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DATE: 14 April 2015

## HEALTH SCRUTINY SUB-COMMITTEE

15<sup>th</sup> April 2015

**5 UPDATE FROM KINGS ON THE PRUH IMPROVEMENT PLAN AND MONITOR INVESTIGATION (Pages 3 - 10)**

Information concerning the Monitor investigation is attached.

**6 WINTER PRESSURES - CCG UPDATE (Pages 11 - 18)**

The update is now attached.

*Copies of the documents referred to above can be obtained from*  
<http://cde.bromley.gov.uk/>

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## 5. UPDATE FROM KINGS ON THE PRUH IMPROVEMENT PLAN AND MONITOR INVESTIGATION

Monitor has stated that it is no longer able to send a representative to the meeting due to the General Election “purdah” restrictions.

Following the conclusion of its investigation into the financial issues at the PRUH, Monitor published a statement of Enforcement Undertakings (attached) and the following public statement -

### **“King’s College Hospital NHS Foundation Trust agrees action to improve services and finances**

From:

[Monitor](#)

First published:

2 April 2015

Part of:

[National Health Service](#)

The trust will take steps to reduce waiting times for patients and improve its financial position, following an investigation by Monitor

The regulator carried out an investigation at King’s in March 2015 after the trust was unable to resolve long-standing problems at the Princess Royal University Hospital (PRUH), which it took over in October 2013. Although Monitor recognises that King’s has made progress in improving services at the PRUH, this has not been sufficient, as it has become clear the challenge is greater than initially anticipated.

Following the investigation, Monitor has agreed with King’s that the trust will:

- develop and implement an effective short-term recovery plan to deliver the required improvements at the PRUH that King’s planned to make when it took over the hospital
- develop and implement a longer-term plan by working closely with other national and local health care organisations (including NHS England and local commissioners) to ensure patient services are improved, and also provided in a sustainable way for the future

We will closely monitor the trust’s progress in making the required improvements and will take further action if required.

Link to media statement: <https://www.gov.uk/government/news/kings-college-hospital-nhs-foundation-trust-agrees-action-to-improve-services-and-finances>

Link to Trust's page on Monitor's website:

<https://www.gov.uk/government/groups/kings-college-hospital-nhs-foundation-trust> ”

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## **LICENSEE:**

King's College Hospital NHS Foundation Trust ("the Licensee")  
Denmark Hill  
London  
SE5 9RS

## **DECISION**

On the basis of the grounds set out below, and having regard to its Enforcement Guidance, Monitor has decided to accept from the Licensee the enforcement undertakings specified below, pursuant to its powers under section 106 of the Health and Social Care Act 2012 ("the Act").

## **GROUND**

### 1. Licence

The Licensee is the holder of a licence granted under section 87 of the Act.

### 2. Background

Following the acquisition of the Princess Royal University Hospital on 1 October 2013, material financial, quality and operational issues have affected the Licensee's ability to fully deliver its plans and to operate on a sustainable basis in the future.

## **BREACHES**

### 3. Breaches

- 3.1. Monitor has reasonable grounds to suspect that the Licensee has provided and is providing health care services for the purposes of the NHS in breach of the following conditions of its licence: CoS3(1)(a),(b) and FT4(5)(a),(d), and (f), in particular the significant deterioration in the Licensee's financial performance during 2014/15 from its financial APR plan. The Licensee has forecast to close 2014/15 with a deficit of £44.0 million.
- 3.2. These breaches by the Licensee demonstrate shortcomings in the corporate governance arrangements and financial management standards, in particular but not limited to a failure by the Licensee to establish and effectively implement systems and/or processes:
  - 3.2.1. to ensure compliance with the Licensee's duty to operate efficiently, economically and effectively;
  - 3.2.2. for effective financial decision-making, management and control (including but not restricted to appropriate systems and/or processes to ensure the Licensee's ability to continue as a going concern); and

3.2.3. to identify and manage (including but not restricted to manage through forward plans) material risks to compliance with the Conditions of its Licence.

3.3. Need for action:

Monitor believes that the action which the Licensee has undertaken to take pursuant to these undertakings is action required to secure that the breaches in question do not continue or recur.

