Bromley Whole System Winter Plan 2020/21

Version control

Date	Responsible person for changes	Version	Status
11.09.2020	Clive Moss – Urgent Care Lead	v0.1	To Bromley A&E Delivery Board on 14th September for initial review
21.09.2020	Clive Moss – Urgent Care Lead	V.02	To One Bromley Executive on 21st September for further comment.
30.09.20020	Jodie Adkin	V0.3	Including HWBB comments and input with further expansion of LBB Winter plan requirements

Document Maintenance

Document Name:	***Bromley Whole System Winter Assurance Plan***
Author:	Clive Moss – Urgent Care Lead – Bromley CCG
Plan Owner:	NHS South East London CCG (Bromley)
Agreed / Ratified	Bromley A&E Delivery Board
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Control
This a controlled document maintained by Bromley Clinical Commissioning Group

1. Executive Summary

Over the past few years, the local health and social care system has felt the increased pressure during the winter months, with most health and social care services seeing a surge of activity and demand with a more complex range of needs challenged by seasonal presentations like Flu and norovirus. The additional pressures on the health and social care system, which are primarily from older and frail people, during the winter months presents a challenging landscape even more so with the impact of a potential Covid19 second wave.. Bromley wider health and social care system leaders have developed this plan to manage safely and effectively the additional pressures during this period. The plan is aligned with One Bromley Recovery Plan which has been approved by the One Bromley Executive.

This plan has been considered and reviewed at the Bromley A&E Delivery Board and will be submitted to SEL Urgent and Emergency Care Board for review. This approach includes coordinated planning for and management of winter pressures, and other periods of enhanced demand on the care system. The Board is facilitated by NHS SEL CCG (Bromley), working in partnership with King's College Hospital, London Borough of Bromley, Greenbrook Healthcare, Oxleas NHS Foundation Trust, Bromley Healthcare, Bromley GP Alliance, St Christopher's and London Ambulance Service and Bromley Third Sector Enterprise.

Last year the Bromley System Winter Plan brought together a single view of how the system would proactively manage winter and address key areas e.g. preventing escalation of need, hospital admission and attendance, 7 day working, reducing stranded patients and providing early supported discharge; however this year will include parallel planning for a potential Covid-19 2nd wave set out in the 3rd Phase of NHS Response letter sent out by NHSE/I on 31st July 2020.

2. Background:

Throughout winter, significant pressure is placed on the health and social care system due to both surges in activity as well as challenges associated with managing seasonal presentations like flu and norovirus. Historically, a Bromley system wide health and social care Winter Plan has been developed, building on previous years activity and learning. This year, the Winter Plan is also required to parallel plan for a likely second phase of Covid-19. The Plan therefore outlines the winter planning proposals as well as responds to the national requirements as set out in the *3rd Phase of NHS Response* letter, NHSE/I, 31st July 2020 and those form Department of Health and Social Care Adult Social Care Winter Plan 2020/21 drawing upon the recommendations from the Social Care Covid-19 task force.

This plan was developed through the Bromley A&E Delivery Board, with input and assurance through the Bromley Health and Wellbeing Board and Bromley Health Scrutiny Sub Committee as well as oversight from the SEL CCG A&E Delivery Board.

The 2020/21 Bromley System Winter Plan has been developed in partnership with key stakeholders from the following organisations:-

- NHS South East London CCG (Bromley)
- London Borough of Bromley
- King's College Hospital NHS Foundation Trust (PRUH site)
- Oxleas NHS Foundation Trust
- Bromley Healthcare CIC
- Bromley GP Alliance
- Bromley Third Sector Enterprise
- Greenbrook Healthcare
- St Christopher's
- London Ambulance Service NHS Trust
- SEL CCG Surge Management Team

3. Activity and Performance Analysis – Winter/Spring 2019/20

a. Introduction

During Winter 2019/20, activity across the system mirrored previous years seeing an increase in demand from September through to March with a particular surge in activity from mid-December to the end of January. During winter 2019/20 PRUH attendances remained in line with previous years, however PRUH A&E all Type 4 hour performance decreased slightly from an average of 75% to 72% (See fig,1). Type 1 Performance was particularly low in December until mid-January. Analysis by the Trust showed, during this period, a 9% increase in Type 1 attendances and a 6.7% increase in Type 3 which contributed significantly to the performance challenges. Although overall emergency admissions for all ages were relatively stagnant as compared to the previous year, there was an increase in attendances (7.7%) and admission (6%) of over 85 translating into a 10.1% increase in occupied bed days from December to January. This has a significant impact on bed management, patient flow, and consequently 4 hour performance as well as being well documented about the detrimental impact a hospital stay has on the elderly frail population.

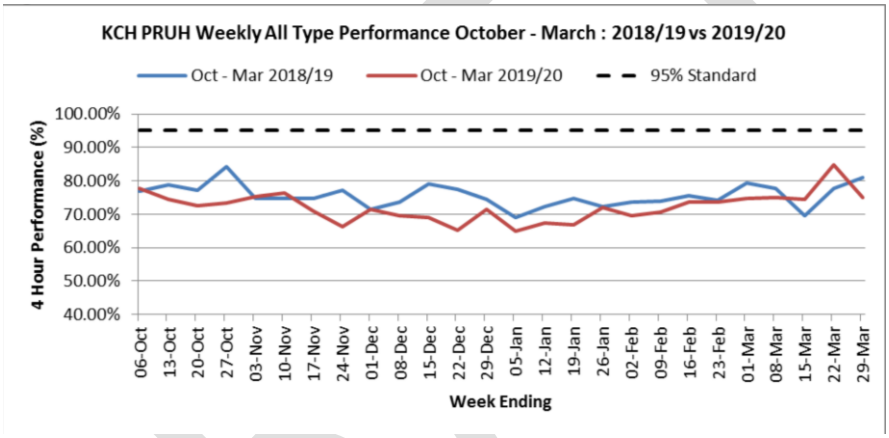


Fig 1. PRUH performance Winter 2019/20

PRUH A&E data throughout the winter period shows the highest presentations were for respiratory presentations, the significant majority of which were turned around at the front door or received a short stay intervention (less than 48 hour). Consideration of an alternative care pathway for respiratory patients could potentially achieve a significant reduction in admission and attendance avoidance.

To improve flow, the Transfer of Care Bureau undertook 'point prevalence' reviews of every patient on the wards who had a length of stay of over 21 days leading to a significant drop of 278 patients in the period of Dec-January as compared to 321 for the previous year. Further consideration to 'community based treatment' for people requiring prolonged hospital stay could further reduce the need for hospital based care.

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 (see fig 2.) and although performance was poorer than the previous year, Bromley remained one of the best performing boroughs in London. The implementation of the Discharge to Assess (D2A) approach for new clients and earlier referral to rehab pathways had reduced the DToC for patients returning home. The longer delays remain for people accessing a placement from hospital which is still accessed through the traditional assessment model undertaken in hospital. Reducing Delayed transfers of care further remains a key priority to ensure patients are not remaining in a hospital bed longer then needed which is neither in the best interest of the patient (note well documented deconditioning as a result of prolonged hospital stay) or the system in terms of demand and capacity management.

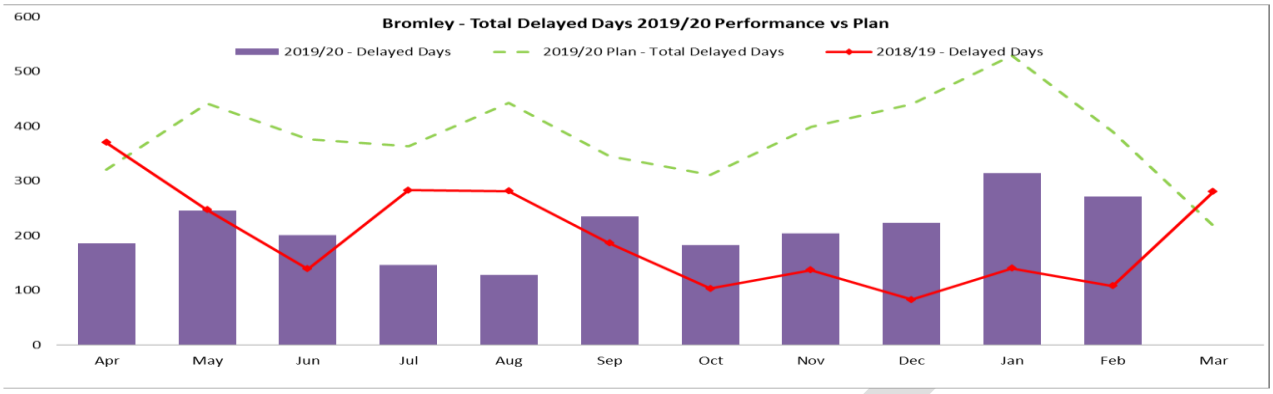


Fig 2 Bromley Total Delayed Transfers of Care 2019/20 performance vs 2018/19 and 2019/20 plan.

To support primary care over the winter period, the CCG commissioned additional capacity in the GP Hubs and additional staff in the community Rapid Response teams, to ensure patients could be seen in a timely manner. The Hubs saw an average of 97% utilisation across Bromley.

More generally, Bromley CCG had the highest Flu Vaccination uptake rate for over 65s of all London CCGs of 71.5% through good communications and engagement with patients from GP practices and local pharmacies, with support from the CCG primary care team.

Bromley Well continued to provide a responsive and flexible third sector offer with care homes and domiciliary care provider capacity sufficient to meet demand throughout the winter period. Attendances from care home continue to be higher with the average length of stay for this cohort higher than the non-care home group.

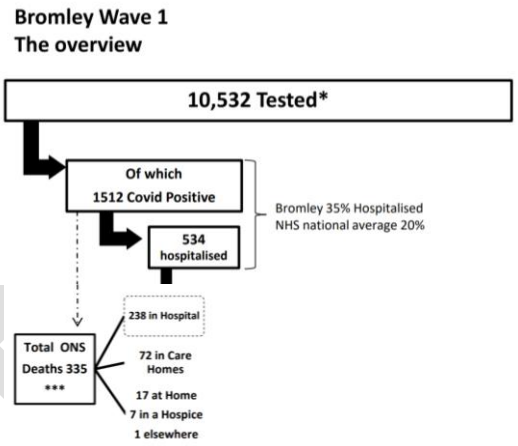
Although a formal review of winter didn't taken place at a system level due to prioritisation of supporting COVID-19 response, the additional capacity across health and social care commissioned throughout winter ensured a robust system response to an extremely challenging period. The increased workforce in key areas for example hospital Care Management, Rapid Response as well as access to primary care hub appointments, enhanced domiciliary care and timely placements responded to demand throughout the period. Strong escalation protocols meant the system was better able to respond to surges in activity and 'recover' from the challenges presented.

Recommendations for 2020/21 Winter:

- ✓ Further develop Discharge to Assess pathways to reduce the number of assessments of long term care and support needs taking place in an acute setting, resulting in a reduction in delayed transfers of care and improved outcomes for patients.
- ✓ Embed acute processes including RATTing in ED, direct to specialty referrals and Point Prevalence reviews as standard practice to ensure system flow is maintained through the hospital
- ✓ Consider an admission avoidance approach for frail elderly patients and those with respiratory conditions to reduce pressure on hospital based care throughout winter
- ✓ Maintain increased capacity across health and social care including workforce and community provision capacity

b. covid-19 phase 1 response

By March 2020 the phase 1 of the Covid-19 pandemic created a significant shift in activity across the whole system. Between April and June 2020, 10,532 people were tested[1] in Bromley of which 1512 were Covid-19+, 35% of which were hospitalised, compared to a national average of 20%. The death rate according to ONS data suggested 238 people dies in hospital, 72 in care homes, 17 at home and 7 in a hospice. The death rate in Bromley was believed to be higher than many other London boroughs due to the older population and higher number of care homes locally.



