



Quality Account 2020-21

Delivering high quality services in the community

Bromley Healthcare at a glance



Patients
110,000



Workforce:
1,100



Patient contacts:
589,000



Services: 41



Patient
satisfaction:
98%



Income: £57m



Locations: 25



Boroughs: 4



Commissioners: 100

Figure 1.0: Bromley Healthcare at a glance

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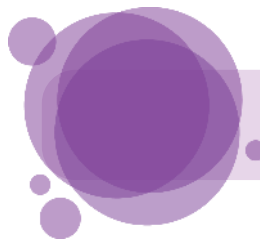
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Introduction

Welcome to Bromley Healthcare's 11th Quality Account.

Bromley Healthcare was established in April 2011 as an employee owned social enterprise; we have now grown to employ over 1,000 staff including Nurses, Therapists, Doctors and Dentists. Bromley Healthcare's community healthcare work ranges from helping new parents to care for new born children to supporting the elderly to continue living at home as long as they can, with services including therapy services, health visiting, district nursing, school nursing and specialist nursing.

Bromley Healthcare aims to be the best community care provider that strives for the provision and delivery of caring, safe and effective services to local people, either within people's home or close to their home and their community.

We know that staff who join us are passionate about caring for people and their community, and that it is important to support them so that they can continue to be compassionate; take pride in their clinical expertise and be innovative. We also understand that healthcare delivery is constantly changing to improve people's experiences of care. We are committed to working in partnership with patients and carers, other health and social care colleagues and voluntary sector services to ensure that our local community receives the best care for themselves and their families. We are an active partner in the One Bromley partnership where health and social care services are working together with the voluntary sector to provide more joined up and improved care for people who live in Bromley.

Why are we producing a Quality Account?

All NHS healthcare providers have been required to produce an annual Quality Account since 2010. This requirement was set out in the NHS Next Stage Review in 2008. Although a social enterprise, the activities Bromley Healthcare undertake are directly commissioned NHS services, therefore we are also obliged and pleased to produce an annual Quality Account.

Our Quality Account is a report about the quality of services provided and is available to the public. Quality Accounts aim to enhance accountability to the public and engage the leaders and clinicians of an organisation in their quality improvement agenda.

The Quality Account looks forward to 2021/22 as well as looking back on 2020/21. We are keen to share information with service users, patients and their carers about the current quality of all our services and our plans to improve even further.

What are the required elements of a Quality Account?

The National Health Service (Quality Accounts) Regulations 2010 specify the requirements for all Quality Accounts. We have used the requirements as a template around which our account has been built.



1

Part one

Statements from the Chairman and Chief Executive about the Quality Account.



2

Part two

Priorities for improvement – this forward looking section identifies our four priority areas for improving the quality of our services for 2021/22, why we have chosen these priorities and how we are going to develop the capacity and capability to achieve them.

Mandatory statements relating to the quality of our services, as set out in the Quality Accounts Regulations 2010.



3

Part three

Review of our quality priorities and performance in 2019/20, and examples to illustrate ongoing improvement in our services.



4

Part four

Statements from our Commissioners, local Healthwatch and our Patient Reference Group.

How can I get involved now and in the future?

We would like to know your views of our quality account including your thoughts on what we could improve on and positive experiences you have had. If you would like to join our Patient Reference Group or send us any feedback please contact our Patient Experience Lead, Sharon Cranfield at bromh.feedback@nhs.net.

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Statements from our Chairman and Chief Executive

Chairman's statement – Michael Nutt

This Quality Account contains a wealth of detail on our activities in the last year. We have continued to deliver against our Quality Strategy and launched a number of new initiatives including our People Plan, How to be a Great Leader programme and the Equality and Inclusion network.



The year 2020 -21 has seen Bromley Healthcare responding to the impact of the global pandemic whilst successfully maintaining the provision of our services for patients and families in very challenging circumstances.

The response to the pandemic naturally features prominently in the Quality Account.

A key feature to note was setting up the Community COVID monitoring service within 48 hours. This 24-hour multi-partner service provided invaluable support to hundreds of COVID positive patients to be safely managed in the community.

However, business as usual has also continued apace during the year and in October 2020 we welcomed the Bromley 0-19 service into Bromley Healthcare. We have also successfully launched our Children's Hospital at Home service safely managing children and young people with episodes of acute illness at home.

We have been and remain highly focused on the health and wellbeing of our colleagues. As a result of the pandemic 2020-21 was an extraordinarily demanding period to provide healthcare in the community. One of the key themes of our People Plan is "looking after our Bromley Healthcare" and a number of initiatives have been launched to support our wonderful staff. These include an easy access Health and Wellbeing Hub and the introduction of Schwartz Rounds. Schwartz Rounds provide a structured forum where all staff (clinical and non-clinical) can come together to regularly discuss the emotional and social aspects of their work in healthcare. I am delighted to report that feedback so far has been extremely positive from all participants.

Many others initiatives are planned to support our staff for the coming months.

I am very proud of the way Bromley Healthcare has responded and risen to the huge challenge of COVID-19 and I would like to thank all my colleagues for working so tirelessly and with such professionalism and commitment in these unprecedented times to support our patients and partner providers.

Michael Nutt
Chairman

CEO's statement – Jacqui Scott

I have great pleasure introducing our 2020/21 Quality Account. Our Quality Account details our quality initiatives and achievements in support of our aspiration to enable outstanding care for our patients, carers and families, closer to home, in their community.



Last year, 2020/21, commenced with trepidation as we anticipated our most challenging year to date; Covid 19 confirmed cases were rising significantly and the country had moved into national lockdown a week earlier. This forecast unfortunately proved to be the case as unprecedented demands were placed on colleagues as they grappled to balance professional and personal challenges.

Our response to Covid 19 started with over 250 colleagues being repurposed to support discharge services in line with the national prioritisation framework; to name a few, our oral health promoter supported in the Foxbury beds and therapists provided personal care and bridged care packages to expedite hospital discharge. The corporate team were not exempt; the finance team operated the stock room (dispensing over one million PPE items) and the senior management team were co-opted on occasions to deliver the Biggin Hill drive thru swabbing and antibody testing service.

Our response to the pandemic required new ways of working and technological solutions to be implemented at pace. To enable virtual working over 500 lap-tops and 300 phones were rolled out to clinicians and newly designated home workers. Services delivered over 146,995 virtual consultations over the last year using their new technology which also enabled teams to keep in touch with each other. However, wherever clinically appropriate patient and families still received a face to face visits (over 403,921 face to face visits have been undertaken).

The challenges of the pandemic has produced the best in clinically led innovation often developed in conjunction with our health and care partners:

- The Bromley Covid Monitoring Service established, within two days, to support suspect Covid 19 Bromley residents. Patients referred from 'NHS 111' received a two hour clinical management response, a daily support call and access to a 24 hour hotline. The service has supported over 5,500 patients so far with 15,118 contacts, and patient satisfaction reported at over 95%
- The Single Point of Access (SPA) for discharge was built on the foundations of the 24/7 Care Coordination Centre. All hospital discharges requiring community and social care support were phoned directly from the hospital ward to the SPA clinical triager responsible for organising the 'wraparound' community care.
- The Hospital at Home for Children Service launched with the PRUH in January 2021 to provide acute paediatric care to a range of patients and families within the home setting, with less disruption to family life

Following the first wave, I hosted virtual meetings with many of our teams to review our Covid 19 response. The lessons learnt from wave one helped shape our escalation plans for the next wave enabling the majority of our services to keep running during the second wave.

As would be expected a number of our services have increased waiting times which are longer than we would aspire to. The focus over the last few months has been on safe service restoration harnessing the best of innovation and reducing, wherever possible, the unacceptable health inequalities which the pandemic has shone a light upon.

Community services often do not receive the recognition they deserve as our services, often delivered in people's homes, are less visible than those provided in hospital or GP surgeries. However, I hope that you will see from our Quality Account the vitally important role community services play, working in tandem with our health and care partners, in keeping people well and safe in their community.

I have been absolutely over-whelmed by what I have seen and the stories that I have heard over the last year. I feel privileged to work alongside such a courageous and caring team of people. So finally and most importantly, I wish to thank our outstanding Bromley Healthcare team who just embody our values on a day by day basis by continually demonstrating their resilience, their kindness and their compassion as they care and support their patients, carers and families.

Jacqui Scott
CEO

The information provided in this report is, to the best of our knowledge, accurate and a reasonable reflection of our commitment to quality.



