



BROMLEY CIVIC CENTRE, STOCKWELL CLOSE, BROMLEY BRI 3UH

TELEPHONE: 020 8464 3333

CONTACT: Jo Partridge

Joanne.Partridge@bromley.gov.uk

DIRECT LINE: 020 8461 7694

FAX: 020 8290 0608

DATE: 11 July 2024

HEALTH SCRUTINY SUB-COMMITTEE

Meeting to be held on Tuesday 16 July 2024

Please see the attached reports marked “to follow” on the agenda.

- 5 UPDATE FROM KING'S COLLEGE HOSPITAL NHS FOUNDATION TRUST**
 - 5b POSTPARTUM HAEMORRHAGE REPORT (PAGES 3 - 22)**

- 6 UPDATE FROM BROMLEY HEALTHCARE (Pages 23 - 66)**

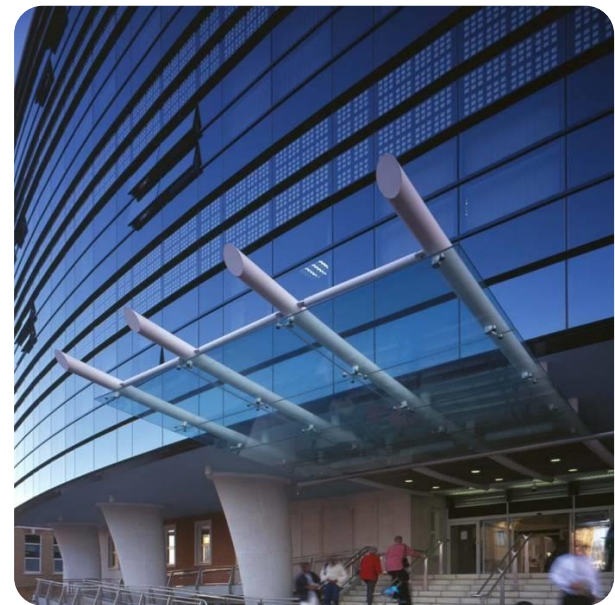
Copies of the documents referred to above can be obtained from
<http://cds.bromley.gov.uk/>

This page is left intentionally blank

PPH and MOH incidents review 2024

Bromley Health Scrutiny Sub-Committee submission
July 2024

Page 3



Agenda Item 5b



KING'S HEALTH PARTNERS

Demographics

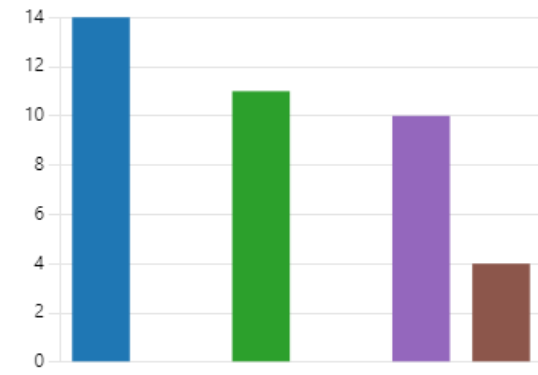
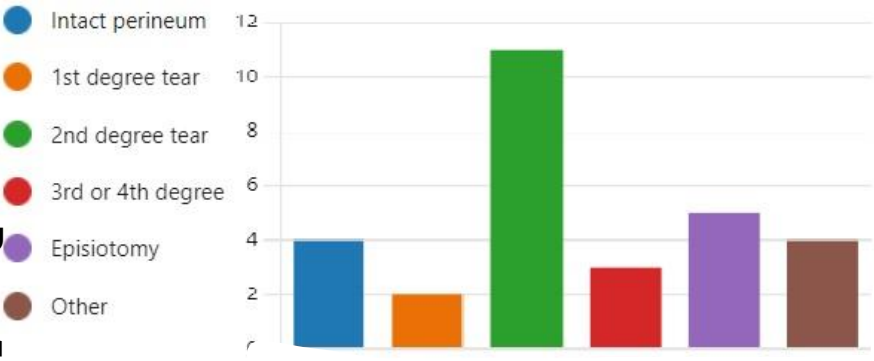
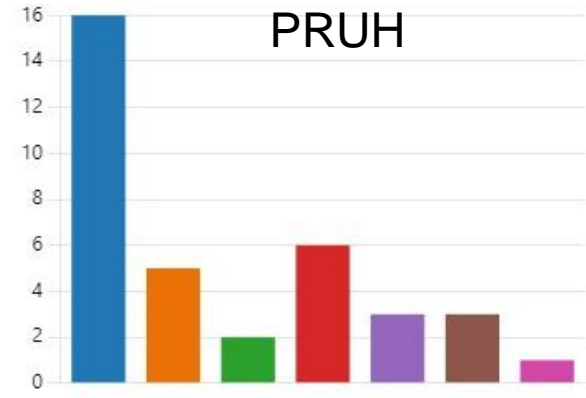
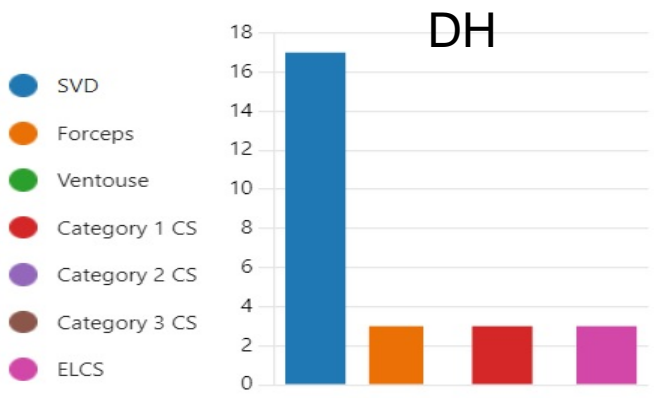
- DH

- From January to June 2024
- 26 incidents reviewed
- Ethnicity
 - 38% White
 - 27% Black
 - 23% Asian
 - 12% Mixed/Other
- Parity (following birth)
 - 46% P1
 - 39% P2
 - 15% P3 or more

- PRUH

- From January to June 2024
- 36 incidents reviewed
- Ethnicity
 - 53% White
 - 29% Black
 - 15% Asian
 - 3% Mixed/Other
- Parity (following birth)
 - 47% P1
 - 36% P2
 - 3% P3 or more

Obstetric history

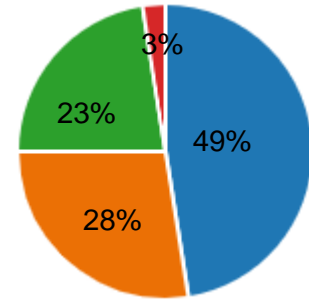


- < 1.5 litres: 23% DH 52% PRUH
- Between 1.5 and 2 litres: 31% DH 20% PRUH
- >2 litres: 23% DH 19% PRUH
- > 3 litres: 12% DH 9% PRUH

Risk factors and Causes - PRUH

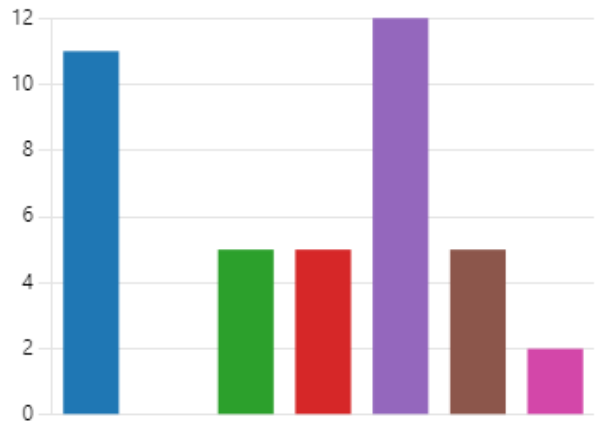
- Causes of PPH

● Atony	19
● Tissue	11
● Trauma	9
● Thrombin	1



- Intrapartum Risk Factors

● IOL	11
● Prolonged stage of labour	0
● Syntocinon infusion	5
● Precipitate labour	5
● LSCS	12
● Operative birth	5
● Other	2

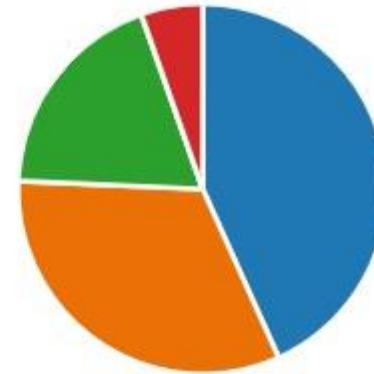
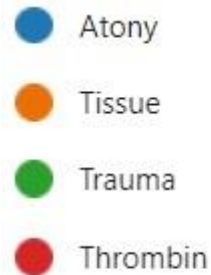


- Top 3 antenatal risk factors:

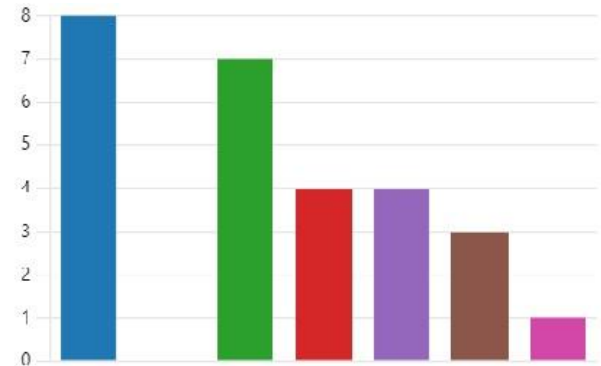
- Maternal age above 35 42%
- Pre-Eclampsia/Hypertension 25%
- Uterine abnormalities i.e. fibroids 17%

Risk factors and Causes - DH

- **Cause of bleeding:**



- **Intrapartum risks factors:**



- **Top 3 antenatal risk factors:**

- Maternal age above 35 (30%)
- Uterine abnormalities i.e. fibroids (15%)
- Previous PPH (12%)

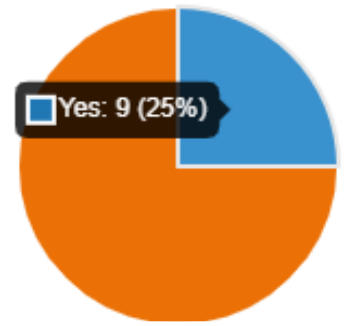
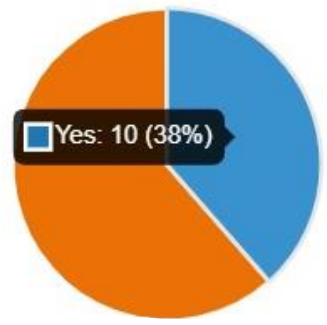
Management of PPH

DH

PRUH

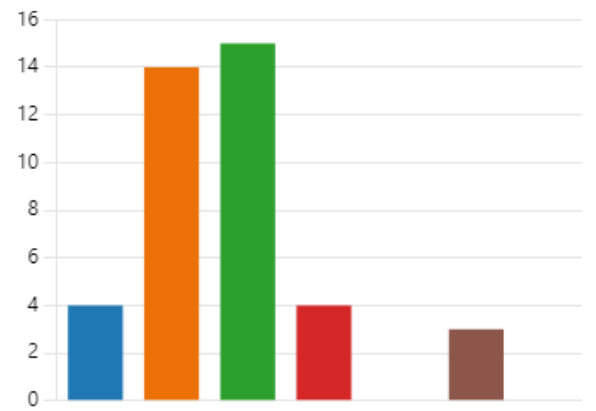
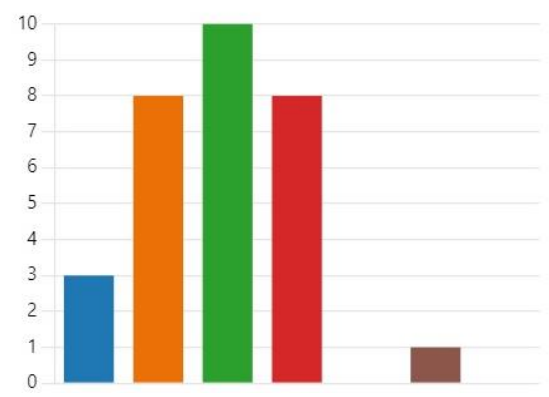
Requirement for MROP

