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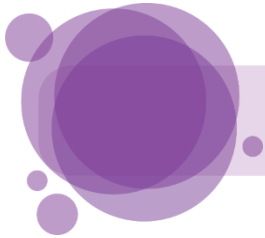
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Introduction

Welcome to Bromley Healthcare's 12th Quality Account.

Bromley Healthcare was established in April 2011 as an employee-owned social enterprise providing community health and care services for people in south east London. In that time, we have grown as an organisation, and have expanded our services and reach into our communities. We now employ over 1,300 staff including Nurses, Therapists, Doctors and Dentists. Our care ranges from helping new parents to care for new-born children to supporting the elderly to continue living at home as long as they can, with services including therapy services, health visiting, district nursing, school nursing and specialist nursing (see overleaf, figs. 1 and 2).

This year, we have launched our new five-year organisational strategy, 'Community First' (see page 5, fig. 3 and fig. 4 showing our values). Our strategy renews our focus on what matters, and draws our attention to working with colleagues, our partners and communities to bring people the best healthcare and experience.

Community health services are an essential part of national healthcare. We are here to meet the challenges of our decade, reduce health inequalities and create a culture of belonging and inclusivity within our neighbourhoods.

This year's Quality Account marks the final year in our current quality account strategy (2020-2023). Following on from this year, we will be refreshing our quality strategy, which will directly align with our new organisational strategy and key enabling strategies. This will help us to refine our plans to deliver high quality, community-focused care even further.

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.

What are the required elements of a Quality Account?

The National Health Service (Quality Accounts) Regulations specify the [requirements for all Quality Accounts](#). We have used the requirements to form a template, around which our account has been built.



Figure 1: What we do

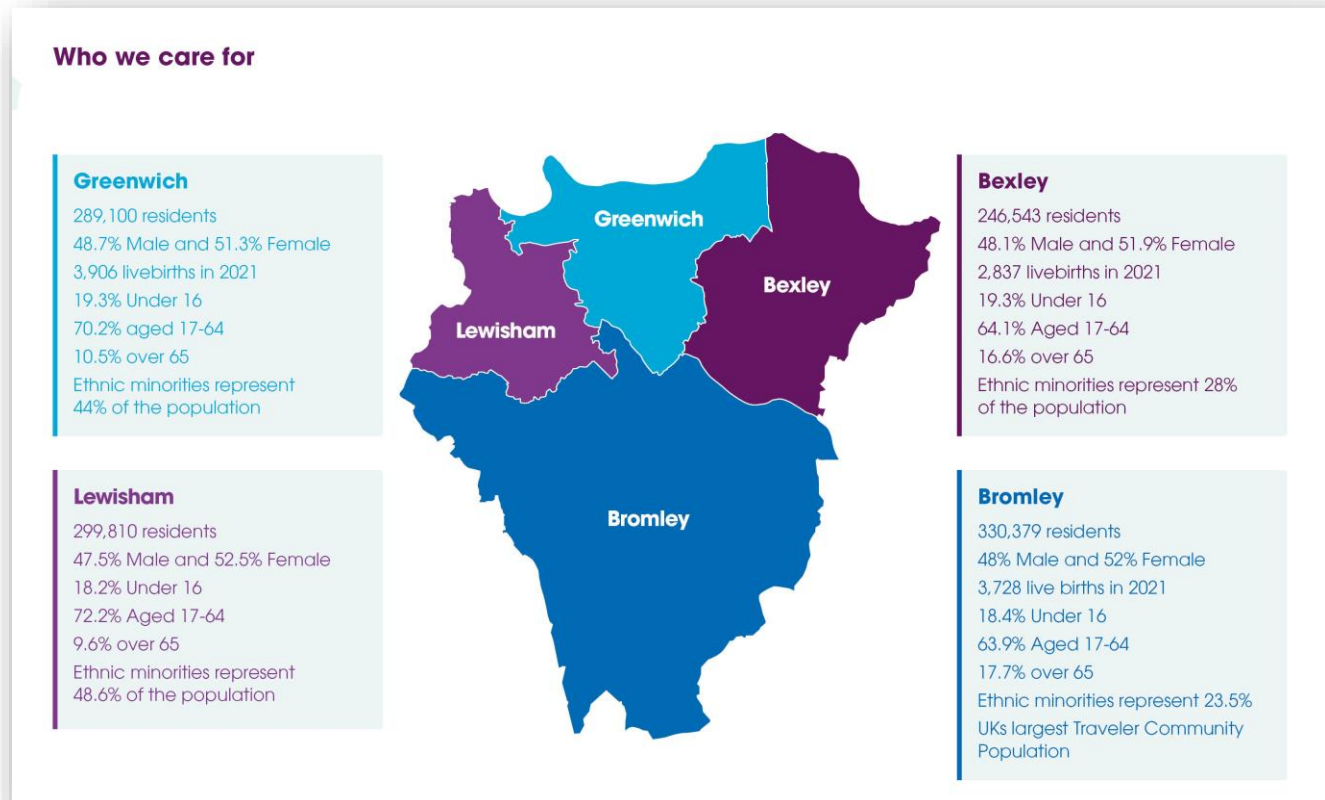


Figure 2: Who we care for

Our strategy at glance



Figure 3: Community First – our strategy at a glance

Our values



Figure 4: Our values



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 2022/23, and examples to illustrate ongoing improvement in our services.



4

Part four

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

1

Statements from our Chairman and Chief

Chairman's statement – Michael Nutt

It is with great pleasure that I present our annual Quality Account, outlining our achievements and progress over the past year. As we enter a new phase, I am thrilled to share with you the highlights of our journey and our vision for the future.

In this year's Quality Account, we reflect upon the final year of our current quality account strategy (2020-2023). Looking ahead, we are poised to refresh our quality strategy, aligning it directly with our new organizational strategy and key enabling strategies. This alignment will empower us to refine our plans and deliver high-quality, community-focused care to an even greater extent.

One notable highlight this year has been the successful outcomes we have experienced through our engagement with the Care Quality Commission (CQC) improvement programmes. These initiatives have served as a catalyst for positive changes within our organisation, driving us to continuously enhance the quality of care we provide. We have made significant strides in areas such as patient safety, clinical effectiveness, and person-centered care, leading to improved outcomes and experiences for the people we care for.

As we move forward, this year holds great significance as we embark on developing our new five-year strategy, 'Community First.' This strategy reinforces our commitment to what truly matters and directs our attention towards working collaboratively with colleagues, partners, and communities to deliver exceptional healthcare and experiences. This strategy will serve as the compass guiding our work plans and quality initiatives in the coming years. Informed and driven by our enabling strategies, with the Quality Strategy at its core, this roadmap will ensure that every aspect of Bromley Healthcare is aligned to deliver the highest standard of care.