Photo: Bromley Healthcare® Taken prior to the Covid-19 pandemic and social distancing rules

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Our quality priorities for 2021-22

In last year's Quality Account we introduced our new Quality Strategy 2020-2023 which is underpinned through a definition of quality in line with the 5 Care Quality Commission (CQC) core standards:

- **Safe**
- **Caring**
- **Responsive**
- **Effective**
- **Well led**

This year's account reports on our delivery against the first year of the strategy and outlines our plans for 2021-2022.

Bromley Healthcare is committed to ensuring and improving the quality and safety of the care we provide. We recognise there is always more we can do which is why we continue to pursue improvements to achieve our key values:

- **We will treat others as we would like to be treated**
- **We will continually improve our services**
- **We will hit our targets**

Our Quality Strategy defines the annual priorities for the Quality Account and the overall aim of it is to ensure we provide high quality community healthcare of which staff are proud and are recognised for.

Our strategy will ensure that patients and their families receive an experience that meets their expectations sustaining Bromley Healthcare's reputation and increasing public confidence. The strategy supports or aims to listen and respond to the views of patients, families and the local community to drive service improvements.

Our priorities for improvement have been developed through engagement with and learning from patients, carers and staff. We have looked at the feedback and learning we have identified over the past year to understand where we need to focus our quality improvement activity. We have used the domains of quality to ensure we provide:

- **Clinically effective care**
- **Safe care**
- **Services that are caring**

Triangulation

Quality is not an isolated activity; it is central to all we aspire to achieve and to assure and improve the care that is delivered to service users and their families. As such, quality is linked to a number of wider frameworks and initiatives. Quality contributes to the delivery of Bromley Healthcare's corporate objectives and vision:

- Organisational strategy - in particular, the role of this strategy in helping to deliver high-quality exceptional care, building a culture for growth ensuring our people are skilled, motivated, engaged and empowered being innovative by harnessing digitalisation, data and analytics.
- One Bromley's evolution - by ensuring we are working together with our partners across the health and social care economy including the voluntary sector to provide a more joined up approach to improve the care for people who live in Bromley.
- Clinical and integrated governance – by moving beyond the assurance role of governance to give all team members the confidence and skills to continuously improve the quality of care they provide.
- Corporate assurance – including Care Quality Commission (CQC) registration standards, NHSLA Risk Management Standards and Board Assurance Framework.
- Patient engagement and involvement – by ensuring the Duty to Involve set out in Section 242 of the NHS Act 2006 is incorporated into the quality process.
- Clinical effectiveness and evidence-based practice – ensuring quality tools, such as clinical audit provide us with new ways of working, measure outcomes for patients and drive quality improvements.
- Clinical risk management and patient safety – ensuring quality issues from adverse events, incidents and risk issues are appropriately escalated, resolved and/or mitigated.
- Complaints and other forms of patient feedback – ensuring themes from this intelligence are used to address quality issues and mitigate recurrence of such complaint/feedback.
- Performance monitoring – the mechanisms we use to assure ourselves that we are meeting the required quality metrics, for example key performance indicators.
- Workforce development – by ensuring our People Plan reflects and focuses on health and well-being, retention, recruitment and growing the workforce, learning and development, culture and leadership and diversity and inclusion. We also aim to enable clinicians to comply with their professional codes of conduct while ensuring quality through continuing professional development. Ensuring non-clinicians understand the quality elements of their roles and how important their contribution is to overall quality.
- Dashboards/Business Intelligence tools - internal control – by increasing the contribution of quality tools to the process by which an organisation gains assurances about the quality of its services and the effective management of risk.
- Quality Assurance visits and self-assessments - our framework for internal mock CQC compliance for services.
- Maintenance of existing business and the tender process – ensuring the quality tools we have in place provide evidence of the high-quality service we provide and strengthen our competitiveness.

Quality Improvement Objectives

The areas of quality improvement Bromley Healthcare is committed to focusing on during 2021-2022 are outlined below with clear outcomes defined and reflecting how we know we have improved.

Quality Improvement Objective 1:

Reduction of avoidable acquired pressure ulcers

Why?

Pressure ulcers are the highest number of incidents that are reported and whilst we know through thorough investigation that we did not contribute to the majority developing we cannot be complacent. A pressure ulcer working group will be formed to ensure that any areas of improvement are identified and that we have the assurance that we are following best practice guidance.

For year 2 we have agreed the following measures of success:

- Category 4: zero occurrence of avoidable acquired pressure ulcers (PU)
- Working Group established in 2020-2021 continues with evidenced outputs
- Zero recurrence of themes identified at Quality Improvement Group
- Measurable reduction in heel PU occurrence
- Care pathways embedded actioned
- Continued evidence that templates and documentation completed via PU weekly meeting
- Bromley Healthcare forums used as a vehicle for dissemination
- Team meetings to reflect learning and improvement
- Continued 100% RCA completion within timescales

Quality Improvement Objective 2:

Reduce the number of patients who fall whilst under our care and ensure the appropriate interventions have been completed

Why?

We have a high number of incidents reported that relate to falls – often these are not witnessed as they have occurred in patients homes but we need to make sure that we are ensuring that we put things in place to prevent it happening again if possible.

For year 2 we have agreed the following measures of success:

- Actions of previous year closed and maintenance of position
- Maintenance of reporting and evidence of refreshed actions in response to emerging new themes
- Annual falls audit continues with review of questions and objectives
- Maintenance of training compliance
- Any risks to continued improvement identified and considered for risk register

Quality Improvement Objective 3:

To Improve the standard of clinical record keeping

Why?

Sometimes when we investigate incidents or near misses or through audits the clinical records need improving. We need to understand what is preventing clinicians from completing them so this requires a system wide review

For year 2 we have agreed the following measures of success:

- Actions of previous year closed and maintenance of position
- Maintenance and improvement against revised actions
- Annual Record Keeping audit continues
- Maintenance of training compliance
- Any risks identified and considered for the risk register

Quality Improvement Objective 4:

Reduce the number of Medicines incidents causing harm

Why?

Between April 2020 and March 2021, 7.54% of all Bromley Healthcare reported incidents related to medicines. This is an increase of 1.54% on 2019-2020 and reflects the improved reporting following the raised profile of the Quality Strategy.

The key areas of concern relate to either the wrong dosage or medications not being administered however, this is more prevalent when patients are discharged home from hospital into our care and Bromley Healthcare colleagues then highlight the errors.

We still need to ensure that all staff are following best practice and work with partners to reduce the number of incidents.

For year 2 we have agreed the following measures of success:

- Actions from 2020-21 to be closed and monitored
- Medicines management audit plan revised and agreed
- Further 50% reduction of reviewed baseline

Two further working groups were established that focused on areas that Bromley Healthcare already had started reviewing and the continued work and objectives were agreed at the Quality Improvement Group:

- Frailty/End of Life Care
- Dementia/MCA

Statements relating to quality of NHS services provided

In this section of the report we will make several statements relating to the quality of the services we provide. This allows direct comparison with similar organisations and service users and commissioners can be assured that we are a quality focused organisation who are engaged in many activities linked to quality improvement.

Review of services

During 2020/21 Bromley Healthcare provided a range of community health services across Bromley, Bexley, Lewisham and Greenwich providing nearly 600,000 patient contacts.

During 2020/21 Bromley Healthcare provided 41 NHS services. Bromley Healthcare has reviewed all the data available on the quality of care in all of these NHS services. The income generated by the NHS services reviewed represents 100 per cent of the total income generated from the provision of NHS services by Bromley Healthcare for 2020/21.

Participation in clinical audits

Local audits

Local audits are important in measuring and benchmarking a range of activities against agreed markers of good professional practice, stimulating changes to improve practice and re-measuring to determine any service improvements. Robust audits also contribute to assuring both our commissioners and regulators of the quality of services being provided. Clinical audits are just one quality improvement tool. An audit programme should reflect priorities for services and organisations and should be informed by various intelligence such as complaints and incident data and the patient experience. Therefore, our audit programme can be added to at any point throughout the year and not all audits will be completed within a financial year.

There were a total of 38 clinical audits completed on 2020/2021 which included 9 service record keeping audits for the record keeping audit 2019/2021. Due to the COVID-19 pandemic there was a reduction in the number of clinical audits completed in 2020/2021 and the majority of those completed related to medicines management.

Examples of clinical audits during 2020-21 can be found in the table overleaf.

