

Clinical Directors Quarterly Report

Quarter 1 April-June 2014

Summary

Bromley Healthcare's goal is for us to stand amongst the best providers of community healthcare services in the UK. We published our 4th Quality Account on June 30th 2014 and set priorities that will steer us clearly toward this goal.

Our Quality Improvement priorities for 2014-15 are:

1. Planning, supporting and developing everyone who works in the organisation
2. Strengthening patient and user involvement and feedback to improve services
3. Using meaningful and transparent information and data to help us demonstrably improve patient outcomes.

This report gives a brief overview of where individual services stand in terms of quality highlighting some of the enablers and barriers that they facing. It also provides information on some of the work that is being done by the Quality Team to support services in their journey towards achieving BHC goal of ensuring that all our services deliver excellent quality of care to our patients and service users.

Authors

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Joint Clinical Directors

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**Clinical Directors Quarterly Report
Quarter 1 (April-June 2014)**

Introduction

Bromley Healthcare's goal is for us to stand amongst the best providers of community healthcare services in the UK. Bromley Healthcare(BHC) willnow and in the future ... offer services of exceptional clinical quality and efficiency, services that continually improve to meet the needs of an ever changing population. Improving quality is about making healthcare safe, effective, patient-centred, timely, efficient and equitable. Our 3 tenets, which are to:

- Continually improve our services
- Treat others as we would like to be treated ourselves
- Hit our targets

and our Clinical Governance Strategy for 2013-15 ensures that we have robust guiding principles for everything we do. We published our fourth Quality Account on 30.06.14 and set priorities that will steer us clearly toward our goal.

In brief our priorities for 2014-15 are:

1. Planning, supporting and developing everyone who works here
2. Strengthening patient and user involvement and feedback to improve services
3. Using meaningful and transparent information and data to help us improve

This report provides information to the Board on some of the work that is being done by the Clinical Services and Clinical Quality Department to ensure we achieve our goal of clinical excellence for our patients and service users.

Developing our workforce through professional development and leadership

Head of Health and Care professionals/ Head of Nursing 6 months progress.

The Head of Nursing commenced in post on the 02.01.14 (37.5 hours per week) with the Head of Health and Care Professionals (15 hours per week) starting 22.01.14. The Head of Nursing is a practising nurse while the Head of Health and Care Professionals is a practising physiotherapist.

The Clinical Directors have been supportive to both clinicians in their new roles. Inductions were organised and implemented and SMART objectives were agreed within 4 weeks of their commencing roles which have been recently modified to align with Directors objectives for 2014-2015. Regular performance management meetings are held with the Clinical Directors to ensure progression of the quality agenda and also to offer continuous support.

Both Heads have worked with all members of the Quality Team to ensure that Bromley Healthcare identifies and celebrates good practice, and poor practice is managed. The Quality Team is working hard to continually raise standards. There is an excellent team working environment within the Quality Team led by both Clinical Directors. Quarterly Away Half Days encourage team spirit and allow all members of the team to showcase their projects and skills amongst the team. New ideas are welcomed and supported.

Bromley Healthcare (BHC) use 3 tenets to focus all aspects of work undertaken. These include treating people as we would like to be treated ourselves, improving Quality of BHC's services and hitting our targets. All work undertaken by the Head of Nursing and the Head of Health and Care Professionals with the full support of the Quality Team supports the three tenets.

With the focus of treating people as we would like to be treated ourselves, both clinicians have acted as role models and developed clinical effectiveness and exemplary clinical practice at professional forums providing Visible Leadership in many Bromley healthcare teams including Occupational Therapy teams; Lauriston House, Bromley Rehabilitation Service; Dietetics; Podiatry, Children's Occupational Therapy; Children's Physiotherapy, Children's Service Leads Meetings, School Nursing, Twilight Nurses, Community Teams, Health Visiting, Children's Teams, Looked after Children and the Urgent Care Centre. This has included working clinically, carrying nursing and physiotherapy caseloads and working as an Advanced Nurse Practitioner within the Urgent Care Centre at Beckenham Beacon. This has cemented the roles within the grass roots staff and provides clear evidence of where quality needs to be improved with the teams and allows for sharing of exemplary practice across other services when it is identified. Reflection for both Heads is supported in an informal capacity with both Clinical Directors and this allows for development of new ideas to improve practice. Attendance at key meetings has been important in ensuring the role is visible within the organisation. A particular focus for visible leadership for the first Quarter was to assist with staff to devise their Top 10 and develop their audit plans for the forthcoming year. Both heads have an active role in attending the wider leadership meetings, undertaking presentations and helping with the dissemination of this information across the organisation.

Improving Quality of our services is key to remaining a successful organisation. This improvement is supported by developing a Bromley Healthcare Health Care Assistant Competency Tool in conjunction with the Training Team. This has been rolled out to Community Teams and the Bromley Rehab Services. Over the coming year this will be used to support the development of Bank Health Care Assistants as well as new staff in post. This tool is crucial to ensuring our Health Care Assistants have defined benchmarks for safe practice, to allow supervising professionals to have clarity on how to oversee their work. The tool and associated training are also of value to our primary care colleagues; we are working with Clinical Commissioning Group colleagues to develop a wider training strategy across out of hospital sectors.

