

Health Scrutiny 13th July 2021



About Bromley Healthcare



Population:
330,000



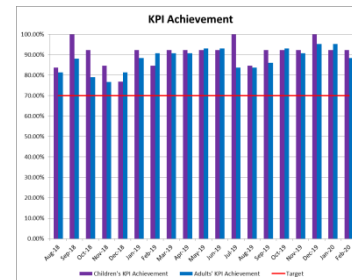
Boroughs : Bromley,
Bexley, Greenwich,
Lewisham
(25 locations)



Patient interventions:
600,000



Workforce:
1,100
Bank 250-300



KPI Achievement:
Adults: 92%
Children: 88%



Patient satisfaction:
98.1%

**Bromley
Healthcare**
better together



Income: £57m



35 Services

Urgent community response // Neighbourhood // Children's

**Bromley
Healthcare Charity**
a helping hand

Groups supported: 6

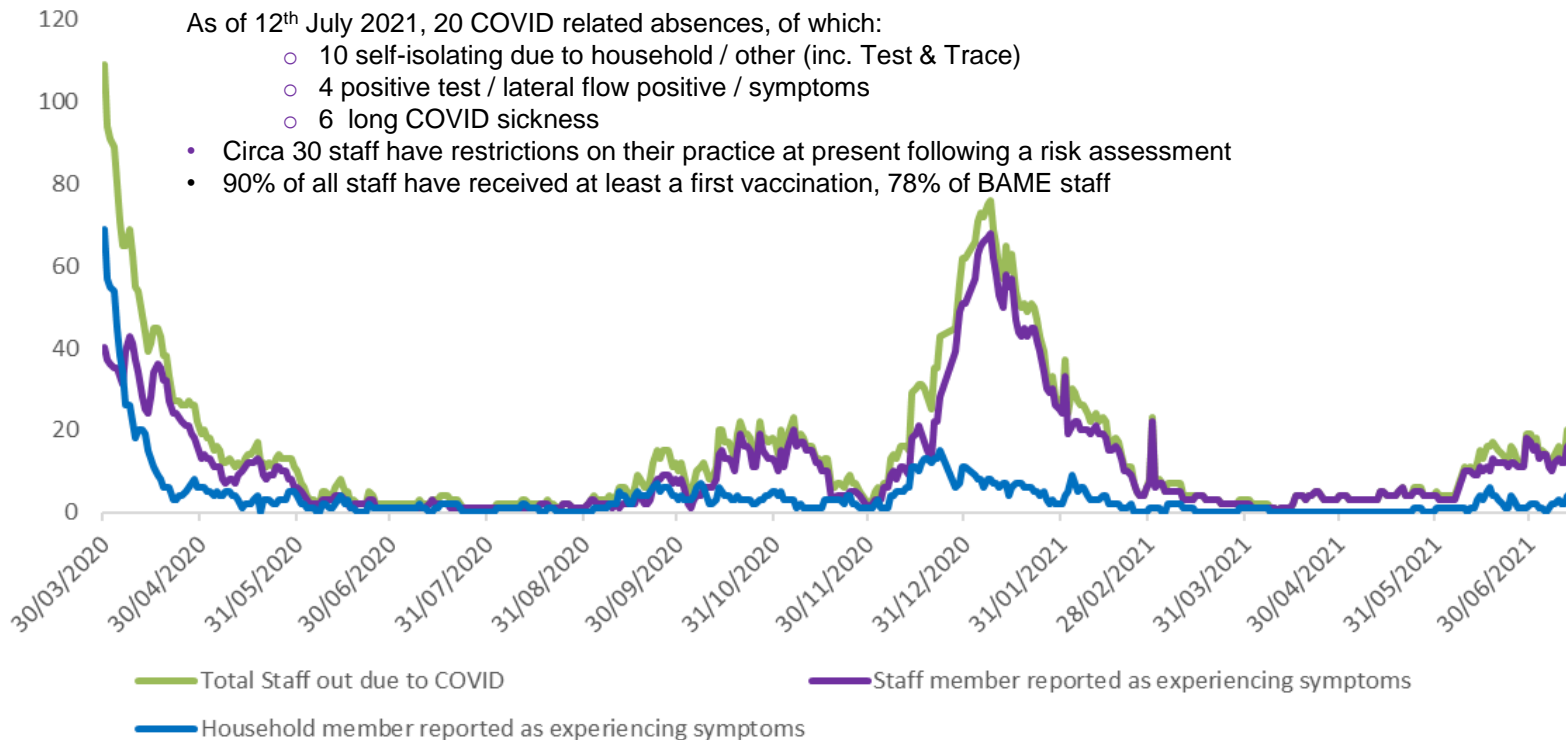


COVID Update

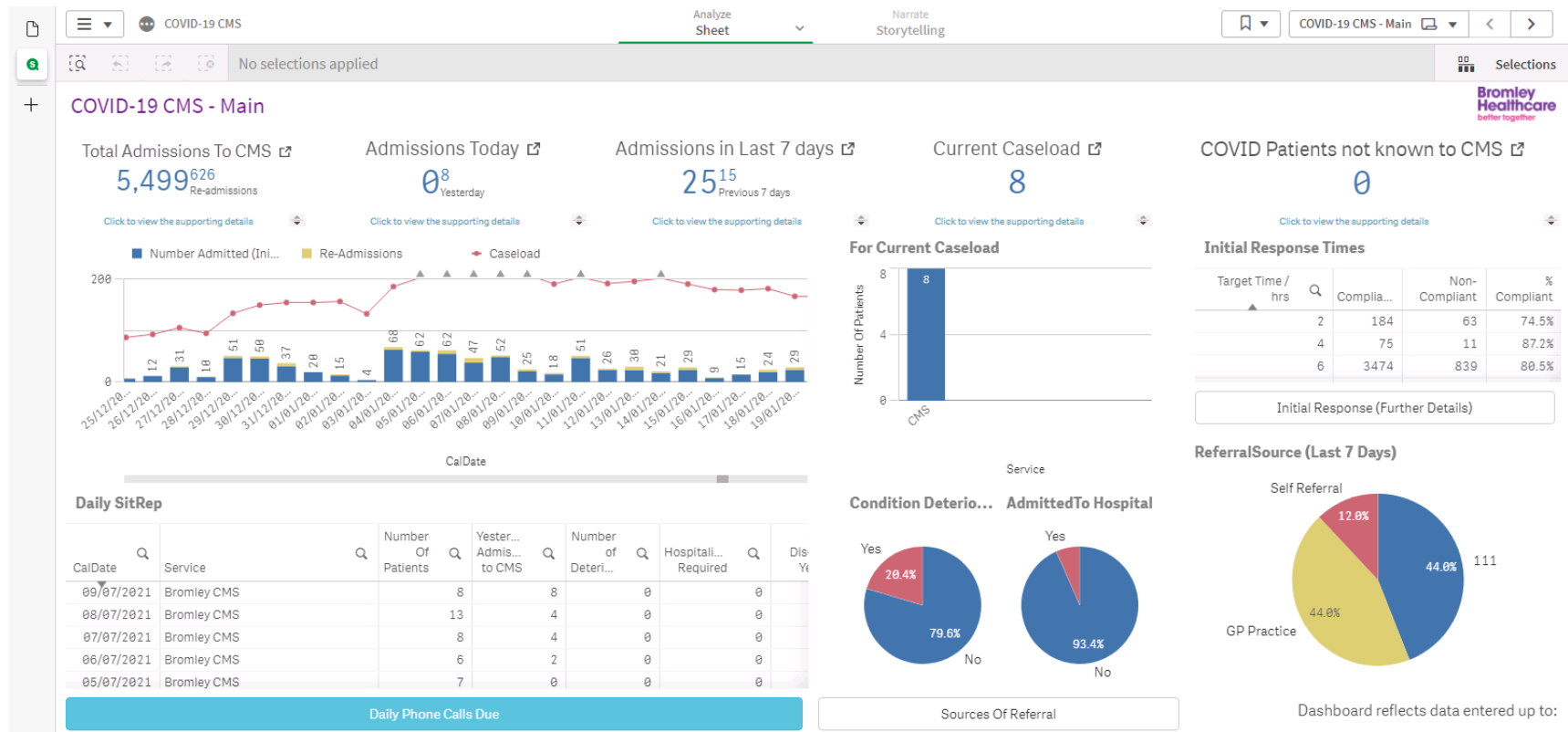
- COVID related workforce absences have increased in line with local population increases