- Yes
- No



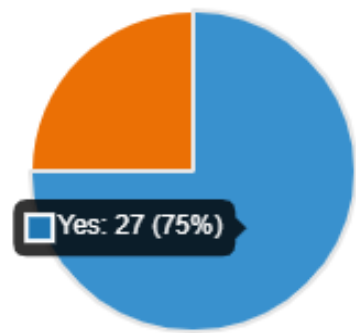
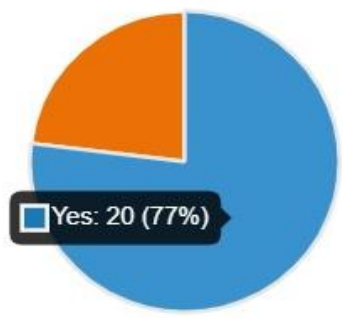
Anaesthesia

- Entonox
- Epidural
- Spinal
- GA
- All of the above
- None of the above
- Other

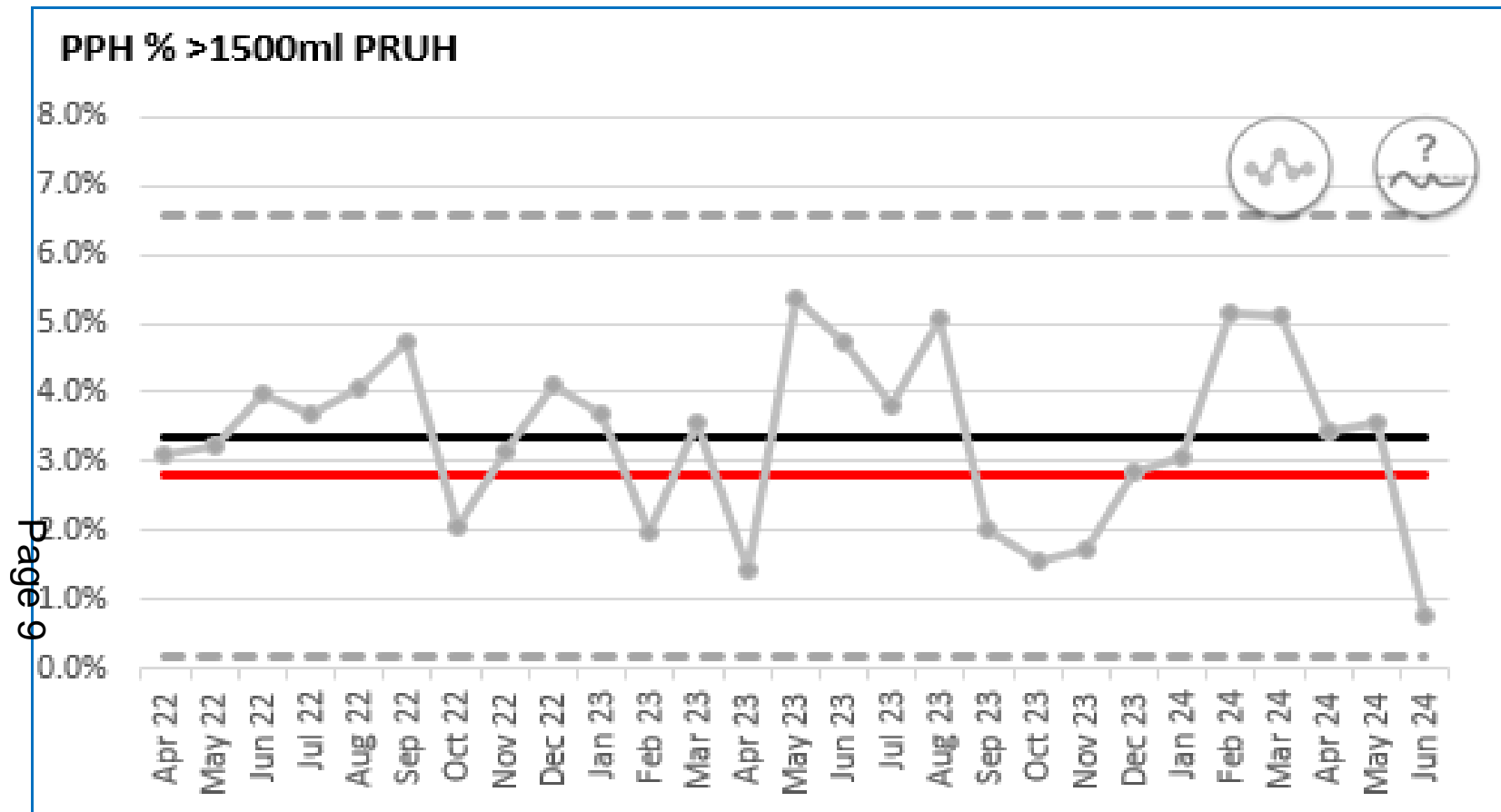


Requirement for Theatre

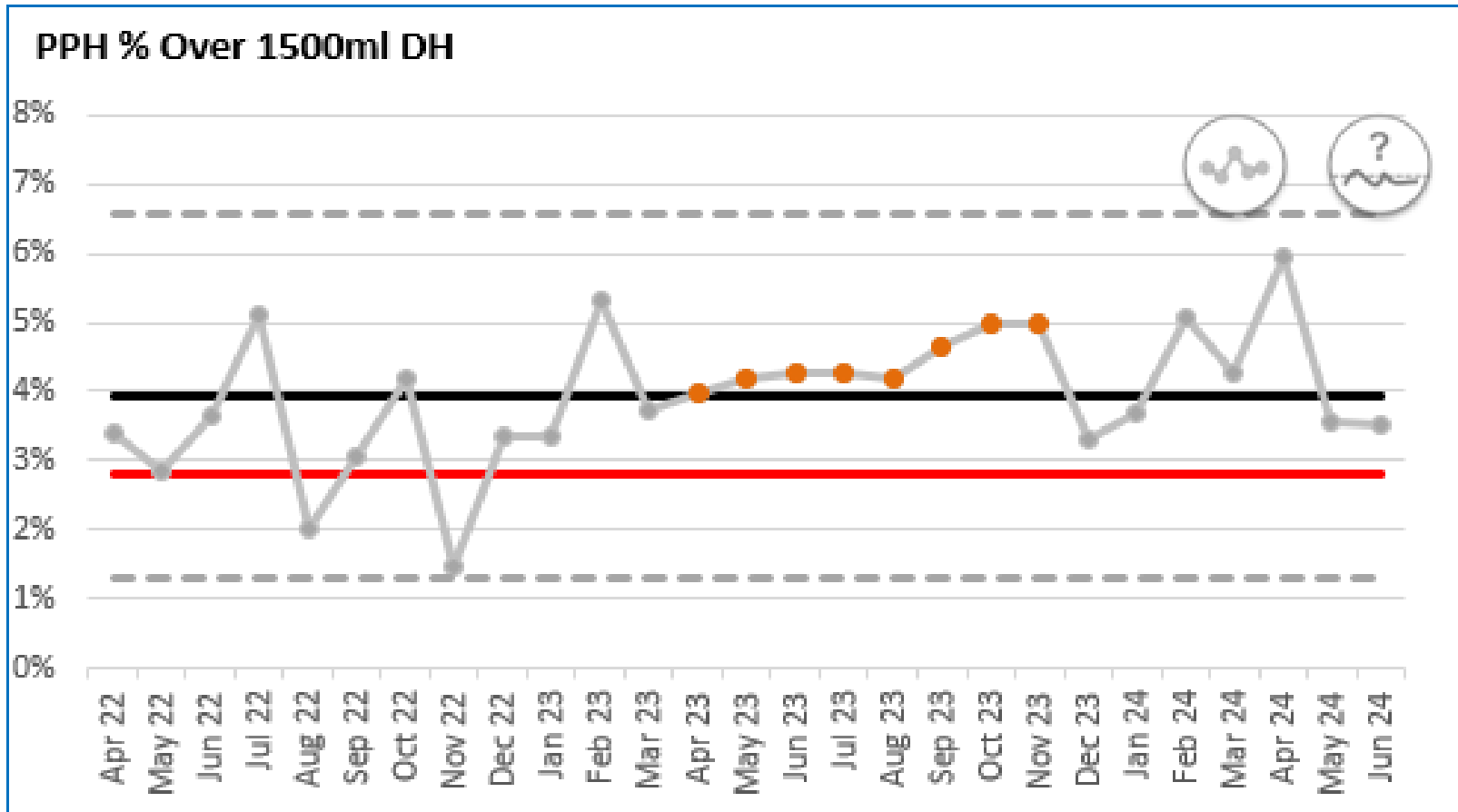
- Yes
- No



PPH >1500mls PRUH



PPH >1500mls Denmark Hill



January 23 – June 24 data

	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24
DH >500ml	141	139	127	153	162	152	157	157	146	177	137	131	125	140	143	145	142	130
DH >1500	11	19	12	13	15	14	18	14	16	20	12	13	12	17	15	22	13	11
DH Total Births	331	324	327	330	342	333	346	339	326	365	354	339	324	335	350	370	367	312
DH >500ml	42.60%	42.90%	38.84%	46.36%	47.37%	45.65%	45.38%	46.31%	44.79%	48.49%	38.70%	38.64%	38.58%	41.79%	40.86%	39.19%	38.69%	41.67%
DH >1500	3.32%	5.86%	3.67%	3.94%	4.39%	4.20%	5.20%	4.13%	4.91%	5.48%	3.39%	3.83%	3.70%	5.07%	4.29%	5.95%	3.54%	3.53%
PRUH >500ml	135	123	130	129	136	142	155	136	142	109	121	132	107	108	116	97	116	96
PRUH >1500ml	11	7	11	4	18	17	21	21	8	5	6	8	8	14	16	10	10	2
PRUH Total Births	301	256	314	286	338	318	315	300	303	323	286	280	262	272	313	291	278	264
PRUH >500ml	44.85%	48.05%	41.40%	45.10%	40.24%	44.65%	49.21%	45.33%	46.86%	33.75%	42.31%	47.14%	40.84%	39.71%	37.06%	33.33%	41.73%	36.36%
PRUH >1500ml	3.65%	2.73%	3.50%	1.40%	5.33%	5.35%	6.67%	7.00%	2.64%	1.55%	2.10%	2.86%	3.05%	5.15%	5.11%	3.44%	3.60%	0.76%

Conclusions

- Overall, we manage and escalate PPH's appropriately
- At both sites, Maternal Age >35 years was the most prevalent AN risk factor
- Learning – all debriefs must be documented at present on average around 50% is evident in digital records.
- In comparison to the SEL Local maternity and neonatal system, the trust is not an outlier and the learning is shared at 6 weekly system wide learning.

Key learning:

1. Most relevant risk factors in the AN period: maternal age, hypertension, uterine anomalies (eg fibroids)
2. Overall, all cases have been managed appropriately including timely escalation
3. We can evidence 50% of cases that have had a debrief and this is what the service needs to improve on to show 100% of women have had a debrief.

Next step: to audit again in 6-9 months. (January 2025).



King's College Hospital
NHS Foundation Trust

Princess Royal University Hospital
King's College Hospital NHS Foundation Trust

Major post-partum haemorrhage re-audit
and review of current practice

Bromley Health Scrutiny Sub-Committee submission – July 2024

1. Introduction

Post-partum haemorrhage (PPH) is the most common complication of childbirth, and it is defined as the loss of 500ml or more of blood from the genital tract within 24 hours of the birth of a baby. PPH is classified as minor (500-1000ml) and major (>1000mls). PPH can be divided into moderate (1000-2000ml) and severe (>2000ml).

Obstetric haemorrhage continues to be one of the major causes of maternal mortality in the UK. In 2019-2021, according to the MBRRACE-UK report, haemorrhage was the second direct cause of maternal mortality, with 17 maternal deaths. This represents an overall mortality rate of 0.80 per 100,000 maternities (95% CI 0.48-1.27), an increase from the previous triennium. Twelve women died (67%) after a birth by caesarean section.