4. Appropriateness of undertakings

In considering the appropriateness of accepting in this case the undertakings set out below, Monitor has taken into account the matters set out in its Enforcement Guidance.

## UNDERTAKINGS

Monitor has agreed to accept and the Licensee has agreed to give the following undertakings, pursuant to section 106 of the Act.

1. Sustainability

- 1.1. The Licensee will take all reasonable steps to deliver its services on a clinically, operationally and financially sustainable basis, including but not limited to the actions in paragraphs 1.2 to 1.11 below. As part of this, the Licensee will take all reasonable steps to improve its financial position and minimise its external funding requirement. Monitor may specify an extent or benchmark that the Licensee will meet in relation to this if Monitor considers appropriate.
- 1.2. The Licensee will develop and either deliver or, if Monitor so specifies, demonstrate to Monitor that it can deliver:
  - 1.2.1. A Short Term Recovery Plan comprising:
    - 1.2.1.1. A recovery plan for 2015/16 to be submitted to Monitor by 30 April 2015 or such later date as may be agreed with Monitor; and
    - 1.2.1.2. A recovery plan for the two years 2015/16 and 2016/17 to be submitted to Monitor by 31 May 2015 or such later date as may be agreed with Monitor; and
  - 1.2.2. A strategy and plan for its longer term sustainability (the "Strategic Plan") to be submitted to Monitor by 30 October 2015 or such later date as may be agreed with Monitor.
  - 1.2.3. The Licensee will modify the plans if needed following input from Monitor after it has received and considered the plans, such input from Monitor to be provided before and/or after the commissioning and receipt of the assurance specified in paragraph 1.4.

- 1.3. The key parameters and detailed scope of the Short Term Recovery Plan and Strategic Plan will be agreed with Monitor, recognising that the delivery of the Strategic Plan will require actions by both the Licensee and by others in the local health economy.
- 1.4. The Licensee will obtain assurance that the Short Term Recovery Plan and Strategic Plan and their delivery will enable it to comply with section 1.1. The source, scope and timing of that assurance will be agreed with Monitor, and the assurance will be provided to Monitor if Monitor so requests.
- 1.5. The Licensee will provide to Monitor direct access to its operational and financial advisors and the Licensee's board members including the Turnaround and Transformation Director as needed in relation to the Short Term Recovery Plan and Strategic Plan.
- 1.6. The Licensee will demonstrate that it is able to deliver the Short Term Recovery Plan and the Strategic Plan, including demonstrating that it has sufficient executive capacity.
- 1.7. The Licensee will keep the Short Term Recovery Plan and Strategic Plan and their delivery under review. Where matters are identified which materially affect the Licensee's ability to meet the requirements of paragraph 1.1, whether identified by the Licensee or another party, the Licensee will notify Monitor as soon as practicable and update and resubmit the Short Term Recovery Plan and Strategic Plan within a timeframe to be agreed with Monitor.
- 1.8. The Licensee will develop and agree with Monitor Key Performance Indicators ("KPIs") to assess the impact of the Short Term Recovery Plan and Strategic Plan.
- 1.9. The Licensee will consult with Monitor in relation to:
  - 1.9.1. The development of the plans; and
  - 1.9.2. Local health economy wide discussions related to the Short Term Recovery Plan and Strategic Plan.
- 1.10. The Licensee will consult and agree with Monitor:
  - 1.10.1. The appointment and scope of any key operational and financial advisors in relation to the Short Term Recovery Plan and Strategic Plan; and
  - 1.10.2. Executive capacity to support the delivery of the Short Term Recovery Plan and the Strategic Plan, including key executive appointments.
- 1.11. The references to Short Term Recovery Plan and Strategic Plan are to the plans as submitted under the terms of paragraph 1.3 or to any subsequent revised versions as agreed with Monitor as appropriate.

## 2. Distressed funding

- 2.1. Where interim support financing or planned term support financing is provided by the Secretary of State for Health to the Licensee pursuant to section 40 of the NHS Act 2006, the Licensee will comply with any terms and conditions which attach to the financing.

