


Bromley Healthcare
community first

Quality care in Bexley, Bromley, Greenwich and Lewisham

Bromley Healthcare Strategy

January 2024

NHS

CQC report assurance – final closedown

Record Keeping (RK) assurance

Monthly RK audit, weekly spot checks. Review of EMIS templates. SOPs updated.

Compliance monitored by the performance and Audit Team and communicated in Divisional and Scrutiny and Challenge meetings.

Assurance: Annual KPMG RK Audit gave significant assurance with minor improvements

PMO rollout

A PMO system has been set up, communicated and adopted.

Assurance: This is monitored by the by the PMO team and Project Manager on the Board

Patient and public engagement

85% of FFT responses are positive. Engagement Strategy developed and agreed with ICS approach. Lived experience to be embedded,. Co-design of services with patients

Assurance: CEO update. FFT data

District Nursing recruitment

CEO dashboard

Governance balancing oversight and strategy

The Bromley Healthcare Strategy, Community First was launched in April 2023. To date 29 Strategic Reviews with teams have been delivered.

Overall judgement of OFSTED inspection of our Children's Respite Care: Good.

SEND Inspection in Greenwich achieved the highest possible rating and highlighted excellent partnership working

Development and delivery of belonging sessions

In place and ongoing. In staff survey and annual conference and awards

End of life – Frailty

Improved training/EMIS template

Assurance: Audits, Celoxis PMO system

Lone working

Lone Working Group have updated the Lone Working Policy and service specific detail has been added to service SOPs. Relevant staff have Peoplesafe Devices.

Assurance: Monthly reporting on usage of Peoplesafe Devices

Bromley Healthcare CQC Audit Programme

100% audits migrated to revised programme. Clinical audit proposals to be reviewed and approved at Audit and Research Approval Panel.

Assurance: On Celoxis and monitored. Reported to Exec and Board

Freedom to Speak Up Guardians

We have three Freedom to Speak Up Guardians (FTSUG) in place, and twelve Freedom to Speak Up Guardians. The Guardians are regularly included in the CEO weekly bulletin and are listed on the intranet so our people know how to contact one if required.

Assurance: A bi-annual FTSUG report goes to the People and Culture Committee and it is part of the KPMG programme for 23/24

Clinical competencies

Recording reviewed and centralised system created.

Quality improvement

QI Champions identified. QI team in place. QI culture being developed further.

HV skill mix and recruitment

Band 5 Development Nurses in post with training. Career pathway and specialisms in place

Assurance: CEO dashboard, Exec

Oversight of performance

New performance framework in place

Assurance: KPMG review of Governance gave significant assurance with minor improvements

CQC Tactical Projects

	Status-all closed	Assurance
DBS Checks	100%	Monitored on CEO dashboard
KPMG External Data Review	100% of arising recommendations completed in timescales	Completed
Mandated 2-2.5 year checks	Mandated checks achieved targets	HV safety netting dashboard & compliance against KPIs
Checks & oversight of deferred visits	Deferred visit process established & monitoring in place	Oversight from Exec and service
Clinical supervision recording	Robust central repository and reporting in place	Health roster report showing compliance using the new app
Notifications	100% of unexpected deaths where patient in receipt of regulated activity from BHC notified to CQC	CEO dashboard
Accessible Information Standard	Improved compliance from internal approach	Positive rating from KPMG for AIS Audit. Monitored by Performance & Audit team
Sepsis & moving & handling Foxbury	85% of moving & handling and NEWS 2 training completed on time	CEO dashboard/HR dashboard for mandatory training. Monitored Dev+ & Safer Care Group
Medicine administration records	Monthly audit of MAR charts shows improvement	Progress of audits & actions monitored on Celoxis
Drug Fridges	90% twice daily checks	Fridge logs evidence checks & issues
Oxygen Cylinders	100% Oxygen cylinders at Foxbury secured	Monthly Pharmacy Audit evidences checks
Foxbury Pressure Ulcers	Ensure the number of BHC acquired PUs reduce	CEO dashboard- downward trend. Incidents discussed at weekly Performance & Scrutiny meeting
Clear plans for overdue EHCP assessments within 6 weeks	Internal & external processes have been improved.	EHCP & CEO dashboard

CCNT base

Permanent base established

MCA

Level 2 training mandatory for registered clinical staff.

Assurance: CEO dashboard/HR dashboard

Community services integration

How Bromley Healthcare is integrating in the system

Key: Pink outline indicates multi-partner pathways or service delivered to partner.

Local Authority

PCN practices

Penge
Beckenham
Hayes
Orpington
The Crays
MDC
Five Elms
Bromley - Connect

Patient / family self-referral

Children and Young People Hub

Community Paediatrics and Audiology

PCN

Integrated Therapies (SLT, OT, Physio, Dietetics)

Public Health Nursing (0-19)

Hollybank respite centre

Children's centres

42,000 referrals; 250,000 contacts;

Neighbourhood Team

LTCM
Fuller
Diabetes
Wound care

PCN

Integrated nursing

Domiciliary care

Talking therapies

Specialist Community:
- Podiatry
- Diabetes
- Dietetics
- BBM
- Tissue viability
- Wheelchair

52,000 referrals; 375,000 contacts;

B-CHIP (triage)

Children's Community Nursing Team

Proactive Care Pathway

Case Management

Children's Hospital @ Home

Adult Hospital @ home

Remote monitoring

Urgent Community Response (ANPs / Therapies / Rehab beds / Respiratory / GPOOHs)

25,000 referrals; 50,000 contacts;

Princess Royal University Hospital/ Other Acute

Digital and EMIS (including support for PCNs and practices)

Co-production function

Business intelligence (One Bromley initiatives / Segmentation / Stratification / EMIS analytics / safety net dashboards)

People (Scheduling, Bank, Recruitment, Additional Roles Reimbursement Scheme [ARRS] hosting, L&D)

Single Point of Access: Clinical Triage via Nurse and Therapist

Neighbourhood and CYP hubs support (all admin support to patients/ families)

Care Coordination Centre 24/7

Developing our 'Community first' strategy: Challenges of the decade

As outlined starkly by the South East London Coalition for Better Health and Equity, south east London face significant population health challenges.

