HEALTH SCRUTINY SUB-COMMITTEE

Minutes of the informal meeting held at 4.00 pm on 13 July 2021

Present:

Councillor Mary Cooke (Chairman)
Councillor Gareth Allatt (Vice-Chairman)
Councillors Kim Botting FRSA, Ian Dunn, Judi Ellis, Robert Evans, David Jefferys and Keith Onslow

Jaime Walsh, Francis Poltera and Vicki Pryde

Also Present:

Councillor Mike Botting, Executive Assistant for Adult Care and Health and
Councillor Diane Smith, Portfolio Holder for Adult Care and Health

1 APOLOGIES

The Chairman welcomed Members to the informal meeting of the Health Scrutiny Sub-Committee, which was held virtually via Webex.

Apologies for absence were received from Councillor Aisha Cuthbert and Marzena Zoladz – Healthwatch Bromley, and Councillor Keith Onslow and Jaime Walsh – Healthwatch Bromley attended as their respective substitutes.

2 PRESENTATION BY THE CHARTWELL CANCER TRUST

This item was deferred to a future meeting of the Health Scrutiny Sub-Committee.

3 UPDATE FROM THE SEL CCG

Councillor David Jefferys declared an interest in item 3b due to his role as Chairman of the Association of British Pharmaceutical Industry's Multimorbidity Action Group, which was working on Long Covid with the National Institute for Health Research.

Dr Angela Bhan, Bromley Borough Director – South East London Clinical Commissioning Group (SEL CCG) ("Bromley Borough Director") informed Members that the presentations (on GP access, Long Covid and vaccinations) provided an overview of how the Bromley team, and wider SEL CCG, had worked to meet the needs that had arisen as a result of the pandemic. It was

noted that a large increase in the number of COVID-19 cases was being seen – the number of hospital admissions had also increased, with more than 20 beds currently being occupied by patients with COVID-19 infections, however none of these patients were in intensive care.

a GP ACCESS

Cheryl Rehal, Acting Head of Primary Care, Bromley – SEL CCG ("Acting Head of Primary Care") provided an update on GP access in Bromley.

The Acting Head of Primary Care informed Members that there were 43 GP practices across Bromley (one virtual), which sat within one of the eight Primary Care Networks (PCNs). GP access prior to the pandemic had predominately been via face to face appointments (69%) due to other technology not necessarily being available. It was noted that other providers had come into the marketplace offering video consultations and promoting themselves as being highly convenient and accessible for working age adults. This had effectively "cherry picked" patients that were relatively healthy and left GP practices with the most complex and time-intensive patients, which was de-stabilising to General Practice. This had helped to drive change, and an aim of the NHS Long Term Plan was for every patient in England to have the option to access online and video consultations by 2021.

In spring 2020, GP practices had been required to rapidly switch to virtual consultations to protect both patients and staff due to the risks posed by the COVID-19 pandemic. Face to face appointments had been paused wherever possible and GP practices were instead required to operate 'total triage', assessing all patients remotely and restricting entry to surgeries for essential in-person care only. Moving through the pandemic, during summer and winter 2020, the focus had been on the restoration of services. Face to face care had been increased – patients were encouraged to seek help for ailments in a timely manner and contact their GP practice for overdue care and screening services. GPs had reported difficulties in reassuring anxious patients that it was safe to visit their surgery, with reluctance being particularly high amongst those who had been shielding and other more vulnerable patients. From spring 2021, General Practice had been "open for business". The COVID-19 vaccination programme was the main drive and where most of the face to face care had been provided – as the majority of the adult population had now been vaccinated, there would be a multitude of delivery modes by which patients could access clinics. GP surgeries were now expected to permit visits to surgery receptions, and a lower threshold of in-person consultations, where safe to do so.

The Acting Head of Primary Care advised that the most recent data regarding GP access was currently on a South East London (SEL) level, however work was being undertaken to extract data directly from GP surgeries to view at a Bromley level. This included:

- The total appointments in General Practice had risen - across SEL nearly 750,000 appointments were offered in March 2021 compared with 664,000 in March 2020;

- Patients were receiving an appointment sooner - there were 440,000 same day/next day appointments in March 2021 across SEL (60% of total), compared to 350,000 in November 2019;
- Face to face appointments had risen since the original lockdown - in March 2021t, 42% of appointments were face to face, compared to just 32% during April-May 2020;
- Home visiting had returned to near pre-pandemic levels - home visits stood at around 3,000 per month across SEL; and
- Online consultations had quadrupled since pre-pandemic levels - around 15,000 e-consults were now submitted to Bromley GP practices every month.

The Acting Head of Primary Care noted that patients had been accessing general practice via total triage. This required every patient contacting the practice to firstly provide some information on the reasons for contact to a member of trained staff, and this was then triaged to decide on the most suitable mode of care delivery, by the appropriate healthcare professional, at the right level of urgency. It was highlighted that around one third of the requests received were admin related, such as details about prescriptions, blood tests or changes to personal circumstances, which did not need to be dealt with by a clinician. This process also allowed urgent items to be flagged for clinicians who could then give patients direct access to a consultation (face to face or virtual) or referral to a specialist, or community pharmacist. The aim of total triage was to ensure that patients received treatment or onward referral in a timely manner.

With regards to online consultations, Members were advised that the highest user groups were those that were employed full time and those that were fully retired. The highest use was by patients living in the areas of Bromley and Beckenham, whilst the lowest usage was in Penge. The most prolific users were the 25 to 64 year-old age cohort and e-consults were mainly submitted at the beginning of the week, with Monday's being the busiest. The Acting Head of Primary Care noted that although the number of online consultations were increasing, it was still unclear if this was reducing the demand on the healthcare system as a whole, as urgent and emergency care was still seeing a significant increase in demand.

In July 2020, a Bromley Patient Survey had been carried out in partnership with Healthwatch. Feedback had reflected that patients' physical and mental health had been affected by: lockdown; delays in seeking help; being unaware that services were open; reluctance to burden the NHS further; being unwilling to visit the surgery; and the preference to wait for face to face contact. As a result primary care was now addressing a build-up of work due to:

- workforce challenges reducing practice capacity;
- increase in demand, both new and accumulated;
- increase in acuity;
- longer waiting lists for acute specialities; and
- a backlog in routine check-ups, screening and immunisations.

The Acting Head of Primary Care highlighted that the pandemic had resulted in a decrease in people accessing NHS services for a range of conditions unrelated to COVID-19. Last summer, the NHS 'Open for Business' campaign sought to give people permission to access NHS services and reassure them that they would not be a burden on the NHS. The GP campaign had been accompanied by explanations about remote triage and consultations, and that face to face appointments were being offered alongside other ways of accessing GP services.

