Bromley Healthcare
community first

Quality Account 2025-26

Empowering people to live their
fullest lives in the heart of their communities

Introduction

Welcome to Bromley Healthcare's 14th Quality Account.

Bromley Healthcare was established in April 2011 and is an award-winning employee-owned social enterprise providing community health and care services for people in south east London. Since then, we have grown steadily and now provide over 50 NHS-commissioned services, supporting people of all ages across Bromley, Bexley, Greenwich, and Lewisham. We employ over 1,300 staff, including nurses, therapists, doctors, and dentists, delivering care that is responsive, local, and rooted in the communities we serve (see overleaf, figs. 1 and 2).

2024 marked the introduction of our first Clinical and Quality Strategy (2024–2029), developed with staff, patients, and partners to align with *Community First*, our organisational strategy launched in 2023 (figs 3 and 4). Together, these strategies define how we will improve access, reduce inequalities and provide safe, high-quality care over the next five years. In this year's account, we reflect on the quality priorities delivered under this new strategy.

Community services are central to a stronger, more integrated health and care system. They play a key role in prevention, early intervention and keeping people well and independent at home. Our new strategy reflects this, placing more emphasis on neighbourhood working, cross-system collaboration, and using data and lived experience to guide change.

Why are we producing a Quality Account?

All providers of NHS healthcare services have been required to produce an annual Quality Account since 2010. This requirement was set out in the NHS Next Stage Review in 2008.

Our Quality Account is a public report about the quality of the services we provide. Its aim is to strengthen accountability to the public and support leaders and clinicians to focus on quality improvement.

What are the required elements of a Quality Account?

The National Health Service (Quality Accounts) Regulations set out the requirements for all Quality Accounts. We have used these requirements to create the template for this account.

Figure 1: What we do

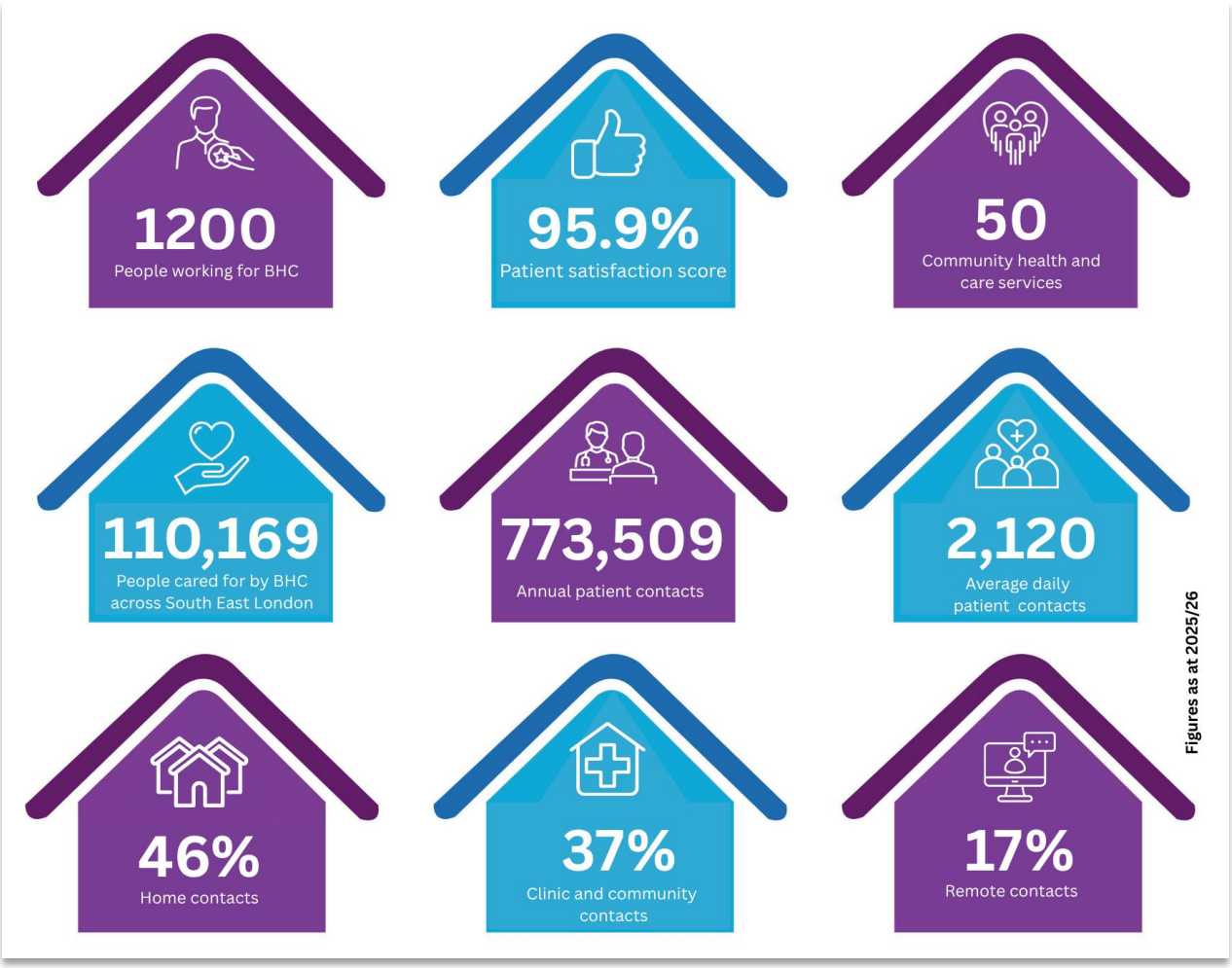
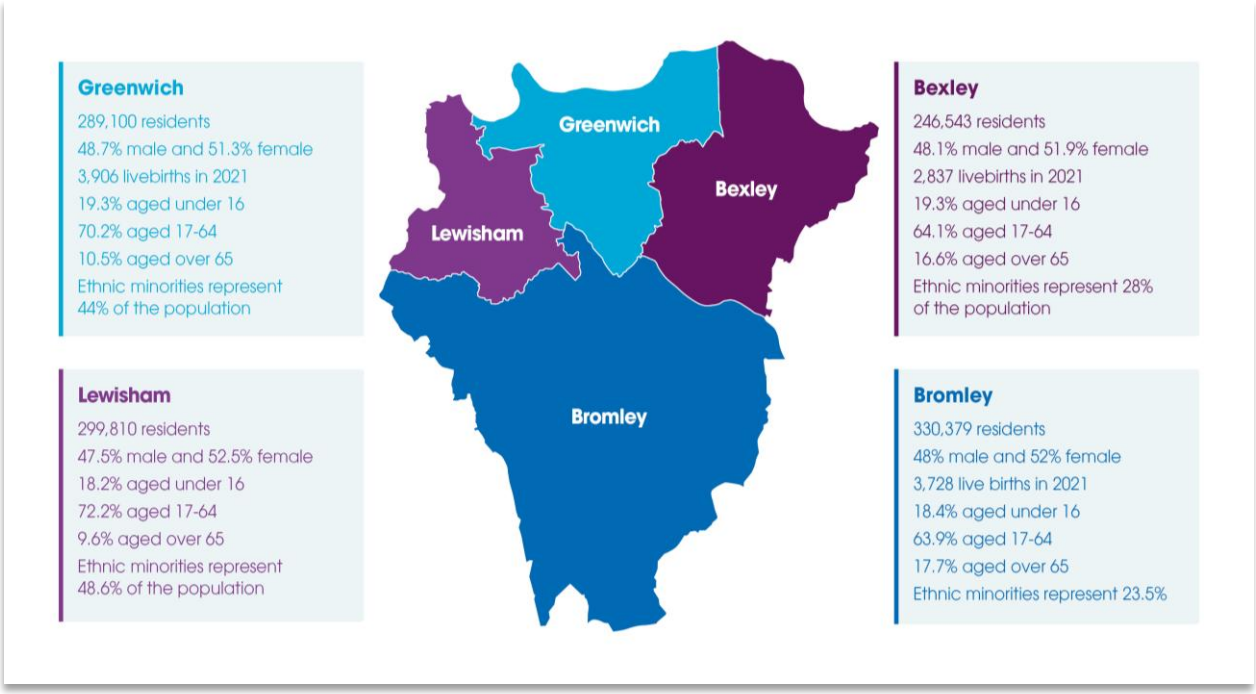


Figure 2: Who we care for



Our strategy at a glance

Our values

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

Statements from our Chair and Chief Executive

Chair Statement – Dr Subo Shanmuganathan

I am pleased to introduce Bromley Healthcare's Quality Account for 2025/26, my first as Chair of the organisation.

Although I have recently taken on the role of permanent Chair, I have had the privilege of serving on Bromley Healthcare's Board since 2021. During that time, I have seen the skill, compassion and professionalism that colleagues bring to their work every day.

Bromley Healthcare's teams care for people at every stage of life, often in their own homes, schools, clinics and communities, and often when people and families need practical, responsive support.

This Quality Account sets out the progress we have made during the year, the areas where we need to keep improving, and the priorities that will guide our work in the year ahead. It reflects an organisation that is ambitious for the communities it serves, honest about the pressures facing health and care, and focused on learning.

The national direction for the NHS is clear: The 10-Year Health Plan sets out a shift from hospital to community, from analogue to digital, and from sickness to prevention. These ambitions are closely aligned with Bromley Healthcare's role as a social enterprise and specialist provider of community health and care. Our strength lies in understanding how care is delivered beyond hospital walls: in people's homes, neighbourhoods, schools and clinics, and in working alongside local partners to provide care that is coordinated around people's needs and lives.