Audit title and aim of the audit	Key findings	Action Plan / Recommendation
<p>Appropriateness of Antibiotic prescribing Rapid Response</p> <p>Aim:</p> <ul style="list-style-type: none"> - To promote and evaluate adherence to antibiotic prescribing in accordance with existing NICE, BNF and Bromley Clinical Commissioning Group Antimicrobial Guidelines for use in primary care, accessible via BCCG on the intranet. - To support clinicians in promoting quality improvement and promote collaborative working on appropriate antimicrobial prescribing - To adhere to the antimicrobial stewardship annual study update. This is to improve clinical outcomes and minimise adverse effect events relating to use including the development of antimicrobial resistance 	<p>Following this audit, overall the records analysed identified that the clinicians demonstrated adherence to the guidance where the prescribers need to tailor prescribing according to National Institute of Clinical Excellence (NICE)/British National Formulary (BNF)/ Bromley Clinical Commissioning Group (BCCG) that accounts for quality care assurance and safe process.</p> <p>1. Antibiotic prescribing for urinary tract infection (UTI) in females</p> <ul style="list-style-type: none"> - 20 of the cases sampled at random had been diagnosed with suspected or confirmed UTI - All 20 cases had been prescribed medication - 20 patients had at least 2 symptoms recorded or positive dipstick record (90%) - 1 patient of which presented with both UTI and lower respiratory tract infection (LRTI) and was prescribed Amoxicillin (5%) - 19 patients were prescribed Nitrofurantoin, Pivmecillinam or Trimethoprim (95%) - 8 patients not been prescribed one the above as per NICE guidance (40%) - 11 patients were prescribed the right antibiotic but the length for course were more than 3 days due to complexity and comorbidities (55%) <p>2. Antibiotic prescribing for acute cough/bronchitis</p> <ul style="list-style-type: none"> - 20 of the cases randomised sampled had complained of acute cough or bronchitis - 18/20 cases had Amoxicillin, Clarithromycin or Doxycycline prescribed- (90%). One patient was prescribed Ciprofloxacin and no evidence provided and one patient was prescribed Flucloxacillin and switched to Amoxicillin the next day, error in issue and feedback shared with clinician. Appropriate prescribing is therefore 18/20 (90%). - 18/20 cases fit NICE guidance criteria for prescribing (90%) <p>3. Antibiotic prescribing for Cellulitis</p> <ul style="list-style-type: none"> - 15 cases sampled as only 15 samples available for Cellulitis findings - 15 cases had Flucloxacillin, Clarithromycin or Erythromycin prescribed- (100%). Appropriate prescribing is therefore 14/15 (93%). - 14/15 cases fit NICE guidance criteria for prescribing (93%) 	<p>The report was shared with all the prescribers to remind them of expectations with respect to antibiotic prescribing:</p> <ul style="list-style-type: none"> - Prescribers must record all NICE guidance criteria for every prescription issued as a safe practice habit - Prescribers must apply more focus when prescribing for UTI in men and able to differentiate when course for abs need to be more than the recommended 3 day course
<p>Improving appropriate use of oral nutritional supplements (ONS) in Lewisham Nursing Homes.</p> <p>Aim:</p>	<p>In summary, at the end of Q4 2019/20 we saw:</p> <ul style="list-style-type: none"> - Increase in number of residents prescribed ONS who have been reviewed by dietitian, 86% in Q4 vs 82% in Q1; however this remains just below the benchmark target of 90% 	<p>Following the audit the team are:</p> <ul style="list-style-type: none"> - Continuing to work with Lewisham care homes and GPs to

<ul style="list-style-type: none"> - Improved care delivered to patients in nursing homes through appropriate use of ONS - Reduction in wastage/over-use of ONS when not clinically indicated which would lead to cost savings 	<ul style="list-style-type: none"> - Increase in % of residents' supplements reduced/changed/ceased when appropriate, 80% in Q4 vs 68% in Q1; however this also remains below the benchmark target of 90% - Increase in use of more cost effective ONS. In Q4 2019/20, the average spend on powder based supplements amongst the 5 GP practices was 14.2% compared with 10% in Q1 - Cost savings. In Q4 2019/20, a total of £187,828.53 was spent on ONS in Lewisham compared with £188,876.06 in Q1 2019/20. £35,081.61 (18.7%) of this total amount was spent by the GP practices looking after Lewisham Nursing Homes in Q4 2019/20 compared with £41,231.95 (21.8%) in Q1 2019/20 - An estimated £27,777.70 was spent across all 9 Lewisham nursing homes on ONS in Q1 2019/20, accounting for 67% of the total £41,231.95 spent by the 5 GP practices during this period. In Q4, £20,280.90 was spent across 8 Lewisham Nursing Homes by the 5 GP practices, 58% of the total £35,081.61. A total reduction of £7,496.80 (-27%) was made. If we excluded Florence Nursing Home from Q1 there would still be an overall reduction in ONS spend of £6,881.08 (-25%) <p>Please note that from mid-March 2020, dietitians had no face to face contact with nursing homes due to Covid-19, all contact was by telephone.</p>	<p>ensure all residents who are prescribed ONS are referred to the dietitian for review</p> <ul style="list-style-type: none"> - Continuing to follow NICE guidelines and update ONS guidelines to help ensure ONS prescribing is appropriate and cost effective
<p>Medicines Optimisation Audit in the Frailty Project in Biggin Hill</p> <p>Aim:</p> <ul style="list-style-type: none"> - In an era of significant economic, demographic and technological challenge it is crucial that patients get the best possible outcomes from medicines. Medicines play a crucial role in maintaining health, preventing illness, managing chronic conditions and curing disease. - Medicines Optimisation is a patient focused approach in ensuring that we get the best possible outcomes for the investment in and the use of medicines. This requires a holistic approach; an enhanced level of patient centred professionalism and partnership between the patient and the clinical professional. 	<p>All the patients were asked about the following:</p> <ul style="list-style-type: none"> - Over the Counter Medication/ Internet medication taken – 100% - Medication delivered or collected – 100% - Medicines Reconciliation conducted – 100% - Adherence check – 100% - Self- medication / Dosette/ Family administers – 100% - Discuss preventative medicines – 100% - Inhaler technique, BP, HbA1C , Renal function checks -100% (where applicable) - Possible side effects of medication discussed – 100% <p>We also found that-</p> <ul style="list-style-type: none"> - The Stop/Start tool was used to increase or decrease previously prescribed medication in 17 patients - New medicines were prescribed in 5 patients - Referral to the Medicines Optimisation Service for 4 patients - Referral to the Social Services for 5 patients, with one patient to the dietitian and one to Respiratory team - 5 patients did not know why they were taking their medication 	<p>Patients receive the intensive proactive care management that most complex patients require</p> <p>The template has now been rolled out to all the Community Matrons in Bromley Healthcare</p>

<p>KPMG Consent Audit</p> <p>Aim -</p> <p>The organisation offers a variety of services to a wide range of patients, covering district nursing, school nursing, specialists, and support for new-borns and older people. As part of these services, patients will often include children and vulnerable adults. It is therefore important that Bromley Healthcare has procedures in place to obtain and manage consent from all patients and for all types of services offered. The Information Governance Alliance (IGA) standard which BHC adheres to requires consent to be clearly recorded in a patient's medical record. In circumstances where the patient is not the decision maker, the decision maker should be clearly identified. This audit aims to ensure that there are processes in place for obtaining and recording consent on patient files.</p>	<p>KPMG found that the processes and controls in place to check compliance with the accurate recording of patient consent at Bromley Healthcare (BHC) provides "significant assurance with minor improvement opportunities" (amber/ green). This rating is in line with management expectations and is driven by the fact that clear processes and procedures exist for obtaining and documenting consent, however, sample testing identified that these processes are not consistently followed.</p>	<p>KPMG suggested that BHC would benefit from completing spot check audits of the operation of processes and controls related to consent across services. The outputs from these checks could be used to identify training needs either for individuals, or within services, or to allow BHC to identify where processes can be made more efficient.</p>
<p>Record Keeping Audit 2019-2020</p> <p>Aim:</p> <ul style="list-style-type: none"> - To provide assurance as to the quality of clinical record keeping in Bromley Healthcare. 	<p>Overall BHC Record keeping audit had an assurance rating of 'Significant assurance with minor improvement opportunities' and achieved 91%. Significant assurance was found in the documentation of user information, but only partial assurance that clinical information is recorded as it should be and how the record was written.</p>	<p>In August 2020, Bromley Healthcare implemented a new Quality Improvement Strategy - one of the objectives that Bromley Healthcare is committed to focusing on is 'To improve the standard of clinical record keeping'. The measures of success for 2020-21 are:</p> <ul style="list-style-type: none"> - Improvement actions defined and shared - The record keeping Lead progress against objectives - Monitoring systems evidenced - Improvement in record keeping standards demonstrable - Record keeping monitored at 1:1s

Statements from the Care Quality Commission (CQC) and Ofsted

Bromley Healthcare is required to register with the Care Quality Commission and its current registration status is full and unconditional.

