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DATE: 3 October 2022

To: Members of the
HEALTH SCRUTINY SUB-COMMITTEE

Councillor David Jefferys (Chairman)
Councillor Dr Sunil Gupta FRCP FRCPath (Vice-Chairman)
Councillors Mark Brock, Will Connolly, Robert Evans, Simon Jeal, Tony McPartlan,
Alison Stammers and Thomas Turrell

Non-Voting Co-opted Members

Charlotte Bradford, Healthwatch Bromley
Roger Chant, Bromley Carer
Vicki Pryde, Bromley Mental Health Forum
Rona Topaz, Bromley Experts by Experience

A meeting of the Health Scrutiny Sub-Committee will be held at Bromley Civic Centre
on **TUESDAY 11 OCTOBER 2022 AT 4.00 PM**

PLEASE NOTE: This meeting will be held in the Council Chamber at the Civic Centre, Stockwell Close, Bromley, BR1 3UH. Members of the public can attend the meeting: you can ask questions submitted in advance (see item 3 on the agenda) or just observe the meeting. There will be limited space for members of the public to attend the meeting – if you wish to attend please contact us, before the day of the meeting if possible, using our web-form:

<https://www.bromley.gov.uk/CouncilMeetingNoticeOfAttendanceForm>

TASNIM SHAWKAT
Director of Corporate Services & Governance

Copies of the documents referred to below can be obtained from

<http://cds.bromley.gov.uk/>

A G E N D A

1 APOLOGIES FOR ABSENCE AND NOTIFICATION OF SUBSTITUTE MEMBERS

2 DECLARATIONS OF INTEREST

3 QUESTIONS FROM COUNCILLORS AND MEMBERS OF THE PUBLIC ATTENDING THE MEETING

In accordance with the Council's Constitution, questions that are not specific to reports on the agenda must have been received in writing 10 working days before the date of the meeting.

Questions specifically relating to reports on the agenda should be received within two working days of the normal publication date of the agenda. Please ensure that questions specifically on reports on the agenda are received by the Democratic Services Team by **5pm on Wednesday 5th October 2022.**

4 MINUTES OF THE INFORMAL MEETING OF THE HEALTH SCRUTINY SUB-COMMITTEE HELD ON 5TH JULY 2022 (Pages 3 - 14)

5 UPDATE FROM KING'S COLLEGE HOSPITAL NHS FOUNDATION TRUST

- General Update (*To Follow*)
- Women's Health Services (Pages 15 - 22)

6 UPDATE ON THE BROMLEY HEALTHCARE CQC ACTION PLAN (Pages 23 - 36)

7 GP ACCESS (Pages 37 - 52)

8 WINTER PLANNING (Pages 53 - 78)

9 SEL ICS/ICB UPDATE (VERBAL UPDATE)

10 HEALTHWATCH BROMLEY - PATIENT ENGAGEMENT REPORT (Pages 79 - 106)

11 WORK PROGRAMME 2022/23 AND MATTERS OUTSTANDING (Pages 107 - 112)

12 ANY OTHER BUSINESS

13 FUTURE MEETING DATES

4.00pm, Tuesday 17th January 2023
4.00pm, Thursday 20th April 2023

INFORMAL HEALTH SCRUTINY SUB-COMMITTEE

Minutes of the meeting held at 5.00 pm on 5 July 2022

Present:

Councillor David Jefferys (Chairman)
Councillor Dr Sunil Gupta FRCP FRCPATH (Vice-Chairman)
Councillors Mark Brock, Will Connolly, Robert Evans,
Simon Jeal, Tony McPartlan and Alison Stammers

Julia Eke, Vicki Pryde and Rona Topaz

Also Present:

Councillor Aisha Cuthbert,
Councillor Diane Smith, Portfolio Holder for Adult Care and
Health and Katie Barratt

1 APOLOGIES FOR ABSENCE AND NOTIFICATION OF SUBSTITUTE MEMBERS

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 Charlotte Bradford – Healthwatch Bromley and Julia Eke – Healthwatch Bromley attended as substitute.

Apologies for absence were also received from Councillor Thomas Turrell and Roger Chant.

Apologies for lateness were received from Councillor Dr Sunil Gupta, Councillor Simon Jeal and Jonathan Lofthouse (Site Chief Executive – PRUH and South Sites: King’s College Hospital NHS Foundation Trust).

2 DECLARATIONS OF INTEREST

There were no declarations of interest.

3 QUESTIONS FROM COUNCILLORS AND MEMBERS OF THE PUBLIC ATTENDING THE MEETING

No questions had been received.

4 MINUTES OF THE MEETING OF THE HEALTH SCRUTINY SUB-COMMITTEE HELD ON 7TH OCTOBER 2021

RESOLVED that the minutes of the meeting held on 7th October 2021 be agreed.

5 UPDATE FROM KING'S COLLEGE HOSPITAL NHS FOUNDATION TRUST

This item was moved for consideration later in the agenda to await the arrival of the King's College Hospital NHS Trust representatives. In the event, because of an urgent matter, the representatives were not able to join the virtual meeting and therefore the Chairman advised that this item, including the update on scrutiny of maternity services, would be deferred to the next meeting of the Health Scrutiny Sub-Committee. It was requested that King's College Hospital NHS Foundation Trust provide a short report to Members, particularly in relation to recovery and performance of the Princess Royal University Hospital (PRUH).

A Member noted the reference made at the last meeting to several of the wards at the PRUH being classed as 'dementia friendly' and asked for an update as to whether this was now the case for all wards.

The Chairman informed Members that Charles Alexander had been appointed as the new Joint Chairman for Guy's and St Thomas' and King's College Hospital NHS Foundation Trusts, and would take up the role from December 2022. It was suggested that a letter be sent on behalf of the Health Scrutiny Sub-Committee to welcome Mr Alexander into the role.

6 UPDATE ON THE BROMLEY HEALTHCARE CQC ACTION PLAN

Jacqui Scott, Chief Executive Officer – Bromley Healthcare ("Chief Executive Officer") provided an update on the Bromley Healthcare CQC Action Plan.

The LBB Assistant Director for Integrated Commissioning advised that commissioner assurance arrangements had been presented to Members of the Adult Care and Health and Children, Education and Families Policy Development and Scrutiny Committees in March 2022, following a Care Quality Commission (CQC) inspection which had rated Bromley Healthcare overall as 'Requiring Improvement'. The Integrated Commissioning Board had oversight of the assurance arrangements and were supporting Bromley Healthcare with their improvements. It was noted that Bromley Healthcare's services were commissioned by a number of other Local Authorities, and that these authorities were taking part in the assurance arrangements. Meetings were held bi-monthly to receive updates in relation to the assurance arrangements. It was highlighted that, to date, the Integrated Commissioning Board were satisfied with the work being undertaken by Bromley Healthcare.

The Chief Executive Officer advised that Bromley Healthcare had regular engagement meetings with the CQC. The last meeting was held on 5th April 2022, during which Bromley Healthcare had provided an update on the work being undertaken and the CQC had been content with the progress being made. It was noted that the second engagement meeting, scheduled to take place that week, had been postponed until 24th August 2022.

The Chief Executive Officer advised that three Divisions had been established – Adults, Children and Young People and Urgent Community Response. Within each Division, the Divisional Directors were accountable for delivering performance targets, whilst the triumvirate of the Divisional Directors, Clinical Directors and Head of Nursing / Head of AHP were responsible for Divisional Governance. A cycle of assurance meetings had been established and the Executive Oversight Committee provided an opportunity for deep dives to be undertaken into areas for further review. In terms of recruitment, applicants for the Medical Director post had been shortlisted, and interviews would take place the following week.

The Bromley Healthcare Programme Management Office (PMO) system was the central repository for all projects and programmes within the organisation. All CQC related projects were identified within the tool – internally, these were monitored weekly, and monthly via the CQC Sub-Committee. Progress at a programme, project and task level was visible and transparent, along with all project risks and issues. The tool worked on a linear basis, tracking percentage completion against target deadlines at a task level – any tasks potentially at risk were flagged early so that remedial action could be taken if required. Members were advised that an area currently not on track was around the reporting to the CQC – as Bromley Healthcare was a social enterprise it had a different reporting mechanism to that used by NHS Trusts. This had been raised at a meeting with the CQC and was included on Bromley Healthcare’s risk register – guidance was currently awaited from the CQC. It was highlighted that all other tasks were currently on track in terms of progress.

In response to a question, the Chief Executive Officer advised that the priority ratings were produced by the PMO system – each task had a deadline date, which were all on track to be met. During the internal Sub-Committee meetings, which the LBB Director of Children’s Services attended to provide assurance, deep dives were undertaken into each project to show the actions and work undertaken. The Portfolio Holder for Adult Care and Health noted concerns regarding the reporting process into the CQC, as they were the regulatory body, and asked what was being done to address this issue. The Chief Executive Officer advised that there were two areas for which they were required to report to the CQC. The reporting process around pressure ulcers had been put in place immediately, but the other required information to be entered on to the system in order for it to be progressed, which they were currently unable to do. This concern had been raised with the CQC, as well as SEL ICS who were providing this feedback to their engagement meetings. A further update could be provided once guidance was received.

The Chief Executive Officer informed Members that, as part of its long-term strategy, Bromley Healthcare had refreshed its values, which had involved gathering feedback from a staff survey; values focus groups; Employee Experience Collaboration Group; team meetings and leadership team meetings. The four new key values were Belonging; Health and Wellbeing; Continuous Learning and Compassion, and a formal launch would be completed shortly.

Members were advised that there were two levels of audit within Bromley Healthcare – an internal programme conducted by the quality team, and an external programme conducted by KPMG to provide additional assurance. Since the last report, three audits had been completed by KPMG – risk management; HR business processes; and estates health and safety. There was an internal programme of 50 planned audits, plus further spot checks relating to records and compliance with standard operating policies and procedures. The following KPMG audits were planned for 2022/23: Accessible Information Standards; Record Keeping Audit Hotspots; previous recommendations reaudit; review of governance and divisional structure; and deferred visit audit.

A Member enquired if improvements were being seen by patients following the recommendations made by the CQC inspection report. The Chief Executive Officer advised that the key area highlighted during the CQC inspection related to the timeliness and quality of record keeping. Both of these had been strengthened and underpinned some of the other issues raised. The organisation was readying itself for patients to view their own records – they wanted them to be of a standard that they would be happy to receive, and external assurance was also provided by KPMG. It was noted that with regards to record keeping in the District Nursing Services, the response rate to the survey had been very low. However, since the introduction of roving iPads, the number of responses had improved as well as the richness of the information fed back from patients, which would be used to improve services. The Place Based Director noted that a key focus of the CQC was to look at quality and the processes of how things were undertaken, rather than outcomes which were for the commissioners to consider. The CQC wanted assurance around what was being done well and that the right policies and procedures were in place. Outcomes in any service were crucial – if the right processes and procedures were in place this would lead to improved outcomes. The Chairman asked the Place Based Director if she was reassured by the progress being made by Bromley Healthcare. The Place Based Director confirmed that she was, and noted that they had been monitoring performance. The LBB Assistant Director for Integrated Commissioning oversaw the performance management framework for all contract providers. During the pandemic a number of the usual contract monitoring and performance mechanisms were stood down to enable a focus on addressing the response to the pandemic. However during this time a close eye had been kept on outcomes – including friends and family test to gather feedback following the implementation of the Single Point of Access (SPA), and monitoring admissions to hospital.

The Chairman thanked the Chief Executive Officer and LBB Assistant Director for Integrated Commissioning for their update to the Sub-Committee. It was highlighted that careful attention was being paid to the recommendations made in the CQC inspection report, particularly around the audit process and recruitment, and work was being taken forward in a thorough manner.

RESOLVED that the update be noted.

**7 REVIEW OF WINTER 2021-22 AND PLANS FOR NEXT WINTER
2022-23 - SEL CCG**

Report CSD22088

The Senior Commissioning Manager – Urgent & Emergency Care, SEL CCG (Bromley) (“Senior Commissioning Manager”) provided an update on the One Bromley review of winter 2021-22, including recommendations for the Urgent and Emergency Care Transformation workstreams and winter 2022-23 planning. A summary of the review of winter 2021/22 and planning for next winter 2022/23 was presented and is attached at Appendix A.

The Senior Commissioning Manager advised that during winter 2021/22, the system had been under considerable pressure, managing a fourth wave of COVID-19 alongside the usual seasonal pressures having a significant impact on the workforce as well as demand for services. The whole system had continued to run at full capacity for the whole of the winter period. The Better Care Fund (BCF) winter funding provided to the London Borough of Bromley (LBB) £1,069,000 and SEL CCG (Bromley) £669,000 was used to support the system to respond to winter demands across the five key pillars of the 2021/22 Winter Plan. These were:

1. Increasing system capacity
2. Data sharing and escalation
3. Single Point of Access and discharge arrangements
4. Admissions avoidance
5. Communication and engagement

Members were advised that 75% (£808,520) of the Local Authority budget was used to fund additional workforce capacity and Extra Care Housing step down flats all year round, whilst 25% of this budget was utilised to provide:

- additional therapy and brokerage capacity;
- 7-day working and social admission avoidance resource;
- mitigate increased financial impact due to the need to undertake increased number of post discharge assessments within 4-weeks national discharge arrangements; and,
- project management to respond and manage the seasonal pressures.

In response to a question, the Senior Commissioning Manager advised that the Extra Care Housing step down flats were included as they were funded through the BCF winter schemes, however they were provided all year round.

The LBB Assistant Director for Integrated Commissioning confirmed that it was normal practice for the funding to be spent in this way.

The SEL CCG (Bromley) funds were allocated in line with what worked and learning from previous years. This included:

- increasing primary care capacity through additional primary care access hubs appointment slot for Bromley patients;
- utilising additional NHS England/Improvement funding to set up GP Virtual Assessment Hubs (VAHs) to support with 111 demand and COVID-19 calls – this reduced inappropriate referrals to the urgent treatment centres with, on average, 8.5 patients per day redirected into their own practice or GP Hub appointments, rather than having to attend an urgent treatment centre;
- additional capacity in admission avoidance teams including Rapid Response (RR) and Rapid Access Therapies Team (RATT);
- additional palliative care support in care homes;
- additional clinical capacity across primary care, GP out of hours service and urgent treatment centres during the festive period; and,
- allocation to support a winter communications and engagement campaigns aimed at both the public and the workforce.

Members noted that proactive public engagement would be key to the success of the scheme and enquired about the allocated spend on winter communications and engagement. The Senior Commissioning Manager advised that more funding had been allocated to winter communications during 2021/22 than ever before, and similar was planned this year. A patient leaflet had been sent to residents to provide information on the health and social care services available and how they could be accessed. A winter branding campaign had also been developed across partners, and a directory of services was produced to help hospital staff identify patients for referral into the community. The Senior Commissioning Manager confirmed that the recommendations related to 2022/23 and agreed that a revised version of the report, including the allocated spend on communications and engagement, could be circulated to Members following the meeting.

The One Bromley Winter Review Workshop had been held on 10th May 2022, and was attended by the majority of One Bromley partners, including colleagues from King's College Hospital – Princess Royal University Hospital (PRUH); London Ambulance Service (LAS); London Borough of Bromley – Adult Social Care; SEL CCG – Bromley; Oxleas NHS Foundation Trust; Bromley Healthcare; Bromley GP Alliance; Bromley Third Sector Enterprise; Greenbrook Healthcare and the High Intensity User Service. The workshop focussed on three main themes:

1. Demand and capacity planning
2. Unpredicted issues and actions to mitigate future pressures
3. Recommendations for summer and next winter planning

From the workshop, system partners had formulated an initial set of recommendations. These were categorised into Urgent and Emergency Care (UEC) system transformation recommendations and winter planning

recommendations, and had been taken to the Bromley A&E Delivery Board in June 2022. Within the UEC system transformation recommendations there were three workstreams – capacity and recruitment; hospital discharge / community wrap around services; and UTC / Emergency Department attendance and admissions. In terms of recommendations for winter planning 2022/23, the five key pillars from 2021/22 had been refined further to focus on:

1. Increasing system capacity
2. Meeting seasonal demands
3. Data and escalation

The Senior Commissioning Manager highlighted that the key point taken from last year was early agreement of the scheme, and discussions were underway with partners at the One Bromley A&E Delivery Board regarding the scheme spend. A draft would be presented at the meeting in August, and would be fully signed-off by September 2022 – the final draft would then be presented to the relevant governance bodies. It was noted that a winter intelligence hub had been launched the previous year, which would be further developed to include a winter dashboard and daily intelligence on demand and capacity. If there were surges in the system, they intended to improve the early identification of pressures and actions to mitigate this.

In response to a question from the Chairman, the Place Based Director (Bromley) – SEL CCG (“Place Based Director”) confirmed that the winter pressures had not abated in recent months, as would usually be expected, and both GPs and the A+E Department had continued to experience pressures. To help address this, they had looked to increase capacity, such as locating a GP in the outpatient departments over the Easter period. Data was being shared to enable flexibility in terms of how the increase in the number of patients was managed. In addition to the winter schemes, there were a number of strategic discussions around expanding the virtual ward approach, and work in the community, to reduce the reliance on hospitals. Part of this would also be dependent on how the Primary Care Networks responded to the ‘enhancing access to General Practice’ initiative. It was highlighted that communication with residents was essential and there was also a need for engagement in terms of self-management, where appropriate.

A Member asked for clarification in relation to the proposed scheme ‘front door admission avoidance – social care element’ and the impact tracking statement that the ‘posts recruited to 0 social admissions throughout the period’. The Senior Commissioning Manager said that this related to a Social Care Manager being located within the Emergency Department to assist with admissions avoidance and facilitate discharge where possible. The LBB Assistant Director for Integrated Commissioning advised that this post had been recruited to part time, rather than full time, over the winter period – for the coming winter something similar would be provided through Bromley Well, with signposting and advice provided on alternatives to entering the hospital.

A Member noted that ensuring a high uptake of the flu vaccination in the community could help towards mitigating winter pressures and asked what

plans were in place. The Place Based Director highlighted that the uptake of the flu vaccination in the borough was particularly good – for several years Bromley had recorded the highest uptake across London for the 65+ cohort, and was also one of the top boroughs for uptake by the under 65 at risk cohort. The importance of the flu vaccination was recognised – it was noted that there were some alarming reports in the media regarding an earlier, and more severe, outbreak of flu in Australia during the winter period. They were therefore keen to ensure that practices were prepared to vaccinate care home residents as early as possible this year. Bromley Healthcare and the Bromley GP Alliance also supported practices in the delivery of flu vaccinations to housebound patients. The Place Based Director advised that GP practices would also be asked to deliver COVID-19 vaccinations alongside flu vaccinations, and it was hoped that the mass vaccination centre, which would move from the Civic Centre to The Glades, would do the same. As part of the COVID-19 vaccination programme they would be stepping up previous sites, such as the Orpington Health and Wellbeing Centre. This year, all practices had been asked to place their orders of the flu vaccination earlier, as in previous years there had been delays in receiving the vaccines.

In response to questions, the Senior Commissioning Manager said that, as mentioned, traditionally there was a dip in activity during summer, and a rise in winter – however this summer activity had stayed in line with last winter, which had put the whole system under pressure. It was noted that there were differences in activity, including more focus on respiratory issues, and therefore the planning of the flu and COVID-19 vaccination programmes would be key. The Place Based Director advised that COVID-19 was more than a respiratory illness and a specialist COVID-19 services had been established. With regards to the cost of living crisis, no analysis had been undertaken to see if this was impacting the increased activity. The Place Based Director advised that last winter an increase in flu cases had been anticipated, and there had been an increase in childhood infections of bronchiolitis, which had been included in the modelling for the upcoming winter period. It was noted that it would not be possible to measure the impact of the cost of living crisis on discharges from hospital. The Place Based Director highlighted that this was a system responsibility, and not entirely a health issue – a careful assessment of a patients' home environment was undertaken before discharge from hospital and follow up calls made. They would continue to monitor what was happening across the system, and how the needs of the population were changing, and would collectively do their best to mitigate and manage changes.

A Member noted that residents had raised issues about being unable to get timely GP appointments and enquired if there was any information on demand and average waiting times. The Place Based Director said that the number of GP appointments had increased significantly over the last couple of years, compared to pre-pandemic levels, due to additional virtual appointments. It was noted that face to face appointments were also back to pre-pandemic levels, however some residents were still finding it difficult to get an appointment with their GP. Work was underway with GPs in Bromley to improve their telephony systems, and ensure that those patients wanting to

have a face to face appointment were able to do so. The Chairman requested that an update on GP Access be provided to the next meeting of the Health Scrutiny Sub-Committee.

The Chairman thanked the Senior Commissioning Manager and Place Based Director for their update to the Sub-Committee.

RESOLVED that the Committee noted:

- i.) **the actions and activity undertaken by the One Bromley System Partnership during 2021/22 winter to mitigate system pressures against the five pillars of the One Bromley Winter Plan; and,**
- ii.) **the outcome of the Winter Review Workshop in May 2022 that identified:**
 - **recommendations for system resilience / improvement and recovery throughout the summer; and,**
 - **recommendations for 2022/23 winter's planning.**

8 SEL ICS/ICB UPDATE

The Place Based Director advised that the South East London Integrated Care Board (SEL ICB) was established on 1st July 2022, and had held its first meeting in public that day to agree governance arrangements, including the overall structure, policies and procedures. There had also been discussions regarding the operating plan and a presentation had been received on children and young people's mental health services, and the work to be undertaken across the system to increase capacity.

