



BROMLEY CIVIC CENTRE, STOCKWELL CLOSE, BROMLEY BRI 3UH

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DATE: 8 July 2020

To: Members of the
HEALTH SCRUTINY SUB-COMMITTEE

Councillor Mary Cooke (Chairman)
Councillor Robert Mcilveen (Vice-Chairman)
Councillors Gareth Allatt, Ian Dunn, Judi Ellis, Robert Evans, David Jefferys and
Keith Onslow

Non-Voting Co-opted Members

Roger Chant, Bromley Carer
Justine Jones, Bromley Experts by Experience
Mina Kakaiya, Healthwatch Bromley
Vicki Pryde, Bromley Mental Health Forum
Lynn Sellwood, Bromley Safeguarding Adults Board and Voluntary Sector Strategic
Network

A meeting of the Health Scrutiny Sub-Committee will be held on **THURSDAY 16
JULY 2020 AT 4.00 PM**

MARK BOWEN
Director of Corporate Services

**PLEASE NOTE: This is a 'virtual meeting' and members of the press and public
can see and hear the Sub-Committee by visiting the following page on the
Council's website -**

<https://www.bromley.gov.uk/councilmeetingslive>

Live streaming will commence shortly before the meeting starts.

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

A G E N D A

1 APOLOGIES FOR ABSENCE AND NOTIFICATION OF SUBSTITUTE MEMBERS

2 DECLARATIONS OF INTEREST

3 QUESTIONS

In accordance with the Council's Constitution, questions that are not specific to reports on the agenda must have been received in writing 10 working days before the date of the meeting.

Questions specifically relating to reports on the agenda should be received within two working days of the normal publication date of the agenda. Please ensure that questions specifically on reports on the agenda are received by the Democratic Services Team by **5pm on Friday 10th July 2020.**

Please note that all questions will be answered by written reply.

4 MINUTES OF THE MEETING OF THE HEALTH SCRUTINY SUB-COMMITTEE HELD ON 28TH JANUARY 2020 (Pages 3 - 14)

5 UPDATE FROM KING'S COLLEGE HOSPITAL NHS FOUNDATION TRUST

To follow

6 HELP US, HELP YOU PILOT (CCG) (VERBAL UPDATE)

7 UPDATE FROM OXLEAS NHS FOUNDATION TRUST (Pages 15 - 26)

8 UPDATE FROM BROMLEY HEALTHCARE (Pages 27 - 52)

9 UPDATE FROM HEALTHWATCH BROMLEY (Pages 53 - 58)

10 WORK PROGRAMME 2020/21 AND MATTERS OUTSTANDING (Pages 59 - 64)

11 ANY OTHER BUSINESS

12 FUTURE MEETING DATES

4.00pm, Wednesday 21st October 2020

4.00pm, Thursday 14th January 2021

4.00pm, Tuesday 23rd March 2021

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HEALTH SCRUTINY SUB-COMMITTEE

Minutes of the meeting held at 4.00 pm on 28 January 2020

Present:

Councillor Mary Cooke (Chairman)
Councillor Robert Mcilveen (Vice-Chairman)
Councillors Gareth Allatt, Ian Dunn, Judi Ellis,
Robert Evans, David Jefferys and Keith Onslow

Mina Kakaiya, Healthwatch Bromley

Also Present:

Councillor Diane Smith, Portfolio Holder for Adult Care and Health
and Vicki Pryde, Bromley Mental Health Forum

21 APOLOGIES FOR ABSENCE AND NOTIFICATION OF SUBSTITUTE MEMBERS

Apologies for absence were received from Roger Chant and Lynn Sellwood.

The Chairman welcomed Vicki Pryde, Chair of the Bromley Mental Health Forum.

On behalf of Roger Chant, the Chairman passed on his thanks to Debbie Hutchinson, Director of Nursing – PRUH and South Sites for her dedication, care and compassion, and for her involvement in progressive meetings.

22 DECLARATIONS OF INTEREST

There were no declarations of interest.

23 QUESTIONS FROM COUNCILLORS AND MEMBERS OF THE PUBLIC ATTENDING THE MEETING

One written question was received from a member of the public and is attached at Appendix A.

24 MINUTES OF THE MEETING OF HEALTH SCRUTINY SUB- COMMITTEE HELD ON 8TH OCTOBER 2019

RESOLVED that the minutes of the meeting held on 8th October 2019 be agreed.

**25 UPDATE FROM KING'S COLLEGE HOSPITAL NHS
FOUNDATION TRUST**

Meredith Deane, Director of Operations – PRUH and South Sites (“Director of Operations”) and Debbie Hutchinson, Director of Nursing – PRUH and South Sites (“Director of Nursing”) provided an update on the King’s College Hospital NHS Foundation Trust.

The Director of Operations noted the request made by the Sub-Committee for an update on the endoscopy backlog to be provided to the meeting. There was a capacity gap within the Princess Royal University Hospital (PRUH) endoscopy service, which had resulted in a significant backlog of patients on the activity diagnostic (DM01) waiting list, as well as surveillance patients. A comprehensive recovery plan of immediate and medium term solutions was underway, with a focus on bringing waiting times in line with national standards. Capacity was being increased in a number of ways, including:

- using 30 weekend appointments at King’s College Hospital, Denmark Hill, providing patient transport if required;
- outsourcing of between 30 and 40 appointments per week to BMI Healthcare, Croydon;
- support from an 18-week insourcing team to deliver twilight and weekend services at the PRUH;
- since September 2019, Day Surgery Units had been providing weekend sessions at Orpington Hospital, supported by Vanguard decontamination units.

The Director of Operations advised Members that throughout the recovery programme there had been a continued reduction in the number of patients waiting over six weeks. There had been an issue in regards to outsourcing, with the provider being unable to deliver the 50 appointments initially offered, but overall the position was much improved. In respect of longer term solutions, a business case was being developed for the expansion of the current endoscopy unit, in line with demand and capacity analysis. To maintain standards, a group had been established to explore longer term solutions.

From May 2019, harm reviews were being undertaken for all patients that had been on the diagnostic waiting list longer than six weeks, and all patients on surveillance waiting list with a past ‘due by date’. The current status of this process was that following harm reviews being completed for patients with cancer diagnoses, work was underway validating the cohort of patients whose pathways were delayed and had a diagnosis other than cancer. In response to a question, the Director of Operations noted that this was a huge piece of work, involving around 8,000 patients. It would be difficult to pin-point exactly if patients had come to harm as a result of these delays and they would therefore be looking at the whole clinical procedure.

A Member enquired if a specific “pinch-point” had been identified which had contributed to the delays. The Director of Operations advised that room

availability was a key factor. There were currently two endoscopy rooms at the PRUH. However with 14,000 patients per year, plus a 6.5% growth in the number of patients per year, five endoscopy rooms were needed. In response to a question, the Director of Operations said that patients on all pathways were vetted by the clinical team, but they had seen an increased trend in the number of requests.

The Director of Operations informed Members that the Trust had identified two cohorts of 'Lost to Follow Up' patients in the Outpatients Dermatology service at Beckenham Beacon. These were patients that had been asked to return to the service, but had not been given an appointment or had not been formally discharged. A comprehensive review was underway, and an oversight group had been established to progress the necessary actions. There were two cohorts of patients, both of which related to a shortfall in consultants to cover the service. The harm reviews for the first cohort, which related to the locum consultant service provision, were nearly complete. Three cases of moderate harm, and one more serious, had been identified. The second cohort related to the 18-week wait pathway via insourcing, and harm reviews were ongoing. Three cases of moderate harm had already been identified, but there may be more. A harm review summit had been put in place, and the Director of Operations agreed that the Governance Action Plan could be shared with the Sub-Committee.

A Member asked for further information relating to how many patients had been affected in each cohort. The Director of Operations said that there had been 637 patients in the first cohort that had been clinically triaged and discharged. There were 668 patients in the second cohort, however following clinical triage, this number had reduced by half.

Actions that had been initiated to make the service more resilient included: two consultants, plus an additional consultant; a GP with special interest in dermatology joining the bank staff for the service; and nurse led surgery had recently commenced. A Member noted that tele-medicine could be ideal for this service, as it was quick and reliable. The Director of Operations advised that a number of virtual reviews were undertaken, and acknowledged that tele-medicine had a number of benefits. It was noted that there had been an increase in referrals, a number of which had not be appropriate and could have been seen in a primary care setting.

The Sub-Committee were provided with figures relating to the PRUH Emergency Department (ED) and Urgent Care Centre (UCC) performance from October 2019 to date. The Director of Operations noted that there had been an increase in attendances at both the ED and UCC in October and November 2019, and there had been a drop in performance. The hospital had struggled during December and January, and there had been a high number of patients presenting with influenza and Norovirus. There had been a significant increase in requests for side rooms and monitored rooms, which impacted on patient flow through the hospital. Hospital staff were seeing sicker, more complex patients, a higher number of whom were required to stay on site.

In response to a question, the Director of Operations said that the 'Type 3' performance was the four-hour wait time, which should be at 95%. Members asked for information relating to the number of ED attendees having waiting times of over 8 and 11 hours. The Director of Operations confirmed that these figures could be provided to the Sub-Committee following the meeting.

The Director of Operations informed Members that a floor co-ordinator role to support patient flow at the PRUH was now in place, with cover provided seven days a week where possible. This role was covered by a nurse, although not in uniform, as this was felt to be safer in relation to carrying out assessments. A Member noted that there had previously been an offer from the Trust to deliver a presentation in relation to 'Patient Flow'. It was suggested that a post-winter follow up on patient flow / discharge could be scheduled and delivered jointly with the Bromley Clinical Commissioning Group (CCG).

The Co-opted Member representing Healthwatch Bromley highlighted that feedback from residents indicated that there was often confusion in relation to signage, and patients were unsure who they had been triaged by. The Director of Operations agreed that signage was something that could be worked on, and that confusion often arose from the ED and UCC being located in the same part of the PRUH. It was noted that when considering changes to signage it was good to have a "fresh pair of eyes", and an invitation was extended for Healthwatch Bromley to do a walk-through and provide specific feedback.

In response to a question in relation to the number of 52-week waiters, the Director of Operations said that there were 260 patients to be seen between now and the end of March 2020. A plan was in place to treat these patients, with a number of weekend and twilight sessions being scheduled. Meetings were taking place on a daily basis to look at the trajectory, allowing for a 5% tolerance. The Director of Operations confirmed that the attendance and performance figures for the PRUH's ED and UCC could be provided on a regular basis to the clerk, for circulation to Members of the Sub-Committee.

The Director of Nursing informed Members that in respect of the Care Quality Commission (CQC) update, the CQC follow up engagement event had taken place on 20th November 2019. On the 26th and 27th November 2019, the CQC had carried out an unannounced inspection at the ED's of the PRUH and Denmark Hill. The inspection at the PRUH had been undertaken by three inspectors, including the National ED Consultant Lead. The inspection had taken place on a busy day at the PRUH's ED, with 24 patients awaiting admission and some doubled up in cubicles. Feedback on the day was that the improvements in care were noted on both sites, but there were some areas that still required improvement. This included the management of safe storage of medicines, where a lot of work had been done in relation to auditing, however consistency needed to be embedded. Following issues identified during the first inspection, some work had been carried out on the mental health room at the PRUH. Work to complete the room would be starting the following week. It was noted that the Trust were currently awaiting the draft CQC report from this visit.

The Director of Nursing advised Members that work streams had been established to progress action steps in the ED, Outpatients, End of Life Care and Surgery. These Departments were reporting the work that was being undertaken to regular meetings chaired by the Director of Nursing, and this was also being formally presented to the Trust's Board.

Members noted the comments made in the initial CQC Inspection Report relating to the attitude of staff towards patients and staff morale, and asked if there had been improvements. The Director of Nursing agreed that these had been the most saddening comments to read. Immediately after the initial CQC visit, morale had been incredibly low, as staff had been disappointed with the report. The Director of Nursing said that she felt some progress had been made in respect of cultures and behaviours in the ED, however more needed to be done in terms of how staff were perceived by patients.

A Member highlighted that the Severe Heart Failure End of Life Pathway had won a number of awards. It provided a huge benefit to patients, and reduced the number of ED admissions. It was suggested that a presentation on the Pathway could be presented to a future meeting of the Sub-Committee.

The Director of Nursing was pleased to inform the Sub-Committee that the nursing vacancy figures had reduced at the PRUH and South Sites, and currently stood at 7.18%. It was noted that there were no vacancies at Matron or Ward Manager level. In addition to recruitment, there would be a focus on the retention of nursing and non-qualified nursing staff as one of the main reasons for these staff leaving was lack of career progression. In response to a question, the Director of Nursing said that the UK's imminent departure from the European Union (EU) did not appear to have had an effect on staffing at the PRUH.

The Trust had its most successful year yet in relation to staff uptake of the flu vaccination. Staff at the PRUH, Orpington Hospital and Beckenham Beacon had the highest vaccination rates across the whole Trust at 85.4%. The overall Trust vaccination rate was 71.2%, against a target of 80%, which had surpassed the previous year's rate of 69.6%. In respect of the Norovirus, the Director of Nursing said that there had been ten cases during December 2019. However, the number of cases often peaked in February, and therefore policies and algorithms were in place if the number of cases started to increase. Members were advised that last year it had been highlighted how the difficult layout of the PRUH had impacted on infection control, and funding had been received from NHS Improvement to address this. Additional doors had been installed and on-site testing for the Norovirus was now available, which allowed better management of cases and quicker treatment.

In response to a question, the Director of Nursing said that plans were currently being put in place in relation to the Coronavirus. Staff in the ED were being fit-tested for face masks, and policies were being put in place to make sure they recognised patients presenting with symptoms of the virus. To date, two patients had been tested for the Coronavirus at the PRUH, and both had returned negative results.

