



# Quality Account 2021-22

Enabling the best care possible closer to home

## Bromley Healthcare at a glance



Patients Families  
& Service Users  
110,000



Workforce:  
1,100



Patient contacts:  
600,000



Services: 38



Patient  
satisfaction:  
98.1%



Income: £60m



Locations: 25



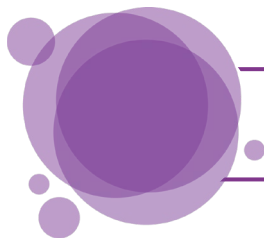
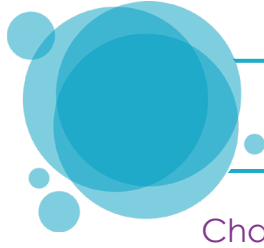
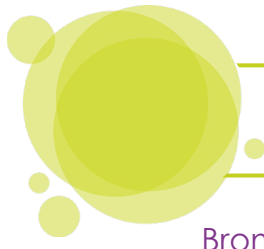
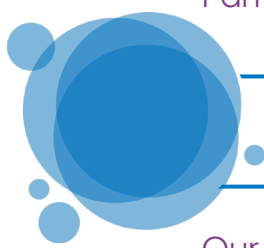
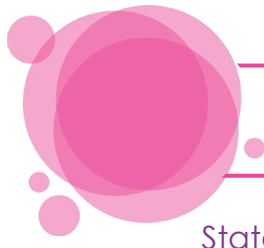
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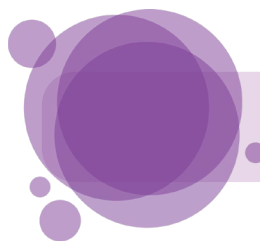


Commissioners: 100

Figure 1.0: Bromley Healthcare at a glance

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## Introduction

Welcome to Bromley Healthcare's 11th Quality Account.

Bromley Healthcare is an employee-owned social enterprise evolving from the commissioner and provider split in 2011. Bromley Healthcare delivers a wide range of heterogeneous physical health and care services that span a person's entire lifetime; from the macro-level public health services providing critical support during a child's first 1,001 days, to specialist interventions for individuals with long-term conditions, as well as focusing on preventing hospital admissions and helping people get home much sooner safely. Our teams deliver over 1,800 medical, nursing and therapeutic interventions every day in community clinics, rehabilitation beds, care homes, schools and in people's own homes. Bromley Healthcare aim to enable the best care possible closer to home 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 colleagues 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, Bexley Local Care Partnership and Greenwich Health Visiting Governance Board 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 these boroughs.

### 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 2023/23 as well as looking back on 2021/22. 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 continue to use these requirements as a template around which our account is 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 six priority areas for improving the quality of our services for 2022/23, 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 2021/22, 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](mailto:bromh.feedback@nhs.net).

## 1

## Statements from our Chairman and Chief Executive

**Chairman's statement – Michael Nutt**

This year's Quality Account again contains an abundance of information about our activities in the last year. Our 4 year quality strategy has continued to deliver improvements. Initiatives from our People Plan have seen our equality and inclusion plans develop and our wellbeing offer to colleagues expanded further. We have again delivered a wide range of new service initiatives for the benefit of our patients working closely with our partners.



It was naturally disappointing receiving an overall CQC rating of Requires Improvement with Good for caring earlier this year. The report has however acted as a catalyst for positive changes within the organisation.

Our overarching vision as an organisation is to enable the best care possible closer to home. To support the delivery of this aim I have overseen a review of our governance arrangements. This has seen the appointment of 2 new Non-Executive Directors to further strengthen our Board. Dr Subo Shanmuganathan brings management and leadership experience from a 25-year career building and transforming organisations and joins us as our Equality, Diversity and Inclusion (EDI) Lead and chairs our People and Culture Committee. Angela Dawe chairs our Quality Improvement & Safety Committee and brings a depth of experience in primary and community care, having dedicated her career to the NHS for close to 40 years. We have also reviewed our Board subcommittee structure instigating a number of changes.

CQC Assurance is a new time limited committee focused on assuring progress against our CQC action plan. People and Culture is a new committee which supports the Board in establishing ambitious goals as part of 'Our People Plan' to make Bromley Healthcare the 'best place to work'. There is a focus on how we will 'grow our own team' by attracting, retaining and developing great people and leaders who will flourish whatever their role or background and by supporting our staff in their roles and their ongoing careers with us. This committee also has a strong focus on the health & Wellbeing of our staff alongside ensuring we are proactive in our approach to ensuring equality, diversity & Inclusion.

Our Audit & Risk, Quality Improvement & Safety and Strategy, Investment & Development committees have all been subject to rigorous review. Our learning as we come out of the pandemic, supplemented by the findings of colleagues from the CQC has enabled positive changes to be put in place. This has further strengthened the organisation and leaves us energised for future challenges.

I am always inspired by how colleagues across the organisation work so tirelessly and with such professionalism and commitment to deliver the best care possible to our patients in what has been a period when we continued to respond to the challenges of the COVID-19 pandemic. As always I thank them for their commitment and passion.

**Michael Nutt**  
**Chairman**

## CEO's statement – Jacqui Scott

I have great pleasure in introducing our 2021/22 quality account. Our quality account details our quality initiatives and achievements in support of our vision to enable outstanding care for our patients, carers and families, closer to home, in their community.



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.

Our CQC inspection, just after the 2nd wave of the pandemic, has been the impetus to recalibrate all areas across the organisation to ensure that all of the basics are being carried out brilliantly in order to build a strong foundation for the future. To support this, Bromley Healthcare, has transitioned to a distributed leadership model placing clinicians and professionals at the very forefront of transformation – with managers enabling the people who really do know best how to evolve their services. Three divisions were established that focus on the key areas of Urgent Community Response, Adult services and Children's services. The Operations and Quality functions, previously embedded within the Operations function, have been disaggregated. The safer care team has been strengthened to ensure that the 'golden thread' of quality proactively runs through every strand of the organisation.

With the complexity and uncertainty posed by the pandemic, no one single organisation was equipped to understand and tackle it independently. In order to provide the best possible response for patients, families and residents the whole picture was needed, connecting information, data and diverse perspectives from across the system. Building on established as well as newer evolving partnerships the pandemic provided the momentum to take things to the next level. Working closely with our partners we have seen in practice what integrated care truly looks like and more importantly what it can achieve.

As part of the One Bromley local care partnership, our responsiveness, resilience, and flexibility enabled proactive and co-ordinated care to be quickly mobilised to protect the most vulnerable residents and manage the surge in demand for care. Planned improvements and increased safety measures were rapidly rolled out and we were an active part of a system control centre to oversee and co-ordinate care.

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 was established, within two days, to support suspect Covid 19 Bromley residents. Patients referred from 'NHS111' 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 Kings in January 2021 to provide acute paediatric care to families within the home setting, with less disruption to family life.

So finally and most importantly, I wish to thank our outstanding Bromley Healthcare team. Everyone, whatever their role across Bromley Healthcare, has contributed to the pandemic response often compromising their own well-being to put their patients first. We are just so lucky in Bromley Healthcare to have such special people working across our system who have transcended all expectations by continually demonstrating their resilience, their kindness and their compassion as they care and support their patients, carers and families in the community. I feel privileged to work alongside such a courageous and caring team of people. Thank you so much for all you have done over the last year and continue to do every single day.

**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.*



## 2

## Our quality priorities for 2022-23

In the 2020-2021 Quality Account we introduced our 4 year 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 second year of the strategy and outlines our plans for 2022-2023.

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 core values:

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

These values are currently under review with all colleagues in the organisation contributing. The new and revised organisational values will be launched during the coming year 2022.

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 our team are proud of 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**

## Quality Improvement Objectives

The areas of quality improvement Bromley Healthcare is committed to focusing on during 2022-2023 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 (injuries to the skin and underlying tissue, primarily caused by prolonged pressure on the skin) 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 was 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 3 we have agreed the following measures of success:

- Category 3/4 unstageable (pressure ulcers with deeper involvement of underlying tissue): zero occurrence of avoidable acquired pressure ulcers (PU) where there are lapses in care
- Six monthly and annual reports demonstrate no deterioration of Category 2 PU where there are lapses in care
- The Working Group established in 2020-2021 is fully embedded
- Actions are put in place and embedded to address themes around monthly assessments and equipment delivery identified in 2021-22
- Bi-monthly reports demonstrate continued reduction in heel PU occurrence following Heel Awareness campaign for staff and patients. Correct referral pathways to Podiatry and equipment processes are followed
- Ongoing review of clinical record keeping templates established as part of District Nursing Record Keeping Task & Finish Group
- Pressure ulcer clinical templates will be embedded and correctly used in Home Pathway service, with appropriate referrals made to District Nurses. Assurance will be provided through Q4 audit
- Team meetings have established processes which continue to reflect learning and continuous improvement
- Training compliance rates are available on service dashboards and demonstrate 85% of relevant staff have completed "React to Red" or face to face training
- Bromley Healthcare acquired pressure ulcer rates on Foxbury Rehabilitation Ward remain better than the national average for bedded units
- 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 ensure that we have put things in place to prevent it from happening again if possible.