This role is becoming even more important as integrated neighbourhood team working develops across south east London. Through One Bromley and our wider partnerships in Bexley, Lewisham and Greenwich, we are working with primary care, local authorities, NHS trusts, social care, the voluntary and community sector, and other NHS partners to provide more joined-up support. This is about making care more coordinated, accessible and easier to navigate for patients, families and carers, so people can stay well, recover at home, remain independent for longer and receive the right support earlier, in the right place, at the right time. This

approach, and the role that Bromley Healthcare plays, will be vital in reducing duplication and avoidable hospital care, improving access and waiting times, tackling inequalities and helping more people live well in their communities.

There is much to be proud of in this report, including the continued development of integrated models of care, work to support people at home and reduce avoidable hospital use, and the growing role of patient voice through our Lived Experience Advisory Group.

Quality improvement is never finished. As Board, we will continue to seek assurance that learning is acted on and that improvement makes a real difference to patients, families and staff.

I would like to thank colleagues across Bromley Healthcare for their dedication throughout the year, and thank our patients, families, carers and partners for their feedback, challenge and support.

Dr Subo Shanmuganathan
Chair
Bromley Healthcare

CEO Statement – Lorraine Mattis

It is a privilege to introduce my first Quality Account for 2025–2026 as Chief Executive of Bromley Healthcare, at a defining moment for community healthcare and the communities we serve. As I begin this new chapter with the organisation, I do so with a deep sense of responsibility, pride and optimism for what we can achieve together as an employee-owned social enterprise rooted in purpose, care and community.

One of the achievements the organisation is rightly proud of this year is the growing influence of patients, carers and communities in shaping our services. Our Lived Experience Advisory Group has become an established and influential voice within Bromley Healthcare, contributing to service redesign, digital development, strategic planning and governance. Their insight, challenge and partnership are helping us build services that are truly centred around the people who use them.

Innovation has also been a defining theme this year. From developing community-based diagnostic pathways and virtual therapy services to investing in workforce readiness through the Bromley Healthcare Academy, we are finding new ways to improve outcomes, support our colleagues and deliver sustainable care. These developments are not simply about technology or new models of care; they are about improving people's experience, reducing delays and ensuring care is delivered in the right place, at the right time.

None of this would be possible without our exceptional colleagues. Across every service, I am inspired by the professionalism, compassion and commitment shown by our teams. Whether supporting a child to thrive at school, helping an older person remain independent at home, responding urgently to a healthcare need, or working in our corporate teams to keep services running, our staff make a meaningful difference every day. I would like to thank them sincerely for everything they do.

I would also like to thank our patients, carers, commissioners, partners and local communities for their continued support, feedback and trust. Your experiences, ideas and challenge help us improve and keep us focused on what matters most.

As we look ahead, my ambition is for Bromley Healthcare to help define the future of excellent community healthcare: proactive, integrated, compassionate and rooted in the lives of the people we serve. By listening carefully, learning continuously and working with our partners, we will build services that protect dignity, strengthen independence and reduce inequalities. This is our future: care closer to home and support that helps people live their fullest lives in the heart of their communities.

Lorraine Mattis
Chief Executive
Bromley Healthcare

2 Our Clinical and Quality priorities for 2025-2026

Clinical and Quality Strategy 2024–2029

Following the completion of our previous strategy, Bromley Healthcare launched a new Clinical and Quality Strategy in April 2024.

Developed in collaboration with staff, patients, carers and partners, this strategy sets out our long-term direction for delivering high-quality, inclusive and responsive care.

It is aligned with our organisational strategy, *Community First*, and responds to the challenges facing community healthcare, including rising demand, health inequalities and the need for more integrated, neighbourhood-based working.

The strategy is structured around four priorities, which guide quality improvement activity across the organisation:

Delivery of high quality and safe clinical care
We will continue to improve safety, effectiveness, and consistency in care through high standards of clinical practice, better use of data, and the delivery of system-wide safety approaches.

Reducing health inequalities
We are taking a more systematic approach to identifying and addressing health inequalities. This includes the use of population health tools, learning sets for colleagues, segmentation data, and the Health Equity Assessment Tool (HEAT), enabling services to adapt more effectively to the needs of our diverse communities.

Integrated working to improve health outcomes
We are strengthening collaboration with primary care, social care, and the voluntary and community sector. This supports more joined-up care, avoids duplication, and ensures that people receive appropriate support closer to home. Our neighbourhood model is central to this approach.

Improving access to care

We are focused on reducing long waits, improving patient communication, and removing barriers to accessing care. This includes improving information and signposting, supporting digital inclusion, and embedding a "no wrong door" approach across services.

Divisional alignment and monitoring

Each division has developed its own set of priorities aligned to the four strategic aims above. These priorities reflect the needs of local populations across Bromley, Bexley, Greenwich and Lewisham, and support delivery at both service and system level.

Monitoring and Assurance

Progress is monitored through the Clinical and Quality Governance Sub-group, with formal quarterly reporting to the Quality and Safety Committee for oversight and assurance.

The table below highlights key progress areas in delivery of our strategy during 2025/26:

Priority 1: We will deliver high quality, safe and accessible services which improve the health and wellbeing of the people who use our services.	
Key Initiative	**Update**
Implement Patient Safety Incident Response Framework (PSIRF)	• PSIRF has been implemented, with learning gathered across services: PSIRF in Practice and Learning Response Lead training is in place for staff leading learning reviews, including post-incident huddles, after-action reviews, multidisciplinary team reviews and patient safety incident investigations.
To enhance specialist support for frail and end of life care	• One Bromley frailty pilot launched and being rolled out in a phased approach. • District Nursing teams hold weekly meetings to discuss patients receiving end-of-life care. • An end-of-life template supports advance care planning. Rockwood scores are recorded and available on the Qlik Sense business intelligence

	system.
Clinical audits show improvement	• The BHC Clinical Audit Policy was updated and ratified in July 2025 to reflect KPMG clinical audit requirements. • Radar audit training sessions are available for all clinical staff to book through the Learning and Development Dev+ system.
Ongoing work to ensure clinical records are of a high quality	• Service templates are being reviewed. Fourteen services have reviewed templates with the EMIS team, with further work ongoing. Each service completes a monthly audit to check that the required standard is being met. • The Record Keeping Steering Group monitors progress
Launch of new Radar system and triangulation of data	• The Radar risk management system was launched in 2024. • Analytics have been developed to show trends and themes, and each service has its own dashboard.
External inspections	• Hollybank retained its Good rating following a full inspection in February 2025.

Priority 2: We will design and deliver our services and work with our partners to reduce health inequalities.	
Key Initiative	**Update**
Increase the use of population health management tools across neighbourhood team initiatives and work to reduce health inequalities.	• Population health management training has been delivered. Recordings are available for colleagues, and additional population health resources will be added to the intranet. • Training for the Board completed.
Further develop remote/digital healthcare services in a way that improves access for the people who use our services	• Children's Hospital at Home using Remote Monitoring. Pathways expanded in September.

Priority 3: We will take a lead in developing and delivering integrated care for people in the community.	
Key Initiative	**Update**
Fuller Pilot in Bromley: Anticipatory Care Team	• Funding for the Anticipatory Care Team finished in March 2026. Work is underway to explore how the service could be incorporated into Integrated Neighbourhood Teams.
Build neighbourhood teams working across organisational and professional boundaries	• Workstream in place.
Embed integrated care network and proactive care pathway, including children and adult hospital at home	• Total acute bed days saved April 2024-March 2025: • Adults: 10,984 • Children & Young People: 582 bed days for IV patients only

To develop new service models and to ensure expansion of Bromley Child Health Integrated Partnership (B-CHIP)	• B-CHIP now covers all eight Primary Care Networks, with 78% of referrals triaged without paediatrician input. • SEL Enhanced Sickle Cell Service with weekly MDT sessions in the One Bromley Hub in the Glades

Priority 4: Improved access to equitable care	
Key Initiative	**Update**
Review of interpreting services	• New provider- Silent Sounds in place
Review of accessibility of our clinics and services	• An estates review has made recommendations to improve how clinical space is used. • This includes reviewing clinic use across all clinical services, with the aim of aligning clinic provision more closely with patient need and demand, reducing waiting times, improving accessibility and ensuring services reach the right populations in the right locations.
Work with local communities to understand and meet their needs	• The Lived Experience Advisory Group aims to be a trusted and influential voice, helping BHC deliver fair, transparent and responsive services. Key priorities include: • Strengthening diversity and inclusion within the group • Enhancing representation from different communities • Deepening engagement with services across all boroughs
Increase digital access options but acknowledge this won't be right for everyone	• Online booking is being rolled out to all children's services and some adult services. • Text reminders through the Storm system are now embedded.

Statements relating to quality of NHS services provided

In this section, we make several statements about the quality of the services we provide. This helps people compare us with similar organisations and gives service users and commissioners assurance that we are focused on quality and continuous improvement.

Review of services

During 2025/26, the number of community health services provided by Bromley Healthcare across Bromley, Bexley, Lewisham, and Greenwich increased to 50 with 797,347 patient contacts.

Participation in Clinical Audits

Clinical audit is a method used to check whether healthcare is being provided in line with agreed standards. It helps care providers and patients understand where a service is doing well and where improvements are needed. The aim is to support quality improvement where it will have the greatest benefit for patients. Clinical audits may be national or local (NHS England / Clinical audit). Clinical audit is ultimately a quality improvement process.

During 2025–26, audit at Bromley Healthcare continued to develop. The audit service was realigned into the Quality Improvement team, helping to ensure audit outcomes are addressed with a clear focus on improvement. The team also developed a new audit management tool within our local risk management system, which went live on 1 April 2025.

The audit management tool improves access to audit information for staff and supports good governance and compliance. It also automatically creates action plans, helping staff address areas for improvement and strengthen the care we provide to patients.