To achieve this, we will foster a culture of belonging, collaboration, innovation and continuous learning. By engaging our dedicated staff, listening to the valuable input of our service users, and forging partnerships with key stakeholders, we will be well-positioned to meet the evolving needs of our community.

This year, we have also welcomed the appointment of two exceptional Non-Executive Directors to our Board. Ceinwen Giles, Co-CEO at Shine Cancer Support, patient advocate, and experienced charity sector leader, will be bringing in expertise in patient engagement and the link between staff and patient experience. Ceinwen will join us as an Associate to help strengthen how we listen to and work with local people and communities improve and shape our services, how we empower the people we serve to make informed decisions about their health.



Simon Russell joins us from the retail sector with over 30 years of experience, specializing in strategy, digital, and operational leadership, and a passion for employee engagement and customer-centric strategies. Simon will contribute valuable insights and expertise to drive organisational growth and enhance the overall experience for our staff and service users.

I would like to express my heartfelt appreciation to each and every member of Bromley Healthcare for their unwavering commitment and dedication to our mission. With your continued support, I am confident that we will accomplish remarkable milestones in the pursuit of delivering outstanding care and achieving our strategic objectives.

Thank you for your trust, and I look forward to the collective achievements and positive impact we will make in the year ahead.

CEO's statement – Jacqui Scot

I have great pleasure in introducing our 2022/23 quality account which reflects on our quality initiatives and sets out our plan for the future. Our health and care services provide a lifetime of care in people's homes and their communities. 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.



Over the last year, we have fully implemented the Care Quality Commission improvement plan recalibrating all areas to ensure that the 'golden thread' of quality proactively runs through every strand of the organisation. To support this, Bromley Healthcare, has embedded its distributed leadership model placing clinicians and professionals at the very forefront of transformation enabling decisions and improvements to be made by the people who know best how to evolve their services. An independent audit programme has reviewed a number of processes and standards providing external assurance in key areas including record keeping, divisional triumvirate leadership model and the accessible information standard.

I believe that the expansion of care in the community will help unlock changes that are required right across our society to meet the current challenges experienced in the health and care system. This is through being able to reimagine service delivery using our deep knowledge about cross sections of the population supported by our strong relationships with partners and our passion for collaborating to produce the best care pathways in integrated care. Working closely with our partners we have seen in practice what integrated care truly looks like and more importantly what it can achieve:

- The new Hospital @ Home service for adults was set up in October 2022 building upon the success of the Children's Hospital at Home service.
- The extension of the Proactive Care Pathway into Case Management
- The Family Hub being set up in Greenwich and the Integrated Child Health Hub in Bromley
- Appointed as a 'Test and evaluation' site for the new national Wound Care Strategy
- Supporting the Orpington Wellbeing Café which has been established to address isolation and health challenges

The fantastic feedback received from patients and families has validated its impact as their personal experience is shared of what it has really meant to have their care provided much earlier in their home in their community.

The year concluded with the launch our exciting new strategy - Community first. Community First sets out our ambitious plan for the future and will guide us in delivering our purpose - our North Star - 'empowering people to live their fullest lives in the heart of their communities'. Our strategy was built upon many conversations with our colleagues (through the 'Better Together' Group), our partners and our patients and service users. Many of our colleagues their families and friends live in the areas where we provide services which is why it is so important for us to invest in the local community and the reason why we care so deeply about providing high quality care.

As I look forward to 2023-2024, we are starting to implement our new strategy leveraging the momentum from our current initiatives to continue to build a neighbourhood care approach wrapped around populations. Harnessing our collective data will become more important as we move more towards a population health approach to reduce health inequalities and improve outcomes. The digital advancements in the Care Coordination centre are in preparation of a more proactive role supporting patients and families to navigate services.

Finally and importantly, all of this would not be possible without our brilliant committed team who despite the relentless challenges of the last few years continually provide the absolutely best care possible demonstrating their resilience, compassion and passion in all that they do.

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

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Our quality priorities for 2022-23

Our Quality Strategy (2020-2023) 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 falls in year 3 of the strategy which was due to end in July 2023. The strategy will be extended until the end of year (March 2024) as we are developing a new combined Clinical/Quality strategy. Over the course of the coming year we will engage with colleagues and stakeholders to develop this new strategy together. The new strategy will underpin the new organisational strategy – Community First..

Our current Quality Strategy outlines the annual priorities for the Quality Account. The overall aim of this is to ensure we provide high quality community healthcare of which colleagues are proud and are recognised for. The strategy 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 our colleagues, our partners and the people we serve, including those who use our services, their carers, families and representatives.

We have added two new objectives to the original four as colleagues asked that these two areas were focused on to ensure best practice was being delivered for our service users and linked with wider south east London workstreams:

- End of Life Care and Frailty
- Mental Capacity Act and Dementia

We have looked at the feedback and learning that we have identified to agree the 3-year strategy 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 and Achievements

The areas of quality improvement Bromley Healthcare are 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?

A pressure ulcer is localised damage to the skin and/or underlying tissue usually over a bony prominence (or related to a medical or other device), resulting from sustained pressure (including pressure associated with shearing). The damage can be present as intact skin or an open ulcer and may be painful. Pressure ulcers remain Bromley Healthcare's highest reported incident, and although these have remained static over the years, the number of pressure ulcers developed under Bromley Healthcare are reducing. 55% of pressure ulcers managed by Bromley Healthcare are acquired prior to referral to our services.

The number of services provided by Bromley Healthcare increased from 38 in early 2022 to 44 by the start of 2023. The rise in the total number of pressure ulcer incidents reported may be attributed to the simultaneous increase in our caseload (of more than 27%) during this period. Of the 666 incidents closed in 2022/23, there were 3 incidents (0.45%) identified as there being lapses in care from Bromley Healthcare, two of these showed a deterioration of a category 2 pressure ulcer to an unstageable pressure ulcer.

	2020-2021	2021-2022	2022-2023
All pressure ulcer incidents	1,421	1,370	1,476
Pressure ulcers that have developed under Bromley Healthcare	801	712	666
Closed pressure ulcer incidents	777	708	666

The following outcome measures of success were all achieved during 2022–23:

- Bi-monthly reports demonstrate continued reduction in heel PU occurrence following the '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 the District Nursing Record Keeping Task and Finish Group.
- Pressure ulcer clinical templates have been embedded and correctly used in Home Pathway service, with appropriate referrals made to District Nurses.
- Team meetings have established processes which continue to reflect learning and continuous improvement.
- Training compliance rates are available on service dashboards. Training is available online and face-to-face. The face-to-face training now includes a session on recliner chair seating following an emerging theme around pressure reduction in recliner chairs. There is an additional video specific to therapists.