After national lockdown measures were implemented by the UK Government on March 23rd, initially, both Type 1 and Type 3 attendances, London Ambulance conveyances and general demand of services temporarily decreased. Type 1 and Type 3 activity has been steadily increasing since May with activity almost reaching pre-covid-19 levels by August.

A community Covid-19 Management Service was set up through redeployed community health resource supporting over 1300 pts in the first 4 weeks with as many as 100 new patients referred at the peak. The service provided daily contact for unwell patients with a face to face visit, access to hot hubs for assessment and step up to acute care where required. Only 5% of patents managed by the service required acute based care. The model was deemed to be particularly successful due the proactive management of patients, daily contact and hot hub sites. Patients reported feeling more confidence to stay at home knowing they had a medical professional overseeing their symptoms management.

In Primary Care, Covid-19 has led to accelerated adoption of lots of valuable ways of working and technologies that were in the strategic plans to adopt in the longer term. This includes adoption of digital enablement to support telephone triage to balance GP practice footfall, estates pressures, inefficiencies in the pre-Covid appointment system and data sharing. Primary Care Networks in Bromley set up hot / cold clinic sites which has increased productivity and reduced demand on face to face contact which will be maintained.

In response to the *Covid19 Hospital Discharge Service Requirements* set out by the UK Government on 13th March, One Bromley mobilised the community led Bromley Single Point of Access (SPA), an integrated health and social care discharge infrastructure to support timely and safe hospital discharge via a single discharge route. The SPA uses a Discharge to Assess model with assessment of long term care and support needs taking place in the community following a period of rehab or recovery. 54% of discharged patients in the period did not require any support from community health or social care services with 38% requiring support around domiciliary care needs via a package of care (POC), 4% going to a bedded rehab unit and a further 4% requiring a placement. With a concerted effort from all community services associated with hospital discharge, timely assessment of long term care and support needs ensured clients and patients continued to move through the system in a timely way, receiving the right level of the care at the right time and maintaining community capacity.

P0: Home independent	1640	54%
P1: Home with POC	1167	38%
P2: Rehab beds	127	4%
P3: Placement	125	4%

As part of the SPA infrastructure, elements of the community Rehab and Reablement services were brought together creating a single Rehab and Reablement pathway. As a result of economies of scale, as well as patients being discharge from hospital sooner therefore less deconditioned, length of stay in the service

[1] Note – testing results may be unrepresentative as comprehensive testing was not in place consistently throughout the first phase

reduced from 28.4 days in August 2019, to 19 in August 2020 with a 50% increase in the numbers of people able to access the services from 58 new patients in Aug 2019 to 111 in August 2020 (see fig.3). To note during March – June there was a decrease in referrals for Reablement and Rehab services thought to be due to the national lock down reducing the numbers of people requiring hospital admission and Covid+ patients often being too fatigued to initially engage in such activity. During this time the services redirected the resource to support Covid-19 patients who were previously independent and bridging care where the existing arrangement was not possible due to the restrictions of the pandemic, continuing to focus on achieving and maintaining independence.

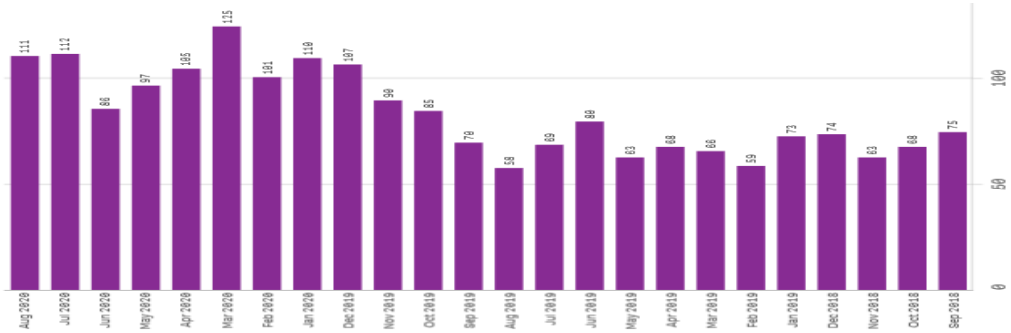


Fig 3. Referrals to Rehab and Reablement Pathway Sep 2019 – Aug 2020

The commissioning of dedicated Discharge to Assess (D2A) providers to support hospital discharge as well as wider market development and support has ensured sufficient community capacity to meet the needs of vulnerable clients throughout the first phase of the pandemic. Support to the sector around infection control, testing and managing the workforce in line with national guidance further supported maintaining a strong domiciliary care market. The advanced provider payment mechanism and timely distribution of infection control monies has supported the sustainability of the domiciliary care and care home sector throughout the period. As a direct result of the SPAs ability to facilitate same day hospital discharge, there has been no delayed transfers of care in the period with a 19% reduction in the average length of stay since April 4th (when the Bromley SPA was introduced), reducing bed occupancy to 384 beds with a release of 88 beds, which equates to approximately 4 wards' worth of capacity.

A Welfare Call was introduced for all patients on pathway 1, seen at home by a community therapist within 48 hours of discharge to ensure safe and appropriate care in the transition from hospital. As a result, the PRUH readmission rate was 50% lower than the highest rate before welfare checks were initiated, enabling patients to feel safe and supported in their transition out of hospital. 45% of Welfare Calls required additional equipment, 24% an increase or decrease in care needs, 22% referral to rehabilitation services and 4% to voluntary and community sector support.

The combination of aforementioned system changes and positive improvements made in the ED and UEC delivery model, including increased senior decision making cover, effective streaming and patient management has resulted in the PRUH remained one of the Top 3 performing hospitals in London with an average 4 hour performance target consistently around the 95% and significantly better than previous years (see fig.4). Average length of stay at the PRUH reduced by 19%, since the introduction of the SPA, reducing bed occupancy to 384, releasing 88 beds, the equivalent of 4 wards worth of capacity.

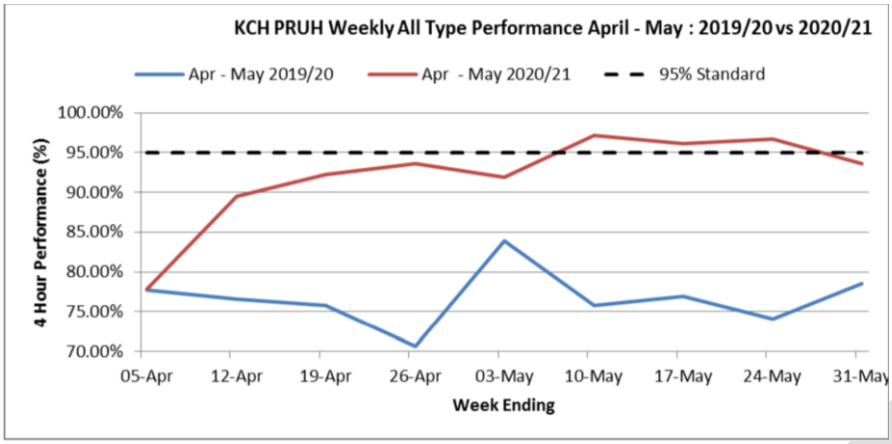
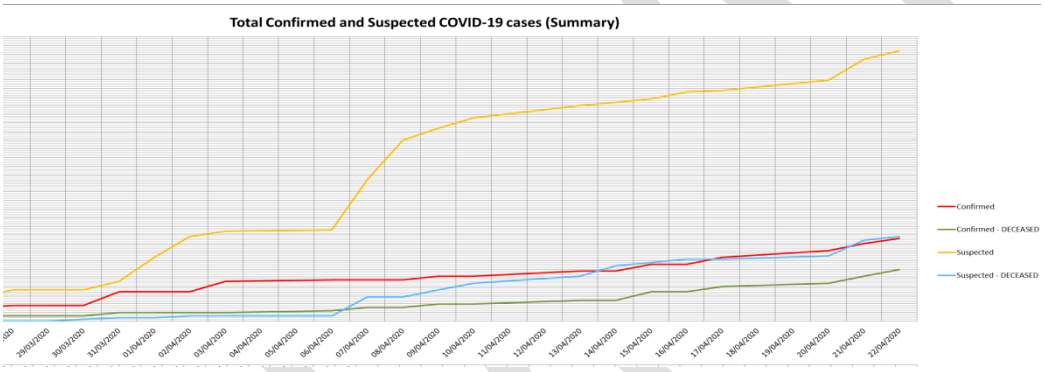


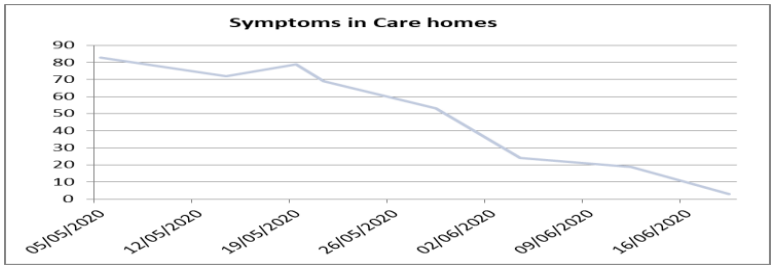
fig 4. PRUH all type performance April – May 2019/20 vs 2020/21

Effective end of life care was strengthened throughout the pandemic with an increased focus on proactive care planning for palliative and end of life patients. Confident in the workforce in having challenging conversations around ceilings of treatment and end of life planning improved drastically with more co-ordinated effort to ensure more people died in the most appropriate setting. Increased access to end of life specialist care in care homes resulted in significant improvements in the proactive management of, and delivery of end of life care for care home residents.

The Covid-19 first phase was particularly challenging for Care homes with the numbers of confirmed and suspected cases continuing to rise throughout the period. Throughout the pandemic there was exemplary multi-professional working of CCG, LA and community health providers who responded to the needs of care homes reactively and proactively across clinical support, infection control and quality standards to maintain quality and safety in all settings. Bromley's proactive approach around full testing for all care home residents and staff ahead of the national roll out, with excellent infection control training, information and advice via the public health specialists enabled better management of Covid-19 residents and reduced the spread of the disease with reported symptoms in homes steadily reducing from the peak in the middle of May.



The infrastructure around Care homes during the pandemic has been undertaken in a much more integrated and streamlines way across the LA and CCG which has led to excellent leadership and support being provided to the sector. Several areas of work have been fast tracked during covid19 including enhanced End Of Life (EOL) offer across homes, targeted and specialist infection prevention and control training and support delivered through Public Health and significant progress on pharmacy, medical cover and clinical leadership across LD and MH homes as well as further enhancements in elderly and frail through the Bromleag



Care Practice. Direct support from the Local Authority in PPE and responding too and supporting homes with daily challenges throughout the pandemic was very well received and is being further enhanced in preparation for a second phase.

Throughout the first phase of Covid19 the local system was quick to respond to and implement national guidance in a coherent and evidenced based way. The LA and CCG provided leadership, guidance and training to the provider market to ensure national guidance was shared with and implemented locally. Provider forums were used to support the social care provider market with a dedicated advice and guidance line provided 7 days a week with access to specialist advice and support. The local Public Health Team are a crucial and accessible resource offering bespoke guidance as well as reacting rapidly to any local outbreaks. Learning reviews are being implemented as we move into the second phase to further expand learning and recommendations on managing IPC.

The tactical Demand and Capacity Meeting which met on a weekly basis, was able to monitor activity closely and react to presenting pressure points of challenges in the system. Some key successes of the group include quickly mobilising an enhanced care at home offer to support hospital discharge and reduce social admission enabling a 'home first' ethos, and commissioning residential Covid-19 isolation unit. Led by the Integrated Commissioning Service, the meeting was a key oversight arrangement that responded to real time intelligence.