The One Bromley Local Care Partnership had met earlier that day, and it was agreed that a copy of the draft Terms of Reference could be circulated to Members of the Sub-Committee following the meeting. It was noted that the draft Terms of Reference would be reviewed in six months' time to ensure that they were "fit for purpose". The Place Based Director advised that a deep dive approach to reporting had been agreed and a system for sharing consolidated financial and performance information would be developed.

The Chairman requested that an update on the SEL ICS/ICB be added as a standing item for future meetings of the Health Scrutiny Sub-Committee.

RESOLVED that the update be noted.

9 HEALTHWATCH BROMLEY - PATIENT ENGAGEMENT REPORT

Julia Eke, Project Officer – Healthwatch Bromley ("Project Officer") provided an update to the Sub-Committee regarding the Healthwatch Bromley Quarter 4 2021-2022 Patient Engagement Report.

The Project Officer informed Members that over 602 reviews had been collated during the Quarter 4 period (January to March 2022). It was noted that during this period 602 reviews were collected. Overall, based on the star ratings received, 68% of responses received from patients had been positive, 4% neutral and 28% had been negative.

GP services were the most reviewed service during Quarter 4, with positive feedback received covering themes such as staff attitudes and high standards of professionalism from reception staff, nurses and GPs. The areas highlighted for improvement related to administration and booking appointments. With regards to hospital services, a high percentage of the positive reviews had related to appointments and cleanliness, hygiene and infection control. The negative reviews received had related to food and nutrition, however the reasons for this needed to be looked into further. Another area which received a high percentage of positive reviews was dentistry. A Member noted that negative reviews of hospital food and nutrition may relate to portion sizes, or that when feeling unwell, patients may not want to eat the food on offer.

One of the areas highlighted as an issue by patients related to the length of GP appointments and the requirement to only present one symptom, which meant that they were not receiving an overall review of their health.

It was agreed that questions would be collated and provided to the Operations Co-Ordinator – Healthwatch Bromley for response following the meeting.

RESOLVED that the update be noted.

10 WORK PROGRAMME 2022/23 AND MATTERS OUTSTANDING

Report CSD22086

Members considered the forward rolling work programme for the Health Scrutiny Sub-Committee.

As suggested during the meeting, the following items would be added to the work programme:

- ICB/ICS Update (standing item)
- King's – scrutiny of maternity services (11th October 2022)
- GP Access (11th October 2022)
- Winter Planning (11th October 2022)
- Update from the London Ambulance Service (17th January 2023)

In response to questions, the Chairman noted that any updates on the immunisation programme and the performance of preventative services would be provided to the Health and Wellbeing Board, and could be shared with Members of the Health Scrutiny Sub-Committee.

In response to a question regarding the update on Children and Young People's – SEND, Members were advised that this was likely to be led by the Children, Education and Families Portfolio and would need to be presented to the Children, Education and Families Policy Development and Scrutiny Committee before being reported to the Health Scrutiny Sub-Committee.

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

RESOLVED that the update be noted.

11 ANY OTHER BUSINESS

Following a brief discussion it was agreed that the October 2022 meeting of the Health Scrutiny Sub-Committee would be held at 4.00pm, as agreed by the General Purposes and Licensing Committee and endorsed by Full Council. It was proposed that during the October meeting, the timings for the remaining meetings of the 2022-23 municipal year could then be reviewed.

RESOLVED that the issues raised be noted.

12 FUTURE MEETING DATES

4.00pm, Tuesday 11th October 2022
4.00pm, Tuesday 17th January 2023
4.00pm, Thursday 20th April 2023

The Meeting ended at 6.59 pm

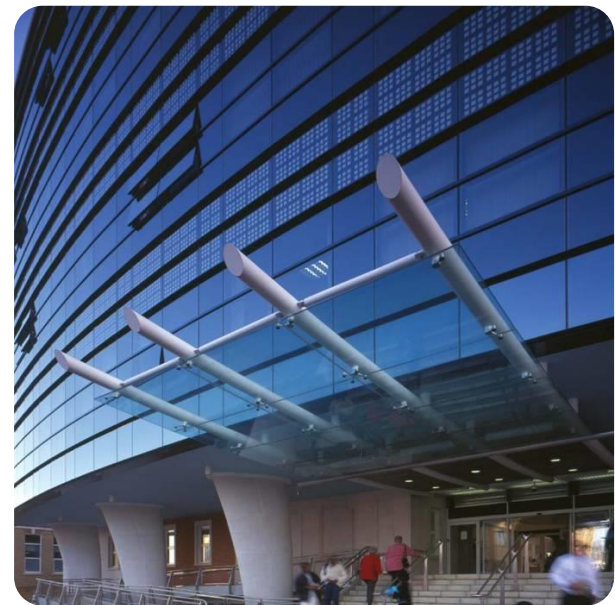
Chairman

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Women's Health Services

Health Scrutiny Sub-Committee
Princess Royal University Hospital

March 2022



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Agenda Item 5



KING'S HEALTH PARTNERS

Our Maternity service – Bromley

- King's College Hospital NHS Foundation Trust maternity services are delivered across two sites: Denmark Hill (DH) and the Princess Royal University Hospital (PRUH).
- The PRUH maternity service is provided by over 400 staff who care for on average 4000 births each year. The service is rated "Good" by the Care Quality Commission.
- We are proud to provide supportive, personalised and high-quality maternity care to women living in and around Bromley.
- We offer maternity care from both our hospital and community hubs. Our main maternity hospital for the south sites is based at the Princess Royal University Hospital site.
- There is a dedicated midwifery led suite (Oasis) and the service is supported 24 hours a day by the maternity triage service and the labour ward.
- The midwifery teams provide maternity services at a range of health centres, GP practices, children's centres and other community settings.
- Care pathways are in place to support a variety of women's health needs, such as diabetes services, perinatal mental health, migrant women, and safeguarding and substance misuse. The maternity team also cares for women whose pregnancies require maternal medicine with a high-risk midwifery team.

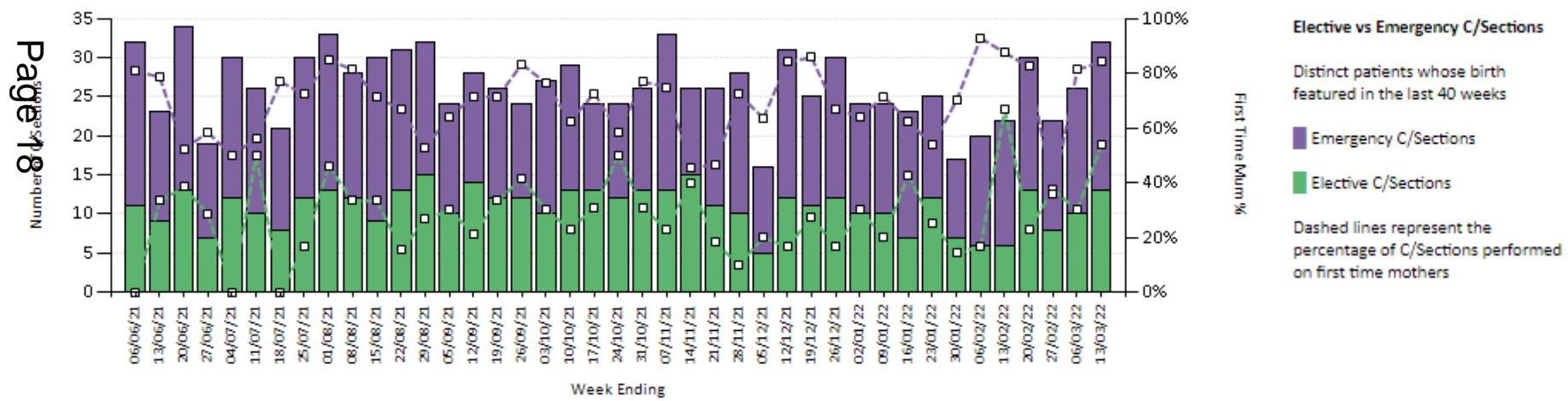


Our Key Initiatives: 2022

- **Transitional care unit** – Funding was allocated in February '22 to establish a Transitional Care Unit at the PRUH. It aims to provide support for babies that require more intervention, keep the family and baby together, reduce unnecessary admissions to the neonatal unit, and support the ongoing delivery of improvements related to CNST (Clinical Negligence Scheme for Trust).
- **Additional Staffing** - We have accessed national funding to create an additional 13 posts across our service. These include the development of midwife practice development roles, increased staffing levels on the birth centre, and the introduction of a communication midwife lead.
- **Estates** - We are altering the maternal assessment unit estate to improve user experience and safety with improved spaces and patient waiting areas.
- **Birthing pool** – We are investigating replacing inflatable birthing pools with plumbed in birthing pools to support choice of birth and safety for high risk women.
- **Staff wellbeing** – We are developing a proposal to establish professional midwifery advocacy service to support staff wellbeing and provide structured sessions where midwives can discuss concerns.
- **Clinical Leadership** – We have established a dedicated matron role for triage and the birth centre to support and develop care to provide a better experience for service users.

Deep dive: Caesarean Sections

- A caesarean section (C-section) is an operation to deliver the baby through a cut made in the mothers tummy and womb.
- A caesarean section may be recommended as a planned procedure at the mother's request or for medical reasons, or can be a life-saving emergency procedure.
- Caesarean sections form an essential part of care to ensure the safest possible birth, but there are risks and complications associated with maternal and neonatal morbidity and mortality with increasing operative interventions.
- There has been an increase in emergency and planned caesarean section birth rates in the NHS over the last decade – and in the latest national data 15% of deliveries were elective caesarean sections and 18% were emergency caesarean sections.
- We work with mothers to understand their preferred birthing choice, and our current planned and emergency caesarean section rates are 30.6% of all deliveries.
- To improve patient discharges post caesarean section we operate EROS (Enhanced recovery for elective caesarean section), with dedicated midwives to support this pathway.

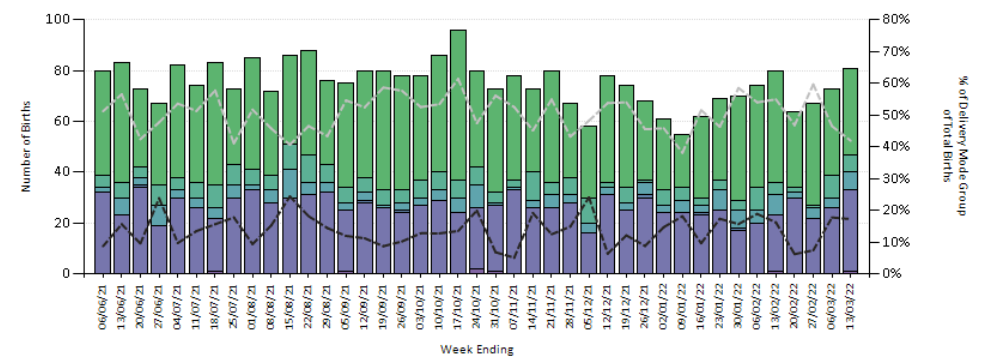


Deep Dive: Instrumental Deliveries

- An assisted birth (also known as an instrumental delivery) is when forceps or a ventouse suction cup are used to help deliver the baby.
- An assisted delivery is used in about 1 in 8 births nationally, and may be needed if:
 - The mother has been advised not to try to push out the baby because of an underlying health condition (such as having very high blood pressure)
 - There are concerns about the baby's heart rate
 - The baby is in an awkward position
 - The baby is getting tired and there are concerns that they may be in distress
 - The mother is having a vaginal delivery of a premature baby – forceps can help protect the baby's head from the perineum

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The level of assisted birth at PRUH is 13%, which is in line with national rates.



DELIVERY MODE	12/12/21	19/12/21	26/12/21	02/01/22	09/01/22	16/01/22	23/01/22	30/01/22	06/02/22	13/02/22	20/02/22	27/02/22	05/03/22	13/03/22
Spontaneous Vertex	42	40	31	28	21	32	32	41	40	44	30	40	34	34
Forceps	2	6	1	6	5	3	4	4	9	5	2	1	9	7
Ventouse	3	3	5	3	5	3	8	7	5	8	2	4	4	7
Breech	0	0	1	0	0	1	0	1	0	0	0	0	0	0
C/Section	31	25	30	24	24	23	25	17	20	22	30	22	26	32
Other	0	0	0	0	0	0	0	0	0	1	0	0	0	1
Vaginal Delivery %	53.8 %	54.1 %	45.6 %	45.9 %	38.2 %	51.6 %	46.4 %	58.6 %	54.1 %	55.0 %	46.9 %	59.7 %	46.6 %	42.0 %
Instrumental Delivery %	6.4 %	12.2 %	8.8 %	14.8 %	18.2 %	9.7 %	17.4 %	15.7 %	18.9 %	16.3 %	6.3 %	7.5 %	17.8 %	17.3 %

Deep Dive: Induction of Labour

Induction of labour (IOL) is offered when it is thought that the outcome of the pregnancy will be better if labour is artificially started.

In 2021, PRUH undertook 1236 inductions, with a success rate of 83% (*mode of birth detailed opposite*).

In November 2021, [NG207](#) was published, which highlighted significant changes to recommendations and we expect to see a rise in induction of labour (modelled at 163 deliveries per year at PRUH).

We aim to ensure:

- Induction is offered only when evidence demonstrates it is the safest option
- Induction of labour is a choice, made without coercion
- Service users have access to all the information needed to make an informed decision
- Decisions are respected, and alternatives are explored/ offered
- Induction of labour experience is positive & improvements made when needed

Key actions

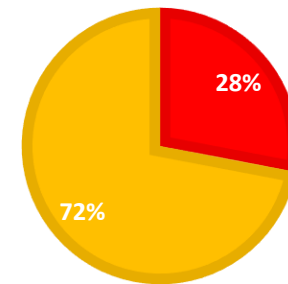
- Increased emphasis about informed decision making & alternatives
- Post-dates induction to be offered to all women at 41 weeks
- Membrane sweeps to be offered to all women at 39 weeks
- Discussion of options for LGA without diabetes

We have developed a new pathway “Outpatients induction of labour” pathway, where suitability for outpatient IOL will be first assessed during the postdates assessment by the community midwives

Induction Of Labour (IOL) birth outcomes audit 2021 PRUH

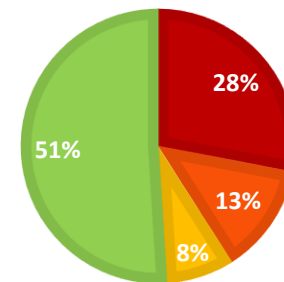
MODE OF BIRTH

■ Cesarean section ■ Vaginal birth



MODE OF BIRTH

■ Cesarean section ■ Forceps ■ Ventuse ■ Spontaneous vaginal birth



Deep Dive: Postpartum Haemorrhage (PPH)

Postpartum Haemorrhage (PPH) is the most common form of major obstetric haemorrhage. The traditional definition of **primary** PPH is the loss of 500 ml or more of blood from the genital tract within 24 hours of the birth of a baby. Blood loss is measured using the following measures; weight, estimation and theatre records and is then recorded onto Badgernet.

PPH is classified as minor (500–1000 ml) or major (more than 1000 ml), with major divided to moderate (1000–2000 ml) or severe (more than 2000 ml).

PRUH is an outlier for PPH (graph opposite) and the clinical teams have conducted audits in 2021 on both sites to understand any variance in practice which could be driving the higher level of PPH at the PRUH.

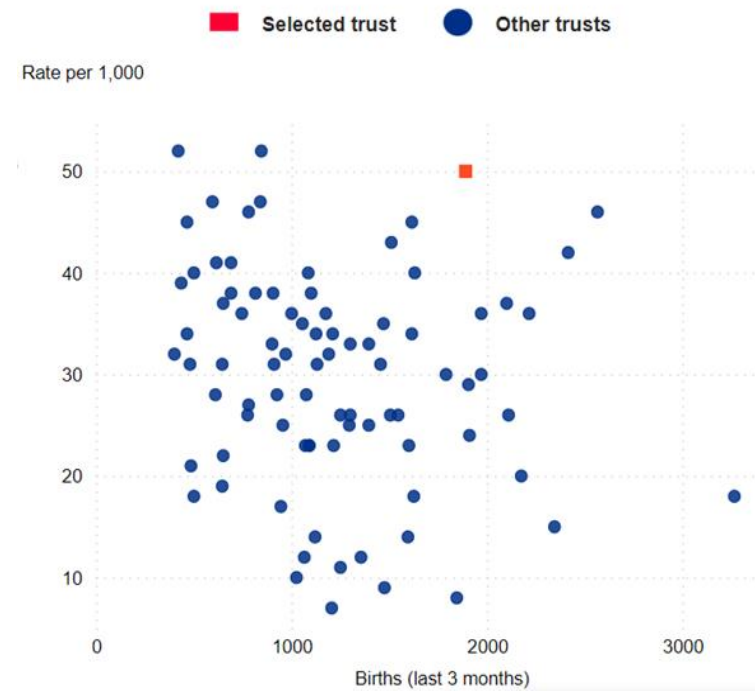
The audit found:

- A very small proportion of patients had a blood transfusion or any serious morbidity
- No patients required an emergency hysterectomy
- No patients required an ITU admission
- One patient needed to return to theatre
- Caesarean Sections were appropriately supervised or performed by Consultant obstetrician if difficult

Following the audit the service has developed an action plan to address current PPH rates. The key actions are:

- Key information relayed through the “Message of the week” at daily MDT handover
- Clear escalation processes to ensure that there is a rapid response
- Regular audits to review PPH levels across the service

A review of the data from 2019 and 2020 has shown a reduction in births with a total blood loss of 1.5l from 4.1% to 3.85%, and blood loss of 2l from 1.67% to 1.36%.



At King's diversity, equality and inclusion at the heart of everything we do.

Our maternity services are accessed by a diverse population, with 22.80% of births in 2021 in an ethnic minority service user (up from 15% in 2017).

The 2020 MBBRACE (Mothers and Babies: Reducing Risk through Audits and Confidential Enquiries across the UK) showed black women and birthing people are 4x more likely, and Asian women 3x more likely, to die than their white counterparts.

The report also showed that compared to white babies (34/10000), the stillbirth rate is more than twice as high in black babies (74/10,000) and ~50% higher in Asian babies (53/10,000).

At King's a dedicated Consultant midwife leads on Equality, Diversity and Inclusion (EDI) work streams within Maternity to ensure our services address and optimise outcomes. In addition they ensure our service users are signposted to different initiatives in collaboration with the Maternity Voice Partnership (MVP).

King's are not and outliers in outcomes of our Black, Asian and ethnic Minorities (BAME) service users however recent data for the PRUH identifies an increasing trend, the care group has therefore developed the following work streams to encourage empowerment and self advocacy;

- Collaborated with FivexMore to pilot "Colourful birth" maternity notes wallets as a tool of self advocacy and recognition of the trusts understanding and collaboration to improve disparities in outcomes.
- Antenatal workshops aimed at Black, Asian and minority ethnics launched in October 2020 as a safe space for the service users to highlight concerns, gain information, particular to their needs and understand services that they may utilise.
- Postnatal feedback forums in conjunction with MVP and local community groups that are aimed at the BAME communities.



Bromley Healthcare Update

CQC Improvement Plan

Update to Health Scrutiny Sub Committee - October 2022

Strengthening of Leadership team



Professor Ali Bokhari
Chief Medical Officer



Dr Nike Dare
Clinical Director for Urgent
Community Response



Heather Payne
Associate Director of
Safeguarding



Sharon Smith
Head of Nursing
(Children)



Fiona Bentham
Head of Nursing
(Adults)



Pippa Marks
Head of Allied
Health Professionals

Quality Care Leads

CQC Response : Programme Management Office (PMO)

The Bromley Healthcare PMO system is the central repository for all projects and programmes within the organisation. All CQC related projects are identified within the tool and monitored weekly internally and monthly via the CQC sub committee. Progress at a programme, project and task level is visible and transparent, along with all project risks and issues. The tool works on a linear basis, tracking % completion vs target deadlines at a task level, so flags very early any tasks potentially at risk, so that remedial action can be taken if required.

<input checked="" type="checkbox"/>	Name	Deadline	% Comp ↓	Schedule Health	Manager	Workspace	State
<input type="checkbox"/>	Governance balancing oversight and strategy	30-Sep-2022	100%	Not Active	Jacqui Scott	Default	Completed
<input type="checkbox"/>	PMO roll out for Strategic priorities	31-Mar-2023	100%	Not Active	Wendy Wyvern	Performance & Audit	Completed
<input type="checkbox"/>	Freedom to Speak Up	31-Mar-2023	100%	Not Active	Charles Beardsley	People & Development	Completed
<input type="checkbox"/>	Audit Programme	31-Mar-2023	99%	On Track	Samantha Tomlinson	Performance & Audit	Active
<input type="checkbox"/>	CQC Tactical Project	23-Nov-2023	97%	On Track	Wendy Wyvern	Quality & Safer Care	Active
<input type="checkbox"/>	Lone Working	16-Sep-2022	96%	At Risk	Heather Wragg	People & Development	Active
<input type="checkbox"/>	Patient Public Engagement Experience & co-production	31-Mar-2023	74%	On Track	Sophie Collier	Commercial	Active
<input type="checkbox"/>	Development and delivery of belonging sessions (Lanre)	31-Mar-2023	73%	On Track	Sarah Patmore	People & Development	Active
<input type="checkbox"/>	Exemplar Record Keeping	31-Mar-2023	68%	On Track	Sharon Smith	Quality & Safer Care	Active
<input type="checkbox"/>	Development of Strategy 2022+	31-Mar-2023	58%	On Track	Jacqui Scott	Default	Active
<input type="checkbox"/>	Clinical Supervision	31-Mar-2023	36%	On Track	Chief Nurse	Quality & Safer Care	Active
<input type="checkbox"/>	BHC CQC Audit Programme		26%	On Track	Samantha Tomlinson	Performance & Audit	Active
<input type="checkbox"/>	CQC Mock programme	28-Apr-2023	18%	At Risk	Kate Stoneman	Quality & Safer Care	Active
<input type="checkbox"/>	Clinical Competencies	31-Mar-2023	12%	On Track	Sharon Smith	Quality & Safer Care	Active

CQC Response : Programme Update

3 projects have now been completed: Governance balancing oversight & strategy, PMO rollout for strategic priorities & Freedom to Speak Up. The remaining projects are on track for completion to timelines.

