

# Bromley Health Scrutiny Sub-Committee Update

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King's



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# COVID-19 Overview: Our Response

COVID-19 has been classed as a category 4 incident by the NHS, the highest level of major incident resulting in national command across the system. The Trust has been in major incident mode since March 2020.

## Trust-level 'major incident':

- Introduction of the Gold and Silver command and control structure;
- Daily Gold and Silver meetings across main sites;
- Operational leadership and sign off via Gold and Silver structures;
- No business as usual – meetings/events/projects postponed/on hold;
- Making use of technology – MS Teams.

## Membership and structure

**GOLD** - Executive team, medical and nursing leadership, operational leads, clinical site representation.

**SILVER (x2)** – one per each main site  
Local operational leads, clinical site rep, medical and nursing leadership, infection prevention and control, workforce, estates, procurement and communications

# COVID-19 Overview: Our Response

**Site reconfiguration:** As a priority to ensure the safety of patients, staff and the community, the Trust modified its estate.

- Restricted access including reduced entry points implemented at both the PRUH and Orpington Hospital, alongside the Trust-wide change to visitors policy.
- Elective and other non-urgent care moved to other non-acute sites to reduce risk of infection
- Routine appointments moved to telephone, video or postponed for reschedule.
- Extensive wards changes and moves to release capacity for COVID-19 patient care.
- On-site parking charges lifted for staff via temporary permit initiative.

**Partners:** We have worked with our partners throughout this period - including local, sector and regional levels.



# COVID-19: Staff Redeployment

The Trust increased the resilience of its pandemic response by redeploying 260 staff across PRUH and South Sites to roles in both COVID-19 patient areas and other roles directly supporting the divisional COVID-19 response.

A divisional workforce hub was established to manage the redeployment process and other staff related matters including accommodation, parking, testing, general support for staff.

Trust-wide redeployment figures by staff group:

- **Medics- 398**
- **Nursing - 469**
- **Unqualified Nursing - 129**
- **Allied Health Professionals (AHP) – 88**
- **Admin & Clerical - 202**

We also benefitted from student nurses joining the frontline and the return of former, retired staff.

# Staff Health and Wellbeing

To support the impact of COVID-19 on staff, health and wellbeing hubs were established across the Trust including the PRUH and Orpington Hospital. The hubs have provided:

- Psychological (provided by Oxleas NHS Foundation Trust) and pastoral support;
- Hot meals, refreshments, toiletries and other general provisions;
- Microwave, shower and laundry facilities;
- Information and signposting materials.

The hubs have also been the central point of receipt for business and community donations.



King's College NHS @KingsCollegeNHS · Jun 11  
Huge thank you to all the amazing donors who supported our staff at PRUH and Orpington. We've had fantastic help during the pandemic, from the Children's Nursery team receiving Primark goodies, to the Community Midwives, Doctors and staff at Orpington enjoying their donations.



# Staff Health and Wellbeing

**The Trust has also followed NHS England best practice guidelines and offered:**

- Individual risk assessments for all staff with a focus on vulnerable staff groups including BAME, pregnant and high risk medical conditions.
- Work environment assessments..
- Working arrangement modifications.
- Priority testing for COVID-19 areas and vulnerable staff.
- Ongoing work to develop support offer to staff as needed.

# Emergency Care Standard & Urgent Care Performance

Princess Royal University Hospital (PRUH) Emergency Department (ED) and Urgent Care Centre (UCC) performance from January 2020 to date

Month	Attendees			Performance		
	ED	UCC	Total	Type 1 Perf %	Type 3 Perf %	All Types Perf % to date
Jan-20	5770	5394	11164	47.12%	90.56%	68.11%
Feb-20	5449	4948	10397	55.92%	91.13%	72.67%
Mar-20	4451	3869	8320	62.44%	95.12%	77.63%
Apr-20	3178	2328	5506	85.90%	97.90%	90.97%
May-20	3887	3586	7473	95.65%	98.88%	97.20%
Jun-20	4203	3791	7994	93.62%	98.29%	95.83%

# Emergency and Critical Care during COVID-19

## Department zoning

The Emergency Dept. (ED) was divided into zones to separate patients on COVID-19 (red) and non-COVID-19 pathways.