Bromley developed and led a large, successful volunteer programme which was used to effectively support the most vulnerable members of the community, including those who were shielded. The development of and use of technology to maintain access to services and increase productivity across the whole system has been a positive outcome of the Covid-19 pandemic and will be maintained wherever possible going forward.

Covid-19 has affected nearly every aspect of our daily lives. Never before have our health and care services faced such an overwhelming challenge, or had to respond and adapt so quickly. Our response to the pandemic has only been possible due to the hard work, resilience and commitment of every member of staff working in health and care services in Bromley. We have also been overwhelmed by the positive community response with hundreds of volunteers coming forward to support our most vulnerable residents. Working together as an integrated care partnership has enabled us to respond and adapt quickly to local needs.

Key successes and recommendations for responding to Covid-19 Phase 2:

- ✓ Maintain the Single Point of Access as the single discharge function to ensure no delayed transfers of care with more patients supported to be discharged Home First
- ✓ Build upon and strengthen the clinical and administrative support to care homes and domiciliary care providers to ensure resilience in the local market to meet future demand
- ✓ Maintain and build upon the Covid19 Management Service supporting wider vulnerable groups including those with respiratory illnesses as per the winter recommendations
- ✓ Maintain an effective local record and support infrastructure around vulnerable and shielded residents
- ✓ Continue the Demand and Capacity Monitoring working Group to track community capacity and react to presenting challenges as they arise, identifying and mitigating risk where possible
- ✓ Continue to deliver an effective Infection Prevention and Control offer across the whole system led by the local Public Health Team
- ✓ Ensure effective interpretation of national guidance, access to testing and infection prevention and control (IPC) to maintain system capacity and spread of infection

4. 2020/21 Winter Plan Aims and Objectives

The overall aim of the plan is to provide an overview of how the Bromley system will respond to seasonal demand and a potential second wave of Covid-19 at both a tactical and strategic level. Furthermore, the plan will support the local health and social care system to effectively manage winter pressures, and provide assurance to the SEL UEC Board, NHS England and Department of Health and Social Care (DHSC) as required.

Based on the data analysis and lessons learnt from previous years and Covid19 wave 1, the strategic objectives of this plan are:

- To ensure robust governance and escalation processes are in places to manage system surge, capacity and risk. Proactively managing system and market risk in line with statutory responsibilities
- Enhance system capacity through winter pressure monies in order to:
    1. Meet additional winter demands on front line services with a focus on supporting and preventing acute pressure
    2. focus on supporting vulnerable groups to enable as many people to remain living as independently as possible in the community, with access to high quality, timely placements for those who need them
    3. Ensuring sufficient resource to manage a potential Covid19 wave 2, learning from wave 1 through health and social care Collaboration
- Managing system pressures – Acute
- Managing system pressures – Community Services
- Maintaining service delivery and protecting the most vulnerable
- To prevent and control the spread of infection including delivering an enhanced flu Vaccination programme
- To provide oversight of the national and local winter communication campaigns that actively engage with the public to ensure the right services are used at the right times.

5. Ensuring robust governance and escalation processes are in places to manage system surge, capacity and risk. Proactively managing system and market risk in line with statutory responsibilities

Well established Surge management and escalation plans are in place across SE London and are managed through the SEL Surge Hub. Escalation plans are co-created by, shared with, and acted upon by all stakeholders within SE London including CCGs, Acute Trusts, Community Services, Local Authority and Mental Health providers.

South East London CCG asked providers to assure the SEL A&E Delivery Board of readiness (see Appendix 1 for a full summary from each provider) for Winter and Wave 2 focusing 4 key strategic areas:

1. Workforce and Leadership
2. Capacity and Demand
3. Seasonal demand
4. COVID Phase 2

Key risks identified through this exercise include sufficient acute capacity to meet need whilst also maintaining safe IPC processes due to physical space restrictions, maintaining the workforce across all providers in response to a potential outbreak and self-isolating policy implications and maintaining community capacity to support an increase in housebound and vulnerable patients. The overarching risks and mitigations are included in the below winter Plan Risk assessment and will be monitored throughout the period by the A&E Delivery Board, mobilizing escalation and mitigation plans where necessary via the ONE Bromley Executive

	There is a risk that…	Caused by…	Leads to…	Risk Owner	AIM (Accept, Ignore, Mitigate)	Local Action	Regional Action	National Action
1	Insufficient inpatient capacity to meet the expected demand levels for Physical health beds	Bed profiles due to Covid IPC arrangements and workforce constraints; slow flow through beds and longer LOS	Delays and queues with EDs; long ambulance handovers; block cubicles and potential for unsuitable corridor care, patient safety and unable to care for patients in actual care	KCH PRUH / Oxleas / Bromley SPA	M	1 Elderly frail ward relocated to Orpington Hospital to create additional Covid pending bed capacity on PRUH main site. Updated Infection Control protocols to support safe and effective flow. Continue to strengthen community capacity in order to maintain timely discharges, ensure timely testing to allow appropriate admission and reduce infection spread risk.		
2	Insufficient capacity to respond to emergency mental health crisis in ED	Physical space constraints; workforce challenges, Onward destinations not being available (beds, community provision etc)	ED Breach, unsuitable placement of care, increase staffing demands	KCH PRUH / Greenbrook / Oxleas / Bromley SPA	M	Further development of the MH crisis hub with increased community based care, further focused on home based care reducing demand for inpatient beds (24/7 Home Treatment Team). 1 ward remains closed at GPH to allow for potential system escalation if required. Development of mental health assessment unit at PRUH subject to approval and planning permission.		
3	Infection control measures may not be possible in ED and Urgent Care due to capacity and pace	Physical size constraints, Covid Swabbing delays for Admitted patients, increase in demand for non covid beds.	Delays and queues with EDs; long ambulance handovers; block cubicles and potential for unsuitable corridor care	KCH PRUH/ Greenbrook UTC	M	Strict streaming at UTC with symptomatic and Covid potential cases streamed accordingly or managed in their cars if possible. 111 Direct booking piloting at PRUH and Beckenham Beacon site to reduce walk-in attendance numbers.		

4	There will be staffing challenges across the system	Staff sickness, national policy on isolating including policy around schools and childcare	Significant risk in the safe running of key services, ability to deliver provision in a timely way	Providers / LBB	M	Community services identify most risky areas and ensure caseload risk stratification is in place for all provision identifying the highest risk patients who would require a visit and those that could be managed virtually or on a reduced visiting schedule. Borough wide approach to interpreting national guidance (Test and Trace NHSE letter 23/09/20) with Silver agreeing policy implementation Prioritisation of medical cover in ED and high risk areas. Rotas (winter) published 6 weeks in advanced with gaps identified		
5	There will not be sufficient bedded isolation capacity to enable hospital discharge whilst maintaining safe care home provision	Care homes not able to safely isolate newly admitted residents from hospital due to physical space, staffing and infection control space as well as individual approach to care home management	Delayed discharge of care, increase LOS, ED performance, deconditioning of patients, care home capacity and market sustainability	LBB / CCG	M	Block funded isolation resi beds in place, Demand and Capacity Group to monitor market sustainability and identify/block fund sufficient isolation capacity Consider repurposing wider capacity i.e. Bed based rehab and Orpington escalation wards in peak escalation		
6	Patients and Staff don't receive flu vaccinations in a timely manner	Inappropriate service delivery model for patients and staff to cope with expanded scope of programme; insufficient or untimely vaccine supply; confusion amongst communities about who is in scope for a vaccine	Poor coverage and health risks for our local population and staff increasing pressures on staffing resource (see risk 4)	Providers	M	SEL CCG leading a vaccination programme for all health and social care workers to receive their flu vaccine via local pharmacy - in recognition of office based flu clinics not being suitable due to working from home Primay care flu vaccination programme and provider programmes being mobilised and monitored closely Local bar code innovation to be used for all patients receivng their jab through primary care reducing physcial inputting of data to increase time and reduce face to face contact delivering the most efficeint vaccination programme possible		
7	Primary care and community services/sites unable to manage demands on their capacity	overwhelmed by Covid and wider winter related demands alongside Covid safe approaches, including booked-in services that were previously walk-in	Knock-on implications for other services such as crisis pathways/UTC/ED etc; less support for patients with LTC	Primary care/ CCG / Bromley Healthcare	M	Extension of Covid Management Scheme, introduction of the enhanced Respiratory pathway with additional resource to support community / primary care through winter funding.		
8	The most vulnerable clients will no longer be able to be cared for in the community under their current arrangements	Carer breakdown due to illness, capacity in domiciliary care providers to support increased demand or Covid+ patients	the most vulnerable patients being left at risk, increase in social admissions and inappropriate ED attendances resulting in additional pressure on acute based care	LBB	M	LBB supporting domiciliary care market to respond to and manage presenting demand as well as support Covid-19 positive patients. Risk stratification for all clients receiving domiciliary care to enable prioritisation of resources in the most extreme circumstances Enabling mutual aid between providers to support one another in the delivery of domiciliary care Demand and capacity oversight to be maintained by the Demand and Capacity Working Group		

a. Governance for Operational Management

The Operational Pressures Escalation Levels (OPEL) Framework is used to describe acute position and provides a standardized approach to grading and responding to current hospital pressures that can be reacted to by the whole system. The aim of the policy framework is to provide consistent approach in times of pressure, specifically by:

- Enabling local systems to maintain quality and patient safety
- Providing a nationally consistent set of escalation levels, triggers and protocols for local A&E Delivery Boards to align with their existing escalation processes
- Setting clear expectations around roles and responsibilities for all those involved in escalation in response to surge pressures at local level (providers, commissioners and local authorities), by Directors of Commissioning Operations (DCO) and NHS Improvement sub-regional team level, regional level and national level
- Setting consistent terminology

The A&E Delivery board maintains strategic oversight and assurance of the local system against the plan. The ONE Bromley Executive will continue to provide Senior Executive leadership for local system delivery responding to emerging issues and operational challenges through integrated and coherent service delivery.

The strategic Demand and Capacity working Group, established during wave 1 through the LA Integrated Commissioning directorate, will continue to respond to and manage pressures or issues arising across the local provider market. Responsible for delivering against the Care Act requirements in the context of winter and a second wave, the Working Group will also be responsible for ensuring sufficient capacity and responding to, national legislation and guidance impacting on the local social care service delivery.

In addition, a Service Continuity and Care Market Review: a LA Self Assessment has been undertaken by the local authority to feed into the national DHSC, LGA and ADASS Autumn Review. The outcome of which will also feed into the Local Authority Winter Action Plan alongside recommendations form the Adult Social Care Task Force report. Emerging challenges from the self-assessment include

- No nursing isolation capacity currently commissioned
- There is sufficient capacity in the market however the cost and access to capacity may be a challenge
- Challenges in maintain the Workforce in light of national guidance.

Note: Formal recommendations from the self-assessment to be provided following completion on the 12th October

identified in the self-assessment are around sufficient nursing isolation capacity in care homes and maintaining the workforce in response to self-isolation and restrictions around cross placement working placed on care homes. Both issues will be picked up by the Demand and Capacity Working Group and developed as part of the LA Winter Plan.