Audit Programme

- All new audits on Celoxis; migration of existing projects substantially completed.
- Next steps: work continues to establish timelines for all new audits.

Patient Public Engagement

- Work commenced on engagement strategy and text message pilots are underway. QR code in use now.
- Next Steps: Ensure that strategy ties out with One Bromley approach; extend text message pilot to additional services.

Lone Working

- Project substantially completed. Processes completed and being updated in SOPs. Contract negotiations have been completed & funding agreed.
- Next steps: Addition of policy clause to all SOPs and ordering of new devices & distribution to staff

Development & Delivery of Belonging

- Belonging sessions commenced with additional sessions being added
- Next Steps: to continue to build membership of networks. Events and Communications in staff magazine.

CQC Tactical Project

- 15 projects completed; 3 ongoing, all on track: Notifications remains on risk register & awaiting guidance from CQC; AIS, current process captured, work commenced on clinical templates and comms; 6 monthly Foxbury MAR chart audit completed.
- Next steps: Finalise AIS changes to clinical templates, finalise & deliver comms. Annual Foxbury Oversight audit to be completed by March.

Exemplar Record Keeping

- Review of templates continues, remains on track; DNA CPR status flag added to EMIS; staff aware of DNA CPR flags; FHNA work substantially completed
- Next steps: Continue review of templates; update all SOPs to include DNA CPR policy; finalise FHNA & significant other audit across the boroughs.

CQC Response : Programme Update cont.

Development of Strategy

- Refresh of values completed; strategy for 2022+ underway.
- Next steps: Continue and finalise strategy – due Mar 2023

BHC CQC Audit Programme

- 25 clinical audits migrated to Celoxis, 1 completed, 20 on track, 2 planned to start in the future and 1 at risk (MCA re-audit – one task is at risk).
- 3 non clinical audits – 1 at risk, KPMG actions – work is expected to finish on time.

CQC Mock Programme

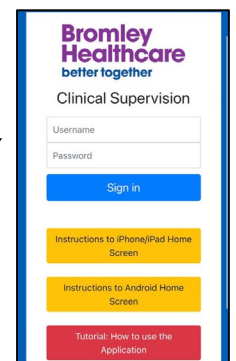
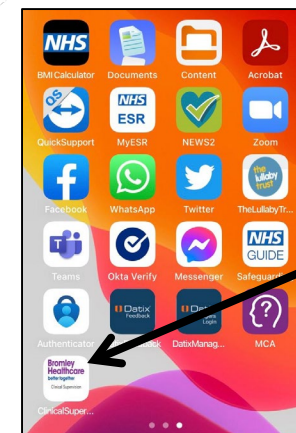
- CQC sub committee established; mock review programme defined & Q1 & Q2 reviews completed to target; reports provided to Exec & Actions agreed.
- Next Steps: Completion of Actions by Divisions; Undertake Q3 review.

Clinical Competencies

- Short term solution agreed; competencies being written for each profession and service; some service leads have recorded signed off competencies against staff & stored in shared drive with access communicated
- Next steps: Finalise short term solution work. Commence Long term solution once completed.

Clinical Supervision

- App has been built and has been rolled out to phones for initial testing.



Refresh of our values and strategy



Belonging

We are building a community where inclusivity and diversity is celebrated, colleagues feel psychologically safe to bring their authentic self to work and everyone will be listened to and have equal opportunity to flourish.



Compassion

We act with care, empathy and kindness in everything that we do.



Health and Wellbeing

We focus on improving, promoting and safeguarding the health and wellbeing of our communities by striving to always provide high quality consistent care and support. We do all that is possible to help each other to prioritise a positive work life balance.



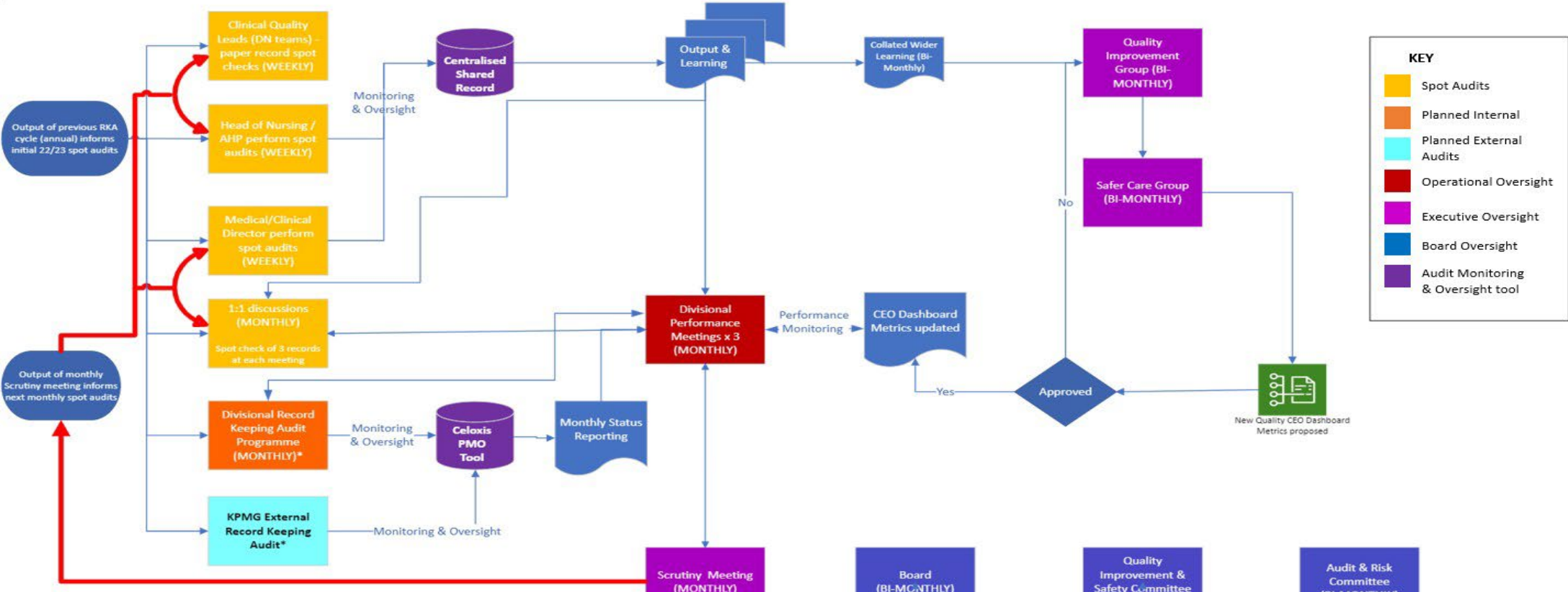
Continuous Learning and Innovation

We embrace learning, quality improvement and innovation in aspiring to be the best that we can be.

Record keeping

- The Annual Record Keeping Audit was completed for all clinical services in 2021/22. Output has been used to inform template review, additional staff training & a further series of audits in 22/23.
 - Record Keeping will now be embedded as part of a continuous cycle. See overleaf for a diagram summarising the revised process. Key changes are:
 - Clinical Quality Leads in the District Nursing teams will perform weekly spot checks on records
 - Heads of Nursing / AHPs & the Medical/Clinical Director will perform independent weekly spot checks on records
 - 1:1 meetings with staff will include the review of clinical records
 - A Divisional level Record Keeping Audit programme is being established, which will incorporate monthly checks
 - There will be an external annual Record Keeping Audit performed by KPMG
 - All outputs of audits will feed into learning and inform future audits, creating a continuous cycle of improvement
- A Record Keeping Working Group has been established, with representation across all clinical professions and Safer Care. To date, they have worked on:
 - Review and update of the Record Keeping Policy and associated organisational abbreviations. Completed in August and is now live.
 - A programme of work was established and commenced, to review and, where required, to amend clinical templates.
 - DNAR alerts have been updated in EMIS for all relevant patients. SOPs are being updated to reflect the DNAR process. Changes communicated to staff.
- Task-and-finish sub groups have continued for District Nursing & Health Visiting. Key areas of work have included:
 - Trialling of voice recognition software for smart for outcoming continues.
 - IT continued to improve connectivity problems.
 - All block booked agency District Nurses now have the same equipment as substantive staff.
 - Workforce strategies for District Nursing and Health Visiting have been reviewed and updated. 17 FTE new Band 7 posts have been created in the District Nursing teams to provide career progression. A new Band 5 readiness scheme is being recruited to.
 - In the Health Visiting teams, 14 Band 5 nursing roles have been created as part of a career pathway. Band 7 Family Partnership Health Visitors are being recruited and will work with families under the Family Partnership Model to influence behavioural change.

Record Keeping Audit Process



*All Audits on the Annual Audit Programme (internally & externally led (KPMG)) will be written up formally using KPMG template, will be reviewed & approved at Quality Improvement Group or relevant sub committee. Shared with Executive & Divisional Performance Meetings. Actions are monitored using the Celoxis PMO tool.

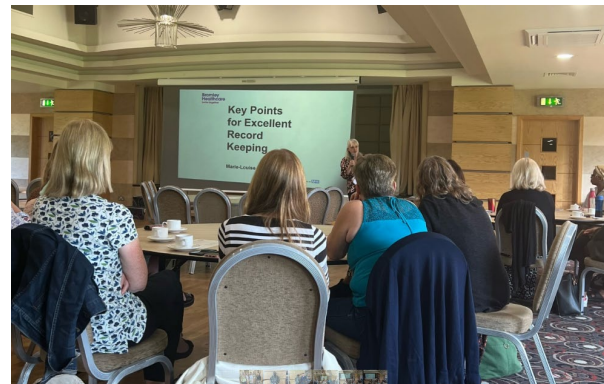
Health Visiting skill mix

Strategy

- Follows the 4 priority areas of focus under the Public Health Nursing Strategy :
 - Valuing & Developing the workforce;
 - Working in Collaboration;
 - Implementing Frameworks to Support Practitioners to Deliver Safe & Effective High Quality Care;
 - Providing Families with Accessible & Inclusive Care
- Creation of Health Visitor Development Nurses (HVDNs)
- Career pathway for Public Health
- Leadership development of B6s upwards
- Upskilling of the Community Nursery Nurses
- Creation of B2/3 HCAs who will deliver universal 1 and 2 year reviews
- Professional forums

Progress so far

- 10 HVDNs started in August & September; internal & external level 6 training commenced. Interviews to recruit a further 2 HVDNs planned Oct
- Band 7 Family Partnership Health Visitors (FPHV) - 3 recruited & interviews to be held for up to 7 more. Training commences Jan 23. FP Supervisor to be recruited.
- Specialist posts: 3 specialist perinatal & infant mental health HVs recruited 2 in post (1 internal promotion), 1 starts Nov; Infant feeding specialists 2 in post, 1 offered. Infant feeding & Healthy weight Triborough lead starting in post in Jan. 3 SEND specialist posts being drafted.



Therapy Pathway Innovation – integrating care

- Home pathway, rapid access to therapy and community physiotherapy have worked collaboratively to develop new pathways to improve patient flow and outcomes
- Integrated therapy pathway pilot has resulted in wait time decrease from 12 weeks to 13 days. A backlog of 190 patients waiting between 1-12 weeks for an initial assessment has been cleared.
- FFT Feedback from patients has been extremely positive. The team will be setting up patient interviews over the coming weeks to gain a deeper understanding of their experience and will continue to develop the service as a result of this.

Together Against Abuse campaign

A new campaign looking at the prevention, reduction and management of workplace abuse.

- Ongoing and iterative
- Insight-driven
- Outcomes-focussed

Phase 1 launched in September to raise awareness of our violence, aggression and abuse policy, and support the prevention, management and reduction of abuse towards employees by service users, their families and carers.

Phase 2 will focus on exploring abuse in the workplace, including bullying, harassment and discrimination at work by colleagues, managers and team leaders.

Bromley Healthcare
better together

NHS

We're here to help.

We will take action against patients who:

- ⊗ Use force that results in physical injury or personal discomfort
- ⊗ Use bullying behaviour
- ⊗ Use bad language or shout
- ⊗ Are rude both verbally and in writing
- ⊗ Make racist, homophobic and other prejudice comments or remarks
- ⊗ Are aggressive or violent towards our staff
- ⊗ Vandalise property

bromleyhealthcare.org.uk #TogetherAgainstAbuse



Report abuse on Datix

No one should have to endure abuse as part of their role.

If you've experienced violent, aggressive or abusive behaviour from people who use our services, their families, carers or guardians, report it on Datix.

Reporting abuse can help us spot trends, behaviour patterns and take steps to prevent, manage and reduce risk.

#TogetherAgainstAbuse

BHC TogetherAgainstAbuse
Bromley Healthcare
better together

#TogetherAgainstAbuse

Suzie Doel
Head of Safer Care



Public and patient engagement

Carnival Comes to Foxbury

- Foxbury rehabilitation centre worked with patients to organise a carnival day to coincide with Nottingham Carnival, including activities, food and refreshments.
- Opportunity for patients and colleagues to come together to share cultures, personal experiences, and reflect on history and progress.
- Regular patient wellbeing events will continue.

Orpington Wellbeing Café

- Joint PCN and BHC preventative/anticipatory care initiative to support wellbeing of residents in Orpington.
- Bi-weekly drop-in event offering health talks, professional advice and medical interventions based on local need, such as blood pressure checks, financial advice and emotional wellbeing support.
- Successful pilot has led to exploration of formal hub to support the needs of vulnerable communities over 65 in the Crays and Orpington, and reduce health inequalities through inclusive collaborative design alongside local people with lived experience.

Hollybank coffee morning

- Informal drop-in engagement sessions for parents of children under care of Hollybank. Launched in August with good attendance from parents. It was felt by staff to be very successful and the team plan to make it a regular calendar item going forward.

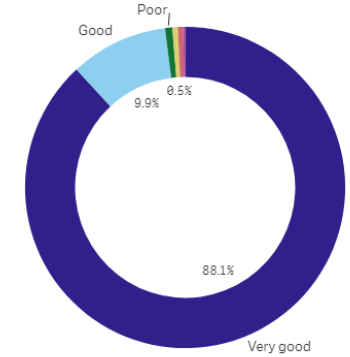
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Patient Experience

The Bromley Healthcare Friends & Family test recommendation rate for August is 98% (95.7% YTD), with a response rate of 5.9% (5.1% YTD).

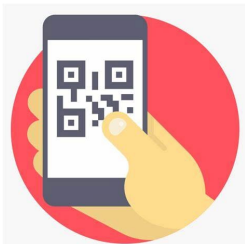
The latest nationally published data for July 22, shows BHC with a rate of 96%, above the England Community Health average of 92%. In July, the England Community Health response rate was 3.39%, BHC achieved 4.58%.



The teams have worked hard, employing a range of methods across the services to improve the response rates. The following methods have been employed:

- Text message pilots (CCC led): successfully deployed in Diabetes, Bladder & Bowel, Bexley & Bromley Health Visiting services, Podiatry & Dietetics, now being rolled out to additional services
- Use of QR codes: trialled in Foxbury, now being rolled out to more services
- Use of the FFT app on smart phones & ipads
- Traditional card methods

Updates have been provided in Divisional Performance meetings and ideas shared.



Patient Experience

The whole team were fantastic. They put our family at ease and were caring, knowledgeable, responsive and competent throughout the time we spent with them. This service is invaluable as it meant that we did not have to spend 5 days in hospital while our child received treatment.

CCNT Hospital @ Home

Unable to get medication strength changed, not nurses fault, she had emailed

Bladder & Bowel Management

Everything explained in full with kindness and patience. Very helpful, could not ask for more.

Five Elms and Hayeswick
Neighbourhood Teams

Whole experience superb. Wish I would have known of Foxbury previously.

Rehabilitation Pathway
Home Service

The health visitor was friendly and professional and gave lots of great advice and sign posted to relevant local resources.

Bromley 0 to 19 Health Visiting

ONE BROMLEY

WORKING TOGETHER TO IMPROVE HEALTH AND CARE IN BROMLEY

GP Access

Health Scrutiny Sub-Committee
11 October 2022

Outline

This report provides a summary of:

- The contribution made by general practice towards meeting the health and care needs of Bromley residents
- Recent changes to how general practice is working and new services
- Improvements underway towards a better experience for Bromley patients
- Future intentions to continue to help Bromley GP practices deliver good quality care.

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Data provided in this report is taken from GP clinical systems, eConsult and Ipsos MORI. No patient identifiable data has been accessed. Data quality is dependent on the original source data.



Health needs of Bromley residents

- Bromley residents live in the largest, and least densely populated London borough.
- There is the greatest number of people aged 65 years and older in Bromley borough, and a higher life expectancy than the average Londoner.
- There is a higher prevalence of complex health conditions compared to our SEL neighbours. A greater proportion of people in the borough have long term conditions requiring additional care compared to those people with routine and same day needs.

Prevalence of long term conditions

Borough	Asthma	Atrial Fibrillation	Cancer	Coronary Heart Disease	Chronic Kidney Disease	Chronic Obstructive Pulmonary Disease	Dementia	Depression	Diabetes Mellitus	Epilepsy	Heart Failure	Hypertension
Bromley	51.43	20.15	29.06	25.90	20.15	13.35	6.32	107.60	49.70	4.99	20.15	127.61
Bexley	46.98	18.83	29.79	24.59	18.83	17.32	7.95	104.53	60.00	5.19	18.83	140.09
Greenwich	38.13	10.93	21.02	17.70	10.93	13.27	2.91	88.98	52.56	4.01	10.93	117.44
Lewisham	51.36	9.15	18.66	16.06	9.15	12.51	4.22	99.33	54.23	4.74	9.15	109.57
Southwark	41.88	8.59	17.83	12.76	8.59	12.42	3.48	103.36	53.57	4.03	8.59	103.58
Lambeth	43.75	7.76	17.26	11.67	7.76	8.78	2.91	103.41	46.95	3.94	7.76	92.61

Snapshot of clinically coded LTCs per 1000 patients, 2022



GP Referrals to secondary care



Practice spend on prescribing

A significant proportion of GP consultations in the borough relate to complex health needs.

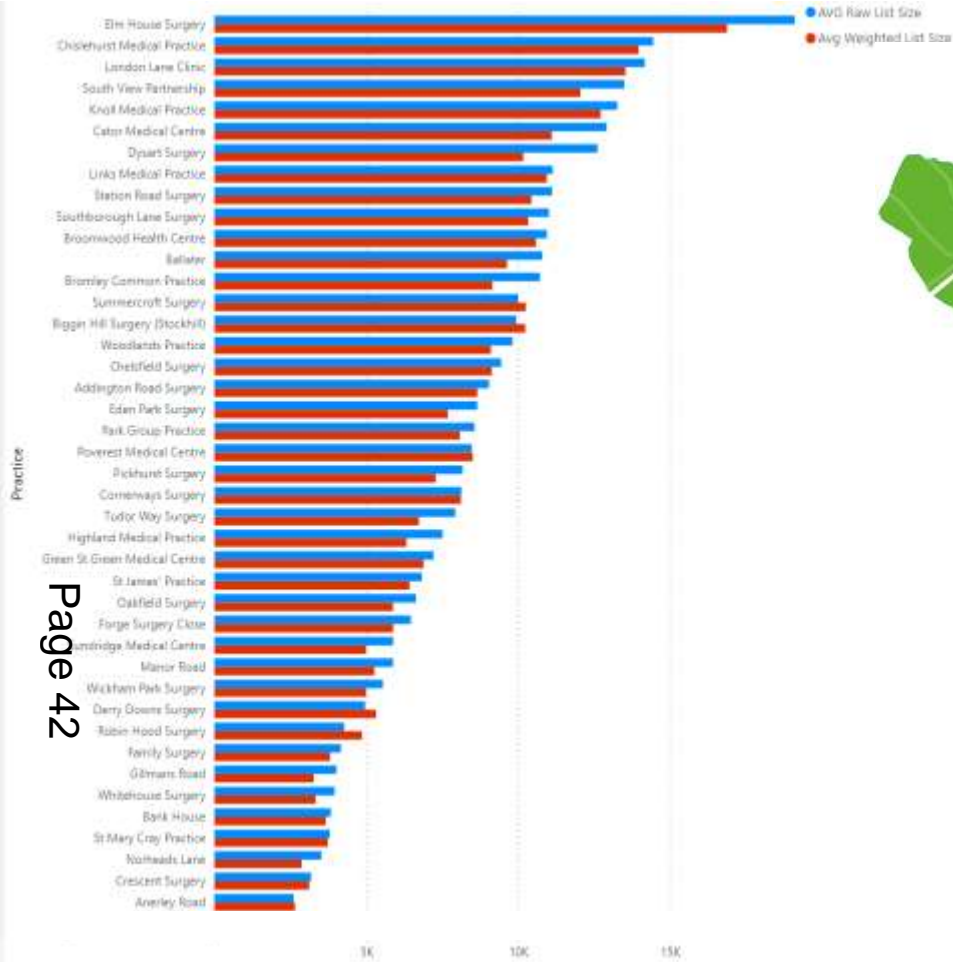


Primary care landscape

- Total of **43 GP practices**, which form **8 Primary Care Networks (PCNs)**. These work alongside the GP federation and community pharmacies to provide primary care services to Bromley residents.
 - Practices **range from small to large in size**. Some are formed of bigger partnerships of GPs, others are single-handed practices.
 - By collaborating in PCNs, they are able to develop a shared workforce of **healthcare professionals, working alongside the GP and practice nurse**.
- As PCNs, general practice is delivering an ever wider range of clinical care to patients, **supporting the out of hospital strategy** to better manage acute demand.