- Acquired pressure ulcer rates on Foxbury rehabilitation ward remain better than the national average for bedded units. There were a total of 100 pressure ulcer incidents closed in 2022/23, 39 developed whilst on Foxbury and were all category 2 pressure ulcers.

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.

The percentage of falls incidents reported equates to 5.6% of all Bromley Healthcare incidents reported (3,751 in 2022-23).

The number of services provided by Bromley Healthcare increased from 38 in early 2022 to 44 by the start of 2023. The number of incidents that relate to falls reported, decreased despite the increase in our caseload (of more than 27%) during this period.

	2021-2022	2022-2023
Total falls incidents closed	209	164
Harm cause by Bromley Healthcare	3	1

For year 3 to date:

- 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
- Initial Falls Risk Assessment (FRAT) and Multifactorial Falls Risk Assessment (MFRAT) has been added to clinical record templates and the falls audit includes an audit of both of these risk assessment tools
- Gap analysis of NICE guidance carried out to ensure compliance in policies and audit findings
- The training content for an in-house falls prevention training package has been agreed and a blended and targeted approach is being used
- Falls prevention page to be created and published on the intranet for clinicians

Quality Improvement Objective 3:

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 area requires a system wide review.

For year 3 to date:

- The organisations overarching Record keeping Group has two record keeping sub-groups - District Nursing and Health Visiting – that have been established
- Record keeping subgroups are reviewing and recommending any changes to frequency and depth of audits and all clinical services are presenting their results to the Divisional Performance meetings
- Monthly spot check audits are being undertaken by independent support services and colleagues

Monthly divisional record keeping audits

- The KPMG audit of process reflects a rating of significant assurance
- Record keeping action plan is implemented and completed
- Training on legal requirements of record keeping delivered at the Quality Day and EMIS clinical record training videos in place and available to all relevant colleagues
- Clinical record templates have a programme of review in place

IT have reviewed the record keeping tools which have been rolled out to staff to support the ease of use (ie. EMIS Mobile), and new technology such as smaller, lighter laptops made available to enable more effective and efficient working

Quality Improvement Objective 4:

Reduce the number of medicines incidents causing harm

Why?

Between April 2022 and March 2023, 7.69% of all Bromley Healthcare reported incidents related to medicines. This is an increase of 2.49% on 2021-2022 and reflects the improved recording of incidents following the raised profile of the Quality Strategy.

The number of services provided by Bromley Healthcare increased from 38 in early 2022 to 44 by the start of 2023. The rise in the number of incidents reported may also be attributed to the simultaneous increase in our caseload (of more than 27%) during this period

Harm caused by medicines incidents relates to 0.001% both when the Quality Strategy commenced in 2020/21 and remains the same in 2022/23. Harm free care relating to medicines incidents equates to 99.99% (low harm only).

	2020-2021	2021-2022	2022-2023
Total medicine incidents reported	265	214	270
Total medicines incidents closed	229	179	226
Harm caused by Bromley Healthcare	15	7	20
Harm-free care	99.99%	99.99%	99.99%

The key themes relate to either the wrong dosage or medications not being administered.

For year 3 to date:

- Through monthly incident reporting emerging themes have been identified and actions completed
- Monthly audits and spot checks in place to provide assurance that sustained improvement is made
- Medicines management audit plan for 2022-2023 is in place and all audits are presented at the Medicines Management Group meeting
- 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 Quality Improvement Group to enable wider learning across services

Quality Improvement Objective 5:

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 to date:

- Dementia awareness 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
- Mental Capacity Act training has been made mandatory for identified groups of staff
- Learning from the Abbreviated Mental Test Score audit has been shared and the Learning & Development (L&D) team are developing guidance for staff with the Safeguarding team
- We are working in partnership with provider colleagues to review dementia resources for patients, carers and families and this includes signposting information – the BHC intranet has been updated

- A revised process is in place to ensure 100% compliance with Deprivation of Liberty (DoLs) applications
- "This is Me" Alzheimer's Society document is available on the intranet for staff caring for patients living with dementia
- Kings Fund environmental assessment has been completed on the inpatient rehabilitation unit and reflects that most applicable criteria has been met and all recommendations implemented

Quality Improvement Objective 6:

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 to date:

- A dashboard containing Rockwood Frailty Score has been embedded in relevant services a frailty pathway has been developed and is in place
- Services are in line with organisational targets for accessing End of life care and frailty training. SEL partners are developing a tiered programme and Children's services have a separate package
- 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
- A new senior Nurse post has been developed to lead and focus on End of Life care and is currently being recruited to

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 2022/23, the number of community health services provided by Bromley Healthcare across Bromley, Bexley, Lewisham and Greenwich increased to 44, with over 775,000 patient contacts.

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.

During 2022–23, 403 clinical audits were undertaken, covering local and national audits, with a further 36 commenced. 5 KPMG external audits were also completed alongside a range of monthly audits including Record Keeping, Hand Hygiene and MAR Chart Audits.

Examples of clinical audits during 2022-23 can be found in the table overleaf.

Audit title and aim of the audit	Key findings	Action Plan / Recommendation
<p>Libre Flash Glucose monitoring device – improvements in clinical outcomes following initiation. Re audit to include recommendations highlighted in the 2019-20 Libre audit.</p>	<p>This audit shows improved outcomes by improvement of HbA1c level in 60% of patients following initiation of Libre. Audit shows Gold scores improved in 36% of patients showing increased hypo awareness. There was a significant improvement in DDS but the audit highlights poor collection of this assessment and identifies that staff require training on this element of assessment and patients require guidance on how to complete the HIN tool.</p>	<p>Staff training to enable patients to be supported in completion of the HIN tool.</p>
<p>A retrospective audit to measure the quality of radiographs compared with NRPB guidelines outcome audit 2022-2023</p>	<p>An audit to ascertain if the dentists, dental therapists and appropriately qualified dental nurses working for Bromley Healthcare are meeting the parameters set out by the National Radiological Protection Board (NRPB).</p> <p>Bromley Health care Special Care Dental Service meets the required benchmark set out by the NRPB using the 2-point grading scale set out by the FGDP thus ensuring patients x-ray dose is as minimal as reasonably possible.</p>	<p>Staff to continue compliance with recording: ensure on new starter checklists add on x-ray recording instructions and reasons.</p> <p>If bandwidth in service, implement a 6m audit to include part-time staff.</p> <p>Discussions with staff around grading when completing x-ray records on SOEL Health.</p>
<p>A re-audit of adherence to the Discharge/Follow up Criteria for Community Paediatrics service</p>	<p>Following Covid, Bromley Healthcare has an increased waiting list, meaning longer waiting times for patients to be seen. It is therefore paramount to ensure that patients who fulfil the criteria are being discharged or followed up appropriately. In order to standardise the discharge/follow up practice of clinicians, new criteria for follow up arrangements and discharges for children and young people seen by Community Paediatrics were introduced in March 2019. These were developed via a collaborative process involving the whole Community Paediatric team. Thereafter, an audit was done in 2019 to look at adherence of team members with this criteria and some recommendations were made to improve practice. We plan to re-audit to look at our current adherence with the criteria, to identify any areas of improvement and complete the audit cycle.</p> <p>93% consultations were concordant, as against 79% in 2019.</p>	<p>Medication clinics set up for two senior doctors who did not have allocated Medication clinics.</p> <p>Discharge/ Follow up criteria amended as per the audit recommendations.</p> <p>Individual data provided to each doctor for reflection</p>