Members were advised of the Trust's proposal to develop a single storey car deck at the PRUH to alleviate parking pressures on the site. There would be a loss of 20 spaces at ground level, but an increase of 90 spaces overall. These proposals had been shared with staff, stakeholders and over 500 local residents in November 2019, and no negative comments had been received. The Trust had submitted the application for planning permission, and was currently awaiting the decision. If approved, it was noted that there would be disruption to the site during the car park build, but information could be shared with the Sub-Committee prior to any work commencing.

In response to a question, the Director of Operations confirmed that money had been identified to pay for the construction of the car deck. If planning permission was approved and the car deck was built, a review of staff parking permits would be formally undertaken. Allocation would be based on the distance staff travelled from home to the PRUH, and it was noted that the cost of staff parking permits was proportionate to their banding.

The Director of Nursing informed Members that there had been a number of winners across the PRUH at the 'King's Stars' annual staff awards. A special mention was given to the Patient Records Library (South Sites), Overall Winners of the quarterly award, and Dr Dennis Grigoratos (Paediatrics), winner of the Patient's Choice Award.

The Chairman extended her thanks to Meredith Deane and Debbie Hutchinson for attending the meeting of the Health Scrutiny Sub-Committee, and providing an update in relation to the PRUH and South Sites.

26 GENERAL UPDATE - BROMLEY HEALTHCARE

Jacqui Scott, Chief Executive Officer – Bromley Healthcare ("Chief Executive Officer") and Janet Ettridge, Director of Operations – Bromley Healthcare ("Director of Operations") presented a general update on Bromley Healthcare; providing an overview on performance, new initiatives and programmes; and their focus for 2020/21.

Highlights of the Bromley Healthcare performance for 2019/20 included patient satisfaction of 98.1%, and a dramatically reduced response rate of 6.7%, which was the best across London. The service had monitored 471,000 patient contacts and in Year 1 of the Bromley CCG contract they had met the target for adults, and exceeded the baseline for children by 15.6%.

Members were advised that the staff vacancy rate across all services had reduced to 7.5%. The main area of increased recruitment was Band 5 and 6 nurses, and Bromley Healthcare had also ran an apprenticeship programme. A bespoke Nursing Band 5 Development Programme for newly registered nurses had been implemented, and 20 nurses had been recruited over an eighteen month period.

The Chief Executive Officer noted that £4m of their contract was payable on the achievement of Key Performance Indicators (KPI). Adult's Services had achieved 89% of KPI's, and Children's Services had achieved 92% of KPI's, both against a 70% target.

In relation to rehabilitation beds, the National Audit of Intermediate Care (NAIC) had identified the service as positively deviant, with patients under Bromley Healthcare being more dependent but having better outcomes, and shorter wait times and length of stay than the national and London averages. This work had been recognised within the industry, and Bromley Healthcare had received the Laing Buisson Rehabilitation Award in November 2019.

One of the new initiatives piloted by Bromley Healthcare had been Telemedicine. The Remote Patient Review Service provided a monitoring cuff, which was worn on the arm of a patient and enabled health care professionals to monitor vital signs (oxygen saturation; respiratory rate; pulse rate; skin temperature; motion; blood pressure), whilst the patient remained in their own home. Health care professionals were able to access and review a patient's data remotely via the internet (through a secure server) as part of the patient's ongoing care needs. In response to a question, the Chief Executive Officer noted that this was currently being used to support the service provided. It was suggested that an evaluation of the Remote Patient Review Service be provided to a future meeting of the Health Scrutiny Sub-Committee.

In June 2019, Bromley Healthcare had commissioned a Therapy services productivity analysis. Following the results of the initial analysis, a 17-week improvement programme had commenced within the following areas: Dietetics, Occupational Therapy and Physiotherapy (for both Children's and Adult's Therapies) and Falls, Home Based Rehab (removed mid-way through), Neuro Rehab, Respiratory and Home Oxygen Service (Adult's Therapies). This had involved work such as reviewing activity data to look at historical trends; team engagement; six weekly leadership programme; and reviewing expectations of each banding / role and setting a percentage for patient contact with the Service Leads. It was noted that after the first twelve weeks, the impact of the review had really become noticeable.

The Chief Executive Officer informed Members that a pilot for Case Management, which built on the existing Integrated Care Network (ICN) pathway had also been undertaken. The pilot had commenced with the Stock Hill GP practice, to test recommendations. This had been undertaken with 30 patients so far, and a 13-week pre and post assessment cost and activity comparison showed that:

- Emergency Attendances were reduced by 71% for cost and activity;
- Non Elective Inpatient Attendances were reduced by 65% for costs, and 69% for activity;
- The overall pathway saving per patient was £1,720.

The Chairman requested that a further update on the Stock Hill pilot scheme be provided at the next meeting of the Health Scrutiny Sub-Committee.

Members were informed that a national approach to achieve the two hour access to crisis support and two day access to intermediate care was being co-developed. South East London was one of seven accelerator sites that had been selected following an application, and Bromley Healthcare would be one of the community providers. Key objectives included determining a national operating mode, developing a workforce model and sharing good practice across England. The South East London focus would be on mapping existing Urgent Community Response (UCR) models across different boroughs to develop a 'core offer', and the development of an optimum workforce model for demand and capacity assessment.

The Chief Executive Officer noted that following Bromley Healthcare's successful procurement of the Bromley 0-19 Public Health Services contract, mobilisation of the new service had commenced. Work streams had been identified, with a point of contact and delivery within each team.

The priorities of Bromley Healthcare for 2020/21 were to offer all patients and carers the best care possible, sharing their clinical knowledge and resources wisely for a sustainable financial future. To achieve this, four goals had been identified:

- Best outcomes possible in the community;
- Build a culture for growth;
- Optimum Care Co-ordination;
- Financially sustainable (profit for reinvestment).

A Member noted that the support required when patients were discharged from hospital was not always physical, and asked how Bromley Healthcare worked with other agencies in relation to adjusting a patient's mind-set and building confidence. The Chief Executive Officer responded that they had close links with Bromley Well, who had recently moved to be located in the Care Co-ordination Centre. Talk Together Bromley were also delivering sessions related to Diabetes, which had proved to be a good model of support, and they were looking to do the same for Lymphoedema. The Director of Operations informed Members that the Proactive Care pathway allowed patients to access a number of services. Patients received co-ordinated care packages, and it was noted the Bromley Healthcare staff worked closely with other agencies.

The Co-opted Member representing Healthwatch Bromley raised concerns that there were some inconsistencies in the 'red bag' scheme when discharging patients back to care homes, and asked if this process was monitored. In response, Dr Angela Bhan, Managing Director – Bromley CCG said that this was not specifically monitored, but they were aware of the numbers as they were required to replace the bags. Further work was needed in relation to hospital admission arrangements and Transfer of Care, as the

'red bags' tended to be lost when a patient was moved from one ward to another.

The Chairman led members in thanking Bromley Healthcare for their presentation.

27 HEALTH BASED PLACE OF SAFETY - OXLEAS

The Sub-Committee received a presentation from Adrian Dorney, Associate Director – Oxleas NHS Foundation Trust ("Associate Director") regarding an update on Health Based Place of Safety (HBPoS).

Members were advised that a HBPoS, or s136 suite, was a safe place in which to assess people who had been detained in the community by the police under section 136 of the Mental Health Act. There had been two separate HBPoS sites within the Oxleas NHS Foundation Trust. One bed was based in Woolwich, at Oxleas House, Queen Elizabeth Hospital and the second bed was in the London Borough of Bromley, at Green Parks House.

Following a PAN London s136 review, in which a mapping exercise had been undertaken, it had been proposed that the current number of HBPoS sites in London be reduced. The HBPoS was part of a comprehensive Mental Health service, and whilst the benefits of scale and simplicity of access from reducing the number of sites were acknowledged, the Oxleas NHS Foundation Trust did not want to see a reduction in the number of beds within their footprint

It was highlighted that the refurbishment of the Oxleas House site would provide up to date facilities, and the best environment possible for this provision. In response to a question, the Associate Director said that this had included seeking guidance from psychiatrists, and visiting other provisions to see the high impact materials being used to keep patients safe.

From 1st January 2020, a Crisis Assessment Team (CAT) car had been initiated, serving Bexley, Bromley and Greenwich, which was a joint venture between Oxleas NHS Foundation Trust and the Metropolitan Police. It provided a nurse to travel with a rapid response team to s136, or potential s136, cases. The CAT car had been operating during twilight hours, which was when demand was at its highest. A London Ambulance Service (LAS) car, which provided a similar service, was also operating across areas of South East London covered by the Oxleas and South London and Maudsley (SLAM) NHS Foundation Trusts. Members requested that an update on the impact of the CAT car be provided to the Sub-Committee in six months' time.

In response to a question, the Associate Director said that there were several factors which contributed to the peak time in out-of-hours demand. Local services had been developed, including a crisis service and Crisis Line which were both available 24 hours a day, seven days a week. It was hoped that as a result of more services being provided, fewer patients in crisis would present at Emergency Departments and support suites.

In January 2020, the s136 service had been reduced by one bed, following the closure of Oxleas House for refurbishment, throughout which the s136 suite at Green Parks House would remain functioning. At present, there had not been an adverse demand on impact at Green Parks House. The number of referrals showed that following the temporary closure of Oxleas House, there had not been a striking uplift in numbers attending Green Parks House. It was also highlighted that there had not been an adverse demand reported at the PRUH and QEH Accident and Emergency Departments, however this would be carefully monitored. The Associate Director noted that in relation to the impact of losing a s136 suite in Bromley, the Metropolitan Police had said that distance was not an issue, it was the ability to access it quickly and having two beds located on one site would reduce delays. The new two-bed s136 facility at Oxleas House was due to open in around twelve weeks' time.

The Chairman led Members in thanking Adrian Dorney for his presentation, and noted that it was encouraging to see how the service was progressing.

28 SERVICE USER ENGAGEMENT - HEALTHWATCH BROMLEY

Mina Kakaiya, the Co-opted Member representing Healthwatch Bromley advised the Sub-Committee that feedback received from service users reflected the points raised by the representatives from the King's College Hospital NHS Foundation Trust.

There was positive feedback in respect of the quality of care, however issues relating to access to appointments and waiting times, were impacting upon this. Work needed to be undertaken to improve systems; respond in a timely manner; and make triage clearer.

It was noted that Healthwatch Bromley was currently in the process of recruiting a member of staff whose role would focus on service user engagement. It was agreed that an item on 'Service User Engagement' be added to the agenda for the next meeting of the Sub-Committee.

It was reported that the Portfolio Holder for Adult Care and Health and the Executive Assistant for Adult Care and Health would be meeting with Healthwatch Bromley on a regular basis.

29 WORK PROGRAMME 2019/20 AND MATTERS OUTSTANDING

Members considered the forward rolling work programme for the Health Scrutiny Sub-Committee. It was requested that the following items be added:

- Post-winter follow up on patient flow / discharge – King's College Hospital NHS Foundation Trust / Bromley CCG
- Presentation on the Severe Heart Failure End of Life Pathway – King's College Hospital NHS Foundation Trust / Bromley CCG

- Evaluation of the Remote Patient Review Service – Bromley Healthcare
- Update on the Stock Hill Pilot – Bromley Healthcare
- An update on the CAT car – Oxleas (July 2020)
- Service User Engagement – Healthwatch Bromley (April 2020)

RESOLVED that the work programme be noted.

30 ANY OTHER BUSINESS

There was no other business.

31 FUTURE MEETING DATES

4.00pm, Thursday 23rd April 2020

The Meeting ended at 5.37 pm

Chairman

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**COVID-19 Update
Health Scrutiny Sub
Committee
16th July 2020**

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Improving lives

Agenda Item 7

COVID-19 Trust Action

- National Guidance followed
- PPE provision
- Trust Governance Structures
- Workforce briefings
- Monitoring of workforce daily
- New ways of working adopted

Community Working

- Maximised telephone and video calls with service users.
- Essential contacts home visits / in office.
- Essential clinics Depot / Clozapine - strict time slots
- Flexible / partial assessment - ASD
- PPE used as appropriate / in line with guidance
- Staff working remotely / IT