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

- 10 self-isolating due to household / other (inc. Test & Trace)
- 4 positive test / lateral flow positive / symptoms
- 6 long COVID sickness
- Circa 30 staff have restrictions on their practice at present following a risk assessment
- 90% of all staff have received at least a first vaccination, 78% of BAME staff



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



Quality Objectives 2021 - 2022

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

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

Quality triangulation

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



Organisational Strategy



Clinical and integrated governance



Corporate assurance



Patient engagement and involvement



Clinical effectiveness and evidence based practice



Clinical risk management and patient safety



Complaints and other form of patient feedback



Performance monitoring



Workforce Development



Dashboards / Business Intelligence

Our Health and Wellbeing and Equality & Inclusion Plans

Health & Wellbeing

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

The initiatives include:

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

Equality & Inclusion

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

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

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

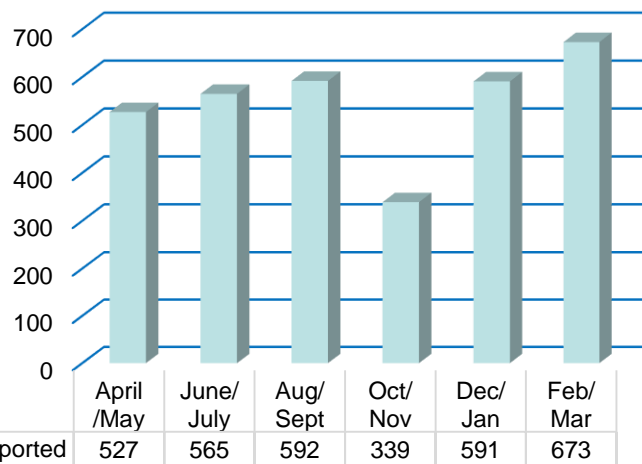
Our Ambition - That we reflect the "voice" of the network for BAME colleagues to ensure BAME staff have equal access to opportunities and fair treatment within the organisation.

