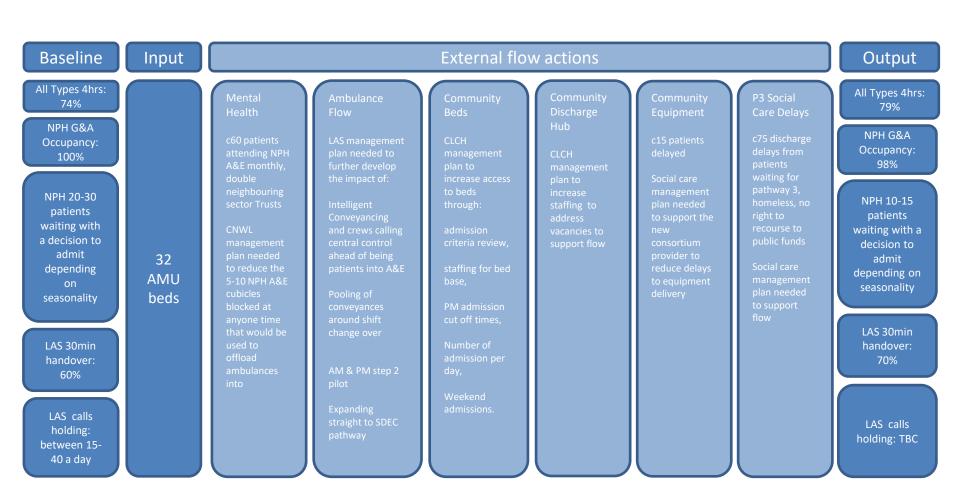
- REACH and the expanded SPA will support utilisation of SDEC and alternative pathways, alongside improved intelligent conveyancing with the LAS team to manage the ED front door attendances better; potential to admit straight to one of the three AMU for LAS arrivals that have been screened by REACH Consultant
- ADSOP boarding of patients on wards to support flow through the wider organisation

Operational benefits

- Improving patient safety in the community with less waiting ambulance calls holding.
- Addresses the pressures at peak times of the day (first thing, early evening linked to LAS shift change overs and late night when there is no more discharges/bed flow)
- Increasing the AMU bed base to acute standards with 2 ward round and 1 MDT daily
- Reducing the number of patients waiting in A&E daily with a Decision To Admit following the increased acuity of patient care following the pandemic and the increase in blue light ambulances to the site.
- Reducing the occupancy of the site's 7 resuscitation beds which will increase the safety of the emergency department and ability to offload blue light ambulances faster
- The additional 32 beds will enable Northwick Park to move closer towards right sizing the bed numbers to manage the demand, which strategically aligns to the NHS Getting it Right First Time 20222 site review.
- The additional beds will support a movement towards moving Northwick Park's bed occupancy closer to the sector average, despite the Trusts good position on inpatient length of stay
- The additional 32 beds will allow additional capacity to manage seasonal demand as there is no spare capacity for escalation beds on the site.
- Reduces the need for in sector ambulance diverts placing pressure on other A&E sites

Performance Actions: Trust internal actions for 2023





How does the plan align to the North West London Integrated Care Board strategic and operational objectives?

Below is the 2023/24 Sector UEC Delivery Programmes



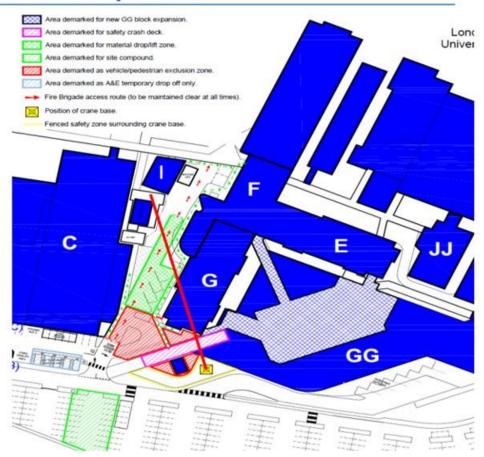
Highlights where the additional beds will support the delivery programme

and follow up in downstream services

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	Services		Pathways	Enablers		Equitable Care
*	999 Reduce handover waits, increase response times and maximise alternatives to hospital		Primary Care Joint UEC/Primary Care programme to deliver improved same day care and implement Fuller	Borough/ ICP delivery System wide planning and delivery at a local as well as sector wide and provider level	A	Equity of access Ensuring equitable access to UEC services
	111 Develop a sustainable workforce, integrate with primary care and improve call response times	×	Mental Health Collaborative working across MH and acute providers to reduce waits in ED	Trust UEC Delivery Boards Oversight of UEC priorities and delivery, engaging with all system partners including LA's		Equity of outcome Ensuring equity of outcome across the sector; understanding variation
	SDEC To expand SDEC pathways, improve referral pathways and establish full data management		High Intensity Users Proactive, responsive and innovative services at borough and trust level	Analytics Development of 'best in class' analytics and information management offer for UEC delivery		Population health needs Ensuring that our services meet the health needs of the population
	UTC Integrated pathways across primary and acute care and reduced waits for treatment		Frailty & End of Life Care Integrated pathways between acute, community and primary care	Assurance Performance monitoring, identification of issues and risks, escalation and mitigations		
*	ED Improve operational processes for Emergency Department care in response to new standards		Paediatrics Integrated pathways for children who require ongoing care and those that are generally healthy	Winter Planning System preparedness to allow for mobilisation of enhanced services ahead of the onset of winter		
	Pathway 0/Hospital Flow Improve processes for admitted care, reducing length of stay and waits in ED		Long Term Conditions Collaborative working arrangements supported by data to allow improved continuity of care	Communications Listening to patient and public voices and using non traditional approaches to expand reach		
			BBV ED testing Implementation of HIV/Hepatitis testing in ED's			10

Site Constraints: Tower Crane & Steel Drop Zone

- ED Patient vehicle drop off to be relocated to C Block parking area. Agreed with Facilities & ED.
- ED Patient Entrance remains fully open, with a protective link walkway, appropriate signage, security lighting. Agreed with ED.
- Vehicle/Pedestrian exclusion Zone. Agreed with Facilities & ED
- Protected fire exit routes from: F block, Chaucer ward, EDEC & Chapel. LFB access route maintained: Agreed with Fire Officer.
- Premier convenience store at ED entrance to be closed by agreement for 6 Months. Terms agreed.
- Patient Transport services to be relocated to the old A&E ambulance ramp to allow us to form new Materials Drop/Lift zone.
- Reduced P&D parking: for 8 weeks only, whilst the Tower crane is being installed. Agreed with Facilities.
- 8. Tower Crane location: Fenced safety zone



3. Capital Estates costs. Provide further clarity as to how the costs are derived, the reasons for this, what mitigations have been made to reduce these costs and value for money tests.

Architects 3D Impressions