Practice profile

Patient list sizes in 2022, Bromley GP practices



Bromley Primary Care Networks

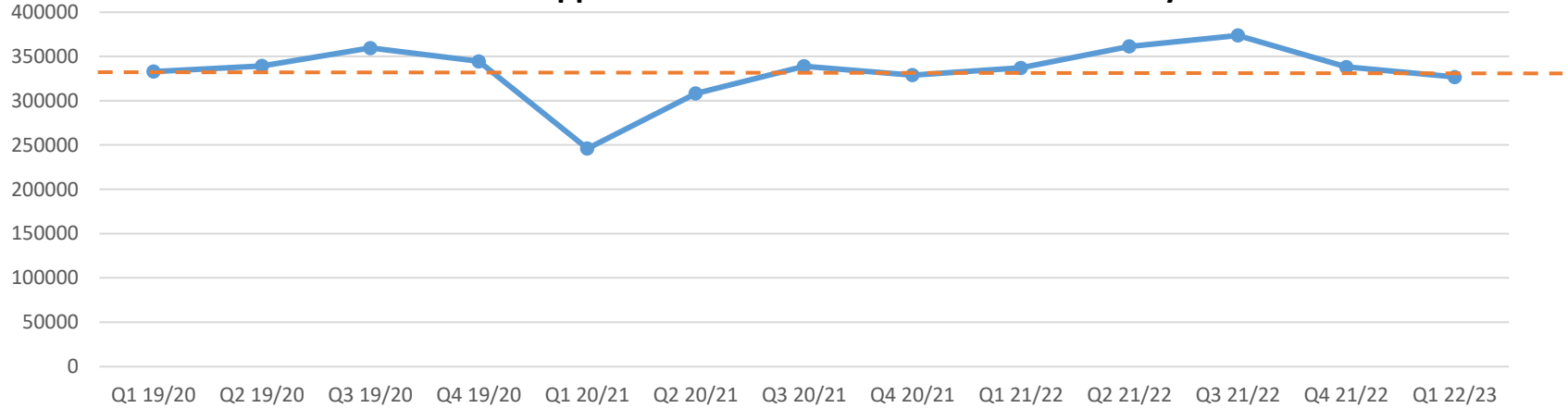


Recovery from the pandemic

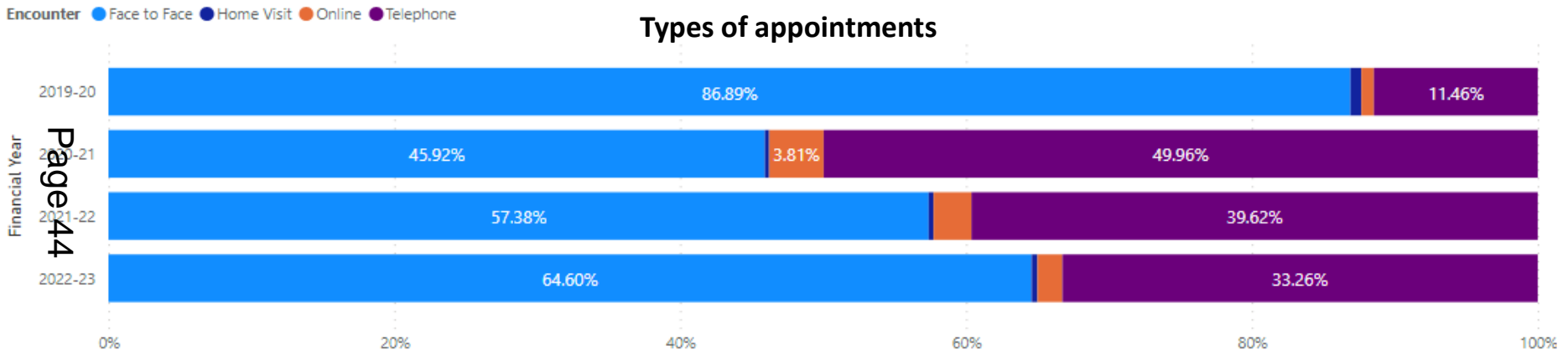
- During the pandemic, GP practices, alongside the wider NHS, temporarily adjusted how patients accessed its services.
- Since the easing of restrictions, **patients can access care in more ways than ever before:**
 - GP surgery doors are open for making appointments and seeing clinicians
 - Remote consultations are available, where this suits the patient's needs
 - Online services offer convenience for administrative matters and self-referrals
- However, general practice is experiencing continued high demand. This is experienced as delayed presentations, overdue routine screening and care, and increased contacts. Overall population health and wellbeing has also been negatively affected by the pandemic, adding further pressures on practices.

General practice appointments

Total appointments in General Practice in Bromley



Types of appointments



Total appointments are returning to pre-Covid levels. A greater proportion are now offered as remote options.

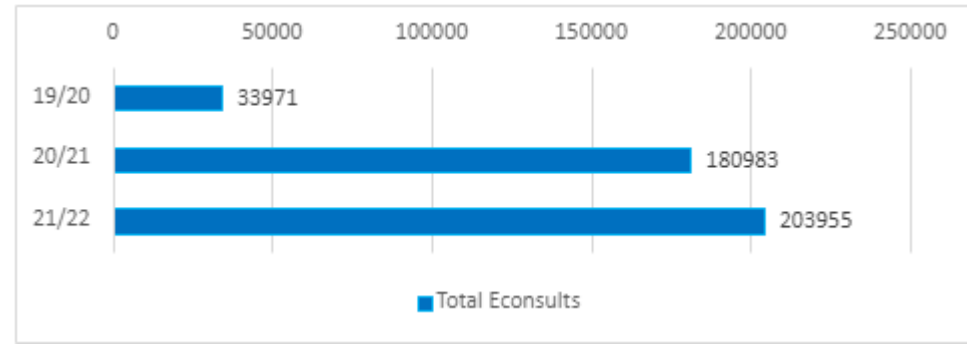


Increased access to primary care services

Online consultations portal

Offered to all patients within 3 years of starting

c.17k eConsults submitted every month



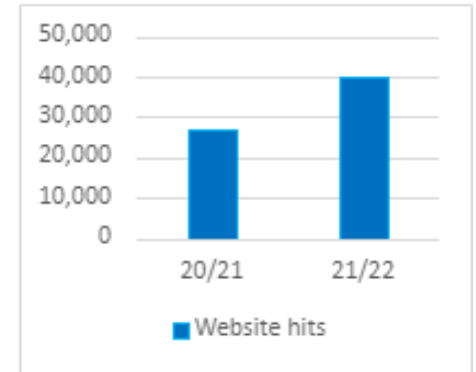
Text messaging services

Direct to mobile appointment bookings & health monitoring



Website service

34 out of 43 now using a professional web hosting platform



Electronic repeat prescriptions

Now offered by all Bromley GP practices

Easily accessible via the NHS App



An expanded general practice workforce

- There is a net reduction in the number of GPs and practice nurses in primary care, with more leaving the profession than joining it.
- To help maintain the necessary capacity in general practice, the NHS is recruiting a wider group of clinicians and healthcare professionals to work alongside GPs and practice nurses.
- These roles are shared between practices in their primary care network groupings. They are designed to provide care to all the patients within a PCN.



Physiotherapist

Assess, diagnose, and provide advice on managing musculoskeletal conditions. Refers to specialist services if necessary.



Mental Health Practitioner

Trained in mental health care, and able to signpost to specialist services if this needed.



Clinical Pharmacist

Specialist advisor for patients on multiple and long-term medications, ensuring patient safety.



Physician Associate

Works under supervision, clinically trained to diagnose and treat patients, order tests, make referrals and provide continuity of care for those with long term conditions.



Advanced Nurse Practitioner

Highly skilled specialist nurse, qualified to make independent decisions on assessment, diagnosis and treatment.



Social Prescriber

Connects people to a wide range of local community services to help people with their physical and mental health and wellbeing, and welfare.

The new Enhanced Access service

From 1 October 2022, practices became responsible for providing Enhanced Access services for their patients, working jointly with local GP surgeries as part of Primary Care Networks.

This has resulted in the following:

→ **More flexible appointments at convenient times for patients** As well as the core opening hours, Enhanced Access offers routine and same day appointments on weekday evenings, 6.30-8pm, and Saturdays, 9am-5pm.

→ **Local, convenient locations** Appointments may be face-to-face (at their own surgery, or other local surgery within the PCN), by phone, or video.

→ **Enhanced access for all patients** The service is for all patients registered with the GP surgery.

→ **Appointments with a wider range of clinicians** Depending on the patient's needs, the appointment may be with a GP, a practice nurse, a physiotherapist, a clinical pharmacist, mental health practitioner or other suitable professional.

→ **Easy to book** Patients can contact the surgery in the usual way to book their appointment.

These clinics build on other PCN-wide services already operating, eg vaccinations.

Freeing up clinical time

An extensive programme of transformation is in train to help free up clinical time in general practice in order to offer **more time for clinicians to see patients**.

Changes delivered, and others in train, include:

- Investments in expertise to optimise the **workflow of clinical documents** from secondary care to the GP for clinical review and follow up care
- Analysis of clinical outcomes and trends to give GPs insights, guidance and tools to **improve clinical effectiveness** in their practice
- Introducing demand and capacity tools to help practice management teams with **planning clinic types and staffing needs**, matching to peaks in demand

Working jointly as PCNs, **operating e-Hubs** to handle and respond to online consultation requests in a timely manner

- Setting up systems to support **remote and self-monitoring** of long term conditions
- Undertaking **process improvements** to make practice-level operational and organisational systems more efficient.

Improving the experiences of Bromley residents

Summary of question	2021 average results			2022 average results		
	National	SEL	Bromley	National	SEL	Bromley
Overall experience of GP practice	83%	81%	84%	72%	69%	71%
Ease of getting through to GP practice on the phone	68%	67%	66%	53%	51%	50%
Helpfulness of receptionists at GP practice	89%	88%	89%	82%	80%	81%
Ease of use of online services	75%	71%	74%	67%	60%	62%
Choice of appointment (at last appointment)	69%	70%	73%	72%	62%	73%
Satisfaction with appointment times	67%	66%	67%	72%	72%	60%
Satisfaction with appointment offered (at last appointment)	82%	73%	76%	68%	73%	68%
Overall experience of making an appointment	71%	69%	71%	56%	53%	53%
Mental health needs recognised and understood	86%	83%	87%	81%	78%	80%
Support with managing long-term conditions, disabilities, or illnesses	74%	70%	75%	65%	61%	60%
Time taken to receive care or advice when GP practice is closed	70%	68%	68%	53%	50%	53%
Overall experience of services when GP practice is closed	66%	64%	67%	60%	47%	51%

The National GP Patient Survey results indicate that patient satisfaction is lower compared to last year. This trend is broadly reflected across SEL and nationally. Bromley is looking into the appointment times offered as this appears to be an outlier area.

A dedicated initiative to guide Bromley patients

- Patient feedback tells us that changes in access have been received positively by many.
- For others, the options can be confusing, and the range of health professional roles aren't always well understood.
- ***Your Primary Care in Bromley*** has begun by developing five guides for local residents, covering:



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Who's who in the GP surgery	Appointment options	Community pharmacy	Self-referral to local services	Social Prescribing
-----------------------------	---------------------	--------------------	---------------------------------	--------------------

The guides are available here: <https://www.selondonics.org/your-primary-care-in-bromley/>



Continuing improvements to access

- Quality improvement projects to **improve patient experience** are being undertaken by GP practices, with support from the ICB. These will include the use of patient feedback, contributions from PPGs and partner organisations such as Bromley Healthwatch.
 - Scoping with practices is underway to identify and prioritise **cloud-based telephony** needs in anticipation of funding following recent national announcements.
 - Procurement of a **new website service for GP practices and PCNs** to provide easy-to-use online services and more functions through the website
- A **recruitment campaign** is being prepared to attract new people to health and care roles in the borough, including in Bromley primary care.
- Refreshed programme of professionally designed training and development by a dedicated Training Hub to maintain a **qualified and professional workforce**.

Reactive care: contacting the surgery in ways that suit each patient

The patient & their need	Contacting the practice	What happens next
Thomas, 88, a widow Concerned about recently started medication	Calls the practice , who books him an appointment with the clinical pharmacist due to his multiple medications	The clinical pharmacist reviews his medication, identifying changes needed to his prescription. Spotting signs of loneliness and potential social isolation, Thomas is invited to speak with the Social Prescribing Link Worker.
Jennifer, 42, a working mother of 3 children Received notification to book her smear test	Uses the link in her SMS notification to book an appointment slot.	The Nurse undertakes Jennifer's routine smear test on Saturday morning, at a time when Jennifer has been able to arrange childcare. As a result, Jennifer has not been required to take time off work.
Susan, 67, an active grandmother Developed a persistent back pain after caring for her grandchildren	Visits the practice reception to ask about how to get help and advice quickly.	Practice directly refers Susan to the First Contact Physiotherapist, who sees and assesses Susan. Susan is monitored through a course of physiotherapy.
Simon, 19, a college student Experiencing stress and anxiety about his studies and college life.	Checks the practice website for advice and follows the link for online self-referral.	Talk Together Bromley assesses Simon, providing him with an online cognitive behavioural therapy course which helps him better manage his stress and anxiety.
David, 26, works long hours in central London Worried about a rash that has appeared on his body.	Raises an eConsult on his smartphone , attaching a photo of the rash, before he starts work.	The GP reviews David's eConsult during a dedicated virtual consultation clinic; she gets advice from a dermatologist remotely. David's prescription is sent directly to his nominated pharmacy for collection.
<i>Alongside proactive, preventative and targeted primary care contacts with patients.</i>		

Agenda Item 8

Report No.
CSD22113

London Borough of Bromley

PART ONE - PUBLIC

Decision Maker: Health Scrutiny Sub-Committee

Date: 11th October 2022

Decision Type: Non-Urgent Non-Executive Non-Key

Title: One Bromley Winter Plan 22-23

Contact Officer: Jodie Adkin – AD – Urgent Care, Hospital Discharge and Transfers of Care –
Email: Jodie.adkin@selondonics.nhs.uk
Clive Moss – Senior Commissioning Manager – Urgent & Emergency Care –
SEL CCG (Bromley) E-mail: clive.moss@selondonics.nhs.uk

Chief Officer: Angela Bhan, Bromley Executive Lead – SEL ICB

Ward: All

1. Reason for decision/report and options

- 1.1 The purpose of the paper is to provide an opportunity for the Health Scrutiny Sub-Committee to consider and scrutinise the proposed One Bromley Winter Plan 2022-23. The Plan outlines how the whole system will work together in order to respond effectively to seasonal pressures.
-

2. **RECOMMENDATION(S)**

The Sub-Committee is asked to:

- Note and comment on the activity and schemes taking place to mitigate against seasonal increases in demand and pressure.
- Endorse the ONE Bromley 2022/23 Winter Plan

Impact on Vulnerable Adults and Children

1. Summary of Impact: As a result of whole system working vulnerable adults and children will be able to access the right care in the right place at the right time. This includes access to hospital based care, as well as community based health and care services.

Transformation Policy

1. Policy Status: Existing Policy
2. Making Bromley Even Better Priority (delete as appropriate):
 - (2) For adults and older people to enjoy fulfilled and successful lives in Bromley, ageing well, retaining independence and making choices.
 - (5) To manage our resources well, providing value for money, and efficient and effective services for Bromley's residents.

Financial

1. Cost of proposal: Estimated Cost

There are a range of different non-recurrent funding streams that are provided to support the system to respond to winter pressures. All funding is non-recurrent and is often ringfenced to deliver specific activity or additionality relating to seasonal demand.

The current announced funding is as follows, the description of the spend is included in the Winter Plan. To note the government has announced further funding to support local systems, however more detail has yet to be received. Where additional funding is received into the borough, it will be used to further expand on the existing plans building on what works.

Funding stream	Bromley		Description
	Beds	£'000s	
BCF winter (health)		£ 669,000	Recurrent BCF monies for increase in community health provision to respond to seasonal demand
BCF winter (LBB)		£ 1,064,000	Recurrent BCF monies for increase in social care provision to respond to seasonal demand
Non-recurrent 21/22 winter monies		£ 621,000	Non-recurrent monies from SEL ICB to support additional winter activity
Winter Demand Initiatives (community)	6	£ 465,830	Non-recurrent NHSE monies to provide additional 6 beds to the system
Virtual Wards	30	£ 1,829,560	
		£ 4,649,390	

2. Ongoing costs: Non-Recurring Cost
3. Budget head/performance centre: ICB / LBB
4. Total current budget for this head: £4,649,390
5. Source of funding: BCF, NHSE/I / SEL ICB funding

Personnel

1. Number of staff (current and additional): N/A
 2. If from existing staff resources, number of staff hours: N/A
-

Legal

1. Legal Requirement: None
 2. Call-in: Not Applicable: Further Details
-

Procurement

1. Summary of Procurement Implications: There are no procurement implications for this report
-
-

Property

1. Summary of Property Implications: None
-

Carbon Reduction and Social Value

1. Summary of Carbon Reduction/Sustainability Implications: N/A
-

Customer Impact

1. Estimated number of users or customers (current and projected): [N/A](#)
-

Ward Councillor Views

1. Have Ward Councillors been asked for comments? Not Applicable
2. Summary of Ward Councillors comments:

3. COMMENTARY

Attached is the detailed 2022/23 ONE Bromley Winter Plan which describes how the system will respond to seasonal pressures, as well as how individual organisations are preparing for winter. The plan also outlines the financial investment being made from non-recurrent winter monies to support the increase in capacity across the system.

All spend and activity will be monitored weekly through the Winter Intelligence Hub reported into the A&E Delivery Board. A formal review will be undertaken in December with any unspent funding reallocated to accommodate presenting pressures.

The 2022/23 winter plan aims to deliver on the successful elements of the previous year's Plan as well as responding to new emerging needs and system changes. The Plan focuses on providing additional capacity to the system at points of expected surges on existing services.

The plan is being built on the following key pillars:

1. **Increasing system capacity**

- Primary Care
- Admission Avoidance
- Discharge

2. **Meeting Seasonal Demands**

- Respiratory pathways – Adults and Children and Young People
- Christmas and New Year additional capacity
- Covid-19 and Flu vaccination planning

3. **Information Sharing and escalation**

- Winter Intelligence Hub
- System Escalations
- Winter Communications and Engagement

A full evaluation will be undertaken in March 2023 to assess the success/ impact of 2022/23 winter Plan and funded schemes. This evaluation will be shared with the Committee.

IMPACT ON VULNERABLE ADULTS AND CHILDREN

4. Summary of Impact: As a result of whole system working vulnerable adults and children will be able to access the right care in the right place at the right time. This includes access to hospital based care, as well as community based health and care services.

5. **TRANSFORMATION/POLICY IMPLICATIONS**

The Winter Plan aims to improve experience for patients/clients in the borough of Bromley during the winter period and relates to the following two Making Bromley Even Better Priorities:

(2) For adults and older people to enjoy fulfilled and successful lives in Bromley, ageing well, retaining independence and making choices.

(5) To manage our resources well, providing value for money, and efficient and effective services for Bromley's residents.

6. **FINANCIAL IMPLICATIONS**

As per Finance section above

7. PERSONNEL IMPLICATIONS

N/A

8. LEGAL IMPLICATIONS

N/A

9. PROCUREMENT IMPLICATIONS

N/A

10. PROPERTY IMPLICATIONS

N/A

11. CARBON REDUCTION/SOCIAL VALUE IMPLICATIONS

Detail here any environmental, social or economic implications that have been considered as part of this proposal. This section should consider requirements of the 2012 Public Services (Social Value) Act if procuring goods or services. Authors should detail how the recommendations in this report will lead to a positive impact in terms of the Council's Carbon Reduction ambitions.

12 CUSTOMER IMPACT

Public engagement on elements of the winter activity has been undertaken including the experience of those going through the hospital urgent treatment centre, emergency departments and the Bromley Discharge Single Point of Access.

Proactive public engagement to ensure residents are aware of what services are available and how to access them will be a key strand of the winter preparation and delivery for next winter.

13 WARD COUNCILLOR VIEWS

Click here and start typing

Non-Applicable Headings:	[List any of headings 4 to 13 that do not apply.]
Background Documents: (Access via Contact Officer)	[Title of document and date]

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ONE BROMLEY

WORKING TOGETHER TO IMPROVE HEALTH AND CARE IN BROMLEY

Winter Plan 2022/23

September 2022

Bromley 22/23 Winter Plan

The 2022/23 winter plan aims to deliver on the successful elements of the previous year's plan building on specific areas to further strengthen the whole system and respond to new, emerging needs and system changes. The plan is being built on the following key pillars:

1. Increasing system capacity

- Primary Care
- Admission Avoidance
- Increase system bed base
- Discharge
- Mental Health

2. Meeting Seasonal Demands

- Respiratory pathways – Adults and Children and Young People
- Christmas and New Year additional capacity
- Covid-19 and Flu vaccination planning

3. Information Sharing and escalation

- Winter Intelligence Hub
- System Escalation
- Winter Communications and Engagement

All spend and activity will be monitored weekly through the Winter Intelligence Hub reported into the A&E Delivery Board. A formal review will be undertaken in December with any unspent funding reallocated to accommodate presenting pressures.