Clinical Audits Overview

At Bromley Healthcare, we develop a robust annual clinical audit plan. This reflects our key service priorities and provides assurance to patients, commissioners and regulators about the quality of the services we provide.

Each clinical audit is measured against national and local criteria, including NICE guidance and guidance from relevant professional bodies. This gives us a clear assurance standard against which we can benchmark clinical practice.

In addition to our annual audit plan, various sources of intelligence are used to initiate audits throughout the year as required such as complaints, incidents and patient feedback. We use clinical audit as a quality improvement tool to enhance services, and thorough processes are in place to support our staff to achieve these improvements prior to re-auditing where required.

During 2025–26, a range of clinical audits reviewed practice across several clinical areas. We also continued routine audits of core areas such as record keeping, infection prevention and control, safeguarding and medicines management.

Examples of clinical audits conducted in each of our divisions (Adult and Urgent Community Response and Children, Young People, Therapies and Dental) during 2025–26 can be found in the following table:

Audit title and aim	Outcome/Key Findings	Recommendations
Title: End of Life (EOL) Care Audit – Beckenham and Penge PCN **Aim: To evaluate compliance with End-of-Life (EOL) care documentation standards and assess the quality, consistency, and person-centred approach of care delivered by the Beckenham and Penge District Nursing teams, in line with national and local guidance.**	**Outcome:**94% Significant Assurance with Minor Improvement Opportunities **Key Findings:** Demonstrated marked improvement compared to the 2023 audit result (72%). There were high standards and evidence of clinical care, symptom management, advance care planning, and family involvement. There were also high performances across most areas including emotional, psychological, spiritual, cultural, hydration, and mouth care needs.	**Recommendations:** Recommendations include strengthening the consistent documentation of emotional and psychological support, spiritual, cultural, and religious needs and hydration and mouth care discussions with families. It was discussed at the EOL group that there is a need for additional training, including virtual sessions which aim to work with the team on the EOL template and the documentation of the key areas that need strengthening. In addition, there is a plan to initiate clinical supervision sessions, focusing on cultural, religious, and spiritual assessments. The team plan to continue MDT reviews and cross-referencing of frailty and EOL dashboards to support early identification

		which in turn will maintain consistent use and timely updates of EOL care templates. The outcome of this audit has been added to the EOL board discussion and the team are in discussions regarding whether to re-audit or scope if a Quality Improvement project would be more beneficial to sustain improvement. **Please note:** This audit demonstrates significant improvement and sustained good practice since the 2023 audit.
Title: A Clinical Audit to look at the quality of EHC Needs Assessment reports. **Aim: To assess the quality of EHC Needs Assessment (EHCNA) reports against standards set out in the local Integrated Care Board (ICB) guidelines and identify opportunities to strengthen clinical reporting and educational impact analysis.**	**Outcome:** 86% Partial Assurance with Improvements Required. **Key Findings:** The service reports largely met required standards; however, improvements were identified in report clarity and educational impact analysis. Key gaps included: Variable quality of information gathered from educational settings, inconsistent documentation of how a child's health needs impact their education and reliance on pre-populated EMIS text rather than tailored	**Recommendations:** Clinicians should: Edit the 'reports reviewed' section to clearly specify which educational reports were reviewed and how the information informed the assessment. Explicitly document the educational impact of health needs within the '*needs*' section of the EHCNA template. Ensure these improvements are reflected consistently in joint NDC/EHCNA letters. A more focused re-audit is recommended to complete the audit cycle and assess whether improvements have been sustained.

	narrative. Some audit questions were noted to be subjective, particularly relating to: Clarity of diagnostic explanations and the use of clinical jargon.	Re Audit in 2026. **Please note:** The Audit and Research Group recognised the audit as an excellent example of audit-driven improvement, noting that actions had already been implemented following the initial findings.
Title: COPD Discharge Bundle Audit – Adult Hospital at Home Service **Aim: To determine whether the COPD discharge bundle is being fully completed for all patients experiencing an exacerbation of COPD managed under the Adult Hospital at Home service, and to identify areas requiring improvement.** **The audit assessed compliance with the British Thoracic Society COPD discharge bundle, as recommended by NICE Quality Standard 10.8, recognising its role in reducing 28-day readmissions. The**	**Outcome:** 95% – Significant Assurance **Key findings:** The audit was an example of effective, learning-driven audit practice. It demonstrates a substantial improvement from the previous audit score of 46%. The re-audit confirms strong embedding of the COPD discharge bundle within Hospital at Home pathways, with minor and clearly defined areas for improvement.	**Recommendations:** Identified improvement areas were primarily linked to gaps in training robustness related to the EMIS template and individual bundle components. Both audits were completed during spring/summer, with fewer COPD exacerbations and referrals compared to winter months which may have contributed to a volume of Not Applicable. Recommendations included taking a phased approach to training, with refresher training on COPD bundle components, EMIS template use, and clear pulmonary rehabilitation referral criteria shared with all relevant staff. The service will also reinforce the need to check hospital discharge summaries for evidence of completed bundle elements, record

audit also explored the feasibility and effectiveness of applying this hospital-based bundle within a community Hospital at Home model.		completed components accurately on EMIS, and consider a future audit across a full year, including winter months, to capture seasonal variation and strengthen the data. **Please note:** The Audit and Research Group (ARG) commended the quality of the audit, the presenter's reflective approach, and the significant improvement achieved since the last review. Despite recognised limitations, the findings were considered representative of current practice and methodologically sound.

Statements from the Care Quality Commission and Ofsted

Care Quality Commission

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 inspected Bromley Healthcare or taken enforcement action against the organisation during 2025/26. The organisation has a Nominated Individual and Registered Manager who work with the CQC to ensure services comply 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, and all improvements have been completed.

Ofsted – Hollybank Short Break Service

In February 2025, Hollybank, our registered short break service for children and young people, received a full unannounced Ofsted inspection. The service was rated **Good** across all areas:

- Overall experiences and progress of children and young people: Good
- How well children and young people are helped and protected: Good
- The effectiveness of leaders and managers: Good

Inspectors highlighted the positive experiences children have during their stays, strong safeguarding arrangements, and the commitment of the leadership team.

Parents, carers and social workers highlighted the positivity of children and young people's experiences. One parent said, "They care for my child and love them like I do. This makes me feel safe with my child in their care." A teacher praised staff for how they prepare children for adulthood, described communication as "strong" and commented on the close working with teachers to create a consistent approach.

Areas for improvement included ensuring children's care files are consistently up to date, particularly around EHC plans and social worker information.

Read the full report: Hollybank Short Break Centre Ofsted Report Feb 2025

Compliments, complaints, comments and concerns

	Q1	Q2	Q3	Q4	Total 2024/25	Total 2025/26
Complaint	23	21	29	33	51	106
Concern	68	65	74	83	261	290
Comment	10	13	4	3	51	30
Compliment	209	180	247	221	927	857

One of Bromley Healthcare's core values, selected by staff, patients, and the public, is Continuous Learning and Innovation. Patient experience is central to this commitment. Feedback offers valuable insight into how care is perceived, and learning from complaints helps drive service improvements.

Following a complaint investigation, we provide a written response outlining the outcome, including any identified learning and actions taken.

In 2025/26, Bromley Healthcare recorded 797,347 patient contacts and received 290 concerns (informal complaints), an increase of 29 compared to 261 in 2024/25.

The number of comments decreased by 21. These are equally important, often containing suggestions for improvement, highlighting issues involving partner organisations, and identifying learning opportunities. Overall, feedback trends remained consistent with the previous year.

The rise in comments suggests staff are resolving issues early, helping prevent escalation into formal complaints.

In 2025/26, 107 formal complaints were closed. This is a 123% increase on the previous year. This reflects our proactive approach to managing concerns through early engagement, clear communication, and appropriate apologies.

Complaints

Year	Total Complaints	Upheld	Partially Upheld	Not Upheld
2022/23	57	16 (28%)	14 (25%)	27 (47%)
2023/24	51	13 (25%)	8 (16%)	27 (53%)
2024/25	48	11 (23%)	12 (25%)	25 (52%)
2025/26	107	30 (32%)	17 (16%)	59 (55%)

The primary themes for formal complaints closed in 2025–2026 were 'Access to Treatment, including Medication', 'Appointments including delays and cancellations', and 'Patient care'.

Emerging trends and themes are consistently monitored and discussed during the Weekly Governance Meeting, which is chaired by the Chief Executive. Key attendees include the Chief Medical Officer, Executive Chief Nurse, Associate Director of Quality and Patient Safety, Operational Directors, Heads of Nursing and Therapies, Quality and Patient Safety Lead, Risk System Manager, and the Patient Experience Lead.

For each concern, comment, or complaint where learning is identified, actions are implemented and regularly reviewed to ensure that improvements are sustained, and issues do not recur.

The number of compliments received in 2025/26 exceeds the number of complaints, with a ratio of 8 compliments per complaint. This represents a decrease of twelve compliments per complaint compared to 2024/25. It is important to note that the reported number of compliments does not fully capture the true volume, as many staff members do not document informal positive feedback. We continue to encourage staff to record all compliments to ensure a comprehensive overview of patient satisfaction.

Never Events

Bromley Healthcare recognises that learning from things that go wrong in healthcare is vital to prevent future harm. We support a culture of openness and honesty so that staff, patients, families and carers feel able to speak up in a constructive way. Never Events are patient safety events that are considered wholly preventable because strong national safety barriers should be in place. During 2025/26, no Never Events were reported.

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 Chief Medical Officer, who has the role of Caldicott Guardian, Chief Technology Officer, who is our Senior Information Risk Officer (SIRO), and Information Governance Manager, who is our Data Protection Officer (DPO).