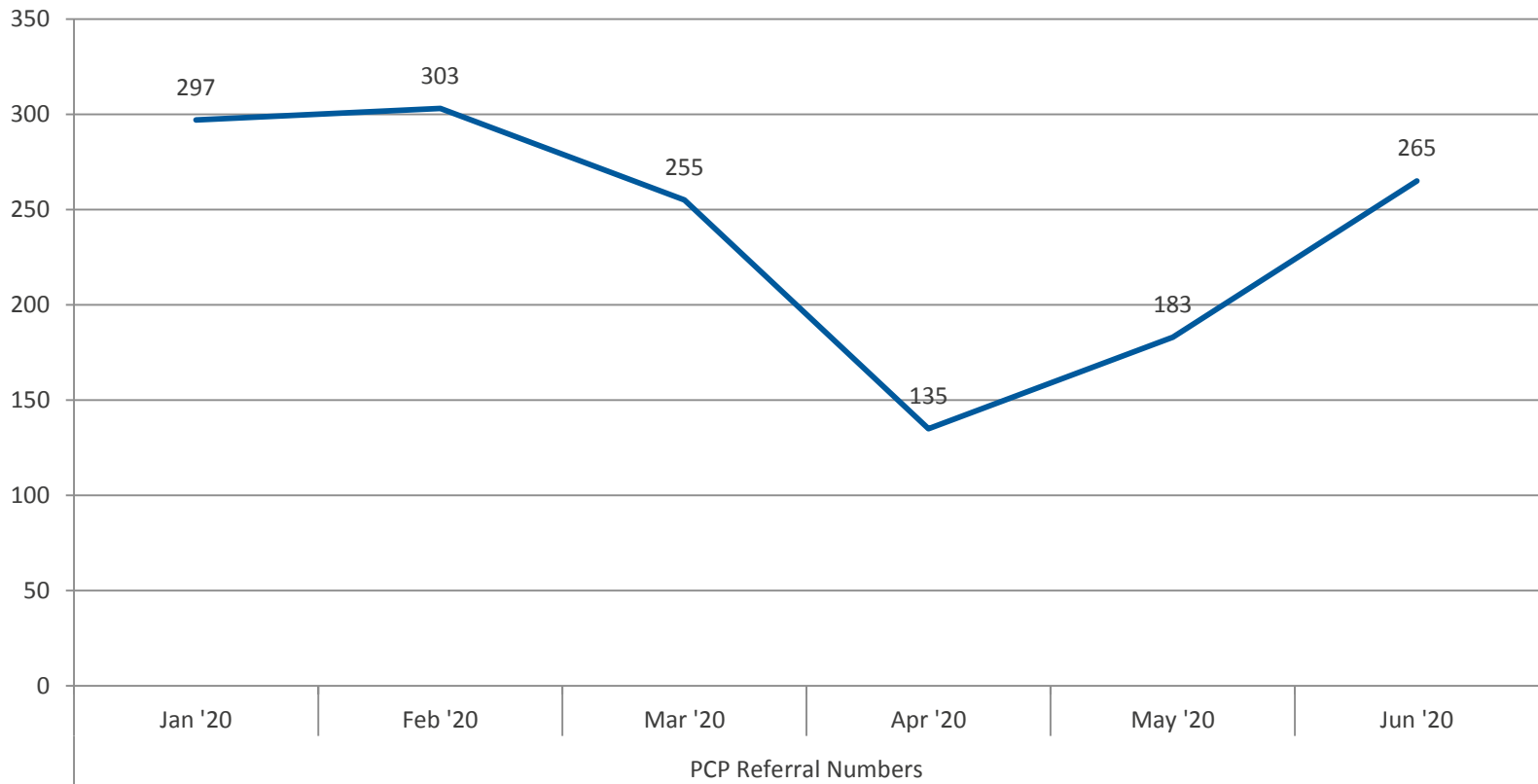
Inpatients & Mental Health Liaison

- Reduction in MH bed usage
- Consultant approval on admissions
- Reduced risk within inpatient setting
- Released potential provision for COVID-19
- MHLT iPad video assessments for wards
- Daily senior management video conference
- Changing footfall

Return to New Normal

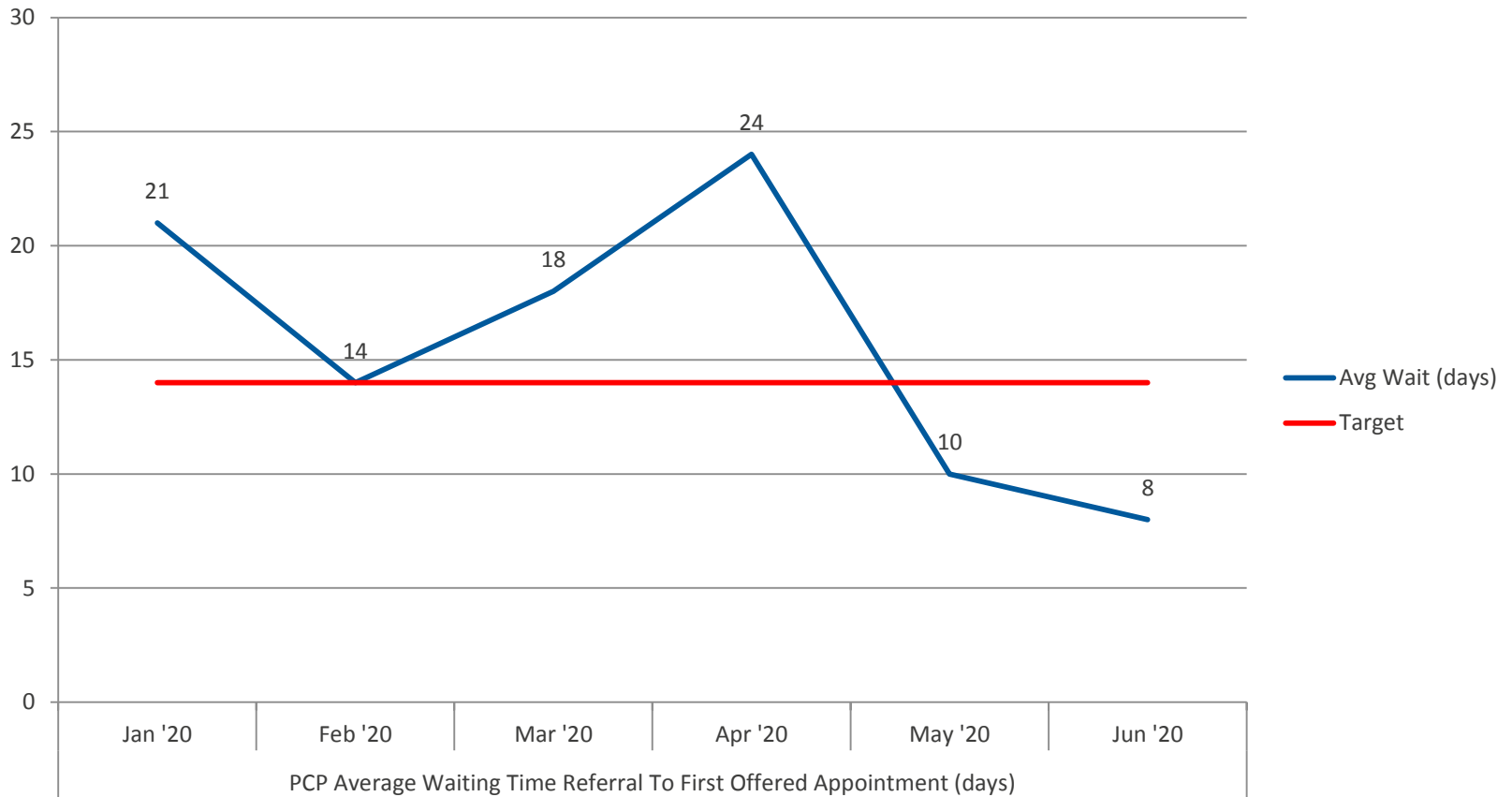
- Social Distancing space
- Air movement
- Handwashing facilities
- Continued PPE application as required
- Staff Health Risk Assessments
- Remote and office based working balanced Rota
- Psychology - video conferencing support

PCP Community Referral Numbers



To Note: Due to proximity to month end, data for June 2020 has not been validated.

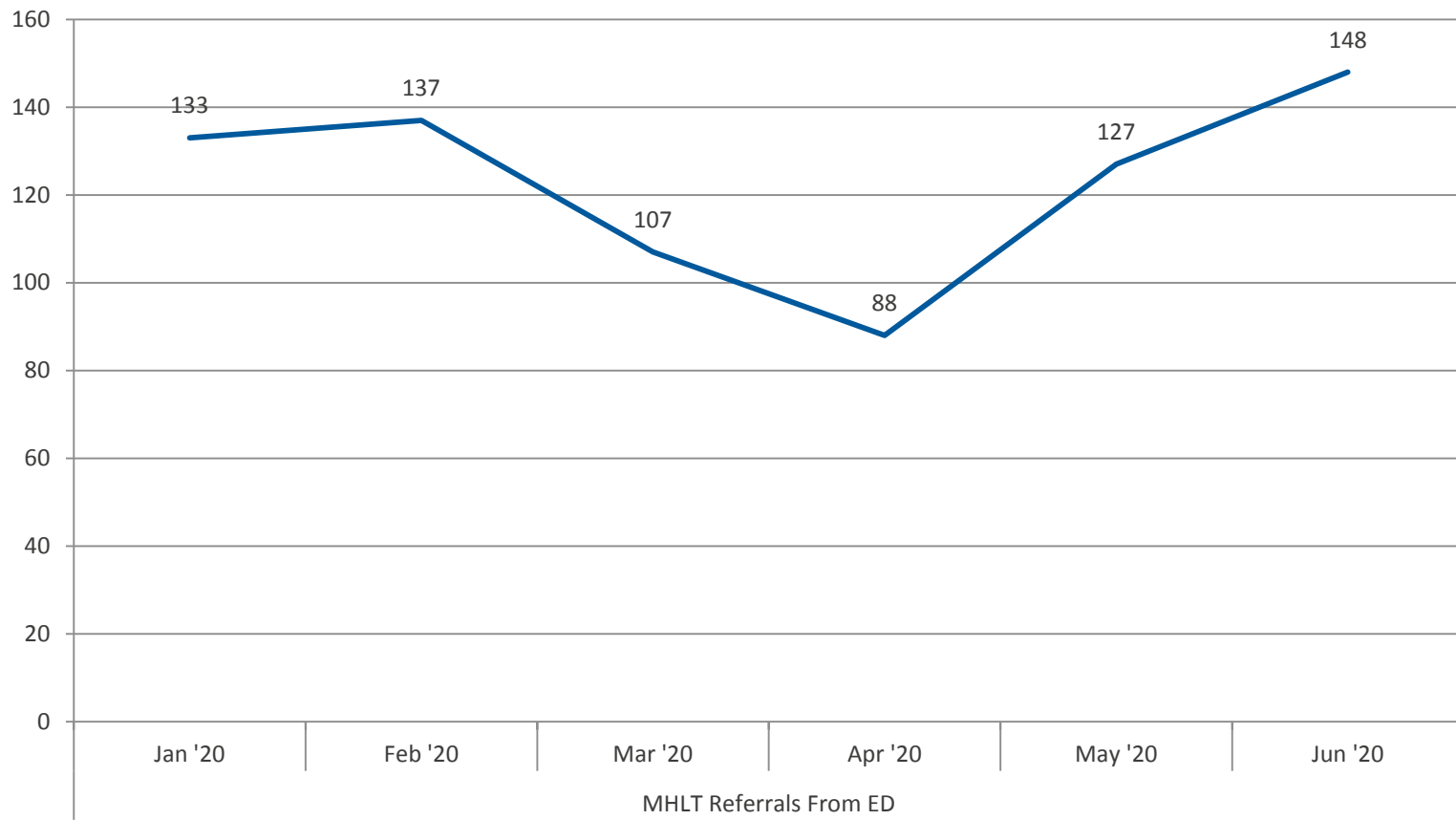
PCP Referral Waiting Times



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To Note: Due to proximity to month end, data for June 2020 has not been validated.

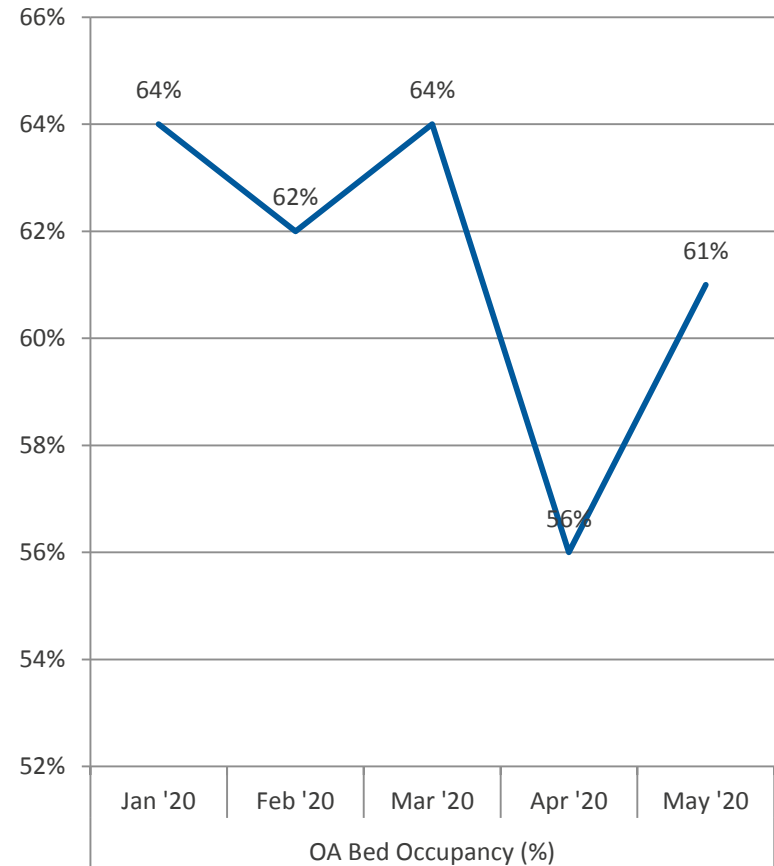
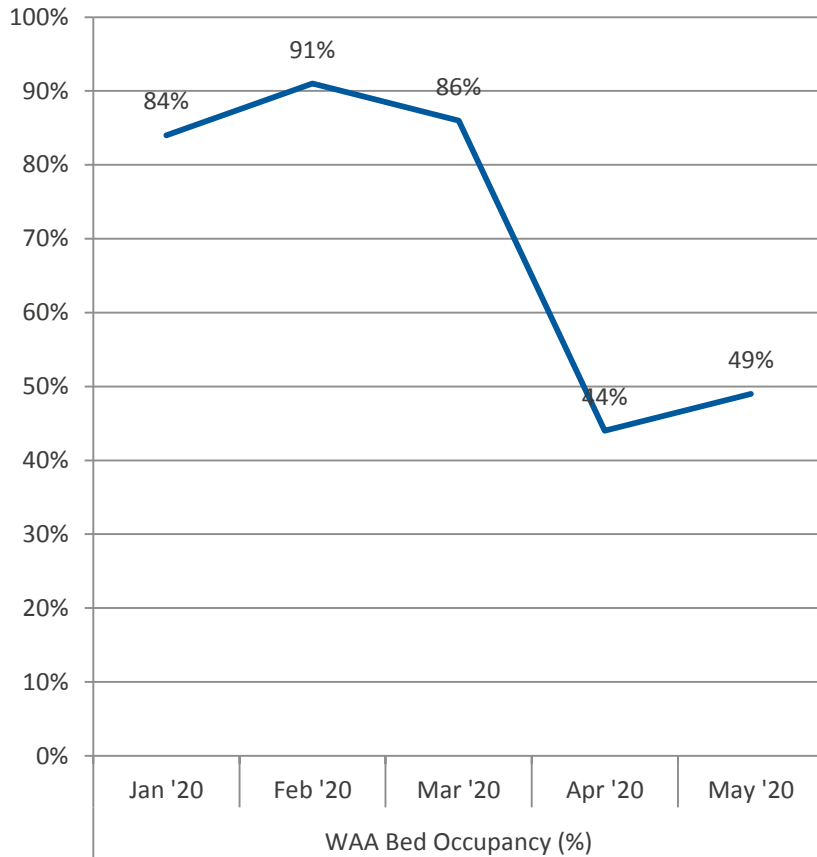
MHLT – ED Referrals