In addition to the feedback provided directly to practices from patients via Friends and Family Test, Patient Participation Groups and ad hoc contacts, there had been efforts locally and nationally to understand people's experiences of accessing General Practice. Whilst some patients wished to return to face to face consultations and felt frustrated that they did not get enough time with their GP's, others were pleased with the remote offer and preferred the new process, and therefore there was a need to provide a balance of both. There was a group of patients considered 'under-served' or otherwise less heard, as well as patients who experience 'digital poverty' or had difficulty conveying their requirements. These patients may not be accessing all the care they required and there needed to be a way to best identify and support digitally excluded patients effectively. Feedback had also been gathered from GP practices in Bromley and it was noted that:

- many GPs and their staff had adopted new ways of working very effectively;
- total triage had been beneficial as a way to keep patients and staff safe;
- most GPs still preferred in-person consultations as a safe, reliable way to provide care but were balancing this alongside rising rates of COVID-19 and potential risks of visitors infecting other vulnerable patients and staff; and
- practices were reporting an increase in the volume of contacts, and an increase in unhappiness amongst patients (who may be frustrated, worried, fatigued, etc.)

To help improve access in General Practice the SEL CCG had identified four areas of focus:

- technology and estates (including investment in digital technology, staff training and improvements to premises);
- workforce (including expanding and retaining the workforce, and proficient triage);
- patient needs (providing a range or appointment options and flexible access); and
- strategic planning (analysis of the demand in Bromley and effective communications).

A Member noted that she had been contacted by several constituents, and highlighted a number of issues that they had raised relating to the Orpington Health and Wellbeing Centre and online triage system. The Acting Head of Primary Care responded that they wanted to ensure that no one was excluded by virtual access. It was highlighted that residents could walk into their GP

surgery and speak with the receptionist – if the practice used the online triage system, the receptionist could assist and support the patient through the process, and this could also be done via the telephone. With regards to what elements may not be detected through the virtual triage system, the Acting Head of Primary Care advised that this was a concern for GP practices. The initial triage of contacts was undertaken by reception teams, and also wider groups such as healthcare assistants, and the general rule was that if they were in any way unsure, the request should be put through. Some practices were using a RAG rating to flag the contacts that they were most unsure about, and those that required urgent attention – the benefit of this was that it ensured they were dealt with in a timely manner. This was reflected in the data, which indicated that more 'same day', 'next day', and 'within the next seven days' appointments were being made available across SEL than there had been previously. It was noted that this was still a learning process for both clinicians and patients. The Acting Head of Primary Care said that around two thirds of the contacts were transferred through to General Practice to be signposted on, and further details could be provided to Members following the meeting.

In response to further questions, the Acting Head of Primary Care advised that telephone calls were the most popular and easiest option for appointments – video consultations were possible, but practices were not using these as frequently. It was noted that there was also the possibility of uploading photos for the clinician to view. The Acting Head of Primary Care advised that patients were entitled to request to be seen by a named doctor, as continuity of care was extremely important, however the wait for an appointment with them may be slightly longer. The Bromley Borough Director noted that people with long-term conditions and the elderly were supposed to have a named GP who had an oversight of their conditions, but this was not a requirement for every individual.

(Post meeting note: Dr Bhan apologises for some inaccurate information given during the meeting, about named GPs, she was quoting from guidance that was not the latest. Current guidance states that <u>all patients</u> should be given a named GP within 20 days of registering with a practice, not just those with long term conditions. Patients should also be told who their named GP is.)

A Member enquired if there was any evidence as to the number of patients directed to the Accident and Emergency department rather than their local practice. The Bromley Borough Director advised that they had some basic data regarding how many people in attendance at Emergency departments had tried to access their GP services first. Current indications were that patients were generally able to see their GP if they wished to do so, but if the appointments given were late on in the day, they were not always convenient for patients. Further work would be undertaken around how, and when, patients could see their GP and it was suggested that an update could be provided to Members at a future meeting of the Sub-Committee. The Bromley Borough Director advised that if a surgery was extremely busy, they could ask a patient to use the 111 system. This system was geared to increasing access

for patients, however when all parts of the system were pressurised with increased requests for consultations, there was difficulty in meeting the needs of everyone.

The Member further questioned if there were any financial sanctions for practices that were underperforming or not complying with instructions. The Acting Head of Primary Care confirmed that there was a contractual process which could be followed if any GP practices were not complying with the directions of their GP contracts. This would initially involve an informal conversation and visit to the surgery; issuing a remedial action notice; and finally they would move to formal contractual action if required.

In response to questions from a Co-opted Member, the Acting Head of Primary Care said that they wanted to educate patients to ensure they were aware of their access options. In SEL, part of this work would look at which patients were accessing primary care services, and how they were doing so – more information would be made available on the different routes, and the wider primary care specialists that patients may be signposted to. With regards to choice around virtual or face to face appointments, this was led by the clinician, but there was also input from the patient.

The Executive Assistant for Adult Care and Health noted that this appeared to be a good system going forward and enquired if this would be prescriptive on GP surgeries. The Acting Head of Primary Care said that they wanted to encourage patients to use online or telephone access routes, but they did not want to prevent them from coming into surgeries if they wished to do so. It was noted that there were 43 practices across Bromley, and some had premises that had been difficult to make COVID secure, but generally they wanted patients to be able to visit their GP reception. It was not prescriptive that surgeries must operate in a specific way, but it was highly recommended – the standard operating procedure for General Practice throughout the pandemic was that they were expected to comply with the guidance to maintain safe and secure operations.

In response to a question from the Chairman, the Acting Head of Primary Care said that if Members received complaints/feedback from constituents she was happy for them to be forwarded on to her confidentially.

b LONG COVID

Mark Cheung, One Bromley Programme Director – SEL CCG ("One Bromley Programme Director") provided an update on the development of Long Covid services in Bromley.

The One Bromley Programme Director advised that the recovery time for patients that suffered from Long Covid was extremely varied. Although most patients would make a recovery within 12 weeks, sometimes symptoms could last much longer. It was highlighted that the chance of having long-term symptoms was not related to how unwell a patient had been, and Long Covid could also affected those who had been asymptomatic. The National Institute

for Health and Care Excellence (NICE) guidelines defined Long Covid as "signs and symptoms that develop during or after an infection consistent with COVID-19, continue for more than 12 weeks and are not explained by an alternative diagnosis". It was noted that the CCG were also looking at how to support patients still suffering 4 weeks after the onset of symptoms.

The range of symptoms was extremely varied and included:
- extreme tiredness (fatigue);
- shortness of breath;
- chest pain or tightness;
- problems with memory and concentration ("brain fog");
- difficulty sleeping (insomnia);
- heart palpitations;
- dizziness;
- pins and needles;
- joint pain;
- depression and anxiety;
- tinnitus, earaches;
- feeling sick, diarrhoea, stomach aches, loss of appetite;
- a high temperature, cough, headaches, sore throat, changes to sense of smell or taste; and
- rashes.

The One Bromley Programme Director informed Members that symptoms could be experienced individually or in clusters; could overlap; and could change over time to affect different parts and systems of the body. It was highlighted that learning was still being taken from this, but some studies estimated that around 10% of patients could suffer from Long Covid. As the illness was multifaceted, so were the treatments. This would involve a number of specialties including respiratory; cardiology; neurology services; and several therapies. The One Bromley Programme Director highlighted that one symptom of Long Covid was depression and anxiety which required support from colleagues in Mental Health services. It was essential to have an integrated approach to addressing the support provided to patients via the One Bromley partnership.

The One Bromley Programme Director advised that a post-COVID pathway was being developed in line with recent national guidance, and in conjunction with the other SEL boroughs to ensure there was a consistent offer. The pathway had four different elements, and patients could go back and forth to whichever was the most appropriate:
- GP / primary care (patient identification, assessment and investigation);
- self-management;
- community services; and
- acute services (specialist input, hospital services).