Most of our services continue to use electronic records through EMIS. This provides a single information system and reduces the number of times patients need to provide personal information, as relevant data can be shared electronically between the clinicians involved in their care. EMIS also links into the OneLondon programme, enabling data sharing with other health and social care providers in London. Some services use specialist electronic record systems, including community special care dental services (Dentally), Talking Therapies (IAPTUS) and the Wheelchair Service (Best).

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

2025/26 is the eighth year that Bromley Healthcare has used the revised Data Security and Protection Toolkit. The toolkit is based on the National Data Guardian's 10 data standards and focuses strongly on information and cyber security. As a non-NHS organisation, Bromley Healthcare remains in Category 3, which covers "Other Organisations". This means we continue to use the existing toolkit, unlike NHS organisations that have moved to a Cyber Assessment Framework-focused toolkit.

The toolkit includes mandatory and non-mandatory requirements. Organisations must meet all mandatory requirements to pass. Bromley Healthcare continues to meet 100% of mandatory requirements, including the training requirement, which has a 95% target. We also met most additional non-mandatory requirements. We achieved Cyber Essentials Plus, which means we reached Standards Exceeded for the toolkit.

3 Achievements and impact for 2025–26

This section shows how Bromley Healthcare is turning its strategic priorities into measurable improvements for the people we serve. Each example shows how services are responding to real needs by improving safety, access, experience and outcomes across our boroughs.

All case studies are aligned to the four priorities in our Clinical and Quality Strategy (2024–29):

- delivery of high-quality and safe clinical care
- reducing health inequalities
- integrated working to improve health outcomes
- improving access to care

These priorities also directly support the delivery of our organisational strategy, *Community First*, which sets out our ambitions to grow our workforce, lead integrated community care, and invest in sustainable, equitable services. Together, these strategies shape the way we work and define how we measure impact.

Introducing our Allied Health Professions Workforce Planning Strategy 2025–2029

Bromley Healthcare's Allied Health Professions Workforce Planning Strategy 2025–2029 sets out how we will build a sustainable, skilled and resilient workforce to provide high-quality, person-centred care across community services. The strategy supports our Clinical and Quality priorities and responds to increasing demand, rising complexity and the need to reduce health inequalities.

This strategy is fully aligned to:

- Bromley Healthcare's Clinical & Quality Strategy domains: Safe, Caring, Responsive, Effective and Well-led
- The Community First Strategy, promoting care closer to home, prevention, and integrated working
- National priorities outlined in AHPs Deliver (2022–2027)

It provides a workforce framework that supports the delivery of safe, effective and equitable services, making sure the right staff, with the right skills, are available when people need care.

Current Position and Progress

Bromley Healthcare has made measurable progress in strengthening the AHP workforce:

- Workforce growth to 171 AHPs and 50 support staff, representing 14.4% of the workforce
- Reduction in vacancy rates from 14.09% to 9.44%
- Improved workforce diversity, with 25.7% of staff identifying as BAME
- Increased investment in student placements, apprenticeships, and career development pathways

These improvements are helping to increase service stability, continuity of care and patient outcomes, although workforce pressures remain in some specialist areas.

Key Priorities (2025–2029)

The strategy focuses on five priority areas:

Workforce Planning and Sustainability
Strengthening the use of data and workforce intelligence to align staffing models to population need, including increasing demand in children's services and older adult care.

Recruitment and Workforce Growth
Targeted approaches to hard-to-recruit professions, expansion of training pipelines, and development of clear career pathways.

Retention, Wellbeing and Experience
Continued emphasis on flexible working, staff wellbeing, supervision, and a positive organisational culture to support retention.

Equity, Diversity and Inclusion (EDI)
Ensuring fair access to recruitment, development, and leadership opportunities, and addressing inequalities within the workforce.

Leadership, Quality Improvement and Innovation
Strengthening AHP leadership across services and supporting innovation, research, and continuous quality improvement.

Impact on Quality of Care

Delivery of this strategy will support:

- Improved patient outcomes through a competent and appropriately resourced workforce
- Safer services with robust workforce planning and clinical oversight
- Enhanced patient experience through responsive, person-centred care
- Reduction in health inequalities through targeted workforce development
- Stronger clinical leadership and continuous improvement culture

Monitoring and Assurance

Progress is monitored through established governance arrangements, including:

- Quarterly reporting to the Quality and Workforce Committees
- Workforce KPIs (vacancy, retention, CPD, wellbeing)
- Annual workforce survey and service outcome measures

This strategy gives clear assurance that Bromley Healthcare is planning and developing its allied health professional workforce to meet current and future demand. It supports high-quality, safe and sustainable services and helps us continue improving outcomes for the communities we serve.

Supporting Children's Communication in Bromley: How the New Speech & Language Therapy Model Is Making a Difference

Bromley Healthcare's Children's Speech and Language Therapy service has been working with schools across the borough to introduce a new way of supporting children's communication needs. This approach, called the Universal, Targeted and Specialist model, is helping children get the right support earlier, in the place they spend most of their time: school.

"The UTS model is designed to provide a tiered approach… ensuring access to universal and targeted services is expanded."

Why We Introduced the UTS Model

Many children need support with speech, language and communication at some point in their school journey. Traditionally, this often meant waiting for clinic appointments or relying on specialist plans such as Education, Health and Care Plans (EHCPs).

Bromley has a significantly higher number of children with an Education, Health and Care plan compared with neighbouring boroughs. For almost 75% of these children, the primary need is speech and language. The long-term aim of the service transformation is to reduce the number of children who need an Education, Health and Care plan to meet their needs.

The UTS model changes this by:

- Bringing SLT support directly into schools
- Training school staff to spot and support needs early
- Providing group sessions and universal resources
- Ensuring specialist support is still available for children who need it most

This early-help approach means fewer children need to wait for specialist intervention and more get help at the right time.

What Happened During the Pilot Year

The first year of the project involved a group of Bromley mainstream schools. The pilot achieved strong results.

What we delivered:

- 187 children took part in SLT group sessions
- 23 school staff received specialist training
- 100% of teaching assistants said they felt more confident supporting children with communication needs
- 13 schools completed their first block of groups, with more joining in Phase 2

"100% of TAs reported improved knowledge and confidence… and would recommend the project to a colleague."

What Parents Told Us

To understand the impact on families, 200 parents were contacted for feedback.

Parents told us:

- 61% felt their child benefitted from the groups
- Many noticed improvements in speech, vocabulary and social skills
- 67% would recommend the sessions to another parent

- Some asked for longer sessions or take-home resources, which will help shape future improvements

"It's good to feel like we're being listened to."

Positive Impact on Specialist Support

One of the aims of the UTS model is to reduce the number of children needing specialist SLT written into an EHCP by meeting needs earlier.

Early results show:

- A 25.5% reduction in direct SLT hours
- A 22.3% reduction in indirect SLT hours

This means children are making progress with less reliance on specialist intervention, showing that early support is working.

Benefits for Schools

Schools involved in the pilot reported:

- Better academic progress
- Fewer behaviour challenges
- Stronger relationships with families
- Increased staff confidence
- Fewer requests for EHCP assessments

Having a named therapist for each school also means staff and families know exactly who to turn to for advice.

What Happens Next

From September 2025, the UTS model has been rolled out to all Bromley mainstream schools. This means every child in the borough will benefit from earlier, more accessible support.

A digital platform is also being explored to give families and schools easy access to advice, videos and resources.

A Better Future for Children in Bromley

The UTS model is transforming how children's communication needs are supported. By working closely with schools and families, and focusing on early intervention, Bromley is building a more sustainable, effective system that helps children thrive.

"This is a transformative evidence-informed project with clear and far-reaching benefits for children, families, schools and the wider system."

Learning & Development – The Bromley Healthcare Academy 2025 / 2026

Over the past year, learning and development at Bromley Healthcare has been strengthened through the continued development and expansion of the Bromley Healthcare Academy. The Academy provides a coordinated, organisation-wide framework for role-relevant, practical and increasingly simulation-led learning across clinical and non-clinical services. Key developments this year include the expansion of structured pathways to support workforce readiness and retention, alongside targeted development for essential support services and a growing apprenticeship offer.

Our NHS Staff Survey results show a strong position for learning and development compared with benchmark organisations, reflecting the progress made through the Bromley Healthcare Academy and wider workforce development offer. In the 2025 NHS Staff Survey results, Bromley Healthcare scored 6.17/10 for 'We are always learning', which is higher than the Community Trust comparator benchmark (5.92/10; +0.25). Sub-scores were 6.56/10 for 'Development' and 5.75/10 for 'Appraisals'. These are encouraging results, and we will build on this strong platform by continuing to strengthen development pathways and ensure learning is practical, inclusive and embedded in day-to-day services.

Workforce readiness: Community Healthcare Support Worker (HCSW) Readiness Programme

Building on our successful Community Nurse Readiness programme, we introduced the Healthcare Support Worker Readiness Programme to support people with limited or no previous care experience to move safely into community roles. Delivered through the Bromley Healthcare Academy, the programme combines classroom teaching, e-learning and simulation with supervised practice in community teams. It is supported by mentoring, regular supervision and reflective learning sets. The programme is aligned to the Care Certificate standards and the NHS Core Skills Training Framework. It helps develop core care skills, clinical awareness, documentation and professional behaviours, alongside communication, resilience and reflective practice. This supports safer delegation and more consistent care in patients' homes. The first cohort trained 10 Healthcare Support Workers in January 2026, with the second cohort starting in March 2026.