2.2. The Licensee will comply with any reporting requests made by Monitor in relation to any financing to be provided to the Licensee by the Secretary of State pursuant to section 40 or 42 of the NHS Act 2006.

### 3. Reporting

3.1. The Licensee will:

- 3.1.1. Report to Monitor as required on its progress in meeting the undertakings set out above, including reporting against the KPI's agreed pursuant to paragraph 1.8;
- 3.1.2. Attend meetings or, if Monitor stipulates, conference calls, as required, to discuss its progress in meeting the undertakings set out above and in particular the development of the Short Term Recovery Plan and Strategic Plan, and to provide assurance to Monitor on the robustness and delivery of these plans; and
- 3.1.3. Provide a monthly information pack as agreed between the Licensee and Monitor and other material information required by Monitor as appropriate including submission of Annual Plan Review documentation in line with published guidance (recognising the latest state of the Short Term Recovery Plan at the time of submission).

### 4. General

- 4.1. The Licensee will implement sufficient programme management and governance arrangements to enable delivery of the Short Term Recovery Plan and the Strategic Plan.
- 4.2. Such programme management and governance arrangements will enable the Board to:
  - 4.2.1. Obtain a clear oversight over the progress in delivery of the plans;
  - 4.2.2. Obtain an understanding of any risks to the successful achievement of the plans and ensure appropriate mitigation of any such risks; and
  - 4.2.3. Hold individuals to account for the delivery of the relevant plans.

**THE UNDERTAKINGS SET OUT ABOVE ARE WITHOUT PREJUDICE TO THE REQUIREMENT ON THE LICENSEE TO ENSURE THAT IT IS COMPLIANT WITH ALL THE CONDITIONS OF ITS LICENCE, INCLUDING ANY ADDITIONAL LICENCE CONDITION IMPOSED UNDER SECTION 111 OF THE ACT AND THOSE CONDITIONS RELATING TO:**

- 1. COMPLIANCE WITH THE HEALTH CARE STANDARDS BINDING ON THE LICENSEE; AND**
- 2. COMPLIANCE WITH ALL REQUIREMENTS CONCERNING QUALITY OF CARE.**



**ANY FAILURE TO COMPLY WITH THE ABOVE UNDERTAKINGS WILL RENDER THE LICENSEE LIABLE TO FURTHER FORMAL ACTION BY MONITOR. THIS COULD INCLUDE THE IMPOSITION OF DISCRETIONARY REQUIREMENTS UNDER SECTION 105 OF THE ACT IN RESPECT OF THE BREACH IN RESPECT OF WHICH THE UNDERTAKING WERE GIVEN AND/OR REVOCATION OF THE LICENCE PURSUANT TO SECTION 89 OF THE ACT.**

**WHERE MONITOR IS SATISFIED THAT THE LICENSEE HAS GIVEN INACCURATE, MISLEADING OR INCOMPLETE INFORMATION IN RELATION TO AN UNDERTAKING: (i) MONITOR MAY TREAT THE LICENSEE AS HAVING FAILED TO COMPLY WITH THE UNDERTAKING; AND (ii) IF MONITOR DECIDES SO TO TREAT THE LICENSEE, MONITOR MUST BY NOTICE REVOKE ANY COMPLIANCE CERTIFICATE GIVEN TO THE LICENSEE IN RESPECT OF COMPLIANCE WITH THE RELEVANT UNDERTAKING.**

LICENSEE

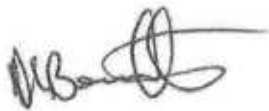


Prof. Sir George Alberti

Signed (Chair or Chief Executive of Licensee)

Dated: 31 March 2015

MONITOR



Signed (Chair of the Provider Regulation Executive)

Dated 1.4.15

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## **Bromley 4 hour A&E performance and Winter Resilience Arrangements 2014-15**

### **Introduction**

Although there are urgent care pressures throughout the year, there is an increased requirement for additional services to meet the needs of the local population during winter. This is because more people become ill in winter, particularly as a result of an increase in circulating organisms (such as flu and cold viruses) and because many long term conditions are exacerbated by the cold. Pressures are placed on hospital A&E departments, urgent care centres and on general practice, usually by a greater number of attendances, but also because lengths of stay in hospital increase. It is essential therefore that we put in additional services to meet these urgent care needs.