1. Increasing System Capacity

Increasing system capacity through both BCF winter investment and core system offer as central parts of winter-planning which has been successful to date focusing on:

Attendance and Admission Avoidance - £2,051,628 (£1,829,500 ring fenced for @Home)

- Launch of the One Bromley @Home service virtual bed offer delivering 28-35 virtual beds to support acutely unwell respiratory, frailty, IVAB and palliative care patients to receive care in their own home.
- Additional capacity for the High Intensity User service to increase caseload from 40-70 patients (aim to prevent 150 ED attendances and 150 bed days saved based on preventing 50 admissions).
- Commission dedicated social care capacity in the community to prevent social admissions (3 community nursing home beds, 8 dedicated extra care housing assessment flats)
- Maintain integrated working model for care home residents including access to enhanced treatment bundles for care home residents to prevent the need for hospital-based care
- Continue to expand access to the PRUH Medical Ambulatory Unit for 111/999 CAS clinicians and LAS crews and increase partnership working with GPs via Consultant Connect.

Primary Care - £280,000

- Net increase in number of GP appointments offered locally throughout winter through PCNs and an additional 200 winter GP hub appointments for same day care via 111 and UTCs each weekend throughout winter.
- Provide additional capacity in Urgent Community Response (UCR) to support GPs meet same day emergence care demands for housebound patients
- *Also see priority 2 and 3*



1. Increasing System Capacity

Increasing system capacity through both BCF winter investment and core system offer as central parts of winter-planning which has been successful to date focusing on:

Increase the systems bed base to protect acute capacity - £540,830 (£465,830 NHSE/I ringfenced)

- Commissioning dedicated care home capacity at the fair cost of care rate to unlock additional capacity
- Providing additional support to free up to 5 hospice beds per week enabling increased transfer of patients from the acute

Hospital discharge - £1,558,120

- Increased capacity across all discharge pathways throughout winter with an Increase in Home Based Rehab from 3 to 6 patients per day and 22 to 36 bed based patients per month.
- Dedicated commissioned transport for 30-60 patients per week to ensure timely discharge and transport between settings post discharge

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1. Increasing System Capacity

Increasing system capacity through both BCF winter investment and core system offer as central parts of winter-planning which has been successful to date focusing on:

Mental Health (funded via SEL ICB)

Oxleas NHS Foundation Trust has put plans in place for the following:

- **Bed Management Meetings** three times a day with the direct input of Senior Management and Deputy Medical Director to reduce delays and avoid barriers to movement across pathways.
- **Enhanced Crisis House – Increased capacity to 7 beds and length of stay from 72 hours to 5 days. Improving both admission avoidance and decreased number of patients attend ED throughout winter.**
- Temporary **increased Acute MH bed capacity – 16 bed ward** within Green Parks House to avoid use of private placements.
- **Home Treatment Team Pool Cars** – improving ability of teams to provide care within people’s own homes.
- **Covid 19 Vaccine / Flu vaccine drives** being promoted among workforce – focussed on 80-100% achievement.
- **Enhanced Mental Health Crisis Line is available 24/7** for those experiencing critical mental health problems is in place to provide immediate response and reduce need for service users to attend ED
- **Hospital to Home Service** – jointly run with BLG MIND and Hestia to support Mental Health inpatients to prepare for discharge, assist transition from hospital to home and to connect patients with community services.

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2. Meeting Seasonal Demand - £138,790

Focusing on supporting conditions that are at high risk of exacerbation during winter as well as supporting the system during high pressure periods.

Respiratory pathways – Adults and Children and Young People

- Development of high risk patient list with proactive contact to ensure rescue packs are available and patients are aware of how to access community support
- Increase in the number of community respiratory clinics and additional Pulmonary rehab sessions running per week
- Deliver an enhanced offer for paediatric respiratory exacerbation for children and young people to support management in the community.

Christmas and New Year – maintain BAU capacity during bank holiday period

- Enhanced rates to ensure sufficient rota fill for all critical clinical provision during the period
- Dedicated, on-site primary care hub at the PRUH to support redirections and provide access to primary care during the bank holiday period
- Additional capacity within the Urgent Treatment Centres clinical and operational teams to avoid handover delays to ED.
- Maintaining capacity in the hospital discharge team and across all hospital discharge pathways including capacity in domiciliary care and care homes.
- Additional capacity support plan for the acute in the week following New Year when the system will have significant demand pressures.

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2. Meeting Seasonal Demand – Covid-19 and Flu Vaccinations (funded outside BCF)

Focusing on supporting conditions that are at high risk of exacerbation during winter as well as supporting the system during high pressure periods.

Bromley are continuing their collaborative approach to flu and covid vaccinations, working across the One Bromley network to deliver a first-class service to all our residents.

Operating a co-administration model, i.e. administering both flu and covid vaccines at the same time for those patients who are eligible for both flu and covid vaccines

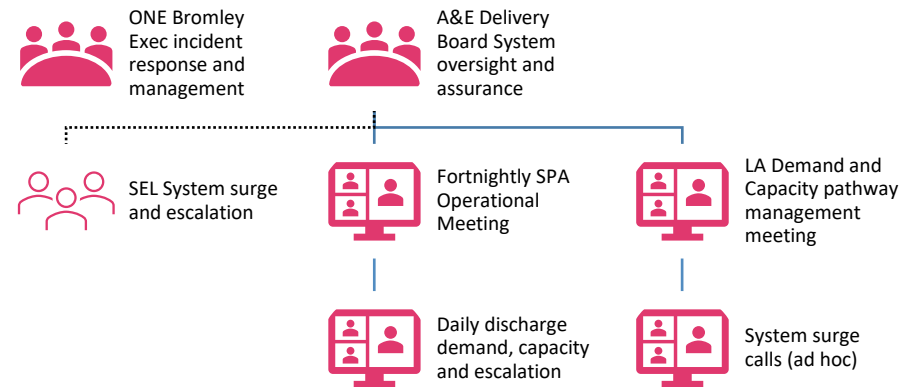
Eligible cohorts will be provided their Covid-19 booster and flu vaccinations via:

- GP practices - flu stock due to be delivered in September with clinics planned from mid-September; expecting covid stocks from September also.
- Mass vaccination clinic (walk in and appointment based) for eligible general public and front-line staff in the Glades shopping centre – run by King’s
- Bromley GP Alliance providing vaccinations for care home residents including registered LD Homes via the Bromleag service
- Housebound patients will be provided vaccinations either by their GP practice or Bromley Healthcare.

3. Information Sharing and Escalation

Activity and demand

- Re-mobilise the system monitoring and tracking structure (see image) to allow for early trigger of system pressure and an effective response
- Clear system escalation in place with agreed action cards for all parts of the system
- Ensuring the Clinical and Professional Advisory Group (CPAG) maintain oversight of any clinical pressures or development to assure of quality and safety



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Impact reporting

- Weekly monitoring of winter schemes activity and impact reporting to ensure investment is having a clear impact – overseen by the A&E Delivery Board.



3. Information Sharing and Escalation

- Winter Communications - £30,000

Effective Winter Communication and engagement this winter focuses on:

- Refreshing of the well-received accessible 'Winter Services Directory' describing all services available to support patients [primary care and secondary care version]
- Localising national campaigns and public facing information and advice on what services to use when. This information will be shared through digital and print media (extent of activity will depend on agreement of budget available)
- Continuing advice to care homes and care settings to care for their clients/residents throughout the winter period (predominantly through the fortnightly newsletter and engagement forums).
- Expand the successful flu campaign to also promote Covid19 Boosters (in line with anticipated guidance)
- Utilise the One Bromley 'Making a Difference Together' bulletin to support a system wide comms and engagement plan, maintaining and providing two way communication on winter pressures, updates on winter schemes and capacity and supporting the workforce

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Winter Plan - Governance Timeline 22/23

Board / Committees	Meeting	Purpose
One Bromley Executive	15th August 2022	Agreement to strategic direction of plan
A&E Delivery Board	17th August 2022	Consultation on draft plan
A&E Delivery Board	20th September 2022	FINAL PLAN agreed
One Bromley Executive	21 st September 2022	FINAL Plan agreed including financial allocation and KPIs
Integrated Commissioning Board	26th September 2022	FINAL agreement to BCF winter funding allocation
Local Care Partnership	27th September 2022	Overview of final plan, funding allocation (all) and system preparedness
One Bromley Clinical and Professional Advisory Group (CPAG)	29th September 2022	Clinical review and agreement on funding allocation, especially additional NHSE funding
Health Scrutiny Sub-Committee	11th October 2022	Information on final plan
A&E Delivery Board	17th October 2022	Reporting on mobilisation of schemes
A&E Delivery Board	Monthly	Reporting on impact of schemes throughout October 2022 to March 2023 Consideration for any schemes not mobilised for monies to be reallocated (Nov)
Health Scrutiny Sub-Committee	17th January 2022	Progress on winter activity
Health and Wellbeing Board	30th March 2022	Overview of winter activity and impact

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Bromley UEC System Winter Preparation

King's Winter Preparation

System development

- Strengthening services and pathways to deliver a more responsive discharge processes. (Emergency front door and inpatient areas)
- Full engagement with our ICS colleagues, CCG partners and specialist clinical pathways (stroke, trauma, critcare);
- Support the health and well-being of staff whilst maintaining workforce development and planning;
- Increase the 'time to care' for our clinical frontline and increase the visibility of senior leaders throughout the hospital;
- Reduce crowding in the Emergency Department by improving LOS for specialty referred patients in the ED;
- Increase non-admitted performance in the ED and work with system partners to reduce HRG1 attendance numbers;
- Establish planned and safe in-patient capacity, including critical care, to meet predicted demand across Bromley pathway;
- Scoping of staffing model to meet winter demands.
- Partnership working across the ICS and One Bromley partners i.e. Development of @Home service, Consultant Connect, Acute Frailty Assessment Unit, Medical Ambulatory Unit – Direct Access for 111/999/LAS and GPs.

Areas of investment

- Due to ongoing pressures throughout the summer many of the 2021/22 schemes will continue in 2022/23 where they have been deemed to benefit patient care and experience.
- Risks will be managed through operational capacity management, and escalation triggers and processes. This will enable early identification of issues and a proactive response to enable the plan to be reviewed and adjusted if needed.
- With regards to assessing the level of risk, the implementation and impact of the different elements of the winter plan will be monitored closely to ensure robust implementation



Oxleas' Winter Preparation

Organisational approach

- Oxleas operates Bed Management Meetings three times a day with the direct input of Senior Management and Deputy Medical Director to reduce delays and avoid barriers to movement across pathways.
- Enhanced Crisis House – Increased capacity to 7 beds and length of stay from 72 hours to 5 days. Improving both admission avoidance and decreased number of patients attend ED throughout winter.
- Temporary increased Acute MH bed capacity – ward within Green Parks House to avoid use of private placements.
- Home Treatment Team Pool Cares – improving ability of teams to provide care within people's own homes.
- Covid 19 Vaccine / Flu vaccine drives being promoted among workforce – focussed on 80-100% achievement.

Key Risks

- Staffing absence from sickness or self isolation – ongoing recruitment in place and nurse bank system to support
- Bed Capacity at risk of fluctuating demand - Business Continuity Plans in place to manage any service disruption that arises.

Key message for communications / Winter Services Directory

- Enhanced Mental Health Crisis Line is available 24/7 for those experiencing critical mental health problems is in place to provide immediate response and reduce need for service users to attend ED
- Hospital to Home Service – jointly run with BLG MIND and Hestia to support Mental Health inpatients to prepare for discharge, assist transition from hospital to home and to connect patients with community services.



LBB's Winter Preparation

System development

- Weekly Demand and capacity meetings supported by project manager ensuring flow through all pathways and preventing additional pressures on Adult Social Care.
- Specific focus on the Christmas period to ensure sufficient dom care capacity to meet need with dedicated ringfenced care home capacity to support admission avoidance throughout the whole of winter.
- Additional staffing across care management, occupational therapy and central Placement Team to respond to increased demand.
- Comms and engagement on winter activity being shared across social care workforce
- Extra Care Housing – 8 dedicated flats to support hospital discharge
- Caring for your resident details being sent to all social care providers with communication on which services to access being shared with providers
- Winter performance information being monitored by Adult Services Leadership Team (ASLT)

Key risks and mitigation

- Ensuring sufficient capacity in the adult social care market to meet seasonal demand being managed through effective provider frameworks and care home market capacity management. Increased resilience in Reablement is also supports the dom care market pressures
- Workforce recruitment in LBB roles being managed through early planning and recruitment also allowing for existing temporary staff to be retained



Greenbrook's (UTC) Winter Preparation

Organisational approach

- To ensure that our staffing levels are in line with anticipated demand to provide best possible service
- Actively promoting clinically appropriate redirection to primary care services
- Clear escalation plans and risk mitigation procedures in place
- Enhanced rate packages are put in place to maximise shift fill for the likely seasonal peaks over Christmas / New Year which tend to be outliers in the usual staffing model.
- Additional floor co-Ordinator post to support shift leads in out of hours period and helps manage the flow and siting of patients. The role will act as patient liaison and will also support the shift lead in being a conduit between the service, ED and patients and can carry out admin tasks, freeing up shift leads for more clinical oversight.

Key risks

- Staffing absence: sickness, self-isolation, competition in recruitment.
- Increased attendances

Risks that remain post mitigation

- Erratic activity, sometimes no rationale for peaks of demand

Key message for communications / Winter Services Directory

- Alternatives to UTC/ED referral promoted, GP Hubs, Pharmacy, Urgent Community Response services



BHC's Winter Preparation

Organisational Approach

- Recruitment strategy to drive down vacancy rates across services
- Deploying a flexible approach between services enabling therapists and nurses to prioritise patients in most need.
- Maintain Urgent Community Response capacity throughout winter to support admission avoidance work, enhance primary care, and provide assurance over festive period.
- Additional funding to support GP OOHs service over the festive period as well as other community services to support admission avoidance.

Key Risks

- Primarily adequate staffing resource to deliver the capacity required - ongoing robust recruitment strategies, strong agency links and a commitment to support and develop staff.
- Challenge to maximise available capacity across 7 days – low discharges on Sat-Mon can result in wasted capacity.

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Remaining risks post planned mitigation

- Low discharge rates from Saturday to Monday: requires a system wide approach to seven day working to increase rates of discharge.
- Short term funding increases risk of staff recruitment challenges.



Primary Care Winter Preparation

System Approach

- Covid-19 booster and flu vaccinations for eligible cohorts via:
 - Practice flu stock is due to be delivered in September with clinics planned from mid-September; we are expecting covid stocks from September.
 - Mass vaccination clinic (walk in and appointment based) in Glades shopping centre – run by King’s
 - Bromley GP Alliance providing vaccinations for care home residents via the Bromleag service
 - Housebound patients will be provided vaccinations either by their GP practice or Bromley Healthcare.
- Supporting PCNs to mobilise their Enhanced Access Services for going live 1st October – opening times for extended access will be until 8pm on a weekday and 9-5pm on Saturdays.
- All services will continue to run, digital where possible and for the majority of services face to face as deemed clinically necessary.

Key Risks

- The transfer of BGPA Access Hubs to PCN-led Enhanced Access Services could result in less appointments for same day cases (none on Sundays/Bank Holidays) and no ring fenced slots for 111.
- Working with system to mitigate potential loss of CAS and access hub appointments on Sundays and Bank Holidays which aren't being offered as part of the PCN plans i.e. establishing PRUH GP Hub on Sundays and Bank Holidays.
- Covid-19 & Flu self isolation and illness amongst clinicians. ICS will support PCNs to increase rapid response service capacity, locum bank coordination and other mitigating actions.

Winter Communications

- Refreshed Directory of Services for primary care clinicians and System Winter e-bulletin
- Leaflets explaining where residents can get the appropriate services for their care needs.



Bromley Third Sector Enterprise - Winter Preparation

- Training session and information from SELCE to increase staff and volunteers' awareness about how clients can save energy and apply for grants
- Virtual talks with Social Prescribing Linkworkers and their patients (to discuss pre-winter worries and to give quick tips and advice on how to plan ahead for them)
- Supporting Self-Care Week in Nov (in collaboration with other BW pathways, delivering a series of presentations on self-care in winter and on cost of living and how to keep warm, well-fed and support available)
- **Carers:** Leading an event for carers on Carers Rights Day on 25 November.
 - For Young Carers there will be awareness sessions around keeping physically well and also supporting positive wellbeing for the YC's and the people they care for. the flu jab and general sessions on supporting the people they care for during winter and C-19
 - For LD and Mutual Carers Pathways we're planning workshops and additional support around flu jabs, health checks, keeping warm, managing fuel bills and grants where available.
- Developing a wellbeing tutorial and information pack on SAD (seasonal affective disorder) as we anticipate increased referrals around this condition this year
- Developing our annual Christmas support pack
 - We will also address the benefits of preventative medical support via a Pharmacist or via 111 and look at the best way to speak with the GP via E-Consult or visiting the surgery.
 - Reducing isolation continues to be a priority as does addressing the increase cost of living issues facing our clients.



St Christopher's Winter Preparation

Organisational Approach

- Ensuring maximum covid 19 and flu uptake amongst staff and assessing new staff compliance on recruitment ;
- Ensuring high uptake of influenza vaccine by using occupational health service to administer onsite vaccinations when possible ;
- Enhanced capacity in Choose Home service
- Enhanced recruitment over summer period to support forward planning and any winter scheme needs.

Key Risks

- Changes in IPC guidance around new COVID variances
- Delays in care home placements.

What guidance about your services would you want to promote as part of a Winter Services Directory

- Early referral when a person is recognised as being end of life;
- use of ceilings of treatment;
- ACP and DNA CPR decisions



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**PATIENT EXPERIENCE
REPORT 2022/2023
QUARTER 1
APRIL - JUNE**

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Introduction & Executive Summary

This is the Quarter 1 Patient Experience Report for Healthwatch Bromley, covering the period from April - June 2022. Healthwatch was created by the Health and Social Care Act 2012 to understand the needs, experiences and concerns of people who use health and social care services and to speak out on their behalf. Healthwatch Bromley has a duty to gather and publish the views of patients and service users in the borough. To fulfil this duty, a comprehensive patient experience data collection programme is operated. Annually this yields approximately 2,400 patient experiences.

Normally, our Patient Experience Officer, supported by a team of volunteers, visits health and social care services weekly to talk to and hear from patients, service users, carers and relatives about their experiences of local services. These patient experience comments and reviews are gathered using a standard form (see Appendix). The form asks patients for simple star ratings on their overall experience, likelihood to recommend a service, treatment, booking and a number of other areas. In addition, there is a free text box where patients are asked to leave a review or feedback comments. We approach every patient, capture their experience in their own words and seek consent for their feedback to be published on the Healthwatch Bromley website using our Digital Feedback Centre. People can leave their name or comment anonymously. At the end of each service visit, the Patient Experience Officer will relay any urgent matters requiring attention to the service manager.

Whilst we aim to gather patient experience comments and reviews from a representative sample of Bromley's population, we acknowledge that the type of service used varies from person to person, and people use different services at different stages in their lives. Some people, of course, do not use services at all. All those contacted are asked for monitoring information, but some do not wish to provide this.

Healthwatch Bromley's website continues to be available for the public to visit and independently provide service feedback and comments through our Digital Feedback Centre. Our questions are uniform across the Digital Feedback Centre and the physically collected forms.

This report covers the Quarter 1 period, April - June. During this time, 600 reviews were collected. Of the 600 reviews collected this quarter, 427 (71%) were positive with star rating 4-5, 27 (5%) neutral with star rating 3 and 146 (24%) negative with star rating 1-2. The information presented within this report reflects the individual patient experience of health and social care services. Healthwatch Bromley presents this information for consideration and anticipates that it will be used to highlight good practice and areas for improvement.

Our Data Explained

Healthwatch Bromley use a Digital Feedback Centre (on our website) and Informatics system (software sitting behind the Digital Feedback Centre) to capture and analyse patient experience feedback. The Informatics system is currently used by approximately 1/3 of the Healthwatch Network across England and it captures feedback in a number of ways:

1. It asks for an overall star rating of the service (between 1-5)
2. It provides a free text box for comment
3. It asks for a star rating against specific domain areas (between 1-5)

In terms of reporting, the above provides Healthwatch with several data sets.

Star ratings provide a simple snapshot average, both overall and against specific domain areas.

When it comes to the free text comment box, this is analysed in two different ways resulting in two different data sets:

- In the first instance, our informatics system creates a 'sentiment score' by using a sophisticated algorithm to analyse comments and categorise them as positive, negative or neutral. This is an automatic process. Where overall sentiment is highlighted in the report, it relates to this aspect of the process.
- In the second instance, free text comments are broken down and analysed for themes and sub themes. Where relevant, up to 5 themes and sub themes can be applied to any one patient experience comment. Upon each application of a theme or sub theme, a positive, negative or neutral sentiment is also applied. This is a manual process undertaken by trained staff and specially trained volunteers. The process is overseen by the Patient Experience Officer and regularly audited in order to ensure consistency. Where themes and related sentiment are discussed in the report, it relates to this aspect of the process.

Each of the areas described above provides an independent set of results which can be viewed separately or in conjunction with one another in order to gain an insight into a service or service area. It is important to note that correlation between different data sets may not be apparent, for example, a service may have an overall star rating of 4/5 but much lower ratings against individual domain areas.