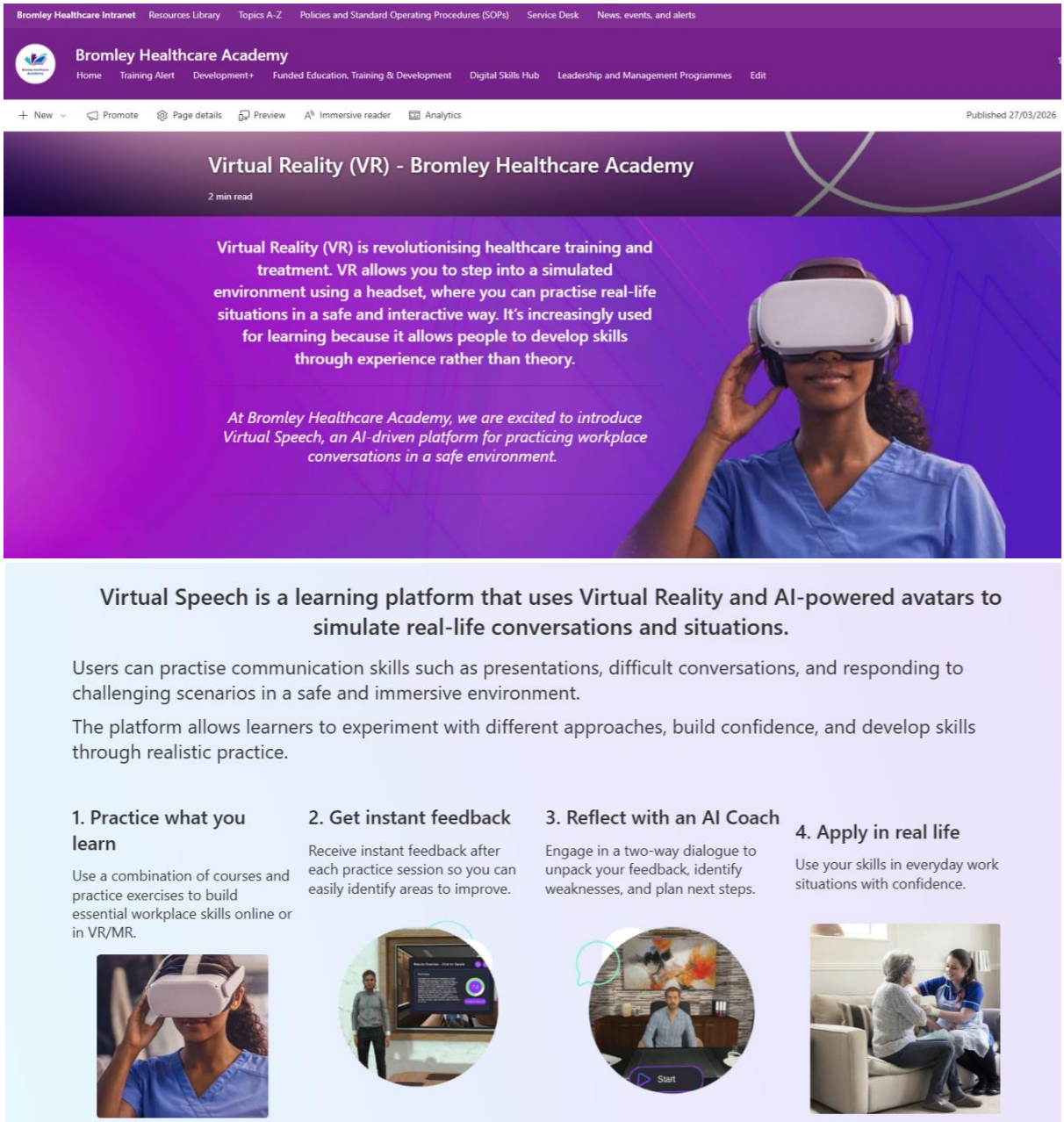
Support services development: Administration Development Programme

The Administration Development Programme (ADP) was agreed by the People and Culture Committee and launched in early 2025 to better support, recognise and invest in Bromley Healthcare's Administrative and Clerical (A&C) workforce, whose roles are fundamental to safe, efficient and high-quality care. Delivery began with two one-day supervisor development sessions (February–March 2025) to enable consistent coaching and support for participants, followed by the core programme (April–November 2025), delivered over two training days and focusing on professional skills, digital capability (including Microsoft 365 fundamentals) and problem-solving/continuous improvement.

Four cohorts were delivered between April and November 2025, with further cohorts planned. Participation to date has been strongest in Bands 2–3, with early evidence of equitable access (42% of participants identifying as BME compared to 35% representation across Bands 2–4) and participation broadly reflecting the workforce gender profile. Evaluation has been consistently strong (average satisfaction 3.55/4 for Day 1 and 3.63/4 for Day 2), with pre- and post-programme skills scans showing a 27% average increase in confidence across ten core skill areas. The next phase will focus on enhanced, applied practice modules (digital and communication skills), supported by toolkits and supervisor engagement to help embed learning in day-to-day work.

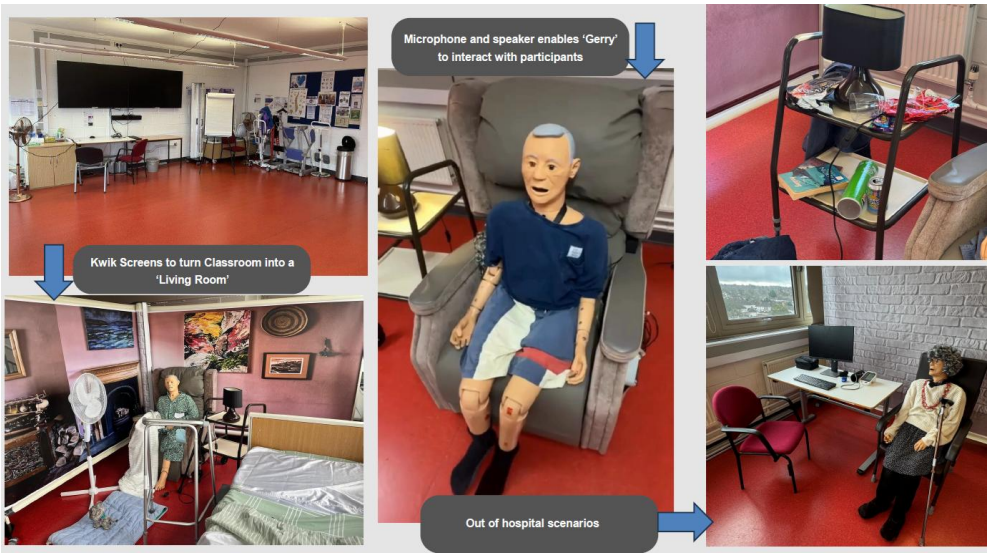
Digital and immersive learning: Virtual Speech

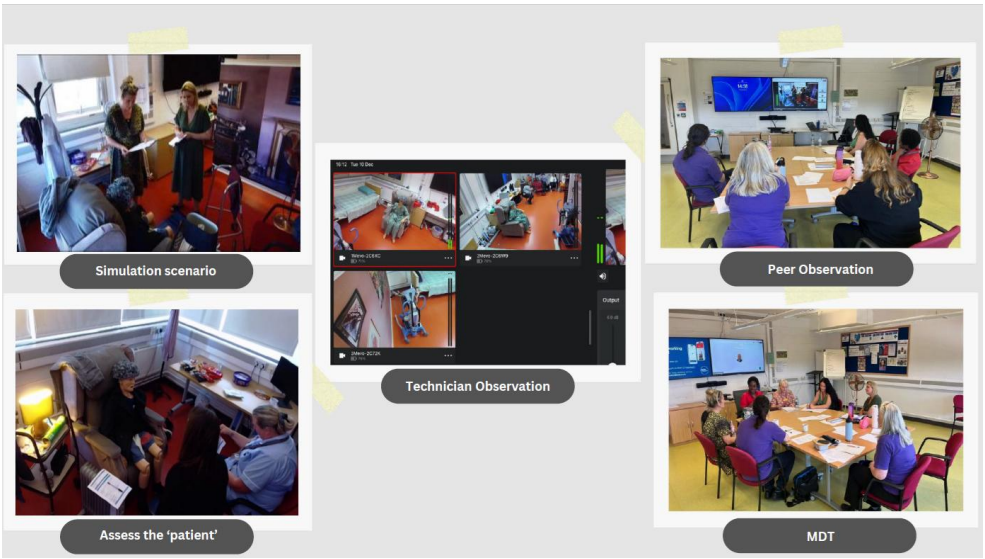
Innovative, immersive learning has been introduced to support complex areas of care and strengthen communication skills. This includes Virtual Speech, an artificial intelligence platform that can be accessed through a virtual reality headset or desktop computer. It uses digital avatars to simulate real workplace conversations in a safe, interactive environment. Staff can practise challenging discussions, receive immediate feedback, reflect with a digital coach and apply learning in day-to-day practice. Current scenarios include end-of-life care conversations, helping to build confidence and support more person-centred communication.



System priority and partnership: Frailty Integrated Neighbourhood team Programme

Frailty is a key quality and system priority, and a flagship achievement has been the development and delivery of the Frailty Integrated Neighbourhood Team (INT) Programme. Delivered as a One Bromley partnership project, it brings together partners across Bromley to create a shared approach and strengthen alignment as INTs mobilise. This tiered, neighbourhood-based and simulation-led programme builds consistent capability and confidence across organisations and disciplines in frailty identification, assessment, escalation and decision-making. Participant feedback has been exceptionally positive, with improvements reported in knowledge, skills, system awareness and collaborative practice, supporting safer, more proactive and coordinated community care.