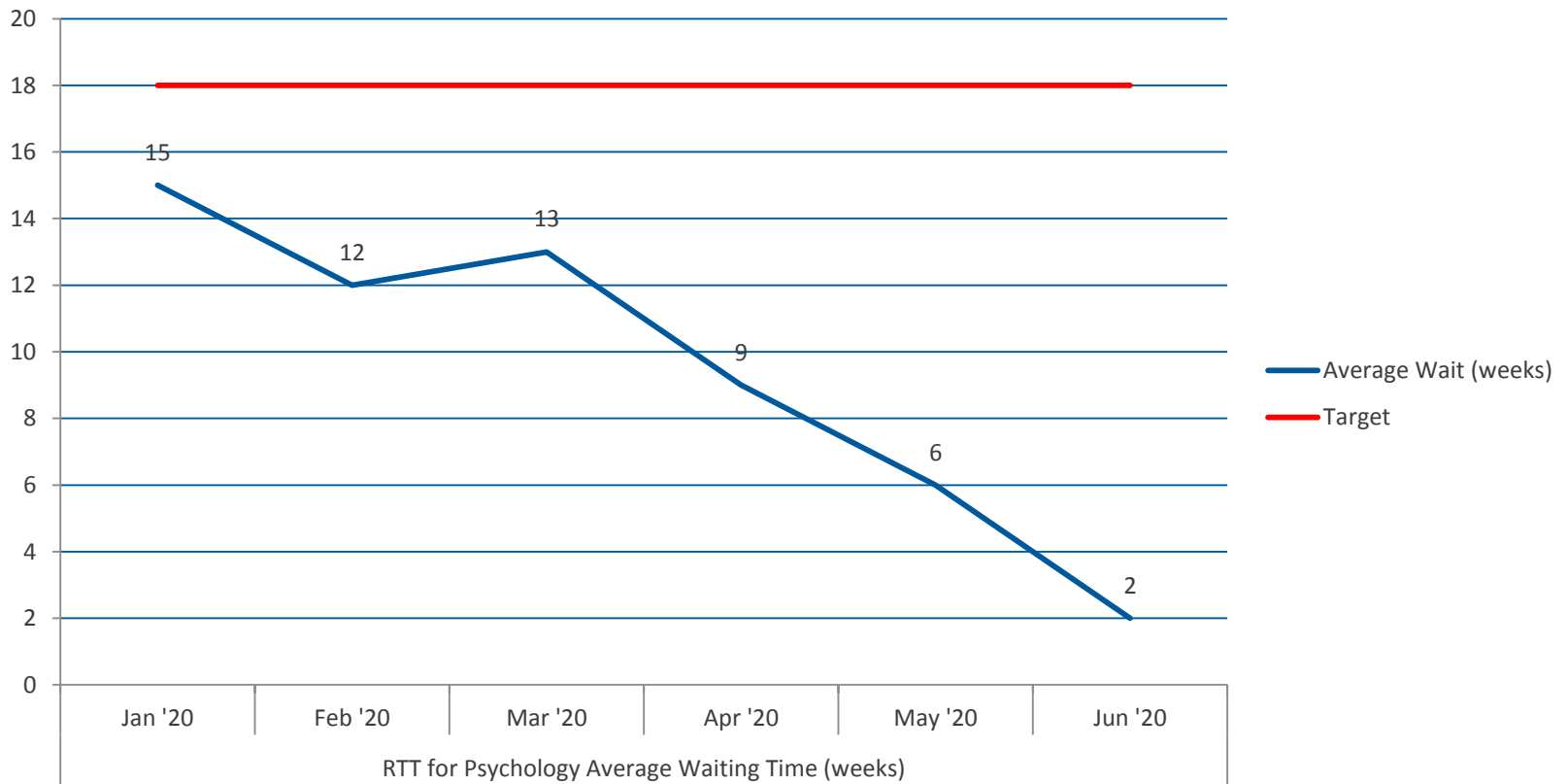
To Note: Due to proximity to month end, data for June 2020 has not been validated.

Bromley Bed Occupancy

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Referral to Treatment Time - Psychology



To Note: Due to proximity to month end, data for June 2020 has not been validated.



Any Questions

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Improving lives



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**Health Scrutiny Sub Committee
COVID-19 response**

16th July 2020

COVID-19 Operating model and teams

PRUH Discharges
(Phone referral for all services
0208 315 8750)

Community referrers

Patient and carer (advice)
24/7
0300 330 5777

111 referrals
(COVID-19 monitoring– cat 2 and 3 patients 24/7)

GP referrals
(via SPE EMIS)
(referral form–urgent referrals)

Care Co-ordination Centre – 24/7
Discharge and clinical triage via Nurse / Therapist

Monitoring inc. telehealth / video conferencing



Crisis Response (2 hours)
Covid monitoring service

(ACP, CMs, respiratory, Night Service)

Children's team (CRC)

Neighbourhood Teams x 4

DNs, Specialist nurses, NRAs, HCAs

Rehabilitation beds (x30) based at Foxbury

Urgent therapy and rehabilitation (all therapy requirements) based at Central Court, 3rd Floor.

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Urgent elements and advice 0-19NBV
Comm Paeds Wheelchair
Podiatry (diabetic foot)
Sexual Health (contraception / HIV)
Dietetics (enteral feeding)
Talk together Bromley
Dental
Diabetes Adult & Children's SLT (dysphagia)
Health Support for Schools (urgent referrals only)

Scheduling (rostering, bank & agency)

Stock control + Finance

HR absence Training Targeted recruitment

IT support desk (7 days per week)

Infection Control/ Safer care

Communications

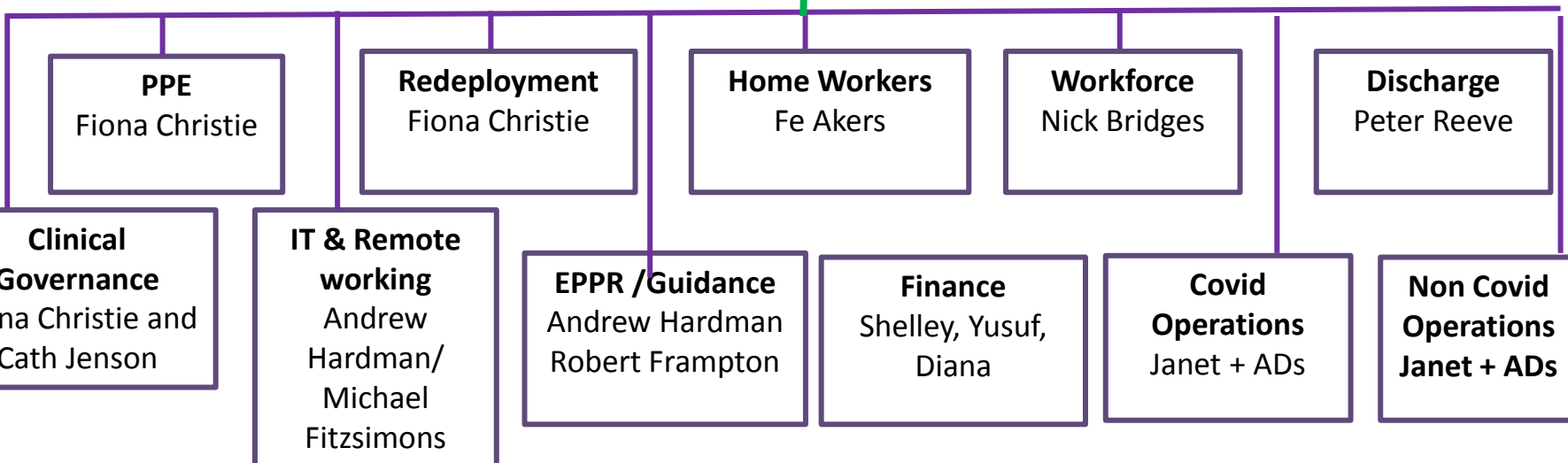
Governance Structure

1. Director on Call Structure in place- 1:3 rota providing additional resilience at weekends
2. SEL Daily calls to raise issues
3. One Bromley weekly calls
4. Weekly update between Chairman and CEO

Boards and Sub Committees (virtually)

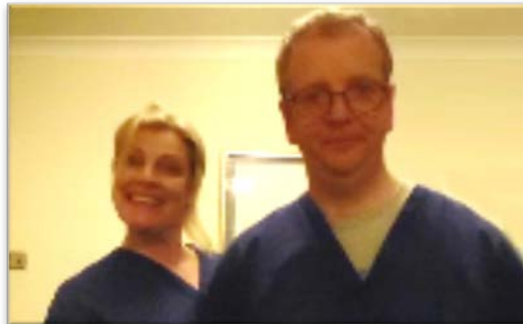
GOLD EXECUTIVE INCIDENT
 Chair: CEO
 Daily

Incidents, Risks, Complaints Mt
 Attendees: JS/CJ/FC
 Meets: Weekly



Workforce Response



- 150 Redeployed
- 108 vulnerable/shielding
- 100 Homeworking
- 3 to Nightingale
- 29 staff sickness 1 positive + 1 self-isolating
- No track and trace cases
- 434 Staff/ patients asymptomatic tests (0.9%+ve)
- 580 staff antibody tests (34%)
- Appraisals – 96.4%
- Mandatory training – 91.3%
- Sickness – 3.8%
- Vacancy rate 7.8%



Bromley Healthcare
Better Together

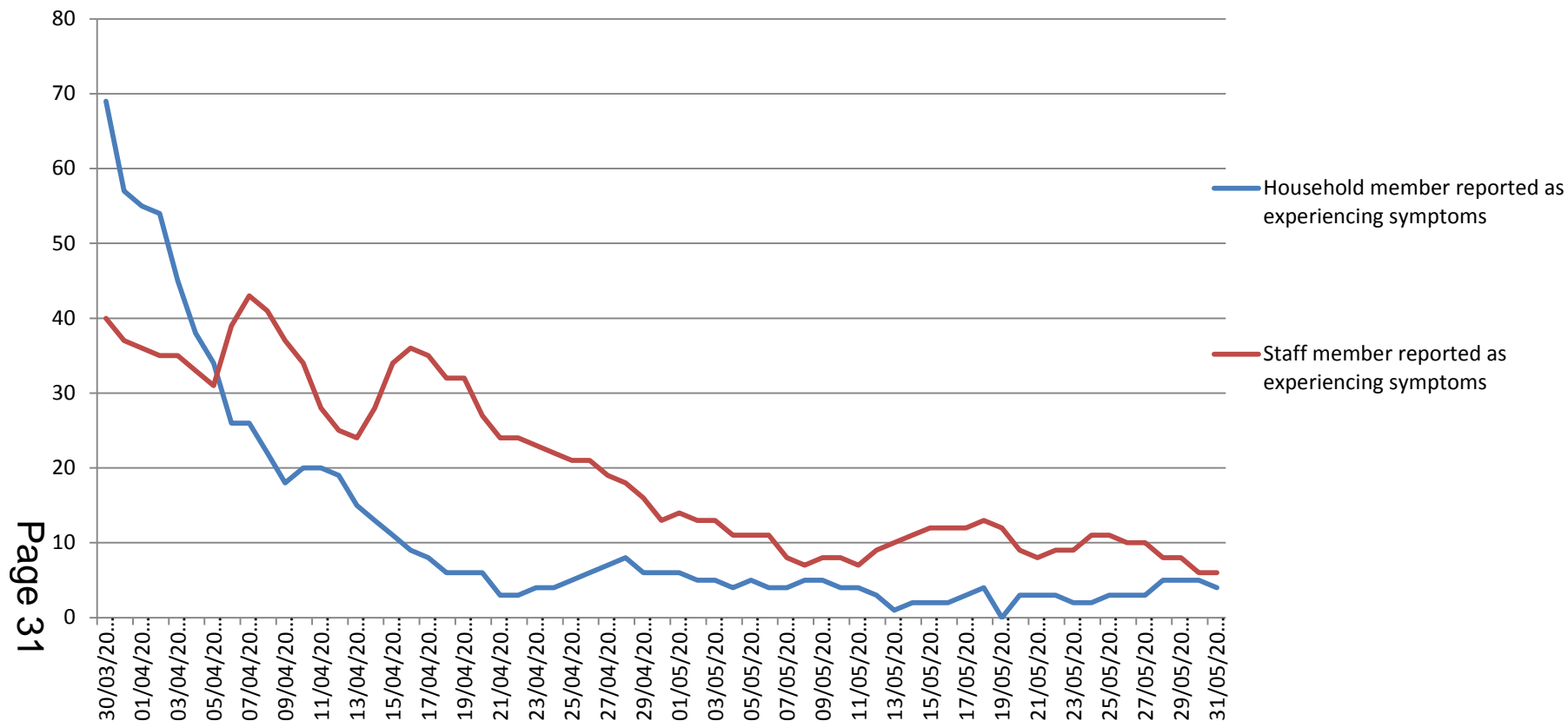
Podiatry:
Diabetic Foot
Video 1 – Effects, Prevention & Implications
with Bromley Healthcare

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Learning & Development Team:
bromh.trainingapplications@nhs.net