In GP support / primary care, resources and funding were already in place to support identification and assessment of patients, and a referral form and protocols had been developed. The One Bromley Programme Director noted that a condition stipulated was that face to face appointments were required in

order to make a comprehensive assessment. With regards to acute services, a specialist post-COVID syndrome assessment clinic had been established at the PRUH from April 2021 – holistic assessments were undertaken, including respiratory or neurological symptoms to rule out serious underlying conditions, and patients would then be referred on. It was anticipated that a community model would be developed in the coming months, which would receive referrals from GPs, the hospital and other partners. The proposal included the establishment of virtual weekly Multi-disciplinary team meetings, integrated with primary, secondary care and mental health services. Patients would receive a comprehensive holistic assessment which would determine whether they were suitable for self-management; the offer further monitoring and support; or direct face to face interventions. Patients that were suitable for self-management could access the Your COVID Recovery website, which had launched nationally last summer – other platforms were being considered across SEL, and support was also available from the Bromley Well services. The One Bromley Programme Director stressed the importance of continuing to monitor, adapt and record the outcomes of the data that supported this work, and the need to work with partners to share information which would inform how services were developed going forwards.

A Member congratulated the One Bromley Programme Director and his team for the work undertaken in relation to Long Covid services, which was well in advance of what was being seen across may other parts of the country. As highlighted, Long Covid was independent of the severity of infection and it was queried if this message would be used to reinforce the need for people to get their vaccinations. The Bromley Borough Director advised that this message was not being used as much as it could be – they did not want to be too alarmist, and it was noted that they were still trying to understand more about the syndrome. It was not a feature of national, London or SEL communications campaigns, however consideration could be given as to how this message was used. It was further noted that although children may not suffer an illness, they could be subject to Long Covid.

In response to a question, the One Bromley Programme Director said that capacity had been built into the pathway based on 10% of the number of COVID-19 patients, and further details could be provided to Members following the meeting. Data would continue to be monitored and used to scale services up or down as demand required.

A Member noted that the four pathways would put a differential amount of pressure on health services and asked if there was an assumption as to the proportion of patients that would go through each. The One Bromley Programme Director said that this was not currently known, however this was partly due to the way in which it the services had been set up. The national priority was to establish the specialist units, whereas in Bromley the thought was to direct patients through the community pathway first, as it could escalate referrals up to acute services. It was noted the patients with Long Covid were being seen via these pathways, and pressures on therapy services were already being reported.

Jonathan Lofthouse, Site Chief Executive – PRUH and South Sites informed Members that the number of NHS staff not functioning in their routine role due to Long Covid was now relatively small and an individual case management issue. With regards to the patient population, there were varying schemes, across both King's and Greater London, including Long Covid clinics and research. It was suggested that further information regarding referrals could be provided to Members following the meeting.

c VACCINATION UPDATE (VERBAL UPDATE)

Dr Angela Bhan, Bromley Borough Director – South East London Clinical Commissioning Group (SEL CCG) informed Members that Bromley, as a whole, was doing extremely well in terms of COVID-19 vaccination uptake. In the 80+ year old cohort uptake stood at over 95% and other age groups were at around 90%. Every care home had been offered vaccinations for residents and staff on several occasions and, following joint efforts, staff uptake had now increased to over 80%. The younger age cohorts (18+) were now being vaccinated – across SEL, 1.2m doses had been administered, 700,000 of which had been in Bromley.

The Bromley Borough Director advised that work was being undertaken to improve the difference in uptake between ethnic groups – the reduction in inequality was only between 2-3% but was heading in the right direction. There had also been door to door delivery of postcards with information on the COVID-19 vaccination programme; vaccination passes had been provided to the homeless and those in emergency accommodation; and information pods were located in The Glades Shopping Centre and Lidl – Burnt Ash Lane. In areas of low uptake, such as Mottingham, Penge, Crystal Palace and Plaistow, Local Authority colleagues had been knocking on doors, and this would now be extended to the Crays and Bromley Common. A satellite clinic was also held regularly at the Keston Mosque.

Work was now underway to look at the delivery of the booster vaccination, which would take place over a 15-week period, from 6th September 2021 to Christmas. A COVID-19 booster vaccination would be provided to the over 50's alongside the flu vaccination. The first stage of the programme would be for those aged over 70 years; those living in older people's care homes; those over 60 years who were immunosuppressed; and frontline health and social care workers. The second stage was for anyone aged over 50 years; those within the 'at risk' groups; and household contacts of those who were immunosuppressed. During this period they would also continue to offer first doses of the vaccine to all those that wanted it, and second doses for the younger cohorts.

The Bromley Borough Director said that there would be a range of options available for delivery of both the COVID-19 booster and flu vaccinations – through GP surgeries, pharmacies and Mass Vaccination Centres. In Bromley, GP's had been asked to deliver between 40-75% of the total vaccination activity, and it was highlighted that there would be a need to ensure that this did not impact on access to General Practice.

The Chairman thanked the Bromley Borough Director, Acting Head of Primary Care and One Bromley Programme Director for their presentations to the Sub-Committee.

4 UPDATE FROM KING'S COLLEGE HOSPITAL NHS FOUNDATION TRUST

Jonathan Lofthouse, Site Chief Executive – PRUH and South Sites ("Site Chief Executive") provided an update on the King's College Hospital NHS Foundation Trust.

The Site Chief Executive informed Members that as of that afternoon, there were 22 patients across the PRUH and South Sites with a confirmed inpatient diagnosis of COVID-19. It was highlighted that there had been a 70% growth in the number of inpatients in the last 30 days. In terms of the age range and ethnicity of patients, there did not appear to be any trends, and it was noted that from the following week far more intelligent COVID-19 data and statistics could be shared with health colleagues across the area.

With regards to staff vaccinations, these sat at between 80-83% and, as mentioned previously, healthcare workers would be included in the COVID-19 vaccination booster programme from 6th September 2021. In response to a question, the Site Chief Executive said that the vaccination data provided related to the global number – all staff across the Trust and any sub-contracted staff. When looking at individual professional groups the percentage of uptake was higher. The broad percentage was 80%, but some were as high as 90%, and a breakdown could be provided to Members following the meeting. It was noted that during the COVID-19 vaccination booster programme a further marketing campaign would be undertaken aimed at those staff that were still resistant to come forward.

The Site Chief Executive advised that in terms of the recovery of elective surgeries that had been delayed due to the pandemic, the Trust was currently performing over 96% of these as 'business as usual'. As per national requirements, the Trust would receive funding for anything over 85% – for the first three months of the year the Trust had secured an additional income level of around £12m. Members were further advised that the Trust were hoping to submit a planning application to the Local Authority within the next 8 weeks for the new Endoscopy unit.

In response to questions from the Chairman, the Site Chief Executive said that some patients had been waiting a very long time for surgery and treatments – some over a year. However, it was highlighted that this cohort of patients had been clinically prioritised and those with the highest level of priority were receiving treatment in a timely manner. With regards to cancer treatment, the Site Chief Executive noted that the PRUH and South Sites were now performing to the national standard across the majority of cancer markers, including 14 days for referral and 62 days for treatment. The two areas of exception were related to specific drug referral and 28-day fast test. It

was agreed that statistics on waiting times and cancer treatment could be circulated to Members following the meeting.