Across our area:

- ☑ There remains a high burden of disease, both physical and mental
- ☑ 21-45% of premature deaths in our boroughs are attributable to socio-economic inequalities
- ☑ One in five children live in low-income homes
- ☑ Life expectancy improvements have stalled and can vary by up to nine years within a borough between the most and least deprived areas
- ☑ Quality of care is variable and often does not meet the requirements of the most disadvantaged or those with the greatest need, despite examples of world-leading services and research within south east London

Health inequalities continue to grow. We believe that community services will be the key that unlocks changes that are required right across our society to meet the challenges of our decade:

Equity of access to health and care*

Supporting people to live and age well*

Economic climate and rising costs*

National challenge with workforce shortages*

Supporting children with complex needs*

Joined-up care in partnership*

*Reference: SEL Coaltion for Better Health and Equity kingshealthpartners.org/our-work/population-health-and-equity/thechallenge-our-vision-and-ambition

Developing our ‘Community First’ strategy: Engagement

Our strategy process was led by the Better Together Group (BTG), a representative group from across our organisation at all levels and in all boroughs, with a diverse range of ages, genders and ethnicities. They became our experts in the experience of working at Bromley Healthcare and their recommendations identified how we can become a healthier, more inclusive and innovative organisation living, while living up to the values we have chosen.

Engagement process

Better Together Group
Our representative colleague group collected feedback and insights during 256 instances of engagement with colleagues across the boroughs we serve.

Health and social care partners
20 interviews with partners across the South East London Integrated Care System and a survey to Primary Care.

Digital colleague events
2 interactive events brought together colleagues from across Bromley Healthcare, gathering over 600 instances of engegement.

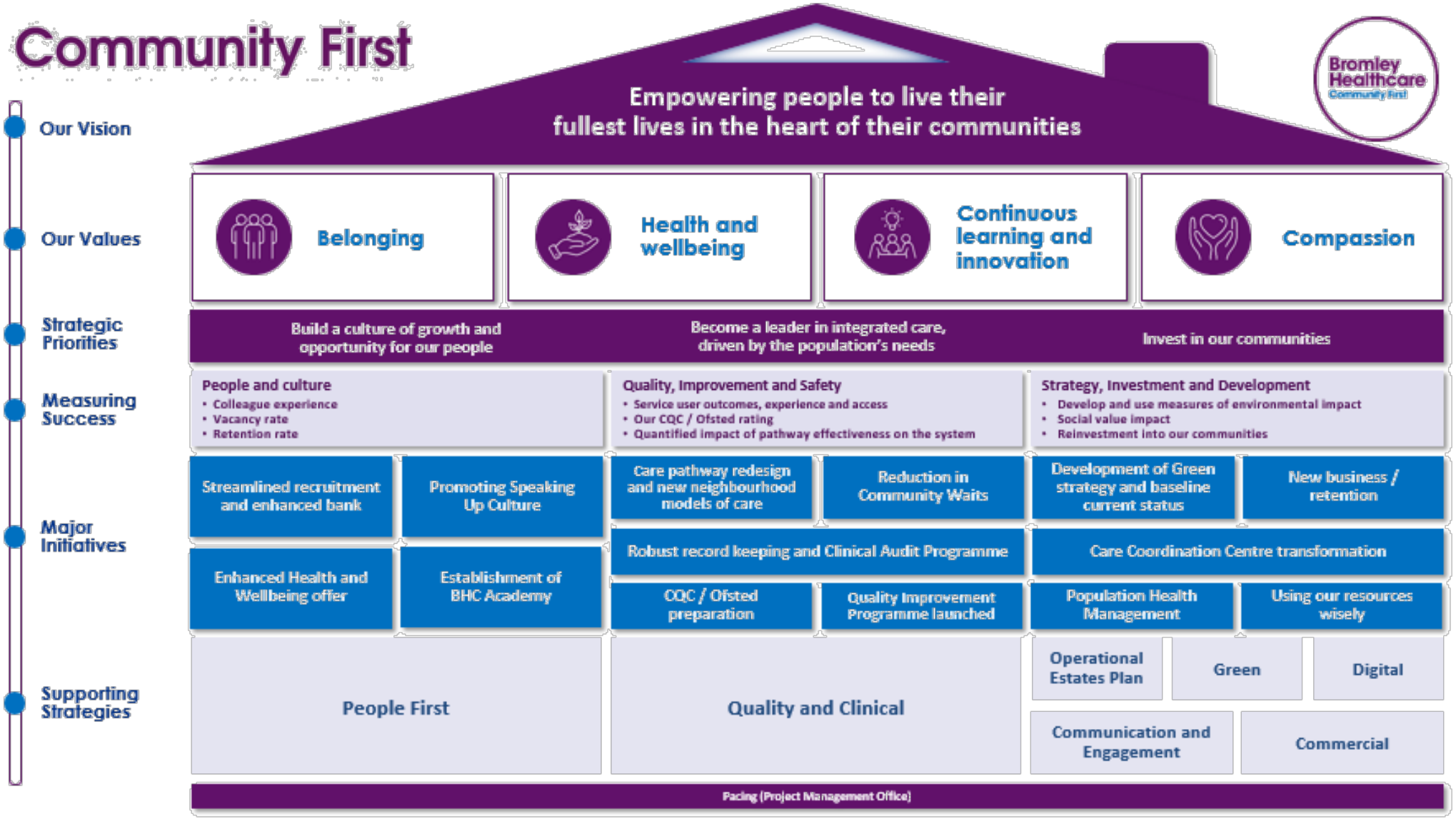
Engagement with local people and communities
Feedback from Bromley Healthcare Patient Reference Group and our friends and family survey.

Board and Executive
10 interviews and 2 workshops with members of our Board and Executive teams.

Following all their individual conversations, the BTG had 2 workshops to synthesize all their rich insight into the six key themes.