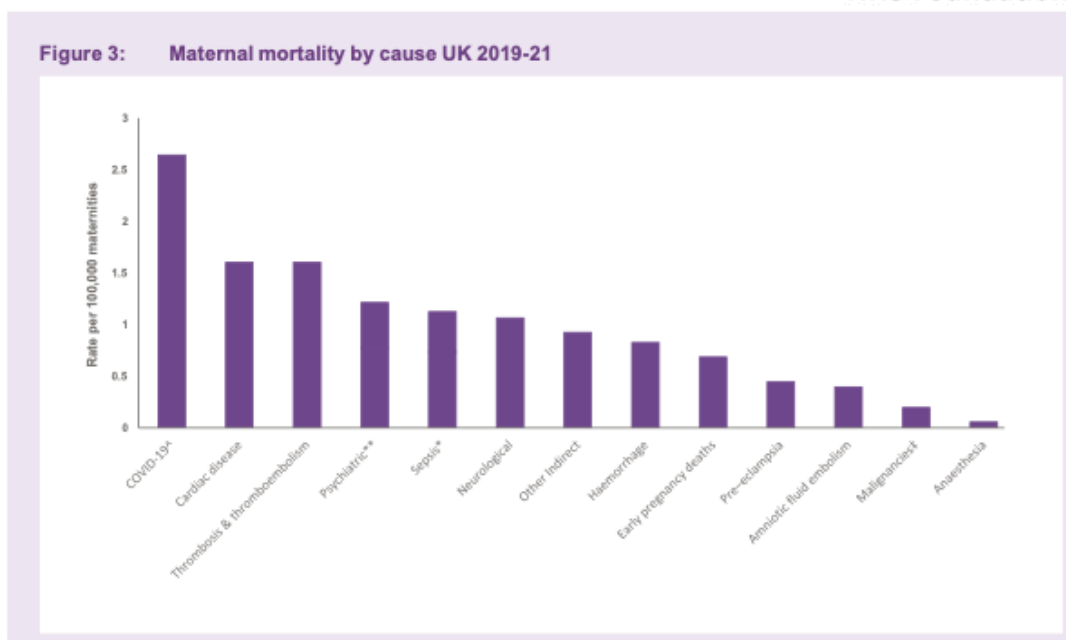
Table 1: Direct deaths by type of obstetric haemorrhage 1994-2021

Time period	Placental Abruption	Placenta Praevia / accreta	Postpartum haemorrhage		Uterine inversion	Total deaths from haemorrhage	Direct haemorrhage death rate per 100,000 maternities	
			Atony	Genital Tract Trauma			Rate	95% Confidence Interval (CI)
1994-6	4	3	5	5	0	17	0.77	0.45-1.24
1997-99	3	3	1	2	0	9	0.42	0.19-0.80
2000-2	3	4	10	1	0	18	0.9	0.53-1.42
2003-5	2	3	9	3	0	17	0.8	0.47-1.29
2006-8	2	2	3+1	(0/1)	1	9	0.39	0.18-0.75
2009-12†	2	1	7	7	0	17	0.49	0.29-0.78
2013-15†	3	9	9	1	0	22	0.88	0.55 - 1.33
2016-18†	3	3	2	4	2	14	0.58	0.32 – 0.97
2019-21†	4	6*	4	4	0	18	0.80	0.48 – 1.27

†Figures for UK and Ireland. All other figures are UK only.

*2 placenta praevia alone, 4 accreta/increta/percreta

Saving Lives, Improving Mother's Care. State of the National Themed Report. MBRRACE-UK. Mothers and Babies: Reducing Risk through Audits and Confidential Enquires across the UK. October 2023.



The previous audit showed an increase in major obstetric haemorrhages (MOH) (blood loss >1500ml) at the rate of 5.5%, which was above the benchmark (3.3%) in the maternity department of Princess Royal University Hospital. Several measures were taken to address this issue, such as reinstating PPH practical training sessions in local PROMPT courses and monitoring annual attendance by all multi-professional team members.

The decision has been made to conduct a retrospective re-audit examining the data on MOH cases at PRUH over the last two years and, after analysing the data, make recommendations on reducing rates of major PPH.

2. Aims and objectives

The aim is to examine the causes of MOH and associations, which would explain the reasons for the increase in its rates. The analysis of subgroups (vaginal deliveries, caesarean sections, instrumental deliveries) will be performed to examine the rates and compare them to data from the previous audit.

3. Methods

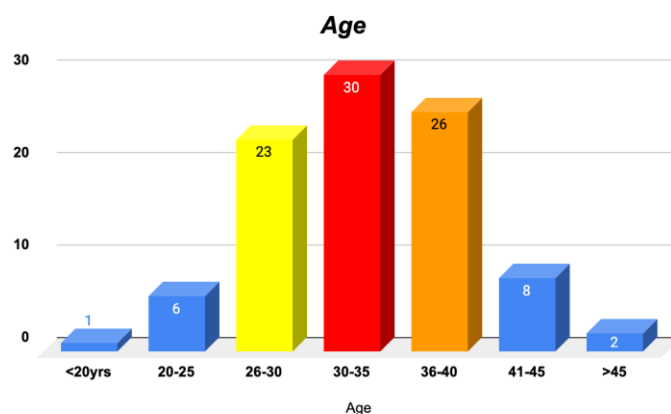
It is a retrospective audit of the data on all cases of women who delivered babies at PRUH from 1st January 2023 to 31st September 2023. Inclusion criteria were all cases with blood loss of ≥ 1500 ml, a cross-site definition of major PPH at maternity departments of King's College Hospital NHS Foundation Trust, including the PRUH. The data was generated using the local electronic record system Badgernet, which used an audit tool spreadsheet with Microsoft Excel. The data were analysed using the same Excel software and statistical methods, followed by drawing conclusions and making recommendations based on the findings.

4. Results and data analysis

Over nine months in 2023, there were 2731 deliveries, and major PPHs accounted for 107 (3.9%) cases, a significant improvement from 2021 when the rate was 5.5%.

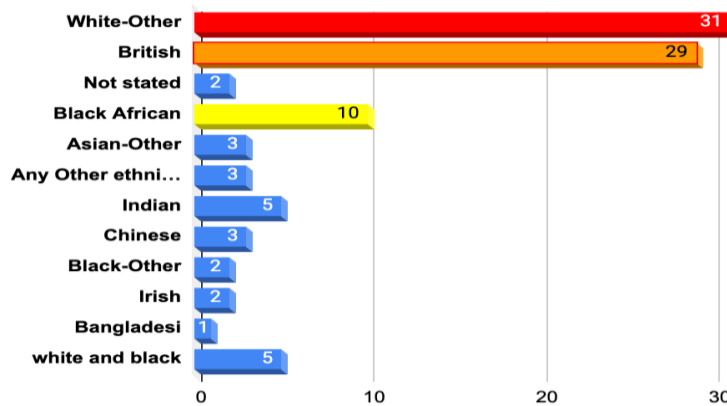
4.1 Maternal age

The maternal age range was between 19 and 53 years, with a mean age of 33.4.



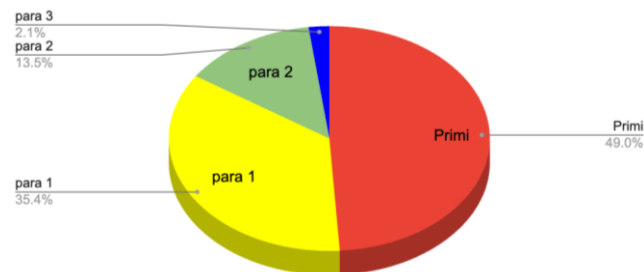
4.2 Ethnic origin

The most common ethnic origin in a group of patients was White-others (31%), British (29), not stated (n=37), Black African (10%), Indian (5%), White and Black (5%).

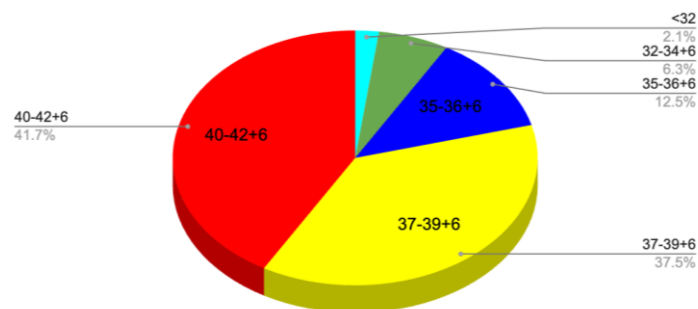


4.3 Parity and gestation age

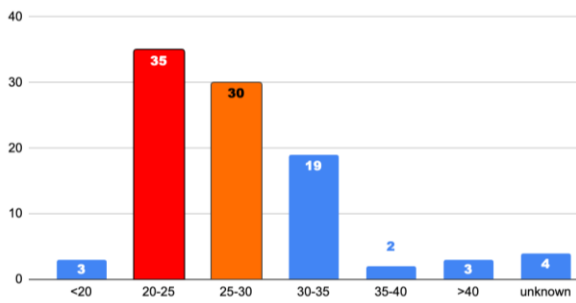
Most women who experienced major PPH were para 1 (49%) and para 2 (35%).



The highest number of MOH was observed in women at 37-39+6 weeks gestation (37.5%), followed by mothers giving birth at 40-42+6 weeks (41.7%).

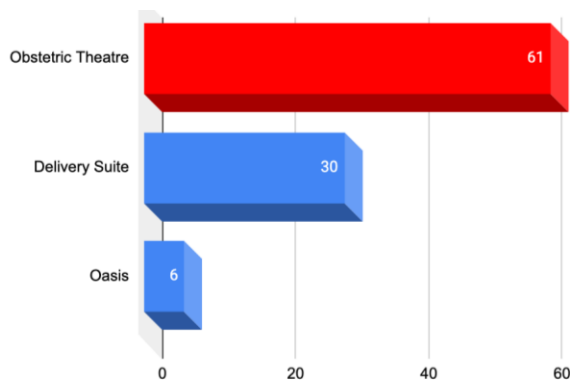


4.4 Body Mass Index



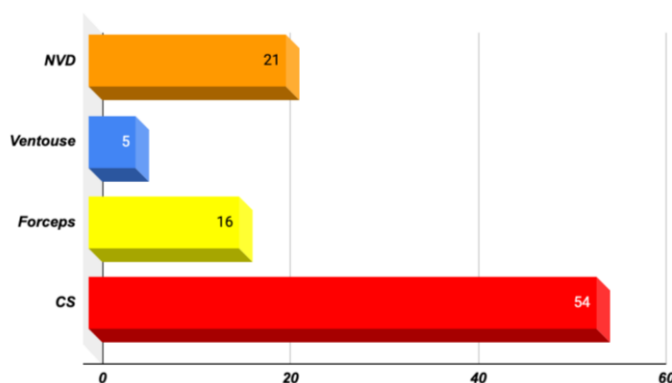
The highest proportion of patients (75%) with MOH had a 20-30 kg/m² BMI.

4.5 Place of birth



The highest proportion of MOH occurred in obstetric theatre (61%) and delivery suite (30%).

4.6 Mode of birth



Caesarean section accounted for 54% of major obstetric haemorrhage, followed by vaginal delivery 21%, assisted delivery with forceps 16% and ventouse 5%.

4.7 Grade of caesarean sections

--	--	--

Table 1. Relation between mode of delivery and proportion/numbers of MOH.

2023	Total n=	MOH n=	% MOH	SVD		Ventouse		Forceps		CS	
				n=	%	n=	%	n=	%		
Jan	301	11	3.65	4/124	3.2%	0/23	0%	2/24	8.3%	4/130	3.0%
Feb	256	6	2.34	4/115	3.47%	2/12	16.6%	0/19	0.0%	0/110	0.0%
Mar	314	11	3.5	2/126	1.58%	1/12	8.3%	2/29	6.9%	6/147	4.1%
Apr	286	4	1.4	1/127	0.78%	0/9	0.0%	0/24	0.0%	3/126	2.4%
May	338	18	5.3	5/146	3.42%	1/24	4.2%	2/22	9.0%	10/146	6.8%
Jun	318	16	5.0	3/138	2.17%	1/10	10%	2/27	7.4%	10/143	7.0%
Jul	315	16	5.0	1/134	0.74%	0/12	0%	2/27	7.4%	13/142	9.1%
Aug	300	18	6.0	0/123	0.0%	1/13	7.6%	3/26	11.5%	14/138	10.1%
Sep	303	7	2.3	2/129	1.5%	0/14	0%	2/26	7.7%	3/134	2.2%
	2731	107	3.9	22/1162	1.9%	6/129	4.6%	15/224	6.7%	63/1216	5.2%

Table 2. MOH rates concerning the mode of delivery.

There was a significant decrease in rates of MOH in the vaginal delivery group (1.9%) and overall (3.9%) in 2023 compared to 2021 (Table 1, table 2 and table 3).

MOH rates 2021 vs 2023

	2021	2023
SVD	3.7%	1.9%
AVD	6.5%	5.9%
CS	6.0%	5.1%
Total	5.5%	3.9%

Improvements were also seen in rates of MOH in caesarean section and instrumental delivery. This could be because the maternity department has strengthened training in the recognition and management of postpartum haemorrhage (PPH) by incorporating sessions on PPH in the local PROMPT course. This yearly course is compulsory for all staff members delivering maternity care. PROMPT attendance is monitored prospectively and booked in advance for all staff members yearly.

Also, all staff members are monitored for their MOH rates and supported by additional training when they become outliers compared to their peers. Staff members showing low rates of MOH will be involved in teaching, where they can share with colleagues their knowledge and skills in the prevention and management of PPH.