The re-organisation of acute services in October 2013 is also contributing to the situation with the need to completely bed down new systems, recruit substantive staff and ensure that the interface between hospital and out of hospital works as well as it can

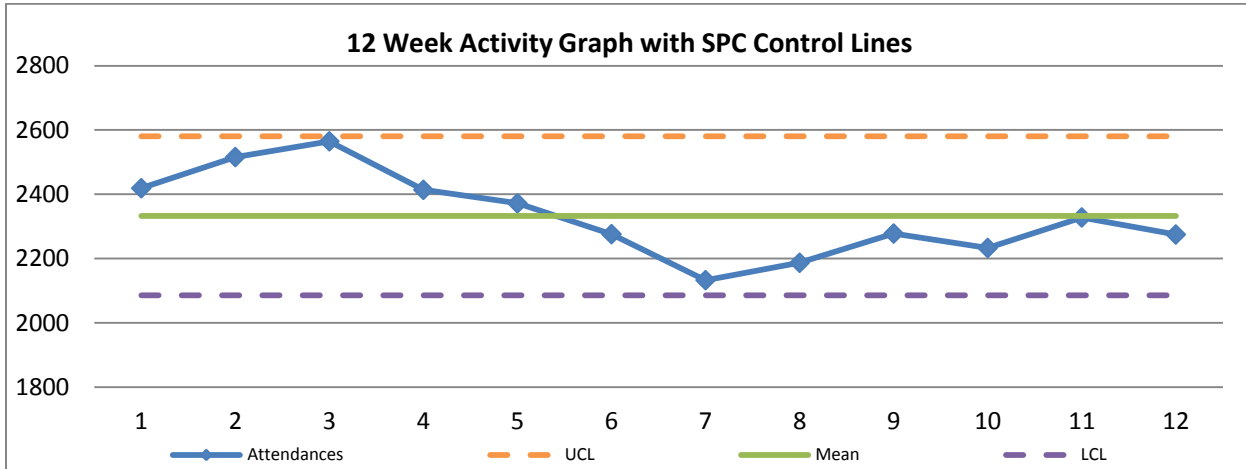
The A&E or ED (Emergency Department) target is a system wide target that relies on all parts of the health and social care economy working well and efficiently.

This paper summarises the current ED performance at the Princess Royal University hospital, the current delayed discharge position at the hospital and the services commissioned by Bromley CCG to increase the resilience of health and social care service to better manage changes in demand during the winter period.

### **Performance**

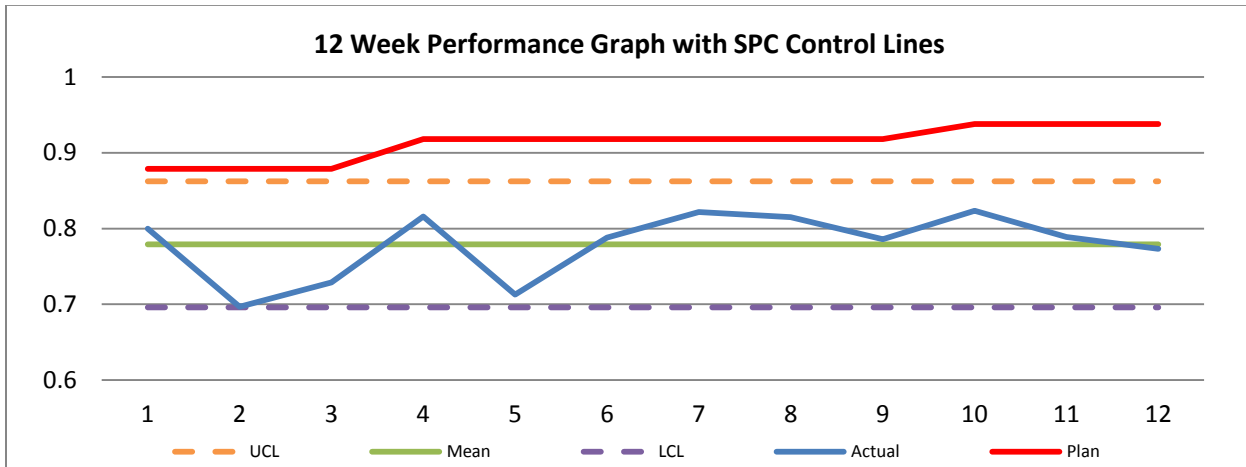
The following graphs demonstrate attendances and performance. Performance has not improved despite no dramatic increases in attendances. It is believed that the flow of patients through and out of the hospital is creating a situation where the emergency department becomes 'blocked' and patients cannot then quickly be seen because of a lack of free cubicles.