## Re-purposing space

The Clinical Decision Unit was repurposed to meet assessment space demand. Short stay patients were directed to the ambulatory or Acute Medical Unit (AMU).

## Capacity expansion

Intensive Care Unit (ICU) capacity flexed up to 30 bed base providing additional 60% capacity.

Respiratory High Dependency Unit (HDU) established.

## Attendances/admissions

During the peak of COVID-19, 40% of ED attendances were through the COVID-19 zones and represented 50% of admissions.

Red major activity in ED has now reduced to less than 10% of overall activity, however patients coming through red Resus area has increased with 48% of Resus activity being in the red zone.

**In addition to improvements in the Emergency Care Standard performance against the 4-hour target, the Trust is working to sustain other improvements delivered during COVID-19 including:**

- ED time to first assessment has improved by 75% and been sustained to date;
- Specialty response times improved by 40%;
- Friends and Family Test increased to 92% (previously averaged 73%).

# The Recovery and Reset Programme

The Recovery and Reset programme is focused on resuming the Trust's services and incorporating the learnings from our COVID-19 pandemic response to further improve patient experience and performance.

Immediate priorities are:

- **Patient Flow:** *Improving how patients come into, go through and leave our hospitals safely; reducing the length of time they stay; and improving our 4-hour target.*
- **Critical Care:** *Ensuring that critical care capacity is flexible enough to cope with increasing demand including future COVID-19 surges*
- **Outpatients Transformation:** *Improving patients outcome and experience but strengthening the outpatient model through digital solutions and standardised processes*

Other inter-related and critical areas of focus are elective waiting list recovery and theatre improvement combined with improvements in professional clinical practice and environment; patient experience; workforce and smarter use of technology and data.

*Locally, we want to embed sustainable good practice and future proofing initiatives delivered during COVID-19 such as the use of technology and reducing unnecessary hospital visits, in addition to tackling treatment backlogs e.g. endoscopy*

# Recovery and Reset: Restarting services

*We had to focus all our efforts on responding to COVID-19 and rapidly change the way we delivered services. Whilst some non-urgent services were put on hold, many continued to be delivered from alternative sites and via other means including telephone appointments and virtual clinics.*

## Medical Ambulatory Unit (MAU)

- Was temporarily closed due to COVID-19 but has now reopened.
- Now located in Outpatients D, with access via Emergency Department for COVID-19 screening



## Surgical Ambulatory and Assessment Unit (SAAU)

- Combines ambulatory care with surgical assessment and avoids admission as patients can be monitored for up to 23 hours without need for an inpatient bed. Also contributing to reduction in presentations to Emergency Department.
- Main surgical specialities general surgery, trauma and orthopaedics, urology and ENT
- Since COVID-19, the unit has been open 24 hours a day.
- GP referrals.

# Recovery and reset: Restarting services

## Elective surgery and Endoscopy

- Resuming through a phased approach at the PRUH and Orpington.
- Using some independent sector capacity – nationally agreed arrangements.
- Clinically urgent and long wait patients are prioritised.
- Patients and their households must self-isolate for pre-op and be swabbed for COVID-19 prior to admission – as per national guidelines.
- Drive through facility set up at Orpington Hospital for swabbing.

## Antenatal services

- These services moved from the PRUH to Orpington Hospital in March and current plans are for services to remain there.
- Modifications being made to the environment to accommodate the service.