The Care Quality Commission (CQC) has not taken enforcement action against Bromley Healthcare during 2020/21. The organisation has a Nominated Individual and Registered Manager who works with the CQC to ensure that services are compliant with the five essential standards of care: Safe, Caring, Responsive, Effective and Well Led.

The CQC have been invited to attend some of our governance meetings including our Board meeting as well as regularly meeting with the Chief Executive Officer, Director of Nursing and Safer Care and Operations Director. . The last full inspection was in 2016/17 and the CQC published reports on the following services we provide:

CQC Beckenham Beacon inspection result

CQC Beckenham Beacon inspection result In November 2016 (our last inspection date), the service achieved an overall rating of **Good**.

The inspectors stated that:

'Staff continually sought to exceed the expectations of patients and their relatives by providing individualised care that improved their social wellbeing as well as meeting their physical needs.'

'Staff provided a caring; kind, and compassionate service and we received positive comments from patients.'

'We saw positive local leadership within the service and staff reflected this in their conversations with us. Staff were supported in their role and had opportunities for training and development. There was a positive culture in the service and members of staff said they could raise concerns with the leadership team.'

CQC focused inspection Bromley and Bexley 0-4 service

During 2020/21 a planned, focused inspection of the Bromley and Bexley 0-4 service was undertaken which covered some aspects of the safe, effective, responsive and well-led key questions.

The following areas of good practice were identified:

- Staff understood how to protect children, young people and their families from abuse and the service worked well with other agencies to do so
- Staff completed and updated risk assessments for each child and young person and removed or minimised risks
- Staff identified and quickly acted upon children and young people at risk of deterioration
- The service managed safety incidents well. Staff recognised and reported incidents and near misses. Managers investigated incidents and shared lessons learned with the whole team and the wider service

- The service provided care and treatment based on national guidance and evidence-based practice
- Managers appraised staff's work performance and provided opportunities for staff to undertake a range of specialist training courses to enhance their role
- Leaders had the skills and abilities to run the service effectively - they understood and managed the priorities and issues the service faced

The following area required improvement:

- The service had governance processes that were well developed and embedded into services. However, the service had not submitted all required notifications to the Care Quality Commission without delay

The following areas were highlighted for us to consider improving:

- The service safeguarding children's supervision policy could be clearer, especially for staff who were new to the role and not familiar with the organisation
- Staff did not always complete comprehensive safeguarding supervision notes such as mandatory action plan dates
- All staff had access to an electronic records system that they could all update, but a few records did not have up to date child protection information and staff did not always complete patient records in a timely manner
- Some staff advised that they would benefit from additional training for non-mobile babies to ensure they made informed decisions in different scenarios

An action plan was implemented and all actions have been completed having taken into account the CQC recommendations.

CQC Transitional Monitoring Approach

During the COVID pandemic CQC had a transitional approach to monitoring services in place that replaced routine full inspections and focused on safety, how effectively a service is led and how easily people can access the service.

It includes:

- a strengthened approach to monitoring, based on specific existing key lines of enquiry (KLOEs), so CQC can continually monitor risk in a service
- using technology and their local relationships to have better direct contact with people who are using services, their families and staff in services
- targeting inspection activity where CQC have concerns

After reviewing information about Bromley Healthcare, CQC had a remote meeting and were satisfied that we had adequate controls in place. As this was not an inspection CQC do not rate services following a call. However, the meeting will help CQC to decide whether they need to take further regulatory action, for example an inspection but this was not necessary.

Ofsted inspections at Hollybank Children's Respite Service

Hollybank, our short break service for children and young people with complex needs had an assurance visit in October 2020.

As a result of the COVID-19 pandemic, Hollybank did not have a full Ofsted inspection, instead, inspectors were evaluating under the social care common inspection framework (SCCIF) the extent to which:

- Children are well cared for
- Children are safe
- Leaders and managers are exercising strong leadership

This inspection did not identify any serious or widespread concerns in relation to the care or protection of children at the assurance visit.

The care of children

Due to COVID-19, Hollybank was closed for short breaks between March 2020 and November 2020. However, despite not being able to offer overnight stays, children benefited from the creative bespoke day-care options.

During the Ofsted assurance visit children were observed to be very comfortable in their surroundings. They enjoyed trips out in the community and they were also engaged in individual activities within the home.

The safety of children

Parents confirmed that they feel their children are safe at the home. It was observed that staff have an effective system to minimise the risk posed to children by COVID-19. Procedures include checking temperatures, frequent handwashing/sanitising and the wearing of PPE.

Following the recommendations from the August 2019 inspection, there have been improvements in health and safety practices. These include plastic gloves not being easily accessible to children; restraint records appropriately maintained and staff having appropriate training, enabling them to safely care for and safeguard children.

Leaders and managers

Hollybank has appointed a new Deputy Manager post and new Registered Manager and were described as 'both demonstrating a passion to improve the service children receive'.

During the ongoing pandemic, it was noted that staff felt supported and that they were able to benefit from access to a counselling service and specific support related to their individual circumstances.

Since the October 2020 visit, Hollybank has been subject to Regulation 44 visits commencing January 2021. The last visit in April concluded that there is good practice demonstrated by the manager proactively reviewing all aspects of care and taking appropriate action to address any shortfalls, for example introducing the observational monitoring tool.

No areas of concern were raised and the independent inspector summarised:

'The children are safeguarded, and staff promote the wellbeing of the children by:

- Measures taken to prevent Covid-19
- Manager's commitment to learning from and implementing changes following incidents
- Observation and feedback from the young people
- Positive feedback from members of staff
- Feedback from parents

Data Quality

We accept responsibility for providing good quality information to support effective patient care. We comply with NHS information governance processes and are supported by our Medical Director who is our designated Caldicott Guardian and the Commercial Director who is the Senior Information Risk Officer (SIRO).

The majority of our services continue to use electronic record keeping through EMIS which provides a single information system and significantly reduces the number of times a patient is required to give personal information because relevant data can be shared electronically between the clinicians involved in their care.

All of our clinical systems are brought together in our Business Intelligence reporting suite. This suite uses Alteryx to mine, standardise and blend the data from all sources, which enables our informatics team to report seamlessly across all systems and for all services.

Data Security and Protection Toolkit attainment levels

The year 2020/21 was the third year of use for the new version of the Information Governance Toolkit. The Data and Security Protection (DSPT) Toolkit is based on the National Data Guardian's 10 Data Standards. This toolkit focuses heavily on information and cyber security.

The DSPT toolkit simply has mandatory or non-mandatory requirements, with organisations being required to meet ALL the mandatory requirements in order to pass. Bromley Healthcare met 97.3% of the mandatory requirements including training against the 95% requirement.

The DSPT was reviewed by the Commercial Director (Senior Information Risk Owner) and signed off by the Chief Executive prior to submission.

Clinical coding error rate

It is a requirement of Quality Accounts to report on Clinical coding error rates. Clinical coding is a process which translates the medical language of patient's records into an internationally recognised code describing the diagnosis and treatment of a patient. Bromley Healthcare is not currently subject to the Payments by Results clinical code audit.

Participation in CQUIN

Due to COVID-19, there were no CQUIN (The Commissioning for Quality and Innovation) programmes. All activity was suspended.



Photo: Bromley Healthcare® Taken prior to the Covid-19 pandemic and social distancing rules

3

Our achievements for 2020-21

This section reflects on our performance against the quality of priorities set in 2020-21. These priorities were set in line with our commitments to defining quality against the 5 CQC core standards:

- **Safe**
- **Caring**
- **Responsive**
- **Effective**
- **Well led**

Quality Improvement Objective 1:

Reduction of avoidable acquired pressure ulcers

All of our objectives were achieved to support Bromley Healthcare's plan to reduce acquired pressure ulcers. The establishment of a pressure ulcer working group has been instrumental in ensuring key information is shared and areas of improvement identified.