**ED attendances from December 2014 to week ending 22<sup>nd</sup> February 2015**



Following a fall in attendance in December and early January, ED attendances have risen slightly.

**ED waiting time performance from December 2014 to week ending 22<sup>nd</sup> February 2015**



ED waiting time performance continues to be significantly below the revised plan. Currently 77.32% against a 93.8% planned position.

**Reason for ED waiting time breach**

The primary reason for ED waiting time breaches continues to be: access to a hospital bed and access to a specialist opinion.

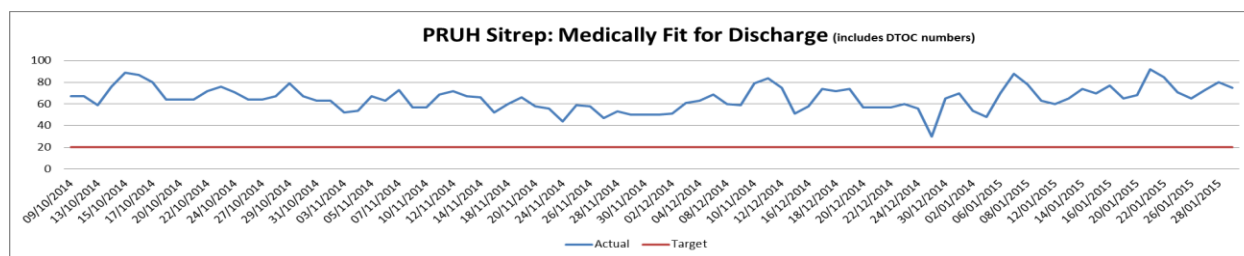
Emergency admissions rose at the beginning of February and remain higher than the December average. The mean average length of stay is higher at 7.2 days than the previous quarter at 5.7 days. Lengths of stay over 14 days and under 2 days continue to fall.

Significant progress has been made to reduce delayed transfers of care and patients who are fit for discharge. In February the average number of bed days lost per week was 46 days. The main reasons for these delays are:

- awaiting the completion of social care placements or home packages;
- bed based intermediate care
- patients responsible for arranging their own long term social care.
- patient returning to their borough of residence (not Bromley)

Additional investment has been made to increase the provision of social care services in Bromley and new providers have been identified to increase available capacity.

Following an improvement in the discharge profile at Lauriston, particularly at the weekend, there are currently no Bromley patients at the PRUH, who are fit for discharge, waiting for this service. The waiting list for Bromley patients in out of borough hospitals is now reducing.



Commissioning services supporting people in the community this winter

NHS Bromley Clinical Commissioning Group (CCG) and its health and social care partners have developed a plan to increase the resilience of care services to better support the local population over winter.

The winter plan aims to: prevent avoidable hospital admissions and help people get back home as soon as possible. It will also enable patients to receive urgent care including rehabilitation and practical support in their own homes 7 days a week.

This short paper summarises the service changes we have made.

## Benefits to patients that we have seen this winter

### Seven day working

At NHS Bromley CCG, our first priority for winter funding was to get local healthcare working seven days a week. We have begun expanding services that until now ran only during the week (or had some weekend access) to properly cover weekends. These include: longer

hospital pharmacy opening hours; all urgent scans requested at the weekend are completed and reported; additional senior decision makers in the hospital emergency department; additional consultants so patients can be discharged at the weekend and increased access to specialist consultant advice every day.