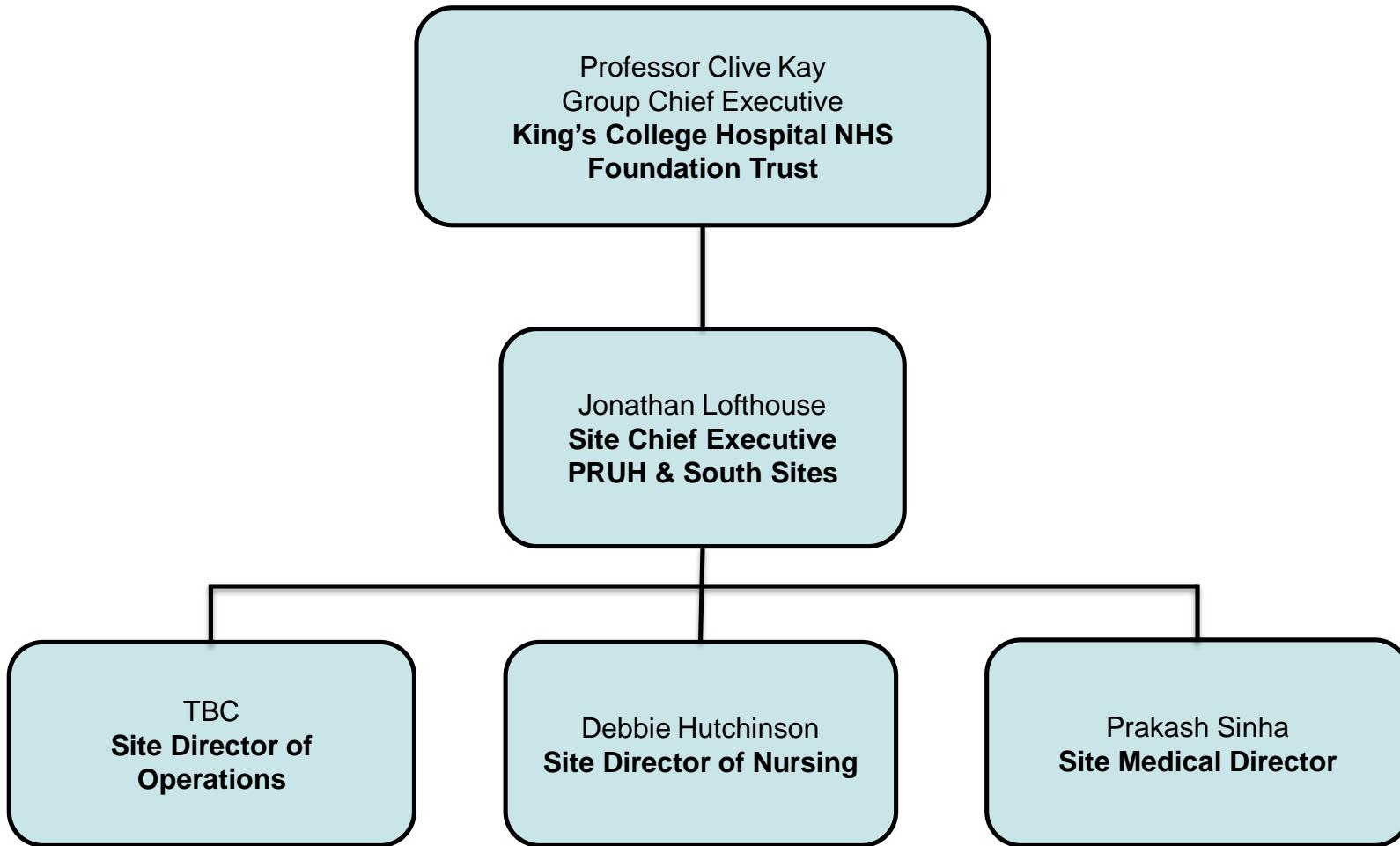


## Ophthalmology

- Outpatient clinics remain at Queen Mary's Hospital (QMH) Sidcup currently.
- Surgery has restarted at QMH and will be restarting soon at the PRUH.



# PRUH and South Sites - Leadership Update



The Site Chief Executive is a member of the Trust Board. Jonathan Palmer has recently joined the Trust as Site Chief Executive (Denmark Hill).