Conclusion

The rates of MOH at PRUH have shown significant improvements over the past year, with a major reduction amongst the vaginal delivery group. Although some reduction was noted in the caesarean and assisted vaginal delivery cohort, further measures must be deployed to ensure further decline in rates. A reaudit is in progress to assess MOH rates in 2024.

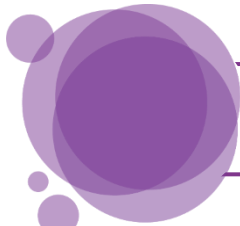




Recommendations

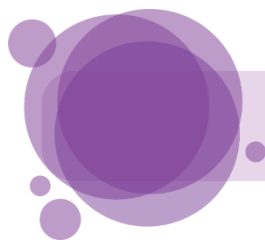
It is important to continue PPH training for all staff working in the maternity department as part of the compulsory yearly PROMPT course, with continuous prospective monitoring of compliance. Additional training must be provided to staff members who show higher rates of MOH by organising local courses or encouraging them to attend regional and national courses.

To conduct a retrospective audit of MOH rates in the maternity department of PRUH for 2024.

This page is left intentionally blank

Contents

	Introduction	3
	Part 1	
	Chairman's statement – Michael Nutt	7
	CEO's statement – Jacqui Scott	8
	Part 2	
	Bromley Healthcare's quality priorities for 2023-24	9
	Quality improvement objectives and achievements	10
	Participation in Clinical Audits	15
	Participation in CQUIN	23
	Our priorities for 2024-25	24
	Part 3	
	Our achievements for 2023-24	27
	1. Innovations in clinical practice, technology and care	27
	2. Community care and patient involvement	31
	3. Workforce development and Support	33
	4. Equality and inclusion	36
	Part 4	
	Statements from stakeholders	40



Introduction

Welcome to Bromley Healthcare's 13th 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).

Last year, we 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 strategy (2020-24). Following on from this year, we will be refreshing our quality strategy, which will directly aligned 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. The Quality Account's aim is 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.

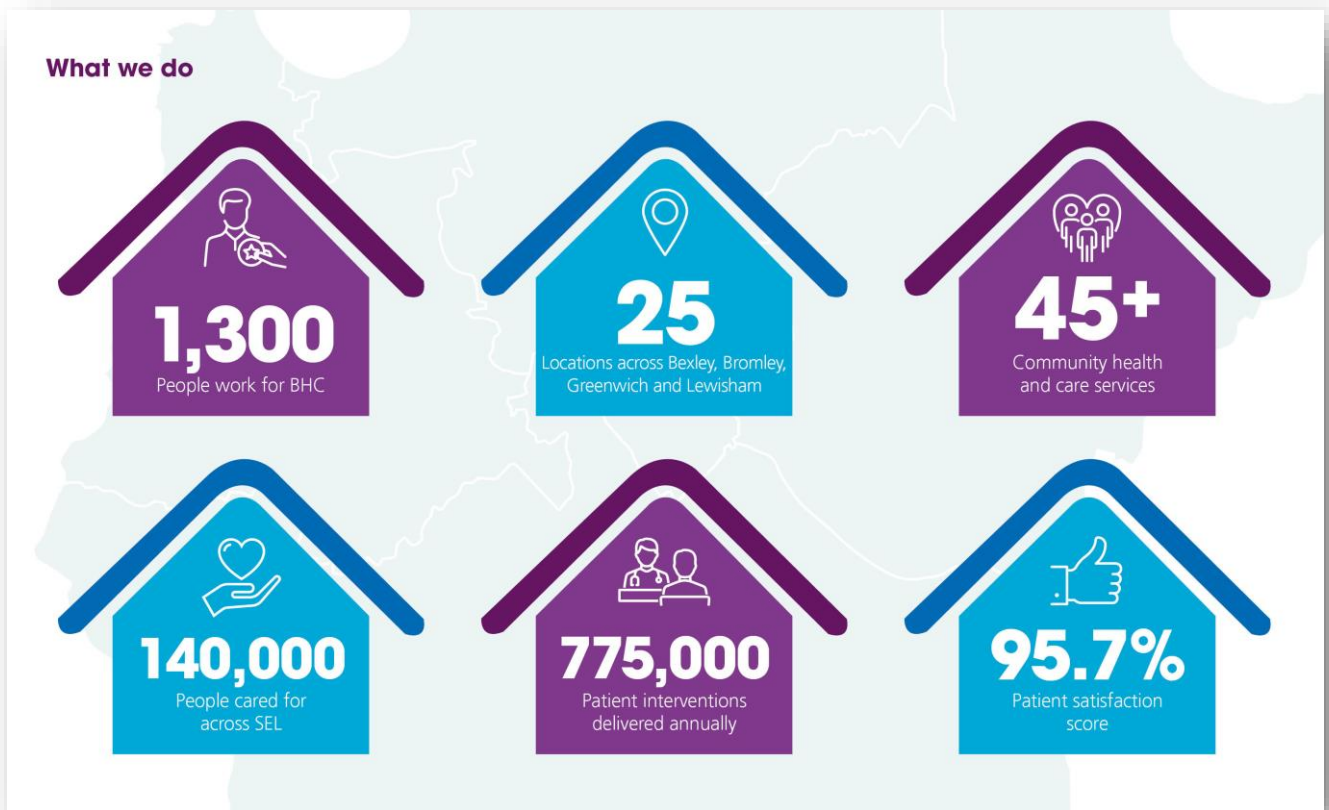


Figure 1: What we do

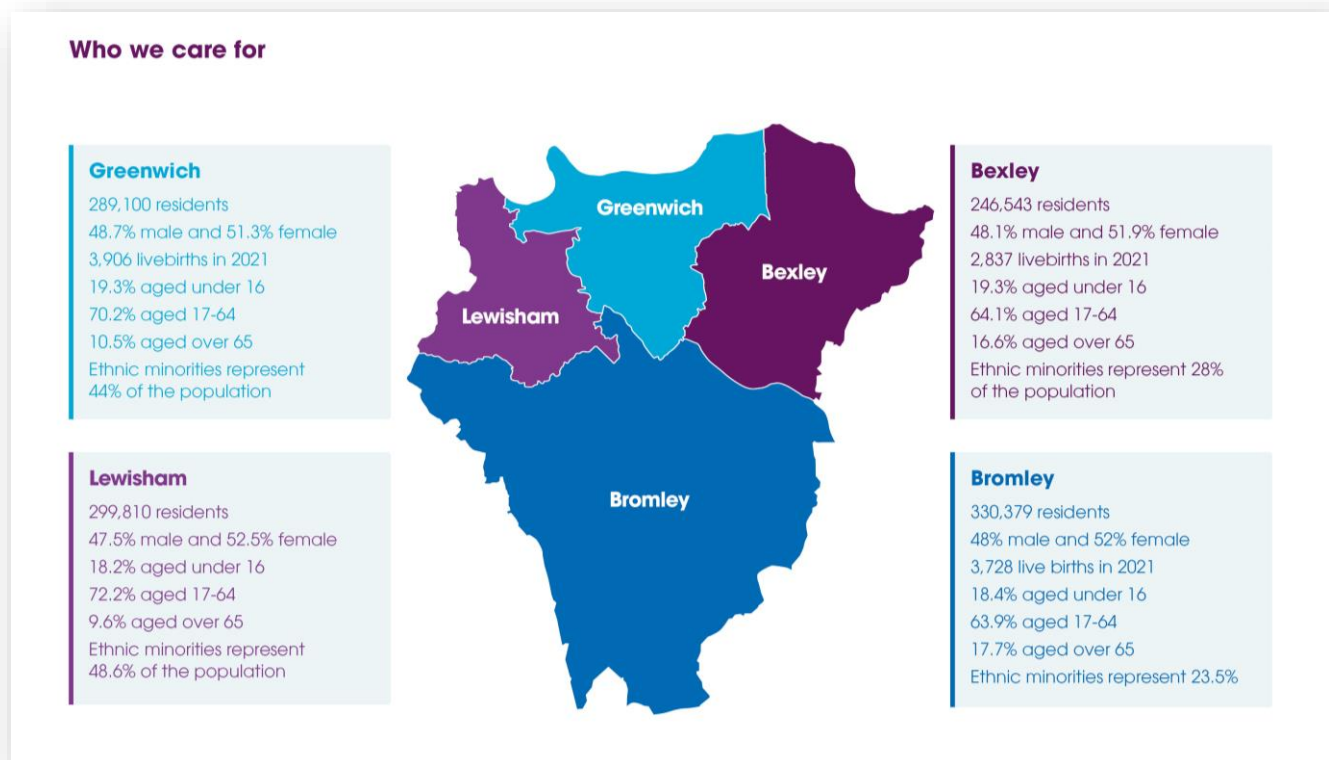


Figure 2: Who we care for

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 section identifies our six priority areas for improving the quality of our services for 2023-24, why we have chosen these priorities, and how we are working towards achieving 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 2023/24, and examples to illustrate ongoing improvement in our services.

4

Part four

Statements from our commissioners and local Healthwatch.

1

Statements from our Chairman and Chief Executive

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

Chairman's statement – Michael Nutt

It is with great pleasure that I present our annual Quality Account for 2023-24, highlighting our achievements and progress over the past year. As we embark on this new phase, I am pleased to share the significant strides we have made and our plans for the future.

This year marks the culmination of our current quality strategy (2020-2024). Reflecting on our progress, we have successfully developed a new combined Clinical and Quality Strategy for 2024-2029, crafted with valuable input from both staff and patients.

This strategy is a comprehensive roadmap designed to enhance the quality and safety of our clinical care, reduce health inequalities, improve integrated working across the healthcare system, and ensure better access to our services.

Our new Clinical and Quality Strategy aligns with national and local healthcare priorities, empowering individuals to live their fullest lives within their communities. We will measure our success by the real-life impact on the communities we serve, striving to meet the diverse needs of our population. This strategic focus ensures that Bromley Healthcare remains at the forefront of delivering high-quality, innovative, and inclusive healthcare.

This year, we have seen significant advancements in patient safety, clinical effectiveness, and person-centered care, leading to improved outcomes and experiences for those we serve. Our achievements include the introduction of a clinical supervision app, innovative digital solutions for wound care, and significant improvements in our Health Visiting services. These initiatives have not only enhanced our operational efficiency but also improved patient outcomes and staff wellbeing.

We have also welcomed our new Lived Experience Advisory Group (LEAG) to Bromley Healthcare. This group, comprising service users, parents, and carers, provides expert independent advice based on their personal experiences with our services. Their insights are crucial in shaping our organisational decisions, priorities, and service delivery.

I want to thank all members of Bromley Healthcare for their commitment and dedication. Your efforts have been instrumental in our progress and in achieving our strategic objectives. With your continued support, I am confident that we will accomplish remarkable milestones in the pursuit of delivering outstanding care.

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 Scott

I am delighted to present our Quality Account for the year 2023/24. This account reflects on our achievements over the previous year and sets our goals for the future.

The first full year of our new 'Community First' strategy set out our ambitious plan for 'empowering people to live their fullest lives in the heart of their communities. 'Strong, thriving, sustainable communities are recognised as places where ill health struggles to gain a foothold'. Many of our team, their friends and families live in the communities where they work. This I feel, is why my colleagues care so deeply about the quality of our services and how as a local employer we invest in and support their local communities to continue to thrive.



The benefits of community services recognised through national policy as a solution to the significant challenges faced by the health and care system; health inequalities, an ageing population, increased waiting lists and rising demand for urgent and emergency care. Bromley Healthcare has risen to the challenge using the 'community first' approach and placing clinicians at the forefront of transformation as they collaborate with partners to redesign new pathways and models of care. The expanded Urgent Community Response and the Hospitals at Home (Adult, and Children & Young People) keep people safe in their own home, often by providing acute level care to reduce unnecessary hospital attendances. The new neighbourhood working pilots launched with primary care use a population health approach to case find patients and intervene earlier further 'upstream' in their care continuum. The fantastic feedback that we regularly receive from patients and families fully validates the 'Community First' approach:

'I just wish to thank all the nurses and the back-up medical team behind this amazing service which keeps us patients at home. I am positive that my recovery has been accelerated as I did not have to go into hospital.'

Over the past year, we have maintained a focus on value through the strategic use of data, national benchmarking, and best practice models. In the digital arena, significant advancements using technology have supported improvements in both administrative and clinical pathways. Our Care Coordination Centre has introduced a contact centre, text messaging, and appointment booking systems, leading to shorter waiting times for patients and a reduction in missed appointments. Additionally, as a Test and Evaluation site for the national lower leg wound pathway, an artificial intelligence enabled wound app incorporated into the pathway enhances the accuracy, quality and consistency of wound measurements and provides visibility through a dashboard to enable specialist intervention when required. This has reduced healing times, speeded up documentation and reduced costs.