Action	Evaluation of 2020-21 Measures of Success
Continued weekly pressure Ulcer (PU) meetings reviewing all PU's reported the previous week	Measure achieved: No category 4 SI's declared to date this year have been upheld
Establishment of a PU Working Group	Measure achieved: Pressure ulcer working group established
Monthly report to be reviewed at Quality Improvement Group focusing on emerging themes	Measure achieved: Themes identified and action plan agreed: <ul style="list-style-type: none"> - Care Plans – reviews - Malinko implementation issues resolved - Standards of documentation
Develop a 'Heel Awareness' campaign aimed at patients and staff focusing on pressure damage to heels	Measure achieved: Campaign agreed and plan launched for Q1
Review of documentation and clinical templates	Measure achieved: All templates reviewed and updated Care pathways reviewed Monitoring processes at 1-2-1 & PU weekly meeting
Ensure lessons learned communicated and actions monitored	Measure achieved: Learning shared at all governance forums however monitoring of improvement to reflect change

100% Root Cause Analysis (RCA) completed on time and all PU's reported	Measure achieved: All RCA's completed within timescale
Ensure all staff identified to undertake training are compliant	Measure achieved: Recording issues due to interface of systems Tissue Viability Service developing bespoke training Current compliance unable to be measured
Annual Audit	Measure achieved: Pressure Ulcer Audit completed – being analysed

Quality Improvement Objective 2:

Reduce the number of patients who fall whilst under our care and ensure the appropriate interventions have been completed

Whilst we were able to action a majority of the objectives set, some have been delayed / partially achieved due to the pandemic. The establishment of a Falls Group will support the plan of ensuring that appropriate measures are in place to continue reducing patient falls.

Action	Evaluation of 2020-21 Measures of Success
Establishment of a multi-disciplinary Falls Group	Measure achieved: Falls Group operational with clear actions for improvement of practice identified
BROMLEY HEALTHCARE Falls Policy reviewed and updated	Measure achieved: Falls policy completed for ratification - delay due to resources available due to Covid pandemic
Monthly Falls incident report to be developed and sent to Falls Lead	Measure partially achieved: Datix IQ Dashboard in progress
Identify Falls lead for Bromley Healthcare	Measure achieved: Two new falls lead have been appointed
Falls audit to be reviewed and questions redefined	Measure not achieved: Falls audit delayed until new policy in place
Ensure best practice being followed and in place across Bromley Healthcare	Measure achieved: Policy incorporates all best practice guidelines
Ensure Bromley Healthcare linked into local and national networks	Measure achieved: New links created with HIN, National Falls Collaborative and local links with PRUH Falls Lead
Review training requirements and establish a baseline of Falls data	Measure partially achieved: Training content being revised in line with policy requirements Falls data available however reasons for falls varied with impact of Covid increasing vulnerable groups so not comparable Datix IQ Dashboard will collate this information
Ensure clinical records fit for purpose	Measure partially achieved: Falls Risk Assessment Tool (FRAT) and template contents agreed as part of policy and pathways to be within the policy

Quality Improvement Objective 3:

To improve the standard of clinical record keeping

A majority of our actions to improve the standard of clinical record keeping were implemented. The accomplishment of this will better support our ability to ensure records are complete and any issues can be resolved quickly.

Action	Evaluation of 2020-21 Measures of Success
Establishment of a clinical Record Keeping (RK) working group	Measure achieved: RK working group established Areas for action defined
Identify RK Lead	Measure achieved: RK Leads have been appointed
Annual RK audit to be reviewed and undertaken	Measure achieved: RK audit completed with overall actions agreed and local plans in place
RK Action Plan 2019-20 reviewed and evidence of improvement and monitoring at local level	Measure achieved: Service level action plans 1:1 templates revised to review a selection of records
Review training requirements	Measure achieved: Service level & individual requirements part of action plans
Learning from RK incidents to be communicated across Bromley Healthcare	Measure achieved: Revised 1:1 template implemented Incidents discussed as agenda item at team meetings
Review of RK policy	Measure partially achieved: Management of healthcare records policy reviewed and abbreviation list being added

Quality Improvement Objective 4:

Reduce the number of Medicines incidents causing harm

Action	Evaluation of 2020-21 Measures of Success
Continuation and expansion of District Nurse Medicines Task and Finish Group	Measure achieved: Medicines working group established
Monthly incident report to be reviewed by Head of Prescribing and Medicines Management (HPMM)	Measure achieved: Incident reports available & themes identified
Bromley Healthcare wide Improvement Plan to be developed and agreed	Measure partially achieved: Confirmed action plan to be agreed in Q1
Medicines Management Audit Plan to be reviewed to include an audit on community MAR charts	Measure achieved: Service level action plans 1:1 templates revised to review a selection of records

Review training and competency requirements	Measure achieved: Antimicrobial prescribing staff training compliance is 100% currently. Competency document reviewed & finalised Baseline incidents reflect high number non Bromley Healthcare so require more detailed separation
Ensure accurate medicines reconciliation at all points of transfer of care	Measure achieved: Bedded rehabilitation unit and community matrons have reconciliation process in place
Learning from incidents shared across Bromley Healthcare	Measure achieved: Team meeting templates have incidents as standing agenda item & shared at Bromley Healthcare governance forums

Human Resources and wellbeing

Equality and inclusion

At Bromley Healthcare, we are committed to creating a diverse and inclusive environment where all our staff, patients and service users feel they can be themselves. We recognise that the key mechanism for driving change and making a difference, as well as giving staff the opportunity to grow personally and professionally.

In August 2020, we introduced the Equality and Inclusion network which feeds into our diversity agenda and has been introduced help us build further a culture that is personal, fair and diverse.

The core aims of the Equality and Inclusion Network are:

- Making recommendations to the Executive board on adjustments and additions to the specific agreements where required
- Promoting the equality, diversity and inclusion agenda within Bromley Healthcare; leading by example and promoting best practice
- Making appropriate links with the other stakeholders on the wider equality, diversity, inclusion areas.
- Promoting partnership working on equality, diversity and inclusion issues across Bromley Healthcare at all levels

We also introduced unconscious bias training as both a standalone course as well as integrating into our 'How to be a Great Leader programme' in order to raise awareness of the potential biases and cognitive shortcuts that may negatively affect decision-making and behaviour in the workplace.

Equality and inclusion plans for 2021

Lived Experience [Lead organisation – One Bromley]: The aim of this project is to shed a light on the past experiences of our ethnic minority colleagues to help foster wider understanding and appreciation with a view to ensuring discrimination in its many forms ceases.

Ethnic Minority Mentoring [Lead organisation – One Bromley]: Establish a One Bromley ethnic minority mentoring programme to provide support and guidance for ethnic minority staff members across our Health and care system. We hope that the programme will increase a sense of belonging and help to support career progression for our ethnic minority staff members.

Health and wellbeing

We recognise the importance of Health and Wellbeing of our employees, which is why one of the key themes in our People Plan is 'Looking after our Bromley Healthcare'. The advent of Covid-19 in 2020 required additional consideration of the impact of the pandemic on the health and wellbeing of our staff, where many of our teams and staff were under enormous stress both at work and home.

We developed an easy access [virtual] 'Health and Wellbeing Hub', signposting individuals to resources and services to support good health and wellbeing. The resource is divided up and colour coded to help navigate and access the appropriate resources:

- Green – Promotion and Prevention,
- Amber – Early sign interventions
- Red - Immediate interventions

The resources are further divided into those for individuals, for team members and for leaders.

Wellbeing Steering Group - a staff Wellbeing Steering Group was created, with representation across our services. This group meets bi-monthly to discuss staff wellbeing across Bromley Healthcare.

COVID 19 Personal Resilience - introduced COVID-19 Building Resilience Workshop every six weeks by our IAPT team. The workshop addresses and supports staff on:

- The psychological impact of COVID-19
- Recognising anxiety and depression using a Cognitive Behavioural Therapy (CBT) framework
- Learning how to manage anxiety and low mood using problem-focused and emotion focused coping skills
- Providing access to further computerised CBT support and useful information

Mindfulness - taster session and 8 week programme delivered by our IAPT team:

- What is mindfulness and where does it come from?
- Having a taste of mindfulness meditation in practice
- What are the benefits of practicing mindfulness, and what can it do for you?
- Where and how mindfulness has been used in our society

Positive Pause - menopause awareness with training delivered by menopause specialists:

- The extent of menopause symptoms and the impact on women in the workplace
- Options to manage menopause
- The business case for menopause support in organisations
- Menopause as an Equality issue and the legal context
- How menopause support is part of a health & wellbeing strategy
- Practical suggestions your organisation can offer employees
- How Bromley Healthcare can develop a menopause friendly culture going forward

Mental health and wellbeing plans for 2021

During May we held our first annual 'Health and Wellbeing Week' which was about ensuring that all of our staff at Bromley Healthcare have a safe and healthy workplace where their mental health and physical health needs are respected and valued equally. We hosted a range of activities throughout the week including:

Bromley Healthcare Walking Challenge - following the lifting of lockdown restrictions we launched a 6 week walking challenge to get our staff active and enjoy all of the mental and physical benefits of walking. We used the Big Walking Challenge platform to host our walking challenge and teams of 7 were tasked with walking Coastal Britain (4,843km).