Both Heads regularly attend and are active members of the Clinical Governance Committee. They take their role seriously in assisting with steering the clinical quality and safety of care and providing a voice for their respective staff groups into this committee.

Both Heads have offered professional support to respective professional groups including meeting patients after they have complained to really understand the nature of the complaint and how we can improve, supported staff with complex professional issues and concerns and providing role specific expertise. This part of their roles has also included supporting the recruitment of senior staff in the organisation including ensuring appropriate competency assessments are undertaken at interview, attended capability hearings and continually challenging poor practice. Support has been regularly provided around objective setting, line management, managing poor performance and appraisal support with both permanent staff and also locum staff. They have sat on boards for staff hearings. Peer review of nursing staff has been commenced by both Heads and this will be encouraged over the coming months to ensure that at least 25% of nursing staff have had a peer review by the end of 2014. Supporting service line reviews and supporting staff to develop their quality Top 10 indicators for 2014-2015 has been a recent area of role development. The Head of Health and Care Professionals has specifically tasked herself with focussing on performance and competence and supervision of community occupational therapists. This includes visiting and spending time with every community occupational therapist in the "field" and setting up and chairing occupational therapy professional monthly meetings where professional issues and supervision is undertaken and procedures written and agreed.

The Head of Health and Care Professionals has supported delivery of the Clinical Forum and also co-ordinates and chairs the Allied Health Profession's Forum which acts as a Clinical Challenge Group.

Both roles have commenced work to support the development of a Bromley Healthcare specific electronic based appraisal and portfolios, documentation

standardisation and clinical supervision models and effectiveness. This has included working with the Training Team advising and supporting on aspects of clinical training that is required across the organisation to ensure that training is delivered to address a variety of clinical needs.

An important part of the role is to ensure that Bromley Healthcare is benchmarked against other providers across London in terms of the services and care provision provided. This has been supported by both Heads, developing relationships with external stakeholders, both locally and pan London.

Continuing the theme of scrutiny both Heads have worked with services to scrutinise their quality and clinical outcomes. An example of this is the Head of Health and Care Professional's work with the new Falls Service to provide support to the Falls Co-Ordinator to develop safe working practices and procedures and scrutinise the methods for service evaluation including clinical outcome measures and audits. Taking a supervisory role has supported service leads to reflect and question practices and devise action plans to move forwards.

The Head of Nursing has developed training around supporting staff in Safeguarding both adults and children in Induction programmes. This role has also included supporting staff when referrals to the London Borough of Bromley Safeguarding Teams have been required. Networking has significantly improved stakeholder relationships around adult safeguarding. The Head of Nursing has worked tirelessly with other team members to examine the process of reporting pressure ulcers. This has included chairing Serious Incident Panels relating to pressure ulcers and developed new template and SMART actions, post panels for teams and individuals to implement. All individuals whose team is involved in a serious incident should now be recording their reflections on their learning in their portfolios, for discussion at appraisal. This part of the role has also included taking over responsibility for the management and reporting of the *Safety Thermometer*.

The Head of Nursing has developed a support network for Non-Medical Prescribers in Bromley Healthcare and is rolling out Intention to Prescribe documentation across all prescribing nurses to update this assurance process.

Both roles have worked to develop Bromley Healthcare Policies, Procedures and Service Operating Procedures. These have included Infection Control, Adult Safeguarding, Healthcare Assistants Competency Framework, Research Governance, Chaperoning and also supporting in development of the Bromley Rehabilitation Service's, Service Operating Procedure. The Head of Health and Care Professions has worked closely with the Integrated Team Service Lead to update the Community Occupational Therapy Service Specification.

Both roles have been supported by the Risk Team and Quality Team throughout the first 6 months of 2014.

Hitting Targets is clearly important both for our patients and the organisation. The Heads have worked with the New Business Team to support and scrutinise potential bids and offer professional advice when required. The Head of Health and Care Professionals has worked with the Business Team and new services to review staffing models and devise methods to predict staffing requirements for caseload sizes.

The Head of Health and Care Professionals has participated in improving efficiency and effectiveness around patient discharge from the Princess Royal University Hospital. This involved working with the Princess Royal University Hospital during the Safer Faster week at the Princess Royal University Hospital. Over the next few months, this will progress by reviewing and improving the integration of care within the integrated care teams who are now co-located professions and need support to integrate processes and working procedures to fully meet their objectives as integrated teams.

The Heads work with the Quality manager to deliver on a number of the CQUINs and the 6Cs.

Promoting Quality through support, encouragement, scrutiny and challenge

The Clinical Directors have established quarterly meetings with all Service Leads and their Operations Managers. The purpose of these meetings is to review all aspects of the service that impact on its quality, to discuss and find solutions for any issues of concern, to commend areas of excellence and to identify ways in which services can provide clinical excellence. The template that is used for these meetings is attached as Appendix 1 and each meeting is formally documented. Most services are moving into their third round of these meetings. We are using this report to provide a brief overview of each services progress in their journey towards achieving clinical excellence and will highlight enablers and barriers that have been identified thus far.

