

**Decision Maker:** HEALTH AND WELLBEING BOARD

**Date:** 2<sup>nd</sup> July 2020

**Title:** Bromley Winter Assurance Plan Update

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**Ward:** All

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1. Summary

This paper provides an analysis of performance across the Bromley Urgent and Emergency Care system as compared to last year. This will take into account the COVID 19 Pandemic which impacted on the system dramatically at the end of 2019/20 winter period

The report also provides an overview of the schemes delivered throughout winter 2019/20 from Better Care Fund (BCF) winter pressures monies. These schemes were identified by the Bromley A&E Delivery Board and are presented for the Board's information. Funding for this year's Winter Resilience Schemes was £646k for Bromley CCG and £1,027k for London Borough of Bromley and were delivered under budget.

To note, due to the COVID 19 Pandemic, there has not been a formal review of the Bromley winter plan this year, as resource has been focussed on mobilising the pandemic response in Bromley. However, this report provides insight into how the Bromley System Winter Plan's successful partnership working across the system enabled successful mobilisation of the pandemic response locally.

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2. Reason for Report going to Health and Wellbeing Board

The Health and Wellbeing Board are requested to support and challenge the local system to ensure the elements included in the report are delivered and reviewed so the local system works together to plan for next winter's with both seasonal demand and COVID 19.

The Plan update is presented to the Health and Wellbeing Board as part of the local assurance scrutiny and assurance process. This report reviews the CCG and Local Authority's 2019/20 winter pressures schemes' successes and challenges in order to plan for the next winter. Planning for the winter period of 20/21 has not yet started due to the ongoing COVID 19 pandemic, but will be included in the One Bromley COVID Recovery Planning discussions currently underway.

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### 3. SPECIFIC ACTION REQUIRED BY HEALTH AND WELLBEING BOARD AND ITS CONSTITUENT PARTNER ORGANISATIONS

The Plan included input from all Bromley partners. Specific individuals and organisations are identified throughout for their role in delivering the Plan. The Bromley A&E Delivery board has oversight of the activity delivered under the Plan

1. Related priority: N/A

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#### Financial

1. Cost of proposal: Estimated Cost BCF - £646k (CCG) £1,047k (LBB)

Non BCF - £992k (King's – non BCF) 2. Ongoing costs:

2. Ongoing costs: Estimated Cost No Cost Not Applicable: Further Details

3. Total savings: Not Applicable:

4. Budget host organisation: LBB/ CCG/ King's

5. Source of funding: BCF funding for LBB/CCG spend only.

6. Beneficiary/beneficiaries of any savings: N/A

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#### Supporting Public Health Outcome Indicator(s)

Yes

4.11 - Emergency readmissions within 30 days of discharge from hospital

4.13 - Health related quality of life for older people

4.15iii - Excess winter deaths index (3 years, all ages)

4.15iii - Excess winter deaths index (3 years, over 85)

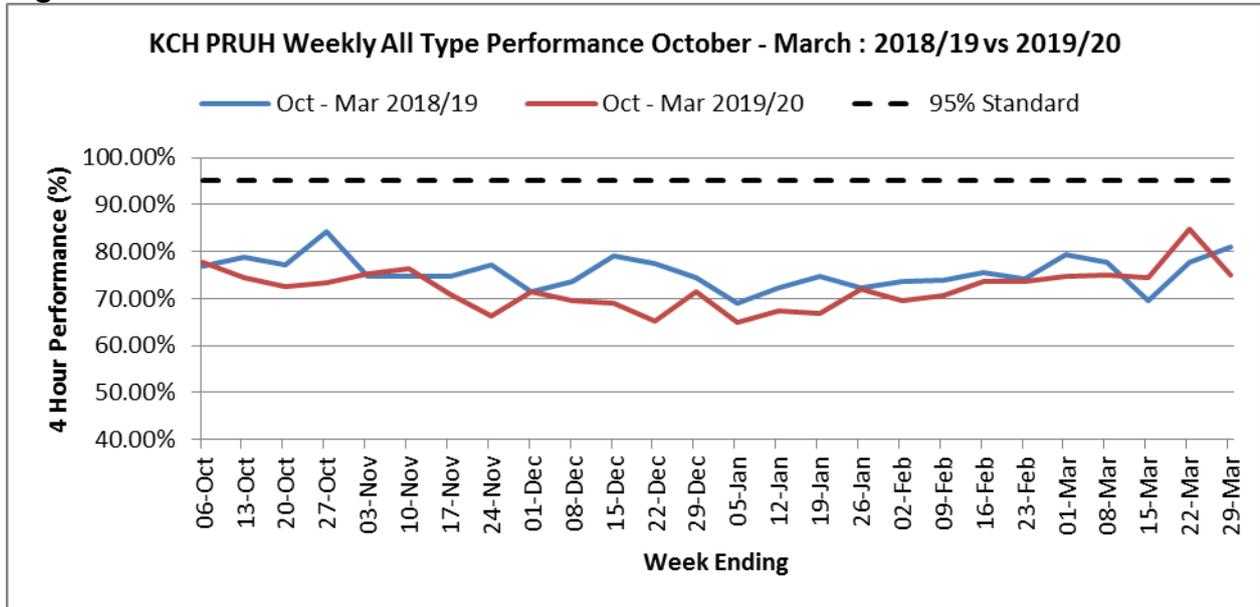
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## 4. COMMENTARY