The group used their research to produce a report that has played a really important part of our Bromley Healthcare Strategy for the next 5 years.

Developing our ‘Community First’ strategy: Strategy on a page



Our strategy in action:
Strategic goal 1: Build a culture of growth and opportunity for our people

"Shifting to a more relational way of working, supported by creating connections and trust within teams and across the organisation, will help us realise one another's potential."

- Better Together Group

"[There should be a priority] for training and professional development, supported by emphasis on developing safe spaces and opportunities to speak up and challenge the status quo, seeking and giving feedback at all levels and supporting all Bromley Healthcare members to get involved in forums."

- Better Together Group

- Continue to reorient our clinical leadership towards our neighbourhoods so it is and feels a more equal and inclusive place to work.
- Invest in a programme of organisational development, designed to improve psychological safety.
- Develop our identity around our four core values and status as a community interest company.
- Take a digital-first approach.
- Invest in our project and programme management capability.
- Develop Health and Wellbeing offer.
- Streamlined recruitment, career progression.

Our strategy in action:
Strategic goal 1: Update on wellbeing

Grow

Accredited clinical and non-clinical education

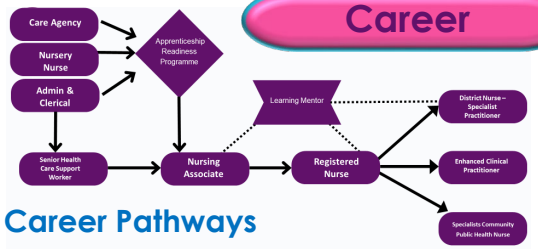
Learning and development

Quality improvement and research

Widening participation and young people engagement

Leadership and system working / navigation

Career



Career Pathways

Leadership programmes

Leadership programmes:
186 staff have attended one of three leadership courses since the programmes began in September 2020;

47% have been promoted.(52% in last year), with 23 internal promotions

Freedom to Speak Up

Speak up and make a difference

Annual Ball and Awards
Star/Team of the Month
Quiz evenings
Team away-time

Schwartz Rounds

Employee Experience Collaborative

Mental health support services and access to counselling

Mental Health First Aiders

Menopause presentations, learning and resources

Wellbeing Week - Walking Challenge

Staff physiotherapist

Physical

PEOPLESAFE

Security devices for lone working

vivup

Employee benefits e.g. bike to work; discounts and gym memberships

Community co-design

Lived Experience Advisory Group

Social

Our networks

Disability

Race, Equality and Cultural Heritage Network

LGBTQ+ Collective

Financial

Pension and Finance schemes

WAGESTREAM

Financial fitness tools

Community

Environmental, social and governance

Apprenticeships

Our strategy in action:
Strategic goal 2: Become a leader in integrated care driven by the population's needs

"[Bromley Healthcare] can be proactive; driving forward the patient-first agenda."

- South East London resident

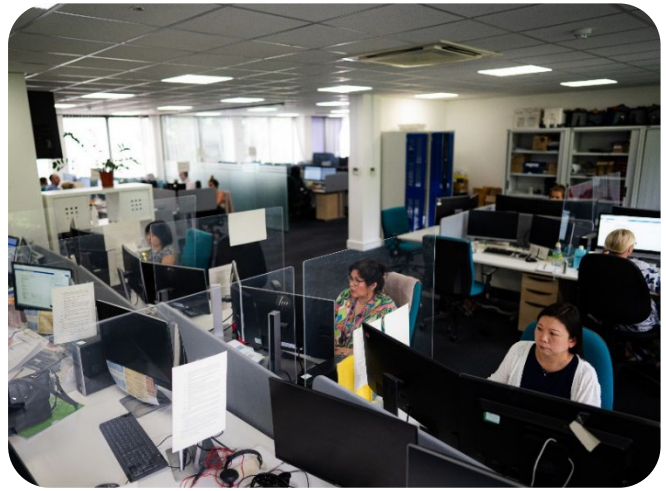
"Potentially look to become a prime contractor and consortium organisation to encourage innovation and collaboration as a medium organisation with a unique status compared to other healthcare organisations."

- A system partner

"Communication and navigating the system [is important]. [Bromley Healthcare can support] the communications between GPs, the community and social care – people want to only have to tell their story once."

- South East London resident

- Build on our established strengths, e.g. working closely with neighbourhoods and primary care, as well as with the acute and social care providers around them.
- Develop new delivery models – which will require the development of new skills and organisational capabilities. Our existing care coordination will move gradually from supporting services to supporting neighbourhoods.
- Invest in our data and analytics capabilities to enable us to add predictive care to our existing strengths in performance management.
- Develop new ways of developing services in partnership with patients, service users and families as well as with professional partners.
- Collaborative team working.



Our strategy in action:

Adult services : National Wound Care Strategy for lower limb

Bromley Healthcare is a Test and Evaluation site, working closely with the ICB and GPs across the borough to improve wound care for lower limbs

Health Innovation Network South London

National Wound Care Strategy Programme
Excellence. Every Patient. Every time.

Bromley Healthcare
better together

Improving the quality of care for patients presenting with a lower limb wound

Gill Harman; Tissue Viability Nurse Specialist, Bromley Healthcare

42% of wounds in England present on the lower limb

Background:
In 2018, NHS England commissioned the National Wound Care Strategy Programme to develop a National Strategy to improve the quality of care for patients with wounds. In 2019, lower limb ulceration cost the NHS £3.1 billion with an expected 4% increase year on year.

Introduction:
Lower limb wounds form a significant part of a Community Nurses Caseload. Evidence suggests unwarranted variation in care nationally. Issues include staff knowledge, skill and competence and inadequate tools and systems to record baseline data. Bromley Healthcare, supported by the Health Innovation Network (HIN), are working towards improving and streamlining care for patients in line with new National recommendations.