<p>Medication Administration Record (MAR) audit – Foxbury Rehabilitation Unit</p>	<p>MAR chart audit is carried out monthly to monitor the documentation of the nursing team and to monitor the effectiveness of the actions put in place following the CQC visit in 2021 and to ensure that there is improvement in the service</p> <p>Documentation is fundamental to nursing care and especially with administering medications.</p> <p>The update on the importance of documentation which took place on Friday 21st October 2022 in the Foxbury dining room was positively received and another session has already been planned.</p>	<p>All new and existing staff nurses undertake medicine management competencies. (This is an ongoing requirement)</p> <p>The staff have been asked to continue to check the MAR charts when handing over to the next shift and then any omissions that have not been explained can be challenged and documented.</p> <p>This process commenced from December 2021 and is being monitored by the Ward manager and the Clinical Lead Nurse</p> <p>Productive ward from NHS England is being introduced to Foxbury Ward in December 2021 for medications management to further improve the documentation of the MAR charts.</p>
<p>UNICEF BFI Stage 3 Reassessment: - Bexley 0-19 service</p>	<p>Bexley 0 to 19 achieved UNICEF BFI Stage 3 accreditation in May 2022. This audit is a re-assessment to provide evidence that Baby Friendly Standards have been maintained. This is required to keep Stage 3 re-accreditation.</p> <p>The Infant Feeding Specialist completed the audits and the results were submitted with the reassessment application , with a formal UNICEF led reassessment in May 2023.</p>	<p>Results are pending.</p>

Statements from the Care Quality Commission and Ofsted

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

The CQC has not taken enforcement action against Bromley Healthcare during 2022/23. 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. Following the inspection involving three core services (Community health services for adults,

Community health services for children, young people and families, Community health services for inpatients) between July-September 2021, a programme of actions was implemented.

A sub-committee of board members was formed to oversee the areas identified for improvement. External partners were included in the membership, including Local Authority and the South East London Integrated Care Board, and the committee was chaired by a Bromley Healthcare Non-Executive Director. This sub-committee was disestablished in ? as all actions had been completed.

CQC Improvement Programmes

The Project Management Office (PMO) system at Bromley Healthcare serves as our cornerstone for all projects and programmes. This includes projects specifically addressing the Care Quality Commission (CQC) standards, all of which are identified and tracked in our system.

This approach allows us to foster transparency and maintain consistent monitoring of our progress at various stages—ranging from broad programmes to specific tasks. Furthermore, our PMO system also allows us to track and manage any project risks and issues effectively.

Built on a linear model, our system helps us to measure our progress in terms of percentage completion against targeted deadlines at a granular, task level. This mechanism facilitates early detection of tasks potentially at risk, empowering us to undertake necessary corrective action promptly, if required.

By maintaining robust processes, we strive to meet our overarching commitment to deliver high-quality, person-centred care, in line with CQC standards and expectations.

Project	Progress	Status
Record Keeping	<ul style="list-style-type: none"> Improved compliance from internal approach. Positive rating received from KPMG for Record Keeping Audit 	Completed
Governance Balancing Oversight and Strategy	<ul style="list-style-type: none"> Strategy finalised April 2023 Strategic reviews undertaken 	Completed
PMO roll out for strategic priorities	<ul style="list-style-type: none"> PMO system set up, communicated and adopted 	Completed
Freedom to speak up	<ul style="list-style-type: none"> Improved awareness of Freedom to Speak Up guardians and role 	Completed

	<ul style="list-style-type: none"> • New freedom to speak up guardian in place, ambassadors recruited 	
Lone Working	<ul style="list-style-type: none"> • Relevant staff provided with a Peoplesafe device • 70% of relevant staff using the Peoplesafe device (stretch target, short term incremental improvement expected) 	Completed
DBS checks	<ul style="list-style-type: none"> • DBS checks in date metric = 100% 	Completed
KPMG External Data Review	<ul style="list-style-type: none"> • 100% of arising recommendations completed in line with target timescales 	Completed
Assurance checks and oversight of 2 year checks	<ul style="list-style-type: none"> • Mandated checks achieved to targets 	Completed
Assurance checks and oversight of Deferred Visits	<ul style="list-style-type: none"> • Oversight from Service to Executive Board and at a Service level 	Completed
Clinical Supervision recording	<ul style="list-style-type: none"> • Robust central repository and reporting for clinical supervision 	Completed
Accessible Information standard	<ul style="list-style-type: none"> • Improved compliance from internal approach. • Positive rating received from KPMG for Accessible Information Standard Audit 	Closed in May 23 following ARC report
Sepsis, and Moving and Handling training for Foxbury	<ul style="list-style-type: none"> • 85% of Moving and Handling training completed on time; • 85% of NEWS2 training completed on time 	Completed
Medicine Administration Records	<ul style="list-style-type: none"> • Monthly audit of MAR charts shows continuous improvement re completeness and accuracy of records, recording of medicine patch placement and rotation and that ongoing learning applied (Foxbury) 	Completed
Patient Experience - FFT	<ul style="list-style-type: none"> • 85% of FFT responses are positive • Incremental increase of FFT response rates seen this year (3%) 	Completed
CQC Audit Programme	<ul style="list-style-type: none"> • Review of audit processes; 100% of audits migrated to revised process; 100% clinical audit proposals to be reviewed and approved at appropriate sub group 	Completed
Clinical Competencies	<ul style="list-style-type: none"> • Review of clinical competency recording; creation of a centralised system. (saved in central repository) 	Partially complete and ongoing.
Mental Capacity Act	<ul style="list-style-type: none"> • Staff training on then MCA EMIS templates. MCA Level 2 training mandatory for registered staff working clinically. • 85% compliance to be achieved by Jan 23 and monitored ongoing 	MCA training to be completed by 31/3.
Oversight of Performance - using to drive improvements in care	<ul style="list-style-type: none"> • New Performance Framework inc Divisional structure in place. • Positive rating received from KPMG for review of Governance - Change to Divisional Structure Audit 	Completed

Quality Improvement Approach	<ul style="list-style-type: none"> Quality Improvement Champions Identified and trained across services 	Partially complete and ongoing
Public engagement strategy development	<ul style="list-style-type: none"> Strategic approach to engaging with local people and communities has been developed following a period of insight and review with colleagues, stakeholders and people who use our services Write up of strategy currently in progress 	Engagement strategy in place from September 2023

Ofsted inspections at Hollybank Children's Respite Service

Hollybank, our short break service for children and young people with complex needs, had an assurance visit on 24 and 25 January 2023. Hollybank received an overall rating of **GOOD**.