### 4.1 Activity and Performance:

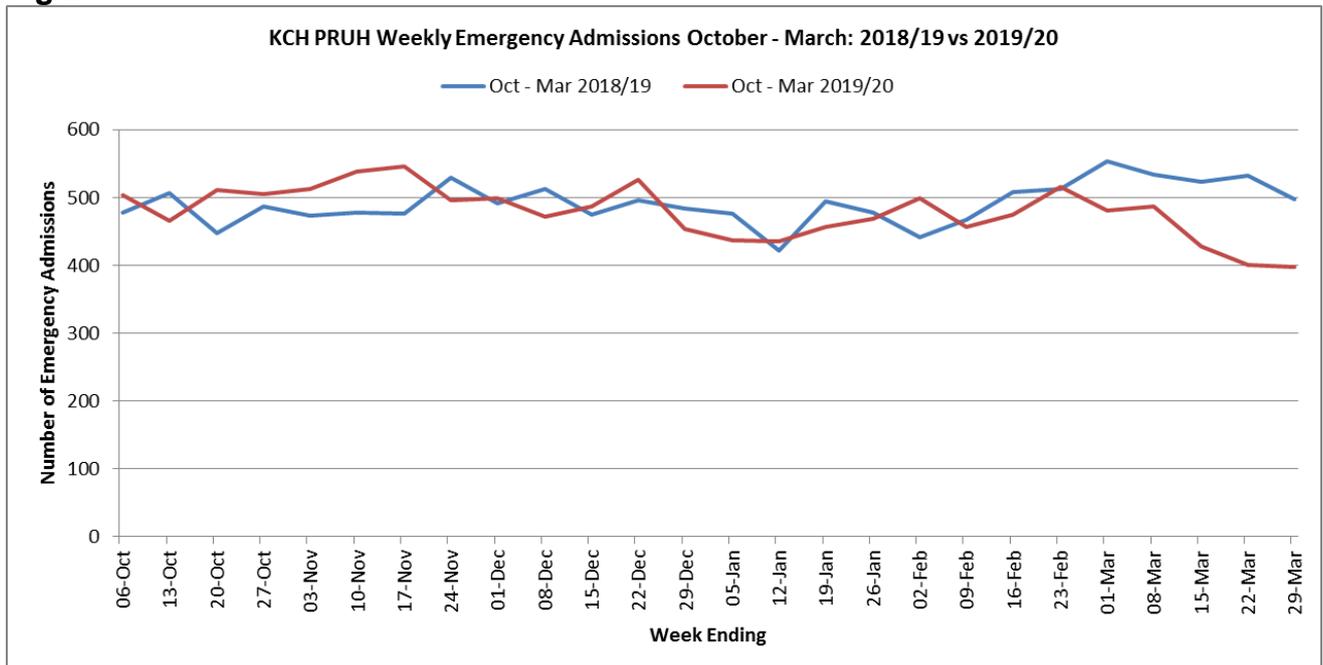
As shown by Fig 1., PRUH A&E all Type 4 hour performance decreased slightly when compared to the previous year from an average of 75% to 72%. Type 1 Performance was particularly low in December until mid-January. Analysis by the Trust showed that during this period there had been a 9% increase in Type 1 attendances and a 6.7% increase in Type 3 which contributed significantly to the performance challenges.