The *Covid19 Hospital Discharge Service Requirements* requires local systems to identify an executive lead and local co-ordinator to oversee the implementation and delivery of the guidance. This has been agreed by the ONE Bromley Executive as:
Executive Lead – Sean Rafferty
Co-ordinator – Jodie Adkin

In addition a wider escalation roles and responsibilities are as follows:

Acute
1) Clinical Site Practitioners 01689 863810
1) Head of Discharge Team – Celia Rickwood, 01689 863077 celia.rickwood@nhs.net
2) Transfer of Care Bureau & SPA Service Manager – Matt Bourne, 01689 866171 matthew.bourne@nhs.net
3) Silver Command Officer – rotated so contact Hospital switchboard 01689

BHC
1) Head of Urgent and Community Response – Adam Royall, 07517 988222, adam.royall@nhs.net
2) Associate Director Urgent Community Response - Paul Drury, 07771934053, pdrury@nhs.net

LBB
Care Management
Team Leader hospital Care Management Team – Sharon Edwards, 07977005531, Sharon.edwards@bromley.gov.uk
2) Operational Manager for Early Interventions Services - Carol Brown, carol.Brown@bromley.gov.uk
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6. Enhance system capacity through winter pressure

Funding for CCG and LBB winter schemes is budgeted from the Better Care Fund, whilst King's schemes are funded internally via their core contract. NHS SEL CCG (Bromley), London Borough of Bromley (LBB) and King's College Hospital (PRUH site) have proposed winter resilience schemes that support delivery of the strategic priorities of the winter plan. Those strategic priorities are as follows:

- ✓ **Meet additional winter demands on front line services with a focus on supporting and preventing acute pressure**
- ✓ **Focus on supporting vulnerable groups to prevent the need for hospital based care.**
- ✓ **Ensuring sufficient resource to manage a potential Covid19 wave 2, learning from wave 1.**

In line with the strategic priorities, the following schemes have been agreed:

1. Meet additional winter demands on front line services with a focus on supporting and preventing acute pressure

A) Additional capacity to support Bromley SPA (CCG)
As shown in the data analysis section previously, the SPA has successfully supported the acute to maintain good bed capacity through early supported discharge. Faced with potential additional demand this additional capacity would maintain and enhance the clinical triage and welfare check functions within the Bromley SPA to support timely hospital discharge and admission avoidance.

B) Additional capacity to support the Urgent Treatment Centre (CCG)
A scheme to focus on support for weekly evening surges and also to support implementation of 111 direct booking pilot across PRUH and Beckenham Beacon sites.

C) Additional capacity to support rota fill over Christmas and New Year (CCG)
Additional capacity for GPOOH over Christmas and New Year period where there has been consistent surge of activity during this period.

D) Additional Adult Social Care Capacity
Increased Care Management capacity across the Hospital Discharge and Adult Early Intervention Team (AEIT) due to the increased demand for Care Act assessments and support throughout the winter period. As well as additional Moving and Handling Risk assessors to respond to the increase in clients requiring double handed care and support to ensure promotion of independence through timely intervention and review.

2. Focus on supporting vulnerable groups to prevent the need for hospital based care.

A) Community Respiratory Management Pilot (CCG)
COPD and respiratory presentations are the highest reason for attendance during winter months, whilst also being particularly vulnerable to Covid19. The model would look to extend the successful Bromley Covid19 Management Service pathway to create a respiratory Community Management Service throughout winter.

B) Urgent response staffing provision in community therapy and rapid response teams to provide additional capacity to primary care to support patients in crisis
Additional capacity in the Rapid Access Therapy (RAT) and Rapid Response Teams, to treat patients who require a two hour response in their own homes to prevent a hospital attendance. The services mainly support primary care in the community to avoid hospital attendance, but can also support patients who

have attended ED to avoid an acute admission.

C) Frailty Care Navigators (LBB)

Expanding capacity in the Bromley Well offer e.g. frailty navigator, handy man, care navigators and emergency shopping to ensure as many vulnerable older adults can be supported to remain at home through a wrap-around offer of support. The service will specifically target those at risk of hospital admission due to social needs or to support timely discharge to reduce the risk of exposure to hospital acquired infections or deconditioning that can be particularly risky for this vulnerable group.

D) Rapid access: Assisted technology, home repairs, deep cleans and declutters (LBB)

To ensure a safe home environment allowing care and equipment to be provided at home to maintain independence for vulnerable adults LBB will provide timely access to deep cleans, decluttering and home repairs. In addition access to emergency assisted technologies to keep clients safe in their own home will be accessible. Historically, although for a small number if clients, both of these issues have created significant delays in discharge and a small number of social admissions.

3. Ensuring sufficient resource to manage a potential Covid19 wave 2, learning from wave 1 through health and social care Collaboration

In addition to all of the aforementioned schemes which will also support Covid19 demand, as well winter pressures, the following specific areas are being developed

A) Nursing and Residential Home Isolation Unit for Covid19 patients post discharge

In line with national legislation the LA will work with the local provider market to commission dedicated Covid19 isolation units.

B) Jointly commission discharge support including care home capacity and domiciliary care is being proactively led through the LA. This includes delivering sufficient resource to enable timely hospital discharge and prevent admission as per national Guidance as per the successful approach adopted during wave 1. Dedicated D2A domiciliary care resource is in place alongside a joint contract for making care home placements under covid-19 funding.

7. Managing system pressures – Acute

We will

- ✓ Maintain and monitor performance around streaming from UEC to ED and specialities through Greenbrookes and overseen by the Urgent Care Commissioning Lead
- ✓ Mobilise 111 appointment system through Urgent Care to reduce inappropriate attendances and decompress waiting rooms supporting social distancing requirements
- ✓ Ensure patients are diverted to Same Day Emergency Care (SDEC) areas wherever possible through ED to decompress ED and ensure patients are seen in the right place at the right time by the right clinician
- ✓ Maintain screening at the front door of the hospital to manage infection control with entries to Covid secure areas e.g Chartwell, temperatures are taken on arrival and maintaining covid19 red, amber and green pathways
- ✓ Embed RATTing consistently for LAS conveyed patients to reduce the length of time in ED through senior rapid assessment and treatment for patients in ED
- ✓ Maintain Point Prevalence throughout winter across all adult wards to reduce LOS led by Head of Nursing for Quality
- ✓ Continue to build on better identification of EOL undertaking advanced care planning and identifying patients who are sick enough to die facilitating rapid discharge where appropriate led through the Trusts Palliative care team
- ✓ Provide live and close monitoring of site activity and performance responding and mobilising escalation in a safe and timely manner through Senior Site Practitioners overseen by Silver
- ✓ Ensure robust pathway for patients identified as EOL to access supported pathways into the community
- ✓ Utilise OPEL Framework and Full Capacity Protocol supported Action Cards for all key clinicians
- ✓ Roll out red to Green and SAFER to continue to improve patient flow and reduce LOS across medicine
- ✓ Continue to monitor and drive improvements through the Quality of Discharge Group joint chaired by the CCG and Head of Nursing for Quality
- ✓ Maintain early discharge planning lead by the Transfer of Care Bureau to maintain timely discharge
- ✓ Create a clear pathway for care home patients delivering effective communication and rapid discharge pf patients back to their usual place of residency.
- ✓ Ensure Mental Capacity Assessments and Best Interest Decisions are still undertaking in line with legal requirements, even in the context of rapid decision making and discharge
- ✓ Maintain the Bromley single Point of Access (SPA) providing direct access to community health and social care discharge pathways through a robust D2A model overseen by the ONE Bromley Executive. Embed updated process and escalation routes for the undertaking of CHC and Care Act assessments to maintain flow and capacity through the pathway and within the 6 week funding period managed through weekly MDTs to allow early discussion post discharge of all patients assessment pathway

8. Managing system pressures – community

We will:

- ✓ Delivering on the local action plan developed jointly between CHC and Care Management to undertake all deferred assessments for patient discharged during phase 1 under covid19 funding
- ✓ Only undertaking statutory assessments i.e CHC and Care Act Assessments when absolutely necessary developing integrated pathways and Trusted Assessor arrangements to reduce the duplication in assessments and seamless transition of patients/clients between funding streams.
- ✓ Continue to maintain excellent partnership working delivering timely wrap around provision for people being discharged from hospital including community health services, social care, the third sector and housing.

- ✓ Continue to deliver on all elements of the Enhanced Health in Care home Programme led by the CCG including maintaining excellent clinical service delivery through the Bromleag Care Practice and improving clinical oversight for LD and MH Homes as well as continuing to deliver enhanced End of Life Care rolled out in wave 1.
- ✓ Maintain improvements in the early identification and Advances Care Planning for end of life patients with discussions between individuals, their important networks and them multi-professional team supporting them. Increase the use of Co-ordinate My Care to ensure effective sharing of clinical care plans across organisations.
- ✓ Ensure robust end of life arrangements are in place in the community including access to appropriate end of life drugs 24/7 led by the CCG Medicines management Team
- ✓ Redeploy community health resources and embed principles of mutual aid as appropriate to ensure sufficient capacity to support the most vulnerable
- ✓ Create a single Rehab and Reablement pathway to achieve maximum capacity through economies of scale expanding the reach of the service to ensure as many people are supported to maintain and regain their independence as possible.
- ✓ Utilise the strong social prescribing network to provide proactive support for the most vulnerable clients and residents as identified across primary, community and social care
- ✓ Maintain all staff health and wellbeing provision mobilised during the first phase with senior executives regularly revisiting available options to maintain staff wellbeing across all organisations
- ✓ Re-start the Operational Covid-19 Catch-up call twice per week to allow real time communication and facilitate the bringing together of providers including links with the successful community sector offer locally.
- ✓ Continue to promote the use of and completion of the Capacity Tracker and Adult social Care Workforce Data set via the Contracts and Compliance Team to allow effective system oversight and utilisation of local provision

Primary Care

- ✓ Option for increased hub appointments during peak winter period particularly over Christmas and New Year
- ✓ Provide increase capacity through Rapid Response and Raid Access Therapies for patients needing to be seen urgently to support primary care demand
- ✓ Deliver Community Respiratory and Covid19 Management Service for patients identified through primary and community care at high risk of deterioration or requiring enhanced support reducing demand on primary care and reducing hospital admissions.
- ✓ The CCG will Work with Bromley GP Alliance to ensure alignment with national guidance and support local PCNs in delivery of mass vaccination clinics to deliver timely vaccines to all eligible patients.
- ✓ Ensure access to PPE via local resilience forum for primary care as well as maintain up to date information and implementation on key guidance effecting the sector via the borough based Primary Care Team

9. Maintaining service delivery and protecting the most vulnerable

Direct payments continue to be promoted through the LA. A review of the local approach against the national Guidance is being undertaken to ensure maximum support is maintained throughout the period. Assessments of those impacted by Covid-19 are being updated via Care Management with access to rapid care and support in the community to support vulnerable residents in the context of carer breakdown or increase in care and support needs.

Ongoing close review of services that remain closed since the start of the pandemic is taking place between commissioners and public health in partnership with providers to ensure any provision that is able to is reopend in a safe and timely way, or alternative options are sought. Imminent plans to reopen respite provision is underwent with wider discussions about alternative to day centre provision taking place.

Supporting Vulnerable Groups

The Local authority will re-mobilise the support network offered to Shielded residents as per the first phase utilising the wealth of local volunteers to provide active local support. A local Track and trace infrastructure is on stand-by should this be required.

Key vulnerable health conditions will be supported through the Shielded provision with support around long term conditions being moved virtually and promoted in the context of Covid-19. Those with respiratory conditions, who are at significant risk during winter of exacerbation, will be supported through the Community Covid and respiratory Management service to prevent the need for hospital attendance.