Operations Director

Operations Units

Children and Young

All children services except for Children's Dietetics and Hollybank are co-located at the Phoenix Centre alongside Child & Adolescent Mental Health Service (CAMHS) Neurodevelopmental Team and Pre-School Services for Children with Special Needs. The Operations Manager has rejuvenated the Children and Young People's Services Service Leads Meeting. This group focuses on improving the services that we offer e.g. through developing Shared Care Pathways such as for Autistic

Spectrum Disorder and Developmental Co-Ordination Disorder and on enhancing our skills in getting parent/carer feedback and engagement e.g. work being undertaken with coordination of appointments. Our Children and Young People Services are popular with parents and carers of children as well as with our referrers. All have completed at least one Clinical Audit and a Record Keeping Audit for 2013-14. All have established Top 10 Quality Metrics, 3 of which are monitored on the Balanced Scorecard. 21 of the 24, Top 3 for 2013-14 are Green and the remaining 3 returns have not yet been provided (2 for Children's Occupational Therapy and 1 for Integrated Community Children's Nursing). Each Service Lead is a member of Bromley Healthcare Child Protection Team and all promote good child protection practice within their teams. The single most important factor that has the potential to jeopardise the quality of these services is unfilled vacancies particularly as most teams are quite small.

Children's Speech and Language Therapy Service

Children's Speech and Language Therapy is a very popular service which in addition to funding from Bromley Clinical Commissioning Group has Service Level Agreements with London Borough of Bromley and with several mainstream schools. It provides an accessible service which is delivered in a number of clinics, children and family centres, and pre-schools & schools. It is a victim of its own success and has a long waiting list. Eligibility criteria for this service have been fine-tuned over the years and parent's expectations are being actively managed. The service rarely has complaints and these usually relate to the waiting time for the first appointment, and the amount of therapy that is provided. The Service Lead is doing a demand and capacity analysis to gain a better understanding of the waiting list issue so that effective solutions can be put in place. The service have a number of evidence based pathways for more common conditions e.g. speech sound disorders, selective mutism, cleft palate, dysfluency etc. to ensure judicious use of resources and standardised provision of care.

Children's Occupational Therapy Service

This service is a small specialist team with a number of vacancies currently being recruited to. In addition to the Bromley Clinical Commissioning Group commissioned Core Service, the service has a number of Service Level Agreements with London Borough of Bromley to provide targeted support to children with Special Educational Needs. In addition there is a number of ad-hoc Service Level Agreements which require staff to be put in at short notice which is a challenge for the service. Autistic Spectrum Disorder sensory related problems are an increasing area of demand and the service specification is being reviewed with Bromley Clinical Commissioning Group and will include clearer eligibility criteria for the service. The team is making more use of skill-mix and a combination of individual and group work to optimise the use of staff time. The service has a long waiting list. The service has had a few

complaints due to the long waiting time for the first appointment. There have been some difficulties with equipment provision and this has been raised as an issue of concern by parents/carers on a few occasions. The service has reviewed the processes with the equipment provider and will continue to monitor this; it is on the Risk Register.

Children's Physiotherapy Service

The staffing of the team has undergone considerable changes with introduction of more skill mix and the service lead is making sure that they have enough senior practitioners to provide supervision, coaching and support to Bands 5/6. The service already has a well-established clinical supervision process and the service lead is working with the Head of Health and Care Professionals who is developing a BHC wide supervision framework for Healthcare Assistants. The service is keen to look at different models of care and are developing standardised packages of care for more common conditions aiming to improve patient outcomes and experience. They are one of the few services that have done a number of audits in 2013-14, 2 of the 3 closed the audit loop. They demonstrate good learning from incidents e.g. a near miss accident which lead to an extensive review of processes.

Children's Dietetics

This service is provided in Bromley and Bexley and as the Service Lead also provides leadership to the Health Improvement Service, Healthy Weight Team there is good synergy and cross fertilisation of ideas. The service had an excellent result on the 2013-14 patient satisfaction surveys with 100% likely or extremely likely to recommend service to friends and family (77% extremely likely). A few parents expressed dissatisfaction with waiting times for appointments and expressed the wish to see the same clinician at appointments and the service is exploring how to improve this. The team are collating standards of clinical excellence for most common referral reasons and will then audit their current practice against these standards. The Service Lead presented the Quality domain of their balanced scorecard to the Clinical Governance Committee in April 2014 and were commended for all the efforts of the team in ensuring continual improvement of their service.

Community Paediatrics and Paediatric Audiology

This is a small team of specialist doctors who fulfil a number of statutory functions in addition to providing a clinical service. Demand for the service is high and many undifferentiated developmental and behavioural problems are referred to the service for diagnostic clarification. About 15-18% of referrals to the team are signposted to suitable alternatives e.g. Child and Adolescent Mental Health Service, Schools for additional support and Hospital Paediatricians. The service ensures that their clinical guidelines are NICE compliant and evaluate the quality of care they provide through clinical audits doing at least 4 a year. 6-8 postgraduate doctors and several medical

students rotate through the department each year which provides the opportunity of constant review of practice to make sure it is up to date and in line with good practice.