The inspection is judged in three areas:

Overall experiences and progress of children and young people (Rated Good)

Ofsted reported that staff at Hollybank provide a warm, nurturing environment for children. They observed warm interactions between the children and staff, and when children arrived for their short breaks they were laughing, and their faces were filled with joy.

When children arrive at Hollybank, Ofsted noted opportunities for them to undertake a variety of activities, both indoor and outdoor.

Ofsted also provided positive feedback on the well planned nature of the children's visits. Staff collaborate with social workers and the children to ensure the visits are tailored to the child's specific needs. As a result, children enjoy spending time at Hollybank.

How well children and young people are helped and protected (Rated Good)

In this area, Ofsted reported the behaviour management in Hollybank to be highly effective with specialised care provided and needed. There was feedback provided from social workers and parents confirming that through the continuous support from Hollybank, the children's anxiety is reduced. In addition, the encouragement, praise and rewards that are provided by the staff enables the children to safely learn to control their own behaviour. This has helped staff to decrease the likelihood of serious incidents in the home.

Hollybank has both a behavioural unit and a unit for complex health needs. Ofsted noted that staff at the home are skilled at handling children's complex health needs. They are successful advocates for children's healthcare needs and are persistent in following up on any issues.

The effectiveness of leaders and managers (Rated Good)

In this area, it was recognised that Hollybank have a dedicated, stable and diverse staff team. This highly skilled and knowledgeable team enables the children to receive a wide range of specialised assistance. The collaboration with other services, such as doctors and paediatricians was also identified in the report.

The staff interviewed were reported to be extremely enthusiastic about their work and proud of the children's accomplishments and positive outcomes.

Comments from parents included:

"It is a lovely place to stay with lots of things to see and do"

"The staff know you well and the children we met had lots of smiles and laughter on their faces"

There was one requirement for the service to ensure there are arrangements for the handling, recording, safekeeping, safe administration and disposal of medicines received in the children's home. The action plan for this has subsequently been devised and completed.

There was also one recommendation for staff working within Hollybank to undertake training in Makaton. The process of arranging training for this is also underway.

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, who is also our designated Caldicott Guardian, and Chief Technology Officer, who is our Senior Information Risk Officer (SIRO).

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

Data Security and Protection Toolkit attainment levels

The year 2022/23 is the fifth year of use for the revised version of the Data and Security Protection Toolkit. The Data and Security Protection (DSPT) Toolkit is based on the National Data Guardian's 10 Data Standards and focuses heavily on information and cyber security. As a non-NHS organisation, Bromley Healthcare is classed under Category 3, of the Toolkit, which covers 'Other Organisations'.

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 which achieved a score of 96.8% against the 95% target. We were also able to meet the requirements of a small number of additional non-mandatory requirements.

The DSPT for 2021/22, which is our latest submission was reviewed by the Senior Information Risk Owner and signed off by the Chief Executive prior to submission.

The current Toolkit, for 2022/23, is still in progress and it is hoped that we will again be able to meet our 95% training target, which is the most challenging requirement of the Toolkit.

Participation in CQUIN

The Commissioning for Quality and Innovation (CQUIN) programme for 2022-23 was developed and agreed by Bromley Healthcare and our commissioners, South East London Clinical Commissioning Group, based on data intelligence from varying sources and stakeholders.

The indicator goals for the local programme were agreed with the Commissioners to address areas identified for improvement or development. Progress against CQUIN's is shared internally with the Executive and Quality and Performance Committees. All CQUINs are reported to local commissioners on a quarterly basis as part of CQUIN monitoring. Further summary information on each CQUIN indicator can be found below.

CQUIN: Prevention of Ill Health: Staff Flu Vaccinations

Summary

Every year the influenza vaccination is offered nationally to NHS staff as a way to reduce the risk of staff contracting the flu virus and transmitting it to patients or their family members. Healthcare workers may transmit the illness to patients even if they are mildly or sub-clinically infected. The CQUIN aim was to achieve an improved uptake of flu vaccinations by frontline clinical staff.

Results

Last year, Bromley Healthcare's uptake of the staff flu vaccination reduced slightly from the joint Flu/COVID immunisation rate achieved in 21/22 and 23% was achieved. Nationally, staff were reported as suffering from immunisation fatigue.

For the year 2023-24, a detailed operational plan, with learning from last year, is underway. The aim will be to significantly increase uptake of the vaccination this coming winter.

CQUIN: Implementation of Anxiety Disorder Specific Measures in the Talk together Bromley (IAPT) service

Summary

The CQUIN required the achievement of 50% of referrals with a specific anxiety disorder problem descriptor finishing a course of treatment having paired scores recorded on the specified Anxiety Disorder Specific Measure (ADSM).

Any new patient referred to the Talk together Bromley service undergoes a standard initial screening process. At this point where a specific issue is identified such as Post Traumatic Stress Disorder, a more detailed condition-specific questionnaire is completed.

This same questionnaire is completed at the end of treatment and this enables both the patient and the clinician to see the improvement delivered as a result of treatment. Not all clients elect to complete a full treatment programme and this results in the second ADSM score being unavailable.

Results

This CQUIN built on the ways of working and a monitoring processes implemented in previous years and for 2022-23, the service achieved a score of 60.1% for this CQUIN.

CQUIN: Achieving 50% of community hospital inpatients having a nutritional screening that meets NICE Quality Standard QS24 (Quality statements 1 and 2), with evidence of actions against identified risks (Bed Based Rehabilitation Service)

Summary

This CQUIN focussed on improving the information recorded in our Emis clinical information to evidence the policies and procedures that are followed in the team.

Results

Amendments were made to the clinical assessment templates to ensure that clinicians are able to capture all relevant nutritional screening actions. As part of this, reports have been trialled to enable reporting directly from the clinical systems to evidence the work that is completed in this area and reporting will commence in Q1 2023/24 as this CQUIN is being continued. These were completed for all patients in 22/23 per the Bed Based Rehabilitation service procedures.