Fig 1.



As you can see from Fig 2, although overall emergency admissions for all ages were relatively stagnant as compared to the previous year, there was a significant increase in attendances of over 85s (7.7%) and also an increase in over 85s being admitted to hospital (6%). These patients have a significantly longer length of stay (circa 8.3 days, versus 7 days for 65-84 years and just 3 days for 0-65 years) impacting on bed management and a consequentially negative impact on 4 hour performance. Type 1 and All type performance did improve in February and March.

Fig 2:



## 4.2 PRUH Emergency Department Flow:

The increase in patients over 85 being admitted in December and January translated into a 7.3% increase in occupied bed days, with a 10.1% increase for the +85 year subset. Naturally the bed numbers are slightly different by year due to opening and closing of escalation wards, but the increase is significant.

To improve flow, the Transfer of Care Bureau and the Nursing Head of Quality initiated 'point prevalence' reviews of every patient on the wards who had a length of stay of over 21 days. These reviews were carried out by trust and community health and social care staff, leading to a significant drop of 278 patients in the period of Dec-January as compared to 321 for the previous year.

Also positively, up until February 2020 (when NHSE paused the recording of statistics to focus outputs on supporting COVID-19 capacity), Delayed Transfers of Care (DTOCs) remained significantly below the 2019/20 national target, as Bromley remained one of the best performing boroughs in London.

This put the Trust in a good position when the COVID pandemic began to significantly impact A&E, as the Trust, Bromley Healthcare and the CCG, Local Authority were quickly able to build on the work carried out during winter, to mobilise the Bromley Single Point of Access (SPA) for hospital discharge.

## 4.3 Impact of Bromley System Winter Plan and Resilience Schemes 19/20:

Although a formal review hasn't taken place at a system level due to prioritisation of supporting COVID 19 capacity, the additional capacity added to the system over winter helped support the health and social care system through the COVID 19 period. Along with the additional capacity, the system escalation protocols put in place for managing surges, combined with the integrated approach Bromley taken with winter planning across both health and social care also contributed to a successful unified response. For overall spend please see Appendix 1.

The schemes for this year built on lessons learnt from the previous year and focused on three joint strategic themes which are:

- Avoiding unnecessary hospital attendances
- Maintaining hospital flow
- Reduction in delayed discharges through integrated working.

### 4.3.1 Attendance and Admission Avoidance

- **Additional Rapid Response and Urgent Therapies Capacity** - Provision of healthcare professional support (including advanced nurse practitioners and therapists) to mitigate against the increase in demand for GP home visits by providing timely provision of visits. The rapid urgent therapies has been continued throughout the Covid pandemic and has maintained a large caseload of patients needing urgent therapy input. The Telehealth trial has been delayed firstly by governance issues and then the COVID pandemic, but Bromley Healthcare are planning to restart the pilot shortly.
- **Additional GP hub appointments** - Providing additional hub appointments in both existing hubs and additional hub slots during key pressure times meaning more people to be seen in primary care, mitigating increase in Urgent Care Centre (UCC) attendance. An additional hub was created on the PRUH site to take pressure away from the Urgent Care Centre, which had

identified that there were surges in attendances in the mid to late afternoon. By utilising the Kings Outpatient clinic space (adjacent to the UCC) after the clinics had finished and on weekends, patients were able to book slots into the hub on site via the UCC reception. This meant they had a booked in slot rather than having to wait in a busy UCC department at peak times. This was a successful partnership mobilisation between the CCG, King's and Bromley GP Alliance. Hub utilisation across all sites averaged at 93.75% utilisation from December to March. Weekend dressing clinics as existing clinics were already in existence in the community for services to redirect patients into.