Hollybank (Children's Overnight Short Break Service)

The service was last inspected by Ofsted in March 2013 and was rated as good and is aiming to be judged Outstanding at their next inspection. The Service Lead is sharing learning in a regional Short Break Managers Forum which she set up, and also learning by visiting other units that have been judged outstanding by OFSTED. An action plan has been developed with focus on Leadership and Management, Vision and Ethos, Staff Engagement and Children's experience. The service is rated as 5-star by Environmental Health London Borough of Bromley. Hollybank caters for many children who have a primary diagnosis of Autistic Spectrum Disorder some of whom have challenging behaviour and many of their incidents relate to this. Staff had update training in 2013 on the use of physical restraint which is done annually although the requirement is for biennial updates. The Service Lead is looking into other sources of training. Their audit for 2013-14 reviewed the behaviour management plans after a physical intervention had taken place with that child/young person. The service receives many compliments and very few complaints i.e. none in 2013-14.

Integrated Community Children's Nursing Team

This specialist service offers nursing support to children and young persons with complex medical needs. There are a number of significant changes within the team and the Service Leads are reviewing the whole composition of the team. The team in their Top 10 have set high standards for themselves and where they have been unable to achieve these will continue to work hard towards the target. The team continually strive to improve their quality of care and have put forward a business case to the Clinical Commissioning Group to pilot extended hours, and are also looking into providing a phlebotomy service at the Phoenix Centre. An unannounced audit of drug chart completion within the special schools showed very positive results proving that on the whole the record keeping associated with drugs administered to children within the special schools was excellent. The team use preloaded syringes as much as possible and also have a flowchart which provides guidance to help reduce the risk of sharps injuries.

Hospital and Unscheduled Care

The services in this Operations Unit have gone through tremendous change in the past year and are highly commended for their resilience and unwavering commitment to providing excellent care for their patients. The Operations Manager

and Director have worked tirelessly with Service/Team leads and Staff to address the challenges that are inevitable with any major change. The Quality Team have supported the team in developing their workforce and processes that help to ensure a high quality of service to all our patients. The importance of ensuring appropriate clinical competency of all staff in the team is top priority and is currently on the Risk Register at a low level of risk, due to all the proactive work that is currently underway.

Medical Response Team inclusive of EMDOC and Twilight nursing

This redesigned service brings together GPs, nurses and therapists into a single team to give patients who are unwell, but not in an emergency health situation, a safe alternative to hospital. We are working towards tapping into the synergy created by working as part of a multidisciplinary team thereby ensuring a more cohesive and holistic care package for patients. In the 2013-14 annual patient survey 98.5% of users were extremely likely/likely to recommend the service to friends and family. A number of robust quality metrics have been developed for the service and are monitored through the monthly Balanced Scorecard and the quarterly EMDOC report. The service is meeting all their set targets. EMDOC achieved their CQUIN for 2013-14 which set the target of 85% of Home Visit consultations being completed within defined timescales. A monthly 1% audit of all assessments by EMDOC is done to scrutinise the quality of clinical assessment & management and record keeping and the learning is disseminated within the whole team. The plan is to extend the 1% audit to all clinical episodes of care. A tight clinical governance process is in place for the EMDOC doctors who are employed on a sessional basis. The MRT service is keen to develop all nurse assessors as prescribers and progress is being made with new GP mentors in place.

Urgent Care Centre

Beckenham Beacon Urgent Care Centre has been a pilot project since 2009 and is currently going through the tendering process. All clinical staff except for the Service Lead are provided by Kings College Hospital and Hallam agency but all the staff are operationally and clinically responsible to Bromley Healthcare. The Service Lead has not been inhibited by the employment arrangements and has developed effective clinical governance arrangements for the unit. This includes a Clinical Guidelines Manual for Emergency Nurse Practitioners and Advanced Nurse Practitioners, regular Continuing Professional Development Meetings and clear clinical supervision arrangements which includes direct observation of practice. The service is measuring themselves against the Pan-London standards for UCCs and most of these are being met. They are meeting all the service specific quality metrics set on their balanced scorecard. They have adopted the 1% audit using the Royal College of Physicians (RCP) toolkit and are on the second cycle. The service has very few complaints i.e. 8 complaints in over 22, 000 patient contacts, and a number of

compliments i.e. 6 in past 8 months which is highly commendable as it is unusual for patients to take out the time to send in compliments for a service of this nature.