CQUIN: Achieving 30% of patients with lower leg wounds receiving appropriate assessment diagnosis and treatment in line with NICE Guidelines (Leg Ulcer and District Nursing Services)

Summary

This CQUIN also focused on improving the information recorded in our Emis clinical information to evidence the policies and procedures that are followed in the team.

Results

Amendments were made to the clinical assessment templates to ensure that clinicians are able to capture and electronically report on the NICE guideline assessments, diagnosis and treatment pathways followed within these services. Further logic is being developed to isolate wound diagnosis and treatment when multiple wounds have been identified concurrently or subsequently.

In addition, Bromley Healthcare has been selected to take part in the Transforming Wound Care National programme, which included monthly key data submissions between November 22 & April 23. To correspond with this national programme, a wound care app has been sourced by Bromley Healthcare and a pilot set up for the teams falling under the remit of the Transforming Wound Care programme - Beckenham Beacon District Nurses, along with the Podiatry and Tissue Viability services, which can be used to record the wounds and actions taken. This will commence in June 23 and will run for 1 year with regular reviews before the decision is taken to extend this further. In the meantime, the services continue to follow the lower limb clinical guidelines and the data is recorded independently by the clinical teams.

CQUIN: Achieving 50% of community hospital inpatients aged 18+ having a pressure ulcer risk assessment that meets NICE guidance with evidence of actions against all identified risks (Bed Based Rehabilitation Service)

Summary

This CQUIN also focussed on improving the information recorded in our Emis clinical information to evidence the policies and procedures that are followed in the team.

Results

Amendments were made to the clinical assessment templates to ensure that clinicians are able to capture all relevant Pressure Ulcer Risk Assessment actions. As part of this, reports have been trialled to enable reporting directly from the clinical systems to evidence the work that is completed in this area and reporting will commence in Q1 2023/24 as this CQUIN is being continued. These were completed for all patients in 22/23 per the Bed Based Rehabilitation service procedures.

CQUIN: 40% of Type 1 diabetes patients to have the 8 care essential checks completed (Diabetes)

Summary

Throughout the year, the team worked closely with the GPs and the Retinal Screening service to ensure that relevant data was shared. In addition, significant emphasis was given to the resourcing of the team to achieve this CQUIN, whilst reviewing clinical records for training and reporting.

Results

By the end of the financial year, the team had achieved very close to target, with 38% of patients having had their 8 care essential checks (excluding eye checks) completed. This forms a key KPI for the service and the teams will continue to monitor progress and work with partners to ensuring the sharing of data on Retinal Screening, for the benefit of all Type 1 Diabetes patients under their care.

CQUIN: Increase the uptake and modalities of family and children's voice within children's services

Summary

It was determined that there was a need to ensure that the voice of children and their parents/guardians was being heard. To facilitate this, three objectives were set:

1. Work directly with young people, parents and carers with lived experience to shape and improve our services and resources so that they meet the needs of our local populations.
2. Provide opportunities for the young people who use our services, their parents and carers to deepen their knowledge and understanding of our services to support access to and correct use of service, and promote overall health and wellbeing.
3. Work with services, partners and communities in south east London to promote awareness, visibility and understanding of the service, actively reach wider communities, including seldom-heard and underserved communities, and develop our understanding of other services to make every contact count.

Results

1. This year, we have worked in partnership with the London Borough of Bromley (LBB) and parents and carers to review and redevelop our Children's Therapies web pages and resources to ensure these are accessible, relevant and user-friendly.

We have also redeveloped our Bromley transition passport for young people transitioning into adult care, in partnership with LBB and the young people who will benefit from this. Qualitative feedback from parents, carers and young people on the development of these has been extremely positive, highlighting the accessibility and usefulness.

2. Our children's services have run a number of events and groups to engage with young people, parents and carers in an informal environment. For example, we have run a sickle cell group for young girls with sickle cell and their parents and carers to connect and share experiences, deepen understanding of managing sickle cell and the stigma that surrounds it, and build a support network. We have also run a series of informal coffee mornings for parents and carers of children and young people at Hollybank, our respite centre. Qualitative feedback from parents, carers and young people highlights that these events have been valuable and have led to better understanding and feeling more supported.
3. We have actively sought out opportunities to attend borough events and promote our services. For example, we have worked with Peabody Housing in Thamesmead to promote our well baby clinics in Bexley and Greenwich, reaching some of our most vulnerable families in the boroughs and encouraging uptake. Our Head of Communications and Engagement regularly attends key forums within the boroughs to promote our services, joint up engagement opportunities and gain insight into other services to share and promote. Clinical colleagues attend events and forums such as Bexley Voice and Bromley Parent Voice to listen to parent's journeys and what difficulties they have and are currently experiencing when navigating the Special Educational Needs and Disabilities (SEND) system, including the impact of not having the right professionals involved to support children and young people, and their families with specialist support plans. We then use this information to feed back into our services and determine how to use these insights to continuously improve our services.

3

Our achievements

Building a culture of growth and opportunity

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 this is a key mechanism for driving change and making a difference, as well as giving staff the opportunity to grow personally and professionally.

Over the past 18 months we have expanded our staff networks to include an LGBTQ+ Collaborative as well as our newly named network; REACH (Race, Equality and Cultural Heritage) and are in the process of encouraging the creation of a Long Term Conditions / Disabilities network.

The aims of the Networks are:

- Making recommendations on adjustments and additions to the specific agreements where required
- Promoting the equality, diversity and inclusion agenda within Bromley Healthcare; leading by example and promoting best practice
- Making appropriate links with the other stakeholders on the wider equality, diversity, inclusion areas.
- Promoting partnership working on equality, diversity and inclusion issues across Bromley Healthcare at all levels.
- Provision of a safe space to discuss concerns and / or ideas.

We have two mandatory Equality and Inclusion (E&I) training programmes, namely Equality & Inclusion, which has a completion rate of 97.4% and Unconscious Bias, which has a completion rate of 94.5%.

We have also run a number of face-to-face Belonging & Cultural Awareness sessions, which 374 staff have attended.

We have recently commissioned and launched Gender Awareness training and currently 72 staff have attended this.

Equality and inclusion plans for 2023/4

We are in the process of recruiting a dedicated Equality and Inclusion resource who will lead the organisation's E&I agenda.

We will continue to roll out Gender Awareness training to staff across 2023/24.

Following two conferences focusing on race, equality and cultural heritage, and on equalities; this year, the conference is scheduled to take place in October, and will celebrate all aspects of equality and inclusion, with both virtual and face-to-face sessions.

Health and wellbeing

During 2022 and going forward into 2023/24, Bromley Healthcare continues to support colleagues with both their physical and mental health and wellbeing through a variety of measures.