- **Winter Communications Campaign 19/20** – a targeted [winter health leaflet](#) for patients was distributed to 100,000 homes in Bromley, recommending flu /pneumococcal and shingles jabs and how to get them. It also included information on NHS 111, GP hubs and getting the right care in the appropriate setting. A comprehensive Communications and Engagement plan has been developed which focuses on three priorities. These were: encourage uptake of the flu vaccination by residents and staff; promote the national stay well messages and ensure the Bromley system is aware of the range of winter resilience programmes that have been put in place to manage additional pressures over winter. Bromley CCG and LBB Public Health coordinated for the first time, flu clinics for Local Authority front line workers delivering 115 flu vaccinations to social workers and other staff.

Over the winter period Bromley CCG had the highest Flu Vaccination uptake rate for over 65s of all London CCGs of 71.5% (<https://www.gov.uk/government/statistics/seasonal-flu-vaccine-uptake-in-gp-patients-monthly-data-2019-to-2020>) which is significant as Bromley has one of the highest number of over 65s patients in London.

- **Additional social care staffing capacity** (London Borough of Bromley funded) to enable a quick and efficient assessment service to vulnerable adults and their carers ensuring timely intervention with skilled staff who are familiar with the local area and Bromley procedures and processes. This has been important during the COVID pandemic where good community social care worker capacity has been intrinsic to avoiding social care admissions and maintain hospital bed capacity.
- **Bromley Care Home Telemedicine Pilot** – it is recognised that Bromley has the one of the highest volumes of care homes (residential and nursing homes plus Extra Care Housing) in London: 44 different care homes, approximating to 1,800 beds across a variety of settings and therefore Bromley is among the highest LAS call out rates in London. This is a targeted 12 month pilot (April 2020 – April 2021) utilising the NHS Airedale virtual support model is a telecare/telehealth scheme that gives care homes 24/7 virtual access to a range of clinicians at levels of specialism and seniority appropriate to interventions needed to keep resident's out of hospital, away from primary care and improve the health and care outcomes for all. This scheme has only just started but will be evaluated within this financial year measuring reduction in LAS / 111 calls and conveyances as well as hospital attendances and admissions.

#### 4.3.2 Maintaining Flow:

- **Additional capacity in the Urgent Care Centre (UCC)** – this included additional Healthcare Assistants (HCAs), enhance rates for GPs over the Christmas period and an additional floor coordinator role to maintain ensure flow is managed efficiently within PRUH UTC at times of increased pressure. The PRUH UCC achieved an average of 98% Type 3 Performance throughout Oct 19 to March 20, despite 6% increase in UTC attendances in comparison to previous year.

Oct 19 – Dec 19 saw an increase in illness cases by an average of 10.4% per month in comparison to the previous year, however additional GP hours sourced through winter pressures funding helped to maintain and managed demand successfully in the department.

Patient satisfaction also increased between during Feb/Mar 19 in comparison to the previous year, with 2.73% increase in people who would recommend the PRUH/Beckenahm Beacon UCC services.

- **Rapid patient testing for flu** – led by the PRUH microbiology team, enabling quicker confirmation of flu to help control potential outbreaks and also help flow as patients whom would have been otherwise been isolated or put in a side room as a precaution, would no longer need this, therefore freeing up capacity.

From analysis carried out by the PRUH microbiology consultant in the table below, there is a significant improvement in the turnaround time, 97.8% of the results were available within 24 hours when the rapid method was used compared to 9.4% with the send away samples. Moreover, during 2018/2019 period around 73% of the results came back at least 3 days after being received by the laboratory compared to 1.5% in 2019/2020 when the rapid test was introduced. This significantly would have a certainly influenced patients movement from ED, the use of beds and side rooms, patients’ discharges, rationalising treatment.

<b>Results available Within</b>	<b>Dec 2018 – March 2019 sample sent away Ref lab for testing (695 sample tested)</b>	<b>Dec 2019 – March 2020 Flu Rapid test on site (1854 Sample tested)</b>
<b>24hours</b>	<b>9.42%</b>	<b>97.8%</b>
<b>48 hours</b>	<b>17.52%</b>	<b>0.66%</b>
<b>3-4 days</b>	<b>46.43%</b>	<b>1.21%</b>
<b>&gt;5 days</b>	<b>26.63%</b>	<b>0.32%</b>

It is also worth noting that a larger volume of samples were tested this years (2.6 times than last year), this increase in the use of the test may reflect staff confidence in the timely result to manage patients flow. Unfortunately, due to the current COVID19 issues and the change in patients’ care pathways it was not possible to compare the effect of the rapid test this year on ED waiting time or number of blocked bed or cross infection rates.