1. People
- Audit of Community Nurse skills and competence
- Formation of an OSCE for senior nurse sign off
- Updated lower limb clinical guidelines
- Formal training updated
- Successful application to HIN to become the test and evaluation site for SE London
- Key stakeholders established for wider project
- Project plan established for wider project

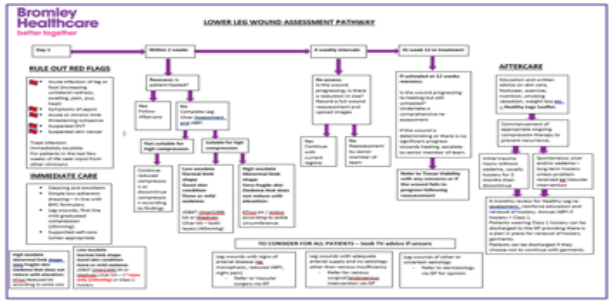
Achievements to date

2. Process
- New pathway developed and piloted in a Neighbourhood team
- Discussion with ICB re changes, challenges and gaps in commissioning
- New pathway implemented in all Neighbourhood teams
- HEE training modules mapped to align with staff competence and skill level

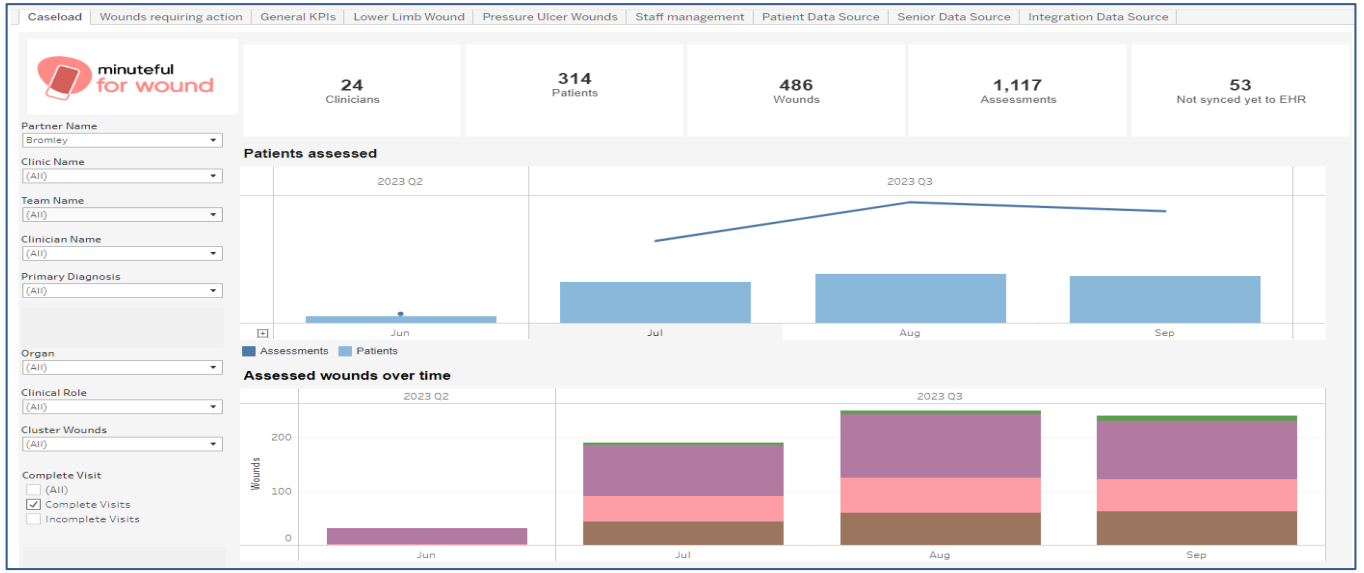
3. Data/Technology
- Data requirements reviewed and metrics reported
- Successful application for funding for years pilot of a Wound App
- Successful tender process to identify a Wound App provider

Scan the QR code to find out more about the National Wound Care Strategy Programme

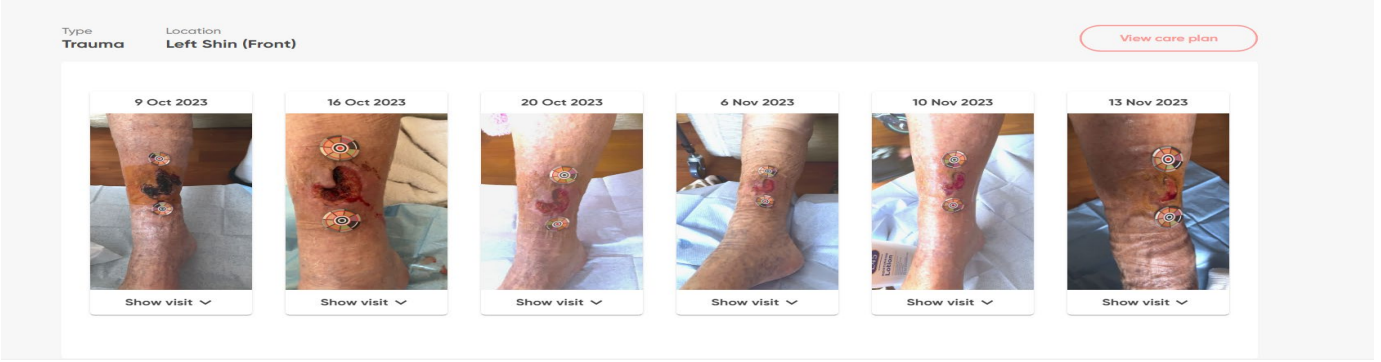
New District Nurse Leg Ulcer Pathway



Next steps
- HEE education modules implemented and embedded
- All relevant staff signed off using OSCE and process embedded in Neighbourhood teams
- Widened metrics reporting
- Working group established for Wound App and 1 year Pilot commenced
- Wider engagement with Primary and Secondary care
- Patient and public engagement



App automatically highlights wounds that are static or deteriorating so that additional focus can be given to these patients.



Our strategy in action:
Neighbourhood working

Case management pilot

Care for patients who have been pro-actively identified, including high-users of healthcare with complex needs. A case management team ensures that actions are followed up from a holistic review and kept on a Community Matron caseload for up to 10 weeks. Once completed, these patients are handed back into the care of their GP practice and a Care Coordinator.