For year 3 we have agreed the following measures of success:

- Multidisciplinary Falls Group is embedded and fully operational
- Falls policy continues to reflect any changes in national guidance, including NICE and best practice
- Bi monthly reports embedded with each team lead presenting their falls incidents enabling ownership and accountability
- Bi monthly reports demonstrate a reduction in the number of avoidable falls with harm and identify emerging themes for action
- Six monthly falls audit includes an audit of the Multifactorial Falls Risk Assessment (MFRAT) and the initial Falls Risk Assessment (FRAT)
- Initial FRAT and MFRAT to be added to clinical record templates
- Gap analysis of NICE guidance carried out to ensure compliance in policies and audit findings
- Falls prevention page to be created and published on the intranet for clinicians

## 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 the clinical record to a required standard so this requires a system wide review

For year 3 of our strategy we have agreed the following measures of success:

- The organisations overarching Record keeping Group will be supported by the establishment of two record keeping sub-groups for District Nursing and Health Visiting
- Record keeping sub groups review and recommend any changes to frequency and depth of audits
- Record keeping action plan is implemented and completed
- Training on legal requirements of record keeping established and EMIS clinical record training videos in place and available to all relevant colleagues
- Clinical record templates to be reviewed and updated

The achievement of these objectives will be supported by our IT and systems improvement programme which will support ease of record keeping, clinical template to support ease of use and use of new technology available (ie. EMIS Mobile) to enable more effective and efficient working.

## Quality Improvement Objective 4:

### **Reduce the number of Medicines incidents causing harm**

#### Why?

Between April 2021 and March 2022, 5.20% of all Bromley Healthcare reported incidents related to medicines. This is an increase of 7.18% on 2020-2021 and reflects the improved recording of incidents following the raised profile of the Quality Strategy.

The key areas of concern relate to either the wrong dosage or medications not being administered.

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

For year 3 we have agreed the following measures of success:

- Through monthly incident reporting emerging themes will be identified and actions completed with improvement evidenced by a reduction or no recurrence of the same theme
- Monthly audits and spot checks in place to provide assurance that sustained improvement is made in relation to the CQC action plan
- The Productive Ward Medicines module is completed at Foxbury rehabilitation ward and improvements sustained
- Medicines management audit plan for 2022-2023 is agreed and delivered including a community nurse MAR chart audit
- Competency records provide 100% assurance of medicines competencies for all staff undertaking medicines administrations duties
- Learning from medicines management incidents to be presented at the Safer care Group to enable wider learning across services

## Quality Improvement Objective 5:

### **To ensure the correct assessments are undertaken by competent staff, recorded and acted on for patients where there are concerns around mental capacity or cognitive deterioration**

#### Why?

It is vital to ensure colleagues can access relevant training and development as well as ensuring the resources for patients and families are available.

For year 3 we have agreed the following measures of success:

- Dementia awareness training will be maintained and level 2 dementia training for clinical staff providing care to dementia patients will meet the organisational standard of 85%. Level 1 training will be maintained at 85% or above
- Learning from the Abbreviated Mental Test Score audit will be embedded to ensure patients experiencing memory problems are being appropriately identified
- Internet resource and leaflets for patients, carers and families with Dementia including signposting will be updated
- 100% compliance with Deprivation of Liberty (DoLs) applications will be achieved
- "This is Me" Alzheimer's Society document widely used and understood by all staff caring for patients living with dementia
- Establish links with Bromley Well and other carer support networks to promote carer support services as part of standard practice through routine offer of information leaflets, verbal information and internet resources for carers

## Quality Improvement Objective 6:

**To ensure all patients in their last year of life are on the correct pathway and receiving high quality care**

### Why?

The ability of all health and care professionals to recognise when someone is entering the last year of life and the ability to be able to discuss end of life openly, honestly and sensitively are essential gateways to appropriate end of life care.

For year 3 we have agreed the following measures of success:

- Use of the dashboard containing Rockwood Frailty Score to be embedded in relevant services
- Services are in line with organisational targets for accessing End of life care and frailty training
- Clinical record templates updated and use embedded of the 5 principles of end of life care
- End of life care audits agreed and in place and monitored through the annual audit planner process

## 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 focussed 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 2021/22 Bromley Healthcare provided 38 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 2021/22.

## 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 audit also contributes to assuring both our commissioners and regulators of the quality of services being provided. Clinical audit is 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 84 clinical audits completed in 2021/2022, which included 43 service record keeping audits in 2021/2022, which is an increase on the previous year that was impacted by the COVID-19 pandemic. Some of the audits were carried over during this time. The audit programme is now fully reinstated.

Examples of clinical audits during 2021-22 can be found in the table overleaf.

Audit title and aim of the audit	Key findings	Action Plan / Recommendation
<p><b>Title - Libre Flash Glucose monitoring device – Improvements in clinical outcomes following initiation</b></p> <p><b>Aim</b> - To show improvement in clinical outcomes after introducing Freestyle Libre sensors in line with South East London (SEL)</p>	<p>This audit shows significant assurance with minor improvement opportunities it showed improved outcomes by improvement of HbA1c in 50% of patients following initiation of Libre. The audit does not show a complete picture of improvement in outcomes due to the lack of data to show changes in diabetic keto acidosis (DKA) Hypoglycaemic awareness and improved psychological wellbeing.</p>	<p>To re-audit and include collection of DKA, diabetes distress scale (DDS) and Gold score with analysis separated into sub sections to reflect reason for Libre initiation.</p>
<p><b>Title - Clinical Audit of Bromley Primary Screener-Vision Checks and Referrals</b></p> <p><b>Aim</b> - This Audit looked at children who failed their vision test during the 2020/2021 cohort and if they were referred to a Community Orthoptist. The audit also looked at whether the information was recorded in the School Screener system.</p>	<p>From the sample of children seen the finding was that 100% of children that failed the screening were referred to the specialist Orthoptist team for follow up.</p> <p>Telephone calls were documented in the individual children's records and referral forms had been completed and sent.</p> <p>This audit has given significant assurance that correct processes have been followed to ensure the standards are being met. This reflects that the changes in processes implemented as a result of the SI have achieved the recommended outcome.</p>	<p>Spot checks of staff records at one to ones to ensure all referrals to Orthoptist are completed within the timeframe</p>
<p><b>Title – Podiatry local anaesthetic audit</b></p> <p><b>Aim</b> – An audit to give assurance that the Podiatry service is administering local anaesthetic (LA) correctly, and following local and national guidelines.</p>	<p>The audit showed that there was significant assurance (96%) that podiatrists are following instructions and guidelines. It was raised that some out of date stock was identified and therefore recommendations have been put in place to prevent any incidents occurring.</p>	<p>It was recommended that stock is rotated so older stock is used first prior to it going out of date. When a local anaesthetic is to be used it is always checked and signed for by two staff members.</p>
<p><b>Title – Audit of Health advice provided by Bromley Healthcare Community Paediatricians for Education Health and Care (EHC) needs assessment.</b></p> <p><b>Aim</b> – Aims are in line with the previous audits of 2019 and 2020 and are detailed below:</p> <ul style="list-style-type: none"> <li>To measure the quality of the professional advice provided by Bromley Healthcare (BHC), Community Paediatricians for EHC needs assessment.</li> </ul>	<p>Given the increasing numbers of EHC needs assessment request received by the service, this has not resulted in a significant drop in quality standards and audit findings identify areas of specific strength, notably: descriptions of strengths and needs, and parental contributions which is positive and remains at a level consistent with the audit of last year.</p> <p>The audit findings demonstrate that there are several areas that remain in need of development and have appeared as areas for improvement in previous audits. This relates to:</p> <ul style="list-style-type: none"> <li>Use of medical terminology and unexplained abbreviations</li> <li>Use of correct titles on reports (and document naming)</li> <li>Recording the child's view of their health</li> </ul>	<p>Several of the recommendations have appeared in previous audits with limited progress noted. It is advised that prompt action is taken to demonstrate progress against priority actions with progress measured after a 3-month period.</p> <p>Given the significant pressure Community Paediatrics Service is under, with over 400% increase in referrals in last few years, the Clinical Lead for the service does not believe that a number of those</p>



<ul style="list-style-type: none"> <li>• Measure improvement against the previous year's audit carried out in January 2020</li> <li>• Prioritise areas for further development and improvement.</li> </ul> <p>As previously, quality is measured in terms of compliance to the Code of Practice 2015 and not against clinical standards.</p>	<ul style="list-style-type: none"> <li>• Recording how the presenting health needs functionally. impact on the child or young person</li> <li>• Outcomes recorded as SMART</li> <li>• Recording best hopes/aspirations for the future especially in relation to health.</li> </ul>	<p>audit standards can be achieved to the standard defined, within existing resources. This assessment has been also confirmed by the Medical Director.</p>
<p><b>Title – ADHD: A re-audit of the patient journey from referral to treatment</b></p> <p><b>Aims</b> – To review the patient journey from referral to diagnosis (if appropriate) or when a clinical decision is made</p> <p>To review our ADHD referral to treatment pathway including referral source, patient demographics, number of appointments/meetings involved and time taken to diagnosis</p> <p>To look at incidence of medication use</p> <p>To compare results and review progress since previous audits</p> <p>To explore ways of improving the patient experience and highlight possible areas for improvement</p> <p>To also evaluate compliance with certain NICE standards highlighted in previous audits – including documentation of: social circumstances, parent/carer mental health, referral to parenting course, written information provided, cardiovascular risk, and examination of cardiovascular system.</p>	<ul style="list-style-type: none"> <li>• No significant change in age or ratio by sex at referral</li> <li>• Reduction in reported comorbidity</li> <li>• Large increase in School referrals; decrease in Bromley Y referrals</li> <li>• 3 – 4 week improvement in time from referral to first OPA</li> <li>• Decrease in requests for additional assessments</li> <li>• Near 100% return rate for questionnaires from parents and school</li> <li>• Is this due to change in method or greater awareness in schools?</li> <li>• Reduction in medication at first diagnosis</li> <li>• Corresponding increase in parent courses</li> <li>• Still gaps evident in history taking</li> </ul>	<ul style="list-style-type: none"> <li>• Further review of comorbidity reporting</li> <li>• Review effectiveness of school referrals</li> <li>• Improve history taking             <ul style="list-style-type: none"> <li>– Parent / Carer Mental Health</li> <li>– CVS examination and risk</li> </ul> </li> </ul>



## 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 2021/22. 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 and Executive Chief Nurse. The CQC carried out inspections of three core services between July- September 2021.