Counselling and support – staff have access to a face-to-face counselling service, provided by Westmeria Counselling. They can also access a 24/7 telephone counselling service provided by Vivup, our Employee Assistance Provider. Vivup also offer an online Cognitive Behaviour Therapy programme and additional support. Occupational Health services continue to be provided by King's College Hospital.

Our newly appointed Clinical Director for Adult Services ran a staff webinar in April 23 focusing on the signs and symptoms of anxiety and depression and how individuals can support themselves to manage stress and make simple changes to increase wellbeing.

Staff Physiotherapy Service - we have a dedicated musculoskeletal physiotherapist that staff can access for support and advice with musculoskeletal (MSK) issues.

Cost of living – we have recognised that many of our colleagues are facing additional pressures due to the current increase in the cost of living. We have put a number of measures in place to support staff, these include payment of increased mileage rates; free tea, coffee and cereal provided at work bases; payment for Blue Light discount card; provision of Wagestream, which enables staff to draw down a proportion of salary in advance. We will continue to look for ways we can support our colleagues.

Employee Experience Collaborative – our colleague led Employee Experience Collaborative, made up of representatives from across the organisation, continues to meet and shape the people agenda for Bromley Healthcare.

Staff Social Events Planning Committee - we have set up a staff committee who are looking at ways to bring colleagues together in social settings, this has already included a very successful quiz night and plans for a Big Summer Garden Party in July 23.

Bromley Healthcare Walking Challenge – colleagues took part, along with One Bromley partners, in a 6 week Big Walking Challenge in 2022. Following on from the success of this, a Bromley Healthcare challenge was launched in May 2023, with 35 teams taking part in walking from Rome to Hadrian's Wall!

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

Freedom To Speak Up - we want to support a culture of learning, openness and transparency throughout Bromley Healthcare. We want everyone to feel safe to speak up and we want to hear about people's concerns. Our Freedom to Speak up Guardians have a specific remit of ensuring processes are in place to empower and encourage staff to speak up safely. We are in the process of developing a network of Freedom To Speak Up Ambassadors who will support the work of the Guardians.

Compliments, complaints, comments and concerns

	Q1	Q2	Q3	Q4	Total 2022/23	Total 2021/22
complaint	19	13	12	13	57	62
concern	56	53	37	50	196	263
comment	5	12	14	17	48	73
compliment	235	216	271	279	698	785

Complaints

Whilst we strive to ensure our patients do not have a 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 concerns (informal complaints) received in 2022/23 was 196 compared to 263 in 2021/22. The total figure represents 67 fewer concerns received than the previous year. This significant reduction is due to staff managing complaints more efficiently as well as liaising with the complainant at the earliest opportunity. We also increased staff training which resulted in less escalations to a formal complaint. Although the concerns remain consistent, the comments have doubled. Comments may be suggestions for service improvements, references to other partner providers and are reviewed to identify any learning or ways in which our services can be improved.

The number of compliments received in 2022/23 far outweighs the number of complaints about the services we provide with a ratio of 16 compliments per complaint. The number of reported compliments does not reflect the true figure as many staff find it hard to accept that they should document personal positive feedback. We continue to actively encourage our staff to record all compliments.

The number of closed complaints that were reviewed in 2022/23 has decreased by 60% since the previous year, this is due to the drive to manage complaints as concerns (informal complaints) by listening closely to what the complainant is expressing and working with them to explain the reasons decisions were made and or apologising when mistakes have been made. A total of 58 complaints were closed during this time (1 was unable to gain consent).

Year	Total Complaints	Upheld	Partially Upheld	Not Upheld
2020/21	41	7 (17%)	4 (10%)	30 (73%)
2021/22	62	27 (44%)	8 (13%)	26 (42%)
2022/23	57	16 (28%)	14 (25%)	27 (47%)

The top three themes for closed (formal) complaints for 2022-2023 related to clinical treatment, communication – written, and date for appointment. Emerging trends and themes are monitored regularly and discussed at the ‘weekly incident and feedback meeting’.

This meeting is chaired by the Chief Executive and attendees include the Medical Director, Chief Nurse, Head of Safer Care, Heads of Adults, Childrens, and UCR services, Quality Improvement Lead, and Patient Experience Lead. 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 from reoccurring.

Never Events

Bromley Healthcare recognises that learning from what goes wrong in healthcare is crucial to prevent future harm and provides a culture of openness and honesty to ensure staff, patients, families and carers feel supported to speak up in a constructive way. Never Events are incidents that require investigation under the Serious Incident framework. During 2022/23 there were no never events reported.

Success stories

Post Covid

The Post Covid Community Pathway, a OneBromley approach for those experiencing Long Covid, has grown from strength to strength, from winning the OneBromley's Integration Together award in the summer of 2022, to being successful in bidding for additional funding for the expansion of the service.

The Post Covid Community Pathway is now working in a fully integrated way with the acute Post Covid Assessment Clinic delivered by King's at PRUH and Denmark Hill sites, with weekly multi-disciplinary team meetings, and monthly team meetings. The patient pathway has been updated as King's have moved from a consultant led to a therapy led model.

The community pathway provided by Bromley Healthcare has gained additional funding to expand the service to include additional Occupational Therapists, a Physiotherapist, Therapy Assistant, Psychological Wellbeing Practitioner, in addition to the existing Bromley Well Care Navigator and Administrator. This expansion will enable patients to receive an increased multi-disciplinary approach, personalised to their needs and delivered in a timely manner without the need to join other service waiting lists.

The community pathway was involved in the Long Covid research project completed by London South Bank University, where both staff and patients had the opportunity of contributing and feeding into their research. The pathway is also involved in the South East London Long Covid project completing research into the effects of the condition of healthcare workers in Bromley's care homes.

Plans over the coming year include communicating updates to the service to local referrers, expanding the group programme in response to patient feedback from 8 to 12 weeks in order to deliver sessions on diet and nutrition, work and finance and brain fog. A digital app is currently being investigated to ensure our approach remains equitable to all and our peer support group has expanded to two locations around the borough.

Fall in Care Homes (FinCH) research implementation study

Bromley Healthcare was approached last year to become involved in the University of Nottingham's FinCH study across the borough. Bromley is one of 5 sites across the UK involved in the research study in order to research the implementation of the Action Falls Checklist. The previous research study into the creation of the checklist found that through its completion, falls in care homes reduced by 43%. The implementation study is researching the ways in which the checklist can be implemented into care homes.

Bromley Healthcare has recruited two physiotherapists to their Falls Prevention service to be a part of this research study following funding received from the University of Nottingham. This was expanded to cover all care homes in Bromley in the checklist.