Bromley Rehabilitation Service - Beds pathway and Home Pathway

The Rehabilitation Service offers patients who are ready to leave hospital some short-term supported discharge or rehabilitation in their homes or rehabilitation in our rehabilitation unit. Our Beds Unit opened in December 2013 at Lauriston providing a brand new rehabilitation unit for 36 patients. The service has spent considerable effort over recent months in establishing this new service and has faced a number of challenges along the way. A staff member in the home pathway team expressed concerns to Clinical Quality Commission about some aspects of the day to day running of the home pathway. Most of the issues that were raised were already being addressed by the service as part of the new business implementation process but the report to the Clinical Quality Commission added impetus. An action plan was developed and this has been endorsed by Clinical Quality commission. All have been implemented and the remaining 2 are on track for completion. An Operational and Clinical group chaired by the Operations Manager with Clinical Director as Deputy was set up in May 2014 and meets bi-monthly. The terms of reference of this group have been agreed and its primary focus is to monitor the quality of the operational delivery of the rehabilitation service (home and beds pathways) both during patient stay within the pathway and at interface (referral and discharge) with other services. The group will report to the Clinical Governance Committee.

There is also a meeting with Kings College Hospital and Clinical Commissioning Group to review discharges and to improve shared understanding and processes. This meeting is in its infancy and the intention is to extend this process to all clinical services within Bromley Healthcare once the feedback mechanism is tried and tested to enable Kings College Hospital to have a complete overview of the quality of discharges to community services.

Top 10 quality metrics have been established for both pathways, for the Beds this includes a risk assessment on admission for falls and manual handling and assessment for thromboprophylaxis and for the Home pathway, assessment for pressure ulcers and objective assessment of outcome measures. The home pathway experiences some difficulties with the delivery of patient equipment and they are working with the hospital to encourage identification of equipment needs prior to hospital discharge to prevent unnecessary delays. The Beds pathway faces challenges with vacancies and is actively recruiting to these posts with some success. GP input to the unit has been secured. Falls form a significant proportion of the incidents in the unit and support is being sought for refining their processes from the Falls Team. Many incidents relate to the quality of information received on new referrals to the service and this is being taken forward with partner organisations. The service regularly receives many more compliments than complaints which they

view as constructive feedback which leads to service improvements. The service is keen to undertake good clinical audits this year as the service is now more established.

Operations Director

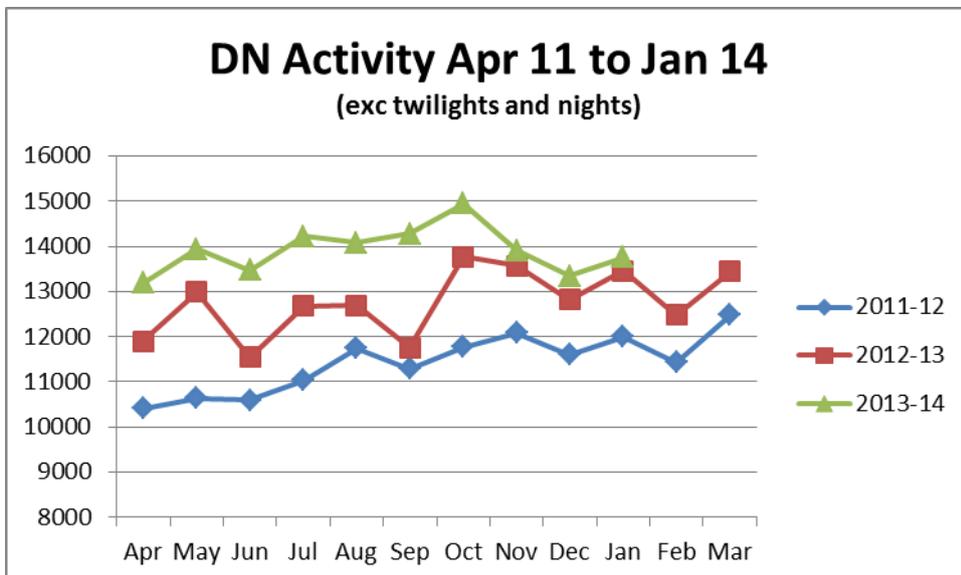
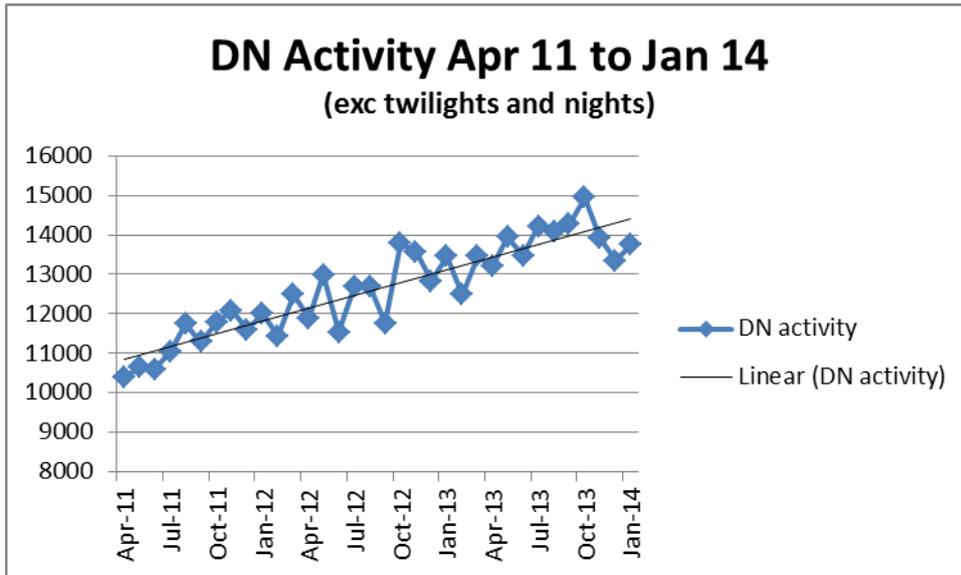
Assistant Operations Director