The service areas inspected were:

- Community health services for adults
- Community health services for children, young people and families
- Community health services for in-patients

A focused inspection of community dental services took place in October 2021 as part of the CQC's dental services inspection project. This was an unrated inspection.

### CQC Community Health Services

Following the inspections an overall rating of **Requires Improvement** was received, with a rating of **Good** for Caring.

Bromley Healthcare is committed to providing excellent quality care and has taken the findings of the CQC inspection very seriously. The underlying factor in many of the CQC recommendations relates to staff vacancies in community nursing and health visiting; a national challenge further exacerbated by the pandemic.

Whilst we are extremely disappointed with the overall rating, we are pleased that the CQC identified many areas of good practice and innovation.

These include:

- A stable, capable, and full leadership team
- Open organisational culture
- Responsive approach to delivery of health and care services
- Positive relationships with health and care stakeholders
- Integrated working across community, hospital, and primary care to provide improved services for patients
- Clear oversight of incidents, safeguarding and complaints
- Robust safeguarding procedures throughout the organisation and services working well with other agencies to protect adults and children from abuse

- Effective systems in place to manage and monitor the prevention and control of infections and ensure appropriate and sufficient resources to enable compliance with good infection prevention and control practice
- Commitment to developing staff and encouraging their involvement
- Robust and integrated processes in place to manage and learn from incidents, safeguarding and complaints
- Performance dashboards in place
- High quality IT support provided to the local health and care system

Areas identified by the CQC as requiring improvement, were either already on our risk register with development plans in place, or one of our longer-term Quality goals. These related to variability in record keeping, staffing, lone working devices, and demand pressures.

We responded quickly to the outcome of the inspections and immediately made some of the required improvements. Comprehensive action plans were put in place which are being monitored by a Non-Executive Director led Board sub-committee. We will continue to develop and evolve our services to meet the needs of our patients, families and carers building upon the strong foundations already in place.

Improvements already made include:

- Strengthening audits and supporting improvements in record keeping to pre pandemic standards
- Conclude the roll out of security devices provided to all lone working staff
- Continue with our innovative 'Prepare to Care' programme (in partnership with the local South East London colleges) to support local people take their first steps into a nursing profession and Band 5 HCA development programme
- Career Pathways in District Nursing and Health Visiting have been reviewed in conjunction with the teams to produce a more attractive career proposition offer

Bromley Healthcare has a robust improvement plan in place which is being monitored closely by our Programme Management Office as we continue to work closely with our partners, commissioners, and local people to make the necessary improvements.

Providing high quality and responsive services to our patients is our top priority and our focus remains on ensuring we provide the best possible care to Bromley residents.

## Ofsted inspections at Hollybank Children's Respite Service

Hollybank, our short break service for children and young people with complex needs had a positive inspection visit in July 2021; being rated as 'Good'.

### Overall experiences and progress of children and young people: Good

Ofsted noted that the children attending Hollybank receive good, individualised care from staff who understand their needs very well. The children benefit from their positive experiences in the home and make good developmental and behavioural progress.

Notable achievements highlighted by the inspection include:

- Improved independence skills, longer concentration spans and improved personal care skills
- Staff work together with parents and professionals to ensure that children's care and support is consistent during their short breaks
- Staff's knowledge of the children's health, social and emotional needs, alongside their cultural and dietary preferences, helps to ensure that all the children's needs are met during their short breaks
- Staff understand children's communication needs very well and children have a voice in the home

### **How well children and young people are helped and protected: Good**

Ofsted reported that the home provides a safe physical environment for children ensuring that children are protected without limiting their experiences. Staff know the children very well and work skilfully and compassionately to ensure that they enjoy their time at the home.

Notable achievements highlighted by the inspection include:

- Children's short breaks are arranged in advance and allocation arrangements are based on parents' requests, taking account of the children's needs
- Children now benefit from seeing the same members of staff at bedtime and breakfast time the next day. This helps children to settle into their routines
- To ensure that children have a safe and enjoyable stay, parents share their children's health and welfare updates with staff before every short break

### **The effectiveness of leaders and managers: requires improvement to be good**

Ofsted noted that since the last inspection, Bromley Healthcare has appointed a new manager and deputy manager. The manager is a registered nurse, experienced health visitor and midwife and the deputy manager is a registered nurse for children with learning disabilities. A member of staff describes the manager as ambitious for the home's future development.

Notable achievements highlighted by the inspection include:

- Actions being taken to improve the home's procedures
- The fully staffed team receives a range of core and specialist training to meet the complex needs of children who stay at the home supported by a comprehensive training matrix. This ensures that staff continue to improve their knowledge and skills

A small number of areas where improvements could be achieved include enhancements to existing processes were identified. These included:

- To continue updating of the statement of purpose for Hollybank
- To continue to learn from incidents and share findings
- To ensure recruitment procedures are updated and relevant staff are supported to access training to reflect Ofsted specific requirements
- To ensure that staff receive relevant training in autistic spectrum disorder

Following receipt of the report an action plan against all recommendations was implemented and all actions have either been completed or are on track to be completed.

## 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 Head of Children's Nursing Services who is our designated Caldicott Guardian and the Chief Technology Officer who is the Senior Information Risk Owner (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 a data blending tool 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 fourth year of use for the revised 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 100 % of the mandatory requirements including training against the 95% requirement.

The DSPT was reviewed by the 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 during 2021-22. All activity was suspended.

## 3

## Our achievements for 2020-21

## 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 fostering wider equality and inclusion will drive change and make a difference, as well as giving staff the opportunity to grow personally and professionally.

Our Equality and Inclusion (E&I) Network, which started in, August 2020 to inform our diversity agenda has developed and grown with just under 100 members. The group meets regularly and has opened sessions to the wider organisation in 2022.

A LGBTQ+ Collective was also established in September 2021 and currently has around 10 members. During the last year the collective have focused on raising its profile and supported an awareness raising campaign during LGBTQ+ History Month. Similar to the E&I group the Collective aims to build awareness and celebrate LGBTQ+ diversity.

## Achievements

The E&I Network successfully organised a conference over 4 days in November 21, which consisted of a number of sessions aimed at increasing awareness, building peer support and understanding. It is hoped that a further conference will take place this year building on the success.

Online Unconscious Bias training was implemented in January 2021 and nearly 100% of colleagues have completed the training.

The Recruitment & Selection policy was updated to mandate a panel member from protected characteristics groups for grades 8b.

13 staff undertook job evaluation training to ensure wider participation in the process and further training is organised for summer 2022 to foster further diversity and involvement.

Closer links have been forged with London South East Colleges and the DWP to grow local jobs for local people with a number of staff being trained through our Prepared to Care Programme and Kick Starters undertaking a 6-month work placement, which may lead to apprenticeship opportunities.

**Lived Experience [lead organisation – One Bromley]:** This project aimed to shed 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. The initiative has been well received across One Bromley and SEL partners.

Ethnic Minority Mentoring [Lead organisation – One Bromley]: A One Bromley ethnic minority mentoring programme was established to provide support and guidance for ethnic minority staff members across our Health and care system. The programme recruited just under 20 mentors and mentees and around 15 were matched following mentor training. A recent review of the initiative found that both mentors and mentees were very positive with mentees highlighting that the sessions had allowed time to reflect, provided career insight and had opened doors.

**Equality & Inclusion Plans for 2022:** We plan to appoint a substantive E&I lead who will take direct responsibility for leading the E&I strategy including the development of a Disability & Long Term Conditions Network, and ensuring the other networks are supported and thrive. A Non Executive Director has been appointed as the Board champion.

Belonging sessions aimed at exploring diversity and team and organisational citizenship are to be rolled out across the organisation.

## Health and wellbeing

We recognise the importance of Health and Wellbeing of our employees, which is an ongoing key tenet of our People Promise. The ongoing nature of Covid-19 in 2020/21 continued to impact on the health and wellbeing of our staff, where many of our teams and colleagues remained under enormous stress both at work and home.

We continued to develop our 'Health and Wellbeing Hub', which was complimented by the inception of the 'Keeping Well in SE London Hub' which both signpost colleagues to resources and services to support good health and wellbeing.

Increased access has been provided to staff attending face to face counselling with our partner Westmeria Health who have advised significant take up.

Our IAPT teams continued to deliver Personal Resilience and Mindfulness Sessions aimed at:

- Recognising anxiety and depression and learning how to manage anxiety and low mood using problem-focused and emotion focused coping skills
- Having a taste of mindfulness meditation in practice
- What are the benefits of practicing mindfulness, and what can it do for you?

In May we held our first annual 'Health and Wellbeing Week' with a range of activities throughout the week including:

**Bromley Healthcare Walking Challenge:** A 4-week walking challenge aimed 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). Over 20 teams participated and the initiative proved galvanising and is to be repeated in June 2022 with One Bromley partners.

**Menopause 101:** Positive Pause delivered a session for Bromley Healthcare staff about understanding menopause, again this was well received, increasing awareness and understanding.

**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.

Online Yoga, nutritional talks with one of our Specialist Adult Community Dietitians and 'how to have a wellbeing conversation with your colleagues' sessions were also delivered.

A similar programme, excluding the walking challenge, was delivered specifically to colleagues in the Greenwich 0 to 4 service in October 2021 as they joined the organisation in June 2021.

**Staff Physio:** In January 2022, we appointed a substantive staff MSK physio who will see staff suffering from MSK ill health. The service is accessed via Occupational Health or manager referral and aims to provide advice and support.

Other health and wellbeing initiatives continued from the previous year including:

**Schwartz rounds:** which provides a structured forum for all staff to come together 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. The Rounds have been well received and continue to spark debate and foster greater understanding.