Menopause 101 - Back by popular demand Menopause specialists Positive Pause delivered a session for Bromley Healthcare staff about understanding menopause.

Working Parents and Carers Wellbeing Session - this webinar was delivered by an employee and wellbeing consultant and mum of two who provided practical and helpful advice to guide employees who are juggling work and parenting and help them maintain their own wellbeing and stay productive.

Vivup Employee Assistance Programme - learning about the programme which provides mental health support via a 24/7/365 telephone helpline, face to face counselling, online Cognitive Behavioural Therapy (CBT) workbooks and additional support and training services

An online Yoga session - which was suitable for all levels of experience, delivered via Zoom.

Resilience Workshop - which offer a number of tools and resources to support Bromley Healthcare employees with recognising signs of anxiety and depression using a Cognitive Behavioural Therapy (CBT) framework. It also covered managing stress, anxiety and low mood using problem-focused and mindfulness meditation techniques.

A nutrition talk with one of our Specialist Adult Community Dietitians – which covered healthy eating/macronutrients, their role and where we can find them.

How to have a wellbeing conversation with your colleagues - this session was hosted by our Learning and Development team.

Our Physiotherapy team also recorded a number of videos for us on office/desk stretches, exercises you can do at home and Tai Chai.

The sessions were attended by c.360 members of staff and was extremely well received: "I have been astonished and amazed at the variance and quality of the sessions put on by Bromley Healthcare for Health and Wellbeing Week."

We also launched other health and wellbeing initiatives this year:

Schwartz rounds - Schwartz Rounds provide a structured forum where all staff, clinical and non-clinical, come together regularly to discuss the emotional and social aspects of working in healthcare. The purpose of Rounds is to understand the challenges and rewards that are intrinsic to providing care, not to solve problems or to focus on the clinical aspects of patient care. Rounds can help staff feel more supported in their jobs, allowing them the time and space to reflect on their roles. Evidence shows that staff who attend Rounds feel less stressed and isolated, with increased insight and appreciation for each other's roles.

MHFAs – (Mental Health First Aiders) - Within Bromley Healthcare we wish to ensure we have a safe, healthy workplace where the mental health and physical health of employees are valued equally. Mental Health First Aiders are a key component to support us in this by raising awareness of mental health and supporting those with a mental health issue. The role of a MHFA is to be a point of contact for an employee who is experiencing a mental health issue or emotional distress. This interaction could range from having an initial conversation through to supporting the person to get appropriate help. MHFAs are not trained to be therapists but they can offer initial support through non-judgemental listening and guidance.

Freedom to speak up - We want to support a culture of learning, openness and transparency throughout Bromley Healthcare. We want everyone to feel safe to speak up and we want to hear about your concerns. When things go wrong, we need to make sure that lessons are learnt, and things are improved. The Freedom to Speak up Guardian will have a specific remit of ensuring processes are in place to empower and encourage staff to speak up safely. They will ensure concerns are investigated appropriately and provide regular reports to the Executive on areas of concern raised.

Compliments, complaints, comments and concerns (4Cs)

	Q1	Q2	Q3	Q4	Total 2020/21	Total 2019/20
complaint	6	11	13	9	39	80
concern	30	60	45	47	182	214
comment	5	20	21	18	64	36
compliment	136	153	197	167	653	675

Complaints

Whilst we strive to ensure our patients don't have reason to complain, complaints do provide an invaluable opportunity to review patient care, our services and the way in which we interact and provide information to patients and their carers. Lessons learnt from complaints help to drive service improvement. Once the complaint has been investigated we write to the complainant and inform them of the results of the investigation. We provide details of the learning and actions that have been taken.

The number of complaints in 2020/21 compared to 2019/20 has halved; last financial year there were 80 complaints, compared to 39 this year. The total figure represents 41 fewer complaints received than the previous year. This significant reduction is due to staff managing complaints more efficiently as well as liaising with the complainant at the earliest opportunity. We also increased staff training which resulted in less escalations to a formal complaint. Although the concerns remain consistent, the comments have doubled. Comments may be suggestions for service improvements, references to other partner providers and are reviewed to identify any learning or ways in which our services can be improved.

The number of compliments received in 2020/21 far outweighs the number of complaints about the services we provide with a ratio of 16 compliments per complaint. The number of reported compliments does not reflect the true figure as many staff find it hard to accept that they should document personal positive feedback. We continue to actively encourage our staff to record all compliments.

The number of closed complaints that were reviewed in 2020/21 has decreased by 35.33% since the previous year, this is due to the drive to manage complaints as concerns (informal complaints) by listening closely to what the complainant is expressing and working with them to explain the reasons decisions were made and or apologising when mistakes have been made. A total of 46 complaints were closed during this time. The number of upheld complaints has reduced by 9.85% since 2019-20 and is detailed in the table below:

	Total Complaints	Upheld	Partially Upheld	Not Upheld
2018/19	92	33 (35.87%)	28 (30.43%)	36 (39.13%)
2019/20	68	20 (29.41%)	17 (25%)	31 (45.59%)
2020/21	46	9 (19.56%)	4 (8.7%)	33 (71.74%)

The top three themes for closed complaints for 2020-21 related to appointments, assessments and clinical treatment. Emerging trends and themes are monitored regularly and discussed at a 'weekly incident and feedback meeting'.

This meeting is chaired by the Chief Executive and attendees include the Medical Director, the Director of Nursing and Quality and Head of Safer Care. Wherever there is learning for concerns, comments and complaints, actions are set and then monitored to ensure that the learning is embedded to prevent issues reoccurring.

Never Events

Bromley Healthcare recognises that learning from what goes wrong in healthcare is crucial to preventing future harm, and provides a culture of openness and honesty to ensure staff, patients, families and carers feel supported to speak up in a constructive way. Never Events are incidents that require investigation under the Serious Incident framework. During 2019-20 there were no never events reported.

Examples where services have shown learning from complaints

<p>A patient's wife was unhappy that the nurse had removed her mask to talk to the patient, as her husband had been shielding for 3 months</p>	<p>A full investigation took place to establish the facts. The nurse was reminded that she must follow the PPE guidance which includes only removing her face mask when leaving the property. The CEO also sent out regular updates on the importance of wearing appropriate PPE at all times as per guidance</p>
<p>A child's mother was unhappy that her child waited a year to be seen by the podiatrist for orthotics</p>	<p>Following a full investigation it was found that the children's physiotherapist did not send the referral to the team, so now there is a process in place whereby the service lead takes responsibility for ensuring that any actions requested are followed up and closed</p>
<p>A patient's brother raised a complaint regarding the length of time that it took for his brother to receive his replacement wheelchair. This was during the height of the COVID pandemic</p>	<p>The individual circumstances were fully investigated and it was highlighted that the wheelchair service at this time were working under business continuity (emergency) conditions due to the pandemic resulting in there being reduced staffing. Regardless of the unprecedented pressures upon the wheelchair service, it highlighted a weakness in our communications with the suppliers. As part of the recovery programme from the pandemic, this was an area that was highlighted as requiring strengthening to ensure that such incidents didn't happen again</p>

Success stories

Bromley 0 to 19 Children's Health Service

Bromley Healthcare was successfully commissioned by The London Borough of Bromley to deliver the new 0-19 Children's Public Health service in Bromley. The service launched in October 2020, and will continue the provision of universal health services for children and young people in the borough of Bromley. This new service is a consolidation of Health Visiting, Family Nurse Partnership, Health Support to Schools and the Primary School Screening Programme. The service can be broken down into four categories:

0-4 years old

The Bromley 0 to 4 service is for parents and carers of babies and children from birth until just before they start school. The service supports parents and carers to give their babies, children and young people the best possible start in life. A series of 10 health checks will be offered starting with an antenatal contact, as well as advice and support about a child's development and growth, healthy eating, physical activity, emotional wellbeing and immunisations.