Operations Units

Community Teams

Community Teams

The Community Teams have been re-formed by our Operations colleagues to group around GP populations and integrate professional specialties (Community Matrons, District Nurses, Occupational Therapists and Physiotherapists). This structural regrouping was the main focus up until March 2014 and it is only now the teams can fully concentrate all their energies onto quality. Pressure Ulcer Serious Incidents investigation has been a key priority and ensuing learning needs have emerged, particularly around recordkeeping and care planning. The Community Educator is in post and has a key remit to tackle this, supported by the training team. Efforts are on-going to recruit a second community educator. The move to EMIS in 2015 will facilitate more structured assessment and record-keeping processes - the templates are being designed 'grassroots up' by working clinicians. The Community Matrons have been highly commended by commissioners for their work with complex elderly patients in the 'ProMISE' Programme which has reduced unscheduled admissions and improved quality of care planning immensely. Our aspiration is that by placing a Community Matron in each team their advanced assessment and prescribing skills will allow them to mentor colleagues to facilitate more sophisticated holistic care. It is fair to say we are at a relatively early stage on the journey towards this aspiration at the time of writing. The demand on the services, in particular the District Nursing Service, is ever increasing (see below), which is inevitably having an impact on the pressures on staffing and quality. As is the picture nationally, the nursing teams are running with a relative high vacancy rate and the workforce has a significant number of staff approaching, or at, retirement age. The operations team are focusing on recruitment, retention and staff development of this core service.



'End of life' care is a particular area of focus for the Community Teams and they join GPs for 'Gold Standard Framework' meetings on this subject. We are hoping the teams will lead on the use of 'Coordinate My Care' records which have been poorly taken up by Bromley GPs (for various political reasons) – this is a real opportunity for our teams to provide leadership locally. The teams will be working closely with GPs to support patients identified as having high need by the 'risk stratification' process currently in progress and provide joint care plans. The on-going success of integrated care in Bromley hinges on the successful performance of these teams and an upward trajectory of modernisation is required to assure this.

Falls Team

This new service has had a number of issues during the implementation phase to overcome, particularly around staff recruitment and the interface with Kings which

the Service Lead is effectively working through with her team. After several months' delay this is now moving forwards and the Fracture Liaison Nurse has started her role in the Fracture clinic. The commissioner has set KPIs around activity and quality and an audit programme is also in place. The service is the subject of a CQUIN to look to move the service towards an outcomes based commissioning model. The service will be further aligned with community teams moving forwards to ensure a 'whole team' approach to patients prone to falls- this being a key priority for commissioners in terms of admission avoidance. There have been challenges around identifying the medical/consultant input but this has recently been resolved in the short term, although the long term consultant input has yet to be finalised. The motivated and positive team now needs time to bed down with continuity of members to assure on-going success of the service.

Bladder and Bowel Service

Bladder and Bowel has moved to EMIS, forging many innovations in the process around coding (and future auditing) of bladder and bowel quality outcomes. The service is also piloting the individual balanced scorecard and was the first Bromley Healthcare nurse led service to adopt structured peer observation as a standard part of clinical supervision (feeding into appraisal).

Tissue Viability Team

This service has scooped various awards for the leg club and the impressive healing times achieved. They were highly commended by external partners including London Borough of Bromley for their project to support nursing homes in difficulty (which resulted in a number of safeguarding referrals and turnaround programmes). Moving forward there are impressive plans to support District Nurses to audit Leg Ulcer management which is a key governance issue for Bromley Healthcare.

Chronic Obstructive Pulmonary Disease and Oxygen Team

This service now has a new service lead who is forging forward many innovations and service improvements. Long-term conditions are a key area of focus nationally and locally and this will be an important service to develop further in partnership with GP and secondary care colleagues. Management of oxygen therapy has critical patient safety implications so competent clinical leadership is crucial to our on-going success. The Service Lead has been working with colleagues at Kings' Princess Royal University Hospital and is supporting them in the provision of the Chronic Obstructive Pulmonary Disease discharge bundle CQUIN. The Service Lead has a good plan for quality development over the coming year to ensure this team performs to the level required and has lots of ideas about how the service could be expanded and developed to provide support to a wider range of respiratory conditions.

Health and Well Being,

Health Improvement Service

We are privileged in Bromley Healthcare to have the Health Improvement Service as one of our wide range of services. Health Improvement Service not only encourages and supports people to live healthier lifestyles but also supports other professionals to improve the health of the community. There is plenty of opportunity for collaborative working with all of the services within this Operations Unit which is effectively and efficiently tapped into e.g. with Contraception and Reproductive Health, School Nursing etc. A number of other synergistic working relationships are also promoted e.g. Contraception and Reproductive Health and HIV Nursing, Health Visiting and School Nursing etc. All of this work provides a focus on Health Promotion within the organisation and this is an area we are keen to develop further.