**Mental Health First Aiders:** 15 Mental Health First Aiders (MHFAs) were trained to raise awareness of mental health and initially support those who are experiencing mental health issues. The MHFA is a point of contact for an employee and works to signpost the colleague towards the appropriate help.

**Freedom to speak up:** It is crucial that staff feel they can speak where there are issues which they see as concerning. There are number of ways staff can speak up with the Freedom to Speak up Ambassadors and Guardians offering a confidential process to do so. In 2022, a substantive Freedom to Speak up Guardian is to be appointed. Three Freedom to Speak up Ambassadors have been appointed and trained. A Non Executive lead Director has been appointed.

## Compliments, complaints, comments and concerns (4Cs)

	Q1	Q2	Q3	Q4	Total 2021/22	Total 2020/21
complaint	12	15	17	16	<b>60</b>	39
concern	48	81	58	71	<b>258</b>	182
comment	22	21	18	11	<b>72</b>	64
compliment	173	186	206	175	<b>740</b>	653



## Complaints

Whilst we strive to ensure our patients do not 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 2021/22 compared to 2020/21 has increased; last financial year there were 39 complaints, compared to 60 this year. The total figure represents 21 more complaints received than the previous year. This increase is reflective of a number of factors, firstly following the face to face clinic appointments being reinstated for non-urgent patients due to restrictions being lifted due to COVID which has caused increased waiting lists and thus delays in in patients receiving face to face appointments. Secondly, the challenges that come with taking over new services and the expectations of patients and their families and also staffing shortages due to sickness and the difficulties recruiting into certain roles that is also a national issue such as children therapies and district nurses

Compliments, comments and concerns have all increased in the last reflecting a return to business as usual for services. 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 2021/22 far outweighs the number of complaints about the services we provide. As in previous years 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 upheld complaints is detailed in the table below:

	Total Complaints	Upheld	Partially Upheld	Not Upheld
2019/20	68	20 (29.41%)	17 (25%)	31 (45.59%)
2020/21	46	9 (19.56%)	4 (8.7%)	33 (71.74%)
2021/22	60	25 (41.65%)	6 (10%)	29 (48.35)

The key themes for closed complaints for 2021-22 related to long waits to be seen by the Childrens Occupational Therapy and Community Paediatrics services and expectations on the care provided. 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.



## Examples where services have shown learning from complaints

Learning from complaints is a key part of the investigation process. Some examples of learning and actions taken as a result of complaints, or as a result of the concerns raised, are detailed below:

- When visit times or changes to appointments are made, staff need to ensure they communicate this with the parents
- Risk assessments have been completed for all vulnerable children on Hollybank children's respite unit to determine suitability of engaging in fire evacuations. Vulnerable children will no longer take part in fire drills
- Staff to ensure they follow 'No Access Visit' (NAV) and 'Did Not Attend' (DNA) health appointments (failed access) policies. The Infant Feeding Lead, liaising with the Head of Children's Therapies to go through the purpose of HVs and infant feeding clinics, and the importance of reporting infant height and weight and it being recorded accurately
- Forms should be completed during appointments for children's therapy sessions
- Better communication between parents and HV team regarding appointments
- Staff to ensure that patients entrance doors shut properly behind them especially when they have a key fob
- Ensure that all patient's on district nursing (DN) caseload are housebound
- Staff MIS diaries to be checked for appointments when they leave to ensure all appointments have been removed
- Additional dental sessions are being put in place to reduce long waits
- Script drafted for CCC to manage queries regarding Children's Occupational Therapy waiting times
- Letter being drafted to manage expectations regarding Children's Occupational Therapy appointment waiting times
- BSL interpreters to be booked with a minimum of 2 weeks' notice
- To offer advice regarding bowel management for GP's based on NICE guideline CG99 re second line treatment option

## Success stories

### Quality Improvement Objectives

Our Quality Strategy 2020-2023 defines the annual priorities for the Quality Account. The areas of quality improvement Bromley Healthcare committed to focusing on and the achievement against these objectives during 2020-2021 are detailed below:

### Quality Improvement Objective 1:

#### Reduction of avoidable acquired pressure ulcers

The following outcome measures of success were all achieved during 2021-22:

- 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 are now used as a vehicle for dissemination
- Team meetings reflect learning and improvement
- Continued 100% Route Cause Analysis 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**

The following outcome measures of success were all achieved during 2021-22:

- Actions of previous year have been closed and position maintained
- Reporting maintained with evidence of refreshed actions in response to emerging new themes
- Annual falls audit has continued with review of questions and objectives
- Training compliance has been maintained
- Risks to continued improvement have been identified and considered for addition to the organisations risk register

## Quality Improvement Objective 3:

### **To Improve the standard of clinical record keeping**

The following outcome measures of success were all achieved during 2021-22:

- Actions of previous year have been closed and position maintained
- Maintenance and improvement against revised actions
- Annual Record Keeping audit continues
- Training compliance maintained
- Risks identified and considered for the risk register

## Quality Improvement Objective 4:

### **Reduce the number of Medicines incidents causing harm**

The following outcome measures of success were all achieved during 2021-22:

- Actions from 2020-21 have been closed and monitored

Medicines management audit plan has been revised and agreed

## Bromley 0 to 19 Public 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 in 2020. The Bromley 0 to 19 service provides universal health services for children and young people in the borough of Bromley. This service is a consolidation of Health Visiting, Family Nurse Partnership, Health Support to Schools and the Primary School Screening Programme. The service operates in three localities, Beckenham, Orpington and Central Bromley which are currently based in Community Vision and Blenheim Children and Family Centres and the Phoenix Children's Resource Centre.

### Leadership

It is widely recognised that competent and effective leadership is essential to ensuring good care delivery and the best possible outcomes for families. Abigail Phillipou is the newly appointed Service Lead for Bromley and brings with her a wealth of experience and skills in both leadership and clinically as a Health Visitor and General Nurse. Deborah Back is the Family Nurse Partnership Supervisor who leads a team of Family Nurses who deliver an evidence based intensive parenting programme to young parents in Bromley.



Deborah Back, Lead FNP Nurse and Abigail Phillipou, Service Lead, Bromley 0 to 19 Public Health Service at the Bromley Health Visitor Forum

### Service Update

During the COVID-19 pandemic many of the clinical appointments moved to a telephone and virtual method of delivery.

The teams have put a focus on moving back to the original service delivery model of face-to-face appointments for many of the contacts. This includes the School Nurses continuing to visit children in their schools and Health Visitors running appointment-only weight review clinics to ensure that families continue to be able to access support regarding growth when needed. In addition, Baby Massage training is ongoing for our Community Nursery Nurses and sessions are being offered to families through the local Children's Centres. The training has been well received with the sessions being attended throughout the borough.

Our Health Visiting service has also developed Special Educational Needs and Disability (SEND) champions who are now undertaking work to develop the knowledge and skills for the team within this area. This includes the development of local resource packs with up-to-date, relevant information to support children with SEN. The champions will continue to provide training to the team in this area in team meetings and the forums. In response to the new Government Green Paper, this role will also develop improved links with the Local Authority to support the implementation of the recommendations arising from this.

Since the start of this year, the team have re-instated quarterly professional forums, running across the health visiting and school nursing service. The forums provide an opportunity for staff to receive updates from other local services such as physiotherapy and dieticians ensuring children and families have access to the right services when needed. This forum also enables learning to be shared across the teams to ensure best practice.

The Health Visiting service recently attended a SEND event at the Glades shopping centre run by the Local Authority. This provided a valuable opportunity to outreach to local families to ensure they are aware of how to access the service and how to seek support if they have concerns about their child's development. This was also a useful event in linking in with other services working in the area to support children with any additional or emerging needs. The service received very positive feedback from this event with plans for it to be run again in the future.

## Service Development

The Health Visiting Service identified a member of the team to access the Institute of Health Visiting Emotional Well-Being Visit training. This is an evidence informed, structured support package that can be delivered to mothers and partners in the home where mild to moderate low mood or anxiety has been identified. There is now a plan to share this learning throughout the Bromley Health Visiting team to embed this work into the service and implement this model of working by implementing these visits.

Our school nursing teams are currently reviewing the health needs assessment documents which are currently used to support the assessment of children and young people's health needs. The team are also developing the assessment tools used to identify needs within a school and the packages of support offered following this.

## Recruitment

Following a number of recruitment campaigns, the Bromley service have successfully recruited a Specialist Perinatal and Infant Mental Health Lead. This role will help support the parents in Bromley and ensure the right pathways are in place to provide evidence-based interventions as early as possible. This will result in improved outcomes for children in the borough.

## Achievements

The Bromley Health Visiting Service Received Stage 3 UNICEF Baby Friendly accreditation. This is a fantastic and important achievement that demonstrates that the workforce is educated, policies and standards are in place and notably, that parent's experiences have provided evidence that the care is of a high quality and evidence based. This means that all Health Visitors and Community Nursery Nurses can support parents with feeding and help build close and loving relationships with their baby.

## Bexley 0 to 19 Children's Public Health Service

The Bexley 0 to 19 service, consisting of Health Visiting and School Nursing, has been provided by Bromley Healthcare since 1st June 2017 and is based in three localities; namely South, Central and North, which are currently based in Barnard Health Centre, Northend Children's Centre and Danson Children's Centre, respectively.

## Leadership

Meredith Barley is the newly appointed Service Lead for Bexley and brings with her a wealth of experience and skills in both leadership and clinically as a Health Visitor and Adult Nurse.

The 4 teams within Bexley borough are managed by Locality Lead Nurses who work closely with Meredith to ensure smooth running of the service. In addition to the day-to-day running of the services, the leadership team have processes in place to monitor clinical effectiveness and work together to identify on-going training and development needs of staff.