Impact of COVID-19 on our staff

Breakdown of COVID-19 related absence between 30 March and 31 May



Training to support our COVID-19 response

Courses Delivered

Clinical Skills Training for redeployed staff:

- Observations & Recording of Vital Signs,
- Catheter Care
- Skin Assessment
- Wound Care
- Diabetes Care

(socially distanced classroom based learning and e-learning)

PPE – Donning and Doffing (socially distanced classroom based learning and video training)

Subcutaneous Injections – (socially distanced classroom based learning utilising University of Greenwich Skills Labs)

Cannulation – socially distanced classroom based learning utilising University of Greenwich Skills Labs)

Moving and Handling Clients (Level 2) – via Zoom supported by assessment in practice

Food Handling (e-learning) – supporting discharged patients

Dysphagia and Swallowing (Video learning)

Conflict Management – via Zoom

Podiatry – Diabetic Foot (Video Learning)

Diabetes Care – Via Zoom



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Extended student nurse placements

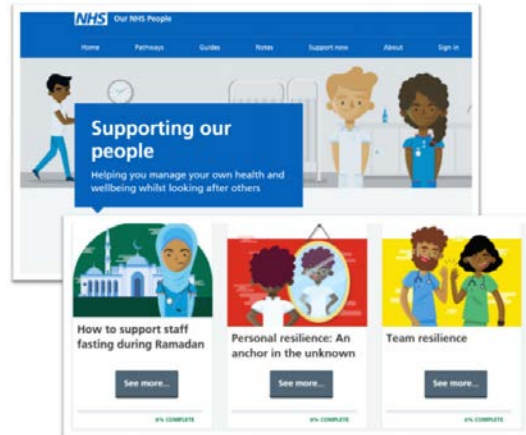
- 4th May we welcomed 13 Extended Placement Students -
- Volunteered to opt-in to an extended placement as part of the national response to COVID 19 and ensuring they receive clinical practice to complete their studies.
- All of students are in their final six months of their studies and are working as aspirant nurses
- We conducted a bespoke training programme (similar to our Community Readiness programme) to enable them to meet operational needs:
 - Pressure Ulcer & Wound Assessment and Management
 - Catheterisation
 - Leg Ulcer Assessment & Management / Compression Bandaging
 - Recognising the Deteriorating Patient / Escalation / NEWS2
 - Bowel Management and DRE
 - Gastrostomy & Enteral Feeding
 - Diabetes Care & Diabetic Foot
 - Dysphagia and Swallowing
- Allocated to Neighbourhood teams with identified supervisor for competency sign off and support.



Wellbeing Hub

- We have created a 'Wellbeing Hub' to support staff during and post COVID.
- The guide is divided up into resources for promotion and prevention, which is colour coded green, early signs interventions (amber) and more immediate interventions (red).
- contains details and signposting to wellbeing resources, offering wellbeing support across Bromley Healthcare
- Talk Together Bromley have setup Covid-19 Resilience Workshops for staff
- This will be moved to a 'virtual hub' hosted on our intranet later in the year

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Bromley Healthcare
better together

Wellbeing support for our People

	Level 1: Promotion & Prevention	Level 2: Early Signs Interventions	Level 3: Immediate Intervention
Individual	Are you in need of some help and support? There is information for improving your health & wellbeing with a view to preventing the need for more 'prescribed' interventions	Are you having difficulties adjusting to new ways of working; (frontline, redeployed, working from home) reduced productivity; mood changes.	Are you unable to function normally, experiencing unmanageable distress; psychological difficulties and clear difficulty performing role
Teams	Aiding your team mates wellbeing. Check in regularly. Are they coping OK? Sleeping well? Still finding work enjoyable and keeping on top of it? Still able to laugh and joke?	Do colleagues seem less motivated, unable to concentrate and overwhelmed. Do they sound stressed, are they feeling isolated or unsupported?	Have you noticed your colleagues seem more withdrawn or more irritable or are constantly feeling worried or tearful?
Leader	Are you checking in frequently and making yourself available? Are they feeling supported, kept informed? Are they well? Sounding happy, positive and managing their work-life balance?	Have you noticed changes to usual behaviour; distress also noticed by others; Increased conflict; increased periods of absence and some difficulties in role	Significant changes in moods and emotions. Demonstrating unusually poor judgement/struggling to make decisions? Significant concerns for their health and wellbeing? Increased/frequent absences

NHS

Bromley Healthcare
better together




Help Each Other Out

Level 1:
Promotion & Prevention

- Start a conversation about mental health. These origami 'Time To Change' conversation starters will help: [Time to Change](#)
- Make your new colleagues feel welcome - even remembering their name can make a big difference!
- Host a team (or inter team) quiz on Zoom, Share virtual coffee or lunch breaks with colleagues

Microsoft have produced a step by step guide here <https://www.msn.com/en-gb/money/technology/how-to-run-the-best-zoom-quiz-tips-for-quizzing-success/ar-BB13KoUZ>

- If you're managing a team remotely, have a look at this video <http://citymha.org.uk/managing-remote-teams-in-challenging-times/>

NHS

Risk Assessment

- ❑ Initial staff risk assessments undertaken with all staff identifying as falling into a vulnerable group.
- ❑ Risk assessment process supported by Bromley Healthcare supporting GPs.
- ❑ 140 members of staff risk assessed between March and 26 June, of which;
 - ❖ 72% Clinical colleagues
 - ❖ 26% BAME colleagues
 - ❖ 122 enabled to work from home as result of risk assessment
 - 27% of which BAME colleagues
 - Included all pregnant staff
 - Included all staff aged 70+
 - 18% of the overall workforce
- ❑ Updated risk assessment framework and process rolled out w/c 29 June:
 - ❖ All staff encouraged to request a risk assessment if they want one
 - ❖ Over 50 assessments completed to date (1 July)

Risk Assessment

Individual Risk Factors		Yes/No	Environment		
Core Risk Factor Questions			Please tick appropriate box:	✓	Risk level
Are you aged 70 or older?			Directly caring for patients and undertakes Aerosol Generating Procedures (AGPs)	<input type="checkbox"/>	High Risk Environment
Are you pregnant, under 28 weeks gestation?					
Do you have at least one of the below health conditons?					
Do you have more than one of the below health conditons?			Directly caring for patients but within 2 metres of patient – within any setting	<input type="checkbox"/>	Moderate Risk Environment
Health Conditions*					
Chronic lung disease					
Chronic heart disease					
Chronic kidney disease					
Chronic liver disease					
Chronic neurological disease					
Immunosuppression (whether caused by disease or treatment)					
Diabetes (please specify which type)					
Brittle asthma (requiring hospitalisation)					
Problems with the spleen					
Obesity (BMI>40). To check your BMI please visit: www.nhs.uk/live-well/healthy-weight/bmi-calculator/					
Additional Risk Factor Questions			Directly caring for patients but within more than 2 metres of patient – within any setting	<input type="checkbox"/>	Low Risk Environment
Are you a BAME member of staff?					
Are you male AND aged 50 or over?					
			Providing a service within the care setting. Not directly caring for patients (e.g. Estates, IT) but may have incidental contact with patients	<input type="checkbox"/>	
			Providing a service but not directly in the care setting (e.g. HR, Finance, Admin)	<input type="checkbox"/>	

Initial Risk Assessment Outcome

Environment Risk Level

		Low	Moderate	High
Individual Risk Score	15+	Can operate in the workplace, subject to satisfactory completion of Additional Questions <input type="checkbox"/>	Not to operate in the workplace at present unless in a different role/environment <input type="checkbox"/>	Not to operate in the workplace at present unless in a different role/environment <input type="checkbox"/>
	12	Can operate in the workplace, subject to satisfactory completion of Additional Questions <input type="checkbox"/>	Not to operate in the workplace at present unless in a different role/environment <input type="checkbox"/>	Not to operate in the workplace at present unless in a different role/environment <input type="checkbox"/>
	9	Can operate in the workplace if required to do so by service <input type="checkbox"/>	Can operate in the workplace, subject to satisfactory completion of Additional Questions <input type="checkbox"/>	Not to operate in the workplace at present unless in a different role/environment <input type="checkbox"/>
	6	Can operate in the workplace if required to do so by service <input type="checkbox"/>	Can operate in the workplace if required to do so by service <input type="checkbox"/>	Can operate in the workplace, subject to satisfactory completion of Additional Questions <input type="checkbox"/>
	3 or less	Can operate in the workplace if required to do so by service <input type="checkbox"/>	Can operate in the workplace if required to do so by service <input type="checkbox"/>	Can operate in the workplace if required to do so by service <input type="checkbox"/>

- We trained 16 staff to fit test front line staff on use of FFP3 masks and have trained up 80 staff on multiple mask types
- Approximately 480 sitreps completed to date (if we allow approx. 20 minutes to gather the data and upload each sitrep this is **21.3 full days just completing sitreps!**)
- Set up a central stock room with 24/7 availability and distribution to all our community sites
- In the early days of COVID 19 we were constantly calling PPE providers to obtain masks, gloves, aprons, clinical waste bags, visors and hand gel.
- We had to obtain mutual aid and supply mutual aid across providers, particularly in SE London and had drivers ferrying goods continuously for weeks

Infection Prevention & Control (IPC)

- IPC Board Assurance Framework (BAF) completed and signed off at BHC Exec on 18/05/2020 and at BHC Board on 27/05/2020
- IPC BAF version 1.2 reviewed and updated – discussed at BHC Quality & Performance Committee 24/06/2020
- Shared with SEL CCG on 22/06/2020 for assurance purposes
- No concerning gaps identified against the framework – service recovery risk assessments will provide necessary assurance or mitigation – IPC Lead reviews all RAs
- PPE stock room and process introduced
- BHC part of NHS supplies/ SEL COVID-19 command centre procurement process
- No issues with supply of PPE to date
- 1 risk on risk register regarding possibility of PPE supply becoming an issue in the future particularly if there is a second wave of COVID-19
- 8 IPC incidents reported from 01.03.20 – 30.06.20 – no themes emerging
- Healthcare associated COVID-19 infections – further action letter 24/06/2020 (inpatient testing, staff testing, staff RA, managing COVID -19 cases) reviewed & assurance received

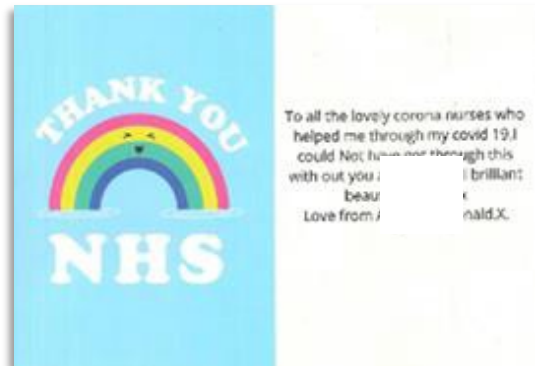
Bromley Community Covid Monitoring Service (BCMS)



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'We were at home, despaired as x had offered no comfort during their call. From the moment we were referred to the CMS we felt completely supported & quickly got the medication we both needed. It saved our lives!! ... daily calls was so reassuring. Thank you to everyone involved'.

CMS Service



'Knowing that someone was at the end of the telephone was amazing. It was a scary time for everyone. Very grateful to the service'.

CMS Service



Bromley Community Covid Monitoring Service (BCMS)

- Patients suspect covid 19 referred from 111 (76%)
- On receipt of referral, the clinical assessment was undertaken by team (consisting of Community Matrons, Respiratory Teams, GPs and Consultant Paediatrician) with a target response of 2 hours
- Single 24/7 (BCCMS) hotline number for patients to contact if any concerns/ queries
- During the clinical assessment patients categorised as category 2 (complex) and category 3 (low support required).
- Category 3 patients were offered advice and provided with the single number to contact if any further concerns
- Category 2 patients received a daily check call from the clinical team as well as provided with the single contact number. At the peak the team were undertaking over 100 calls.
- BCCMS can book directly into the 'hot' clinic (run by GP Fed) or could request a home visit from the Rapid Response Team to avoid admission.
- Oxymeters were distributed to patients to support review
- Patients who were anxious were transferred to the Bromley Talk Together service (IAPT) for support
- Outcomes audit undertaken for 7% were admitted to hospital
- Service was set up within 2 days and was evolved by the clinicians in the team
- Important element is supporting with operational data to manage service and also 'safety net' patients to ensure that their daily call was received.