Health Visiting

This service is going through significant change with regards to its Leadership due to long term vacancy with Service Lead, and more recent vacancies with 3 of its 4 Team Leads. Recruitment is underway, and a number of job offers have been made. It is hoped that the new leadership will look at things with a fresh eye and reenergise the team in delivery of this very important service. Health visiting is crucial for promoting the health and development of our children and as a universal service they are relied upon for the safeguarding of our children. The team work hard to maintain and develop their safeguarding children's skills and are well supported by BHC Safeguarding team who have done a number of audits in the past year to evaluate and improve the Health Visitor practice. The service has developed Top 10 quality standards that promote good safeguarding children practice. They are working towards Stage 2 Unicef Baby Friendly Initiative. Health visitors work closely with the Healthy Weight team and most health visitors have received HENRY training. They have had several incidents relating to poor information on the New Birth notifications, which is being taken forward with the support of our Risk Team. They have had a few incidents related to Newborn Blood Screening results and have implemented a robust action plan to deal with this supported by the Quality (including Risk) Team and NHS England. The service regularly receives compliments.

Family Nurse Partnership Programme is a newly commissioned service for Bromley and Bexley which provides an intensive level of support for Young Parents aged 19 years and under.

School Nursing

This well established service focuses on health promotion in school aged children and one of their main areas of work is providing immunisations to this age group and a number of their incidents pertain to this. They are focusing on promoting the emotional wellbeing of school age children particularly in light of concerns relating to deliberate self-harm and are actively looking into appropriate training to enhance their skills. Bedwetting problems can cause a lot of emotional distress to patients and their families and this service provides a popular enuresis service. The commissioning arrangements for this element of the service is under review. Their audit for 2013-14 evaluated how well they comply with the Any Qualified Provider National Implementation Pack for Enuresis and for 2014-15 the plan is to evaluate the impact of the service on outcomes for this group. The service has a key role in the safeguarding of children and has successfully implemented a CQUIN for home educated children.

Adult Dietetics

This service is provided in Bromley & Bexley and Lewisham. Bromley & Bexley combined is similar size to Lewisham. The model for Bromley & Bexley is similar and focuses on patients on home enteral feeds. Lewisham service is practice based and includes weight management and other clinical problems e.g. Irritable Bowel Syndrome. Bromley & Bexley has the same Top 10 and a set have been separately developed to suit the service that is delivered in Lewisham. Lewisham undertook an audit of referrals and dietetic management of patients with Irritable Bowel Syndrome in 2013-14 which generated good learning and a robust action plan. A re-audit is planned for 2014 -15 to close the audit loop and a number of new audits are being worked on for 2014 -15. The service is working with Bromley Clinical Commissioning Group Medicines Management to review prescriptions for oral nutritional supplements.

Contraception and Reproductive Health

This service was completely redesigned in 2013 to make it more efficient and effective. This service is the first to implement EMIS in the organisation and they have generously shared their learning with others. The service have developed bespoke templates for EMIS that meet the service's needs making it much easier for them to collate information on the quality of their service e.g. Top 10 metrics, clinical audit etc. Their templates include Under 16 assessment for Fraser Competence and Safeguarding, and the use of UK Medical Eligibility Criteria for Contraceptive Use to ensure safe prescribing. The Service is working to the Quality Standard for Contraceptive Services set by the Faculty of the Royal College of Obstetricians and Gynaecologists. Another first for BHC comes from this service on Patient Opinion in which a service user highly commended the service.

HIV Nursing

This small service is made up of two nurses who work in a collaborative fashion with the Visiting Consultant from King's College Hospital. The service achieved over 98% in the Friends and Family Test. The team embraces change and have worked hard in explicitly demonstrating the high quality of the service through the top 10 and by doing 3 clinical audits in 2013-14. 6 of their Top 10 are from British HIV Association Standards of Care (2012). Their proactive approach is effectively demonstrated by the way in which the service conducted a thorough investigation into a medication incident even though this medication was not prescribed by the service. The learning from this incident was shared at Bromley Healthcare Clinical Forum, and with Kings College Hospital HIV Service and GPs. The team are enthusiastically working on the implementation of EMIS and are certain that this will be of immense benefit to the service.

Borough-wide Services

Special Needs Dentistry Service

Recent Clinical Quality Commission visits have given the team a clean bill of health. Staff sickness has been an issue but is being addressed. A tender was recently won for a new out of hours (emergency) dental service. The other recently re-commissioned part of the service - Minor Oral Surgery - has had some initial difficulties due to triaging issues outside of Bromley Healthcare control, but these are now being rectified by the commissioner. Premises costs on the Kings site are also subject to on-going negotiation.

Adult Speech and Language Team

The team have produced great clinical quality, particularly around clinical supervision and team working. The on-going interface with Kings is providing some challenges for the inpatient part of the service.