Overall, the Academy has significantly increased the visibility, breadth and impact of learning and development beyond statutory training. It has strengthened

workforce readiness across clinical and non-clinical services, supported more consistent and equitable access to development opportunities, and positioned Bromley Healthcare as an innovative learning organisation. The Academy is now attracting growing interest from partners and professional networks, supporting collaboration and future expansion of learning across the system.

Shortlisted at the Chief Allied Health Professional Officer Awards (CAHPO) Greener AHP Award – Integrated Therapies Virtual OT and Physio Model

The Integrated Therapies team at Bromley Healthcare was shortlisted for the 2025 Chief Allied Health Professions Officer Awards for implementing a pioneering virtual model for occupational therapy and physiotherapy. The model reduces carbon emissions while improving service delivery. It was designed to respond to rising demand, staffing pressures and long waiting lists. It supports the NHS Net Zero plan by reducing travel, making better use of digital tools and embedding sustainability in everyday clinical practice.

Contribution to Net Zero and sustainability goals:

Previously, therapy assessments were primarily delivered through in-person home visits, contributing to the service's carbon footprint. By moving to a virtual-first model, where suitable initial assessments are completed remotely and only clinically essential visits follow, the team has reduced mileage and clinician travel time. On average, each contact saves around 12 miles of travel, equating to an estimated carbon saving of approximately 3.6 kg CO_2e per contact. Annual reductions are expected to be significant as activity increases.

Innovation and transformation:

This hybrid model is a transformative change in how AHPs deliver care. The team developed an assessment pathway using secure platforms and digital documentation. Therapy support staff are deployed for physical follow-up tasks, freeing clinician time and allowing senior staff to manage more complex needs. The initiative has modernised the therapy offer while maintaining person-centred care and clinical quality.

Measurable environmental outcomes:

As we continue to expand our virtual model, with a target for 50% of initial occupational therapy assessments to be virtual, we expect a significant environmental benefit. This will save approximately 700 miles in occupational

therapy alone, equating to nearly 200 kg CO_2e. Quantitative data was collected throughout the pilot, including mileage, travel time and estimated CO_2 emissions avoided, and this continues to be collected. These environmental measures are now part of service evaluation, helping us monitor and drive further improvement. This marks a cultural shift by normalising the measurement of outcomes beyond clinical and performance indicators. Carbon savings per patient contact are tracked and reported to the senior management team, providing a model of sustainable practice that can be replicated.

Scalability and spread:

The success of the virtual OT model informed the launch of a virtual Physiotherapy clinic and is influencing a wider redesign of therapy triage across Bromley Healthcare. The Physio virtual model pilot launched in April 2025. Plans are underway to scale the model to Falls Prevention and Neuro services. Standardised protocols and clinician toolkits are in place to ensure safe, scalable delivery.

Positive impact on patients and workforce:

The model has enabled faster access to care, with all patients waiting for occupational therapy now assessed within target times. Average waiting times reduced from 14.4 weeks in November to six weeks. The model has also improved staff wellbeing by reducing travel fatigue and making better use of clinician time. Staff with moving and handling restrictions have been able to maintain a clinical caseload. Patient satisfaction remains high, with many patients reporting that virtual contact is more convenient and less intrusive. Staff have embraced the digital transition, supported by clear governance and training.

This initiative showcases how AHP-led innovation can improve care, reduce environmental impact, and enable sustainable transformation at scale, and be well-received by the AHP workforce. It offers a strong, measurable contribution to the NHS Net Zero ambitions and sets a benchmark for greener, smarter community care.

An Allied Health Professional (AHP)-Led Community Flexible Endoscopic Evaluation of Swallowing (FEES) Pathway Improving Patient Care

This Adult Speech and Language Therapy-led innovation introduced a community-based Flexible Endoscopic Evaluation of Swallowing service. It improves patient care through faster diagnosis, earlier intervention and more personalised support. It also strengthens workforce skills and reduces inequalities in access to diagnostics for dysphagia, which means swallowing problems.

Access to instrumental swallowing assessment was limited. Videofluoroscopy waiting times exceeded 320 days, with frequent cancellations because the service relied on external providers. There was no local FEES service, which created unequal access, delayed diagnosis and avoidable escalation to hospital or private care. Baseline data showed waiting times of up to 322 days for videofluoroscopy, high reliance on this type of assessment and limited diagnostic access. This led to delayed treatment, increased risk of deterioration and a poorer patient experience, particularly for people unable to travel out of borough.

The project aimed to reduce waiting times for instrumental assessment and reduce reliance on videofluoroscopy by at least 30% within 12 months. Using the Model for Improvement, the team defined outcome, process and balancing measures, including waiting times, videofluoroscopy use, episode length, patient outcomes, experience and financial impact. The main intervention was a community FEES pathway, implemented through Plan, Do, Study, Act improvement cycles. Bromley Healthcare was the first organisation in south east London to procure this service, so a clear plan for workforce training and governance was essential. A structured clinic model, clear referral criteria and standardised rapid reporting were also introduced. The pathway used existing resources and was monitored to make sure it did not negatively affect other service performance measures.

Over 12 months, the service delivered significant improvement. FEES activity increased from 12 to 85 (+600%), total assessments rose by 38%, and VF reliance reduced by 60%. Waiting time from referral to FEES reduced by 47%, while overall episode length reduced by 59% due to faster diagnosis. FEES informed therapy in 80% of cases and supported diagnosis in 49%, with 0% adverse events, demonstrating safe delivery.

Patient satisfaction was high at 89%, with a recommendation score of 8.9 out of 10. Fourteen out of 18 patients were extremely satisfied. One patient said: “They at last after months of procedures diagnosed my health problem.” The service also delivered significant non-cash releasing savings in year one, mainly through reduced videofluoroscopy costs, fewer appointments and avoided cancellations. It achieved return on investment within 20 months without additional staffing costs.

The FEES pathway is now embedded as business as usual. The team identified needed refinements based on patient feedback, as the reports were too clinical, and patients found these hard to understand. The team have since collaborated with patients to create understandable reports.

Expansion is planned across additional community sites with future desires to roll into care home settings. The model particularly benefits patients facing barriers to acute partner services, including frail individuals, those with mobility or transport challenges and care home residents. By bringing diagnostics closer to home, the service improves access, reduces burden, and helps address health inequalities across the population.

Oral Health Promotion

The London Borough of Bexley, together with Bromley Healthcare's Community Paediatric and Special Care Dental Service, has taken significant steps to improve oral health outcomes for children, vulnerable adults and families. A comprehensive oral health promotion programme launched in late 2024. The programme aims to reduce oral health inequalities and strengthen preventive care across the borough, using both universal and targeted approaches.

A programme designed for impact

The programme has focused on three core components:

- Distribution of toothbrush and toothpaste packs to children under three via Health Visitors and a Supervised Tooth Brushing (STB) programme in nurseries and special schools, with just under 3,000 resources distributed.
- Provision of training to a wide range of health and care professionals, including those who work with children, families, other vulnerable groups and older adults (including those working in care homes). In total, 166 professionals received training.
- 1,321 parents/carers were engaged across 83 settings to improve knowledge and confidence on healthy oral health behaviours.

The contract has also enabled the recruitment of a dedicated Oral Health Promoter, whose role was extended in March 2025 due to strong performance.

Strengthening prevention

One of the programme's most tangible achievements has been the consistent distribution of toothbrush and fluoride toothpaste packs during one-year developmental reviews. Health Visitors have played a central role, supported by robust monitoring systems.

Engagement with schools and nurseries has been extensive: all special schools and 35 primary schools in areas of deprivation were contacted, and 26 nurseries have

already joined the STB programme. One SEN school even requested expansion across both primary and secondary provision. These efforts have strengthened early preventive oral health interventions and increased access to fluoride-based prevention within targeted populations.

Empowering families and communities

Oral health promotion sessions have been delivered across a wide range of community settings, from SEN schools and family hubs to toddler groups, holiday clubs and MENCAP groups. This broad reach reflects the programme's commitment to improving oral health knowledge and self efficacy among families and vulnerable groups.

Public awareness campaigns have further supported this work, including Smile Month activities, World Health Day displays and community event stands providing information about diet, prevention and access to dental care. These initiatives have increased the visibility of oral health promotion in community settings and supported preventive messages for families.

Building strong partnerships across the borough

Collaboration has been a defining feature of the programme. The service has worked closely with Health Visiting, School Nursing, Bexley Education Services, Adult Social Care and voluntary organisations. Activities have included:

- Attendance at Care Home Managers Forums
- Delivery of "Caring for Others' Mouths" training
- Engagement with family hub events
- Attendance at childminding forums including the provision of out of hours training
- Training for food bank staff and voluntary sector teams

Ten care homes have already completed training, with more scheduled. While attempts to establish sessions in libraries were unsuccessful, the programme continues to expand its partnership footprint.

Upskilling the workforce

Mouth Aware training has been delivered to a wide range of professionals, including school staff, early years practitioners, childminders, mental health leads and local authority teams. This training has increased professional awareness of oral

health inequalities and strengthened opportunities for opportunistic prevention within wider services.

Evaluation and outlook

While long-term epidemiological outcomes—such as reductions in tooth decay prevalence—are not yet measurable, early indicators show strong engagement and positive feedback from parents, carers and schools. Data from the 2026 BASCD survey is expected to be published in 2027.

Lessons learned

The first phase of delivery has highlighted several key insights:

- The importance of building trust with schools, nurseries, care homes and community organisations
- The need for persistent, repeated engagement
- The value of integrating oral health promotion into wider public health initiatives
- The benefit of dedicated workforce capacity to sustain delivery

These lessons will shape the next phase of the programme and support continued progress toward reducing oral health inequalities in Bexley.

Working with local people and communities

In 2025–26, Bromley Healthcare continued its significant progress in strengthening how we engage with patients, families, and communities. Our work maintained its focus on making engagement more consistent, inclusive and impactful across all services.