BCCMS daily dashboard



COVID-19 CMS - Main

Total Admissions To CMS

2,858³⁹¹
Re-admissions

[Click to view the supporting details](#)

Admissions Today

2¹¹
Yesterday

[Click to view the supporting details](#)

Admissions in Last 7 days

31³⁰
Previous 7 days

[Click to view the supporting details](#)

Current Caseload

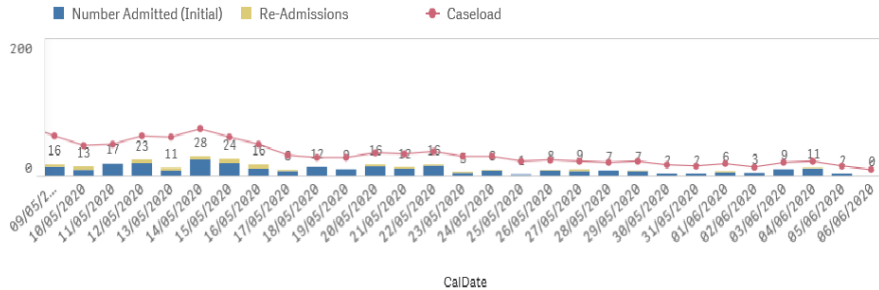
14

[Click to view the supporting details](#)

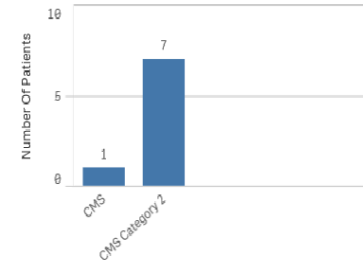
COVID Patients not known to CMS

1

[Click to view the supporting details](#)



For Current Caseload



Initial Response Times

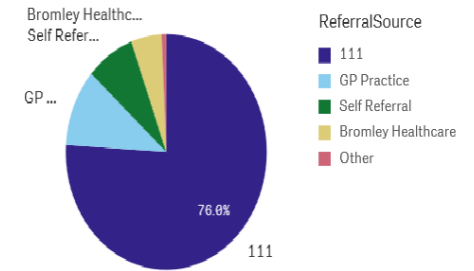
Target Time / hrs	Compliant	Non-Compliant	% Compliant
2	146	62	70.2%
4	62	11	84.9%
6	1590	440	78.3%

[Initial Response \(Further Details\)](#)

Daily SitRep

CalDate	Service	Number Of Patients In Service	Yesterda... Admission: to CMS	Number of Deterioratir Patients	Hospitali... Required	Number Discharged Yesterday	Count DataSe {SitRe
06/06/2020	Bromley CMS	8	2	0	0	6	
05/06/2020	Bromley CMS	14	11	0	1	8	
04/06/2020	Bromley CMS	20	9	0	0	10	
03/06/2020	Bromley CMS	19	3	0	0	2	
02/06/2020	Bromley CMS	12	6	0	0	8	
01/06/2020	Bromley CMS	17	2	0	0	2	

ReferralSource



COVID-19 CMS - Category 2 Phone Calls Due

Total Admissions To CMS

2,858³⁹¹
Re-admissions

Admissions Today

2¹¹
Yesterday

Admissions in Last 7 days

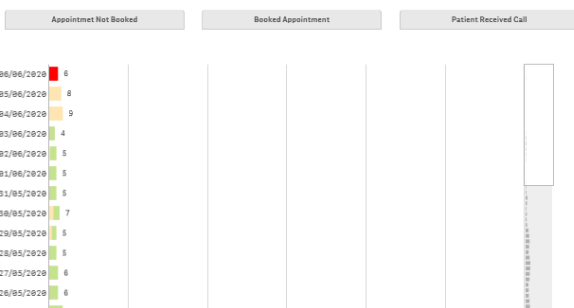
31³⁰
Previous 7 days

Current Caseload

14

COVID Patients not known to CMS

1



EMIS Number	Service	Referral's Date	Discharged Date	Telephone Call Due	Appointment Date	Telephone Call Made	Number of Patients
Totals							6
1272334	CMS Category 2	22/05/2020 17:38:00	-	06/06/2020	-	-	1
1284289	CMS Category 2	03/06/2020 11:09:00	-	06/06/2020	-	-	1
3188259	CMS Category 2	30/05/2020 15:42:00	-	06/06/2020	-	-	1
3112038	CMS Category 2	01/06/2020 16:02:00	-	06/06/2020	-	-	1
3112161	CMS Category 2	02/06/2020 19:08:00	-	06/06/2020	-	-	1
3112186	CMS Category 2	03/06/2020 11:58:00	-	06/06/2020	-	-	1



BCCMS case studies

Miss X referred BCCMS service via her GP.

Miss X is Turkish and was assessed via the translator service.

Miss X described the same symptoms every day, her temperature would always be 38 degrees and she would say that she had only passing urine once/twice per day despite us advising her to increase her fluids. I noted that Miss X is a single mother with 2 young children.

I was concerned Miss X who was reporting to feel weak, high temp, not passing urine was in need of further medical help. There was no local family support.

I had concerns that if Miss X was so unwell she would be struggling to care for her children; how could she shop and cook for them? And this could put them at risk.

I contacted the safeguarding children's team; they were able to establish with children's social care that the family had an allocated Social Worker. The safeguarding team were able to explain the process to me so I could then communicate this with Miss X re help and support from Childrens Social Care if needed for the children if she needed hospital admission. I liaised with the ambulance to explain the children would need to go into hospital with mum if mum needed admission. However it was established mum didn't need admission but reported again to the Paramedics she felt weak and couldn't cook for herself.

In liaison with the Social Worker we have been able to see what other support was available to support this family via the Bromley Covid 19 group and the local Mosque. Miss X is a devout Muslim, we liaised with the Iman to allow her to eat and drink at this time so that she can recover her strength as she has been so unwell.

Miss X required a course of antibiotics and some support from local services with food parcels and is now fully recovered and the children are receiving the adequate support that they need.

Ms D has a history of asthma, hypertension and a carrier of Hepatitis B.

11.06am – Referred into CMS service from 111 with reported fever, coughing and breathing difficulties, Initial telephone consultation completed within 20 minutes of referral being received– extensive history taken, requested spacer via GP to aid salbutamol inhalation and was then followed up with a daily telephone call.

Coded as suspected Covid infection.

On daily review call, patient reported she was feeling worse with increase in fever and is concerned that her asthma is deteriorating, community matron referred to GP Alliance to undertake a video assessment.

Video call undertaken by GP – diagnosed as suspected Covid – noted fever, bedbound and occasional chest tightness, able to speak in full sentences but needing home assessment to check chest /oxygen levels.

Home visit undertaken by community matron. Full PPE worn. Patient appeared SOB, very anxious and was at brink of attending A&E. Feeling lethargic and chronic cough.

Observations taken and chest clear – noted to have high blood pressure. Increased heart rate which was felt due to high anxiety levels. GP informed and this has since been managed and is at a stable level. Community Matron loaned the patient a pulse oximeter so that the team could monitor her over the phone on a daily basis and obtain oxygen levels and heart rate.

Patient reassured with anxiety management techniques – directed to NHS – every mind matters online.

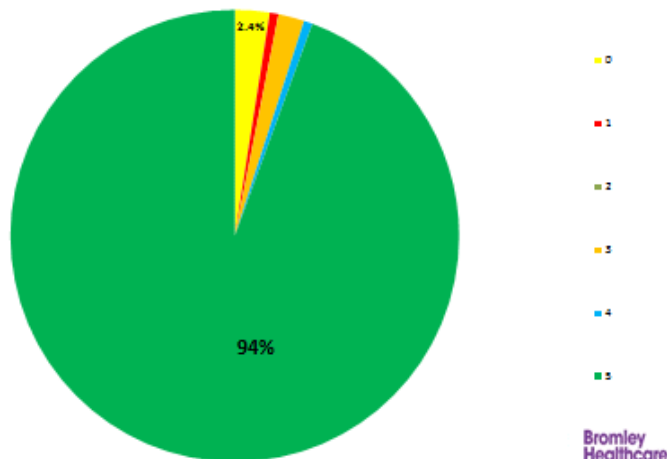
Self management advice given regarding pharmacological management of symptoms – increasing paracetamol and salbutamol inhaler.

Patient was so happy and grateful for visit that we had stopped her attending hospital and felt reassured in managing her symptoms.

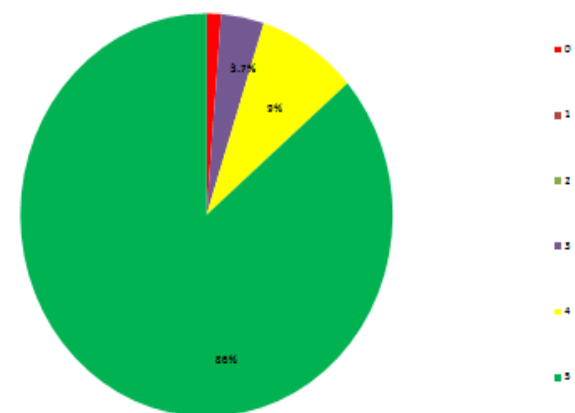
BCCMS Patient Evaluation

- 10% of patients contacted for their feedback
- Scored each question between 0 (strongly disagree) and 5 (strongly agree).

4. I felt supported by the service and receiving a daily call was very reassuring.



Overall patient satisfaction of BCCMS



95% patients felt supported (strongly agree and agree)

95% patients were overall satisfied (strongly agree and agree)

Parental feedback on telephonic consultations (Community Paediatrics)

Community Paediatrics service underwent rapid transformation during Lock down period due to Covid -19 pandemic. It started to conduct its neuro developmental clinics virtually by using telephonic consultations. It was felt that it will be helpful to get parental feedback on the usefulness of those virtual telephonic consultations in order to decide if these can be continued long term, if required.

Aim: To obtain parental feedback on telephonic consultations

Method: This survey was carried out for Neuro-developmental clinics conducted between 11th and 22nd May. Clinicians, at the time of telephonic consultation, asked parents if they would be happy to be contacted by our team (within next couple of days) to get their feedback. One of the medical secretaries contacted parents within few days of their virtual appointment to get the feedback. A questionnaire was devised to get this feedback. That's Feedback was obtained from cases of all 7 senior doctors. Data was collected for up to 10 cases for each doctor.

Results: Feedback was received from 61 parents . A total of 84% parents found the consultations either useful or very useful. 51% of them wanted us to use those consultations definitely in future; 31% were unsure and 18% did not want telephonic consultations to be used in future. Use of video consultations and good quality phone signal were the most commonly given comments to improve the quality of those consultations. A number of parents also commented that a combination of face-to-face consultations and telephonic consultation should be used in future.

Recommendation: Service to continue to use telephonic consultations in future, when clinically appropriate. Each doctor will be given their individual data for their own reflection.

Malinko: Auto Scheduling Tool

- BHC recognised the importance of maximising the HCPs time with patients, ensuring that staff visiting have the appropriate competencies to treat the patient being visited, whilst minimising travelling and ensuring that the teams are staffed according to demand. This is particularly true for the District Nursing teams who have higher and faster growing number of referrals per 100k population than the national average , whilst the team work with the impact of national resource shortages and outer London weighting.
- After reviewing another tool, the decision was taken to roll out services to Malinko. Interoperability with clinical and HR systems was a critical requirement and whilst this was not in place, the Malinko team were receptive to working collaboratively to ensure that this would be in place by full roll out.
- Roll out commenced with Adult OT in January, on a pilot basis and lessons learnt were collated and worked upon.. With the onset of COVID-19 in March, the impact of managing the workforce and ensuring that those patients who needed to be seen, were seen, in particular in the large DN teams. As a result it was decided to bring rollout forward from a phased rollout running into H2 2020/21 to Q1 2020/21 . Rollout for DNs commenced March with all neighbourhood teams now on the system, a taskforce had been set up to manage the process, supporting 8am – 8pm 7/7 , as well as deal with governance and safety netting. Clinical leads were deployed to the support team to work alongside and input to both the manual and set up process.
- Feedback meetings were established and changes made to ensure the system works as efficiently as possible.
- All Band 7s trained and Band 6s in progress, with the aim of handing process back to the teams now that a status quo is returning and we move into recovery.
- System Benefits
 - ✓ Nursing resources to be matched to patient visits and vice versa / demonstration of demand and capacity
 - ✓ Better control of agency spend
 - ✓ Import of rosters from Health roster to Malinko
 - ✓ Efficient routing between sites and within shared sites
 - ✓ Clinician skills and competencies matched to patient visits; visibility of skills required in the team and training required
 - ✓ Tailor visits to needs of patients – e.g. timed visits
 - ✓ Key information at the point of visit – key codes, telephone numbers, details of upcoming visits
 - ✓ Real time app based data capture – HCPs can check in and out using the mobile app
 - ✓ Command centre type approach
 - ✓ Link to e-Expenses – will auto populate mileage claim / link to EMIS clinical systems to capture visit happened

Malinko: Auto Scheduling Tool

Malinko Demand & Capacity Dashboards – for 05.06 and 06.06

Senior Manager View

The dashboard displays the date 05 JUNE and a greeting: "Good morning, Samantha Tomlinson." It features two main summary cards: a red one for today's status and an orange one for tomorrow's status. Below these are several key performance indicators (KPIs) for both days, including visits, patients, staff availability, and staff hours. There are also three informational messages: one about unallocated visits, one about staff availability, and one about unresolved messages.

Category	05 JUNE (Today)	06 JUNE (Tomorrow)
Unallocated Visits	7	300
Visits	711	319
Patients with Visits	599	248
Staff Available	92	19
Staff Availability (hrs)	700	150
Staff Availability (mins)	435	166

Bd 7 View

The dashboard shows a "Staff Day View" for Friday, 05 June 2020, for the Beckenham and Penge Neighbourhood Teams. It features a large grid where each row represents a staff member and each column represents an hour of the day. The grid is color-coded to show different types of visits and staff activities. A sidebar on the left lists staff members with their travel times and average visit durations.

Staff	07	08	09	10	11	12	13	14	15	16	17	18	19	20	20:45	21
Malinko Agnes (1h 15m)			DN West and S													
Malinko Agnes (1h 15m)			DN West and S													
Malinko Agnes (1h 15m)			DN West and S													
Malinko Agnes (1h 15m)			DN West and S													
Malinko Agnes (1h 15m)			DN West and S													

HCP View

The dashboard shows a "Compact View" of visits for Agency 1 Beckenham and Penge from 05/06/20 to 15/06/20. It features a table with columns for Date, Start/End times, Patient Name, Patient Filter, Interventions, and Staff. The table lists various visits with their respective details.