Groups most at risk of Covid-19	**How we will support them**
• Older people • Those living in socio-economically deprived areas. • People with pre-existing poor health • Those with long term conditions such as diabetes, cancer, respiratory etc • BAME communities • Men working in the lowest skilled occupations • Smokers • Those who are obese. • The homeless	• Continued support to those who are shielding and who are most vulnerable to Covid-19. • A focus on improving the management of long term conditions with proactive communication on managing LTCs in the context of Covid19 • Improving housing and reducing overcrowding. • Targeted investment in prevention to improve health and wellbeing utilising the window of opportunity to promote healthy lifestyles and reduce obesity • Focused work on supporting BAME communities across both mental and physical health services. • Focus on staff mental and physical health and wellbeing. • Utilise the window of opportunity to promote smoking cessation • Provide robust risk assessments for the workforce and follow national guidance around working arrangements

10. To prevent and control the spread of infection

PPE

Access to PPE locally continues to be well supported with the LA maintaining a successful PPE store focusing primarily on those not providing registered care e.g Personal Assistants, LA staff and other provision not eligible through the national portal, as well as provision in the case of an emergency or shortage. All Care homes and domiciliary care providers have been supported to access the national portal for access to PPE with Primary Care continuing to be supported by the CCG.

Infection Prevention and Control (IPC)

A live Covid-19 Local Outbreak Control Plan has been developed by the Public Health Team and will continue to be updated based on local and national developments. Personalised advice is available from the Public Health specialist on individual case management and situations relating to Infection Prevention and Control (IPC) 7 days per week. A suite of support offers, webinars and online training on key topics associated with IPC and quality is in place locally accessible by all providers and will continue to be updated in response to new national guidance and local challenges.

Public Health are also working closely with Care home providers to ensure visiting policies remain safe, reviewing with individual care homes on a regular basis. Care homes have plans in place should immediate restrictions be required.

The Infection Control Fund (ICF) was distributed in a timely way during phase 1 with plans for the second round to further support strengthening the market around key risks identified in the Service Continuity and Care Market Review: a LA Self-Assessment as well as supporting the implementation of guidance around reducing staff movement. The promotion of the Bringing Staff Back scheme is being undertaken with providers locally with dedicated resource allocated to support accessing this initiative. The Capacity Tracker and close co-working with the local market will enable the Demand and Capacity Working Group to identify and react to emerging concerns around staff shortages and work with providers to mobilise contingency arrangements for example facilitating mutual aid discussions.

NHS Test and Trace

The LA and CCG are actively promoting the implementation of the NHS Test and Trace scheme with the LA also supporting businesses selling food and drink to record who is visiting their restaurants and cafes.

Testing

Testing locally has continued to be well managed and responded quickly to developments in the national programme. The proactive testing of all care homes and care home staff ahead of the national roll out allowed for robust infection and prevention control mechanisms to be mobilsed, which has been maintained with the national testing programme. Access to testing for all providers is promoted on a regular basis with dedicated in house capacity in the LA and CCG to facilitate access to testing. Positive cases are identified quickly with providers mobilizing the appropriate infection control activity in order to prevent spread. Regular swab testing for care homes staff and residents has been available since August 2020. In September this was extended to include specialist LD/MH care homes. Staff and residents do not need to have coronavirus symptoms to take a test, which are available weekly, for care homes staff, and monthly, for care home residents. Regular testing is accessed through the National Care Homes Portal, which is part of the Pillar 2 national testing programme. Reported cases or symptoms via Capacity Tracker are responded to locally with Public Health leading advice and guidance and managing outbreaks when they occur.

All patients admitted to hospital are tested with all patients being transferred to care homes tested prior to discharge.

a. Deliver an effective flu vaccination Programme

Every year delivering a wide spread flu vaccination programme is one of the key preventative measures. This year, more than ever the flu vaccination programme is essential to prevent the spread of flu and reduce flu related illnesses. In addition to the usual groups eligible for flu vaccination on the NHS, the national programme is increasing the scope to also include 50-64 year olds and those associated with someone who is shielded from Covid19.

Locally, the delivery of the flu vaccination programme is being developed through primary care with the introduction of local innovations including a bar code to log in patients, reducing the administrative burden of checking in patients, improving recording and reducing face to face contact. Primary Care Networks are also delivering mass vaccination clinics through various community settings and will be providing vaccines to all residents eligible under the national criteria. The SEL communication toolkit will be adopted to be used locally which will be promoted through as many local networks and channels locally as possible. Targeted campaigns in previously low take up areas or with particular communities is due to take place with ongoing social media coverage.

Bromley Health Care are providing flu vaccination for house bound patients with the Bromleyag Care Practice mass vaccination for all care home residents and staff.

Vaccinating the workforce is also key priority every year to reduce absenteeism through sickness and potential spread of infection. Historically flu vaccination clinics have been ran at organization sites however with restrictions on office based working this year the workface including health, social care, the third sector, will be offered a scheme in which they can receive flu vaccinations free of charge at their local pharmacy.

Individual organization flu plans including are included in Appendix 2. The A&E Delivery board will monitor the mobilization and impact of these plans.

11. Alignment of winter communications with SEL CCG and robust patient engagement in planning winter services.

Nationally a winter communications plan is being developed that covers:

- Encouraging access – uptake of appointments and treatments
- Addressing pressures – NHS111 First
- Flu vaccination programme

SEL CCG are utilising this information and have published the SEL Winter Communications Plan 2020 for Flu – including the national messaging–to inform and build communications and engagement plan that will cover all three areas of focus. The communications and engagement team will continue to link with the national/regional colleagues to ensure consistency in approach and to receive regular updates on their planning to ensure that overlaps of activity are minimised and gaps covered – especially should the national campaign be delayed further. The other important factor is to ensure that all relevant activity coincides with when those providing vaccinations, especially GP practices and community pharmacies, have stocks on their premises.

For patients, a local Bromley action plan is in place for how we are planning to deliver the flu campaign in Bromley. A draft version of the plan is attached in Appendix 4. This includes a refreshed version of the successful 'Staying Well This Winter Campaign' which will be distributed door to door to Bromley postcodes with poor uptake of flu vaccination. It includes information for residents around:

- Why you should have a flu vaccine
- Protecting yourself from shingles and pneumococcal infections
- Access to GP appointments in Bromley
- Using the right service at the right time.
- Access to NHS 111 for urgent medical help

This communication will build on the patient communications and engagement that has already been initiated as part of the Bromley Covid-19 Recovery Plan, which has been published and is available on the website. This comprehensive plan sets out how we have worked together as a health and care system in Bromley to respond to the pandemic. The plan was presented at the Bromley Borough Based Board in September. It describes how as One Bromley we will continue to restart services paused in the pandemic, take steps to reduce the risk and manage the possible second wave of Covid-19, We have also produced a public summary of the plan for our staff and other stakeholders. Please do use this summary to help us spread important messages about keeping well and safe with our partners and local population.

In Bromley, we will implement relevant guidance and circulate, promote and summarise guidance to the all providers across health and social care. This should draw on the wide range of resources that have been made available to the social care sector by key health and care system partners and organisations including those on the NHS website and those published by the Royal Colleges of GPs. Specific communications for families of people within care homes is planned with input from Bromley GP Alliance, St Christopher's and Public Health. -

Appendix 1 – summary of Organisations assurance plans to SEL A&E Delivery Board

1. Workforce and Leadership

KCH PRUH

- The Trust has a long established understanding of staffing level requirements during the winter periods, and winter plans have been submitted for supplementary staff. Executive Cover is provided at all times 24/7 either on site or via the Trust's On Call system.
- Additional workforce arrangements TBD
- Contingency plans are in place to manage short term sickness absence in all services. Staffing needs are managed through the Trusts Bank Staffing system. Community staff absence is covered through rationalisation of case work utilising risk stratification or through Bank and Agency staffing arrangement. The Trust has proof of system efficacy from providing staff cover during the COVID-19 response. The Trust has an established Bank Staffing office and is ensuring national policy around staff isolation is appropriately interpreted to deliver safe and timely care.

Urgent Treatment Centres (Greenbrook):

- Operational leadership will be sufficiently covered as well as clinical leadership. Recruitment for a substantive lead nurse is underway. The winter rota review completed on 5th August for implementation in October. The Greenbrook central rota team is focused on winter planning and ensuring resource models implemented account for expected increase in attendances.
- Greenbrook on call rota covered by Senior Management Team is in place 24/7, 365 days. On call rota has been allocated for winter period. Also there is a rota and relationship manager on call OOH and BHs to support with rota cover and manage last minute sickness/cancellations.
- Recruitment is on-going to minimise bank and agency staff for substantive staff. ENP trainees commenced in April will be fully trained and substantive from September.

Oxleas:

- The Trust has a long established understanding of staffing level requirements for Mental Health during the winter periods. Sickness levels have varied within accepted tolerance levels in recent years. Systems are in place to cover seasonal sickness level and have proved effective historically. Winter workforce arrangements are to be signed off within two months of winter.
- Executive cover is provided at all times 24/7 either on site or via the Trust's On Call system.
- Contingency plans are in place to manage short term sickness absence in all services. Staffing needs within the critical crisis and inpatient services are managed through the Trusts Bank Staffing system. Community staff absence is covered through rationalisation of case work utilising risk stratification or through Bank and Agency staffing arrangements.

Community Services (Bromley Healthcare) and GPOOHs (Bromley Healthcare and Bromley GP Alliance):

- Each service has a Service Recovery and Escalation Plan in place that covers the winter period.
- Rosters are created 3 months in advance therefore currently up to December, signed off by executive leadership.
- Executive Cover is provided by Directors On Call are available 24-7 routinely and a director is on site at Head Office every day over the winter period.
- The SEL MOU is in place across the region to support contingency plans to manage short-notice staff sickness or other workforce shortages. Locally Bromley Healthcare can manage staffing issues by utilising Agency, Bank or reprioritising workloads. As per normal recruitment process, requirements

are given to the recruitment team who will action, bank and agency process is in place with over 200 banks staff available

London Borough of Bromley:

- LBB has considered its necessary staffing levels and that both operational and leadership staffing is sufficiently covered for the duration of the winter pressure period. This includes:
  - Additional hospital Care Management posts funded to increase the establishment of this team.
  - 7 day Care Management rota in place
  - Additional senior leadership now in place through joint appointed AD of Integrated Commissioning with responsibility for urgent and unplanned care managing capacity and demand throughout the winter period as well as existing leadership capacity in place from previous winters
  - Additional brokerage capacity has also been directed to support hospital discharge

Primary Care:

- Primary care considered its necessary staffing levels for the duration of the winter pressure period within practices and hubs. The CCG have utilised local sitrep surveys, of which in the latest, practices have reported they had little staffing issues.
- Practices have business continuity plans if staffing becomes an issue in practices.

2. Capacity and Demand

KCH PRUH

- Full capacity protocols are well established and used by the operational teams. This is under review at this time as part of the Patient Flow Project.
- The Trust has an in depth understanding of the variations in demand that take place suring the seasonal period. The systems of providing additional staffing resource are in place through a Bank Partners Staffing system to respond when needed. The Trust has in place a full 24/7 escalation governance process including out of hours Silver Senior Manager and Gold Director on Call systems.
- There are optimal UEC pathways to divert activity away from ED including the Medical Ambulatory Unit, Surgical Ambulatory Unit, Early Pregnancy Unit and Paediatric Assessment Unit. The Trust is working with SEL CCG to ensure national Same Day Emergency Care requirements are achieved.
- The Trust has ability to flex the bed stock - Orpington Hospital. 19 beds available for escalation for sub acute patients.
- To understand the discharge profile, the Trust hold weekly 'Long length of Stay' reviews. The Trust is rolling out Safer Red to Green, and has an Integrated Discharge workstream to improve the discharge profile. The SPA(Health and Social Care discharges) is 7 days a week, and the Discharge Coordinators will be working on Saturdays.
- Emergency protocols are in place in ED including Rapid Assessment and Treatment, but this will be a risk area depending on volumes of LAS attendances. Zoning for suspected Covid19 patients increases this risk.