A small team of Health Visitors and School Nurses have received Bromley Healthcare training to develop their individual leadership skills, and they are supporting the Locality Lead Nurses in managing the skill mix team to deliver the Healthy Child Programme in Bexley. These Health Visitors will take part in the annual Quality Assurance Audit of our partner Public Health Nursing Services with the Locality Lead Nurses, which will demonstrate their new leadership skills in assessing and analysing quality within public health nursing services.

## Service Update

Bexley launched the Early Language Identification Measure (ELIM) as part of the 2 year developmental review, identifying early signs of delayed developmental progress, particularly in speech, language and communication and this ensures that families receive support as early as possible. Bookable weight review and infant feeding clinics run across the localities to ensure that families continue to be able to access support regarding growth and feeding when needed. A training video for the Early Years providers was created by Meredith and Community Nursery Nurse, Laura.

We have recruited 2 development Health Visitors who will engage with an internal training programme and attend a Community Health Nursing course at Canterbury University. The nurses will go on to start their training as fully fledged Health Visitors in September 2023.

The Bexley Health Visiting team are currently in the process of recruiting a specialist perinatal and infant mental health lead Health Visitor. These are recognised roles which are integral to the delivery of safe and effective services.



The pandemic meant that schools restricted visitors attending and were not able to allow year 7 and year 11 school nurse assemblies as before. In order to continue to reach these young people, the team developed a health questionnaire for the students to ensure they were able to gauge an understanding of the needs within each school. The team are in the process of analysing the results alongside of the health needs assessment packages of support.

## **Achievements**

The Bexley Health Visiting Service was awarded Stage 3 UNICEF Baby Friendly accreditation in May 2021. This is a fantastic and important achievement that demonstrates that the workforce is educated, policies and standards are in place and notably, that parent's experiences have provided evidence that the care is of a high quality and evidence based. This means that all Health Visitors and Community Nursery Nurses can support parents with feeding and help build close and loving relationships with their baby.

The service has re-instated professional forums, running 6 monthly across the health visiting and school nursing service. The forums provides an opportunity for staff to receive updates from other local services such as physiotherapy and dieticians ensuring children and families have access to the right services when needed. This was also a useful event in linking in with other services working in the area to support children with any additional or emerging needs.

The school nursing team are currently reviewing the individual health needs assessment documents, used to support the assessment of children and young people's health needs. The team are also developing the assessment tools used to identify needs within a school and the packages of support offered following this.

## **Greenwich 0 to 4 Health Visiting Service**

The Greenwich Health Visiting Service moved over to Bromley Healthcare on 6th June 2021 and is based in four localities namely South and East which are currently based in Storkways and Waterways Children's Centres. The Central and West teams are currently working with partners to identify an appropriate team base.

The service is undergoing service transformation with the development of a plan which has established 6 work streams. This was developed and monitored to assist in ensuring the service delivers the best outcomes possible for the families in Greenwich.

## **Leadership**

Caroline Whitford is the newly appointed Service Lead for the Greenwich Health Visiting Service and brings with her a wealth of experience and skills in both leadership and clinically as a Health Visitor and Paediatric Nurse.

Following a successful recruitment campaign, the Greenwich Health Visiting Service has recruited three Operational Leads. This has significantly strengthened the leadership capacity and resulted in each locality now having an Operational Lead in post.

## Workforce development

A key part of the strategy to build the integrated Greenwich Health Visiting and Children's Centre teams is to recruit more Health Visitors including those with specialisms in perinatal and infant mental health and infant feeding and healthy weight.

The team have recruited 5 development Health Visitors who will engage with an internal training programme and attend a Community Health Nursing course at Canterbury University. The nurses will go on to start their training as fully fledged Health Visitors in September 2023.

Perinatal mental health issues can have a devastating impact on women and their families, and results in a financial cost of £8.1 billion for each one-year cohort of births in the UK, with 72% of this cost relating to adverse impacts on the child. There is an economic case for commissioning Specialist Health Visitors in Perinatal and Infant Mental Health (Homonchuk, O. and Barlow, J. 2022) (LSE 2022). In light of this research, we have recruited a specialist perinatal and infant mental health lead Health Visitor which will ensure the right pathways are in place to ensure families receive the best care and evidence-based interventions as early as possible.

The service was given funding to access the institute of health visiting Emotional Well-Being Visit training, this is an evidence informed, structured support package that can be delivered to mothers and partners in the home where mild to moderate low mood or anxiety has been identified. The Health Visitor who attended this training will disseminate this information throughout the service to support with the implementation of these visits, and work closely with the specialist health visitors in perinatal and infant mental health to ensure that the best evidence based care is delivered to support parents and babies.

The Community Nursery Nurses are highly skilled and there is a champion in SEND who disseminates information to all staff on this key priority. Going forward we will be creating a specialist SEND role in the autumn who will deliver against some of the health-related recommendations that will come out of the SEND Review.

The Greenwich team are employing a specialist tri-borough infant feeding and healthy weight lead and an infant feeding specialist who will further enhance the current infant feeding offer in Greenwich that is delivered by the highly skilled breastfeeding advocates.

## Professional development

Eight-weekly professional forums have been set up to promote professionalism and have covered a number of important topics to date including assessment and analysis, communication, Healthy Start, new born bloodspot screening and practice supervisor training.

The Greenwich team have recruited a Professional Development Nurse who will lead on a number of key workstreams including the internal training of the development Health Visitors. The aim of this role is to work towards a joint continuing professional development programme in partnership with the Children's Centres.



Caroline Whilford, Service Lead, Greenwich 0 to 4 Health Visiting Service at the Greenwich Health Visitor Forum

## Quality assurance

When any service transfers over to Bromley Healthcare monitoring quality is a high priority. Competency frameworks and training have been developed for the new roles and this is led by the Professional Development Nurse. The Service Lead has developed standards and guidance to support all health visiting staff to deliver safe and effective care to families.

Face to face appointments for many of our contacts are in place including the 1 and 2 year developmental reviews that are essential in identifying early signs of delayed developmental progress, particularly in speech, language and communication and this ensures that families receive support as early as possible. Bookable weight review and infant feeding clinics are run across the four localities to ensure that families continue to be able to access support regarding growth and feeding when needed.

## 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 Feb-29th April, 2021) demonstrating some hospital admissions can be managed by a skilled nursing team at home thus reducing length of stay.

## **Bromley Community Covid Monitoring Service (BCCMS)**

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.

In delivering this service we worked closely with One Bromley partners reviewing how we supported patients out of the hospital, and support them safely in the community giving quick access to Consultants at the Princess Royal University Hospital. Additionally we were supported by Bromley GP Alliance in the provision of doctors for the service

This joint nurse GP ed service triaged and monitored patients at home with acute COVID-19, receiving referrals from GPs, care homes, 111 and local hospitals. BCCMS comprised of 24 hour telephone triage, oximetry, prescribing, video consultations, home visits and access to a GP led 'hot hub' where patients could be physically seen and assessed. BCCMS provided fast response, early assessment and delivery of interventions to maintain patient safety. Community Matrons contacted patients daily via telephone/video conferencing to assess and monitor their symptoms. Patients could also ring the BCCMS if their symptoms changed or deteriorated 24/7.

95% of patients surveyed provided positive feedback which was very assuring. Evaluations of patients were completed to establish what symptoms remain with patient' post-Covid. This fed into the planning and management for patients with Long Covid.

## Urgent Respiratory Service

The Urgent Respiratory service was a pilot service commissioned as part of the NHS Winter Schemes funding and was created in order to support patients suffering an acute exacerbation of their COPD. Ordinarily, patients who suffer an acute exacerbation would either contact their GP, 111 or in most cases would attend a UCC or A&E. The aim of this pilot was to support these patients at home, therefore avoiding hospital admission.

This service was a 7 day service running 8am to 6pm (between 1st Dec 20 to 31st March 22), with a dedicated telephone line issued to patients so that would be able to call in crisis and speak directly to a Respiratory Nurse. Typically patients would remain on the caseload for 5-7 days and be supported at home by the Respiratory Nurse throughout their exacerbation.

During the second wave of Covid, the Urgent Respiratory service also flexed their criteria in order to support patients home from hospital on Oxygen in line with Covid Operating Models.

From 1st Dec 20 to end of Dec 21, the service had supported a total of 127 patients, of which 66 patients avoided hospital admission, 29 patients had faster access to the Respiratory service from the Princess Royal University Hospital (PRUH) enabling a smoother discharge from hospital, 5 patients were supportively discharged from the PRUH under the monitoring of the Respiratory nurses at home and 7 patients required admission. Each patient had on average of 5 contacts before discharge.

This pilot has now ended and is being evaluated. The Urgent Respiratory cohort of patients will be included in the potential developments of an Adults Hospital at Home model.

## Single Point of Access (SPA)

The Single Point of Access (SPA) was set up in March 2022 working with our One Bromley Partners (Bromley Third Sector Enterprise, South East London Clinical Commissioning Group, London Borough of Bromley, Oxleas NHS Foundation Trust, King's College Hospital NHS Foundation Trust, Bromley GP Alliance, Bromley Primary Care Networks and St Christopher's Hospice). The SPA enabled patients to be discharged as soon as they were medically fit: reducing their length of stay in hospital and ensuring they received timely, personalised care at home, or care home where most appropriate.

The SPA brought together all community referral points into one place removing multiple referral pathways for community services and introducing clinician-to-clinician direct conversations, rather than referral forms, for referral. This approach combined hospital and community knowledge to ensure the most appropriate support for patients after discharge from hospital. Additionally, as part of this new model, health and social care were brought together into a virtual Multi-disciplinary Team (MDT) focusing resources on recovery, regaining independence and meeting the presenting needs of patients.