Hollybank provides short breaks for children and young people with complex needs. Ofsted carried out an unannounced inspection in November 2023. I am pleased that the team's hard work and compassionate care have been recognised with the service rated as 'good' across all three areas.

Finally, I would like to thank our extraordinary Bromley Healthcare team who I am immensely proud to work alongside. I feel that this account showcases what is possible when innovative and compassionate teams relentlessly focus on quality to improve outcomes and experience for patients, families and service users. I do hope you enjoy reading this account.

2

Our quality priorities for 2023-24

Our Quality Strategy (2020-2024) was 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 4 of the Quality Strategy, which was due to end in July 2023. This strategy was extended until the end of year (March 2024) as we have developed a new combined Clinical and Quality strategy for 2024-2029, which underpins the organisational strategy – [Community First](#).

The Quality Strategy 2020-2024 outlined the annual priorities for this Quality Account, the overall aim being 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 six 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 looked at the feedback and learning that we have identified to agree the 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 2023-24 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

Every patient has the right to expect safe care, which includes the prevention of avoidable pressure ulcers. Over the last three years there has been a reduction in the number of Bromley Healthcare pressure ulcer rates due to relatively simple interventions e.g. increased awareness. We know that anyone of any age can develop a pressure ulcer and requires a systems approach, staff awareness at all organisational levels and working with our external colleagues, such as carers, secondary care.

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, there has been an increase in the number of pressure ulcers reported and those that developed under Bromley Healthcare. This is in the context that there has been an increase in the number of clinical services provided by Bromley Healthcare from 38 in early 2022 to 50 in 2024.

However, there was only 1 incident (0.08%) identified as being a lapse in care from Bromley Healthcare, this was a deterioration of a category 2 pressure ulcer to an unstageable pressure ulcer. Our learning identified that had the equipment been reviewed at the initial assessment the deterioration could have been avoided.

The following outcome measures of success were all achieved during 2023–24:

- Category 4 pressure ulcer: continued zero occurrence of avoidable acquired pressure ulceration. Established new focus for the Pressure Ulcer Working Group ensuring that there is representation from all clinical services, and they are all aware of their role in line with the new 'National Wound Care Strategy' guidance. Ongoing this will form part of the objective setting for 2024/25.
- There has been additional training on the use of the recliner chairs and pressure reducing/relieving cushions included as standard in face-to-face training sessions
- Bromley Healthcare has procured a new 'Risk Management System – RADAR'. The Radar flow has been designed to drill down into the causes of pressure ulceration to further establish new themes and support action plans.
- Training compliance rates continue to be 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.

Quality Improvement Objective 2:

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

When a patient falls whether that is at home or in a bedded unit, it is important to record this to understand why the patients/clients are falling, the numbers and whether there is any potential harm caused, then it is possible to understand if there are any themes so actions can be put in place to mitigate harm.

Bromley Healthcare 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 Bromley Healthcare falls incidents reported equates to 3.9% of all Bromley Healthcare incidents reported (3,024 in 2023-24).

The number of services provided by Bromley Healthcare increased from 38 in early 2022 to 50 in 2024. The number of incidents that relate to falls reported, decreased despite the increase in our caseload during this period.

	2020-2021	2021-2022	2022-2023	2023-2024
Total falls incidents closed (borough-wide)	119	209	164	118
Harm caused by Bromley Healthcare	2	3	1	0

For year 4 to date:

- Multidisciplinary Falls Group is embedded and fully operational the group will continue to meet and ensure the momentum of work and best practice is embedded within the services working practices. The Head of Adult Therapies will provide updates to the Quality Improvement Group.
- 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. All falls related incidents are copied into the falls Lead and at the falls meetings the incidents are discussed and learning shared.
- 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 continues.
- Bromley Healthcare continues to be linked into local and national networks through the Future NHS platforms and locally through South East London (SEL) Falls Best Practice group and SEL Vestibular Network.

- The training content for an in-house falls prevention training package has been agreed and a blended and targeted approach is being used. Training sessions are to be created for the therapists and Foxbury staff.
- Falls prevention page to be created and published on the intranet for clinicians, at present the information can be obtained from the Falls Service Website.
- Lanyard cards for falls have been created and issued.

Quality Improvement Objective 3:

Improve the standard of clinical record keeping

Accurate record keeping is paramount in the NHS ensuring that there is a permanent account of the patient's illness. The clarity and accuracy of the record is essential for effective communication between healthcare professionals and the patients, it is essential to the provision of safe and effective care. Standardised records will provide healthcare professionals with timely access to crucial clinical information about the person they're trying to help. 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 4:

- Monthly spot check audits are being undertaken by independent support services and colleagues
- Monthly divisional record keeping audits, actions and themes collated from the 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
- On-line record keeping training on Development + and EMIS refresher training being rolled out to services requiring it.
- EMIS template reviews continue with the EMIS team and Head of Children's Nursing working with the service leads.

Quality Improvement Objective 4:

Reduce the number of medicines incidents causing harm

Improving learning from medicines-related patient safety incidents is important to guide practice and minimise patient harm. Between April 2023 and March 2024, 5.56% of all Bromley Healthcare reported incidents related to medicines. This is a decrease of 2.13% on 2022-2023 and reflects the learning from medication incidents following the raised profile of the Quality Strategy.

The number of services provided by Bromley Healthcare increased from 38 in early 2022 to 50 in 2023.

Harm caused by medicines incidents relates to 0.002%. Harm-free care relating to medicines incidents equates to 99.99% (low harm only).

	2020-2021	2021-2022	2022-2023	2023 - 2024
Total BHC medicine incidents reported	88	179	227	168
Total BHC medicines incidents closed	76	173	212	193
Harm caused by Bromley Healthcare	15	7	17	15
Harm-free care	99.99%	99.99%	99.99%	99.99%

The key themes relate to medications not being administered, the wrong dosage and stock balance errors, For year 4:

- Emerging themes were identified, the actions were completed.
- Monthly audits and spot checks in place to provide assurance that sustained improvement is made
- Medicines management audit plan for 2023-2024 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 are 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

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 4:

- The relevant staff have been consistently compliant with meeting the Dementia training Level 1 - 85% target and in Q4 the compliance percentage was 94.7%. Training compliance will be continued to be monitored through the newly formed MCA working group. Staff achieved 87.7% compliance in Dementia training Level 2, it is consistently above the 85% target
- The Dementia Bus (Virtual Reality Dementia Training) has been an additional training resource for staff to access in the later part of 2023/24, that was well attended.
- There is a Champion competency framework and a Champion working group that reports into the MCA working group.

- The Dementia intranet page is available to all staff. Bromley Healthcare had specialist support from the KCH Dementia service to support this work. Staff are now confidently using the Abbreviated Mental Test Score and it is embedded within the electronic clinical record (EMIS)
- We are working in partnership with provider colleagues to review dementia resources for patients, carers and families and this includes signposting information – Bromley Healthcare's intranet has been updated
- The Associate Director for Safeguarding delivered 2 half days training sessions (Adults/Children) on mental capacity definition, the law around this and scenario interactive sessions.
- Adult Safeguarding supervision has been introduced during 2023 for all adult clinical services to access

Quality Improvement Objective 6:

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

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 4 to date:

- A dashboard containing Rockwood Frailty Score has been embedded in relevant services and a frailty pathway has been developed and is in place. Community Matrons are continuing to support clinical teams with utilising the Rockwood escalation pathway.
- Services are compliant with organisational targets for accessing end-of-life care and frailty training. SEL partners are developing a tiered training programme and Children's services have a separate training plan.
- Clinical record templates have been updated and their use embedded which includes the 5 principles of end-of-life care
- An end-of-life care audit plan has been agreed and is monitored through the Audit and Research Group.
- A new senior nurse post has been created and the post holder will lead and focus on end-of-life care.

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 2023/24, the number of community health services provided by Bromley Healthcare across Bromley, Bexley, Lewisham and Greenwich increased to 50 with over 775,000 patient contacts.

Participation in Clinical Audits

Clinical audit is a method used to find out if healthcare is being provided in line with standards and enables care providers and patients know where their service is doing well, and where there could be improvements. The aim is to allow quality improvement to take place where it will be most helpful and will improve outcomes for patients. Clinical audits can look at care nationwide (national clinical audits) or locally (local clinical audits) ([NHS England / Clinical audit](#)). Ultimately, Clinical Audit is a Quality Improvement process.

This year, 2023-24 has been an exciting year of developments within audit at Bromley Healthcare. The opportunity arose to re-align our audit service into the Quality Improvement (QI) team which subsequently enhances the assurance that all audit outcomes are being addressed with a QI focus. The team also successfully developed a new audit management tool which lies within our local risk management system, that went live on 1 April 2024.

The development of an audit management tool not only improves the accessibility of audits for staff but also ensures seamless evidence of good governance and compliance, automatically triggering actions plans to encourage staff to address areas for improvement to enhance their performance and the care we deliver to our patients.

Clinical Audits Overview

Our robust clinical audit plan, which is developed annually, reflects our services key priorities and aims to assure our patients, commissioners and our regulators of the quality of our services being provided. We use national sources such a NICE and our clinician's professional bodies as guidance to set benchmarks and identify appropriate audit areas throughout the year.

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 2023-24 a variety of clinical audits were undertaken which reviewed our practice in a wide variety of clinical areas as well as routinely auditing our more our regular clinical practice such as record keeping, infection prevention control, safeguarding and medicines management.

Examples of clinical audits conducted in each of our divisions (Adult, Urgent Community Response, Dental and Children's) during 2023-24 can be found in the following table:

Audit title and aim	Outcomes / Key findings	Recommendations
<p>Adult</p> <p>National Audit</p> <p>National Dose Adjustment for Normal Eating (DAFNE) Bromley Audit</p>	<p>Outcome:</p> <p>Significant Assurance</p> <p>Key Findings:</p> <p>Bromley Healthcare was assessed as 100% for data collection and given a Green for this achievement.</p>	<p>DAFNE has provided the following recommendations for all centres to review:</p> <p>Co-opt an administrator as this is more cost effective than utilising clinical staff (BHC has implemented this recommendation)</p>

		<p>Graduates should be given a named HCP/Educator at the end of their course so they know who will be responsible for collecting their 1 year data and be more likely to respond when contact. (Bromley DAFNE has already employed an administrator who will support with this)</p> <p>Discuss with local lab the feasibility of obtaining HbA1c reports. (BHC has good access to laboratory results and administrator will take on this role).</p> <p>If lab HbA1c is not possible you can input estimates from continuous glucose monitoring (CGM) data. (BHC actively encourages the use of CGM for all patients with Type 1 diabetes especially those who are attending DAFNE- therefore we will be able to add CGM HbA1c estimates for any attendees who have not had post course HbA1c taken).</p>
<p>Dental</p> <p>Local Audit</p> <p>A retrospective audit to measure the quality of radiographs compared with the National Radiological Protection Board (NRPB) Guidelines outcome Audit</p>	<p>Outcome:</p> <p>Significant Assurance</p> <p>Key Findings:</p> <p>Of 275 intra-oral x-rays taken 7 were unacceptable resulting in 97.45% compliance.</p> <p>All X-rays which were unacceptable were due to patient movement.</p> <p>Of the 106 extra-oral x-rays taken 0 were not acceptable resulting in 100% compliance for the service as a whole.</p> <p>381 x-rays in total were taken over 3 months, grading on 1 not entered.</p> <p>Overall, the outcome for this audit was 98% compliance.</p> <p>Bromley Healthcare Special Care Dental Service as a whole, meets the required benchmark set out by the</p>	<p>Recommendations:</p> <p>Staff to ensure that they watch their patient once the film is positioned until the end of the exposure to minimise the issue of patient movement. If a clinician taking an X-ray has to turn their back to safely reach the X-ray activation switch they can ask staff member holding the activation switch to watch the patient for movement, though it is ultimately the clinician's responsibility.</p> <p>Staff continue to use the correct recording mechanism on SOEL Health for the foreseeable future, new starters to be made aware of this and the reasons for this.</p> <p>All staff ensure they continue to carry out their cycle of radiography update training to maintain competence.</p>