Examples of activity this year:

Website development and digital engagement

Early engagement with our Lived Experience Advisory Group (LEAG) and a patient survey has helped shape our new website which launches in July 2026.

Supporting young people with SEND and their families

The Children's Bladder and Bowel Service delivered two online parent webinars attended by 50 parents and carers. Parents rated workshops 4.89/5 and described increased confidence and reassurance. This engagement supports early intervention and reduces escalation to specialist services.

Community support for people living with sickle cell

Our Haemoglobinopathy Community Nursing Service hosted a community event for adults living with sickle cell in Bromley, alongside parents and carers of children affected by the condition. The event, which takes place annually, provides a safe, informal space for people to connect with others who share similar experiences and to access advice and support from the enhanced sickle cell community team.

The event aimed to help reduce isolation, increase awareness of available support, and build confidence in managing sickle cell at home. This work forms part of the wider South East London Sickle Cell Improvement Programme, which aims to improve care, experience and outcomes for people living with sickle cell across all care settings.

The feedback from guests was also positive:

"Debbie and the team organised a safe environment with activities and delicious food for both adults and children. Parents and caregivers could seek advice from professionals or other parents which was beneficial for everyone. The children made new friends and it was a great chance to find out ways we can help and volunteer in the future."

"I enjoyed speaking with other people and sharing our experiences with sickle cell."

"Everyone was very welcoming and helpful. They provided information and help when I was overwhelmed."

Find out more: Haemoglobinopathy Community Nursing Service celebrates annual Festive Sickle Cell Social - Bromley Healthcare

Pictured below: Angie Perera, Haemoglobinopathy Nurse (left), with an attendee at the event (right).

System-level prevention: Asthma Friendly Schools

Bromley Healthcare is delivering the Asthma Friendly Schools accreditation programme across south east London, funded by NHS South East London Integrated Care Board and delivered with public health and local authority partners.

Asthma affects 1 in 11 children and is a leading cause of school absence and emergency admissions.

Engagement and Reach:

- 45 schools have started the accreditation process
- 5 schools have achieved full accreditation
- 37 Bromley schools have pledged participation
- 15 families engaged through self-management education webinars

Parents report increased confidence in managing asthma and advocating within the healthcare system.

System Influence:

Feedback from parents and schools identified concerns regarding GP asthma reviews. This has been escalated to the ICB and has resulted in:

- Asthma training included in GP education sessions
- Exploration of wider public education campaign funding

This demonstrates engagement influencing system-level response.

Long-term impact is expected to include reduced school absence and improved outcomes for children, particularly those with SEND.

Since last year there are strong foundations in place within Bromley Healthcare enabling a more systematic and inclusive approach to engagement – one that listens and acts on what people tell us.

Bromley Healthcare Lived Experience Advisory Group (LEAG)

Overview

Bromley Healthcare established the Lived Experience Advisory Group (LEAG) to ensure that the voices of patients, carers and families actively shape how services are designed, improved and delivered.

The group brings together 15 members with lived experience across a range of services, representing diverse backgrounds, communities and perspectives. This supports a more inclusive understanding of how care is experienced and where improvements are needed.}

Members were recruited through an application and interview process. Together, they co-produced the group's Terms of Reference and received training to support confident participation, constructive challenge and informed decision-making.

LEAG is now embedded as a core part of Bromley Healthcare's governance and engagement approach, strengthening accountability and ensuring lived experience is considered alongside operational and clinical priorities.

Role and influence

LEAG members meet regularly with clinical teams, service leads and senior leaders to provide structured insight based on lived experience.

The group:

- Provides constructive challenge on services, programmes and plans
- Supports teams to test ideas, language and approaches before implementation
- Highlights risks, gaps and unintended consequences from a patient perspective
- Acts as a critical friend, helping ensure that feedback leads to meaningful change

The group has a clear governance link. Two elected Co-Chairs, who are patients and carers, provide six-monthly updates to the Board of Directors, ensuring lived experience is visible at the highest level of decision-making.

Members also contribute across the organisation, including:

- Patient Safety Committee (Patient Safety Partners)

Over the past year, LEAG has moved beyond engagement into active influence, supporting improvements across services and organisational priorities.

Improving services and patient experience

LEAG members have provided feedback on services including Urgent Community Response and Pulmonary Rehabilitation, helping teams better understand patient experience and identify opportunities for improvement.

Members have also strengthened how services involve patients, encouraging teams to seek input earlier in the design process and supporting a shift from consultation to co-production.

Shaping digital services

The LEAG has influenced the development of digital services, highlighting:

- Barriers to access and digital exclusion
- The need for clear, simple communication
- The importance of designing services that work for all patients

This has informed changes to improve accessibility and support work to reduce missed appointments.

Influencing strategy and organisational priorities

LEAG members reviewed Bromley Healthcare's Clinical and Quality Strategy, contributing lived experience insight to ensure it reflects what matters to patients and carers. This has strengthened the organisation's focus on patient-centred care, quality and outcomes, and supported alignment between strategy and real-world experience.

Supporting system understanding and integration

Through sessions with system partners, LEAG has highlighted challenges including:

- Navigating services and understanding access routes
- Transitions between organisations
- Complexity within care pathways

These insights are informing wider work on integrated care and neighbourhood working, supporting a more joined-up approach to service delivery.

Embedding accountability and feedback loops

LEAG members have been clear that feedback must lead to visible action.

In response, Bromley Healthcare has introduced:

- An actions tracker to monitor progress
- Development of a "You said, we did" approach
- A more structured process for reporting back to members

This is strengthening accountability and ensuring feedback is acted on.

What LEAG has contributed to

The LEAG has contributed to a number of tangible improvements, including:

- Supporting the roll-out of self-referral booking systems
- Shaping the Clinical and Quality Strategy to reflect patient-centred care
- Improving how patient feedback is gathered, including development of the Friends and Family Survey approach
- Encouraging services, such as Pulmonary Rehabilitation, to involve patients earlier in decision-making
- Supporting development of Patient Safety Partner roles
- Reviewing and improving patient letters, making them clearer, more accessible and more compassionate

Governance and visibility

The LEAG is now embedded within Bromley Healthcare's governance framework.

The Co-Chairs presented to the Executive Board, sharing member experiences across services including health visiting, children's therapies, bladder and bowel, falls and district nursing.

This direct engagement has strengthened visibility of lived experience at a senior level and supports a more open and transparent culture, where feedback is part of formal assurance and decision-making.

Key themes from lived experience

Across the year, consistent themes have emerged:

- Access and navigation: Patients can find services difficult to navigate
- Communication: Information can be unclear or difficult to understand
- Personalised care: Services need to reflect individual needs and circumstances
- Health inequalities: Ongoing barriers for vulnerable and marginalised groups
- Environment: Physical spaces and accessibility impact patient experience

These insights are being used alongside data to inform service improvement, planning and decision-making.

What has changed because of our LEAG members

1. **Influencing system and digital decisions**
   LEAG members contributed directly to organisational priorities, including digital transformation and input into the Electronic Patient Record (EPR) options appraisal. This demonstrates a shift from consultation to active involvement in high-level decision-making.

2. **Strengthening understanding of patient experience**
   Members shared consistent insights into how services are experienced in practice, particularly in relation to transitions between services and system complexity. This has helped colleagues move from a process-focused view to a clearer understanding of patient journeys.

3. **Shaping organisational priorities and learning**
   LEAG sessions are aligned to organisational priorities, ensuring feedback directly informs improvement work. Insights are shared across teams and used in reporting, increasing visibility of lived experience across the organisation.

4. **Supporting governance and accountability**
   LEAG is now part of formal governance, with regular reporting into senior leadership and Board discussions. This ensures that patient and carer voices are embedded in decision-making, not separate from it.

5. **Building a strong and valued member voice**
   Feedback from members reflects a strong sense of ownership and value:

   "It will be the future and we will make it work for everyone who needs the services provided."

   "That sums it up and makes us sound important… ensuring senior managers trust us to be their critical friend."

   "I am extremely pleased and grateful to be part of it."

   This demonstrates that members feel listened to, respected and able to influence change.

What's next

Bromley Healthcare will continue to strengthen the role of the LEAG, with a focus on:

- Expanding membership to better reflect the diversity of local communities
- Increasing opportunities for co-production across services

- Strengthening links between lived experience, quality improvement and strategy
- Embedding consistent feedback loops to demonstrate impact
- A key priority is ensuring that lived experience continues to influence decisions at the right time and at the right level across the organisation.

Summary

The Lived Experience Advisory Group has become an established and valued part of how Bromley Healthcare listens, learns and improves.

Over the past year, it has:

- Strengthened accountability
- Influenced service design and strategic priorities
- Supported a more open and inclusive culture

Most importantly, the LEAG makes sure that patient and carer experience is not only heard, but actively shapes decisions and improvements across Bromley Healthcare.

Equality and inclusion in the workplace

At Bromley Healthcare, we are committed to creating a diverse and inclusive environment where all of our colleagues have a sense of belonging, and where the work we do serves and reflects our service users and communities across South East London.

We recognise that fostering inclusion and developing cultural understanding will drive change and make a difference, as well as giving colleagues the opportunity to grow personally and professionally. This will benefit our patients, service users, carers and families.

We appreciate that we are on a journey as an organisation, which will involve having uncomfortable conversations and self-reflection, leading to action and the delivery of lasting change.