Working for Wellbeing- also known as 'IAPT' (this service provides cognitive therapy- Cognitive Behaviour Therapy - and counselling)

The new service lead has brought exceptional transferrable clinical and leadership skills including experience running her own company. The team is undergoing what can be described as a transformation (in every sense of the word) and quality and productivity will soon be approaching optimal levels. The service has recently grown suddenly by incorporating Bromley's Community Counselling Services and options for tendering to run further Cognitive Behaviour Therapy services outside Bromley

are looking promising. There are also opportunities to join up pain management across IAPT, Diabetes, Podiatry and Long Term Conditions teams to add value to other tenders and potentially consider a future new service line.

Diabetes Service

The Bromley Service has been entirely re-commissioned and we are now working closely with Kings and local GPs to implement entire new patient pathways in an innovative prime contractor model. This involves engaging GPs into a new way of working.

We recently won our tender for the Croydon Service which required a turnaround on acquisition and is now undergoing a huge modernisation programme. Both services are already on EMIS and benefiting vastly from this improved clinical system. Various challenging KPIs, alongside a robust audit programme, assure high quality. The South London Academic Service Network has approached us to join discussions about leading on diabetes innovations for the sector.

Wheelchair Service

This service has made improvement in quality principally by reducing waiting times for patients and is moving forward with other developments. The service has been slow to adopt the 'top 10' and quality audit programmes the quality team require and this is under review in discussion with the operations team.

MASS (Medication Compliance Assessment Service)

This new service was acquired in 2013. Outstanding issues around the clinical pathway are being more clearly defined. The service itself has intrinsic stressors, since it often involves removing compliance aids and the team are commended on their fortitude in progressing this difficult work and the high productivity and quality they have achieved against challenging targets. The Team are currently failing to meet targets for 6 week telephone follow ups but have developed an action plan for attainment by the end of October. They have recently adopted EMIS with impressive efficiency and have exceeded all expectations in their work with the quality team across the board.

Podiatry Team (incorporating Orthotics)

This team have progressed various innovations such as selling insoles to patients. They have an efficient clinical model including paper-light record-keeping and work closely with the Diabetes and District Nursing/Tissue Viability Services. The management of the Bromley Orthotics Service has also been incorporated into this service and is in the process of being aligned to Bromley Healthcare standards.

Within podiatry, recruitment and staffing has been an issue and has impacted on waiting time which is probably the principal quality risk for this service. A process is in place to ensure urgent cases are seen within 5 days so that patient safety is not compromised.

AQP (Any Qualified Provider contracts)

-Community Dermatology

Bromley Healthcare's first venture into Any Qualified Provider and utilising the services of GPs with a special interest (GPwSI) was Bromley Community Dermatology. This service is now well established with excellent quality standards and has been highly commended by commissioners and local colleagues. We have also now established a Greenwich service of similar quality. All our GPs with a special interests are mentored by consultants from Kings/Greenwich and provide regular audits and other quality markers to ensure best practice.

-Community Gynaecology (includes Bromley triage and ultrasound)

This service is well established in Bromley and there is also a small Greenwich service. We are the sole provider of both community gynaecology and triage in Bromley. Our consultant colleagues provide community hysteroscopy and mentoring. The newly established ultrasound service is also highly regarded and extremely popular with GPs.

We record our thanks to Professor Erian who was highly involved in the initial establishment of the Gynaecology Service.

-Minor surgery

This Greenwich service provides vasectomy, adult circumcision, haemorrhoid injection and removal of 'lumps and bumps'. All our GPs with a special interest are surgically qualified and mentored by a consultant from Greenwich. We have had some difficulties establishing this mentoring but it is finally in place. The service is provided to a high standard – one marker of this is that the vasectomy GPs with special interest have now also taken over community vasectomy surgery in Bromley.

Conclusion

Bromley Healthcare is totally committed to driving up the quality of care we provide and aiming to stand amongst the best in the country. This report gives an overview on how individual services are working hard to ensure that all our patients/service users receive an efficient, high quality and compassionate service. Intelligent use of

information not only enables us to explicitly demonstrate our progress on this journey but also ensures that we can effectively identify areas in need of development and improvement. The quality team will continue to work collaboratively with services, providing face-to-face support and promoting high quality, effective, safe care.

Appendix 1

Clinical Director Quarterly meeting

Topic	Progress	Agreed actions
Top 10 progress/ Quality section of balanced scorecard (<i>+individual balanced scorecard where being piloted</i>) Quality improvements/service line (budget) review meeting		
Patient Safety		
Emis and CQC preparation (CQC headings being safe, effective, caring, responsive to people's needs+well-led).		
Audit inc service audits 'Quality' KPIs (including patient survey and NICE – if relevant- prescribing audit and CQUINs)		
SOP and Written controls		
Any hotspots including Incidents, risk register, 4cs, anyone suspended or undergoing capability assessment		
Appraisal, TNA and CPD		
Staffing Service Specific training Recruitment including competency-based recruitment and induction		
Service improvements		
Any other quality issues/concerns e.g. safeguarding and dementia – attending safeguarding forum?		