	<p>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><u>Urgent Community Response</u></p> <p>National Audit</p> <p>Participation in the NHSBN Intermediate Care Audit</p>	<p>Outcome:</p> <p>The services in scope for participation (below) all benchmarked positively.</p> <p>Key Findings:</p> <p>Rapid Response - 97% of patients were seen within 2 hours vs a benchmark average of 90%.</p> <p>Average wait time from referral to assessment was 1 hour vs a benchmark average of 1.5 hours.</p> <p>75.1% of patients were discharged to their own home vs a benchmark average of 64.4%.</p> <p>Rehabilitation Beds: 0% waited over 2 days to be seen vs a benchmark average of 15%.</p> <p>Average wait time from referral to first assessment was 0.2 days vs a benchmark average of 1 day.</p> <p>81.7% of patients were discharged to their own home vs a benchmark average of 63.5%.</p> <p>Rehabilitation Home: 12% of patients waited over 2 days vs a benchmark average of 39%.</p> <p>Average wait time from referral to first assessment was 1 day vs a benchmark average of 5.2 days.</p> <p>85.9% of patients were discharged to their own home vs a benchmark average of 67.9%.</p> <p>Reablement: 2% of patients waited over 2 days vs a benchmark median of 6%.</p> <p>Average wait time from referral to commencement was 1.3 days vs a benchmark median of 4.5 days.</p> <p>77.9% of patients were discharged to their own home vs a benchmark average of 71.8%.</p>	<p>Recommendations:</p> <p>Continue to collect patient and family feedback to develop services.</p>

<p>Children's Division</p> <p>Re-audit:</p> <p>To review the practice of Bromley Healthcare's Community Paediatric Team in line with the NICE Guidance for Foetal Alcohol Spectrum Disorders (FASD)</p>	<p>Outcome:</p> <p>Significant Assurance with minor improvement opportunities</p> <p>Key Findings:</p> <p>78% (58 of the 74) cases identified seen for initial neurodevelopmental assessment by the Bromley Healthcare Community Paediatric team had evidence included in the report that alcohol consumption in pregnancy has been considered.</p> <p>This is now above the standard required. On talking to doctors previously, many report that they may have asked the question in clinic but may not have documented if the parent had denied alcohol use in pregnancy, meaning that the number may in fact be higher than this.</p> <p>Alcohol exposure was recorded for 2 cases, of these both children had received a full neurodevelopmental assessment with plans made to follow up areas of concern.</p> <p>Diagnosis of FASD was followed up in relevant cases.</p>	<p>Recommendations:</p> <p>This audit was limited by a small number of cases, which suggests FASD is under-recognised possible due to mother's feeling unable to disclose history of alcohol consumption during pregnancy.</p> <p>The audit will be presented to the Community Paediatric doctors and they will be advised to consistently ask about alcohol use in pregnancy and record this in their handwritten notes/ clinic letter.</p> <p>To re-audit in 2024-25</p>
---	---	---

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 nor taken enforcement action against Bromley Healthcare during 2023/24. 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 as all actions had been completed.

The organisations Chief Executive and Chief Nurse meet quarterly with our CQC inspector and team.

Ofsted inspections at Hollybank Children's Respite Service

Hollybank, our short break service for children and young people with complex needs, had an inspection on 28 and 29 November 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 Hollybank provides a positive and nurturing environment for children. Staff interactions with the children are empathic, caring, and fun, fostering a child-led atmosphere. Children's individual needs and preferences are well-considered in planning their visits, contributing to a home-from-home environment where children feel relaxed and comfortable.

Ofsted observed that children are encouraged to develop independence and life skills, such as using the toilet, eating independently, and making a drink. They noted that staff support children's social skills development, which has led to increased confidence and interaction with others. Children participate in a variety of activities, including sensory stimulation, arts, and outdoor excursions, all tailored to their individual goals and development needs.

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

Staff at Hollybank work closely with parents and social workers to assess and understand children's needs and risks, developing detailed care plans and risk assessments. Behaviour management plans are bespoke to each child, and staff manage incidents effectively with appropriate oversight. Effective communication during handovers ensures key information is shared, safeguarding children effectively.

Staff are well-trained and alert to safeguarding risks, including knowledge of the Philomena protocol. They are experienced in managing children's complex health needs, working collaboratively with healthcare specialists and having access to an on-call doctor. Staff effectively reduce children's anxiety by identifying stress triggers and using strategies to support children in feeling safe and understood.

The effectiveness of leaders and managers (rated Good)

The leadership at Hollybank has undergone changes, with a new suitably experienced manager appointed and applying for Ofsted registration. Staff feel well supported by management, receiving mandatory and specialist training, although improvements are needed in accurately recording training on the staff training matrix. Regular supervisions, appraisals, and team meetings support ongoing staff development.

Managers effectively assess the quality of care, and their reports are comprehensive. The management team values input from the independent visitor, helping identify areas for improvement. Leaders are committed to children's well-being, showing flexibility and understanding to meet the needs of children and their families. The registered manager is praised for their efforts in supporting children and families.

Comments from parents

"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."

Recommendations for improvement

- Ensure the home maintains a homely environment, addressing areas of decor and furniture that need updating.
- Keep the workforce plan up to date, including new training and qualifications, and reflect these in the home's statement of purpose.

Hollybank remains dedicated to providing high-quality care and continues to make improvements to ensure the best possible outcomes for children and young people.

SEND inspection in Bexley

A full joint SEND inspection took place in the London Borough of Bexley from 4 December 2023 to 8 December 2023.

Bromley Healthcare are commissioned to deliver 0-19 public health services in the borough, and this was included in the inspection.

Outcome and Findings Summary

The inspection identified widespread and/or systemic failings leading to significant concerns about the experiences and outcomes of children and young people with special educational needs and/or disabilities (SEND), which the local area partnership must address urgently.

Within the report, there was reference to the school nursing service and the lack of drop-in clinics. Suggested amendments to the report were sent to the inspection team to correct the information and reflect that the service are not commissioned to deliver in this model. The inspectors did not amend the report as requested.

Next Steps

- Bromley Healthcare will support the completion of the local area action plan and monitor its progress.
- Communication with the partnership will be aligned to ensure that clinicians and children and families in Bexley receive regular and consistent messaging.
- A monitoring inspection will be carried out within 18 months, with a full reinspection within 3 years.
- The local area partnership must prepare and submit a priority action plan to address the identified areas for priority action.

SEND inspection in Greenwich

The local area SEND inspection in Greenwich took place 11 to 19 May 2023.

Bromley Healthcare are commissioned to deliver 0-4 public health services in the borough, and this was included in the inspection.

Outcome and Findings Summary

The report confirms that the Greenwich SEND arrangements 'typically lead to positive experiences and outcomes for children and young people with SEND. This is the highest possible rating under the new inspection framework introduced earlier this year.

The report highlights some excellent partnership work, including:

- The voice of children and young people, parents and carers 'is heard loud and clear in Greenwich'. Children and young people with SEND and their families in Greenwich are 'front and centre of the local area partnership's work'
- Children and young people's needs are consistently identified in a timely way across education, health, and care.
- Schools and nursery settings have access to a wide range of professionals to support them in identifying and meeting needs. School leaders have swift access to support services for children and young people with SEND. Strong and embedded relationships with services across education, health and care mean that children and young people's needs are met effectively
- Children and young people with SEND receive the right support at the right time and in the right place to meet their needs. This is because services and professionals think creatively and work together.
- There was additional recognition for 'professionals regularly going the extra mile to make sure that children and young's needs are met effectively'

Conclusion

The report clearly recognises the contribution Bromley Healthcare made to achieving this excellent outcome.

Compliments, complaints, comments and concerns

	Q1	Q2	Q3	Q4	Total 2023/24	Total 2022/23
complaint	9	20	6	16	51	57
concern	50	95	57	59	261	196
comment	9	20	13	8	51	48
compliment	225	260	213	229	927	698

Complaints

One of Bromley Healthcare's values that was selected by our staff, patients and the public is for 'Continuous learning and Innovation' and patient experiences are an integral component in the organisation being able to do this. Feedback is key in providing an insight into how our patients view the care provided by the services. 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 2023/24 was 261 compared to 196 in 2022/23, this is an increase of 65 more concerns received than the previous year. This increase reflects that staff are managing concerns at the earliest opportunity and preventing them escalating into formal complaints, which is why we see a reduction in formal complaints this year 2023/24. The comments remain consistent but are as equally important as complaints and concerns as they often provide 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 complaints that were closed after being reviewed in 2023/24, has decreased by 16% 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 47 complaints were closed during this time.

Year	Total Complaints	Upheld	Partially Upheld	Not Upheld
2021/22	62	27 (44%)	8 (13%)	26 (42%)
2022/23	57	16 (28%)	14 (25%)	27 (47%)
2023/24	51	13 (25%)	8 (16%)	27 (53%)

The top three themes for closed (formal) complaints for 2023-2024 related to clinical treatment, Aids/ Appliances/ Equipment 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 Chief Medical Officer, Chief Nurse, Associate Director of Safer Care, Heads of Adults, Children's, and UCR services, 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.

The number of compliments received in 2023/24 far outweighs the number of complaints about the services we provide with a ratio of 18 compliments per complaint, an increase of two compliments per complaint compared to 2022/23. The number of reported compliments does not reflect the true figure as many staff do not document personal positive feedback. We continue to actively encourage our staff to record all compliments.

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 2023/24 there were no never events 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 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 2023/24 is the sixth year of use for the revised version of the Data and Security Protection Toolkit. The Data and Security Protection Toolkit (DSPT) 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 DSPT, which covers 'Other Organisations'.

The DSPT 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 96.2% against the 95% target. We were also able to meet the requirements of a small number of additional non-mandatory requirements. As a result of having completed similar assessments throughout the year, we were able to obtain the necessary evidence earlier than usual and submit in May, well in advance of the 30 June deadline.

The next DSPT, for 2024/25, has not yet been released, but it is expected to be shortly.

Participation in CQUIN

The Commissioning for Quality and Innovation (CQUIN) programme for 2023-24 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. During 2023-24 the CQUIN programme was placed on hold, but internal development continued where these tied in with the longer-term strategic goals for the organisation.

The schemes were as follows:

- Increase uptake of Flu vaccinations to frontline staff with patient contact from 22/23 delivery (23)%. This was completed and achieved 57.7% for 23/24.
- Bedded Rehabilitation (Foxbury): Achieving automated reporting to evidence 90% 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. The automated reports were created and used to support data quality in electronic records.
- Community Nursing (Leg Ulcer service and District Nursing): Achieving 50% of caseload patients with lower leg wounds receiving appropriate assessment diagnosis and treatment in line with NICE Guidelines. Due to complexities in reporting and Bromley Healthcare's selection to participate in the Transforming Wound Care National programme, this CQUIN's focus was amended to evidence the reporting for those pilot sites (Beckenham Beacon PCN District Nursing and Tissue Viability). As at March 2024, the team had achieved 59%.
- Bedded Rehabilitation (Foxbury): Achieving automated reporting to evidence 85% of acute and community hospital inpatients aged 18+ having a pressure ulcer risk assessment that meets NICE guidance with evidence of actions against all identified risks. The automated reports were created and used to support data quality in electronic records.
- Talking Therapies: Achieving 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). The service achieved this every month and overall, for the full year, achieved 61.1%.
- Diabetes: 40% of Type 1 diabetes patients to have the 8 care essential checks completed. This work complemented submission to the National Diabetes Audit. 22/23 results were published 14/12/23 by NHSE and Bromley Healthcare ranked as follows:
 - 11th of 124 submissions for achievement of 8 care processes for Type 1 Diabetic patients (63% score)
 - 6th of 124 submissions for achievement of 9 care processes for Type 1 Diabetic patients (62.3% score)
 - 4th of 120 submissions for achievement of 8 care processes for Type 2 Diabetic patients (68.8% score)
 - 1st of 120 submissions for achievement of 9 care processes for Type 2 Diabetic patients (67.1% score)

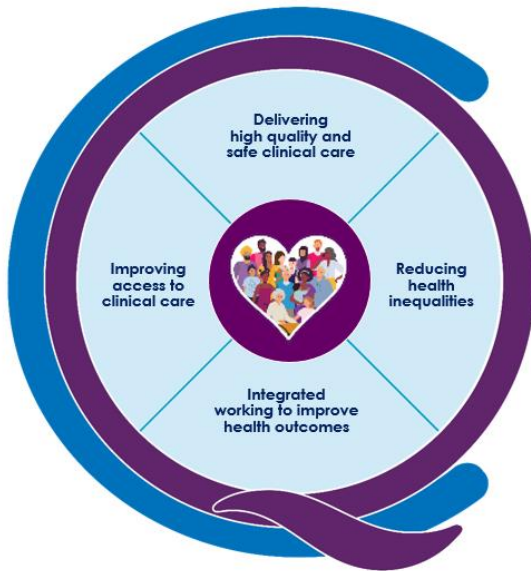
Our priorities for 2024-25

Introducing our new Clinical and Quality Strategy

As we look towards the next year, Bromley Healthcare is excited to introduce our new Clinical and Quality Strategy. This strategy, which was developed with staff and patients, is a comprehensive roadmap designed to enhance the quality and safety of our clinical care, reduce health inequalities, improve integrated working across the healthcare system, and ensure better access to our services.