The outcomes being monitored are a reduction in the patient's immediate health and care needs across the system, such as a reduction in escalation to hospital emergency and elective services.

1st phase: The pilot started in March with 13 patients identified at the ICN MDT).

2nd phase: High users of Rapid Response were identified with 60 patients found. 11 have been deemed appropriate and three consented for a visit.

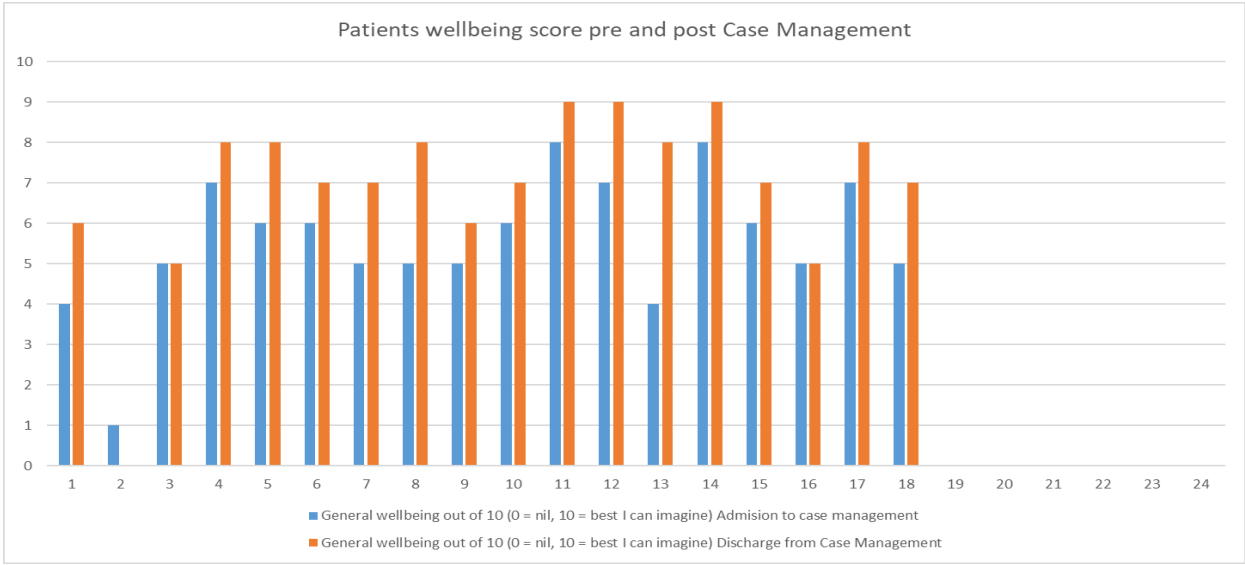
3rd phase is now underway. Case finding reports run using the GP EMIS system. 65 patients identified and the Care Coordinators are consenting and referring to ICN.

Initial feedback has been positive with patients pleased with continuity of care and having someone to contact to ask questions to by not calling their surgery. They also feel that many of the outcomes have given them a better quality of life.

Clinical outcome measures

- Improvement in Rockwood score
- Questionnaire pre and post discharge, measuring a patient's wellbeing out of 10 and how they are feeling about various aspects of their life.

Wellbeing data for patients who have been through case management for 10 weeks:



Integrated care : Adult services

Fuller pilot

Fuller Pilot in Bromley – Anticipatory Care Team (ACT)

The Fuller Pilot model will identify patients using proactive case finding through EMIS population reporting. Patients who have CVD, Diabetes and Respiratory conditions will be assessed in a clinic setting or at home.

This model enables us to be more responsive to the needs of patients and is focused on preventing future long-term problems associated with the patients' medical conditions, i.e. better Diabetic and BP control.

The Fuller Pilot is responsible for supporting people at risk of their condition worsening, ensuring that patients identified:

- Have a comprehensive initial assessment with various health checks.
- Receive a personalised care plan along with signposting as to how to improve their health and wellbeing.
- Be supported and educated and empowered to assist with patient self-management (where appropriate)
- Once patients have been successfully identified through case finding a clinic appointment will be booked by the integrated PCN Care Coordinator with a member of the team (Neighbourhood Nurse, Nursing Associate or Health Care Assistant). The assessment will be documented on EMIS

.The Fuller Pilot has now been fully recruited to with over 50 home visit initial assessments completed and clinics to start in the next few weeks.

Clinical outcome measures

- Questionnaire pre and post discharge, measuring a patient's wellbeing out of 10 and how they are feeling about various aspects of their life and to assess current management of long term condition.
- Improvement in Blood Pressure.
- Improvement in HbA1C
- Improvement in lifestyle (smoking and alcohol)
- Hospital admission and GP attendance reduction.
- Onward referrals

Penge Holistic Diabetes Hub

Actively looking for patients who are not accessing diabetes care or education and offering it in a way that encourages engagement through the use of different locations or formats. This will be achieved through the use of the Nursing Associate to coordinate case finding with the practices to identify patients and organise localised care in a suitable environment, education around pre-diabetes interventions, diabetes management, and helping patients access psychological support around living with diabetes.

A mixture of one stop diabetic hub reviews, additional capacity to collect information on the diabetes care essentials and direct access to rapid intervention for Podiatry and Dietetic input.