On behalf of the Sub-Committee, the Chairman thanked the Site Chief Executive for attending the meeting and providing an update.

5 UPDATE FROM BROMLEY HEALTHCARE

Jacqui Scott, Chief Executive Officer – Bromley Healthcare ("Chief Executive Officer") provided an update on the work being undertaken by the organisation. A copy of the presentation is attached to the minutes at Appendix A.

Over the last year, Bromley Healthcare had carried out over 600,000 patient interventions, both virtual and face to face. During the first wave of the pandemic a number of services had been paused or changed, but during the second wave all services had continued. Over 500 laptops had been issued to staff to enable remote working and virtual consultations.

The Chief Executive Officer advised Members that COVID-19 related workforce absences had increased in line with local population increases. As at the 12th July 2021, there were 20 staff absences related to COVID-19: 10 staff were self-isolating; 4 staff had recorded a positive COVID-19 test; and 6 staff were suffering from the effects of Long Covid. There were also around 30 staff who had been risk assessed and were required to work from home. 90% of all staff had received at least one COVID-19 vaccination, however this was lower for BAME staff at 78% and they were continuing to work with the staff groups that had the lowest uptake.

The Bromley Community COVID Monitoring Service (BCMS) provided a 2-hour response to any patients that were COVID-19 positive. Over the last 7 days there had been 25 referrals into the service, which was an increase from 15 in the previous week. The current case load was 8 patients, which was significantly lower than at the peak of the pandemic when there were 200 patients at any one time.

The Chief Executive Officer advised that there were four key quality improvement objectives for 2021/22, as stated in the Bromley Health Care Quality Account:

- Objective 1: Reduction of avoidable acquired pressure ulcers – this was the highest level of reported incidents across the organisation, for which a working group had been established.
- Objective 2: Reduce the number of patients who fall whilst under our care and ensure the appropriate interventions have been completed – the majority of falls happened in people's homes and were therefore unwitnessed and a working group had also been established.
- Objective 3: To Improve the standard of clinical record keeping – the organisation's most recent record keeping audit had marked them in

the high 80% but they wanted to improve this further, and a standard had been introduced for all records to be updated within 48 hours.

- Objective 4: Reduce the number of Medicines incidents causing harm.

The Chief Executive Officer highlighted that quality underpinned everything that the organisation undertook and there were a number of areas in which it was monitored:

- Workforce development – a large proportion of the workforce was extremely tired, as they had been working throughout the duration of the pandemic, and Bromley Healthcare were providing them with support. There was also a focus on career pathways and progression, provision of leadership training and internal promotion.
- Datix IQ – this was a system for monitoring feedback across the organisation, which had recently been upgraded to help keep track of all complaints, incidents and positive feedback. The Chief Executive Officer advised that she received a daily email providing an overview of any incidents and a weekly review meeting took place to ensure any necessary action was taken.
- Business intelligence tools – dashboards were used to improve patient safety and patient outcomes, and a series of mock Care Quality Commission (CGC) inspections had been undertaken.

In terms of health and wellbeing, Bromley Healthcare had held a number of initiatives, including a 'Wellbeing Week' where staff took part in yoga, exercise sessions and the 'Big Walk Challenge'. Schwartz Rounds had also been introduced to support the emotional wellbeing of staff, and 16 Mental Health First Aiders had been trained. An Equality and Inclusion Network had also been established and was currently working on a number of different initiatives.

The Chief Executive Officer informed Members that the Bromley 0-19 Public Health Service had been implemented from 1st April and there was now a new website in place. Work was being undertaken to ensure that the KPIs' were at the correct level and a dashboard was being used to monitor this. In collaboration with the PRUH, Bromley Healthcare had also established a new Hospital@Home service for children, which had received very good feedback from both the hospital and the families, and data was provided regarding the potential number of bed days that had been saved.

It was noted that the first standards for Community Services had been introduced the previous year in relation to 2-hour and 2-day response. Bromley Healthcare was part of the SEL accelerator site and both of these targets were being achieved, and one of the key services within this was Bed Based Rehab. Benchmarking data highlighted that patients being admitted had acuity levels similar to patients in other areas, however the patients in Bromley were discharged with a greater level of improvement. There had also been an improvement in the length of stay (LOS) which had reduced by 20% over the previous three financial years.

The Chief Executive Officer advised Bromley Healthcare usually held a staff ball to recognise the work undertaken by colleagues. Due to the COVID-19 pandemic this had not been possible, however awards had been presented to staff at their places of work.

With regards to friends and family patient feedback, the Chief Executive Officer informed Members that the collection of this had been suspended until August 2020, but from September 2020 onwards Bromley Healthcare had stood at between 97-100% on a monthly basis. It was noted that there were challenges within some of the Bromley Healthcare services following the COVID-19 pandemic. The waiting times for some services were much improved as they had taken the opportunity to review how they were delivered, but others had longer waiting times, particularly the wheelchair service. Bromley Healthcare were in the process of recruiting another clinician into the wheelchair service; new premises had been identified; and the use of a local equipment supplier would be implemented. It was hoped that this service would be in a much stronger position in the new year.

The Chairman led Members in thanking Jacqui Scott for her update regarding the work of Bromley Healthcare.

6 UPDATE FROM HEALTHWATCH BROMLEY

Jaime Walsh, Director of Operations for Healthwatch and Engagement Services – Your Voice in Health and Social Care ("Director of Operations") provided an update to the Sub-Committee regarding the Healthwatch Bromley Quarter 4 Patient Engagement Report.

The Director of Operations informed Members that over 600 reviews had been collated during the Quarter 4 period (January to March 2021). On each occasion, patients gave an overall star rating (1-star to 5-star) and provided free text comments. It was noted that due to the pandemic the feedback for this quarter had been collected through online review platforms, telephone engagement, and direct feedback could also be left via the Healthwatch Bromley website. It was highlighted that the majority of review were 4- or 5-star rated, with 78% of the feedback received being positive. There was a much lower number of negative reviews overall which was a theme that continued to be seen in Bromley, however there had been an increase in 1-star ratings. This was a trend seen since the introduction of online and virtual platforms during the pandemic and this would be monitored once they return to face to face engagement.

During Quarter 4, a number of comments had continued to be received relating to GP and dental services. With regards to the distribution of positive, negative and neutral feedback, GP surgery services had a larger ratio of negative feedback. This was also seen across other Healthwatch areas and was reflective of some of the challenges and issues discussed earlier in the meeting. The Director of Operations highlighted that Children and Young People – SEND services had received a large proportion of negative reviews.

Members noted that it was a concern to see that only 2 out of 36 reviews received for this service had been positive and suggested that this be referred to the Chairman of the Children, Education and Families Policy Development and Scrutiny Committee.

A Member enquired if anything could be done to encourage more younger people to provide feedback on services. The Director of Operations said that during Quarter 4 there had been gaps in the overall monitoring data as a percentage had been gathered from online review platforms and therefore they had not been able to collate all the demographic data. It was considered that this could be looked at over the whole year, and the analysis fed into plans for the current year.