5-10 years old

The Bromley 5 to 10 service provides advice and support about a child's development and growth, healthy eating, physical activity, emotional wellbeing and immunisations.

11-19 years old

The Bromley 11 to 19 service supports secondary school aged pupils in any school in the borough of Bromley with lots of health and wellbeing information, as well as signposting who the School Nurses are.

Covid Monitoring Service (CMS)

In response to the COVID Pandemic wave 1, Bromley CCG requested a monitoring service be established to assess and monitor patients with symptoms of COVID-19. Within 48 hours Bromley Healthcare and our Community Matrons set up the service prior to the establishment of national protocols and guidance.

This nurse-led BCCMS triages and monitors patients at home with acute COVID-19, receiving referrals from GPs, care homes, 111 and local hospitals. Bromley Healthcare Covid Monitoring Service (BCCMS) comprises of 24 hour telephone triage, oximetry, prescribing, video consultations, home visits and access to a GP led 'hot hub' where patients can be physically seen and assessed. BCCMS provides fast response, early assessment and delivery of interventions to maintain patient safety.

Community Matrons contact patients daily via telephone/video conferencing to assess and monitor their symptoms. Patients can also ring the BCCMS if their symptoms change or deteriorate 24/7.

95% of patients surveyed provided positive feedback which is a very assuring to the CCG. Evaluations of patients are being completed to establish what symptoms remain with patients post-Covid. This will feed into the planning and management for patients with Long Covid and in case we experience a third wave.

Hospital at Home

Hospital at Home is a nurse led Bromley Healthcare community service and sees children and young people with acute episodes of illness for 3-5 days at home with clinical oversight maintained by the referring acute paediatrician. The service is designed to facilitate early discharge from inpatient wards and reduce conversion from Paediatric Emergency Department (PED) attendance to ward admission.

The initiative was born as a result of easing the high number of patients that present themselves during the winter season at the PED which puts an enormous strain on hospitals. Children and young people have to be transferred to other hospitals, sometimes 30-40 miles away due to insufficient local inpatient beds which significantly impacts them and their families.

Hospital at Home provides a rapid response initial visit within 3hrs of discharge and follow-up home visits to patients discharged from PED. The service see a wide variety of sub-acute conditions in children including for the administration of IV antibiotics.

The benefits of the service to families and staff include:

- Family focused care and education within the home environment
- Less disruption to family life
- Accelerated recovery time
- Increased family confidence in managing illnesses independently
- Working collaboratively across acute and community partners to care for CYP with acute illness in their own homes
- Positive CYP and family experience by delivering personalised sub-acute nursing care

The number of bed days saved is 309 (1st February - 29th April, 2021) demonstrating some hospital admissions can be managed by a skilled nursing team at home thus reducing length of stay.

Single Point of Access (SPA)

In response to the emerging Covid-19 pandemic, the government published 'Covid-19 Hospital Discharge Service Requirements' which stated unless required to be in hospital, patients must not remain in an NHS bed. This meant that acute trusts and community health and social care providers had to work together to deliver a discharge to assess model that facilitated the immediate discharge to avoid hospitals becoming overwhelmed.

A SPA infrastructure was put in place that was made up of a multi-agency clinical triage system, and integrated pathways that supported people being discharge into the community and or care homes with rehab and therapies support.

The key benefits of this structure were:

1. Simple, resident focused discharge process - a single, simplified referral process with effective clinical triage and post discharge multi-disciplinary team (MDT) working to flexibly meet needs and choice

2. Greater flexibility with resources – by managing a resident's access to services within a single access point, resources can be used flexibly to prevent delays or gaps; ensure timely discharge; enable individuals to return and remain at home; maximise independence and prevent admission
3. More responsive to changing needs - the SPA has facilitated a professional network across all community pathways which allows for a reactive approach to post-discharge changes/issues (this has been essential within the current context where a resident's needs can be unpredictable)
4. Improved patient flow - there has been a significant decrease in DTOC and length of stay for patients requiring supported discharge at the Princes Royal University Hospital (PRH) from 20-15 days.
5. Greater depth and quality of assessment - the discharge to assess model allows an assessment to begin within the hospital and then be continued at home, allowing for the resident's immediate and longer-term needs to be more appropriately evaluated and more opportunity for choices to be explored.
6. System wide analysis of urgent care activity - the SPA is able to gather system wide intelligence to identify and understand activity and needs which can be used to ensure commissioned services are meeting local needs.

The SPA achieved exactly what it was set up to deliver:

- Between March 2020 – March 2021; 3,047 residents were discharged in a timely fashion and into the community and, equally as important, with the support that was right for them (on average each resident required 2 community services).
- 11,730 bed days were saved at the PRUH. All One Bromley agencies played a significant part in this success and each benefited from their participation.

Intermediate Care Benchmarking Review

Following the success of the National Audit of Intermediate Care (NAIC), NHS Benchmarking Network launched the Intermediate Care project in 2020.

The new Intermediate Care project covers four intermediate care services within the community setting: Crisis response, Bed based, Home based and Re-ablement services. Intermediate Care services play a vital role in maximising independence and reducing acute hospital admissions, particularly for older people. Re-ablement services do not feature in Bromley Healthcare's 2019/20 report.

Crisis response

Around 37 crisis response services submitted data in 2019/20, a reduction from 73 for the 2017/18 submission.

Bromley Healthcare results showed a slightly higher than average number of referrals, which equated to 5x the number per clinical WTE than the national average (561 vs 122). However, more patients were seen within 2 hours (71% vs 70% mean) and with slightly shorter overall waits.

Patients had fewer follow up contacts within the Bromley Healthcare service (155 vs 352 national average) and a shorter length of stay, but better outcomes were delivered with 10% more patients being discharged to their own homes.

Lower vacancy, but higher bank and agency costs as a % of total costs, with a higher turnover, suggests the team is covering roles with agency and bank staff in excess of their vacant positions. The Bromley Healthcare team is staffed differently to the national standard, with 87% of the team nursing staff (52% average nationally), 13% therapy staff (16% nationally) and no HCSW staff (25% nationally).

Rehabilitation Bed Service

Roughly 70 providers took part in the Bed based rehabilitation benchmarking survey, significantly reduced from the numbers (circa 220) who submitted in 2017/18.

The number of referrals Bromley Health care received remained at the upper end of the interquartile range (497 vs. 479 mean). The average waiting time from referral to commencement (days) was significantly below average and decreased from 2017/18. Overall waits were shorter and more patients were seen within 2 days (99% vs 82% average).

Patients had a shorter length of stay (19 days vs 27 mean), higher bed occupancy was achieved (96% vs 90% mean) and better outcomes were delivered with 10% more patients being discharged to their own homes and a higher improvement in independence seen. However, 6% more patients were referred back to acute (22% vs 16% nationally), reflective of the higher acuity of patients discharged to the service from acute.

Rehabilitation Home Service

Approximately 33 providers took part in the Home based rehabilitation benchmarking survey, reduced from the numbers (circa 95) who submitted in 2017/18.

Bromley Healthcare had fewer referrals than the average (1,028 vs 3,307) and little change was seen nationally or for Bromley Healthcare since 2017/18. Waits were significantly shorter and most patients were seen within 2 days (96% vs 52% average), whilst national submissions increased by 6 days.

Nationally, this service provided a step up service 72% of the time, whereas in Bromley this was the opposite - 11% of referrals were a step up; 69% step down from acute and 20% down from IC bedded unit.

Patients had shorter length of stays (16 days vs 36 mean) and more but shorter contacts. Total contacts per WTE in post was 865 vs 679 average nationally. Patients achieved better outcomes with 83% discharged to their own homes vs 61% nationally. However, 3% more patients were referred back to acute (16% vs 13% nationally), reflective of the higher acuity of patients discharged to the service from acute.

7% more patients reported that they had improved independence as a result of their stay in the Bromley Healthcare Home Rehabilitation service.

Bromley Healthcare Annual Staff Awards

In previous years, Bromley Healthcare has held a staff ball to recognise some of the incredible work undertaken by colleagues and teams and celebrate this success through the presentation of awards. Due to the COVID-19 pandemic, it was not possible to hold this event but awards were presented to staff by our board members at their place of work.

Winners of our staff awards 2020 are detailed below:

A Team Award

This award recognises a team/service that has consistently worked to a high standard, in an exemplary way.

Winner: **Rapid Response team**

Special mention: **Safeguarding Children team**

Adapting during COVID Award

This special award recognises a team or individual who has demonstrated outstanding commitment, flexibility and willingness to adapt their service or the way they work to ensure the delivery of safe services was maintained during the COVID-19 pandemic period.