Urgent Treatment Centres (Greenbrook):

- There a robust understanding of expected demand across the winter period, using remodelling based on previous year + % increase. Rota modelling is flexible and will be adjusted to meet activity
- UTC are able to support 111, during COVID DOS amended to increase NHS 111 bookable apps to 3 per hour 08:00-00:00 from 20.03.20, in order to maximise clinical capacity. GB leading in new pilots i.e. Virtual Streaming to support wider system.
- To manage a busy department and waiting area whilst still maintaining social distance, Greenbrook will ensure the UTC escalation plan is well embedded within service to ensure effective management of busy department and increased activity. In order to facilitate social distancing, UTCs have a pathway for patients who may be suitable to wait in their car (attached). Other measures will include increasing current waiting

area space, proposal awaiting approval for marque next to ED/UTC front door. UTC booked appointments following streaming to undertake remote consultations.

Oxleas

- The trust has an in depth understanding of the variations in demand that take place ensuring the seasonal period. The Trust has in place a full 24/7 escalation governance process including out of hours Senior Manager and Director on Call systems.
- The Trust operates a central Bed Management service within hours managing bed capacity between 9am and 5pm.
- The Trust operates an out of hours Crisis Hub service with an on site Clinical Lead managing beds capacity / admissions with the full support of 24/7 Home Treatment Team (HTT) to support admission avoidance.
- The trust also operates a management / senior management escalation process across Oxleas and Kings ED services.
- The Trust currently has capacity in bed stock to flex bed availability going into the winter period. Older Adult inpatient service is consistently operated under capacity allowing availability for the majority of the time.
- The Trust has in place a full Crisis Line 24/7 open to all calls from the community. This is backed up by a 24/7 HTT provision which out of hours is delivered through the central Trust Crisis Hub. The Trust operates an out of hours Crisis Hub service with an on site Clinical Lead managing beds capacity / admissions with the full support of 24/7 HTT to support crisis management and admission avoidance.
- Ward discharge process is daily focus with MDT monitoring in place. Pre discharge meetings have been facilitated with virtual attendance of community staff through video conferencing. Weekly virtual discharge meetings are in place with Senior Management to ensure patient flow is maintain, potential delays are monitored and any actual delays are addressed immediately.
- The Use of HTT in reach to the Trusts MH inpatient wards plays a central role in discharge facilitation by pulling through patients with HTT support to ensure that patients can return to their own homes as early as possible. The provision of HTT 24/7 allows us to utilise this support for discharges at the weekend for those patients it is safe for. Enhance HTT and Mental Health Liaison Team capacity is reviewed on an ongoing basis.
- The trust has a fully established Crisis Line 24/7 and Crisis Hub with on site Crisis Lead supporting HTT out of hours in order to respond to NHS 111 referrals. The Trust has a newly refurbished two bedded Health Based Place of Safety based at Oxleas House adjacent to Queen Elizabeth Hospital to provide for section 136 referrals.
- The Trust is working in partnership with SLaM to provide a CAT Car working jointly with the Metropolitan Police to management street level engagement with people in crisis. The Trust operates a MH / LAS car across the patch to support those in the community in crisis. The Trust operates in partnership with the Police on the SIM project aimed at engaging people who frequently come to the attention of MH services and the Police aimed at reducing the use of s136 conveyances.

Community Services (Bromley Healthcare) and GPOOHs (Bromley Healthcare and Bromley GP Alliance):

- There is a good understanding on community demand across the winter period based on historical data and dashboards available on request.
- There is an ability to flex capacity in bed based rehabilitation subject to funding from the CCG.
- To support weekend discharge, the Bromley Single Point of Access operates 7 days per week from 8am to 8pm to support hospital discharge from all SEL sotes.
- There are robust arrangements in place for admission prevention both in the community and on the acute sites including the GPOOH Service, Rapid Response provide admission avoidance services with Bed and Home based rehab both offering a community step up provision when required.
- 999 and 111 routinely refer into our GPOOH service, Rapid Response Service and DN/Twilight nursing services.

London Borough of Bromley:

- Demand based on previous winters, Covid19 Wave 1 and drawing on data modelling from KCH has been used to influence local community capacity requirements.
- LBB have procured dedicated Discharge to Assess (D2A) providers, contracted to 7 day working and able to start care packages within 2 hours to support timley hospital discharge
- Enhanced care is provision is accessible locally including 24 hour live in care and night sits to support a Home First ethos enabling more people to be cared for at home with a view of regaining independence
- Robust arrangements in place for avoiding social admission including access to enhanced care and temporary placements
- Block funded residential Covid19 positive beds have been procured through the Demand and Capacity Working Group
- Dedicated resource to promote and monitor the intelligence from the Capacity Tracker is in place
- Some Trusted Assessor arrangements are in place with good arrangements between senior managers on agreeing likely commissioner for CHC or social care
- Proactive work with care homes to accept weekend discharges continue to be strengthened through improvements in quality of discharge giving providers more confidence to receive weekend discharge
- A weekly Demand and Capacity Working Group is in place to monitor social care demand and capacity, responding where required.

Primary Care:
- The CCG will communicate through the GP bulletin what services practices can use if they are under pressure. These have been well communicated in previous bulletins. Currently, we have a dedicated 'Flu 2020-21' section the bulletin so that practices understand what resources and support there is for flu this winter.
- There is extended hours 8am-8pm in the borough. Hub slots are currently underutilised compared to previous years but this is being monitored, to ensure there is sufficient capacity.
- 111 can directly book into practice appointments. They can also make appointments at urgent treatment centres (see UTC tab).

3. Seasonal Demand

KCH PRUH
- Severe Weather / Business Continuity plans are in place.
- The Trust has a full Flu vaccine programme in place with a relaunch for this year starting on 14 September. The flu vaccines stocks are due with the Trust in September. Full uptake is traditionally good across all services. Staff uptake of the Flu vaccine is monitored.

Urgent Treatment Centres (Greenbrook):
- Business Continuity Plan includes list of staff who live locally and are able to be contacted at short notice to support service requirements. Also able to deploy staff across sites.
- UTC staff will have access to clinics within hospital and ensure effective staff engagement and monitoring

Oxleas:
- Business Continuity Plans are in place to allow for critical services to be maintained in the event of an incident of event that impacts on staff availability. Systems of remote working are in place to support staff to operate away from the team office base.
- The Trust has a full Flu vaccine programme in place with a relaunch for this year starting in October. The flu vaccines stocks are due with the Trust in September. Full uptake has been improving across all services. Education briefings are undertaken by Practice Improvement Nurses. Staff uptake of the Flu vaccine is monitored.

Community Services (Bromley Healthcare) and GPOOHs (Bromley Healthcare and Bromley GP Alliance):

- Business continuity plans are in place across the organisation and have been robustly tested during the COVID-19 pandemic. Staff are identified that could move into Business Continuity teams.
- Bromley Healthcare have a robust plan in place to deliver the highest possible uptake of staff vaccines.

London Borough of Bromley:

- Service Contingency plans in place for all service provision and providers
- Additional capacity in key parts of the system in place to manage seasonal demand including hospital and front door care management team
- Extreme weather plans in place for all key operational services

Primary Care:

- There are business continuity plans in place for extreme weather. Practices ask the majority of patients to complete e-consults which can be completed by the GP at home.
- SEL CCG communication team will be disseminating flu campaign materials to achieve flu uptake target for patients. The CCG is working with Primary Care Networks to support mass vaccination clinics for additional 50-64 patient cohort who qualify for flu vaccinations this year.

4. Covid19 Planning for 2nd Wave

KCH PRUH

- There have been several exercises to get learning from Phase 1 of Covid19. Several initiatives are being embedded as BAU eg SAAU, 23 hour day surgery, ED zoning. Learning in 3 categories 1) change able to be managed within care group resources 2) change to be managed within the Recover & Reset Programme and 3) change requires a business case to be developed. A plan detailing which services will be stood down/reconfigured should a second wave of Covid hit over the coming/winter months is in development, based on the Third Phase letter issued by NHSE/I.
- The Trust are profiling wards to continue to maintain elective activity as required, however there is an agreed roll out plan for converting wards to Covid wards.
- At this time most Covid19 swabs from ED are transported to Denmark Hill, but a business case has been submitted to increase the testing on the PRUH site to improve our turnaround times. This is a risk area.

Urgent Treatment Centres (Greenbrook):

- Comprehensive Phase 1 Review completed. Clear front door processes, reviewing resources/rota alignments, clinical pathways IPC requirements, demand and supply. Detail document with findings and actions.
- Numerous actions implemented including Screening Nurse at the Front Door to protect, patients, staff, UTC, ED and hospital services Remote working, new services to support the system. Hot and Cold areas within UTCs, remote working where possible i.e. telephone video consultations. Working with EDs

Oxleas:

- Learning from Phase 1 included - The importance of effective remote working to support services users in the community. The essential need for inpatient ward staff skill to manage COVID-19 patients requiring isolation in the ward environment. The need to utilise effective risk stratification within community teams to manage the decreased face to face contact between staff and service users. The efficacy of video conferencing in managing clinical team meetings and processes. Some patients have preferred the flexibility virtual appointments have offered with DNA levels reducing in some cases. Strategies for maintaining COVID-19 safe face to face clinics were established.
- Actions to address learning from Phase 1 include full provision of remote IT technology for staff who require it. Staff training on COVID-19 management on an inpatient ward / PPE usage. Implementation of "Attend Anywhere" for clincal appointments by Medics. With the return to more site based working office and

clinical environments have been risk assessed and adapted to allow for safe, appropriately distanced working for staff and visitors. Virtual groups are being developed to allow for better group support function in the community. Clinic environments for those who must be seen for depot and clozapine treatment and monitoring are fully functioning.

- Proven plans, to step down / reconfigure services should a second wave occur, will be reintroduced as necessary. in the event of a future increase in COVID-19 cases gradual service reduction was enacted during the Phase 1 COVID-19 period. Specialist non urgent services where maintained on a reduced service basis. Ward capacity was cleared to enable flexing and to reduce the potential numbers of temporary staffing that might be needed in the event that staff sickness levels were significant. Community caseloads were risk stratified maintaining face to face contacts for higher risk and increasing telephone and video contact with those who were appropriate for this level of support.

Community Services (Bromley Healthcare) and GPOOHs (Bromley Healthcare and Bromley GP Alliance):

- Actions implemented from learning in Phase 1 include improved / more direct links to IAPT, ongoing communications with Primary Care to encourage earlier contact and therefore referral to Covid Management Scheme. BHC are currently undertaking a 3000+ patient survey to consider ongoing needs.
- Community Matron Service and Respiratory Service were stood down to deliver the COVID Monitoring Service. Whilst these services are slowly moving back to business as usual plans are in place to move back to business continuity rapidly should a second wave occur. Looking to extend CMS to include higher risk COPD patients through winter funding.
- Throughout the first wave BHC have maintained high levels of F2F contact with COVID and non COVID patients as well as seeing a significant increase in virtual and telephone consultations. Across the system there are hot and cold clinics and work locally to manage patient visits most appropriately.

London Borough of Bromley:

- Maintain and strengthen key lessons learnt from phase 1 including:
    - Clients being assessed for long term care and support needs in a more appropriate community based setting reducing hospital stay and supporting the Home First ethos to support maintained independent wherever possible
    - Single brokerage function and dedicated D2A provider framework has ensured sufficiency of POC for hospital discharge
    - Utilisation of DSG to provide minor adaptations to support hospital discharge including deep cleans has improved timeliness of discharge reducing delays due to home environment.
    - Multi-disciplinary care and support to Care Homes has supported the sector to continue to deliver high quality care to residents throughout the Covid19 period
    - Extension of the commissioned residential isolation unit with plans to commission dedicated Covid19 nursing isolation capacity.
- Approach to face to face contact will continue to be reviewed and follow national guidance with essential visits only taking place face to face, as per the 1st wave - this had a positive impact on capacity being a more efficient delivery model.
- Continue to provide system leadership, training and outbreak response on infection prevention and control through the local Public Health team and Care home Quality Nurse as described in the borough Covid19 Outbreak Management Plan
- Further integrating the Reablement and home based rehab pathway to provide maximum capacity to the system to ensure an ongoing focus on independence for everyone being discharge from hospital or via the adult social care system

Primary Care:

- During Phase 1 of pandemic, all 44 Bromley GP practices achieved rapid mobilisation of online consultations/telephone triage model. This has enabled reduction in face-to-face ratio to 1:4 non f2f.
- Primary care was able to maintain childhood imms rates during Covid-19 while other areas were not.