Date	Start/End	Patient	Patient Filter	Interventions	Staff
05/06/20	08:30 - 09:30	Ms Maria Bonito	Beckenham and Penge High Support Services	DN consult and administration	Agency 1 Beckenham and Penge
05/06/20	08:30 - 09:30	Ms Jean Mathan	Beckenham and Penge High Support Services	DN other operations (not HCP)	Agency 1 Beckenham and Penge
05/06/20	08:30 - 09:30	Ms Corinna Morris	Beckenham and Penge High Support Services	DN HCP	Agency 1 Beckenham and Penge
05/06/20	08:30 - 09:30	Mr Geoffrey Bond	Beckenham and Penge High Support Services	DN Complex Wound Care	Agency 1 Beckenham and Penge
05/06/20	08:30 - 09:30	Ms Aida O'Shaughnessy	Beckenham and Penge High Support Services	DN consult and administration	Agency 1 Beckenham and Penge
05/06/20	08:30 - 09:30	Ms Jeanette Mathan	Beckenham and Penge High Support Services	DN Complex Wound Care	Agency 1 Beckenham and Penge
05/06/20	11:15 - 12:15	Ms Janine Osborne	Beckenham and Penge High Support Services	DN Compression Leg	Agency 1 Beckenham and Penge

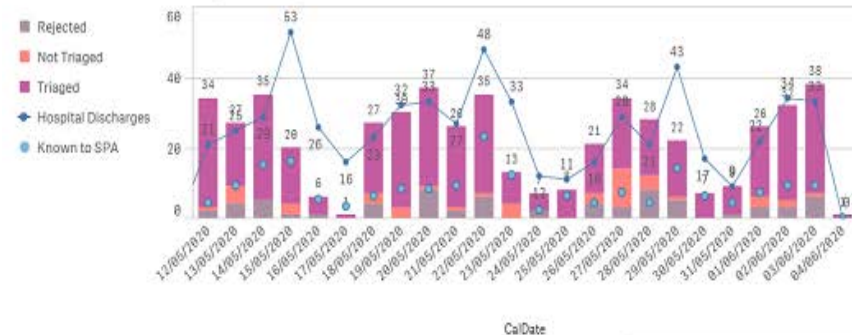
Single point of access for discharge

- In collaboration with system partners built discharge SPA in the Care Coordination Centre
- Single phone number for clinician to clinician referral (400 calls per week)
- Operates 08:00 to – 21:00 / 7 days per week
- Repurposed therapists/ nurses undertake the clinical triage
- Reablement team seconded into neighbourhood teams to provide additional resilience.
- To date 2306 hospital discharges with 29% discharged via the SPA. Of these 75% were discharged within 1 day, 58% with 24 hours and 21% in 2 hours.
- This has been possible with a number of the redeployed teams bridging care packages to support early supported discharge providing a significant increase in home rehabilitation capacity.
- Reduction in LOS of stay in beds from 20.4 days in March to 16.9 in April and 16.8 in May with an increase of discharges for this period of 22.5% against the same period last year and home pathway from 23 days LOS in March to 17 days in April and 18 days in May with an increase of discharges for the 3 month period of 65% against the same period last year.
- A welfare check is undertaken to ensure the safety of the patient and to confirm the appropriateness of the care put in place.
- Discharge dashboard has been built to track patients through the system and identify points of pressure. All clinicians using emis templates. This also provides the inputs for the community demand and capacity model.

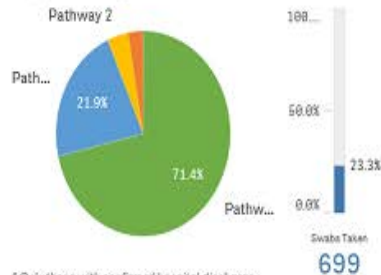
Hospital Discharge Summary

Patient's Discharged From Hospital - Summary

Referrals Received and Discharges From Hospital



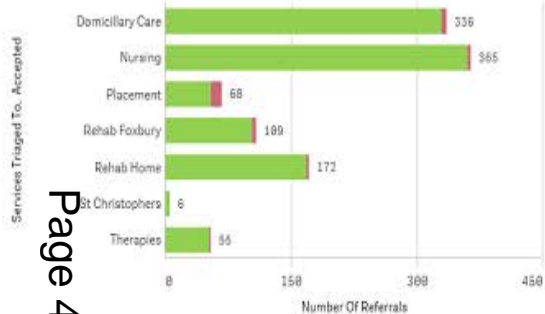
Hospital Discharge Outcomes



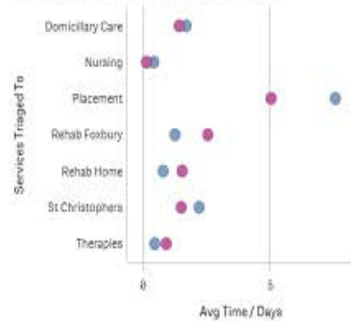
* Only those with confirmed hospital discharge

Pathway	Discharges	Notes	Outcome
Pathway 0	1303	Simple discharge e.g. no change in circumstances, no new needs, package of care re-start	Patient returns to usual place of residence (inc. residential care home)
Pathway 1	399	Identified needs can be met by social care and/or community nursing and/or therapy • Patient deemed safe between visits at home	Patient returns to usual place of residence with interim support
Pathway 2	71	Therapy, safeguarding or recovery needs • Identified short term needs can only be met in community bed or short stay residential setting	Patient is transferred to a non-acute bed and receives care and support until able to safely return to usual place of residence
Pathway 3	50	Unable to return home- patient has very complex long term needs e.g. Residential/Nursing home	Patient is transferred to a long-term bed and receives the care they need

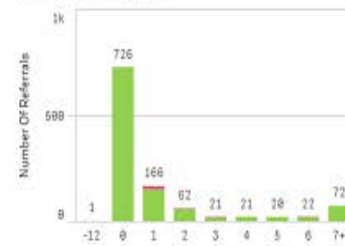
Services Referred On To



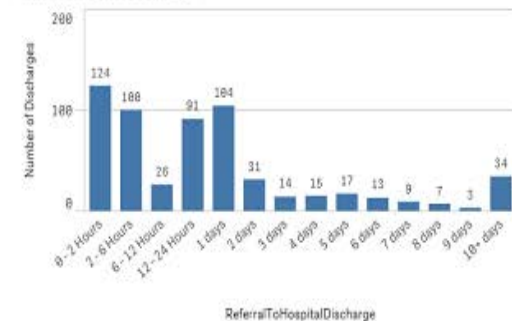
Average Time to Confirmation/Discharge



Time to confirm / days



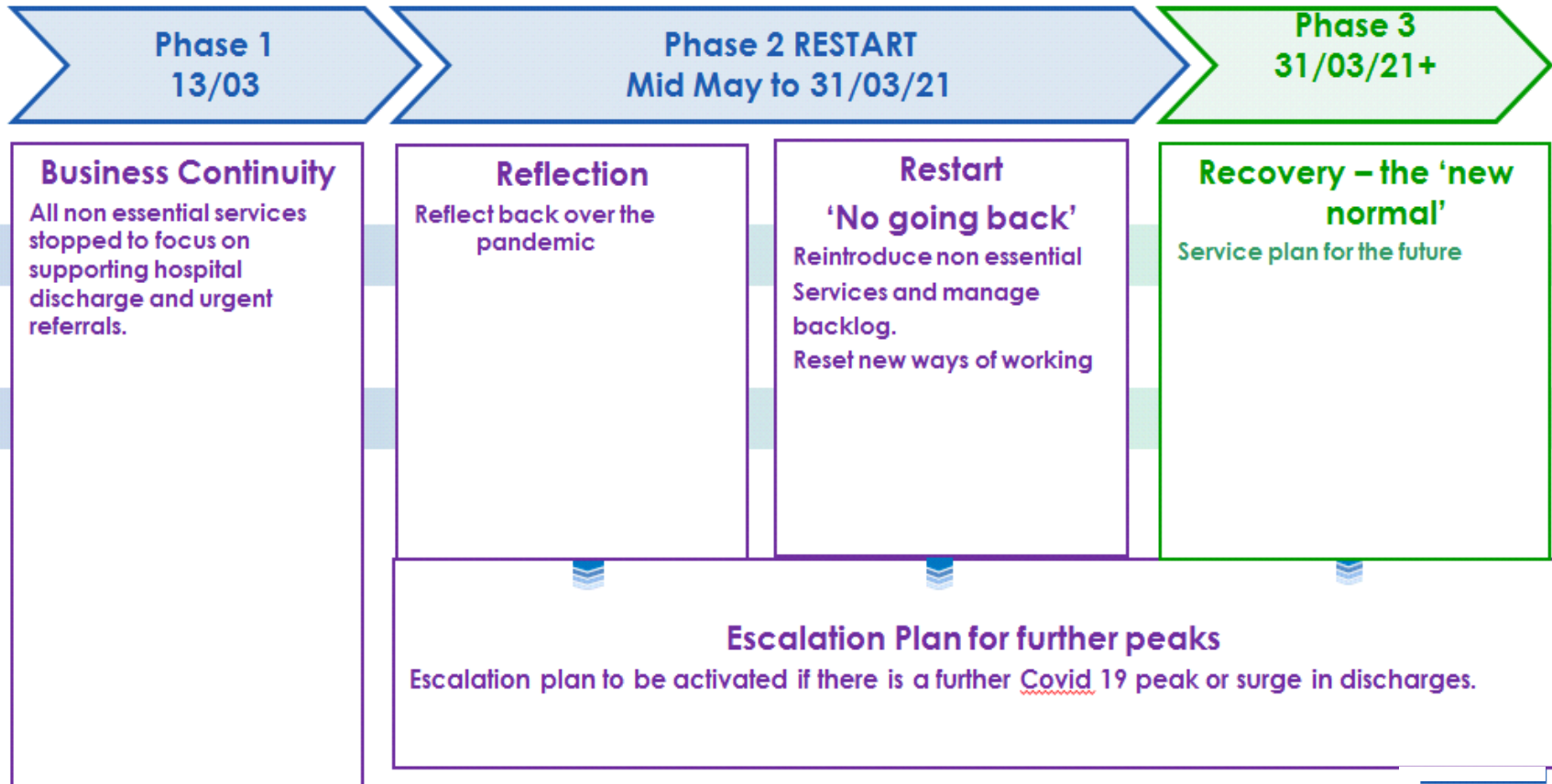
Time to hospital discharge



Approach to recovery

- Many teams do not feel as though they are in recovery as are busier than usual – 75k F2F/ home visits and 33k virtual appointments during covid. 'Housebound' criteria has expanded with a significant increase in referrals for DNAs – patients shielding.
- Recovery – Team led approach – aligning decision making with teams in move to recovery
- Teams developing their own 'restart' plan and 'escalation' plan for if there are further peaks.
- Zoom meetings with each team lead (and as many of the team as possible) to reflect on covid response – 'what should we stop', 'what should we reintroduce' and 'what do we wish to build on/ incorporate moving forward'.
- Redeployed team members returning to their original team in a safe way. Updating risk assessments for shielding/ clinically vulnerable staff. Escalation plans include redeployed staff in and out of teams – clarity for if there is another phase.
- Ensuring that we retain the 'good' from covid – transformation in 3 months!
- Patient/ carer feedback on new services.

RECOVERY PROGRAMME



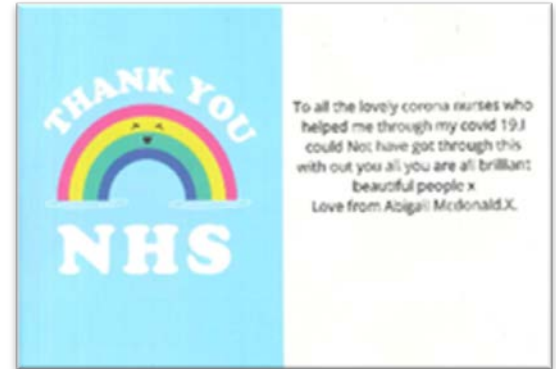
Plaudits & Community Spirit

'Her empathy, patience and her professional manner with what I was going through allowed me to gain more of myself back. I truly felt that every time I met with her; and ability to truly understand what I was feeling/going through and most importantly the tools I need in my life to make things better for me.'

Talk together Bromley

'Knowing that someone was at the end of the telephone was amazing. It was a scary time for everyone. Very grateful to the service'.

CMS Service



'We were at home, despaired as x had offered no comfort during their call. From the moment we were referred to the CMS we felt completely supported & quickly got the medication we both needed. It saved our lives!! ... daily calls was so reassuring. Thank you to everyone involved'.

CMS Service

A Paediatric Consultant at the PRUH said a Mother gave feedback on the wonderful CCNT service. They flexed their hours so her sick child could be discharged early into the community. The Mother was absolutely delighted with the care her child had received. This was a really good example of how Hospital at Home could work.'

CCNT

I would like to wish Keith Newman and Lynn Orford the very best as they take up new temporary roles at the Nightingale. Keith is taking his dancing shoes with him!

From Jacqui Scott – CEO Bromley Healthcare

Local shops, businesses and members of the public have been so supportive and generous of our staff. We have received many wonderful donations and well wishes

I just wanted to say how lucky we have been to have the SLT therapists here at Foxbury. Their care...has been nothing short of outstanding.

There was one patient in particular they made a significant difference to & it made most of the staff quite emotional, he went from being non verbal to speaking full sentences on discharge.

Just wanted to say a big thank you to all the fabulous Hollybank staff now working on Foxbury. They have taken on their new roles here without complaint. They are so kind & caring towards the patients. Some were anxious in the beginning ...it is scary times for all the staff looking after COVID positive patients but everyone of them have fitted in so well. We are so grateful to have them here and they have certainly made a difficult time a lot easier.'