The SPA integrated post discharge pathways including rehabilitation and reablement which underpinned the whole system and ensured patients had access to the support they required. A welfare call was also implemented for all discharged patients to improve safety and to ensure everything was in place for patients at home on discharge from hospital.

## What was achieved

During 2021-22 the SPA has continued to develop. As a result of the single, simplified referral process, effective clinical triage and post discharge MDT working: 48% of patients requiring community support were discharged within 6 hours of becoming medically fit for discharge with 80% discharged on the same day. Additionally, there has been a significant decrease in length of stay for patients requiring supported discharge at the Princess Royal University Hospital (PRUH): (from 20-15 days).

The SPA has facilitated a professional network across all community pathways which allows for all professionals to react quickly and flexibly to any changes or issues needing resolution post-discharge. Organisational boundaries have been overcome, with staff working in each other's bases, using each other's systems and demonstrating integration at pace through multi-disciplinary working.

As a result of these changes system-wide analysis of urgent care activity has been improved, with the SPA able to gather system-wide intelligence to identify and understand patient need, ensuring services are meeting local need.

## MJ (Municipal Journal) Award

Alongside One Bromley partners, the SPA was announced as winner of the 'Health and Care Integration Award' at the finals of the prestigious MJ Achievement Awards on Friday 17th September 2021.

The SPA was one of two of our health and care initiatives receiving national recognition in the awards for the improved way residents leave hospital and receive the help they need to recover.



## 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.

### Rehabilitation Bed Service

72 submissions were made by 47 provider organisations for the Bed based rehabilitation benchmarking survey for 20/21 data, collected in Aug 2021. This was an increase overall of 7 providers from the 19/20 submissions.

The number of referrals Bromley Healthcare received remained at the upper end of the interquartile range (531 vs. 604 mean /375 median), with an appropriately staffed service matching the median no of referrals per WTE of 9.1 (15.2 mean). The average waiting time from referral to commencement (days) remained significantly below average (0.3 vs. 2.9 mean/2 median). The service did see an increase in % of patients waiting over 2 days to start in the service, due to the increase in referrals of patients who were not medically fit, but waits remained significantly shorter with more patients seen within 2 days (97.2% vs 81.2% average).

Patients had a shorter length of stay (19 days vs 25 mean), higher bed occupancy continued to be achieved (93% vs 78% mean) and better outcomes were delivered with 22% more patients being discharged to their own homes and a higher improvement in independence seen (an average improvement of the MBI score of 21 vs 16 nationally). 2% more patients were discharged back to acute (17% vs 15% nationally), reflective of the higher acuity of patients referred into the service from acute. Over 91% of patients who took part in the service user audit stated that there was nothing that could have made their stay in the service better.

### Rehabilitation Home Service

46 submissions were made by provider organisations for the Home based rehabilitation benchmarking survey for 20/21 data, an increase in the number of submissions from 2019/20.

Bromley Healthcare had fewer referrals than the average (1,028 vs 3,307) but overall saw an annual increase of 45% of referrals into the service vs a national average increase of 8%. The number of referrals per clinical WTE increased by 56% for Bromley Healthcare vs a 24% average nationally. Waits decreased nationally from 13 to 7 days (3 days median), whilst they remained at 0.5 day across both years for Bromley Healthcare patients. Most patients were seen by the service within 2 days (96% vs 57% average).

Nationally, this service continued to provide a step up service, although this reduced from 72% to 45% up and 28% down, whereas in Bromley this was the opposite - 13% of referrals were step up; 69% step down from acute and 20% down from IC bedded unit.

Patients had shorter length of stays (15 days vs 30 mean/20 median) and more but shorter contacts. Total contacts per WTE in post was 973 vs 472 average nationally. Overall the number of contacts per WTE in post reduced nationally by 30%, whilst increasing by 13% for Bromley Healthcare staff. Patients achieved better outcomes with 84% discharged to their own homes vs 60% nationally, although Bromley Healthcare did not mirror the same level of national decrease in patients discharged back to acute (reduced to 7% (-6%) nationally, whilst Bromley Healthcare saw a 1% reduction to 15%). Bromley Healthcare's higher percentage continuing to reflect the higher acuity of patients discharged into the service from acute.

Bromley Healthcare reported a 6% improvement in independence as a result of their stay in service, vs a 3% improvement nationally. This was the largest improvement recorded for the 12 providers who took part in the PREM survey. 68% of patients stated that was nothing that could have made their stay in the service better, vs 67% of patients in England and 74% (England and Wales).

## **Integrating Therapy Services - Therapy Pool**

Our aim was to create a community based integrated therapy pool that facilitates timely discharges from hospital and responds to step up care needs in the community. The Therapy Pool is for patients that require; urgent therapy assessments for admission avoidance, intensive rehabilitation post hospital discharge or after a deterioration in the community and/or routine therapy interventions to maintain independence at home.

### **What we did:**

Bromley Healthcare provides a wide range of services for adults which include Therapies. Historically these services have worked separately with different criteria and waiting times.

Our journey of Integrating Therapy Services into a 'Therapy Pool' began in May 2021 where two separate pilots were undertaken over a 6 month period, challenging our current practices, identifying duplication within our services (repeated assessments and re-referral between teams) and identifying whether the patient journey was fragmented.

The pilots were conducted involving referrals for the Rapid Access Therapy Team (RATT), Home Pathway (rehabilitation) and Adult Physiotherapy Teams to determine whether pooling capacity and resources across services would allow for a greater number of urgent, high priority and routine visits to be scheduled resulting in the delivery of more responsive therapy interventions in a shorter time period without compromising patient outcomes.

### **How we did it:**

The Introduction of a Therapy Pool was presented to the Therapy Teams. As a whole team it was important to discuss potential barriers and how these could be overcome. Therapy staff felt positive about the development and discussed the benefits of integrated working e.g. one professional journey for the patient, integrating roles and personal development.

Most importantly, it was recognised that to be successful, effective communication was key to ensure the best possible care was provided to the patient. The importance of the individual Therapy role when specialist skills are required was recognised as a key success factor.

## Accelerator Bid - Accelerating the rollout of Urgent Community response

Accelerating the rollout of Urgent Community response (UCR) was triggered by NHS England's Long-Term Plan (2019), which committed to increase investment in primary medical and community services by £4.5 billion in real terms by 2023/24. The Long Term Plan stated: 'Extra investment and productivity reforms in community health services will mean that, within 5 years, all parts of the country will be expected to have improved the responsiveness of community health crisis response services to deliver the services within 2 hours of referral.'

Seven accelerator sites were selected nationally to implement these new developments by October 2021, a year before the rest of the country. South East London Integrated Care System including Bromley Healthcare as a key partner was one of these chosen sites.

The South East London UCR accelerator programme aimed to implement an Urgent Community Response (UCR) pathway in each borough, to improve the quality and capacity of care for people through delivery of a two hour crisis and/or two day reablement response. These services play a critical part in avoiding unnecessary hospital admissions to and attendance at A&E.

### As part of the Accelerator bid we have put the following in place:

1. For patients in crisis;
  - A Single Point of Access per borough taking referrals from 111 integrated urgent care (IUC), LAS (including crews and the 999 Clinical Hub), social care, mental health, learning disabilities and acute partners
  - Assessment and plans to stabilise the patient within 2 hours in the patient's home/care home, or in the Emergency Department as part of the acute Same Day Emergency Care programme
  - Ensuring same-day interventions by community nursing and therapy as required
  - Development of joint protocols for all organisations to meet the needs of people with dementia, those at the end of life and those with additional vulnerabilities (e.g. a learning disability)
  
2. When patients with health and social care needs require support to maximise their health and functioning, prevent admission, accelerate discharge or reduce length of stay. The following options as appropriate are included in the patients care;
  - Post discharge from hospital assessment in their home for as many patients as possible
  - Provision of Home-based rehabilitation
  - Provision of Bed-based rehabilitation
  - 'Hospital @ home' service providing medical and therapy interventions
  - 2-day access to re/enablement for a period of up to 6 weeks



## South East London Multi Agency Data Dashboard

Data has played a key role in the successful delivery of all aspects of the Accelerator programme and with three main data related work-streams:

National data collection under the Community Service Data Set programme has been mandatory since July 2020. Guidance was developed to support accelerator sites (and other community service providers) in the collection, recording and reporting of data in a consistent way across the country. However, given significant disparity in the way UCR services are provided, and the way data is collected, local implementations varied considerably.

To address this issue, the South East London (SEL) Combined Services Dashboard was developed by Bromley Healthcare as part of a broader programme of work supporting SEL to deliver improvements in the timeliness of data submissions, as well as the quality of data submitted and the delivery of the national 2 hour & 2 day UCR response targets.

The dashboard aims to track the impact of the UCR programme across acute, health and social care and shows the delivery of the national targets for SEL as a whole, as well as at provider level, along with other key metrics.

In addition, the South East London (SEL) Community Services Demand and Capacity model was commissioned and developed by an external consultancy firm in conjunction with SEL UCR service providers in 20/21. The model aims were to support system wide planning across SEL by providing a view on forecast demand and capacity at both a Borough and SEL level to include:

- Forecast demand
- Forecast capacity
- Impact of potential recovery levers to mitigate demand

Although the model was successfully delivered, it was deemed as overly complex and providers did not adopt it. During 21/22 Bromley Healthcare supported the SEL ICS to review this model, along with nationally developed Demand & Capacity models and to make recommendations for change and improvement. This project continues in 22/23 with the aim of delivering a robust and workable solution.

The over-arching purpose of both the model and the CSDS reporting is to understand the performance and activity levels in UCR services. In order to measure the system level impacts of the UCR programme, Social Care data, Reablement data and patient outcomes are included, as are Acute hospital data measures. These include data on emergency admissions, readmissions and length of stay in hospital for patients aged 55+ with a frailty diagnosis. Together these give an overview of the system level impacts of the UCR programme.