Of particular success has been London Borough of Bromley's provision of social care assessments. Social workers have been working overtime to increase the number of assessments completed at the weekend from five to ten. This means patients can go home on Saturday or Sunday rather than having to wait until Monday.

### **Ambulatory care unit**

Opened in May 2014, this service is for patients with urgent medical conditions. Patients are referred by their GP, or other services, treated there and leave the same day. In the past these patients may have been admitted to hospital. The Ambulatory Care Unit is staffed by a consultant acute physician, senior nurses and junior doctors and treats around 280 people a month. Thanks to the additional funding an extra 100 people used this service in January 2015.

### **Medical response team**

Bromley Healthcare's Medical Response team provides assistance to patients so that they can receive urgent care in their own home, two hours from receiving the referral. We have expanded the team over winter with nurses, physiotherapists, occupational therapists and 15 healthcare assistants. These assistants are vital to ensuring we can maintain people in their own homes when they lack practical support to take their medication or their condition needs monitoring. Whilst most of the referrals come from GPs to prevent their patients' admissions to hospital, the service is now taking referrals from A&E. This will help more people get the care they need without needing to be admitted to hospital.

The Medical Response Team has been seeing around 15 people per day. This has doubled to 30 people during winter. Many of these people would have been admitted to hospital if this type of home care was not available.

### **Home-based rehabilitation service**

There are now 36 rehabilitation beds at Lauriston Nursing Home and a home-based rehabilitation service offering five rehabilitation places every day. This combination of home and bed-based services ensures that local people can access the service that best meets their needs and enables them to regain their confidence and independence most effectively.

### **Supporting tenants living in extra care housing**

Local GP practices, have been working in partnership with the London Borough of Bromley, housing associations, extra care housing managers and tenants to launch a new service that

provides additional primary care services in people's own homes. Tenants and extra care housing managers can now call upon a Visiting Medical Officer for additional medical help to manage emergencies in tenants own homes.

Whilst it is difficult to measure the impact of these schemes, we know that patients are being medically assessed, having their medication reviewed, and are working with doctors to develop plans for their care.

### **St Christopher's Bromley care coordination**

Traditionally, St Christopher's has provided palliative care to patients and families in their last few weeks of life. In recognition that patients and their families need more intensive support, last year the service expanded to provide more nursing care and personal care to help people die in the place of their choice – for example, at home with their families.

With the extra funding over winter, we are aiming to double the number of patients receiving care coordination at any one time from 30 to 60. This has meant that 80% of patients receiving this care have been able to choose to die at home, whereas for patients not on this care pathway, half of all deaths are in hospital. This service is having a positive impact on patients and their families and with more work to identify patients suitable for the service earlier we look forward to more people being about to benefit.

### **Dementia and cognitive impairment**

Supporting patients and their families who are beginning to experience the onset of cognitive impairment, confusion and dementia is perhaps the biggest challenge we face locally. Bromley has an ageing population and so it is our aspiration to provide the best dementia care available in London. Unfortunately we are some way off doing this. At the moment, only around 50% of the projected numbers of people with dementia are diagnosed whereas best practice is 67%.

Concerns have been raised by our GPs that receiving confirmation of a dementia diagnosis can be distressing for both patients and their families. So we are taking a very cautious approach to diagnosis. Fortunately we have learnt from conditions, such as diabetes, that diagnosis leads to better outcomes for patients.

Over the winter, two specialist dementia nurses from Oxleas have offered assessments to people living in residential homes. There is a resident psychologist and increased access to CT scans for patients that need specialist diagnosis. Diagnosis rates improved by 5% in December alone and we are working with London Borough of Bromley, Oxleas and all providers to develop further investment plans in this care for patients with dementia and cognitive impairment, including on-going support for patients.

### **Mental health liaison service at A&E**

People of all ages now have access to additional support from the mental health services if they come to the emergency department in crisis or needing immediate support. The service

has doubled its capacity, including provision for children and young people, which had ensured that over 85% of people needing the support of mental health services, can access this in less than 2 hours.