We have continued to support our staff through our Pride Network, REACH (Race, Equality and Cultural Heritage) Network and our Diverse Abilities Network, which supports neurodivergent staff, those with a disability or long-term health condition, or who are carers. The aims of the Networks are:

- Making recommendations on adjustments and additions as a critical friend of the organisation
- 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 psychologically safe space to discuss concerns and/or ideas

We have two mandatory Equality and Inclusion training programmes: Equality and Inclusion, and Unconscious Bias. More than 150 colleagues attended our annual Diversity and Inclusion Conference, across virtual and in-person sessions. We have a live Equity and Inclusion action plan, which sets out our future priorities for colleagues and service users. This year, our priorities are:

1. Reducing aggression and discrimination
2. Advancing fair, inclusive and transparent opportunities
3. Enhancing equitable and fair recruitment processes

Find out more: Fostering a culture of belonging at Bromley Healthcare - Bromley Healthcare

Staff Health and Wellbeing

In 2023, Bromley Healthcare introduced 'Health and Wellbeing' as one of our core values; that our colleagues maintain a work/life balance, encourage others to do the same and prioritise wellness that helps them to feel at their physical and mental best. We continue 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 Behavioural Therapy programme and additional support. Occupational Health services continue to be provided by King's College Hospital.

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 continue to face additional pressures due to the 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 and coffee provided at work bases; payment for Blue Light discount card for new starters; 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.

Staff Forum – Our colleague-led group, made up of representatives from across the organisation, continues to meet and shape the people agenda for Bromley Healthcare.

Staff social events – We organise social events, including the popular Winter Ball.

Bromley Healthcare Walking Challenge – Colleagues took part in a 6-week Big Walking Challenge in 2025. The challenge was launched in May 2025, with 25 teams taking part.

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 have developed a network of Freedom to Speak Up Ambassadors who support the work of the Guardians.

The Belonging Award – Excellence in Equality, Diversity and Inclusion **Recognising an individual or team's contribution to equality, diversity and inclusion within Bromley Healthcare**	
Winners:	**Dr Rachael Jegede, Senior CBT Therapist – Bromley Talking Therapies** Rachael was recognised for championing inclusion and creating a supportive environment where both patients and colleagues feel respected and able to contribute. **Information Team** *Team members: Adeola Ali, Ajay Haridas, Brian Beszant, Eamin Khan, Emmanuel Atunramu, Imran Bary, Ivan Pasternak-Albert, James Fabonge, Peter Benfield, Prince Appau, Sangat Tamang, Tafadzwa Madzimbamuto* This team was celebrated for fostering a welcoming, inclusive culture and ensuring all colleagues feel valued and supported within their workplace.

The Compassion in Action – Sue Chadwick and Massey Zekavatbaksh Award **Recognising commitment and excellence in patient care**	
Winners:	**Kimberley Bateman, Podiatrist** Kimberley was recognised for demonstrating outstanding compassion and professionalism, consistently delivering exceptional care to patients. **Wheelchair Service Team** *Team Members: Creena O'Mahony, Debbie Brooks, Elizabeth Beale, Hannah Quinney, John Morrice, Laura Wenden* The team was recognised for providing high-quality, patient-centred care and maintaining excellent clinical standards despite ongoing service pressures.

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**	
Winners:	**Beatrize Fuentes, Team Administrator – Foxbury** Beatrize was recognised for her compassionate, supportive approach and the significant positive impact she has on colleagues and patients. **Finance Team** *Team Members: Diana Voicu, Ellie Giles, Halima Abdullahi, Joe Bakdoud, Johanna Snowdon, Michelle Bonner, Nicole Hanson, Yusuf Yakula* The team was celebrated for their essential contribution behind the scenes, ensuring services run smoothly and effectively.

The Learning and Development Award **Recognising commitment to learning or developing others.**	
Winners:	**Marie-Louise Muir, Community Clinical Educator** Marie-Louise was recognised for her dedication to developing staff, supporting learning, and strengthening professional practice.

The Lived Experience Advisory Group Award **Recognising outstanding engagement and partnership with patients, families or communities.**	
Winners:	**Charlotte George, Transformation Programme Manager** Charlotte was recognised for meaningful engagement with patients and embedding lived experience into service improvements. **Children's Bladder and Bowel Team** *Team Members: Naomi, Alex, and Hayleigh* The team was celebrated for strong co-production and collaboration with families to improve care experiences.

The Innovation Award **Recognising outstanding improvements to patient and/or colleague experience**	
Winners:	**Ajay Haridas, Senior Information Analyst** Ajay was recognised for introducing innovative approaches that improved systems and outcomes within the organisation. **Children's Speech and Language Transformation Project Team** *Team Member: CSLT Team Members: Akshita Bhardwaj, Alexandra Lowdell, Amber Copsey, Amy Smit, Anita Wade, Anna Harvey, Anne-Marie Goodman, Asya Karababa, Bianca Carrannante-Lawn, Carla Ibbott, Casey Spall, Dawn McKeown, Emily-Louise Williams, Erlyn Mirabelle Magsino, Esme Davies, Hannah Joseph, Hilary Kendrick, Jackie Sutherland, Jemma De Vincenzo, Jennifer Bello, Jo McWaters, Joanna Sadler, Julie Payne, Kaye Lloyd-Williams, Kelly Calow, Kim Lewis, Lydia Smith, Makayla Suragh, Mara Janssen, Margaret Juji, Mary Prodger, Maryanne Jones, Michaela Ryan, Olivia Massey, Olivia Ruse, Rachel Coombe, Rachel McCall, Rebecca Hamblin, Rebecca Mullarkey, Rosamund Kurtyanek, Samia Rockson, Sarran Bond, Shannon Dutton-Noll, Sophie Exelby, Stella Samatidis, Susannah Beale, Theophania Birch, Valentina Brignoli, Victoria Facey, Victoria McEvoy, Yael Holmes* *Project Support: Laura Eagar, Lindsay Pyne, Kavita Trevena, Maddie Smith, Ash Kyasime-Migadde, Kirsty Breed-Redman* The team was celebrated for delivering transformative improvements through innovation and collaborative working.

The Outstanding Leadership Award **Recognising outstanding leadership skills and contribution**	
Winners:	**Emma Herneman, Service Lead, Bromley 0–19 Service** Emma was recognised for her compassionate leadership and dedication to service improvement. **Heather Payne, Associate Director of Safeguarding** Heather was celebrated for her inclusive leadership and positive impact across the organisation.

The Quality Improvement Award **Recognising individuals or teams who have improved how care or services are delivered through structured, evidence-based work**	
Winner:	**David Bennett, RA & IG Manager** David was recognised for his leadership in improving information governance and digital safety. **Tri-Borough Perinatal Mental Health Team** The team was celebrated for delivering impactful, evidence-based improvements to care.

The Rising Star Award **Recognising someone early in their career who has shown strong potential and made a noticeable contribution**	
Winners:	**Stephen Martin-Lawrence, Administrative Assistant, Bromley 0–19** Stephen was recognised for his innovation, dedication and significant contribution early in his career.

The Integrated Care Award (Working in Parnership) **Recognising teams who have built effective partnerships that have led to better outcomes**	
Winners:	**Zoe Burridge, Named Adult Safeguarding Lead** Zoe was recognised for her leadership in partnership working and improving safeguarding outcomes. **Bromley Community Dietetic Service (Adults and Children's)** *Team members: Adenike Omotayo, Mat Mikolajewski, Monica Tirelli-Dregan, Patricia Adeyemo (Adults); Alyaa Agina, Belinda Namuddu, Donna McCaughan, Sofia Pantazi (Childrens)*

	This team was celebrated for their collaborative approach, improving patient outcomes across services.

The Health and Wellbeing Award **Recognising those who help create a supportive, healthy and positive workplace**	
Winners:	**Margaret Jansz, School Nurse, Bromley 0–19** Margaret was recognised for her continued dedication to supporting colleagues and fostering a positive and inclusive working environment.

4 Statements from stakeholders

Bromley Healthwatch

Thank you for asking Healthwatch Bromley to comment on your 2025-2026 Quality Account. We note the hard work and commitment of your staff and organisation in delivering care to the residents of Bromley.

We support the priorities within the Clinical and Quality Strategy 2024–29, in particular the development of collaboration with staff, patients, carers and partners and strengthening integrated working to improve health outcomes.

We note that one of Bromley Healthcare's core values, selected by staff, patients, and the public, is continuous 'Learning and Innovation'. We understand the importance of patient involvement - service user feedback offers valuable insight into how care is perceived and learning from complaints how services can improve.

We support Bromley Healthcare's Allied Health Professions (AHP) Workforce Planning Strategy, 2025–2029, which sets out a clear approach to ensuring the organisation has a sustainable, skilled and resilient workforce. This enables better service delivery and person-centred care across the different community services that you provide. We are also glad to see that reducing health inequalities is another focus within the strategy.

We are pleased to see the development of the Frailty Integrated Neighbourhood Team (INT) Programme and what it has achieved. Our team has also developed our Enter & View programme, to support the programme and gather patient feedback around the work that you are developing.

We support the work being done to involve local people, in particular engaging further with patients, families, and communities. We note the importance of website development – and a new site launching this summer - and digital enablement, working closely with your Lived Experience Advisory Group (LEAG) as well as a patient survey that helped to shape this. We are pleased to see the additional work supporting young people with SEND and their families and further engagement, including parent webinars, The Children's Bladder and Bowel Service. Recognising

resource limitations and the current operating environment, we would welcome strengthening our partnership working with you in this context.

The developing work by the Anticipatory Care Team and the Case Management pilot - as part of the integrated neighbourhood teams – are examples of the evolution necessary to deliver an effective neighbourhood care service, the latter pilot having been in operation in other parts of London for several years.

Our recent report (Spring 2025) on Housebound Patients offers a good basis to work together to further develop these and other initiatives and improvements. We look forward to working with you this year, for the benefit of the residents of Bromley.

Bromley Healthcare Community Interest Company Ltd
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