The Chairman thanked Jaime Walsh, Director of Operations for Healthwatch and Engagement Services – Your Voice in Health and Social Care for her update to the Sub-Committee.

7 JOINT HEALTH SCRUTINY COMMITTEE VERBAL UPDATE

Councillor Judi Ellis, Chairman – Our Healthier South East London Joint Health Overview and Scrutiny Committee provided an update from the meeting on 30th June 2021.

Members were advised that the Committee membership consisted of Councillors representatives from the London Boroughs of Bromley, Bexley, Lewisham, Lambeth, Southwark and the Royal Borough of Greenwich. Issues discussed at the meeting had included Integrated Care Services, vaccinations and the recovery of elective surgery across South East London.

With regards to Integrated Care Services, Members had been reassured that the opportunity to scrutinise services, both across London and within individual boroughs, would remain the same. It was noted that Guy's and St Thomas' NHS Foundation Trust were piloting hybrid care – this would provide the opportunity of choice for patients, but that care would be led by clinical necessity.

Discussions had taken place on the progress of the vaccination programmes and the work undertaken regarding pop-up clinics across South East London, as well as how negative reactions to the vaccine and Long Covid were being dealt with.

In relation to the recovery of elective surgeries, Members had been provided with information on the pathways and reallocation of beds following the pandemic. Across SEL, there were 138 patients that had been waiting over one year for operation. These patients were being clinically assessed and brought forward as quickly as possible, with the aim to revert back to an 18-week waiting time. It was highlighted that some of these patients had chosen not to have their operations during the pandemic.

The Chairman – Our Healthier South East London Joint Health Overview and Scrutiny Committee said the meeting had provided the opportunity to look at Bromley in the light of other boroughs. Bromley was performing very well, and thanks were extended to the commissioners and leadership within the borough.

RESOLVED that the update be noted.

8 WORK PROGRAMME 2021/22 AND MATTERS OUTSTANDING

The Chairman informed Members that a request had been received from the SEL CCG to provide an update on Winter Planning at the October 2021 meeting of the Sub-Committee.

The Chairman requested that verbal updates also be presented on GP access, Long Covid and vaccinations. It was considered that Members could provide greater value by feeding back the views they received from constituents, in a structured format which focussed on key themes, and developing further communications with the SEL CCG.

Members were asked to notify the Clerk if there were any further items that they would like added to the work programme.

9 FUTURE MEETING DATES

4.00pm, Thursday 7th October 2021
4.00pm, Thursday 13th January 2022
4.00pm, Wednesday 20th April 2022

The Meeting ended at 6.00 pm

Chairman

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Minute Annex

Health Scrutiny 13th July 2021

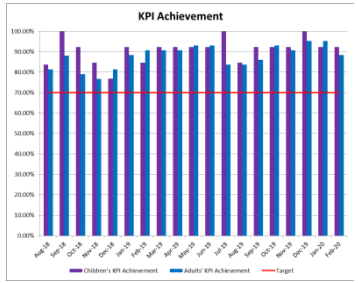
About Bromley Healthcare

Population:
330,000

Boroughs : Bromley, Bexley, Greenwich, Lewisham
(25 locations)

Patient interventions:
600,000

Workforce:
1,100
Bank 250-300



KPI Achievement:
Adults: 92%
Children: 88%

Income: £57m

Patient satisfaction:
98.1%

35 Services
Urgent community response // Neighbourhood // Children's

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Bromley Healthcare Charity
a helping hand

Groups supported: 6

NHS

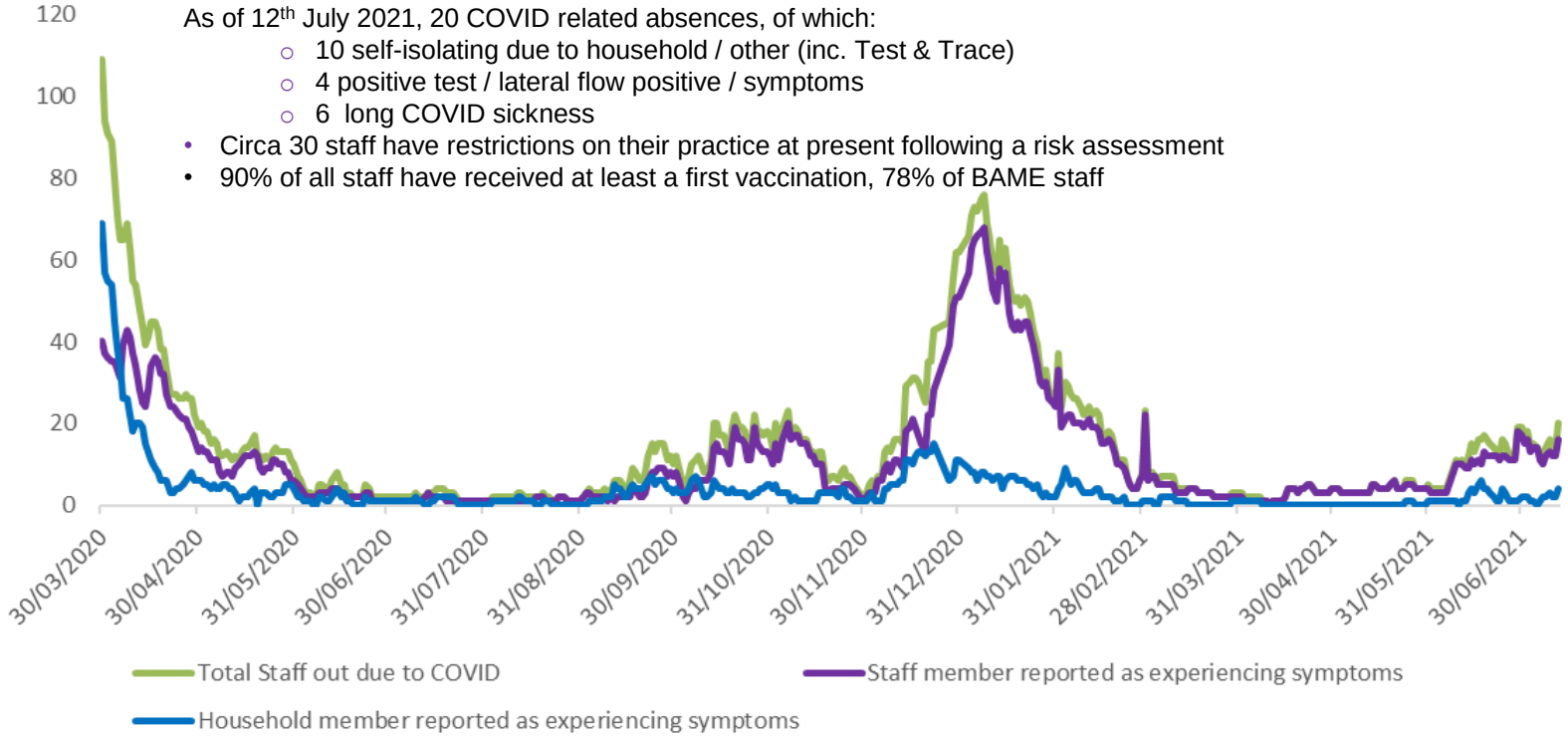
COVID Update

- COVID related workforce absences have increased in line with local population increases

