

## **Appendix 2 - One Bromley Briefing - Key Drivers for improved performance at PRUH during COVID**

### **Summary:**

PRUH has managed the COVID pandemic extremely well and 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 May.

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.

### **Key drivers for this performance improvement include:**

#### **Attendances:**

- Type 1 saw a 32.5% drop in average daily attendance for May (as of 22<sup>nd</sup> May) against the same period last year. Type 2/3 saw a 43% drop in average daily attendances.
- From 23<sup>rd</sup> May, non-COVID activity has started to increase significantly, but PRUH has continued to consistently perform above 95% (up until 27<sup>th</sup> May when this was written).
- Ambulance conveyances are 23% lower for the same time last year, but have increased to pre-covid levels

#### **Emergency Department workforce / infrastructure changes:**

- Rapid review of all workforce across site to support critical, emergency and acute pathways. Blue and green teams established within the emergency department with senior clinical leadership for each area to ensure timely assessment and decision making. Rotas adjusted to provide greater late / overnight consultant support across site and improved acute / emergency medical interface with a more consistent consultant take rota.
- Emergency department implemented blue and green zones at both walk-in and ambulance entrances with fully contained blue area including resus cubicles. PRUH A&E expanded resus capacity by creating an additional three cubicles which supported the acutely unwell presentations coming through. Each area had a dedicated nursing and medical team to support which allowed streaming and social distancing of all patients presenting. We also employed runners between the zones to reduce the need for teams to have to regularly exit, spend time with donning and doffing and limit risk of cross contamination.
- ED worked with radiology to create blue radiology rooms within the designated blue zone which ensured there were limited delays to patient pathways whilst awaiting diagnostics. Across the site, clear pathways in place for all patients being admitted into blue and green areas to support flow. The site demonstrated immense flexibility in being able to step up and down the zoned areas dependent upon need to avoid any admission delays.
- PRUH expanded ITU capacity by 50% and our Acute Medical Unit was able to function as an assessment unit so any medical referrals from ED were actively pulled by the specialty teams into the unit for assessment to be undertaken rather than patients waiting in the emergency department.

### **Ambulatory, Short Stay and Assessment Units**

- Established a surgical assessment unit which operates 24/7 and expanded pathways to include all suitable patients within surgical specialties.
- Also developed a paediatric short stay unit pathway to include four assessment beds on the paediatric ward for green zone patients to be triaged from ED directly to the ward for paediatric team assessment.
- Implemented a gynae / early pregnancy assessment unit for all gynae referrals to avoid coming through ED so those patients can be directly streamed from the urgent treatment centre. Within the last two months, ED breaches associated with specialty delays have reduced by 80%.

### **Bed Occupancy / Length of Stay reduction**

- **Transfer of Care Bureau remodelling** – an increased bed base was created by converting 4 Orpington wards into sub-acute wards. To support these changes, there was a re-organisation of discharge coordinator roles to split functions across both PRUH site. Additional support from CCG staff and recruitment have increased the number of clinical administrators and care navigators on the hospital site, who have been important as a link between community services, care homes, the hospital ward staff and patients / next of kin, ensuring communication is accurate and the patients are ready for discharge at the point of referral i.e. TTOs / EDNs completed.
- **Implementation of the Bromley Single Point of Access (SPA)** – rapid implementation of the COVID 19 Hospital Discharge Guidance to create the Bromley SPA, an integrated health and social care discharge support service, utilising community healthcare clinicians, continuing healthcare nurses, social care workers and local authority care brokers to support timely and appropriate discharges. The SPA takes referrals from hospital clinicians via the telephone to a community nurse or therapist. The community clinician takes the referral information and coordinates the health and care for the patient post discharge. This has enabled good joint working between the community, hospital Transfer of Care Bureau and wards to support patients being discharged out of hospital.
- **Discharge Quality Improvement** – every patient that goes through the SPA has a follow up assessment from community therapists within 24 hours to ensure the package of care in meeting the needs of the patient at home and all equipment is in place. The therapist has the ability to refer patient into additional community support services if required, before referring onto social care or healthcare for a longer term care assessment.
- **Voluntary Sector**– Bromley Well (commissioned service provided by Age UK Bromley & Greenwich) have added to their support for patients on discharge, including care navigation of complex cases, joint visits with equipment providers to ensure access to house / key safe and the usual handyman and take home and settle services.
- **Housing Discharge Support** - Local Authoring Housing has supported with providing housing grants to support home environment issues preventing discharge such as deep cleans, repairs, removal of hazards etc. Additionally Local Authority Housing provided support for homeless patients with either none or ongoing health and care support needs, including temporary housing and also hotels. These services have been integral to enabling smoother and timelier discharges for a complex cohort of patients.