Our strategy in action: Urgent Community Response

- **Rapid Response: The BHC team handle** over 50% of the SEL referrals and consistently exceed the 2-hour target of 90%.
- 97% of BHC patients are seen within 2 hours vs a national Benchmark average of 90%

SEL Borough Combined Figures 2hour	Jan 2023	Feb 2023	Mar 2023	Apr 2023	May 2023	Jun 2023	Jul 2023	Aug 2023	Sep 2023	Oct 2023
Number of 2hour Referrals (SEL)	763	633	731	660	650	704	655	625	611	586
% Compliance for 2hour(SEL)	93%	93%	87%	92%	88%	91%	93%	93%	93%	91%

- **Rehabilitation – Home Pathway:** Using NHS Benchmarking Network data, BHC patients are slightly less frail at admission, but show greater improvement, following a shorter stay, than the benchmark. 15% more BHC patients are living with frailty:
- Waiting over 2 days: BHC 12%; Benchmark average: 39%
- Sunderland score change (improvement): BHC 5.3; Benchmark average 3.9
- Length of stay (days): BHC 21; Benchmark average 37.4
- Discharged to own home: BHC 85.9%; Benchmark average 67.9%
- Living with Frailty: BHC 82.8%; Benchmark average 67.7%

Case study: Confusion and respiratory

- 87 year old Male - referred by GP due to worsening confusion and cough.
- PMH: vascular dementia and ILD.
- History – more confused and needing support with transfers which is not usual. Has a chronic cough however now has increased sputum production, no haemoptysis.
- No fever, SOB, chest pain, nausea/vomiting, urinary symptoms. No neuro focal.
- Vitals - BP 97/62, 20rr, 96%, 73bpm, 36.7. NEWS2 score – 2.
- Examination – Crackles to left mid-lower zones on auscultation. No wheeze. Normal heart sounds. Urinalysis NAD.
- Grade 2 pressure sore found – treated. Skin assessment – Medley score: 14. Datix completed.
- CRB-65 – 2/4
- LRTI found – doxycycline prescribed. Safety netted.
- Onward referrals – DN to manage wound and BP review. RATT for mobility assessment.

- **Rehabilitation – Beds:** Using NHS Benchmarking Network data, BHC patients are slightly frailer at admission, but show greater improvement and move from severe to moderate dependency, during a shorter stay, than the benchmark (MBI = higher score = lower dependency). 7.7% fewer BHC patients are living with frailty.

- Waiting over 2 days: BHC 0%; Benchmark average:15%
- MBI score change (improvement): BHC 24.9; Benchmark average 21.6
- Length of stay (days): BHC 22.6; Benchmark average 26.8
- Discharged to own home: BHC 81.7%; Benchmark average 63.5%
- Living with Frailty: BHC 71.4%; Benchmark average 79.1%

Our strategy in action:
Collaborating with partners : Children's services

Bromley Children's Hospital at Home Service

Bromley Children's Hospital at Home Service went live in February 2021 and provides hospital level care to acutely unwell children in the comfort of their home. It has four pathways, IVAB (OD, BD and TDS), Respiratory, Gastroenteritis and Anxious families (health promotion, reassurance and prevention of re-attendance. The service is a One Bromley collaboration including Bromley Healthcare and Kings College Hospital:

The service reduces length of stay in hospital and admission avoidance. 2083 Bed days saved (IVAB only) and cost savings of £958,180

"This is an incredible service. Means that a sick child who needs IV medication can receive hospital grade care in the comfort and security of their own home"

"From start to finish the service was amazing. Clear communication when we needed to change times of medication. Just an absolute dream of a service".

Hospital @Home
Supporting early discharge and prevention of hospital admissions

"The nurses were incredibly warm, compassionate, professional and knowledgeable. They showed empathy and patience. I'm genuinely blown away by how brilliant this service is".

Bromley Child Health Integrated Partnership (BCHIP)

BCHIP is a collaboration between Paediatric Consultant from the PRUH, Primary Care GP and Community Children's Nurses from Bromley Healthcare. There are currently 5 PCNs involved.

Weekly virtual triage meetings discuss referrals and agree the most appropriate outcome for the child. Monthly clinics are run for face to face appointments with a Paediatric Consultant and GP within the child's PCN. There are also lunch and learn sessions.

Outcome of triage meetings

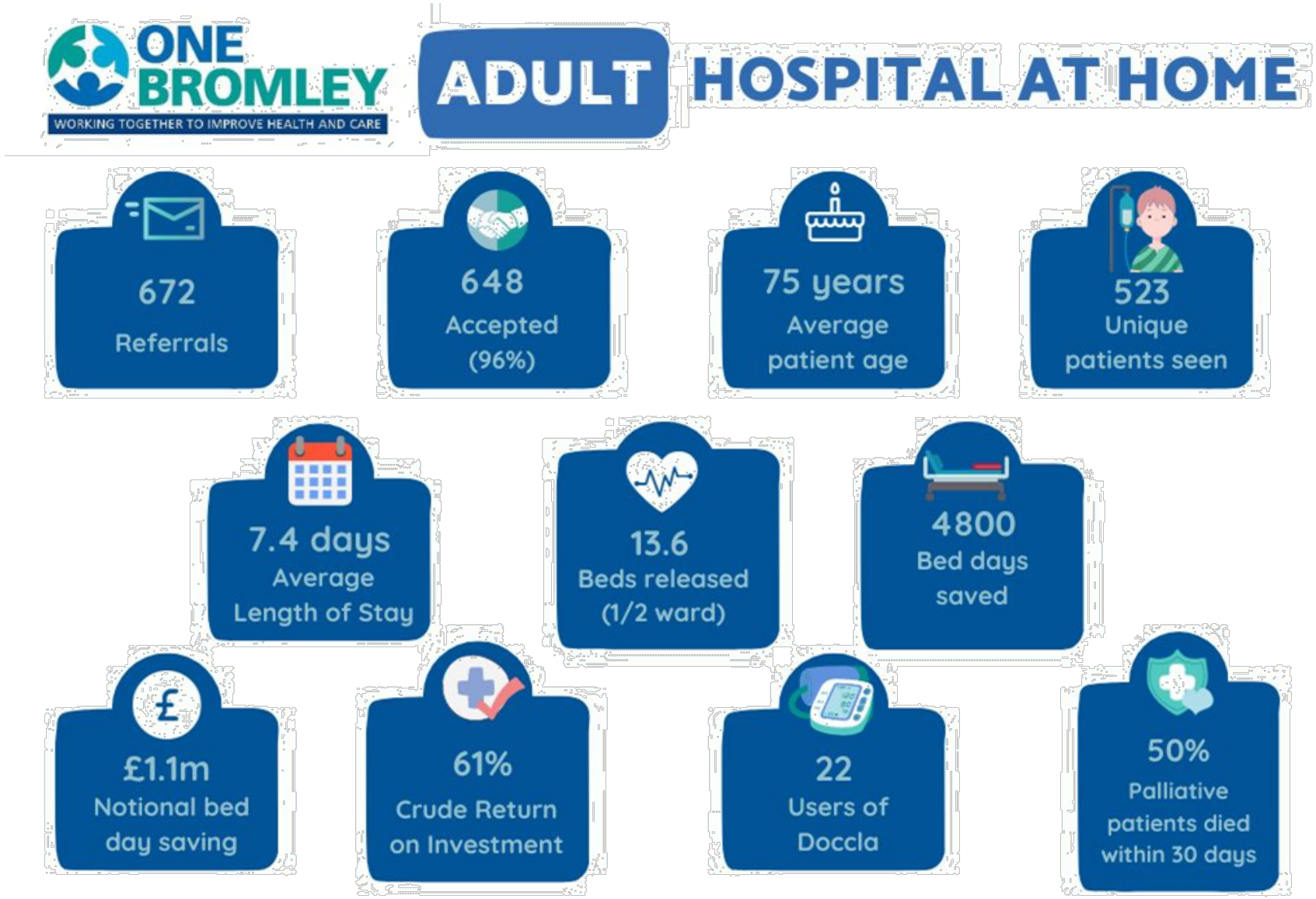
- Advice and guidance to referrer on further management or investigation
- Face to Face clinic: Paediatric Consultant and GP specialist work together at local GP practice
- Specialist Children's Community Service
- Hospital Referral to specialist team by GP if deemed appropriate