Our 2021/22 Priorities mapped to WRES indicators

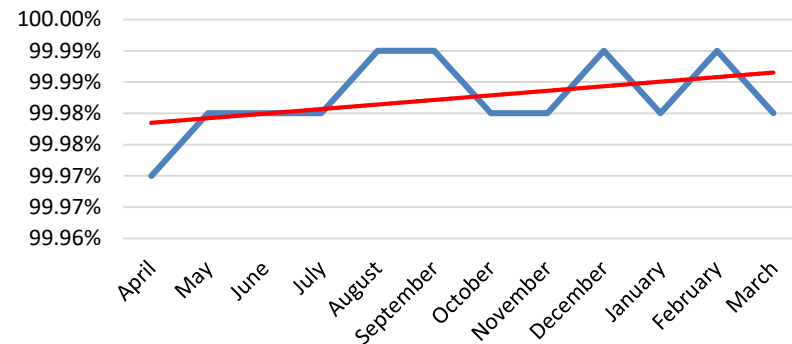
No	Indicator	Actions	Completed
1	Percentage of staff in each of the Agenda for Change (AfC) Bands 1–9 and VSM (including executive board members) compared with the percentage of staff in the overall workforce	<ul style="list-style-type: none"> E&I conference being planned for Autumn Focus on completion of 'missing' protected characteristics 	<ul style="list-style-type: none"> Set up E&I (BME) network Reporting line established to People & culture (formerly Q&P) Lived Experience videos produced and ready launch
2	Relative likelihood of white applicants being appointed from shortlisting compared to BME applicants	<ul style="list-style-type: none"> Recruitment training (incorporating unconscious bias) Network members trained in job evaluation (6 waiting to be trained) – due in Sept Expansion of interview panels to include patients/ E&I representatives. Review of selection processes 	<ul style="list-style-type: none"> Unconscious bias training rolled out (c. 60% completed) Appraisal programme (incorporating unconscious bias) How to be a Great Leader Programme – incorporating E&I)
3	Relative likelihood of BME staff entering the formal disciplinary process compared to white staff	<ul style="list-style-type: none"> Reviewing key ER policies. (Imperial has produced a 'best practice'). (Q1 for disciplinary) Transition to 'just' culture – training programme for managers 	
4	Relative likelihood of white staff accessing non-mandatory training and continuous professional development (CPD) compared to BME staff	<ul style="list-style-type: none"> Programme to access secondments across organisations 	
5	Percentage of BME staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months	<ul style="list-style-type: none"> Create a dashboard of staff information e.g. recruitment, promotion, complaints, grievances, disciplinary, access to training, banding by ethnicity (due Sept) Zero tolerance policy for patients being reviewed and relaunched Freedom to speak up ambassadors. (<i>First guardian registered due Sept</i>) Ensure representation on the 'How to be a Great Leader 	<ul style="list-style-type: none"> Focused survey undertaken with BME network and results fed back to Leadership Team and Q&P. Wider NHS staff survey completed. Mental Health first aiders trained (Sarah Medford from the core group is the clinical lead for health and well-being work). (launched April) Sharing 'lived in' stories (across One Bromley). Mentoring / reverse mentoring. (across One Bromley). (Mentors being recruited)