Overview of our Clinical and Quality Strategy:

The success of our strategy is measured on the difference it makes to real lives. We ensure that we help those with the greatest needs. We recognised the importance of diversity and inclusivity in bringing the Clinical and Quality Strategy to life.



Priority 1: Delivery of high quality and safe clinical care

Providing high quality and safe care is our core business. In everything we do, we will ensure that the quality of care to our service users remains of highest quality and the safest we can provide. We will do so through a variety of means including aligning with the principles set out in the National Patient Safety Strategy: Insight, involvement and improvement.

Priority 2: Reduce health inequalities

We have a key responsibility to recognise and reduce health inequalities for our people, the people who use our services and the wider population, as people from marginalised, disadvantaged or deprived groups find it harder to access services and have poorer overall health outcomes.

Priority 3: Integrated working to improve health outcomes

We will work together with local partners across the system to enable people to stay well for longer, help meet the growing demand and coordinate care and prevention. We shall do this by integrating care throughout the patient journey wherever possible.

Priority 4: Improving access to clinical care

Our people and people who use our services told us they want improved access to care, which includes reduced wait times, accessible information in different ways including ensuring that the 'Digital First' approach does not exclude part of our population groups, and accessible clinical locations



Our strategy is aligned with national and local healthcare priorities and is designed to empower individuals to live their fullest lives within their communities. We will measure our success by the real-life impact on the communities we serve, continuously striving to meet the diverse needs of our population. This strategic focus ensures that Bromley Healthcare remains at the forefront of delivering high-quality, innovative, and inclusive healthcare.

Developing our Patient Safety Incident Response Framework

The Patient Safety Incident Response Framework (PSIRF) is a key part of the NHS patient safety strategy and will replace the current Serious Incident Framework (2015). The framework represents a significant shift in the way we respond to patient safety incidents. The PSIRF supports the development and maintenance of an effective patient safety incident response system that integrates four key aims:

- Compassionate engagement and involvement of those affected by patient safety incidents
- Application of a range of system-based approaches to learning from patient safety incidents
- Considered and proportionate responses to patient safety incidents
- Supportive oversight focused on strengthening response system functioning and improvement

Our PSIRF project plan is broken down into seven key stages to align with the NHS PSIRF preparation guide: Orientation, Diagnostic and discovery, Governance and quality monitoring, Patient safety incident response planning, drafting policy a plan, transition, and embedding.

The stages may not run in a linear fashion as they are interlinked, and each stage takes approximately 4 months to complete. We have completed the orientation phase. We are currently working on the diagnostic and discovery stage and the patient safety incident response planning stage.

The key objectives of the PSIRF project are:

- Create processes that support the engagement with those affected by patient safety incidents
- Examine the patient safety incident profile of Bromley Healthcare
- Ensure improvement plans align with the patient safety incident profile and the progress is monitored
- Develop process for incidence response decision making
- Develop a PSIRF policy and Patient Safety Incident Response Plan (PSIRP) to align with the NHS patient safety strategy
- Adapt templates of different types of learning responses to support patient safety investigations

PSIRF Project benefits:

- Cultural shift towards a positive patient safety culture
- Embeds patient safety within a system of improvement
- Compassionate engagement of those affected by patient safety
- Data driven and tailored approach to Bromley Healthcare patient safety incidents

We have a PSIRF Quality Day planned in June 2024 to gather the key stakeholders at Bromley Healthcare to begin planning our PSIRF policy and patient safety incident response plan (PSIRP).

We have also recruited two patient safety partners, who are people with lived experience. These individuals play a role in supporting and contributing to Bromley Healthcare's governance and management processes for patient safety.

3

Our achievements for 2023-2024

Below are a number of case studies that demonstrate our commitment as an organisation to providing quality healthcare services.

1. Innovations in clinical practice, technology and care

Bromley Virtual Wards – Children's and Adult's Hospital at Home services

Bromley Healthcare, in partnership with the Princess Royal University Hospital (PRUH) and other One Bromley partners, has implemented innovative virtual ward services known as the Children's Hospital at Home and Adult's Hospital at Home. These services, which have been growing since 2021, align with national directives to provide high-quality, patient-centred care, reduce hospital admissions, and optimise healthcare resource utilisation.

Children's Hospital at Home

The Children's Hospital at Home service is designed to provide acute care for children in the comfort of their homes. It addresses local needs and follows national guidance to prevent unnecessary hospital admissions and reduce the length of stay for those requiring hospitalisation. Key features of the service include:

- **Integrated care:** Enhances communication and teamwork between hospital and community healthcare providers, improving the overall patient experience.
- **Clinical expertise:** Delivered by a team of experienced paediatric nurses, ensuring high-quality care.
- **Step-down care:** Facilitates early discharge from hospital, providing continued treatment and monitoring at home.
- **Step-up service:** Offers acute care at home for children with respiratory illnesses to prevent hospital admissions.

Adult's Hospital at Home

The Adult's Hospital at Home service, led by a multi-disciplinary team of consultants and healthcare professionals, aims to provide hospital-level care in patients' homes. The service focuses on:

- **Acute care:** Offers assessment, treatment, and monitoring to prevent or shorten hospital admissions.
- **Remote monitoring:** Utilises Doccla technology and point-of-care testing to manage patient health remotely.
- **Patient-centred approach:** Engages patients and their carers in the care process to tailor treatment plans effectively.

Achievements and Impact

Children's Hospital at Home

- **Increased capacity:** The service has expanded its capacity significantly, allowing more children to receive care at home.
- **Reduced length of stay:** The average length of stay for children has decreased, facilitating quicker recovery in a familiar environment.
- **Higher patient volumes:** There has been a marked increase in the number of children served by the service.
- **Positive patient feedback:** Parents have praised the warmth, compassion, and professionalism of the paediatric nurses, noting significant improvements in their children's recovery experiences.

Adult's Hospital at Home

- **Capacity and efficiency:** Increased service capacity by 100%, reduced length of stay by 40%, saw 152% more patients monthly, and decreased cost per bed-day by 41%.
- **Increased accessibility:** Patient contacts rose by 11% in the last year.
- **Integration with Palliative Care:** Ensured comprehensive advanced care plans and carer assessments for all patients seen in the service.
- **Reduced re-admissions:** Achieved a re-admission rate of less than 12%.

Patient experiences

The patient feedback for both Children's and Adult's Hospital at Home services has been overwhelmingly positive:

- **Adult's service:** Patients and their families appreciate the personalised care and the convenience of receiving hospital-level treatment at home. Testimonials highlight the relief and improved outcomes experienced by patients.
- **Children's service:** Parents commend the warmth, compassion, and professionalism of the paediatric nurses. The service allows children to receive necessary treatments in a familiar and comforting environment, significantly enhancing their recovery experience.

The Bromley Virtual Wards – Children's and Adult's Hospital at Home services exemplify the potential of innovative healthcare delivery models to improve patient outcomes and optimise resource use. By addressing local needs with a patient-centric approach, these services have achieved remarkable results in capacity expansion, cost efficiency, and patient satisfaction. Continuous improvement and adaptation to challenges will ensure the sustainability and further success of these vital services.

Clinical supervision

Bromley Healthcare has introduced a clinical supervision app that records regulated supervision activity. Individual and service-specific reports can be created to ensure that clinical supervision is taking place and in which formats. This replaces the previous recording system (Health Roster) and offers a more user friendly process/system.

In November 2022, the clinical supervision app was rolled out across all mobile phones and a web link was provided for those staff who do not have a Bromley Healthcare mobile phone.

The clinical supervision policy was rewritten in January 2023 and ratified in February 2023 at the Quality Improvement Group. The new policy reflects the changes in the way clinical supervision is recorded and data is captured.

Since the roll out of the app, we have seen a gradual increase in user activity and this data is shared at divisional performance meetings, along with continued encouragement of staff to complete the app.

The information team have built a dashboard on QlikSense, to provide managers with visual reassurance that supervision is being completed, how regularly, and by whom.

Following continued work with the app provider to refine the functions available, we are also now in a position to capture safeguarding supervision and (using a keyword search) will be able to provide reports on this regulated activity.

Additional communication has been made with all registered staff via divisional performance meetings, written communications, and presentation at leadership meetings, to further increase the awareness, use, and benefits of the app.

This project aligns with our goal to ensure we are an organisation that is continuously learning and innovating.

The Key benefits of supervision include:

- Improved patient care through increased knowledge and skills
- Reduction in stress levels and complaints, and an increase in staff morale
- Increased confidence and a reduction in burnout and emotional strain
- Increased knowledge and awareness of potential solutions to clinical problems

Transforming wound care

Wound care presents an £8.3 billion challenge for the NHS, with 80% of chronic wounds managed in the community. Bromley Healthcare recognized the need for innovation in wound management due to increasing workforce demands, an ageing population, and complex wounds. In March 2023, we introduced Minuteful for Wound (MfW), a digital wound management solution, aiming to improve patient outcomes, optimize resource use, and inspire other organisations.

Chronic wound management constitutes about 50% of a community nurse's time, but traditional processes often lacked comprehensive data, hampering effective monitoring of wound progress. We adopted a digital solution to gain insights into our wound caseload. MfW, is a smartphone-based application that uses AI to scan wounds, assess their condition, and determine if specialist review is needed. This technology integrates with EMIS, providing a clear visual timeline of wound progress and facilitating efficient clinical decision-making.

Our goals were to enhance productivity, improve quality and patient safety, and ensure a positive experience for staff and patients. We engaged stakeholders at every organizational level, making this project a strategic priority. Clinicians were involved from the outset, and

we sought guidance from the Health Innovation Network and the National Wound Care Strategy Programme.

To ensure successful implementation, we conducted comprehensive training sessions and maintained regular communication with staff. We established key performance indicators (KPIs) focusing on time savings, wound healing rates, and early identification of wound deterioration. Frequent progress reviews and stakeholder feedback helped maintain engagement and enthusiasm. The implementation of MfW has significantly improved wound care management:

Productivity and efficiency: Virtual caseload reviews saved 50% of Band 7 nursing visits and 20% of Band 6 nursing visits, translating to annual savings of £13,662 per caseload holder. Optimized referrals to Tissue Viability Nurses (TVNs) from primary care reduced patient caseload time, saving £2,064 per patient.

Quality and patient safety: The cessation of antimicrobial dressings increased by 9%, treatment escalations by 4%, optimization of dressings by 6%, and changes in treatment plans by 6%. Healing rates improved, with 85% of wounds healed within 12 weeks, up from 71%. The average time from referral to full assessment decreased from 78 days to 26 days.

Staff and patients: Feedback from our District Nursing Survey showed that 100% of nurses found MfW time-saving and were confident using the app. The Neighbourhood Clinical Team Manager highlighted the time-saving benefits of remote wound reviews and care plan updates.

Financially, the project provided cash/non-cash releasing benefits of £137,977 per annum, against an investment of £88,000, delivering a return on investment of £49,977 (57%). Further outcomes are expected to drive additional savings and efficiency gains.

The success of MfW has inspired plans to expand its use across the organization and into primary care, enhancing visibility and management of wounds in the community. This seamless approach ensures continuity of care, especially for patients with diabetic foot ulcers. We have shared our outcomes nationally through the NWCSP Test and Evaluation Site report, case studies with Digital Health London, and presentations at conferences.

We are exploring the potential introduction of a patient version of the app, which could support self-managed care, further extending the benefits of this innovation.

Radar Healthcare local risk management system

Radar is our new local risk management system to replace Datix. The key aims of the Radar project were to:

- A more user-friendly, simple system
- Ability to access in any location, using any device (i.e. laptop, mobile etc)
- Reporter to receive feedback once the event has been completed
- Triangulation of data - Linking actions and learning outcomes

The alignment of Bromley Healthcare with NHS Patient Safety Strategy encompassing the LFPSE service (Learning from Patient Safety Events) and the PSIRF (Patient Safety Incident Response Framework)

The project began in January 2024, with the project charter being signed by the project team on 26/01/2024. The project was broken down into two phases, with phase 1 being going live on 18/03/2024. We completed the initial system build in 7 weeks, due to the contract with Datix ending on 01/04/2024. We are now commencing phase 2 of the project. The feedback we have received so far from our colleagues has been positive, we have had comments about how easy it is to log a compliment on the Radar Healthcare system.

We have worked with our specialist colleagues to design the system and ensure we capture all relevant information when someone reports an event on Radar. This has then made the specialist review process much more efficient. For example, we have worked with the pressure ulcer working group to develop the pressure ulcer section of the report form more concisely.