### **Improved access to general practice**

A new scheme to improve access to GPs was established which included:

- Ensuring there is up to date information available about services in General Practices available in the two Urgent Care Centres
- Providing up to date information to practices on services and contact details for acute and community services and voluntary services.
- Supporting patients and practices in generating additional urgent appointment capacity by funding additional appointments for three months over winter – 1<sup>st</sup> January – 31<sup>st</sup> March 2015, and now for April also

The overall aim of the scheme is to make it easier for patients to get urgent appointments with their GP and ensure that urgent care and out of hours GP services are used appropriately and quality of services are monitored

The CCG Communications team designed a leaflet template for practices to use in the UCCs, that included arrangements for urgent appointments at the surgery, arrangements to see a doctor or get advice outside of normal surgery hours, practice contact details etc. The CCG will also facilitate the development of a quick reference guide for practices of contact numbers etc. for acute, community and voluntary services. This will be a valuable tool for practices to use in talking to patients as well as a quick reference guide of whom and how to contact in key acute/community and voluntary providers.

The resilience scheme funded practices to offer nearly 10,000 additional winter pressures consultations for patients who have been assessed by the practice as having an urgent care need. Patients were identified:

- Through their telephone screening process
- By redirection from Urgent Care Centres
- Through contact by NHS 111

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### **Returning home from hospital sooner**

The CCG and the London Borough of Bromley have commissioned a range of new services to support hospital discharges, such as:



### **Fast response personal care package**

So far, 100 people have accessed this service. It offers four hours of personal care for up to seven days when a person is discharged from hospital. It enables people to regain the confidence they may have lost during their stay in hospital.

### **Intensive personal care package**

This winter, 59 people have taken advantage of the intensive personal care service to support their discharge from hospital. This service has provided on average 150 hours of support per person. This level of home support offers local people with a genuine alternative to long-term residential care.

### **Take home and settle – Age UK**

Age UK have for many years delivered a successful Take Home and Settle service. This service can be requested by patients or hospital staff if assistance is required to get home from hospital and to provide good neighbourly support when people first arrive home from hospital. Additional investment will allow this service to grow from its current provision.

### **Rapid equipment store**

Getting access to the right equipment quickly can make all the difference to people leaving hospital. In January, 523 extra pieces of equipment were issued to people leaving hospital. This service is supported by a handy man with a van and therapy assessors.

### **Non weight-bearing patients**

After a fall or fracture, some people require short-term support in a residential care setting before they can start their rehabilitation. Additional funding has made it possible to support up to 43 people to receive this support.

## **Future work on the health and social care system**

As expected, the needs of local residents change during the winter:

- Patients' requirements for urgent care and often in-patient hospital care, increases
- Discharge plans can often require an increase in social care provision,
- The supply of social care, both in people's own homes and in care home settings can be difficult to access in sufficient quantity
- Delayed transfers of care back to the community limits access to hospital beds and creates delays in the Emergency department

The local health and social care commissioners have increased the supply and range of services available to local people to reduce the impact of winter. It is clear though, that the whole health and social care system (including the hospital) does not work as well as it need to at the moment. Additional services do help the situation but it is necessary for us to think

differently about how we manage some of these issues. We are considering a range of strategic approaches to assist in solving the problems:

1. Ensuring that all agencies are clear what the data on patient flows is telling us and using this to develop a transformational approach to urgent care.
2. Developing the role of the newly formed GP Alliance – Bromley Alliance – in improving access to general practice
3. A review of the current initiatives in place and consideration of how providers can work differently
4. Ensuring that we use good practice from elsewhere and are able to implement the London Quality Standards for urgent and emergency care.

## **ACRONYMS**

CCG	Clinical Commissioning Group
CT scan	Computerised axial tomography scan
ED/A&E	Emergency department
GP	General practice
PRUH	Princess Royal University Hospital
SPC	Statistical Process Control
UCC	Urgent care centre

Dr Angela Bhan, Chief Officer, Bromley CCG

March 2015