Incidents – 2020/21

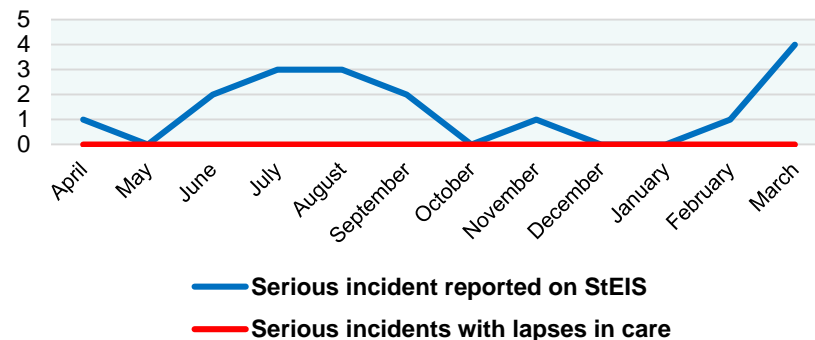
Total Incidents reported



% of Harm free Care 2020/21



Serious Incidents reported on StEIS 2020/21



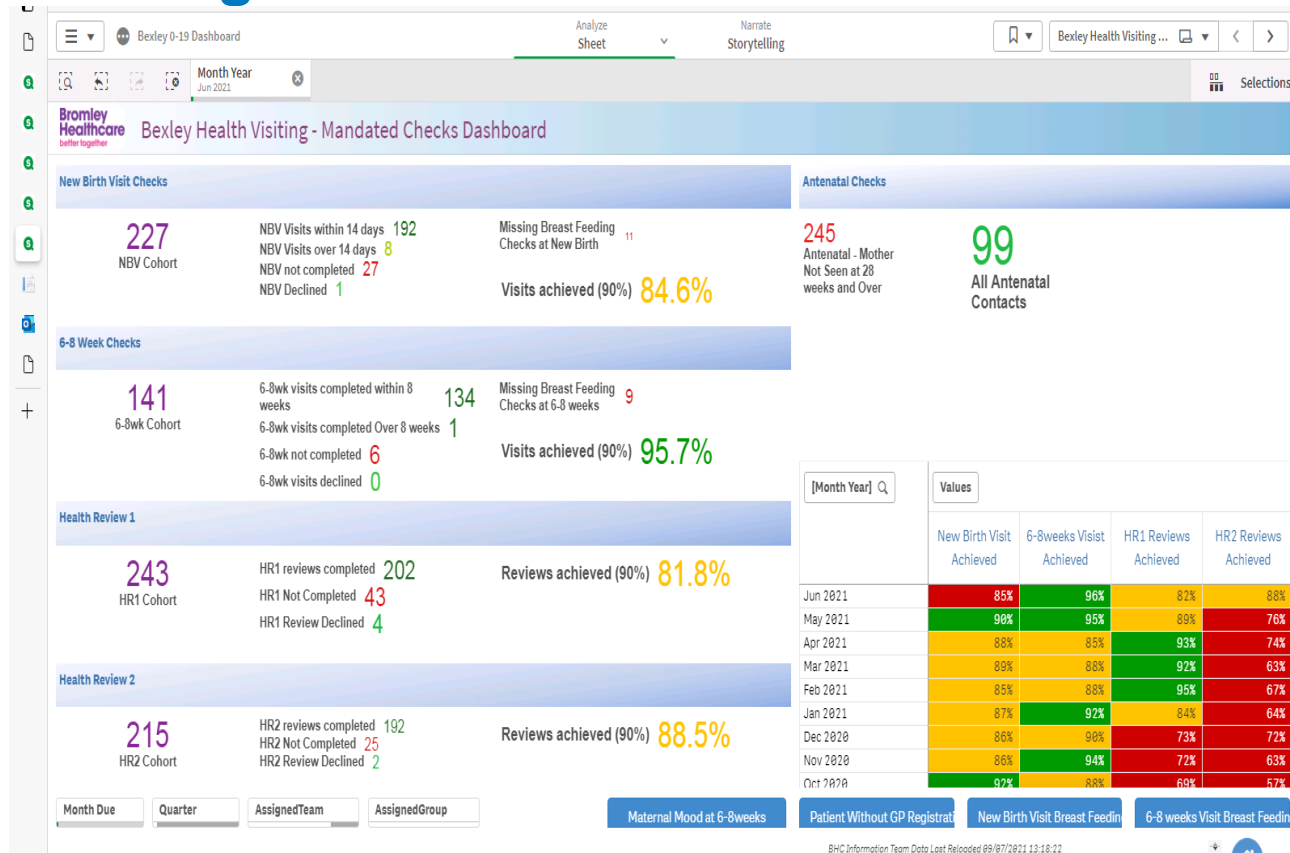
0-19 Bromley

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

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

Improving patient safety and outcomes

Health Visiting Service



Hospital @ home for CYP

Why was the service developed?

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

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

Early data showing the potential number of bed days saved

	February	March	April	May
Days	116	131	163	215

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

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

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

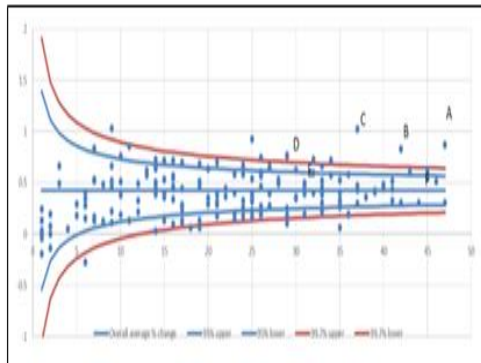


Intermediate care benchmarking: Bed Based Rehab

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

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

% Change in Modified Barthel Score:



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

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

Intermediate care benchmarking: Home Based Rehab

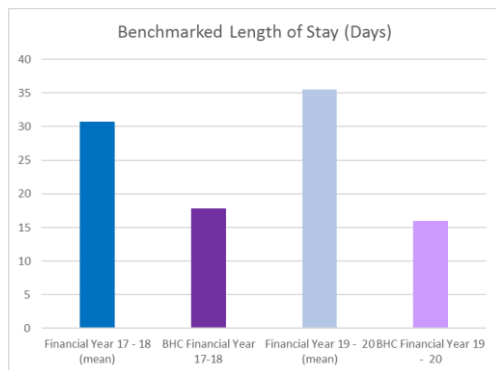


Referrals into the service have increased 50% across the three years. BHC's contact level is far greater than the national mean.

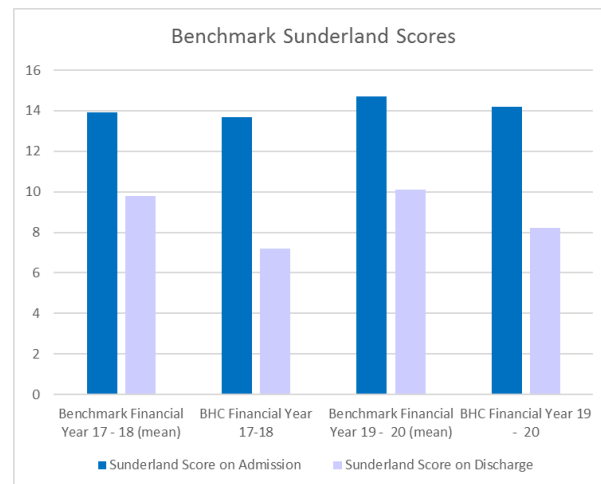
Length of stay has reduced across the three financial years by 20%. When compared to the Benchmarked periods, BHC shows a reduction of 10% vs a national increase of 16%.

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

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



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



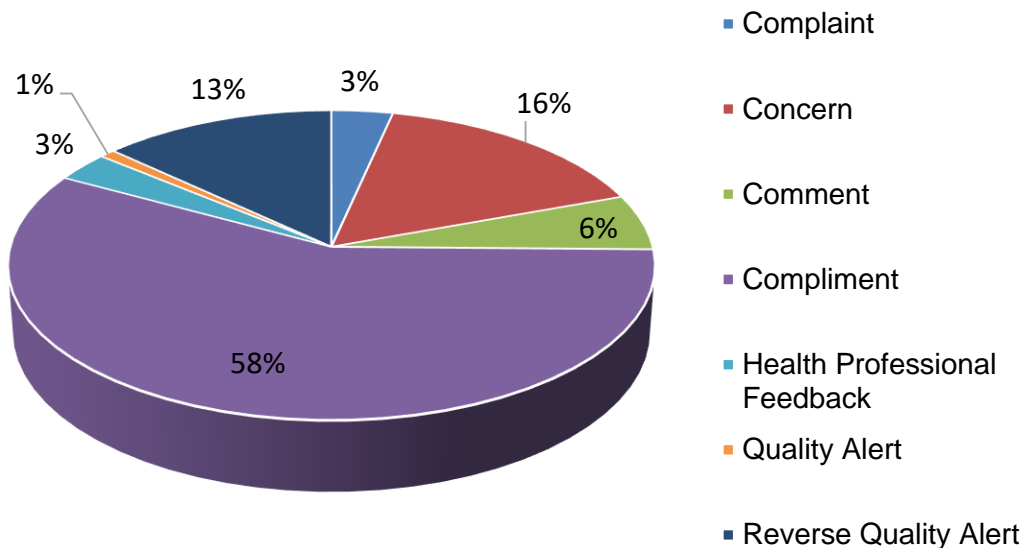
Virtual awards

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



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

Patient Satisfaction 2020/21



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

Concerns – 182 complaints resolved locally

Comments – 66 comments

Compliments – 655 compliments received

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

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

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