As of 12th July 2021, 20 COVID related absences, of which:

  - 10 self-isolating due to household / other (inc. Test & Trace)
  - 4 positive test / lateral flow positive / symptoms
  - 6 long COVID sickness

- Circa 30 staff have restrictions on their practice at present following a risk assessment
- 90% of all staff have received at least a first vaccination, 78% of BAME staff



Improved patient safety and outcomes (Covid Monitoring Service) Safety netting

Quality Objectives 2021 - 2022

The areas of quality improvement Bromley Healthcare is committed to focusing on during 2021-2022 are outlined below:

- **Quality Improvement Objective 1:** Reduction of avoidable acquired pressure ulcers
- **Quality Improvement Objective 2:** Reduce the number of patients who fall whilst under our care and ensure the appropriate interventions have been completed
- **Quality Improvement Objective 3:** To Improve the standard of clinical record keeping
- **Quality Improvement Objective 4:** Reduce the number of Medicines incidents causing harm

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Quality triangulation

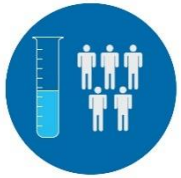
Quality is not an isolated activity; it is central to all we aspire to achieve and to assure and improve the care that is delivered to service users and their families. As such, quality is linked to a number of wider frameworks and initiatives. Quality contributes to the delivery of Bromley Healthcare's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

Organisational Strategy

Clinical and integrated governance

Corporate assurance

Patient engagement and involvement



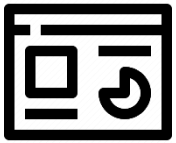
Clinical effectiveness and evidence based practice

Clinical risk management and patient safety

Complaints and other form of patient feedback

Performance monitoring

Workforce Development



Dashboards / Bu
Intelligence bc

Our Health and Wellbeing and Equality & Inclusion Plans

Health & Wellbeing

Since December 2020, several health and wellbeing initiatives have been developed and many implemented with the aim of supporting all our People in Bromley Healthcare.

The initiatives include:

- Wellbeing Week (*range of activities including the launch of some of the initiatives below*)
- Bromley Healthcare Big Walking Challenge
- Schwartz Rounds
- Mental Health First Aiders
- Lived experience resources
- Resilience and Mindfulness workshops
- Freedom to Speak up
- Ethnic Minority Mentoring Programme

Equality & Inclusion

The Bromley Healthcare Equality and Inclusion Network has been established to identify and tackle specific challenges facing people from Black, Asian and minority ethnic (BAME) backgrounds working in BHC, in order to create an inclusive environment and policy framework that ensures equal opportunities and fair treatment for all. We will focus on three key aspects:

Our Intention - To empower all BAME staff to challenge racism, harassment, bullying or abuse in the workplace.

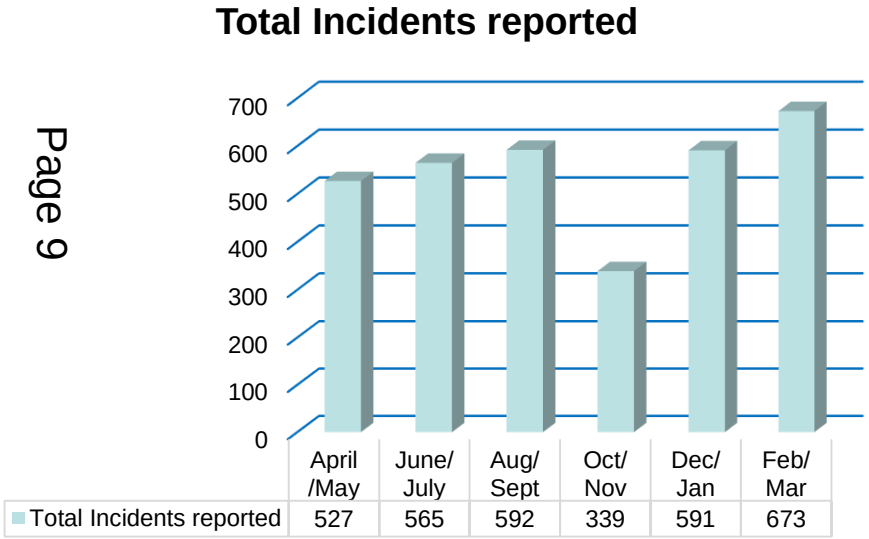
Our Function - To ensure that actionable and evidence-based recommendations for change are embedded in BHC policies to respond to, and reduce inequalities, for BAME healthcare staff

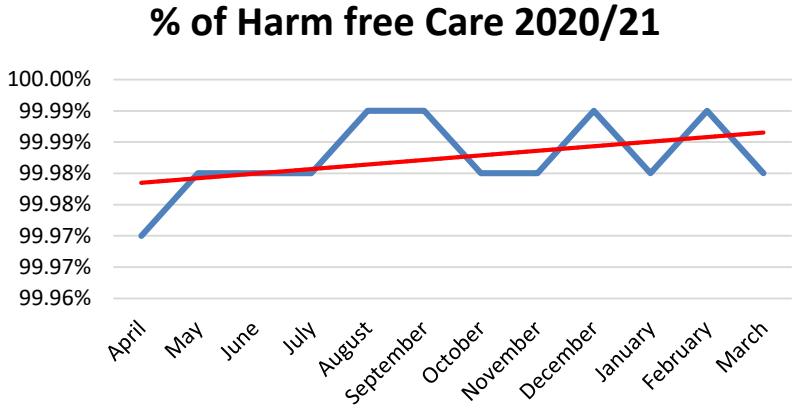
Our Ambition - That we reflect the "voice" of the network for BAME colleagues to ensure BAME staff have equal access to opportunities and fair treatment within the organisation.

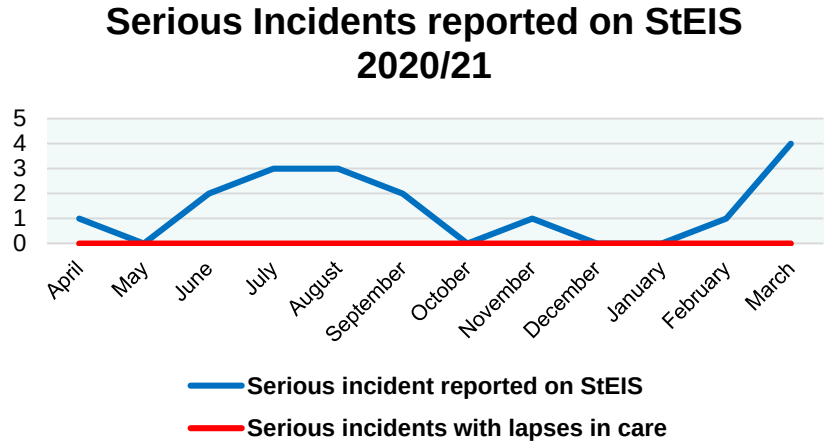
Our 2021/22 Priorities mapped to WRES indicators