- There was a managed safe closure of a GP practice during Covid, with six practices offering online registrations.
- There has been regular and helpful input from PCN Clinical Directors throughout. There is ongoing development of PCNs to deliver the promise of collaborative working both between practices and with One Bromley providers. Primary Care are optimising new roles and workforce within an improved model of primary care, whilst tackling estates challenges and opportunities arising from Covid, as well as the continued use of online consultations.
- Primary care has maintained high levels of contact whether it's through f2f or online consultations/telephone triage. Primary care is expected to continue this model through a potential second wave. The Bromley Community Covid Management Service is expected to continue throughout winter with support from individual services/GP practices via dirty and clean rooms to manage covid and non-covid split.

Voluntary Sector – Bromley Third Sector Enterprise – Winter Plans :

BTSE have considered the following support for local people in preparation for and throughout the winter season:

- Virtual talks with Social Prescribing Linkworkers and their patients (to discuss pre-winter worries and to give quick tips and advice on how to plan ahead for them)
- Providing virtual mental health information and advice appointments for people accessing the Bromley Homeless Shelter once the season re-opens (pending confirmation)
- Contributing to World Mental Health Day on 10th Oct (the theme is yet to be set and so is our agenda for this)
- Supporting Self-Care Week in Nov (in collaboration with other BW pathways, delivering a series of talks on self-care in winter and with an emphasis on Employment Issues and Financial Issues we anticipate may increase dramatically once the furlough scheme ends in Oct)
- Leading an event for carers on Carers Rights Day on 26th Nov – predominantly focused on COVID-19 related problems that may affect carers rights
- Developing a wellbeing tutorial and information pack on SAD (seasonal affective disorder) as we anticipate increased referrals around this condition this year
- Developing our annual Christmas support pack

One other idea that has also been discussed is:

- Leading a series of virtual groups (affectionately named by our team as “By the Fireside”) to offer a safe space for people in post-retirement (a group we are seeing emerging numbers of referrals for who are experiencing issues with their mental health) to access practical, emotional and peer support to aid their wellbeing.

- For the LD, PD, Autism and Mutual Carers Pathways we’re planning workshops and additional support around flu jabs, health checks, keeping warm, managing fuel bills and grants where available. We’ll also be addressing the E-consult GP process which has a detailed on-line form which will create many barriers for our clients. We may also need to address isolation, make welfare calls and maintain basic supplies for disabled and vulnerable people who have to isolate in the event of a second wave.

- For Young Carers there will be awareness sessions around the flu jab and general sessions on supporting the people they care for during winter and C-19.

Appendix 2: Flu Vaccinations

Provider Flu Immunisation Plans for Staff

KCH PRUH

Rag Rating **Complete**/**Started**/**Not started**

		Action	Owner	Status/Deadline	Comment
	Preparation	Submit Flu plan to PHE	Occ Health	Submitted 19.8.20	
		Recommence Trust wide Flu working party meetings	All	Restarted 7.7.20	
		Comms for flu campaign	Comms Department	Ongoing	Poster campaign to recruit peer vaccinators and promote staff vaccination
		Booking rooms for vaccinations	All	Complete	Variety of rooms booked across site to run daily clinics from 21.9.20
		Booking extra staff to support campaign	Occ Health	Complete	Extra staff booked to run clinics, queue management to ensure social distancing and IPC and deliver roving vaccinations to staff in their departments for convenience and social distancing
	Vaccine supply	<u>Vaccines ordered for staff vaccination:</u> 9000 quadrivalent cell vaccines 2000 quadrivalent egg vaccines 200 trivalent vaccines >65 age group Separate supply of additional 3000 vaccines for PRUH	Pharmacy	Complete	**Vaccines arriving 14.9.20** **Staff vaccinations to commence 21.9.20**
		Vaccine supply to be signed out to a list of approved peer vaccinators by pharmacy to enable monitoring of uptake/stock levels	Pharmacy	During campaign	
	Workforce	Reach out to previous peer vaccinators to secure for this year's campaign	Occ Health	July 2020	Approx. 100 peer vaccinators Trust wide in addition to Occupational Health staff
		Raise awareness and recruit new peer vaccinators including out of hours to enable vaccination of staff 24/7	Flu leads	Ongoing	New staff have come forward – aim to have one vaccinator per clinical department at PRUH/SS
		Connection with BAME Network to promote uptake of vaccine amongst minority groups	Occ health	Contact and ongoing	
		Divisions and care groups to identify flu	Divisions	Septembe	

		champions – both clinical and non-clinical to promote vaccine uptake		r 2020	
		Vaccinators to use standard NHSE forms to consent/decliner form and if they have had elsewhere e.g. GP	Occ Health	Septembe r	To update last year's form
		Vaccines to be offered at all Occ Health appointments and at induction for new staff	Occ Health	Septembe r/October 2020	
	Comms	During campaign the following will be put in place to support uptake/awareness: ➢ Flu View – interviews and stories from staff about the importance of getting flu vaccine ➢ "Jabometer" as per previous years to see which Division has best uptake ➢ Peer vaccinator newsletter/league table ➢ Myth Buster sheet – to answer staff concerns or misconceptions. ➢ Flu focus Fridays for working party to go out and talk to teams and offer vaccinations	Comms and divisions	August and ongoing	Have already filmed interview with medical director and some frontline clinical staff – other staff identified. Myth buster sheet to be updated/refreshed from last year to include COVID related queries staff have raised.
	Patients	Develop local care group plans to immunise patients in vulnerable groups: ➢ Over 65 ➢ Length of stay in hospital > 7 days ➢ In a high risk group	Divisions/Car e Groups	Septembe r 2020	

Oxleas Flu Plan:

2020- 2021 Flu Campaign - Action Tracker						
Item	**Task**	**Description of actions**	**Owner**	**Update**	**Target Date**	**Outcome**

1	hylaxis	Executive to agree to proposal to fund and appoint 5 wte band 5 dedicated group of paid bank nurses to give the flu vaccinations across the Trust for the first 8 weeks coordinated by Maggie Grainger	Ify Okocha / Jane wells	5.5.20 Executive / taskforce agreed for funding ofX band 5s for 8 weeks (costs £39,450). Agreement received from finance director. Maggie Grainger now identifying these staff.	May-20	Completed
		Review and update consent form in line with Green Book 2020/21 guidance	Maggie Grainger		Aug-20	
		Update invitation letter and decline letter - staff must now put name on the form and sign to confirm that they have made an informed decision not to have the vacination and to give a valid reason. Amended form will also capture if staff have had the vaccine else where and signed	Maggie Grainger		Aug-20	Planning
		Arrange additional resus and anapylaxis training or flu champions along with signing PGD	Maggie Grainger		Aug-20	Completed
		Order Influenza campaign promotional posters, stickers and badges and deliver these to Trust sites and Flu Champion Vacinators	Maggie Grainger		Aug-20	Completed
		Establish Flu Steering Group Monthly Meetings September 2020 - March 2021 via webex	Maggie Grainger		Aug-20	Completed
		Review new literature and research to support evidence of promoting flu vacination benefits to support staff uptake decisions	Maggie Grainger		Aug-20	Underway

		Executive to agree single Trustwide financial incentive reward for staff having their vacination and programme support	Ify Okocha / Jane wells	5.5.20 Executive /taskforce consdired financial incentive. After meeting Finance Director and e mail exchange with service directors agreed that there would be no financial incentive offered this year and we would require staff to do the right thing in light of Covid 19.	May-20	Completed
2	A good communication plan	Personal and team appointments for vaccine to be offered by flu champions in directorates	Maggie Grainger		Sep-20	Planning
		Videos: motivational peer to peer videos to be made and shared during campaign	Lisa Tan		Sep-20	Planning
		Occupational Health to establish regulatr clinics and to advertise their flu clinics	Occupational health		Sep-20	Planning
		Flu pop up on screen - reminding staff where to have vaccine and to inform us if they have already had it	Lee Christie		Oct-20	Planning
		Weekly story on the OX with update on percentage uptake by each directroate	Lisa Tan		Oct-20	Planning
		Contact staff aged 65+ to inform them about having the vaccine at GP or OH or attend one of Oxleas clinics let Flu lead know	Maggie Grainger		Oct-20	Planning
		Once launch date confirmed publicise the lauch date and expectations for zero tolerance of any member of staff in a clinical leadership position for not positively promoting the flu vaccine (Public Health Duty)	Lisa Tan	launch date afgreed as 23/9/20	Oct-20	Planning
		Agree and plan for dates for jabathon weeks in October, November and January with supernumary vacinators	Maggie Grainger	12/10/2020 9/11/20 18/1/20	Oct-20	Completed
		Directorates specific Launch campaigns			Oct-20	Planning

		Circulate dates on line training updates	18/01/2020	not for flu yet but Imm and Vacc now availab le on line	Jul-20	Completed
3	Committed Leadership	Emails to staff on the database (who haven't had the vaccine or declined) at regular intervals to encourage responses to whether they have had the vaccine, want the vaccine or are declining - encourage completion of the declining letter.	Directorate Flu Leads		Oct-20	Not started
		Increase publicity of matrons, team leaders and groups of staff having the vaccine – twitter, facebook etc	Lisa Tan		Oct-20	Planning
		Oxleas to buddy up with other Trusts to share learning	Maggie Grainger		Sep-20	Planning
		Letter from Senior staff to be updated and sent to all staff	Maggie Grainger		Aug-20	Planning
4	Data control	Ensure that denominator is correct at start of campaign	Maggie Grainger	draft denominator now gone to PHE	Sep-20	Planning
		Set up dedicated flu vacination e mail address	Maggie Grainger		Sep-20	Completed
		Set up ESR access for recording vacinations done, declined or had vacination elsewhere	Lisa Wolsey		Sep-20	Underway
		Contact all staff on maternity leave and longterm sick leave and add confirmation of vacination to ESR in week 1 of campaign	Directorate Flu leads/Maggie Grainger		Sep-20	Planning
		Analyse data into directorates from ESR and provide a weekly directorate sitrep and list of staff who have not had the vacination or declinied it	Maggie Grainger		Sep-20	Planning
		Focus on updating joiners every week as have potential to impact most in denominator ask HR as Joiners come in to have their jab	Directorate Flu leads/Maggie Grainger		Sep-20	Planning
		Admin required to input the data		this will be undertaken by the admin apprentice	Sep-19	Completed