We are currently working with the Learning and Development team to develop a Bromley healthcare specific training package to help staff to understand our new system.

2. Community care and patient involvement

Engaging and involving local people and communities

In 2023, Bromley Healthcare established a multi-layered approach to working with local people and communities, in line with the [South East London Integrated Care Board people and communities strategic framework](#). We aim to actively involve people with lived experience, including people who use our services, their carers and representatives, in shaping our organisational decisions, priorities, pathways, communications, and service delivery.

The establishment of our Lived Experience Advisory Group

A significant development has been the establishment of the Bromley Healthcare Lived Experience Advisory Group (The LEAG). The LEAG provides expert independent advice to Bromley Healthcare based on members' personal experiences with our services. This advice is a crucial component of the evidence we use to inform decisions and deliver our services.

The LEAG is open to service users, parents, and carers who will meet bi-monthly between April 2024 and April 2025 to collaborate with our clinical staff and leaders, including the Chief Executive and service Directors. This collaboration ensures that insights and feedback from those with lived experience influence strategic areas of work within the organisation, such as service performance, major transformations, and meeting our organisational goals.

Specific roles within the group include Patient Safety Partner and Equality, Diversity, and Inclusion Partner. These roles will extend to other areas of the organisation, including our patient safety committee and Health Inequalities steering group. The group's chairs, who also have lived experience, will report to the Bromley Healthcare Board twice a year.

As of March 2024, we have recruited around 20 local people with lived experience to join the group. Members will undergo training to build their knowledge and understanding of the organisation, the local healthcare system, and our operations. They will also have access to further training and development opportunities. The group will meet approximately eight times between April 2024 and April 2025, with two-hour meetings held online and at our Orpington office.

Bromley Healthcare is committed to decision-making that draws on advice from its expert advisory groups, alongside other evidence and input from a wide range of stakeholders. To ensure a balanced perspective, we engage with other service users, including those who have had both positive and challenging experiences through our multi-layered approach, which is outlined below. This approach will be rolled out, embedded and measured against over the next 3 years:

Area of Engagement	Participants	Activities	Purpose
The Lived Experience Advisory Group (LEAG)	Service Users (including 2 chairs, a Patient Safety Representative and an EDI partner), Chief Exec, BHC Divisional and Service Leads, Staff	Eight 2-hour meetings a year, focusing on different divisional performance and feedback, and digital / organisational change, reporting to BHC Board	For people who have used our services to offer insights on organisational priorities, divisional performance, significant organisational and service plans/changes, and how we address health inequalities.
BHC Patient Information Readers' Network	People who use our services, parents and carers, Service Leads	A volunteer network for people to read information we provide	To read information we provide, e.g. on our website and leaflets, and to give us feedback so that it is clear and user-friendly.
Service 'Walk-throughs'	Children and young people who use our services, vulnerable populations	Service 'walk-throughs' and suggestions	Involve people with lived experience of using services, or of caring for someone who does, in site improvement and clinical practice.
Service Development, design and improvement User Engagement	BHC Services, People who use our services, parents and carers, partners	Surveys, focus groups, co-design groups	To ensure our services meet the needs of our communities
Peer Support Groups	Services, People who use our services, parents and carers, partners	Meetings, coffee mornings, activities	Ongoing holistic support for patients and informal engagement with services.
Community Outreach	Wider population, vulnerable groups, seldom heard and marginalised communities	Community meetings, events, open mornings, festivals	To reach wider communities, raise awareness of what we do and provide ad-hoc advice/signpost

Orpington Wellbeing Café

The Orpington Wellbeing Café, established in July 2022 as a joint initiative between the Orpington Primary Care Network and Bromley Healthcare, is a safe, inclusive space where local people can socialise and access advice. Attracting 80-110 attendees per session, the café offers a diverse range of activities such as arts and crafts, chair exercises, and mindfulness sessions. It also hosts healthcare talks provided by various Bromley Healthcare teams, which enhance health awareness and support the community during financial stress.

Understanding the unique needs of the Orpington Primary Care Network (PCN) was crucial for identifying unmet needs and providing targeted interventions. The Orpington PCN, a large network serving 60,240 residents across ten practices, including Bromleag Care Home Practice, has a higher-than-average proportion of older people, pensioners, and carers. Practice visits revealed that patients often have multiple long-term conditions and experience social isolation, highlighting clear inequalities in this population.

To address these challenges, Bromley Healthcare adopted a Neighbourhood Team approach in collaboration with the Orpington PCN. This involved working together on recruitment, pathways, and estates to deliver better care for patients. A community-centred approach was implemented to tackle social isolation and health issues faced by the elderly.

Sessions at the café are informed by participant feedback and requests, with at least six volunteers supporting each session. Many volunteers were previously café users who found a passion for helping others. Bromley Healthcare teams, such as Integrated Care Network, Bladder and Bowel, Rapid Response, Bromley Talking Therapies (formerly IAPT), and Respiratory, provide healthcare talks that enhance health awareness and support the community during financial stress.

The success of this model has inspired other PCNs, leading to the establishment of five wellbeing cafés across the borough, each tailored to the specific needs of their populations. This initiative is paving the way for an integrated health hub within the community.

The social aspect of the Wellbeing Café has proven to be a significant draw, providing a comfortable space for those suffering from bereavement, anxiety, and low mood. Following the vision highlighted in the Fuller Stocktake Report (2022), we saw an opportunity to expand our neighbourhood team. The Crays Primary Care Network, located next to Orpington, has a high number of patients attending the Orpington Wellbeing Café, allowing for shared learning and resource sharing to further improve patient care.

By addressing social isolation and health challenges, the Orpington Wellbeing Café has become a vital resource for the community, significantly improving the wellbeing of its attendees.

3. Workforce development and support

Health Visiting Workforce Initiative

Over the past year, Bromley Healthcare has made substantial progress in recruitment and retention within our Health Visiting services. Despite national shortages, we successfully reduced vacancy rates and improved service quality, highlighting our commitment to delivering exceptional community healthcare. This case study outlines the initiative's

development, outcomes, and impact on staff and patient care, providing insights into our strategies and successes.

Our initiative addressed a significant vacancy rate, particularly in Greenwich, where vacancies were as high as 49%. The national shortage of newly qualified health visitors, coupled with less competitive pay rates in outer London, exacerbated recruitment challenges. Our primary goal was to achieve zero vacancies and ensure long-term stability in staffing levels.

To tackle these challenges, we implemented a comprehensive workforce development plan focused on four key areas: recruitment, retention, progression, and growing our own talent.

- **Recruitment:** We strengthened relationships with local universities and collaborated with the Institute of Health Visiting (IHV) to attract new recruits.
- **Retention:** We provided supportive sessions to address staff needs, including sickness pay and IT equipment issues.
- **Progression:** We implemented the Strengthening Families model to enhance services for vulnerable patients while offering career advancement for health visitors.
- **Growing Our Own:** We developed internal Student Community Public Health Nursing (SCPHN) roles to encourage existing nursing staff to train as health visitors.

Outcomes and Impact

The initiative has led to remarkable improvements in various key performance indicators (KPIs) and overall service quality:

- **Vacancy Rates:** Reduced from 49% to 15% in Greenwich, bringing the overall rate to 7%, well below the national average of 16%.
- **KPI Achievement:** Significant improvements, with some measures increasing by over 40% since 2021. Breastfeeding prevalence in Greenwich rose from 21% to over 60%, and health reviews at one and two years surpassed 80%.
- **Regulatory Compliance:** Enhanced service quality contributed to Greenwich achieving the highest rating in the Special Educational Needs and Disabilities (SEND) inspection by Ofsted and CQC.
- **Cost Savings:** Reduced reliance on agency staff, with agency spending in Greenwich dropping from over £120k to zero.

These outcomes are supported by a robust governance framework, comprehensive training programs, and strong partnerships with higher education institutions and local organizations.

The principles underpinning this initiative are designed for scalability and adaptability. By tailoring the approach to the specific needs of each borough, we have created a model that can be replicated nationally. Our engagement with external bodies such as the IHV and SAPHNA, along with participation in broader clinical networks, has facilitated the dissemination of best practices.

The initiative delivered substantial improvements without requiring additional resources beyond our existing staff and management. By focusing on collaborative engagement and internal support, we achieved enhanced staff wellbeing, reduced sickness absence,

significant KPI improvements, and strengthened reputation among stakeholders, including local and regional commissioners, specialist bodies, and educational institutions.

Key to the initiative's success was the active involvement of front-line staff and senior managers in its design and implementation. We formed working groups, conducted regular feedback sessions, and provided extensive training opportunities. This inclusive approach ensured the initiative was well-supported and effectively met the needs of both staff and patients.

Bromley Healthcare's workforce initiative exemplifies how targeted strategies can lead to significant improvements in recruitment, retention, and service quality. By sharing our experiences and best practices, we aim to inspire similar efforts across the healthcare sector, ultimately contributing to better patient outcomes and a more resilient workforce.

Staff health and wellbeing initiatives

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, 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.

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 regular social events, including an annual Summer Garden Party, staff quizzes and a Winter Ball.

Bromley Healthcare Walking Challenge - colleagues took part in a 6 week Big Walking Challenge in 2023. The 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 have developed a network of Freedom To Speak Up Ambassadors (12 in total) who support the work of the Guardians.

4. Equality and inclusion

At Bromley Healthcare, we are committed to creating a culture of belonging and inclusion where all our staff, patients and service users feel they can be themselves authentically. We recognise that this is a key in driving real change and making a difference, as well as giving staff the opportunity to grow personally and professionally.

We have continued to support our staff through our LGBTQ+ Collective and newly named REACH (Race, Equality and Cultural Heritage) Network. We have also launched our Diverse Abilities Network, which supports staff with a neurodiversity, disability or long term health condition, or who are carers.

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 psychologically 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 98.5% and Unconscious Bias, which has a completion rate of 89.5 colleagues attending. We had 341 colleagues attending our annual Diversity and Inclusion Conference, across the nine optional sessions virtually and in-person.

Looking ahead, we are in the process of drawing up our Equity and Inclusion Strategy which will outline our future plans for equity, diversity and inclusion for colleagues and service users. We have already identified the priorities for this strategy which are:

1. Understand health inequalities and barriers to service
2. Create a fair and inclusive workplace
3. Champion Equality and Inclusion across south east London

Bromley Healthcare Annual Staff Awards

On Friday 24 November 2023, we recognised the achievements and success of our colleagues with our Annual Awards ceremony. The awards presented reflect Bromley Healthcare's values

and recognise colleagues' incredible contributions towards our priorities. The awards for 2023 are detailed overleaf with photos of some of the winners on the following page.

<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>	
Winners:	The Diversity and Inclusion Conference Committee Debbie Bodi, Children's Community Nurse Juliet Sargeant, Health Visitor – Bromley 0 to 19
<p>The Compassion in Action – Sue Chadwick and Massey Zekavatbaksh Award Recognising commitment and excellence in patient care</p>	
Winners:	Children's Community Nursing team Caroline Dirk, Specialist Physiotherapist – Post Covid Community Pathway
<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:	Communications and Engagement team Debbie Walker – Bidvest Noonan (cleaning contractor)
<p>The Continuous Learning Award Recognising learning and innovation in healthcare practice</p>	
Winners:	Rehabilitation at Foxbury
<p>The 'Grow our Own' Award Recognising a colleague's contribution to Bromley Healthcare through their learning and development</p>	
Winners:	Grace White, Advanced Clinical Practitioner - Rapid Response Michelle Owen, School Nursing Team Lead – Bromley 0 to 19
<p>The Innovation Award Recognising outstanding improvements to patient and/or colleague experience</p>	
Winners:	IT and Digital Change team Wound Care Strategy group
<p>The Outstanding Leadership Award Recognising outstanding leadership skills and contribution</p>	
Winner:	Jaime Dempsey, Assistant Manager - Hollybank Maribel Memaj, CCC Team Coordinator – Greenwich 0 to 4
<p>The Patient Choice Award Recognising exceptional patient care</p>	
Winners:	Care at Home team Falls and Fracture Prevention team
<p>The Working Together in Partnership Award Recognising those who have improved patient care through partnership working</p>	

Winners:	Andrew Hutchinson, Healthcare Assistant, Hollybank Strengthening Families Programme team for Greenwich 0 to 4
----------	--





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 2023/24 be supported by the Health Scrutiny Sub-Committee.



Bromley Healthcare Community Interest Company Ltd
Company no: 06815987 Registered in England
Registered office: Central Court, 1b Knoll Rise, Orpington BR6 0JA

This page is left intentionally blank