Overall Star Ratings

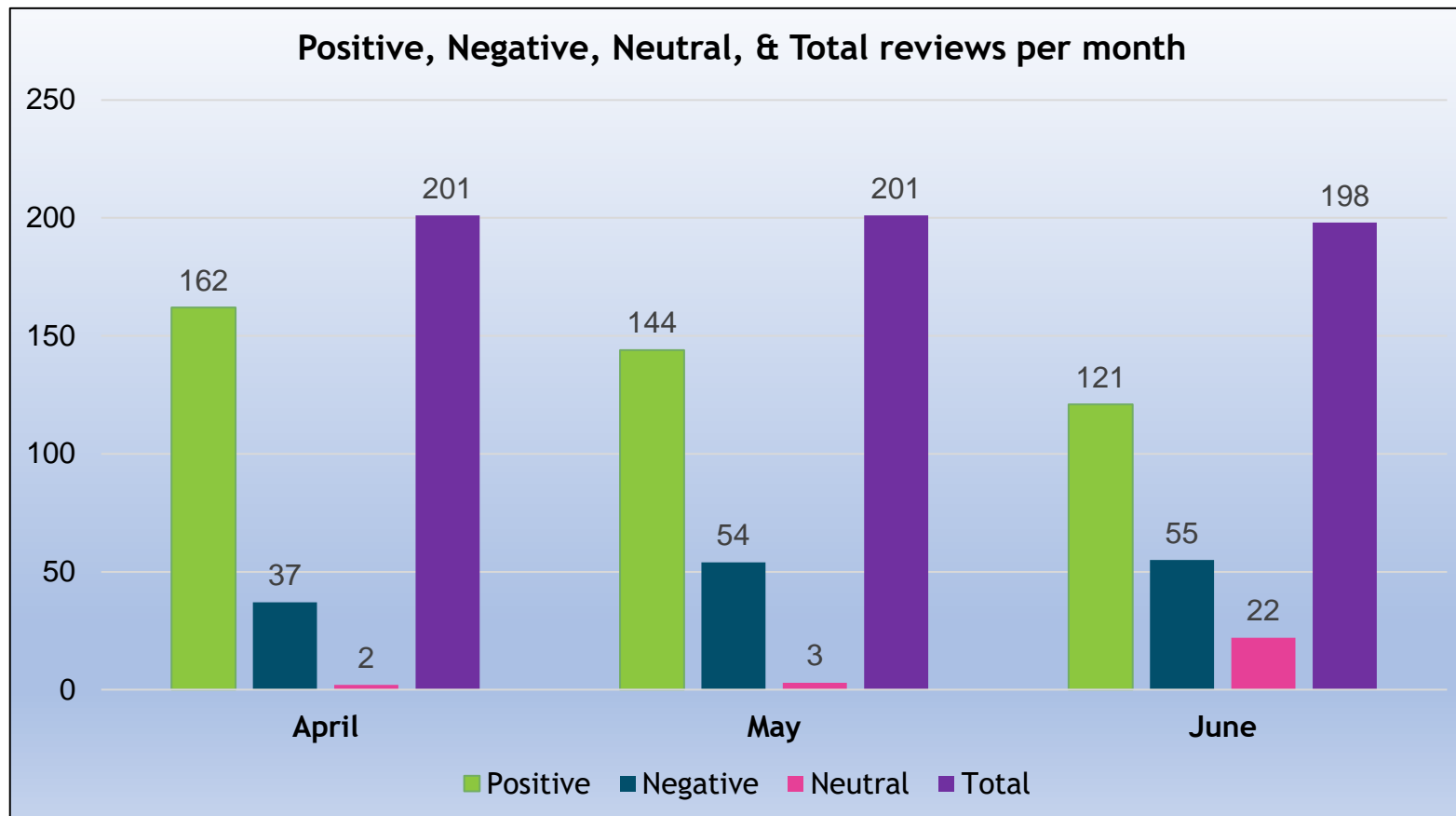
The number of patient reviews received for this quarter was **600**. The table below shows the distribution of the negative, neutral and positive patient reviews by each month and for the quarter as a whole. Please see Appendix for examples of our physical and online questionnaires.

Each patient was asked to give an overall rating out of 5 stars for the service(s) they attended. Star ratings of 1 and 2 indicate a negative response, a star rating of 3 indicates a neutral response and star ratings of 4 and 5 indicate a positive response. It is important to note that our experience looking at other boroughs has shown that people are very reluctant to give a negative rating of their care provider. When the 3* 'neutral' ratings are analysed in more detail we have traditionally found these to outline negative feedback. Therefore, where a significant number of 3* ratings are found, our experience tells us these areas are worthy of further attention to help identify areas for improvement.

Month	4-5 Star Reviews (Positive) ★ ★ ★ ★ ★	1-2 Star Reviews (Negative) ★ ★ ☆ ☆ ☆	3 Star Reviews (Neutral) ★ ★ ★ ☆ ☆
April	162	37	2
May	144	54	3
June	121	55	22
Total	427	146	27

Overall Star Ratings continued

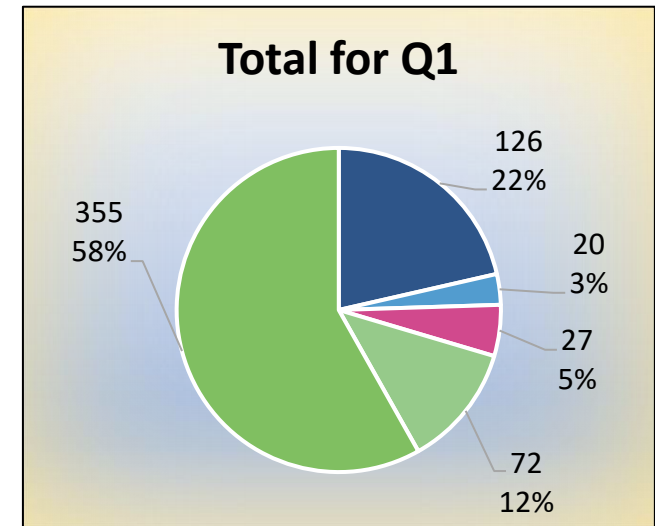
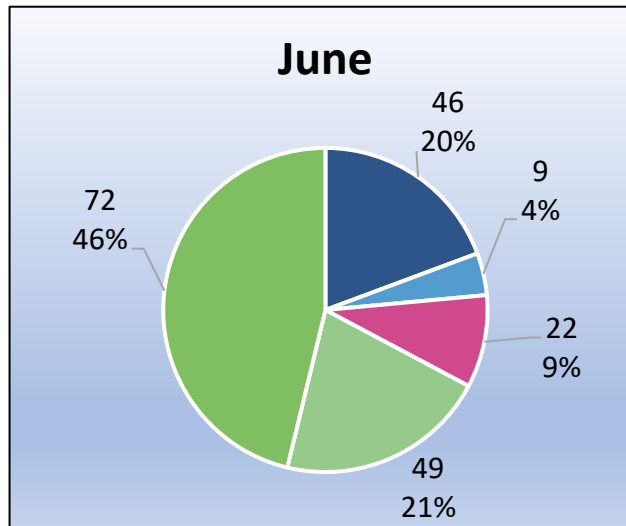
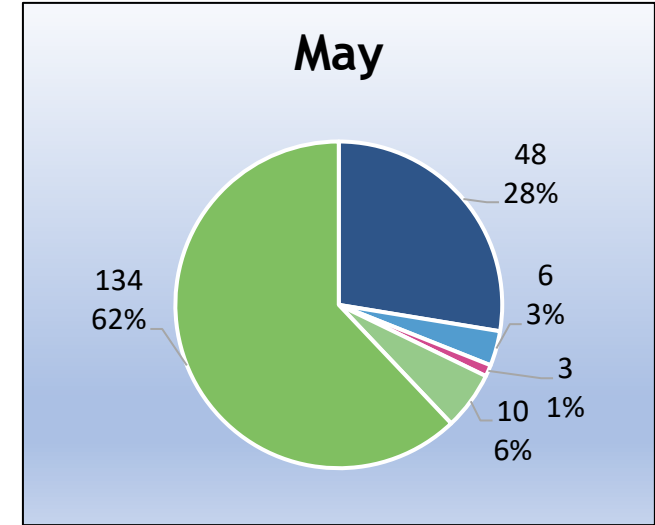
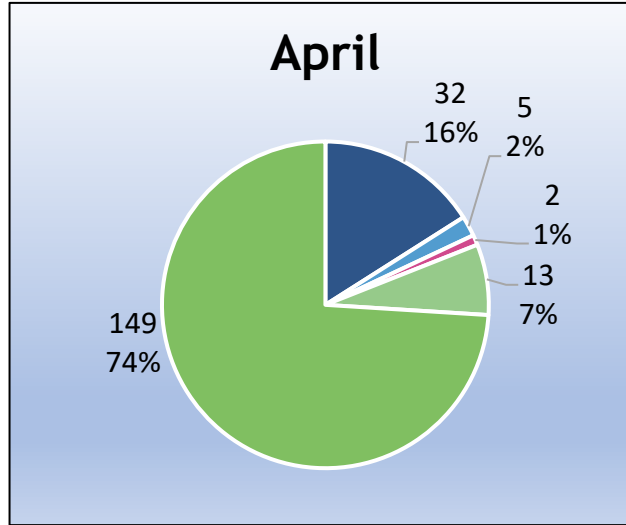
This chart provides a further breakdown of positive, negative, neutral and an overall total number of reviews for each month. We are very pleased that we have reached our target number of 600 reviews.



Overall Star Ratings continued

The pie charts show the breakdown of star ratings for each month and for the whole quarter.

The overall star ratings for services tell us that people are generally satisfied with the quality of services across the borough.

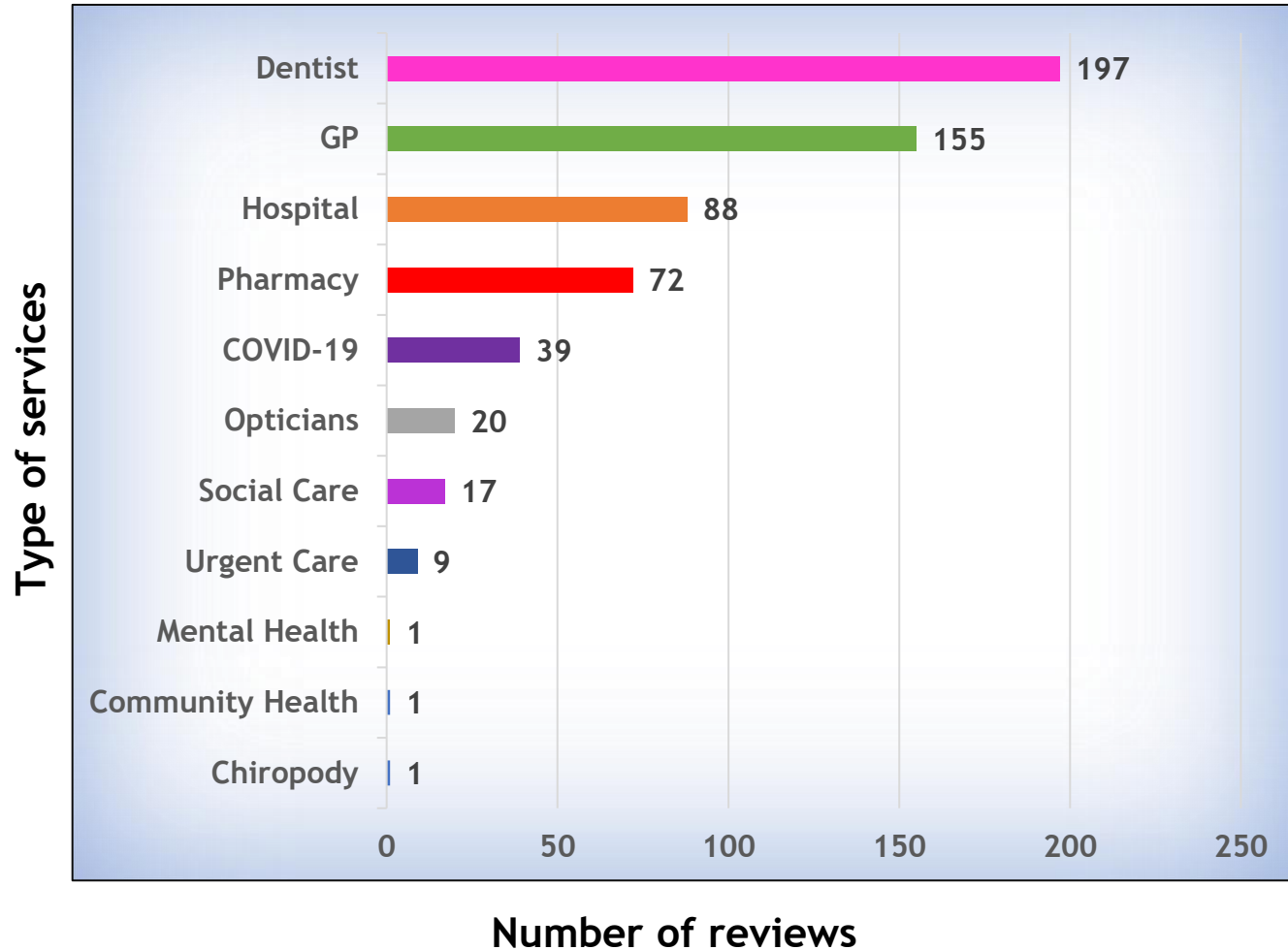


Total Reviews per Service Category

The patient reviews recorded for this quarter cover 11 service categories, as seen in this chart.

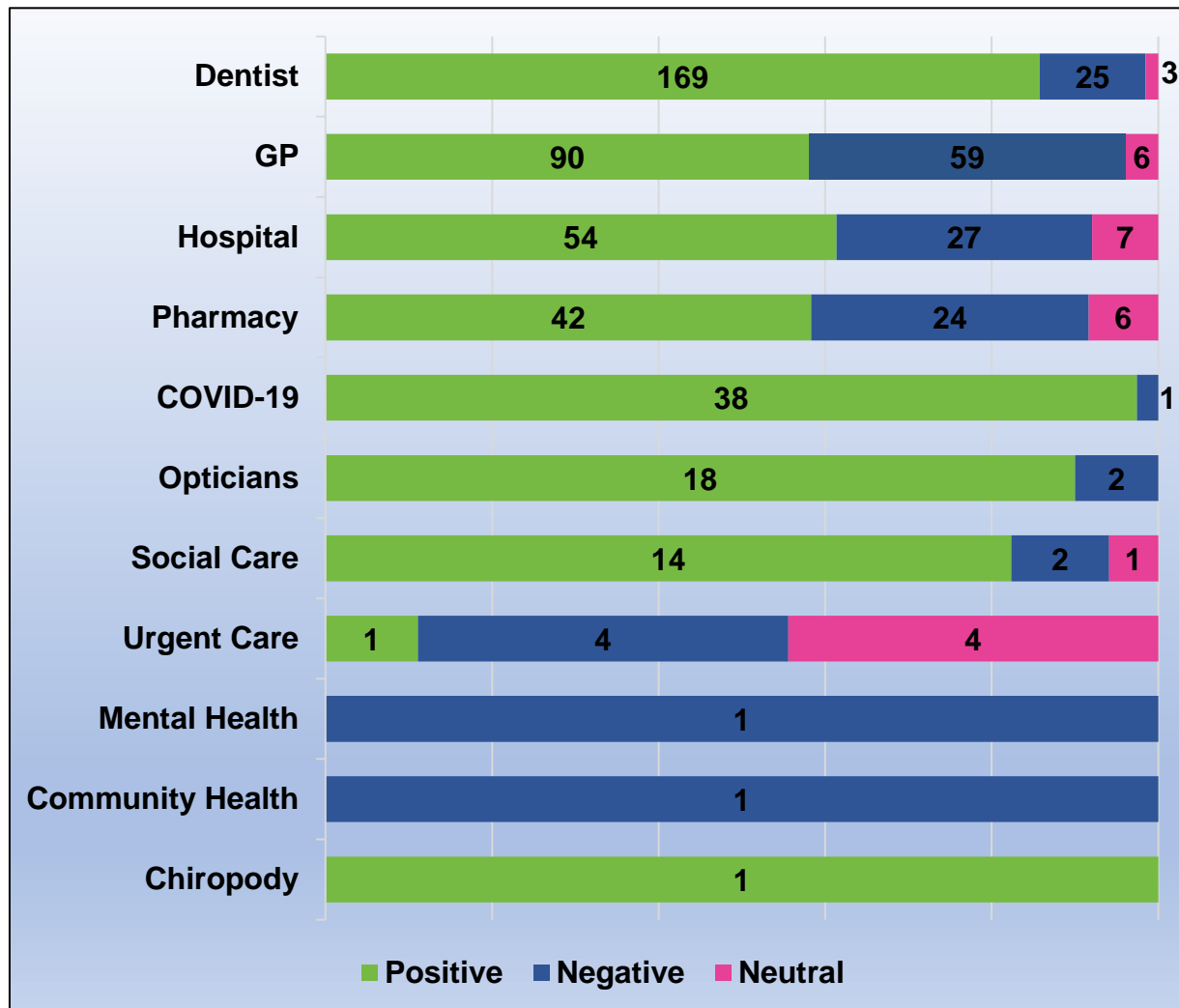
The category with the highest number of reviews recorded is Dentist services (197), followed by GP (155), Hospital (88) and Pharmacy (72).

The service-types with the lowest number of reviews recorded are Chiropody (1), Community Health (1) and Mental Health (1).



Distribution of Positive, Negative & Neutral

Type of services
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Number of reviews

This chart illustrates the proportion of negative, neutral, and positive reviews within each of the ten service-type categories previously discussed. Reviews are categorised according to their star ratings.

Dentist services received the most reviews this quarter (197). Of these, 13% (25) were negative, 1% (3) were neutral, and 86% (169) were positive.

GP services received the second highest number of reviews this quarter (155). Of these 38% (59) were negative, 4% (6) were neutral, and 58% (90) were positive.

Hospital received the third highest number of reviews this quarter (88). Of these 31% (27) were negative, 8% (7) were neutral, and 61% (54) were positive.

Pharmacy received the fourth highest number of reviews this quarter (72). Of these 33% (24) were negative, 12% (6) were neutral, and 55% (42) were positive.

Themes and Sub-Themes

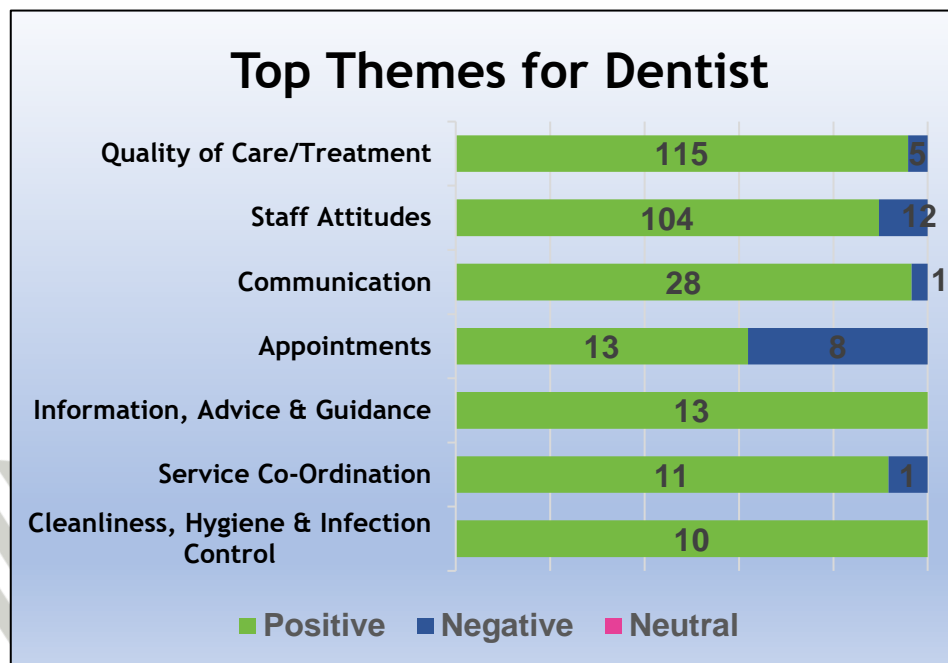
This section shows a breakdown of the main themes and sub-themes for service areas where we received a significant number of reviews. In Q1 these areas were: Dentist, GP, Hospital, and Pharmacy. After asking patients for an overall star rating of the service we ask them to "tell us more about your experience".

Each comment is uploaded to our Online Feedback Centre where up to five themes and sub-themes may be applied to the comment (see Appendix). For this reason, the total number of theme counts will differ from the total number of reviews for each service area. For each theme applied to a review, a positive, negative, or neutral 'sentiment' is allocated. The application of themes, sub-themes and sentiment is a manual process and differs from the star rating patients provide.

Dentist Themes and Sub-Themes

Dentist was the most reviewed service for this quarter, with a total of 197 reviews. **Quality of Care/treatment** was the most applied theme with a total of 120 counts, 96% (115 counts) being positive and 4% (5 counts) being negative. People commented on the high standards of care and treatment received when visiting their dentist.

The second most applied theme was **Staff Attitudes** with a total of 116 counts; 90% (104 counts) reported positive reviews and 10% (12 counts) were negative. This indicates patient satisfaction with the care and treatment they received from staff.