The physiotherapists deliver training to all staff in the care homes, review the implementation of the checklist, feedback successes and challenges to the University of Nottingham and arrange Action Falls Collaborative events quarterly for the staff involved in the project.

The project is being delivered in two phases – the first phase focused on training at least 70% of all care home staff in the 16 care homes involved in the research – this is now at 90% completion and initial data shows a reduction in falls. The second phase of the study is to roll out the training to all care homes which began in January 2023 and is at around 30% completion. The project is now looking at expanding into Extra Care Housing across the borough.

Allied Health Professions (AHP) Workforce Project

Following funding received from Health Education England, Bromley Healthcare has been involved in the national AHP workforce project to study, expand and support the AHP workforce where real challenges exist in recruiting and retaining AHP staff.

Within Bromley Healthcare, the focus over the past year has been on expanding the clinical placements offered to both Occupational Therapy and Physiotherapy students, aiming to achieve the Fair Share model of each whole time equivalent staff member taking 7 weeks of a student per year. The Urgent Community Response (UCR) directorate worked incredibly hard to achieve and exceed this target, with support from Learning and Development to create processes and procedures in order to simplify and support the experience for both the student and those supervising them. Some of these students have now been recruited as bank and substantive staff which is a success of the project.

AHP Apprenticeships have now progressed and in September 2022, we successfully recruited two internal staff members to become apprentices – one Occupational Therapist and and Physiotherapist. These staff members are being hosted in the Adult OT Service and Foxbury bedded rehab unit accordingly.

We were successful in bidding for additional funding from Health Education England for a project worker to support and expand our Advanced Clinical Practitioner (ACP) workforce. This project is already scoping every service in Bromley Healthcare, across all directorates and beginning to put in place systems to support the identification, career pathway, support through training and post qualification continued professional development.

Future projects related to the AHP workforce include creating an Occupational Therapy rotation scheme for newly qualified staff and a Return to Practice scheme for those who have been out of practice for some time. These projects aim to address the national shortage of Occupational Therapists in order to assist recruitment and retention.

Case Management Pilot in Orpington Primary Care Network (PCN)

During the final quarter of 2022/23, the Integrated Care Network (ICN) secured inequalities funding to develop a six-month Case Management Pilot within Orpington PCN, delivered by the Bromley Healthcare community matrons

The pilot is designed to better meet the complex needs of people with long-term health conditions by integrating services around them. This targeted, community-based approach identifies individuals at high risk of hospital admission, assesses their needs, and ensures coordination of their personalised care plan. Launched in February, the pilot's aim is to improve patient wellbeing and quality of life. It uses the Rockwood Score and a tailored questionnaire to measure patients' progress from the start to the end of their healthcare journey. Part of the funding has been invested in recruiting additional Community Matrons and a Health Care Assistant, significantly bolstering our team.

Even though the pilot is still in its early stages, it has already greatly enhanced our patients' quality of life and wellbeing. We've measured this by recording their Rockwood Scores and responses to a questionnaire administered at the start and end of their journey. The pilot has also underscored the need for more Community Matrons and a Health Care Assistant - roles we've filled using some of the funding, which has had a profound impact on our team. Early successes suggest that extending this model to all PCNs across the borough could be beneficial. As the pilot continues until at least the end of August, we eagerly anticipate more positive results. An audit planned for after the six-month mark will provide more comprehensive data on the pilot's impact, potentially bolstering the case for wider implementation of case management.

Bromley Healthcare Annual Staff Awards

On Friday 4 November 2022, we were delighted to be able to resume our annual ball and awards ceremony following a hiatus during the Covid-19 pandemic. The awards are presented in recognition of some of the incredible work undertaken by colleagues and teams and the event is a celebration of these successes. During 2022 awards were refreshed to reflect Bromley Healthcare's new values and recognise colleagues' contributions towards our priorities. The awards for 2022 are detailed on the following pages with photos of some of the winners.

<p>The Belonging Award - Excellence in Equality, Diversity and Inclusion Recognising an individual or team's contribution to equality, diversity and inclusion within Bromley Healthcare</p>	
Winner:	The Equality and Inclusion Network
<p>The Compassion in Action – Sue Chadwick and Massey Zekavatbaksh Award Recognising commitment and excellence in patient care</p>	
Winners:	Hollybank team Sarah Barber (HIV and Sexual Health team) Stella Ikimiukor-Oseni and Janet Berkhauer (Rehab at Foxbury team)
<p>The Compassion in Action – Charlotte Hails Award Recognising non-clinical colleagues' commitment for their part in the smooth running of the organisation and delivery of services</p>	
Winners:	Maddie Smith (Population Health Apprentice) Rebecca Moxom (Care at Home Operational Manager)
<p>The Continuous Learning and Innovation Award Recognising learning and innovation in healthcare practice</p>	
Winners:	Jasmin McIntosh, Judy Wallach, Renata O'Rourke, Sam Williamson (Clinical Quality Leads: District Nursing) and Marie-Louise Muir, (Community Clinical Educator – Learning and Development) Wendy Wyvern (Performance Project Manager and PMO Lead)
<p>The 'Go Green' Award Recognising contribution towards our green agenda</p>	
Winner:	Robert Frampton (Commercial Manager)
<p>The 'Grow our Own' Award Recognising a colleague's contribution to Bromley Healthcare through their learning and development</p>	
Winners:	Lucy King (District Nursing, The Willows) Joe Bakdoud (Finance team)
<p>The Health and Wellbeing Award Recognising a significant contribution to our wellbeing agenda</p>	
Winners:	Layla Alford (Health Visiting Team Lead in Bexley) The Schwartz Round Steering group: Sarah Medford (Clinical Lead), Sarah Barber, Fiona Palmer, Teresa Hocking, Charlotte George, Suzie Doel, Fiona Bentham and Andrew Knight
<p>The Outstanding Leadership Award Recognising outstanding leadership skills and contribution</p>	
Winner:	Loretta McGurry (Tri-borough Head of Public Health Nursing)
<p>The Patient Choice Award Recognising exceptional patient care</p>	
Winner:	Rehab Home Pathway
<p>The Temporary Worker Award Recognising an individual who has made a unique contribution to our services</p>	
Winners:	Grace Chakanetsa (Nurse, Hayeswick and Five Elms) Aisha Mayhew (Learning and Development team)
<p>The Working Together in Partnership Award Recognising those who have improved patient care through partnership working</p>	
Winner:	Children's Hospital at Home Team





4

Statements from stakeholders

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

Healthwatch Bromley

South East London Integrated Care Board

Statement from the London Borough of Bromley Scrutiny Committee

RESOLVED that the Bromley Healthcare Quality Account 2022/23 be supported by the Health Scrutiny Sub-Committee.



Bromley Healthcare Community Interest Company Ltd
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