Aim: to reduce wait times and support children better and more effectively through optimised capabilities in the local system.

BCHIP BROMLEY CHILD HEALTH INTEGRATED PARTNERSHIP

Our strategy in action:

Collaborating with partners : Adult Hospital at Home – A year in review October 2022 to October 2023



Our strategy in action:

Tri-borough Health Visiting update

Bromley 0-19 service now fully recruited. As at end Q2 KPI targets being achieved for NBV, 6-8 wk & HR1 checks. HR2 checks remain an area of focus.

HV Strategy- 4 Priority Areas under the Public Health Nursing Strategy	Actions	Update
Valuing and developing the workforce	Creation of Health Development Nurses (HVDNs)	7.6 FTE HV Development Nurses in post. Internal and external level 6 training in place and some have completed. 3 of the HVDNs have enrolled onto the SCPHN student HV programme
	Career pathway for Public Health Nurses	Band 7 specialist post opportunities which have been popular with the Public Health Nurses
	Leadership development of Band 6s upwards	- 2 days of update training delivered by the School and Public Health Nurses Association to all School Nurses in Bexley and Bromley - Seven staff are attending supervisor and assessor training from the Pan London HEE funding. - Cohort 1have completed the iHV Leading Excellence in Practice Programme that is aimed at developing SCPHN leadership capacity and capability within 0-19 services to make a difference to children, families and communities. - Internal Stepping into Leadership Courses run by Bromley Healthcare
	Upskilling of the Community Nursery Nurses	SEND specialist has trained our staff and worked with the local early years providers and child minders to boost the integrated 2-2.5-year review and improve partnership working
	Professional forums including membership of the Institute in Health Visiting (iHV)	All qualified SCPHN are members of the iHV Termly forums delivered across all three boroughs for staff to come together
Working in collaboration	Partnership working	Working with early years providers to deliver an integrated 2-2.5-year review
Implementing frameworks to support practitioners to deliver safe and effective high quality care	Tools to assist delivery of high quality care	Maternity Cause for Concern RAG rating tool implemented tri-borough Staff using Acuity Tool Oversight of clinical caseloads to ensure people are receiving the right care
Providing families with accessible and inclusive care	Accessible and inclusive care	Health Advice Clinics and infant feeding sessions being delivered across the boroughs to ensure equitable access for service users
	Strengthening Families Health Visitors to work with families using a suite of interventions and the Family Partnership Model as a framework to guide behavioural change	Band 7 Strengthening Families (SF) Health Visitors for Greenwich: 8.6 FTE in post. Programmed launched in September 2023. Plans to roll out in Bexley as well if successful in tender

Our strategy in action:

Strategic goal 3: Invest in our communities

"[We want] a provider that could bring the skills and expertise to reshape what the offer to families is from conception … coming up with ideas on how to improve, and helping to develop and make concrete steps towards these behaviour changes."

- A system partner

"We need to look holistically at the impact of transport. Our people want more options to work at home and have concerns about our energy consumption."

- Better Together Group

"Bromley Healthcare needs to build stronger local relationships with schools and colleges in our area to develop talent pipelines and provide learning opportunities and jobs for local people."

- A local health and social care partner

- We have the opportunity to have impact directly on health and wellbeing and indirectly as a large employer, as a purchaser by examining our supply chains to support local businesses where possible.
- We will continue to invest our profits to improve services, through our charity, through research and through development of our own work.
- We will reimagine the way we offer our services to minimise their negative impact on the environment. We will assess the tools we use, the journeys we make, the buildings we work in.
- We will need to make more use of the information we routinely collect in our work.

Our strategy in action:

Working with local people and communities: outreach and engagement

Invest

Help Bromley Healthcare to shape local community health and care priorities

About this survey

Bromley Healthcare are developing a new clinical and quality strategy that will help guide and inform our care. You can take part in our short survey to give us your views. Your answers will help us to see how we are doing overall and find out how we can improve.

Win a prize

At the end of the survey, you will have opportunity to enter into a prize draw for your chance to win a prize that has been donated to Bromley Healthcare*:

- A year-long membership at a Mytime Active gym
- £100 in shopping vouchers from John Lewis
- £30 in shopping vouchers from M&S
- An Oral-B electric toothbrush

What did you like most about our services?