5	Easy acess to vaccinations	Stock balance of vaccines throughout campaign - weekly	Directorate Flu leads/Maggie Grainger	Delivery due in 4 batches from September - dates and mnumbers have been confirmed	Sep-20	Ongoing
		Distribution of anaphylaxis kits and vaccines (link with pharmacy to obtain them)	Directorate Flu leads/Maggie Grainger		Sep-20	Planning
		Plan static clinics at the start of the campaign, advertising via Ox	Directorate Flu leads/Maggie Grainger		Sep-20	Planning
		Roaming clinics with strong leadership, plan clinics in clinical areas	Directorate Flu leads/Maggie Grainger		Sep-20	Planning
		Advertising of clinics on the Ox	Lisa Tan		Sep-20	Planning
		Purchase more cold chain cool bags, boxes and ice packs	Maggie Grainger		Jul-20	Underway
		fridge for Acorns	Lisa Thompson	4.5.20 Lisa Thompson requested to buy fridge. Responded by e mail that she would do so.	May-20	Completed
6	Incentives and rewards	Ensure directorates to allow flu lead champions to be supernumerary at points during the campaign or to book bank eg jabathon week	Service directors	Jabathon weeks agreed in line with deliveries	Sep-20	
		Identify flu champions within all areas, so all clinical areas have a flu champion.	Service directors		Aug-20	Underway
		Staff to undertake On-line option for updates for flu administration	Maggie Grainger		Mar-20	Underway
		Thank you letters to go out to champions at start of campaign	Maggie Grainger		Sep-20	Planning
		Thank you letters to go out to champions at end of campaign	Maggie Grainger		Mar-21	Not started
7	Governance	SOP to be reviewed and updated if needed in line with Green Book	Maggie Grainger	amended draft out for comments	Sep-20	Underway

		PGD to be updated to reflect Green Book Legislation	Ify Okocha /Jane Wells/ Maria Fisher / Gloria Yu	hope to complete earlier this year	Sep-20	Underway

Bromley Healthcare Flu Plan

Executive Lead - Director of Nursing Fiona Christie

ID	Task Name	Due Date	Owner	Update
1	**Immunisation population**			
2	Identify headcount for clinical front line staff - permanent & fixed term contracts	03-Aug-20	Flu Coordinator	complete
3	Identify non clinical staff headcount for vaccination	03-Aug-20	Flu Coordinator	complete
4	Identify staff eligible for peer vaccination	03-Aug-20	Flu Coordinator	complete
5	Include information from new starters	03-Aug-20	Flu Coordinator	complete
6	Identify Executive Lead for Staff Flu delivery	03-Aug-20	Fiona Christie	complete
7	**Vaccines**			
8	Vaccines ordered	03-Aug-20	Janet Ettridge	1000 ordered already. Chase delivery dates
9	Over 65's vaccine ordered	03-Aug-20	Janet Ettridge	10 ordered
10	Fridge moved from storage to Central Court		Head of Med. Man.	
11	Fridge stablised		Head of Med. Man.	
12	Delivery location & date confirmed		Head of Med. Man.	
13	Vaccines delivered		Head of Med. Man.	TM to confirm delivery locations
14	vaccine delivered to Orpington Occupational Health Provider KCHOHS		Head of Med. Man.	
15	vaccine delivered to Central Court		Head of Med. Man.	

16	**Administration of immunisations**			
17	Agree & contact resources for immunisation administration		Fiona Christie	
18	Recruit to bank Flu coordinator role		Heather Wragg	
19	Agree training of resources - location, sessions		Fiona Christie	
20	Training complete		Flu Coordinator	
21	Agree dates for delivery with KCHOHS		Fiona Christie	
22	Agree reports and frequency from KCHOHS		Fiona Christie	
23	Locations for administration of vaccines to include map of pharmacies in boroughs Staff reimbursement available		Fiona Christie	
24	Locations agreed for delivery		Fiona Christie	
25	Rooms booked		Flu Coordinator	
26	Spreadsheet of staff names sent to each service lead		Flu Coordinator	
27	Service Lead to update status for each staff member -where have they had the vaccine -have they declined to have one		Flu Coordinator	
28	Consent forms - names mail merged to forms		Flu Coordinator	
29	Consent forms sent to service leads - only for peer vaccinations, KCHOHS will have their own		Fiona Christie	
30	Patient information leaflet available for each immuniser		Maria Coello	
31	Cool bags/transportation of vaccines in place/agreed		Flu Coordinator	
32	Fridge management (cold chain management) lead in place		Flu Coordinator	
33	Additional fridges booked and cool chain in place: Beckenham Beacon, Lauriston, CRC, Hollybank		Flu Coordinator	
34	Cotton wool, plasters, sharps box, blue roll, shot boxes - per immuniser - business coordinators to review consumables levels but these should be in stock		Flu Coordinator	BC's to order
35	add Imms to dashboard and reported weekly to Executive Team		Information	

37	**Immunisations**			
38	Immunisations started and completed	01-Sep-20	Flu Coordinator	dependant on receipt of vaccine
39	Order additional vaccines if required		Flu Coordinator	
40	Mop up immunisation sessions held if required		Flu Coordinator	
41	**Communications**			
42	Launch information in CEO update		Flu Coordinator	
43	Pull comms material together		Maria Coello	
44	Include comms in Leadership forum		Flu Coordinator	
45	Engage with Leadership to find out reasons for number of declines last year and approach for this year		Flu Coordinator	
46	Write to staff identified as vulnerable from COVID 19 risk assessments		Cath Jenson	
47	National comms pack to be issued out and amalgamated with BHC comms		Flu Coordinator	get details from Kelly Scanlon at SEL CCG. Emailed 14/8/2020
48	Communications with staff ongoing		Flu Coordinator	
49	Include flu KPI on balanced scorecard		Flu Coordinator	
50	Weekly reporting to Exec team meeting		Fiona Christie	
51	**Coordination admin for record keeping IMMFORM update**			
52	Patient Group directive to be signed by Dr Cath Jenson		Head of Med. Man.	
53	Agree admin resource for collation of data on imms performed		Corporate Team	Spreadsheet uploaded into BI tool for exec team visibility. Corporate Team to provide resource
54	Agree templates for collation of data on imms performed		Operations	
55	Agree method of collation of consent forms		Operations	
56	Perform updates on IMMFORM - submission timeframes to be in line with NHSE requirements		Operations	

Other providers:
Bromley GP Alliance:

- BGPA staff will be vaccinated in house by the care practice.

- The care home flu vaccination project will start week commencing 21st September and will be completed no later than the end of November. We are in the process of confirming consent and agreeing dates when the vaccinations will be carried out with the care homes. We anticipate all homes will have had their main visit for vaccination by 30th October and we will then revisit any homes where patients were too unwell to have the vaccination or in hospital etc. to ensure 100% coverage for those residents who want the vaccination.
- We currently have not committed to vaccinating care home staff as we do not have the correct vaccine as the majority of care home staff are under 65 and as a practice as the majority of our patients are over 65 we had only ordered the over 65 vaccine. The CCG are aware of this and will be letting us know if more vaccine becomes available in which case we are very happy to vaccinate the staff.

Greenbrook:

- Staff to be vaccinated via clinics provided by KCH PRUH site as per previous years.

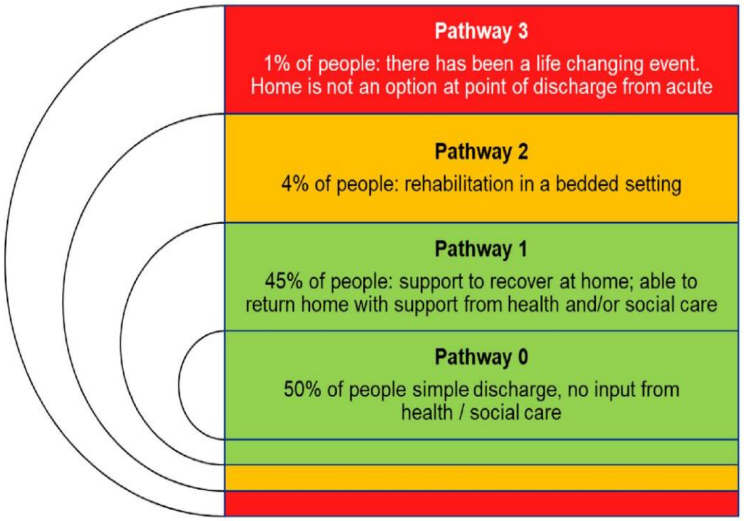
St Christopher's:

- St Christopher's Hospice encourage all staff to have a Flu vaccination, we ask staff to go and have this done at a local pharmacy that offer this service free to our staff. We identify for staff pharmacies that offer this service close to both our sites.

Bromley Third Sector Enterprise (incl Bromley Well)

- Hospital in reach staff will be able to access Trust flu vaccination clinics
- All other staff will be invited to receive a flu voucher provided by the CCG to get a flu vaccination at a local pharmacy.

Appendix 3: Government guidance for Covid-19 Hospital Discharge Service Requirements' issued



- Pathway 0 being managed by KCH
- Pathway 1,2 and 3 all being accessed via the Single Point of Access (SPA) for community health and social care services.

Appendix 4 - BROMLEY FLU CAMPAIGN WINTER 2020/2021				
OCTOBER ACTIVITY				
DATE	**ACTIVITY**	**OUTCOMES / UPDATE**	**LEAD**	**BUDGET**
Week commencing				
05-Oct	Finalise changes to the Bromley winter leaflet so that this can be made available on the website and used for distribution to target homes. Identify areas of Bromley to target and inform the SEL team who can arrange the distribution via Royal Mail	Leaflet awaiting messaging around UTC and will then go to printers. Based on feedback from the Bromley flu group - modify the messages that people need to also proactively contact their GP if they fall into one of the high risk areas. This is because only 80% of high risk patient will get a proactive letter from their GP surgery. Postcodes identified for targeted distribution.	Kelly	Yes - TBC
	Ask One Bromley C&E members to share any intelligence on local needs regarding the flu vaccination	Email sent on 29.9.20 to One Bromley C&E leads and responses are awaited. Will raise this for further discussion in the One Bromley C&E meeting on 20 October. Teresa has gathered intelligence from Bromley Well about people's concerns about attending for a flu jab which has been fed back to the Bromley Flu Group on 8.10.20. These concerns need to be addressed in the personalised GP letters (ie ensuring arrangements for giving the vaccination are safe for patients). This message is also in the general comms/winter health leaflet.	Teresa to follow up with HW, CLB and Bromley Well	N/A
	One Bromley C&E members asked to share intelligence on opportunities to promote the flu message, any events they are holding with target groups, any opportunities to show videos, what they are doing about vaccinating their staff, any photo opps of leaders or other staff getting vaccinated that they can share.	Limted feedback so far. Will need to raise again and also discuss at the next C&E meeting. There is an opportunity to do a session during Self Care week in November as Bromley Well are arranging several online events.	ALL One Bromley C&E members	
	Social media promotion		SEL Team	

	Issue press release to promote getting the flu jab in Bromley.	Press release approved - but holding off until some of the supply issues have been resolved.	Kelly	N/A
	Personalied GP letters need to include local arrangements for giving the flu jab to reassure patients that it is in safe conditions.			
12-Oct	Send finalised winter leaflet to the printer for costs. Distribution numbers informed by postcode distribution. SEL Central team helping with the liaison with royal mail to get prices for distribution and number required.		Kelly	Yes - TBC Printing cost and distributio n cost via Royal Mail
	Social media promotion		SEL Team	
19-Oct	Newspaper adverts in the local paper	Hold decision on this until we are confident there are no supply issues	Teresa	TBC
	Social media promotion		SEL Team	
	Press release to promote barcoding or any other initiatives being put in place in Bromley to improve vaccination rates		Bromley Flu group	N/A
26-Oct	Bromley winter leaflet completed and back from the printers - liaise with the central team about getting this distributed via Royal Mail.		Kelly	
	Ensure the winter health leaflet is promoted through primary care, One Bromley partners - available on line etc. One Bromley partners asked for numbers they need for reception areas etc.		Kelly	

	Discuss flu at the One Bromley C&E meeting on 20 October and talk through plans and help from other partners - include here discussion about staff flu campaigns and any sharing that can be done.		Kelly	
	Social media promotion		SEL Team	
30-Oct	Press release to promote numbers getting vaccinated in Bromley - quotes from patients who had successful experience . Provide pictures and quotes emphasising the safety of having the flu jab.		Bromley flu group	
	Social media promotion		SEL Team	