Performance data for Bromley is shown overleaf:

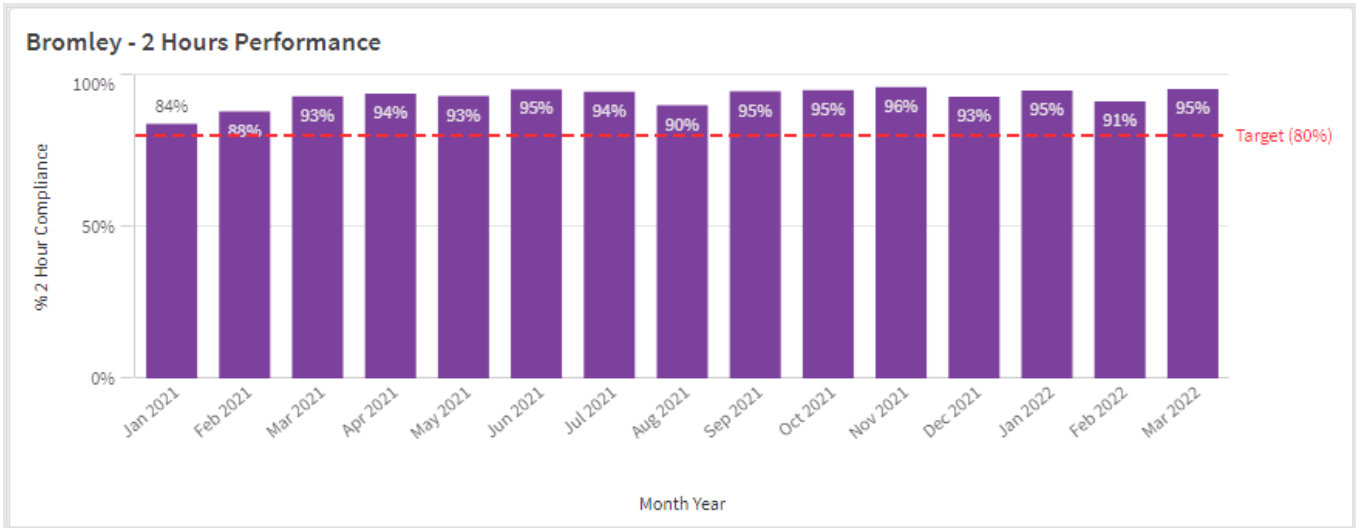


Figure X

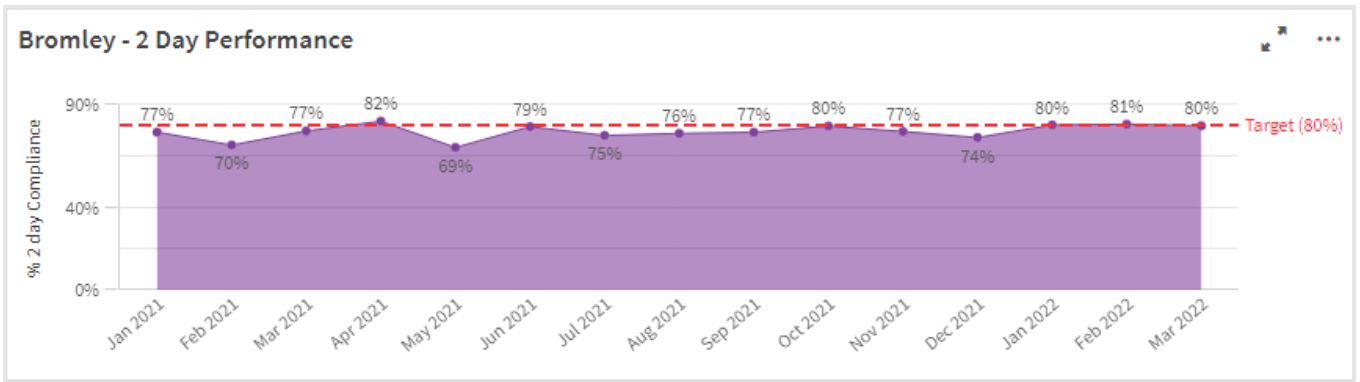


Figure Y

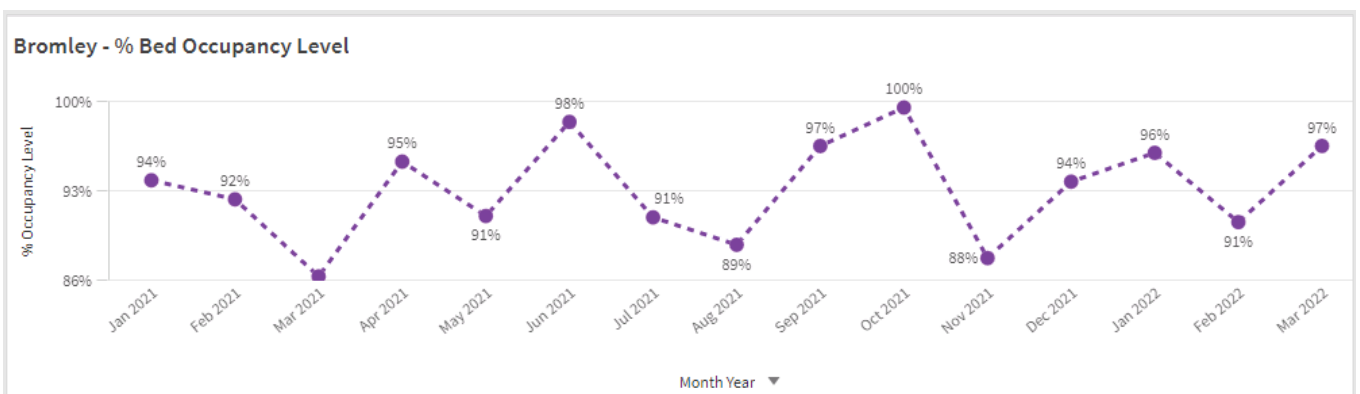


Figure Z



## Intravenous Antibiotics (IVAB) at Home

Historically intravenous antimicrobials are administered in the acute hospital setting with limited provision in the community. However, Community Nurses have a wealth of knowledge and skills that can support the delivery of new models of care in integrated care systems including delivery of intravenous antibiotic therapy within the community.

During 2021 Bromley Healthcare have worked with Acute Consultants, Microbiologists and Specialist Pharmacists to introduce a model to facilitate early discharge from hospital for patients who are medically fit but require a short-term course of intravenous antibiotic therapy.

This pilot service has been developed to focus on admission avoidance and early supported discharge from the Princess Royal University Hospital (PRUH) allowing patients to receive intravenous antibiotics for simple infections (cellulitis, lower respiratory tract infection and urinary tract infection) at home rather than in hospital with the number of patients accessing the service increasing from 1 patient seen in November to 7 patients per day by mid-February.

By mid-February 2022 the service had completed over 225 home visits. This has freed up at least 110 hours in Acute Ambulatory Care, allowing the hospital to focus on sicker patients and for patients to receive their treatment at home, in line with their preference.

Between December and January the average number of home visits per patient rose from 13 visits per patient to 22 visits per patient (+69%). Patients identified for the pathway in January were more complex than initially envisaged (either requiring three times a day IVAB or for a longer course of treatment). This is accommodated through clinician to clinician agreement for patients to enter the pathway, and additional twilight staffing in the community team. These more complex patients would historically receive their care as an inpatient: the service has therefore been able to release bed capacity at PRUH as well as ambulatory capacity.

The pilot has brought significant learning to the team and system in terms of the type and scale of community IVAB required in Bromley, alongside an increased communications campaign within the PRUH to direct simple infection into the pathway.

A weekly IVAB working group is in place comprising key clinical leads from the PRUH, One Bromley and Bromley Healthcare, to further review and develop the service. Immediate next steps will be to expand support to nursing homes and end of life care services

## Long COVID Pathway

An integrated Long Covid pathway has been implemented in Bromley for patients experiencing longer term symptoms after a Covid infection. Following assessment the patients GP can refer patients to 3 pathways depending on their needs:

1. Self-management: Patients may be signposted to the 'Your Covid Recovery' website which provides comprehensive information on how to manage the problems they are experiencing
2. Community care services for patients requiring therapy input including group sessions
3. Secondary care services for patients with more severe symptoms or abnormal test results

The Princess Royal University Hospital (PRUH) Long Covid secondary care specialist assessment clinic has been operating since 28th April 2021 and the community Long Covid pathway has been operating since 11th October 2021. Patients may move between the two services after discussion at a weekly multi-disciplinary meeting.

The development and monitoring of the Long Covid service model is managed by the One Bromley Long Covid meetings involving several clinical and managerial leads from One Bromley.

Up until 31 March 2022, 225 referrals have been received with 64.4% being from GPs, 34.8% from the hospital and the remainder from the community. The majority of patients have experienced symptoms of breathlessness and fatigue. Although patients have shown an improvement over 8 to 12 weeks, chronic fatigue can be a longer term problem for patients, especially after return to work.

The setting up of the service has involved strong collaborative and partnership working via the One Bromley Long Covid Group which has included the development of a single Long Covid Syndrome Assessment SEL referral form and protocols to ensure that necessary examination and investigations before a referral are made.

There continues to be high demand for the service and therefore some patients are experiencing longer waiting times to be seen however there is opportunity to further co-design the services together with patients and stakeholders.

## Diabetes Libre Audit outcomes

FreeStyle Libre® 'flash glucose monitoring system' measures glucose levels in people with diabetes using a sensor applied to the skin. FreeStyle Libre® is an alternative to finger-prick blood glucose testing, and can produce a near-continuous record of measurements, which can be accessed on demand.