Number of reviews

Positive reviews

“Excellent dental practice and I always trust my dentist.”
Dentist

“The dentist and dental nurse were both wonderful.”
Dentist

“The practice is exceptionally clean and has a very relaxed, calming atmosphere.”
Dentist

Negative reviews

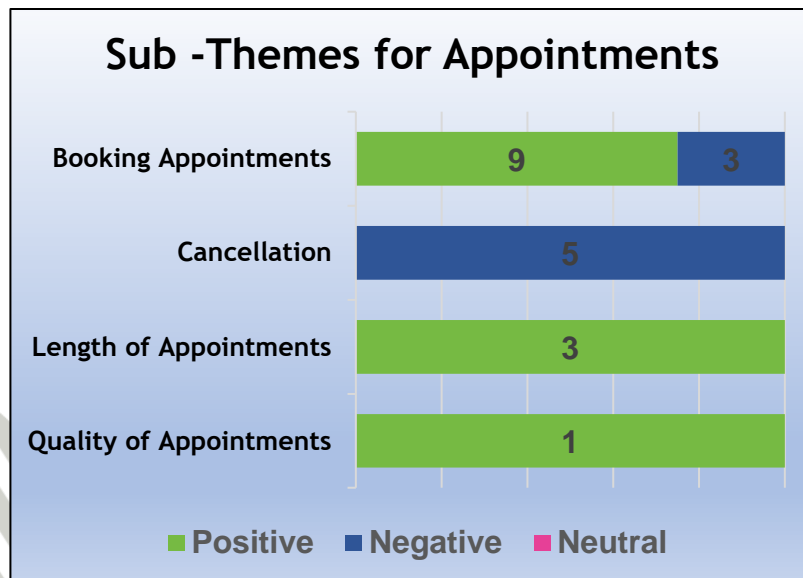
“Need to be more accommodating in the current climate.”
Dentist

Dentist Themes and Sub-Themes

On closer inspection of sub-themes for **Appointments**, **Booking Appointments** received 75% (9 counts) as positive and 25% (3) as negative. The majority of people were very happy with booking appointments. Those who had issues commented on getting through on the telephone. This is an area we will continue to address over the coming months.

We received positive reviews related to the **Length and Quality of Appointments**. However, several people were unhappy with **Cancellations**.

Communications also has two sub-themes. On closer inspection, we can see that **Treatment Explanation** from Dentists received positive responses (100%) and only one servicer user left negative feedback related to the **Lack of Communication**.



Number of reviews

Positive reviews

“Very patient and provided a detailed explanation.”
Dentist

“Felt comfortable in their hands.”
Dentist

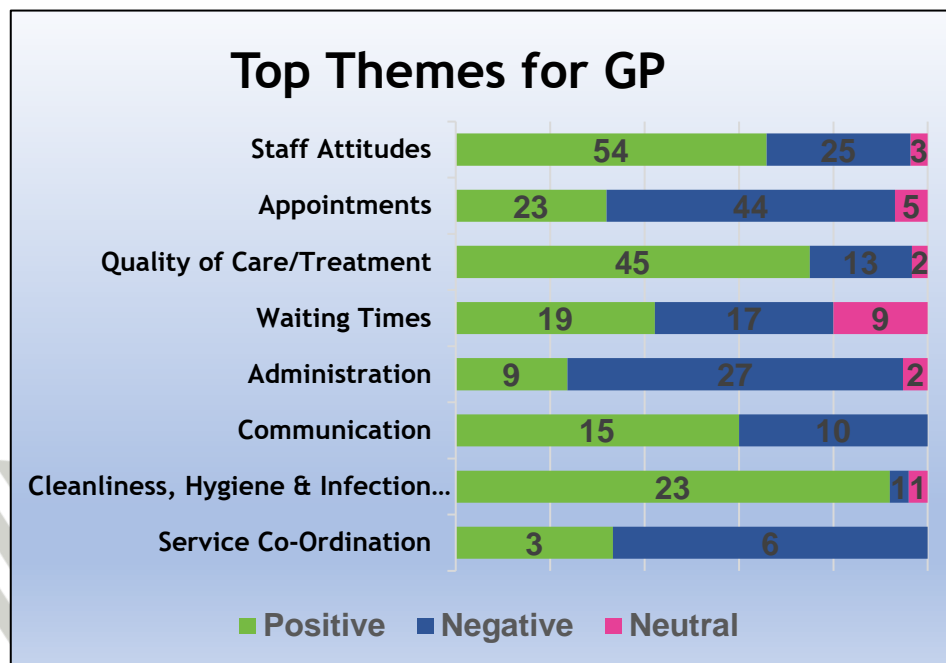
Negative reviews

“Really poor etiquette.”
Dentist

GP Themes and Sub-Themes

GP services were the second most reviewed service for this quarter, with a total of 155 reviews. **Staff Attitudes** was the most applied theme with a total of 82 counts, 66% (54 counts) being positive, 4% (3 counts) being neutral, and 30% (25 counts) being negative. People commented on the high standards of professionalism from reception staff, nurses and GPs.

The second most applied theme was **Appointments** with a total of 72 counts; 32% (23 counts) reported positive reviews, 7% (5 counts) reported neutral, and 61% (44 counts) reported negative. This indicates that the majority of patients were unhappy with appointments at their GP practice.



Number of reviews

Positive reviews

“Doctors are knowledgeable, service is efficient, and it is easy to get an appointment.”

GP Surgery

“I really like the new telephone consultation.”

GP Surgery

Negative reviews

“The staff are really nice, but it is difficult to get an appointment.”

GP Surgery

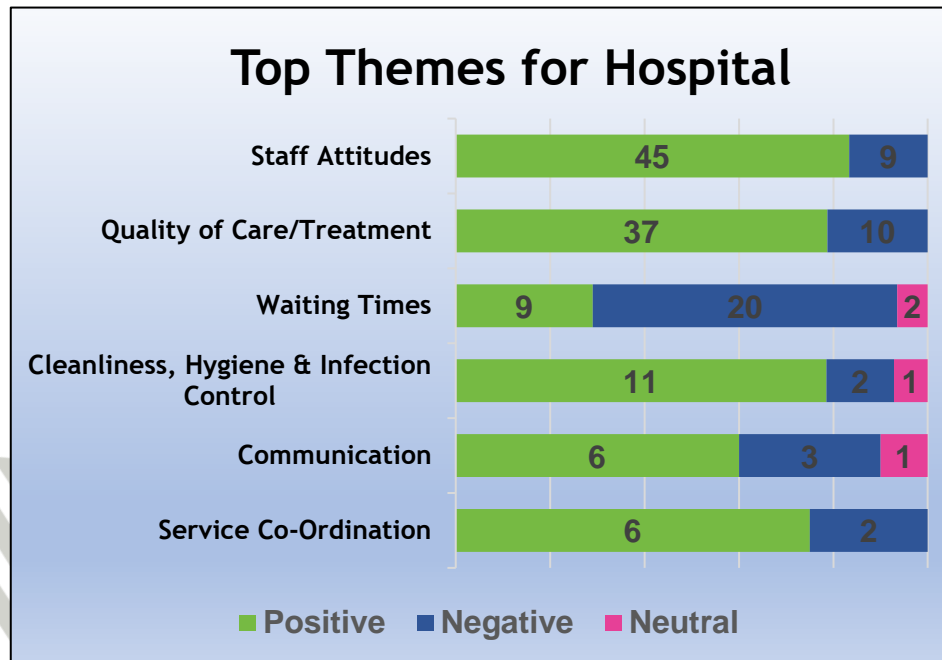
“It’s difficult to get urgent meds ever since Covid.”

GP Surgery

Hospital Themes and Sub-Themes

Hospitals were the third most reviewed service for this quarter, with a total of 88 reviews. **Staff Attitudes** was the most applied theme with a total of 54 counts, 83% (45 counts) being positive and 17% (9 counts) being negative. People commented on the high standards of professionalism from hospital staff.

The second most applied theme was **Quality of Care/Treatment** with a total of 47 counts; 79% (37 counts) reported positive reviews and 21% (10 counts) reported negative. This indicates that the majority of patients were satisfied with the care and treatment they received at a hospital.



Number of reviews

Positive reviews

“The reception staff and security were very nice and accommodating.”

Hospital

“Everyone is professional.”

Hospital

Negative reviews

“Extremely long wait for no end result.”

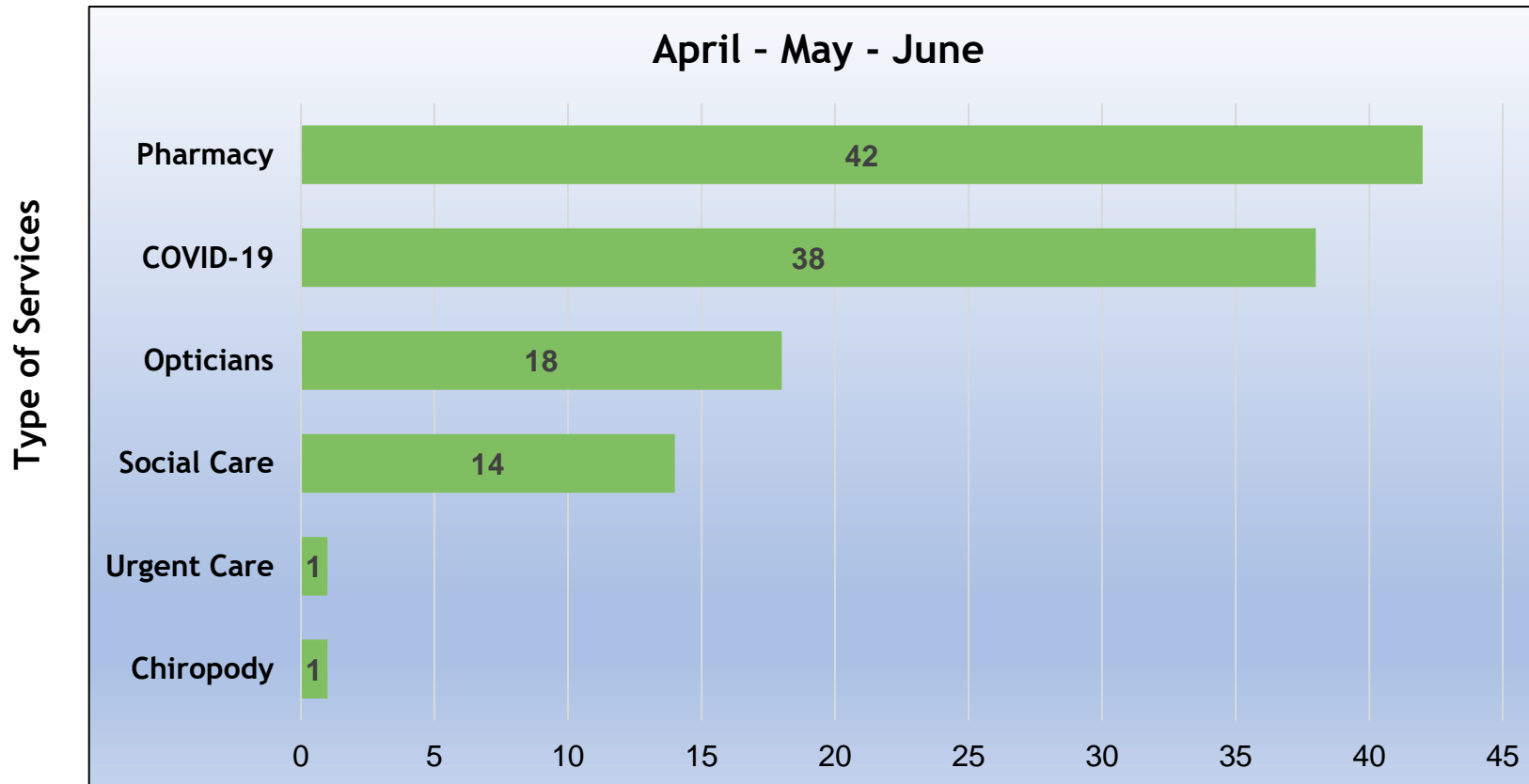
Hospital

“It is hard to get an appointment on the phone, long queue.”

Hospital

Other Positive Reviews

This section provides an overview of the number of positive reviews by service area and goes on to give some examples of comments received. Looking at the positive reviews we have received allow us to highlight areas where a service is doing well. The data suggests that the majority of Bromley residents who have shared their experiences are satisfied with most of the services in Bromley.





Pharmacy

“The staff in here are magic.”

Pharmacy

“Care and excellent service.”

Pharmacy

“Really helpful organising travel vaccines. Would highly recommend.”

Pharmacy



COVID-19

“It was easy to book an appointment.”

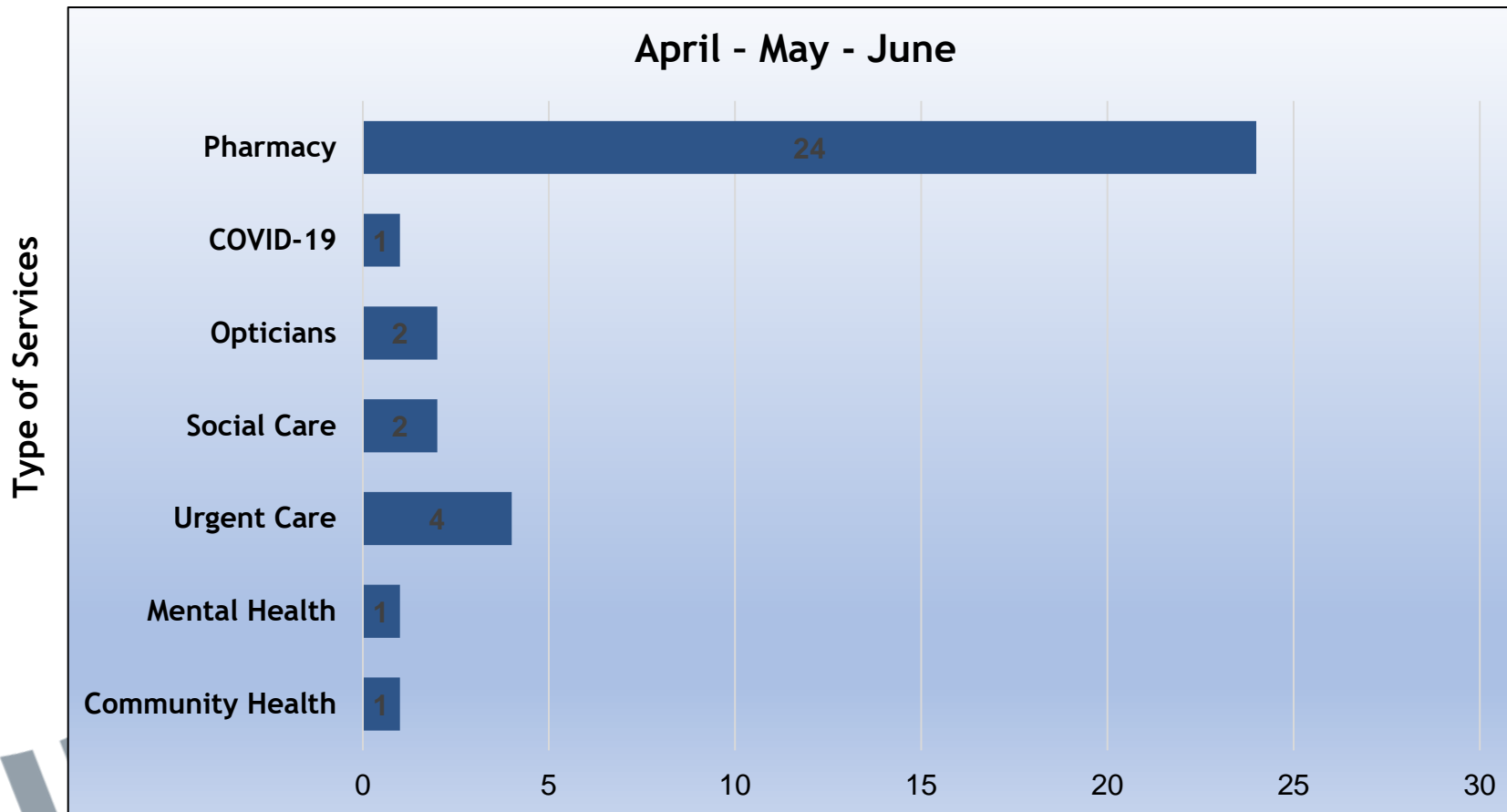
COVID-19

“The staff were friendly.”

COVID-19

Other Negative Reviews

This section provides an overview of the number of negative reviews by service area and goes on to give some example of comments received. By looking at the negative reviews received, we can better understand where a service needs to improve in order to provide a better experience.





Pharmacy

“Nobody at the store was sufficiently trained.”

Pharmacy

“Their phone is engaged all day long.”

Pharmacy

“Consistently the slowest service of any pharmacy I’ve ever been to.”

Pharmacy



Urgent Care

“The actual services I received are very good, but the wait times are horrible.”

Urgent Care

“Having to telephone or video call is unacceptable.”

Urgent Care

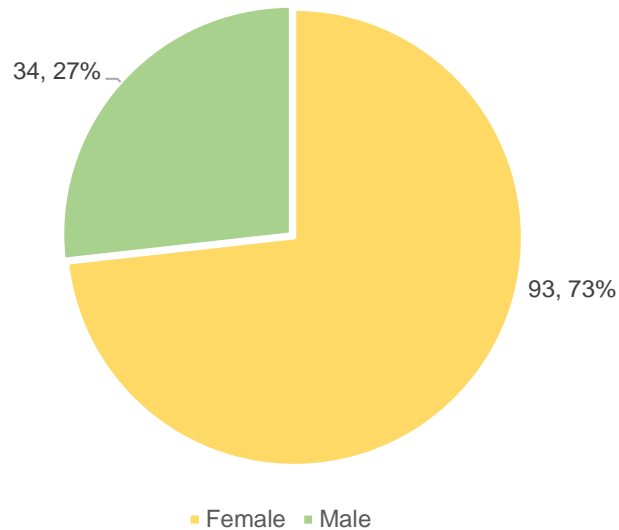
Demographic Information

This section looks at the demographic information we have gathered this quarter. Our patient experience methodology changed in March 2020 as we couldn't conduct face-to-face engagement with service users. However, we began in-person patient engagement again in February 2022 and have been able to visit GP practices, hospitals, vaccination centres and community centres. We always seek to improve the completion of monitoring data. Further training and guidance has been provided for staff and volunteers to better support this.

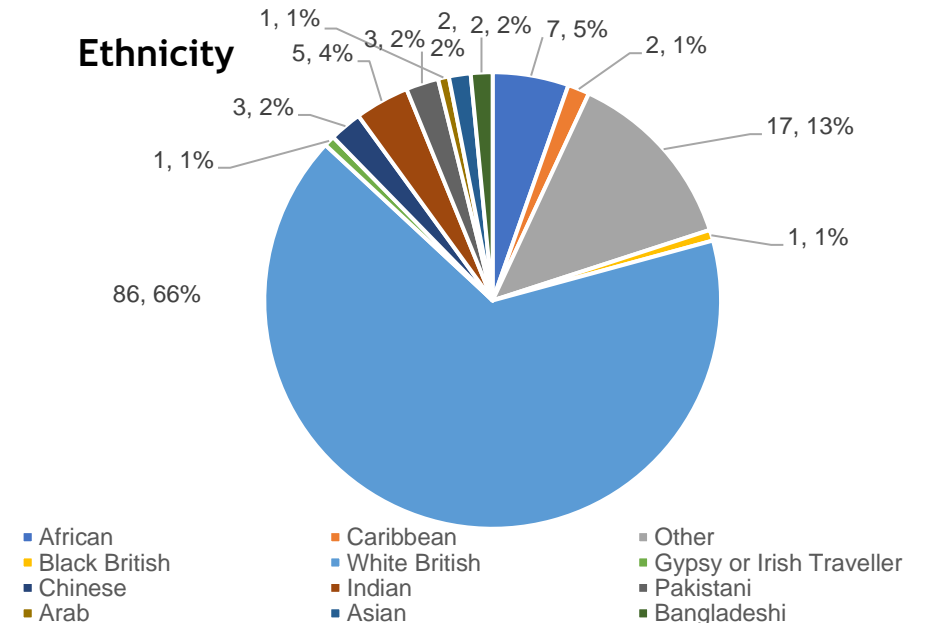
The pie chart below shows the number of reviews received this quarter from gender groups. Excluding the 473 that are left blank, the majority of the reviews received this quarter are from females, with 93 (73%), followed by males with 34 (27%).

The pie chart below shows the number of reviews received this quarter from different ethnicity groups. In terms of ethnicity, excluding the 473 who did not complete this section, the largest proportion of feedback received this quarter was from people who identified as 'White British' with 86 (66%).