No	Indicator	Actions	Completed
1	Percentage of staff in each of the Agenda for Change (AfC) Bands 1–9 and VSM (including executive board members) compared with the percentage of staff in the overall workforce	• E&I conference being planned for Autumn • Focus on completion of 'missing' protected characteristics	• Set up E&I (BME) network • Reporting line established to People & culture (formerly Q&P) • Lived Experience videos produced and ready launch
2	Relative likelihood of white applicants being appointed from shortlisting compared to BME applicants	• Recruitment training (incorporating unconscious bias) • Network members trained in job evaluation (6 waiting to be trained) – due in Sept • Expansion of interview panels to include patients/ E&I representatives. • Review of selection processes	• Unconscious bias training rolled out (c. 60% completed) • Appraisal programme (incorporating unconscious bias) • How to be a Great Leader Programme – incorporating E&I)
3	Relative likelihood of BME staff entering the formal disciplinary process compared to white staff	• Reviewing key ER policies. (Imperial has produced a 'best practice'). (Q1 for disciplinary) • Transition to 'just' culture – training programme for managers	
4	Relative likelihood of white staff accessing non–mandatory training and continuous professional development (CPD) compared to BME staff	• Programme to access secondments across organisations	
5	Percentage of BME staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months	• Create a dashboard of staff information e.g. recruitment, promotion, complaints, grievances, disciplinary, access to training, banding by ethnicity (due Sept) • Zero tolerance policy for patients being reviewed and relaunched • Freedom to speak up ambassadors. (*First guardian registered due Sept)* • Ensure representation on the 'How to be a Great Leader	• Focused survey undertaken with BME network and results fed back to Leadership Team and Q&P. Wider NHS staff survey completed. • Mental Health first aiders trained (Sarah Medford from the core group is the clinical lead for health and well-being work). (launched April) • Sharing 'lived in' stories (across One Bromley). • Mentoring / reverse mentoring. (across One Bromley). (Mentors being recruited)

Incidents – 2020/21







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0-19 Bromley

During the pandemic BHC successfully mobilised the new Bromley 0-19 Public Health Service. This included the following actions:

- 78 staff TUPE'd
- Creation of a new website www.bromley0to19.co.uk
- Installation of new IT equipment and networks to three new premises
- Issued new laptops and iPhones to all staff on day one which was a much bigger challenge than usual with the COVID 19 infection control measures in place
- Migrated over 1 million rows of data: progress note migration and document upload ongoing
- Agreed KPIs and commenced reporting to commissioners

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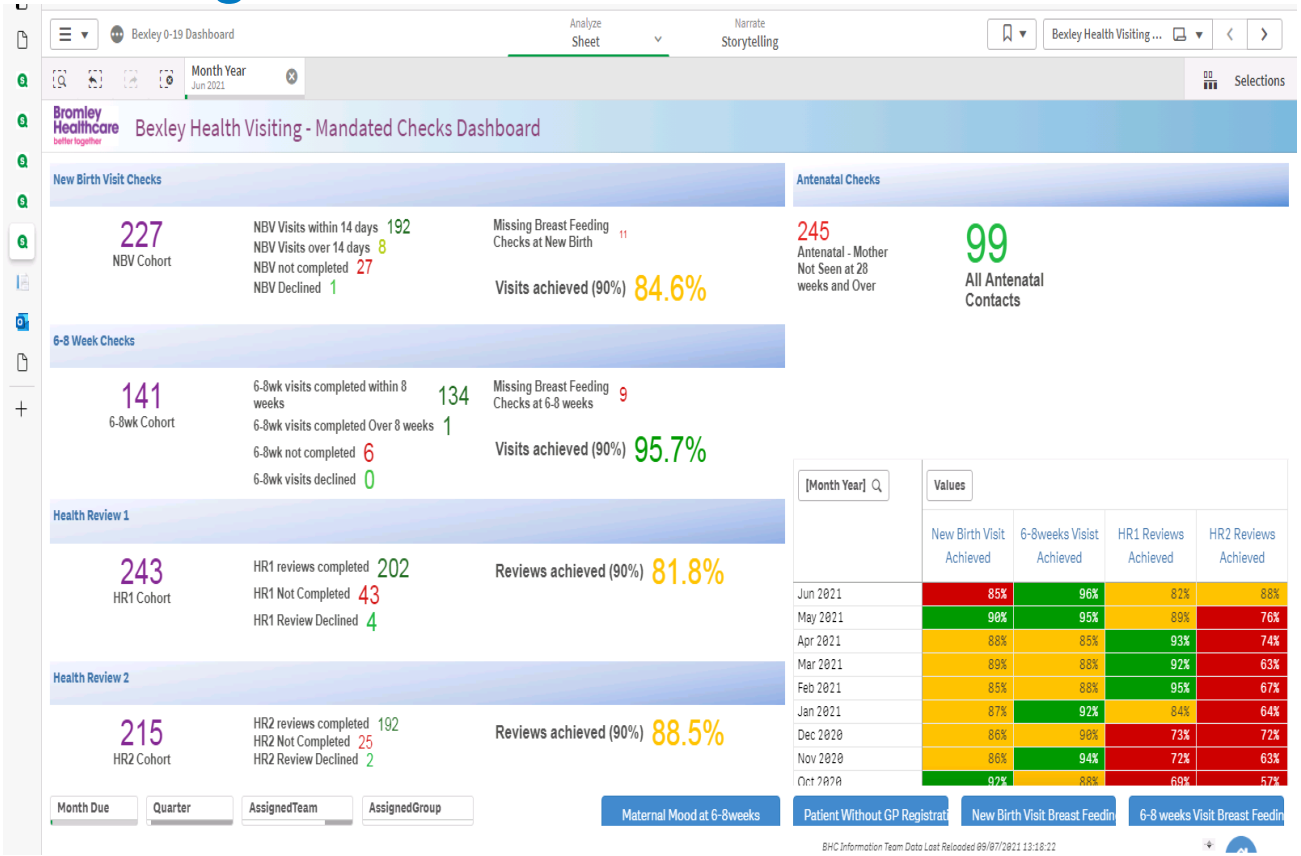
NHS

Improving patient safety and outcomes
Health Visiting Service



Hospital @ home for CYP

Why was the service developed?

Winter pressures and the COVID-19 pandemic demonstrated the need to develop a C&YP H@H model to:

- Provide acute paediatric care to a range of patients and families within the home setting, with less disruption to family life
- Offer greater access to high quality child centred healthcare with improved patient outcomes and satisfaction
- Prevent unnecessary admissions to hospital, improve in-patient flow and enable speedier discharges
- Allow greater integrated working across acute and community care
- Manage increasing demand on A&E and inpatient services and any future Covid peaks

Early data showing the potential number of bed days saved

	February	March	April	May
Days	116	131	163	215

The nurses have been absolutely **amazing**. Treating children at home rather than in hospital which can be mile away, especially if you are a single parent makes the world of difference

The team that came to do our daughters hospital at home were **amazing**. All very **professional** and knew exactly what needed to be done. They were all in communication with the hospital and answered any questions I had. ..Brilliant service