- **Respiratory Consultant Hot Clinic** pilot over the weekend to Patients were identified in A&E or Acute Medical Unit to have a respiratory assessment by the nurse, including the COPD and Asthma discharge bundles, treatment optimisation, completion of national audit database, provide brief smoking cessation advice and onward referral to community respiratory teams/palliative care teams. The outcomes included reduction in length of stay for COPD patients, avoiding hospital admission and readmission. As these clinics only began in February, there wasn’t sufficient time to review the 6 week pilot before the COVID pandemic began.

#### 4.3.3 Reduction in Delayed Discharges

- **Additional capacity into community healthcare services:**
  - **Clinical Triage function within Bromley Healthcare Care Coordination (CCC)** - The funding provided therapists and nurses to sit within the CCC 7 days a week from 8am-8pm and successfully enabled hospital clinicians to identify the required clinical input and arrange directly with the required community clinicians. This removed the need for hospital clinicians

to understand multiple pathways that previously lead to confusion and a lack of appropriate referrals.

The lessons learnt and infrastructure built from this trial period over winter was integral in empowering Bromley Healthcare to successfully facilitate (through partnership with Kings, Bromley /SEL CCG, Continuing Healthcare and London Borough of Bromley Social Services, Brokerage, St Christopher's, Oxleas and Bromley Well) the COVID 19 Discharge Single Point of Access (SPA).

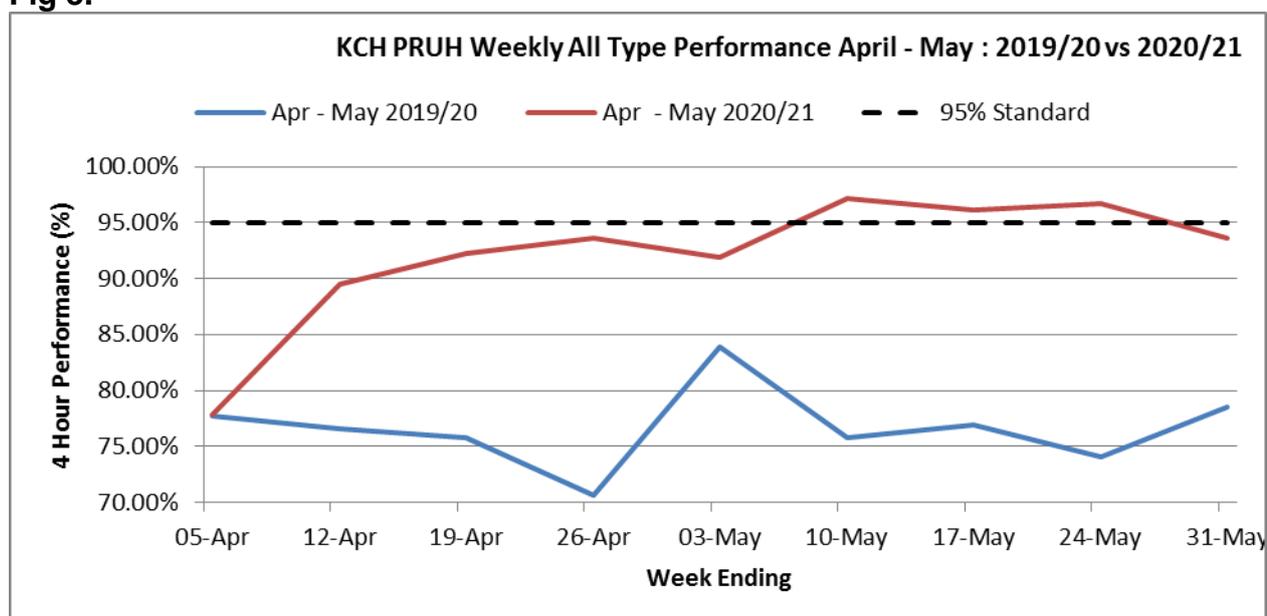
- **7 day community in reach into Hospital** – the community therapists were based within the PRUH Transfer of Care Bureau and supported 7 day working model with the aim of an improved and integrated discharge patient experience between hospital and community. As above, the relationships built between hospital and community therapists during the winter allowed for successful partnership working to launch the Bromley Discharge SPA. The in reach posts have now been moved into the SPA to support the clinical triage function.
- **Urgent response capacity within community physiotherapy and occupational therapy teams** - the additional staffing allowed a faster urgent response route for therapies where required to ease winter pressures. The staff supported the Home Based Rehab team which saw its capacity go from an average of 78 patients on the caseload in September to 125 on average in March. These both facilitated early supported hospital discharge for patients needing ongoing therapy maintenance and referrals for urgent therapy support from GP patients in the community. The additional staff enabled more rehabilitation for patients and improved recovery rates, exemplified by the reduction of average length of stay on the caseload from 34 days in September to 23 days by March.
- **Additional capacity into London Borough of Bromley social services such as:**
  - **Intensive Personal Care Service** offered night sits, live in care, temporary & emergency placements, increases to existing packages for a maximum of up to four weeks (available for the full year).
  - **Fast Response bridging for Reablement providing** personal care within 2 - 4 hours of request to meet care needs to facilitate discharge prior to ongoing services being available.
  - **Deep clean / handyman service** provided a quick efficient service to clean the home environment and move furniture etc. to enable care and equipment to be provided (available full year)