From Val Ritchie – Matron Rehab Beds - Foxbury

Staff received wonderfully colourful scrubs bags from a local sewing group



Thank you cards



Healthwatch Bromley Services during Covid-19 social distancing measures

Q1-April- June 2020

In line with government guidelines and social distancing measures, during Q1 we adapted our face-to face engagement model for our Healthwatch service. Our core offer during this time included:

Patient engagement

- Setting up 2 weekly online zoom sessions for the community, individuals, and local groups.
- Providing a Whats App Information & Signposting service to enhance our phone, email and website offer
- Regular website news updates and a specific Covid-19 information page
- Developing our social media platforms to share key messages, provide information and signposting and support local health and care partners in reaching wider audiences
- Gathering patient experience feedback via external online review platforms
- Working with our volunteers and key partners to ensure they are engaged and participating in the community response, where appropriate.
- Promoting PRUH Feeling safe patient experience survey
- Promoting Bromley Covid 19 volunteer Hub - Healthwatch Bromley Volunteers poster developed for existing and new volunteers to offer volunteer support

Other core service functions & updates

- Recruitment of 2 part time Project Officers (2 days per week).
- Q4 Monitoring and Patient Experience Reports completed (Total 467 Patient experiences received and halted on 15th March due to Covid 19)
- Completed Q4 Enter and View reports (Bromley Y Q3 and Bromley Mencap Parents Group Q4). The Heathers Care Home scheduled for 30th March was postponed due to the Covid19 social distancing measures.
- Autism Care Pathway Report 18+ completed
- 2020/2021 HWB work plan (under review) completed
- Healthwatch Bromley Annual Report (2019-2020) completed

Enter & View Programme

On hold for Q1. We will commence Enter & View visits during Q2 based on discussions with commissioners about priorities and pressures services may continue to be under. We have developed two options for carrying out Enter &

View visits during going forward into Q2. One option involves working closely with the commissioner and provider to distribute surveys through the post to relevant service users, relatives, and staff, seeking insight and feedback into the service in question. The other option will utilise IT equipment to carry out virtual visits, with the support of on-site provider staff.

Patient Experience Q2

We will continue to collate reviews from external online review platforms and develop our social media platforms to raise awareness of our service and seek feedback from local people. In addition, we will be working with key partners to distribute our feedback form through foodbank parcels; pharmacy prescriptions; volunteer community support programmes (for example). We will be aiming to fully reinstate or move substantially closer to our Patient Experience targets this quarter through carrying out telephone interviews with residents to collect patient experience feedback.

Research studies

Healthwatch Bromley, in partnership with Bromley CCG, are currently undertaking studies in relation to Covid-19 and patient experience of primary care services. In addition to this we have studies being carried over from 2019/20; studies being reviewed for implementation given the new context; and a range of topics previously under discussion with commissioners and our local committee that need to be revisited. Some of these may no longer be relevant and more pressing priorities may direct our research studies going forward. The intention during Q2 is to confirm research study topics with commissioners and proceed with planning and implementation.

Community engagement

During Q2 we will continue to offer regular online engagement sessions via zoom/Microsoft Teams, working predominantly with partners, to meet with and hear from patients and services users about their experiences of health and care services. This will be supplemented by continued development of social media platforms to build new relationships and hear from new people/communities/groups in the borough. During this period we will also be planning on how to safely re-establish face-to-face engagement for our staff, volunteers, and local people. A decision to reinstate this part of our service will be made in conjunction with our commissioners.

Healthwatch Committee meetings

These are taking place virtually at present.

Key Strategic Stakeholder Meetings

We continue to attend virtual local key stakeholder meetings and forums; SEL CCG, Health and Wellbeing Board and Place Based Board, Health Scrutiny Sub-Committee, etc.

Return to offices

Staff continue to work at home whilst government guidance remains to work at home where possible. In preparing for a return to our offices this quarter we will be carrying out building/office risk assessments and having risk assessment discussions with staff members based on their individual circumstances. Staff rotas and cleaning schedules are being developed to assist.

Covid 19 Feedback- April to June 2020

Online patient experienced- 305 views captured

- **Care homes:** The majority of responders were satisfied with the effort made by carers during this pandemic. All the reviews were positive.
- **Pharmacies:** The majority of reviews were from pharmacies as they had remained open during lockdown. People appreciate the measures taken by pharmacies to protect them and the fact that they are served during this difficult time. Some did experience lengthy waiting times for their prescriptions.
- **GP surgeries:** people liked the online services provided by GPs. (Phone, video consultation).

Healthwatch Bromley Community Zoom meetings and signposting enquires

Tuesdays 2-4pm and Wednesdays 10am-12pm.

Total number of Zoom session: 20

Total number of people engaged: 94 (82 Zoom and 12 signposting enquires)

3 External stakeholder sessions attended: COVID-19 Voluntary and Community Sector Pandemic Response meeting, Bromley Healthcare Patient Reference Group and BLG Mind Recovery College Forum.

Key themes and issues identified

- **Geographical disparity and health inequalities-** The highest number of assistance requested from Bromley Covid19 Volunteer Hub has been from those residents lived in Orpington, Penge and the Crays areas.
- **Primary Issues-** At the beginning of lockdown measures initial concerns presented were primarily about obtaining food supplies, accessing support for financial hardship and increasing mental health issues, anxiety and stress from families and vulnerable groups such as children with complex needs, deaf and sight impaired groups. Some self-employed residents had experienced delayed in payment for business support from government leading to financial hardship whilst others had received the payment with ease. Access to welfare benefits. Delays in patients receiving government shielding letters.
- **Financial sustainability-** Many local charities experienced funding issues during lockdown due to loss of fundraising revenue from the closure of their shops and outreach. Funding was made available to Bromley base charities by the Direct Line company of £100K. Bromley Council impact of significant drop in income from business rates. Direct payments by Bromley Mencap stopped. Funding and support received from local Rotary clubs.
- **Fare-share and foodbank-** responding locally by distributing through community hub locations.
- **Increase in the number of scams being reported,** including volunteering to do shopping for a vulnerable person and asking for their debit card, as well as the offering of fake Covid 19 tests.
- **Digital and online care-** Overall, access to GP appointments became easier and quicker through GP telephone and E- consultations and overall received positively. But for some residents, remote access it did not meet their communication and care needs. E.g. Lack of communication between GP and hospital appointment cancellation, changes in prescription and long waiting time for prescriptions. Benefits of increased use of technology: video calls, remote goodbyes with PRUH acute ward settings.
- **Primary care-** One GP surgery has observed increasing rates mental health issues in their patients presenting with anxiety, relationship problems and domestic violence concerns.
- **Late Covid 19 presentations at hospital (Kings and Nightingale)** with critical physical and mental symptoms displayed due to delayed access to attending hospital linked to fears of contracting Covid-19. The need for clear local messaging to encourage local people to access NHS 111 and urgent care when presenting with symptoms.
- **Hospital staff and well-being** - ITU poor uptake of staff accessing the in-house counselling support on offer due to the frantic pace of ITU work and prevented staff from staff taking breaks. The psychological impact of staff burnout and PTSD diagnoses have been made, as some staff have been lost

to suicide, as well as those who have died from contacting the virus. Organisations have donated meals for staff e.g. Cook-19 volunteer-led, not for profit.

- **Digital Exclusion** - Clients with mental health issues from BLG Mind highlighted the issue lack of access to digital technology and isolation due to lack of access to android phones, tablets and PC/ laptops and skill sets. Some residents do not have access to the internet and the inability to pay utility bills online leading to anxiety. Specific groups with no online access experiencing difficulties accessing specific goods, services and, treatment and support.
- **Lack of privacy**- difficulties for some clients groups to discuss sensitive issues and for those seeking help for domestic violence/ abuse.
- **Mixed and inconsistent government messaging** around Covid 19 and lockdown easing resulted in increased confusion and anxiety for some BLG Mind clients.
- **Negative mental health impact of self-isolation**- for people living with existing mental health problems. A small number of residents accessing the Volunteer Hub have presenting with suicide ideations. Some BLG Mind clients experiencing difficulties accessing emotional support services.
- **Lack of access to housing support** and housing benefit.
- **Employee rights**- Increased level of anxiety around lack of clarity on employee rights on returning back to work and employees who may feel concerned about safety and child-care issues if and when they returned to work.
- **Access of face masks to vulnerable adult**- During ease of lock down measures the provision and access of face masks covering to vulnerable adults including those who have been 'shielding' and those with mental health issues.
- **To improve integrated care** - between health and social care systems
- **Dental Care** -Difficulties with registering and accessing dental care.
- **Social care**- Difficulties in accessing a care assessment and assistance with shopping for two elderly residents.
- **Access to podiatry and blood tests**- Lack of clear information from Primary care services.
- **Community care**- Elderly Wheelchair bound patient following hospital discharge, OT rehab services in home ceased and have continued to pay for the service. Access to self-care support for those with mental health problems.
- **Reluctance to access services**- There remains reluctance by residents to not access services because of the fear of catching COVID19 or by being a burden on the NHS.
- **Increased assistance with financial and emotional support** by Bromley Well services.

- **In the month of Ramadan** -Healthwatch guided Bromley Council to relay clear messaging in observing social distancing in those residents observing Ramadan.
- **Face mask barrier** for those with hearing impairment and unable to lip read. The need for clear face cover masks.

Report by:

Mina Kakaiya

Operations Manager

Healthwatch Bromley

Report No.
CSD20074

London Borough of Bromley

PART ONE - PUBLIC

Decision Maker: HEALTH SCRUTINY SUB-COMMITTEE

Date: Thursday 16th July 2020

Decision Type: Non-Urgent Non-Executive Non-Key

Title: MATTERS OUTSTANDING AND WORK PROGRAMME 2020/21

Contact Officer: Jo Partridge, Democratic Services Officer
Tel: 020 8461 7694 E-mail: joanne.partridge@bromley.gov.uk

Chief Officer: Director of Corporate Services

Ward: N/A

1. Reason for report

1.1 The Health Scrutiny Sub-Committee is asked to consider progress on matters outstanding from previous meetings of the Sub-Committee and to review its work programme for 2020/21.

2. **RECOMMENDATION**

2.1 **The Health Scrutiny Sub-Committee is requested to:**

- 1) **Consider matters outstanding from previous meetings; and,**
- 2) **Review its work programme, indicating any issues that it wishes to cover at forthcoming meetings.**

Impact on Vulnerable Adults and Children

1. Summary of Impact: Not Applicable
-

Corporate Policy

1. Policy Status: Existing Policy:
 2. BBB Priority: Excellent Council:
-

Financial

1. Cost of proposal: No Cost: Further Details
 2. Ongoing costs: Not Applicable:
 3. Budget head/performance centre: Democratic Services
 4. Total current budget for this head: £ 359k
 5. Source of funding: 2020/21 revenue budget
-

Personnel

1. Number of staff (current and additional): 7 posts (6.67fte)
 2. If from existing staff resources, number of staff hours: N/A
-

Legal

1. Legal Requirement: None:
 2. Call-in: Not Applicable: This report does not require an executive decision.
-

Procurement

1. Summary of Procurement Implications: None
-

Customer Impact

1. Estimated number of users/beneficiaries (current and projected): This report is intended primarily for Members of this Sub-Committee to use in planning their on-going work.
-

Ward Councillor Views

1. Have Ward Councillors been asked for comments? Not Applicable
2. Summary of Ward Councillors comments: Not Applicable

3. COMMENTARY

- 3.1 The Health Scrutiny Sub-Committee's matters outstanding table is attached at [Appendix 1](#).
- 3.2 The Sub-Committee is asked at each meeting to consider its work programme, review its workload and identify any issues that it wishes to scrutinise. The Sub-Committee's primary role is to undertake external scrutiny of local health services and in approving a work programme the Sub-Committee will need to ensure that priority issues are addressed.
- 3.3 The four scheduled meeting dates for the 2020/21 Council year as set out in the draft programme of meetings agreed by General Purposes and Licensing Committee on 11th February 2020 are as follows:
- 4.00pm, Monday 6th July 2020
 - 4.00pm, Wednesday 21st October 2020
 - 4.00pm, Thursday 14th January 2021
 - 4.00pm, Tuesday 23rd March 2021
- 3.4 The work programme is set out in [Appendix 2](#) below.

Non-Applicable Sections:	Impact on Vulnerable Adults and Children, Policy, Financial, Legal, Personnel and Procurement Implications.
Background Documents: (Access via Contact Officer)	Previous work programme reports

HEALTH SCRUTINY SUB-COMMITTEE MATTERS OUTSTANDING

Agenda Item	Action	Officer	Update	Status
Minute 25 28th January 2020 Update from King's College Hospital NHS Foundtion Trust	The Governance Action Plan (Dermatology) to be shared with the Sub-Committee.	Director of Operations – PRUH and South Sites		In progress
	Information on the number of ED attenders with waiting times over 8 and 11 hours to be provided to the Sub-Committee.	Director of Operations – PRUH and South Sites		In progress
	A walk-through to provide feedback to the PRUH, related to signage, to be conducted by Healthwatch Bromley.	Director of Operations – PRUH and South Sites / Healthwatch Bromley	Healthwatch had run a couple of hub sessions prior to lockdown, and the initiative was currently on hold.	In progress
	Attendance and performance figures for the PRUH's ED and UCC to be produced on a monthly basis, and provided to the clerk for circulation to Members of the Sub-Committee.	Director of Operations – PRUH and South Sites	To be restarted following the July 2020 meeting.	In progress
	If approved, information on the phases of the car park deck to be provided to the Sub-Committee.	Director of Operations – PRUH and South Sites	The project was currently on hold.	In progress

HEALTH SCRUTINY SUB-COMMITTEE WORK PROGRAMME

21st October 2020
Presentation from The Chartwell Cancer Trust
Update from King's College Hospital NHS Foundation Trust
Full Oxleas Mental Health Services Update
An Update on the CAT Car (Oxleas)
General Update – Bromley Healthcare (to include: Evaluation of the Remote Patient Review Service and Update on the Stock Hill Pilot)
Service User Engagement - Healthwatch Bromley (Verbal Update)
Joint Health Scrutiny Committee Verbal Update (Representatives)
14th January 2021
Update from King's College Hospital NHS Foundation Trust
Bromley 0-19 Service (Bromley Healthcare)
Joint Health Scrutiny Committee Verbal Update (Representatives)
23rd March 2021
Update from King's College Hospital NHS Foundation Trust
Joint Health Scrutiny Committee Verbal Update (Representatives)

To be scheduled (TBC)
A post-winter follow up on patient flow / discharge (King's / CCG) (TBC)
A presentation on the Severe Heart Failure End of Life Pathway (King's / CCG) (TBC)

To be scheduled (carried over from 2019-20)
King's College Hospital Foundation Trust – Financial Summary (Chief Finance Officer)

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