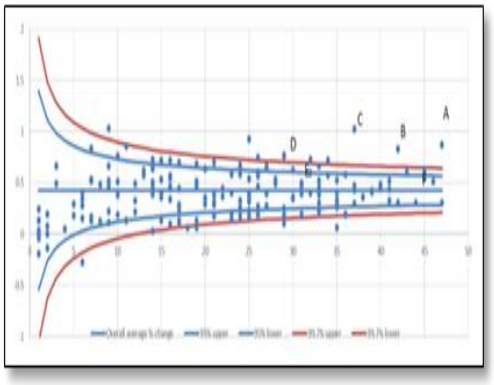
My son was **comfortable** at home, not needing to stay in hospital also meant there was **no disruption** to our home/work routine

Intermediate care benchmarking: Bed Based Rehab

In addition to the creation and use of the near real time Business Intelligence monitoring dashboards, the team have implemented a number of process improvements to enhance care:

- Strong clinical leadership
- Clinician to clinician referral via the Single Point of Access
- Rapid assessment (Clerking) upon arrival at the Rehab unit
- Estimated Discharge Date (EDD) set as part of arrival assessment
- Frequent communication with acute colleagues and conference style discussion meetings across the system to improve patient flow by removing barriers

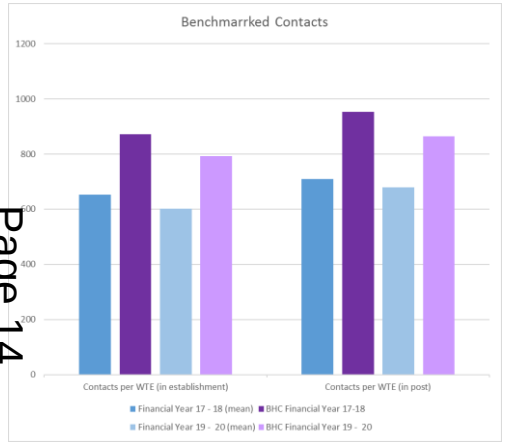
% Change in Modified Barthel Score:

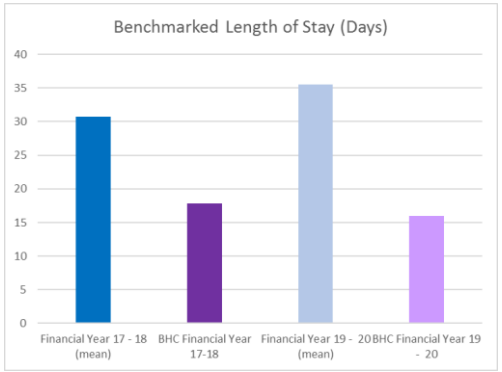


NAIC identified the service as positively deviant (site C):

Acuity on admission was in line on admission but outcome better at discharge; Waits shorter & LOS lower than National / London average; Higher number of patients under BHC care return home than the national / London average.

Intermediate care benchmarking: Home Based Rehab





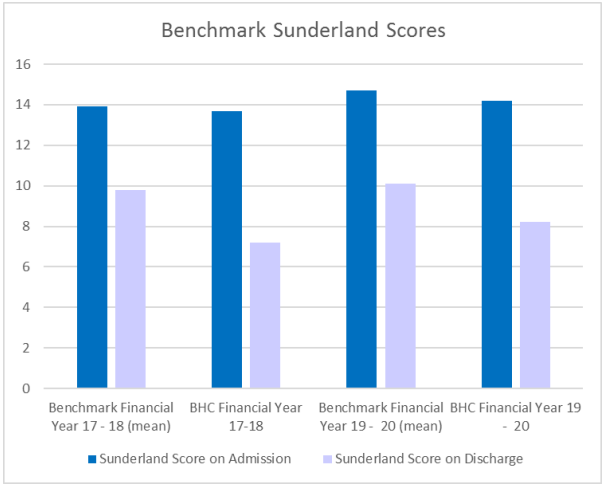
Referrals into the service have increased 50% across the three years. BHC's contact level is far greater than the national mean.

Length of stay has reduced across the three financial years by 20%. When compared to the Benchmarked periods, BHC shows a reduction of 10% vs a national increase of 16%.

The service took part in the PREM benchmarking in both years. Whilst the average patient was approximately at the national benchmark level on admission to the BHC service, they were discharged with a much greater improvement.

For the Sunderland score, a lower score represents a less dependent service user.

	Sunderland Score on Admission	Sunderland Score on Discharge	Change
Benchmark Financial Year 17 - 18 (mean)	13.9	9.8	4.1
BHC Financial Year 17-18	13.7	7.2	6.5
Benchmark Financial Year 19 - 20 (mean)	14.7	10.1	4.6
BHC Financial Year 19 - 20	14.2	8.2	6

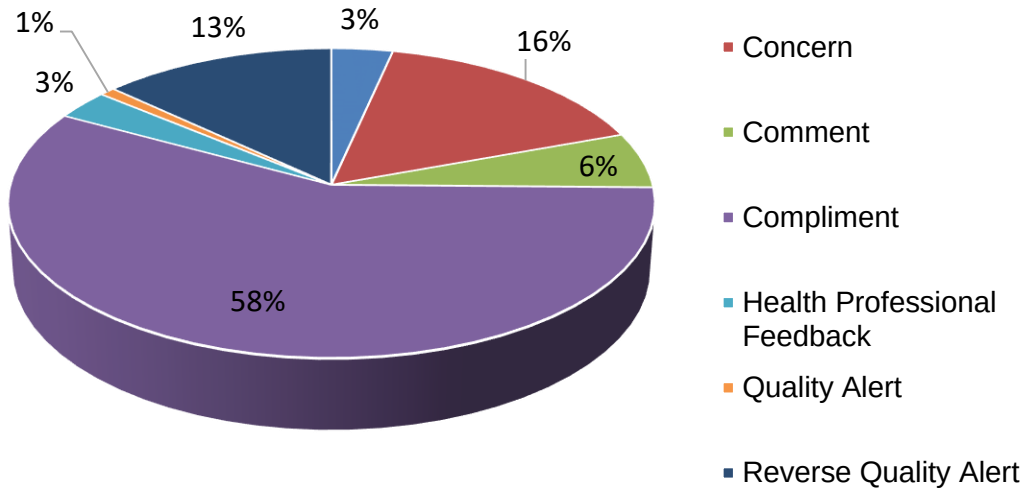


Virtual awards

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

Award	Winner	Special Mention
A Team Award	Rapid Response team	Safeguarding Children's team
Adapting during COVID Award	Team: Bexley 0 to 19 team Individual: Robert Frampton	Nicolette Lawrence
Administrator of the Year award	Emily Shave, Jess Kenvyn, Lizzie Ball	Linda Young
Outstanding Leader Award	Cait Lewis	
Year of the Nurse Award	District Nursing team including Twilight, Night and Phlebotomy	

Patient Satisfaction 2020/21



Complaint – 41 complaints closed, 7 upheld, 4 partially upheld

Concerns – 182 complaints resolved locally

Comments – 66 comments

Compliments – 655 compliments received

Health Professional feedback (HPF) – 35 HPF's of which 5 related to clinical treatment, 4 to attitude and behaviour, 4 communication (oral) and 4 regarding assessment

Quality Alerts (QA) – 10 QA arising from a GP Practice(s) or healthcare service regarding BHC and raised with the Clinical Commissioning Group (CCG)

Reverse Quality Alerts (RQA) – There were a total of 149 RQA's raised A reverse quality alert is an issue raised with the CCG regarding another provider by Bromley Healthcare

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