The Bromley Healthcare Diabetes service is providing access and training for patients with Type 1 diabetes in the use of this device, in line with South East London prescribing guidelines. A clinical audit was carried out during 2021 of data including changes to HbA1c (a measure of glucose levels) was carried out by the service for patients who had undergone training and been initiated onto a Libre device between July 2019 and March 2020. A clinical indicator of a significant reduction in HbA1c of  $\geq 6$  mmol/mol (0.6%) was set. This clinical target was chosen as diabetes research including the randomised control trials since the DCCT (Diabetes Control and Complications Trial 1998) have consistently shown a reduction in HbA1c of 6mmol/mol or more, significantly reduces risk of development of micro and macro vascular complications.

### Audit findings

- 49% (62) improvement – largest improvement was 76 mmol/mol
- 4.7% (6) no change
- 26% (33) improved HbA1c by  $>6$ mmol/mol (0.5%)
- 19% (24) had  $\geq 11$ mmol/mol (1%) improvement

## What we did well:

Almost 50% of patients improved their control with 45% having a greater than 6mmol/mol improvement in their HbA1c following training and initiation of the Flash Glucose system.

## Diabetes DAFNE National audit outcomes

Dose Adjustment for Normal Eating (DAFNE) is a National structured patient education course for people with Type 1 diabetes

The Bromley Diabetes Service was congratulated by the National DAFNE Team on achieving 50% or more paired HbA1c data at their centre for participants who attended a DAFNE course in 2019!

The Bromley Diabetes DAFNE centre is required to send in audit data to the National DAFNE centre each year and this audit data is compared to other DAFNE centres nationally. The data from all DAFNE services is analysed as part of the on-going quality assurance process that contributes to the high standard of diabetes education to which we all aspire. DAFNE Central only includes data for centres providing paired baseline and 1 year HbA1c data on at least 50% of patients, because they believe ascertainment lower than this cannot give meaningful information for comparison between centres.

Clinical Outcomes Bromley DAFNE centre got an average drop of Hba1c of 8.9mmol/mol, compared to the DAFNE average of 0.6 in 2019. 52% remained at a Hba1c 58mmol/mol at 1 year, and those who had had a Severe Hypo the year before DAFNE, did not have one the year after. This placed us as a positive outlier.

Dr David Hopkins, Consultant Diabetologist commented: "These are great data! The green category was intended as 'stretch targets' that would be tough to achieve so getting green across the board is excellent and is an excellent outcome. These data show that the biomedical outcomes from DAFNE in Bromley are excellent and that people who have been through the programme are achieving significantly better control than seen for general T1DM in the National Diabetes Audit. Well done to all involved in the Bromley DAFNE courses and in collating the data."

## Bromley Healthcare Star of the Quarter and Team of the Quarter

Bromley Healthcare recognises the achievements of both individuals and teams through our Star of the Quarter and Team of the Quarter awards process. Colleagues submit nominations highlighting outstanding commitment and achievements. These submissions are reviewed monthly by the Staff Forum Star Awards Panel, consisting of representation from all services and functions in the organisation. The Chief Executive meets all winners and their story is shared in the organisations in house magazine "Together."

Winners of Team awards during 2021–22 are detailed below:

The **Tissue Viability Team** for providing an exceptional student experience and managing patient waiting lists, whilst continuing to support the District Nursing teams.

The **EMIS Team** [pictured overleaf] for the successful Greenwich 0 to 4 EMIS roll out, at short notice, while maintaining business as usual across the organisation.



The **Seasonal Flu Administration Team (Toby Woolley & Katy Burns)** [pictured below] for working seamlessly to ensure that over 2000 housebound patients were added on the system in a timely manner, that all the Health Care Professional (HCP) lists were full, that no patients were missed and that all the vaccines were bagged and ready to go for the HCP's, ensuring they were able to fulfil their role efficiently.

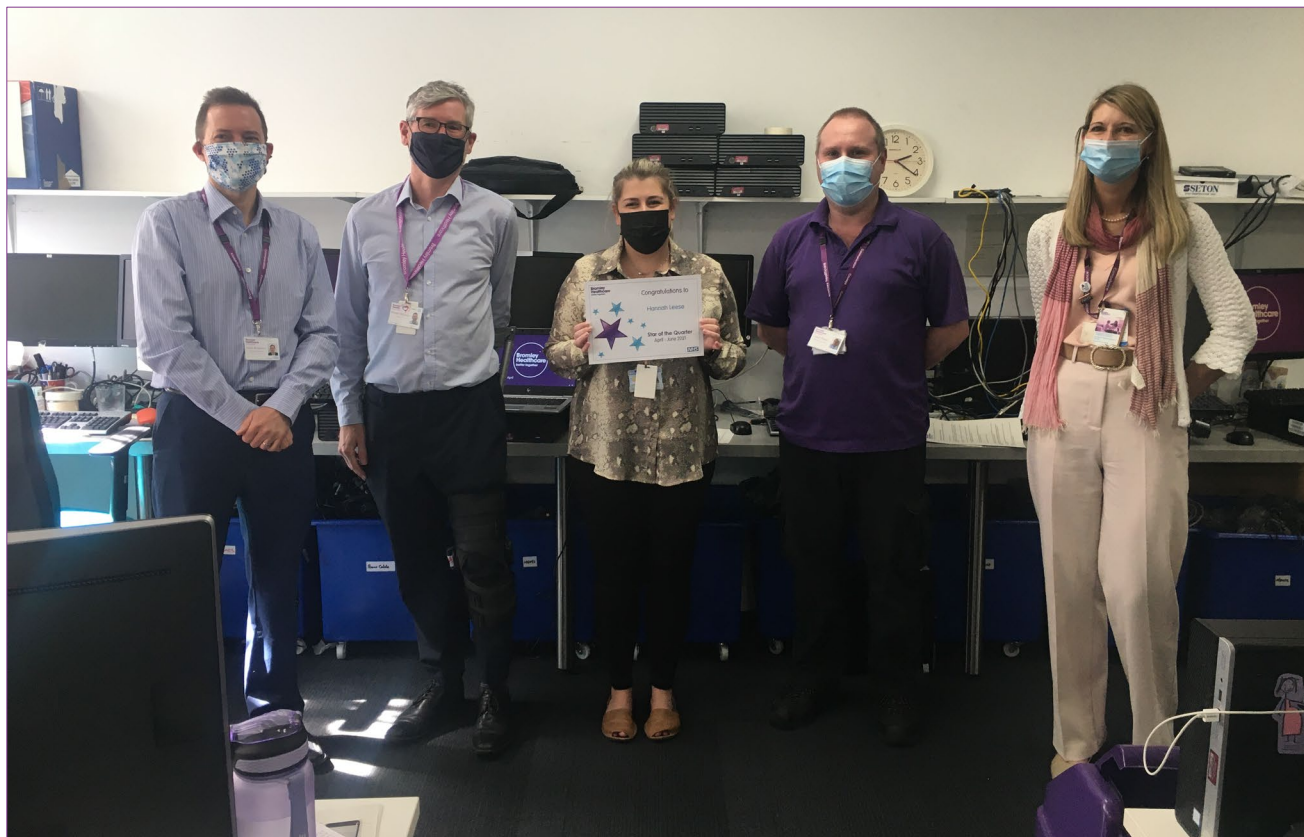




Individual award winners during 2021–22 are detailed below are:

**Julie Coombes and Emily Gillespie (Safeguarding School Nurses - joint nomination)** for their commitment to achieving positive change in the lives of vulnerable children living in Bromley.

**Hannah Leese (IT First Line Support)** [pictured below] who has been essential to the large scale IT mobile equipment rollout and in supporting the wider IT team.



**Karen Dodson (Falls Service Therapy Assistant)** who took on the restart of the Falls Consultant Clinic, in addition to her own caseload and home visits, resulting in a much-improved service to patients.

**Rachel Riley (Learning & Development Business Co-ordinator)** for trailblazing the use of MS Forms and MS Bookings, as well as coordinating a number of high-profile Health & Wellbeing projects.

**Pippa Goldie (Employment Support Officer for Talk Together Bromley):** Pippa is passionate about her role which supports patients to find, return to or stay in work in a way that supports their mental health. Pippa has received compliments from service users who have found her help invaluable in assisting them stay in work and build their confidence, whilst not compromising their mental health. She took it upon herself to research the effects of long covid with regards to workplace accommodations and shared her knowledge with her colleagues.

**Jackie Clark (Rehabilitation Nursing Assistant)** for going above and beyond during a difficult shift due to staff shortages. Whilst completing her shift she assisted a patient, ensuring that the patient had food to eat and picked up many other additional calls that day so that we could keep the patients we support safe.

**Ashiraf Kyasima Migadde (Digital Skills Manager)** [pictured below] for assisting the Sexual Health Team in producing a video about HIV for World Aids day in a very short timescale. The video was an excellent tool for raising awareness of HIV and AIDs across the whole of the Bromley borough.



**Donna Garcia (Acting Lead Bromley & Bexley Adult Dietetics)** for her leadership of the Dietetics service, staff morale was better despite the challenge of vacancies and Donna was exploring many different avenues to ensure adequate staffing and patient safety. Donna has met the services' challenges head on and is encouraging her staff to network to improve their practice and the visibility of Bromley Healthcare in the wider Community. She is always positive and willing to listen and help regardless of the problem.







# 4

## Statements from stakeholders

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

Healthwatch Bromley

**Operations Manager, Healthwatch Bromley  
July 2022**

NHS Bromley CCG

**Sonia Colwill**  
**Director of Quality and Governance**  
**July 2022**

**Clinical Chair: Dr Andrew Parson**

**Accountable Officer: Andrew Bland**

**Managing Director: Dr Angela Bhan**

Statement from the London Borough of Bromley

Statement from the London Borough of Bexley

Statement from the Royal Borough of Greenwich