Gender



Ethnicity

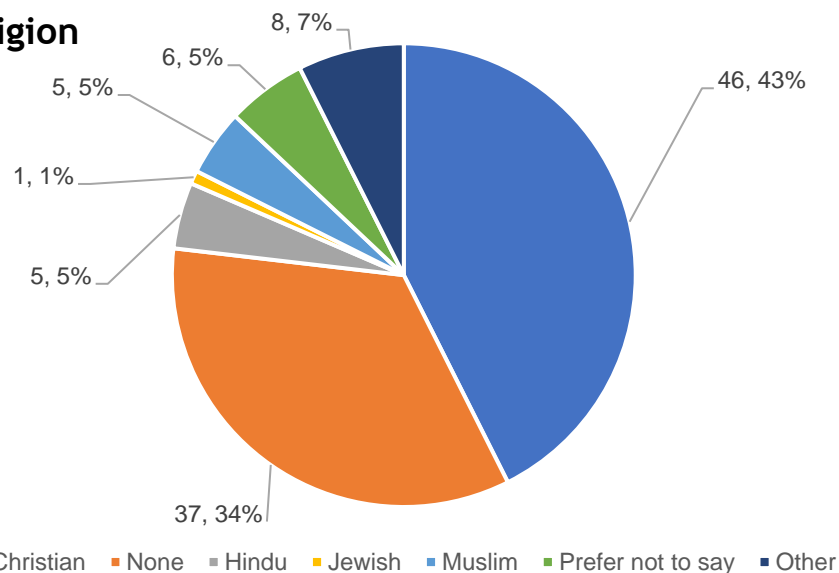


Demographic Information

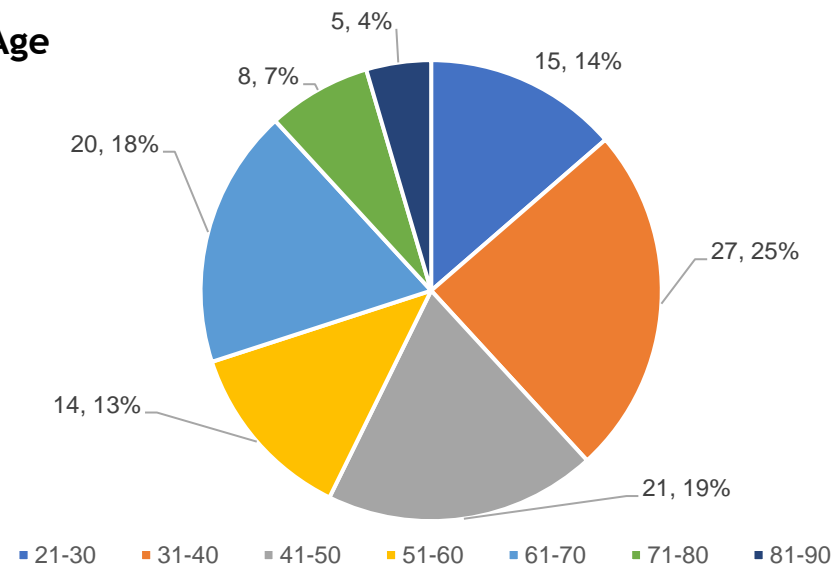
The pie chart below shows the number of reviews received this quarter from different religious groups. Excluding the 492 that are left blank, for the direct engagement reviews, 46 (43%) identified as Christian, 37 (34%) as None, 8 (7%) as Other Religion, 6 (5%) as Prefer Not To Say, 5 (5%) as Muslim or Hindu and 1 (1%) as Jewish.

The pie chart below shows the number of reviews received this quarter from different age groups. Excluding the 490 that are left blank, most of the feedback received was from the 31-40 age group with a total of 27 (25%), followed by 41-50 with 21 (19%). The in-person patient engagement has enabled us to speak to a wider audience as we are engaging with services users waiting in GP practices, hospitals, vaccination or community centres.

Religion



Age



Conclusion

For the Q1 report, we successfully carried out face-to-face visits. Healthwatch Bromley engaged with service users and collected patient experience feedback from across the borough during visits to GP practices, hospitals, vaccination and community health centres.

Of the 600 reviews collected this quarter, 427 (71%) were positive with star rating 4-5, 27 (5%) neutral with star rating 3 and 146 (24%) negative with star rating 1-2. Overall, for this quarter, positive patient experiences outweigh negative patient ones.

If we look beyond this overall picture at specific service areas, findings indicate the following:

Dentist

- The majority of service users found dentists to be excellent. Feedback showed high satisfaction across all themes; **Quality of Care/Treatment, Staff Attitudes, Communication, Appointments, Information, Advice & Guidance, Service Co-Ordination, and Cleanliness, Hygiene & Infection Control**. This reflects our findings in the Q4 report, 2021-2022.
- 10 positive reviews (100%) were directly related to **Cleanliness, Hygiene and Infection Control**. The COVID-19 pandemic increased the need for infection prevention measures in the general population. Dental services are unique in this context as certain areas, such as oral activity, cannot be changed and still pose a potential infection risk. Despite this, it is promising to see that Bromley dentists have prioritised patient safety by implementing high levels of infection prevention measures, which is reflected in the positive feedback.
- The negative feedback received was low. This indicates that the majority of dental practices met the needs of their service users with a small scope for improvement in **Appointments and Staff Attitudes**.

GP Services

- Many service users left positive feedback about their GP service. Feedback revealed a good level of satisfaction; 58% (90) were positive, 4% (6) were neutral, and 38% (59) were negative. The results are very similar to the previous quarter with 56% (121) being positive, 6% (12) being neutral and 38% (83) being negative.
- The majority of service users were satisfied with **Staff Attitudes, Quality of Care/Treatment, and Cleanliness, Hygiene and Infection Control**.
- The areas that suggest room for improvement are **Administration, Appointments, Communication and Waiting Times**.

Conclusion

Hospital

- Overall, service users found hospitals to be very good. Hospital received the third highest number of reviews this quarter (88). Of these 61% (54) were positive, 8% (7) were neutral, and 31% (27) were negative. The percentage of positive reviews has marginally increased since the last quarter (59%).
- The feedback reveals a high satisfaction with **Staff Attitudes, Quality of Care/Treatment, and Cleanliness, Hygiene & Infection Control**.
- The main concern identified is long **Waiting Times**, which was also identified in the Q4 report, so there is still room for improvement.

We also received a high number of positive reviews for Pharmacy, COVID-19, and Opticians. This quarter, our team successfully carried out a number of in-person visits to COVID-19 vaccination centres across the borough. We were able to speak to multiple residents and hear about their experience of having vaccinations.

Healthwatch Bromley places great importance on understanding the needs of Bromley communities and ensuring all groups are heard. Due to staff capacity, we were unable to collect a large amount of demographic information (pg.22-23). However, we began in-person patient engagement again in February 2022. This allowed us to speak to service users face-to-face in the borough. We always seek to improve the completion of monitoring data for every quarterly report. We recognise the importance of capturing feedback from diverse local communities.

Actions, impact and next steps

Healthwatch Bromley will share the findings contained within this report with various commissioner, provider and local authority led boards and committees. These include:

- One Bromley Local Care Partnership Board
- South East London Integrated Care Partnership Board
- One Bromley Communication & Engagement Sub-Group
- Bromley Health and Wellbeing Board
- Health Scrutiny Sub-Committee
- Kings College NHS Foundation Trust Patient Experience Committee (PEC)

As well as formal meetings, informal meetings take place with partners to discuss issues of concern and identify actions to address them. For example, we hold regular meetings with the Acting Head of Primary Care in Bromley to share key information and work together to improve patients' feedback. We also use our social media platforms, Twitter, Instagram, and Facebook, to raise awareness of our organisation and the work that we do.

Next steps for Healthwatch Bromley Patient Experience programme - we will continue to engage service users in innovative ways, respecting COVID-19 social distancing measures, to obtain patient feedback and experience of health and social care services and collect reviews using different methods and actions such as:

- Working with volunteers to visit health and social care services on a weekly basis to talk to and hear from patients, service users, carers, and relatives about their experiences of local services.
- Extracting reviews from external online review platforms e.g. NHS, Care Home, Care Opinion, Google reviews and others
- Promoting our service through health and social care service providers
- Working with key partners such as Bromley Council, voluntary and community organisations
- Working with volunteers to support the patient experience programme, to achieve our quarterly targets

Appendix I: Themes & Sub-Themes

Theme	Sub-themes	Theme	Sub-themes
Access to Services	Access for People with a Physical Disability	Choice	
Access to Services	Access for People with a Sensory Disability	Communication	Health Promotion
Access to Services	Access to Dentistry	Communication	Internal Communication
Access to Services	Access to GPs	Communication	Lack of Communication
Access to Services	Access to Hospitals	Communication	Treatment Explanation
Access to Services	Access to Optician	Confidentiality	
Access to Services	Access to Pharmacy	Consent to Care and Treatment	
Access to Services	Access to Social Care Services	Consultation	
Access to Services	Access for those with Learning Disabilities	Cost of Services	
Access to Services	Access for those with Mental Health Problems	Decor	
Access to Services	Access to Community Health Services	Diagnosis	
Access to Services	Access to Mental Health Services	Dignity	
Administration		Discharge	
Admission		Equality	Stigma
Appointments	Booking appointments	Engagement	Parent/Guardian Listened to
Appointments	Cancellation	Engagement	Child/Young Person Listened to
Appointments	Length of Appointments	Engagement	Child/Young Person Supported
Building/Facilities		Food/Nutrition	
Car Parking	Car Parking Access	Health and Safety	
Car Parking	Car Parking Changes		

Appendix I: Themes & Sub-Themes (Cont.)

Theme	Sub-themes	Theme	Sub-themes
Identification of Needs	Needs were Identified	Prevention	
Identification of Needs	Timeliness	Procurement/Commission	
Info, Advice, and Guidance	Access to Information	Quality of Care/Treatment	
Info, Advice, and Guidance	Impact of the Information	Referrals	
Interpreters	Access to Interpreters	Staff Attitudes	
Interpreters	Quality of Interpreters	Safeguarding	
Medication	Prescriptions	Service Closure	
Meeting Needs	Special Education	Service Co-ordination	
Meeting Needs	Health and Wellbeing	Service Monitoring	
Monitoring and Accountability	Satisfaction	Staff Training	
Monitoring and Progress	Support	Transitions	
Monitoring and Progress		Waiting Times	Waiting Times for Treatment
Opening Hours		Waiting Times	Waiting Times to be seen at an Appointment
Other		Wider Outcomes	Independence Development
Patient Choice	Prescription	Wider Outcomes	Ability to Enjoy Social Activities
Patient Records			
Patient Transport			
Prevention			

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Appendix II: Online Feedback Form

Leave feedback

How likely are you to recommend this organisation to friends and family if they needed similar care or treatment?

- Extremely likely
- Likely
- Neither likely nor unlikely
- Unlikely
- Extremely unlikely
- Don't know

How do you rate your overall experience of this service?*



Summary of your experience* (max 45 characters)

Give a brief description of your experience, or highlight a key observation

Tell us more about your experience*

Expand on your experience here. Why was your experience a good / bad one? List any reasons or specific detail that might help explain

Where do you live? (town/city)

e.g. Biggin Hill, Chislehurst and Orpington

Which department did you visit?

Department

Your ratings (select if applicable)

- Cleanliness
- Staff Attitude
- Waiting Time
- Treatment explanation
- Quality of care/treatment
- Quality of food
- Access to appointments
- Quality of Service
- Communication

In relation to your comments are you a:

Select one

When did this happen

Do you know the name of the ward / department? (if applicable)

If applicable, describe your overall experience of making an appointment

Have you shared your experience with any of the following?

- Informally with the Service Provider (those who run the service)
- Formally with the Service Provider (via an official complaint)
- Patient Liason and Advice Service (PALS)
- Ealing Clinical Commissioning Group
- Ealing Council Social Services (including safeguarding)
- Care Quality Commission (CQC)
- Other

If other, please specify

Where did you hear about us?

Select one

Do you want to know more about how to make an official complaint?*

- No
- Yes

Would you like to speak to Healthwatch directly?*

- No
- Yes

About you

Name

Leave feedback anonymously?

Email* (So you can be notified of provider responses and we can prevent spam, an email is required. Your email will be kept private and you will not be sent any marketing material. If you do not wish to add your email, please use info@healthwatchhealing.org.uk)

I accept the [Terms and conditions](#)

Subscribe to the newsletter?

If you are willing to provide us with some monitoring information please [click here](#).

Please note: Monitoring information helps us identify trends and gaps in our information gathering, enabling us to provide more detailed evidence to service providers and commissioners about your health and social care services.

[Submit feedback >](#)

Only your overall rating, comment and name (if disclosed) will be visible online.

Appendix II: Paper Feedback Form



Share Your Experience with Us.

Healthwatch Bromley are an independent champion for local Bromley residents to give you the chance to say what you think about how local health and social care services are run. Your experiences are important and can help inform the commissioners and service providers to improve services. The information you give today will be confidential and held in a secure database, and you can ask for it to be removed at any time. **You do not have to give your name or email.**

Name of Service:

1. How likely are you to recommend this to anyone who needs similar care or treatment?

- 5 = Extremely Likely
- 4 = Likely
- 3 = Neither likely nor unlikely
- 2 = Unlikely
- 1 = Extremely unlikely
- Don't know

2. How do you rate your overall experience?

- 5 = Excellent
- 4 = Good
- 3 = Okay
- 2 = Poor
- 1 = Terrible

3. Tell us more about your experience

.....

.....

.....

.....

4. Your ratings (select and circle if applicable)

- Ease of getting a appointment
 5 = Excellent 4 = Good 3 = Okay 2 = Poor 1 = Terrible
- Convenience of appointment
 5 = Excellent 4 = Good 3 = Okay 2 = Poor 1 = Terrible
- Cleanliness
 5 = Excellent 4 = Good 3 = Okay 2 = Poor 1 = Terrible
- Staff Attitude
 5 = Excellent 4 = Good 3 = Okay 2 = Poor 1 = Terrible
- Waiting Time
 5 = Excellent 4 = Good 3 = Okay 2 = Poor 1 = Terrible
- Treatment explanation
 5 = Excellent 4 = Good 3 = Okay 2 = Poor 1 = Terrible
- Quality of care
 5 = Excellent 4 = Good 3 = Okay 2 = Poor 1 = Terrible
- Quality of food
 5 = Excellent 4 = Good 3 = Okay 2 = Poor 1 = Terrible
- Generally, how easy is it to get through to someone on the phone?
 5 = Excellent 4 = Good 3 = Okay 2 = Poor 1 = Terrible

5. Are you a:

- Patient
- Carer
- Relative
- Carer and relative
- Service Provider
- Visitor
- Professional

6. Do you know the name of the ward / department? (if applicable)

About you

Name.....

Email.....

() Leave feedback anonymously

Appendix II: Paper Feedback Form



Monitoring Information

What gender do you identify yourself as:

- Female
- Male
- Other
- Prefer not to say

Which age group are you in?

- Under 18
- 18 to 24
- 25 to 34
- 35 to 44
- 45 to 54
- 55 to 64
- 65 to 74
- 85+
- Prefer not to say

What is your ethnicity?

- White**
 - English
 - Welsh
 - Scottish
 - Northern Irish
 - British
 - Gypsy or the Irish Traveller
 - Any other white background
- Asian/ Asian British**
 - Bangladeshi
 - Chinese
 - Indian
 - Pakistani
- Black, African, Caribbean, Black British**
 - African
 - Caribbean
 - Any other Black, African, Caribbean background
- Mixed, Multiple**
 - White and Asian
 - White and Black African
 - White and Black Caribbean
 - Any other mixed/multiple background

- Other Ethnic Group**
 - Arab
 - Any other ethnic group

What is your religion?

- Buddhist
- Christian
- Hindu
- Jewish
- Muslim
- Sikh
- Other religion
- Prefer not to say

Which area of the borough do you live in?

Thank you for sharing your experience!

Please Return the survey to us by email to info@healthwatchbromley.co.uk

You can also send us your completed survey by post on **FREEPOST YVHSC**.

Report No.
CSD22114

London Borough of Bromley

PART ONE - PUBLIC

Decision Maker: HEALTH SCRUTINY SUB-COMMITTEE

Date: Tuesday 11th October 2022

Decision Type: Non-Urgent Non-Executive Non-Key

Title: MATTERS OUTSTANDING AND WORK PROGRAMME 2022/23

Contact Officer: Jo Partridge, Democratic Services Officer
Tel: 020 8461 7694 E-mail: joanne.partridge@bromley.gov.uk

Chief Officer: Director of Corporate Services & Governance

Ward: N/A

1. Reason for report

1.1 The Health Scrutiny Sub-Committee is asked to consider progress on matters outstanding from previous meetings of the Sub-Committee and to review its work programme for 2022/23.

2. **RECOMMENDATION**

2.1 **The Health Scrutiny Sub-Committee is requested to:**

- 1) **Consider matters outstanding from previous meetings; and,**
- 2) **Review its work programme, indicating any issues that it wishes to cover at forthcoming meetings.**

Impact on Vulnerable Adults and Children

1. Summary of Impact: None

Transformation Policy

1. Policy Status: Not Applicable
 2. Making Bromley Even Better Priority: Not Applicable:
-

Financial

1. Cost of proposal: Not Applicable:
 2. Ongoing costs: Not Applicable:
 3. Budget head/performance centre: Democratic Services
 4. Total current budget for this head: £366k
 5. Source of funding: Revenue Budget
-

Personnel

1. Number of staff (current and additional): 6
 2. If from existing staff resources, number of staff hours:
-

Legal

1. Legal Requirement: None:
 2. Call-in: Not Applicable: Non-Executive reports are not subject to call-in
-

Procurement

1. Summary of Procurement Implications: Not Applicable
-

Property

1. Summary of Property Implications: Not Applicable
-

Carbon Reduction and Social Value

1. Summary of Carbon Reduction/Sustainability Implications:
-

Customer Impact

1. Estimated number of users or customers (current and projected): This report is intended primarily for the benefit of Committee Members.
-

Ward Councillor Views

1. Have Ward Councillors been asked for comments? Not Applicable
2. Summary of Ward Councillors comments: Not Applicable

3. COMMENTARY

- 3.1 The Health Scrutiny Sub-Committee's matters outstanding table is attached at [Appendix 1](#).
- 3.2 The Sub-Committee is asked at each meeting to consider its work programme, review its workload, and identify any issues that it wishes to scrutinise. The Sub-Committee's primary role is to undertake external scrutiny of local health services and in approving a work programme the Sub-Committee will need to ensure that priority issues are addressed.
- 3.3 The four scheduled meeting dates for the 2022/23 Council year as set out in the draft programme of meetings agreed by General Purposes and Licensing Committee on 8th February 2022 are as follows:
- 4.00pm, Tuesday 5th July 2022
 - 4.00pm, Tuesday 11th October 2022
 - 4.00pm, Tuesday 17th January 2023
 - 4.00pm, Thursday 20th April 2023
- 3.4 The work programme is set out in [Appendix 2](#) below.

Non-Applicable Sections:	Impact on Vulnerable Adults and Children, Transformation/Policy Implications, Financial Implications, Personnel Implications, Legal Implications, Procurement Implications, Property Implications, Carbon Reduction/Social Value Implications, Customer Impact, Ward Councillor Views
Background Documents: (Access via Contact Officer)	Previous work programme reports

HEALTH SCRUTINY SUB-COMMITTEE MATTERS OUTSTANDING

Agenda Item	Action	Officer	Update	Status
Minute 5 5th July 2022 Update from King's College Hospital NHS Foundation Trust	<p>A report to be provided in relation to recovery and performance of the PRUH.</p> <p>An update to be provided in relation to the 'dementia friendly' wards at the PRUH.</p> <p>A letter to be sent to the new Joint Chairman for Guy's and St Thomas' and King's College Hospital NHS Foundation Trusts to welcome him into the role.</p>	<p>Site Chief Executive – PRUH and South Sites / Head of Stakeholder Relations</p> <p>Chairman / Clerk</p>	<p>Updates to be provided at the meeting on 11th October 2022</p> <p>Letter sent on behalf of the Sub-Committee.</p>	<p>In progress</p> <p>Completed</p>
Minute 5 5th July 2022 Update on the Bromley Healthcare CQC Action Plan	<p>An update on the BHC reporting mechanism to be provided, once guidance was received from the CQC.</p>	<p>Chief Executive – Bromley Healthcare</p>	<p>Update to be provided at the meeting on 11th October 2022</p>	<p>In progress</p>
Minute 7 5th July 2022 Review of Winter 2021-22 and Plans for Next Winter 2022-23 – SEL CCG	<p>Information regarding allocated spend on communications and engagement to be circulated to Members following the meeting.</p>	<p>Senior Commissioning Manager – Urgent & Emergency Care, SEL CCG (Bromley)</p>	<p>Information circulated to Members on 30th September 2022.</p>	<p>Completed</p>
Minute 8 5th July 2022 SEL ICS/ICB Update	<p>A copy of the draft One Bromley Local Care Partnership Terms of Reference to be circulated to Members of the Sub-Committee.</p>	<p>Dr Bhan Place Based Director – SEL CCG</p>	<p>One Bromley Terms of Reference circulated to Members on 30th September 2022.</p>	<p>Completed</p>
Minute 9 5th July 2022 Healthwatch Bromley – Patient Engagement Report	<p>Responses to questions to be provided following the meeting.</p>	<p>Operations Co-Ordinator – Healthwatch Bromley</p>		<p>In progress</p>

Health Scrutiny Sub-Committee Work Programme 2022/23

Health Scrutiny Sub-Committee		11th October 2022
Item		Status
Update from King's College Hospital NHS Foundation Trust (inc. scrutiny of maternity services)		Standing item
Update on the Bromley Healthcare CQC Action Plan		Standing item
SEL ICS/ICB Update		Standing item
GP Access		
Winter Planning		
Healthwatch Bromley – Patient Engagement Report		
Health Scrutiny Sub-Committee		17th January 2023
Item		Status
Update from King's College Hospital NHS Foundation Trust		Standing item
Update from the London Ambulance Service		
Update on the Bromley Healthcare CQC Action Plan		Standing item
SEL ICS/ICB Update		Standing item
Healthwatch Bromley – Patient Engagement Report		
Joint Health Scrutiny Committee Verbal Update		
Health Scrutiny Sub-Committee		20th April 2023
Item		Status
Update from King's College Hospital NHS Foundation Trust		Standing item
Update on the Bromley Healthcare CQC Action Plan		Standing item
SEL ICS/ICB Update		Standing item
Healthwatch Bromley – Patient Engagement Report		
Joint Health Scrutiny Committee Verbal Update		

To be scheduled:

Update from Children and Young People's – SEND services		
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