Team Winner: **Bexley 0 to 19 team**

Individual Winner: **Robert Frampton**

Special Mention: **Nicolette Lawrence**

Administrator of the Year Award

This new award recognises a colleague who works as part of our administration services who has made a unique contribution and impact on the service they work for.

Winners: **Emily Shave, Jess Kenvyn and Lizzie Ball**

Special Mention: **Linda Young**

Apprentice of the Year Award

This new award recognises an individual who has made a unique contribution to the service they have worked for and made great progress in their role.

Winner: **Tia Lovick**

CCC Superstar Award

Recognising an individual for their contribution to the success of the Care Coordination Centre.

Winner: **Claire Reynolds**

Charlotte Hails Unsung Hero Award

Recognising non clinical colleagues' commitment for their part in the smooth running of the organisation.

Winners: **Amanda Mulholland and David Bennett**

Clinical Innovation of the Year Award

Recognising a team or colleague who has implemented a clinical innovation.

Winner: **COVID Monitoring Service**

Commitment to Excellence Award

Recognising commitment and excellence in healthcare practice.

Winner: **Foxbury and Home Pathway Rehabilitation**

Special mention: **Joan Vine and Tracey Porteous**

External Support Team Award

Recognising those staff who are employed by companies that provide additional support services to Bromley Healthcare.

Winner: **Debbie Walker and the Axis Cleaning team**

Special Mention: **Albert Sam, Central Court Concierge**

Lifetime Achievement Award

Recognising colleagues who have delivered improved safety and outcomes for patients.

Winners: **Andrew Bottomley**

Massey Healthcare Assistant Award

Recognising non clinical colleagues' commitment for their part in the smooth running of the organisation.

Winner: **Chris Dalby**

New Technology Award

Recognising a team or colleague who has made advances in their part of the organisation by implementing the use of new technology.

Winners: **IT team and Learning and Development team**

Outstanding Leader Award

Recognising outstanding leadership skills and contribution.

Winners: **Cait Lewis**

Outstanding Learner Award

Recognising a colleague's contribution to Bromley Healthcare through their learning and development.

Winner: **Risikat Ayinde**

Outstanding Support Team Award

Recognising the significant impact support services have on the effective running of the organisation.

Winners: **Finance team**

Special mention: **Bromley 0 to 19 Mobilisation team**

Patient Choice Award

This new award recognises an individual who, through patient feedback, plaudits and compliments has been identified by our patients as a highly valued colleague.

Winner: **Theresa Greaves**

Pioneer Award

Recognising those who have pushed the boundaries.

Winners: **'Malinko' team - Transformation team and District Nursing clinical leads**

Quality Improvement Award

Recognising those who have improved patient care through a quality improvement initiative.

Winner: **Information team**

Staff Wellbeing Award

Recognising a significant contribution to our wellbeing agenda.

Winner: **Talk together Bromley service**

Sue Chadwick Memorial Award

Recognising commitment and excellence in nursing.

Winners: **Bercy Sandor, Charlotte Ward and Gemma Payne**

Special mention: **Jasmin McIntosh**

Temporary Worker Award

Recognising an individual who has made a unique contribution to our services.

Winner: **Harry Doel**

Working Together (Partnership) Award

Recognising those who have improved patient care through partnership working.

Winner: **SPA and RATT teams (including Adult Therapies)**

Special mention: **Heather Scott**

Year of the Nurse Award

Recognising a significant contribution to the 2020 Year of the Nurse and Midwife campaign.

Winner: **District Nursing team including Twilight, Night and Phlebotomy**

Pictured below and overleaf are some of the winners of the 2020 Bromley Healthcare Staff Awards:







Photo: Bromley Healthcare® Taken prior to the Covid-19 pandemic and social distancing rules

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Statements from stakeholders

The following section provides statements from various stakeholder organisations with their view on Bromley Healthcare.

Healthwatch Bromley

Healthwatch Bromley welcomes the opportunity to comment on this annual Quality Account. We recognise that this document is a useful tool in ensuring that Bromley Healthcare is accountable to patients and the public for the quality of services they provide. We fully support the report as a means for Bromley Healthcare to review its services in an open and transparent manner, acknowledging where services are working well and where there is room for improvement.

As a patient's champion, we share the aspiration of making the NHS more patient-focussed and placing the patient's experience at the heart of health and social care. An essential part of this is ensuring that Bromley residents' voices, especially those who are seldom heard, are recognised and taken into account when decisions are being made about the quality of care and changes to service delivery and provision.

We value the opportunity to work with Bromley Healthcare staff to help improve patient experience feedback and look forward to building on this to ensure that the patients' feedback and experience is heard and used to shape and improve services.

Marzena Zoladz
Service Coordinator

NHS South East London Commissioning Group

Thank you for submitting Bromley Healthcare Quality Account 2020-21 with the South East London (SEL) Clinical Commissioning Group (CCG). The CCG commissions various out of hospital services with Bromley Healthcare that span across the boroughs of Bromley, Bexley, Greenwich, and Lewisham. We therefore welcome the opportunity to provide this statement on the provider's Quality Account.

We wish to acknowledge the hard work that has gone into producing this report and thank the staff for their unwavering commitment to the NHS despite the unprecedented challenges faced in the current difficult climate of the Covid-19 pandemic. The provider's exemplary and purposeful response to the changing needs of the population they serve is a positive reflection of true leadership, commitment, and staff dedication.

Throughout 2020-21 the local CCG worked closely with Bromley Healthcare to seek assurance of the quality of the services it provided and appreciated the open and frank discussions that we had, including at the peak of the pandemic. We believe that the QA demonstrates the progress made on achievement of last year's priorities in line with the organisational Quality Strategy 2020- 23 and the plans for future development. The proposed quality priorities identified by the provider for 2021-22 are fully supported by SEL CCG.

During a challenging year, Bromley Healthcare readily adapted to new ways of working and innovative solutions with the rapid establishment of the Covid-19 Monitoring Service to triage and monitor patients at home with suspect Covid-19 symptoms, thus demonstrating genuine commitment to the provision and delivery of caring safe and effective services closer to home.

Bromley Healthcare played a critical role in the multi-agency Single Point of Access integrated discharge to assess model of care in response to Covid-19. This led to improved outcomes with timely patient discharges and admission avoidance as services worked collaboratively with wider system partners to deliver optimum care across pathways closer to home.

We are pleased to see the achievement in the reduction in avoidable acquired pressure ulcers, and the various actions that have been taken and measures that have been put in place. The organisation's determined efforts to reduce the number of patient falls and the continued focus on outstanding interventions is welcomed. The need to regularly review policy and quality tools in line with increasing frailty and acuity in the community because of the pandemic is highlighted, and the provider is to be commended on its ability to respond to this.

We welcome Bromley Healthcare's continuous commitment to the health and wellbeing of staff, operating within a diverse and inclusive environment to ensure they feel safe and supported to do their job and deliver a quality service. It is good to see the Freedom to Speak Up (FTSU) processes are in place and FTSU Guardians have recently been appointed which will support a culture of learning openness and transparency throughout the organisation.

Bromley Healthcare now provides universal health services to children in Bromley and Bexley, and more recently has expanded the service to include 0-4 years old service to Greenwich. The nurse led Hospital at Home service was successfully established whilst dealing with the challenges of the pandemic, to manage children and young people with episodes of acute illness at home further minimising disruption to the lives of these families.

We would like to express our appreciation for the way your staff have managed the huge increase in demand during this pandemic and for their professionalism, expertise, and ongoing determined commitment to delivering quality safe services.

In the Quality Account it is apparent that there is still much to be done to consistently deliver the outstanding services that local people deserve. We endorse the new quality priorities with defined outcomes for 2021-22, and very much look forward to continuing our partnership and collaborative approach to quality improvement in the year ahead.

We commend the improvement work Bromley Healthcare continues to undertake and welcome their continued engagement with the CCG and active partnership with One Bromley to address priorities and deliver integrated care as a system to further improve the quality of lives of the population we serve.

Kate Moriarty-Baker
Chief Nurse
Caldicott Guardian
NHS South East London CCG

Clinical Chair: Dr Jonty Heaversedge

Accountable Officer: Andrew Bland

Statement from the London Borough of Bromley Scrutiny Committee

A statement from the London Borough of Bromley Scrutiny Committee will be added to this Quality Account following their next committee meeting on Tuesday, 13 July 2021.