#### 4.4 Post COVID performance

The focus since March 2020 of the Bromley Urgent and Emergency Care System has been to support COVID 19 system capacity both in the hospital and the community. The Bromley system has managed the COVID pandemic well both in terms of capacity and performance.

The PRUH is one of the Top 3 trusts in London with most improved performance compared to pre-COVID. Performance against the 4 hour performance target has been consistently above the 95% target in April, May and June. For April and May 2020, Type 1 performance was an average 87% compared to 61% in April/May 2019. All Type performance in April / May 2020 averaged at 92% compared to 77% the previous year (see Fig.3).

**Fig 3.**



Encouragingly, attendances have increased over June and performance has so far been sustained at just under 95%. Bed occupancy has also reduced from a daily average last year of 99.1% compared to 76.6% daily average this year. The number of long length of stay patients have reduced by 40% and average length of stay for patients has also reduced significantly with emphasis on therapy support for patients once discharged back to the community. For further analysis of reasons for the improvement please see Appendix 2.

Discussions are underway at the One Bromley Executive and other forums around recovery planning from the COVID 19 period and sustaining performance if an when activity increases to pre COVID levels.

**5. IMPACT ON VULNERABLE PEOPLE AND CHILDREN**

The Plan ensures the system are held to account in their role in ensuring Bromley residents have access to timely, high quality health and social care when they need it preventing. In particular the plan ensures there is appropriate resource for frail and elderly residents who are particularly vulnerable to seasonal illness.

**6. FINANCIAL IMPLICATIONS**

The CCG and LBB Winter resilience funding is part of the agreed Bromley Better Care Fund. King's Winter Resilience funding is part of their contracted baseline

**7. LEGAL IMPLICATIONS**

There are no legal implications

**8. IMPLICATIONS FOR OTHER GOVERNANCE ARRANGEMENTS, BOARDS AND PARTNERSHIP ARRANGEMENTS, INCLUDING ANY POLICY AND FINANCIAL CHANGES, REQUIRED TO PROCESS THE ITEM**

The Bromley A&E Delivery Board is responsible for the oversight and management of the Bromley System Winter Plan and the winter schemes.

## 9. COMMENT FROM THE DIRECTOR OF AUTHOR ORGANISATION

A strong multi-disciplinary approach to the management of urgent care pressures took place last winter with additional capacity provided in primary care, community services and social care, as well as increased capacity in the hospital and urgent treatment centres. Much of the work was undertaken through the local care partnership – One Bromley. Whilst the 4 hour 95% A&E target was not met, quality of care and patient safety principles were adhered to. Before the end of winter, the Covid-19 pandemic took hold and significant changes took place in the way all health and social care organisations function.

<b>Non-Applicable Sections:</b>	[List non-applicable sections here]
Background Documents: (Access via Contact Officer)	[Title of document and date]