More Details Insights

547
Responses

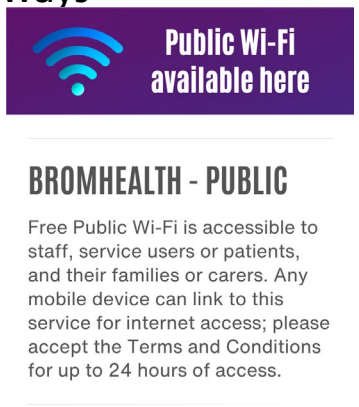
Professional & friendly
Friendly service
Friendly staff
Nice staff
friendly and helpful
Great staff
home visits
service
caring
Helpful staff
medical and other staff
time
nurse
staff helpful
Good service
appointment
staff were friendly
friendly and caring
Kind staff
staff are lovely

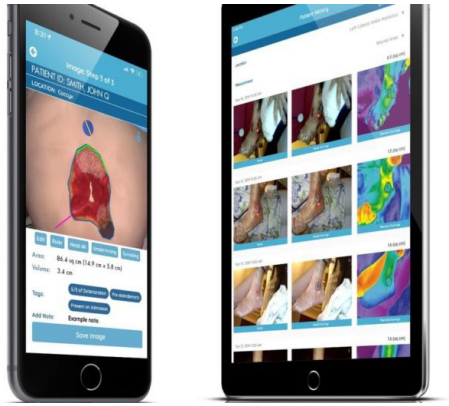
Our strategy in action: Digital Transformation

Highlights of last month

- Network upgrade completed with all BHC networked - corporate and public WiFi service
- Majority of Storm automated text reminders roll out completed
- CCC Working Hours consultation started
- Online Booking Tender specification development continuation
- IT User Satisfaction up to 93.85% (vs 91.73.41% in Oct).
- IT and CCC service reporting enhancements added
- EMIS Templates Review for Podiatry completed
- GP IT Clinical Trainers and IT Team supporting practices with Tquest and ICE queries
- GP IT Laptop upgrade rollout started
- Cyber Essential Certification Process formally started

- Healthy.IO Wound App pilot reach to be extended further following successful launch, indicating an improvement to patient pathways





Plans for next month

- Launch Online Booking Tender
- Complete CCC Working Hours Consultation
- CCC Storm Speech Recognition Pilot development
- Continue EMIS templates reviews with focus on Rapid Response
- GP IT Continue Laptop upgrade
- Continue Fortigate VPN pilot development
- Corporate Android Smartphone Pilot Launch

Patient experience: BHC continues to offer alternative methods for patients to feed back on the care they have received, including by text – the response rate continues to improve, whilst patient satisfaction remains high:

Home Pathway

"[The] Bromley Home Pathway team has been magnificent; they are a wonderful service. I am so impressed; they have been so, so good. All [the team] have been full of praise and have got me back up on my feet again. The Physio has been brilliant"

Sickle Cell Support Group

"Debbie and her team have always been amazing organising this event, her care for patients is amazing, very holistic. Always putting the family as ease when faced with challenging situations"

Children and Young People's Hospital @ Home

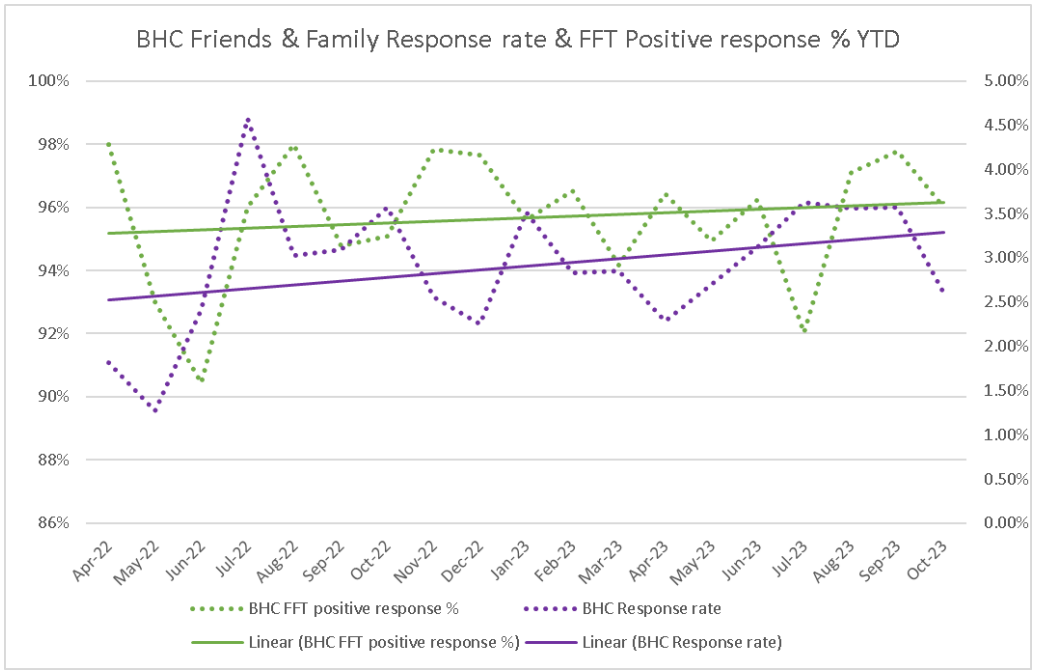
"The team were great from start to finish. They communicated really well. They made me and my son feel super comfortable and supported and cared for. They sought out treatment to help him feel a little better whilst reassuring me throughout. They were all so professional and in a weird way when we were discharged, I thought I'd miss their daily visits."

SEND Specialist

"You're one of the people I've encountered on this journey who I was unreservedly say made me feel truly listened to and made a difference. Thank you so much."

Rapid Response Team

"You cannot improve on the perfection given by the whole service ... no one could have done more, we couldn't have asked for anything more. The whole service is perfect."



*National submission data

Care Coordination Centre

"I wanted to compliment one of your staff for their service ... we have spoken to Michael who has gone up and beyond to help us. His friendly manner and willingness to do whatever he can to help in these circumstances has been a real comfort in a difficult time. He is a credit to your team."