

Quality Account

2013-14

High quality services
in our community



Quality accounts and why they are important

Quality accounts are annual reports to the public from providers of NHS healthcare about the quality of services they deliver. The primary purpose of quality accounts is to encourage boards and leaders of healthcare organisations to assess quality across all of the healthcare services they offer. Bromley Healthcare is committed to continuous, evidence-based quality improvement. The aim of this report is to put information about the quality of services in our organisation into the public domain thereby offering the opportunity for scrutiny, debate and reflection.

Want to know more? Tell us what you think

If you would like more information about our quality account, find out more about our services, or give us feedback then please contact us.

We can also provide this quality account in a different format or another language. Let us know if you'd like this.

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Profile of Bromley and Bromley Healthcare

District profile

The London Borough of Bromley is an Outer London borough, located in the south-eastern corner of Greater London. Bromley is the largest of the 32 London Boroughs covering over 58 square miles, over half of which is green belt. There is a population of over 300,000 people, of which around 71,000 (~24%) are under the age of 19, the 0-19 population has remained stable for the last five years, but is projected to begin a slow decline in overall numbers over the next five, which will continue over the following 10-20 years. The birth rate is 3500 per year.

The borough has a contrast of an urban north-west and a rural south-east and has the highest car ownership of the London Boroughs. Just under 90% of Bromley is White-British, but there has been and continues to be a slow and steady increase in the numbers of ethnic minority groups. The largest increase is predicted for Black African and Black Caribbean groups, predominantly in the north-west of the borough.

Bromley Healthcare

www.bromleyhealthcare.org.uk

Bromley Healthcare is a community interest company providing a wide range of services including community nursing services such as district nursing, health visiting to specialist nurses, as well as therapy services for children, young people and adults. Our vision is to offer our patients the best care possible sharing our clinical knowledge and resources wisely for a sustainable financial future. Being born from NHS Bromley's community provider unit, we have been providing community services to the people of Bromley for many years and we have a wealth of experience.

Social Enterprises are a fairly new and exciting way to deliver health care, offering many of the traditional advantages of the NHS (such as excellent training and development) with the freedom for innovation by being able to reinvest any surpluses we make into the community. Most of our staff are shareholders and in a strong position to positively influence how we deliver our services to ensure we provide excellent patient care and outcomes.

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Message from the chairman

Raoul Pinnell



Those we serve, rightly expect the highest of standards. I hope that this report reflects well on both *what we do* and *how we do it*.

The sands are shifting. The needs and demands of our patients and staff are changing dramatically. A combination of a 'longer life', and the desire of many to be treated locally or in their own homes, means that we need to be forward thinking and responsive. The buzzword of the moment is that care should be 'joined up.' So, in a patient centred world we need to be answering the question: 'What are we doing to ensure that people understand how the various services that they receive are being connected to each other – for their benefit?'

We recognise that we do not live in a vacuum. The money that we receive from the public purse, via those who buy our services, needs to be influenced by the unique understanding that we gain through some 500,000 individual person-to-person contacts that we make in a year. And how we can help people to contribute to their own health and well being, through the personal actions that they take? For example, in managing their own weight and fitness.

Our front line staff have faced more change in the last year, than in our two previous years. Their input to changes in the care that we deliver has been critical. We continue to reflect on how the back office of the organisation can support them, so that they can continue to care in a way that is both clinically appropriate *and* in a compassionate manner.

The directors are expected to take a lead in fostering the 'right tone'. This means what we focus on, and how we stress that things need to be done in the 'right way.'

Our priorities revolve around asking three questions:

What are we doing to continually improving our services?

We have a lot of evidence of significant changes in the way we are reorganising our services. One example is Integrated Community Teams.

Those we serve, rightly expect the highest of standards.

I hope that this report reflects well on both what we do and how we do it.

These are teams made up of district nurses, community matrons, physiotherapists and occupational therapists working together in partnership with local GPs, on behalf of local patients.

Are we treating others as we would like to be treated ourselves?

Continually we reflect on: 'How happy would I be if my mum were to receive the service I deliver?' The data indicates that the services that we deliver, which are mostly in local centres or in peoples own homes, do this better than in large hospitals.

Are we hitting our targets?

Targets are put in place in order to ensure that Bromley Healthcare are delivering the right quality of service, and they highlight any actions that we need to make if targets are not met. Some commentators appear to have an institutionalised prejudice against 'targets.' We do not subscribe to this view. We believe that it is appropriate for our staff to have clear expectations of what is required of them, and to have a constructive dialogue with them on their personal performance in order to ensure that the quality of service is maintained. Of course the targets need to be balanced and we do this through a balanced scorecard that is in four quadrants: quality, performance, margins and compliance. These deliver a financial outcome. In our case this is a 'profit for reinvestment'. As a staff owned social enterprise, our profits are not distributed to shareholders, but retained within the company. Over time, this should give us a level of financial security that means that we have the strength to continue to do the 'right thing' for our patients.

Statement from the chief executive

Jonathan Lewis



We exist for two reasons - to look after our patients to the best of our ability and to deliver to the taxpayer the best possible value for money.

The quality account should give you some evidence that we are working extremely hard to achieve both.

I am proud of what we have achieved, but feel we are only at the start of our journey - so watch out for next year's edition!

Great organisations are built on a common purpose, strong culture, great leadership, very detailed information, the input of patients and the passion and goodwill of the staff. We work to improve each of these every day in the knowledge that this will make our services better and our organisation enduring.

Great organisations are built on a common purpose, strong culture, great leadership... We work to improve each of these every day

Introduction from the joint clinical directors

Dr Onikepo Adeoye and Dr Cath Jenson



In the history of the NHS, there has never been such a focus on improving the quality of health services. Our vision is to make sure all our services provide people with safe, effective, compassionate, high-quality care and to

encourage services to aspire to excellence.

We remained focused in 2013-14 on driving up the quality of care and aiming to stand amongst the best in the country.

Our clinical governance strategy sets out a two-pronged approach to achieving excellent clinical quality standards. This is through proactive development of a learning culture and learning from feedback and governance data. In July 2013 we established a clinical quality department, (the quality team) led by us, the joint clinical directors. Amongst many other activities the quality team ensures that the recommendations of the Francis Report are adhered to by supporting services in delivering patient care to the highest standards.

Setting standards of quality in community health services is at an early stage and we addressed this lack of established standards for community health care services by developing internal quality standards focusing on patient safety, clinical effectiveness and patient experience. These standards have been developed by service leads with their teams and have been scrutinised and approved by the joint clinical directors.

The quality team will continue to work collaboratively with services, providing face-to-face support and promoting high quality, effective, safe care.

Bromley Healthcare's vision is to make sure all our services provide people with safe, effective, compassionate, high-quality care and to encourage services to aspire to excellence.

Input from stakeholders

In preparing our quality account we have involved a number of key stakeholders. These include:

- Individual patients via the patient survey including the friends and family test.
- Members of staff at all levels across the organisation
- Our management team
- Our board
- Our council of governors
- Bromley Clinical Commissioning Group
- Healthwatch Bromley
- Our local voluntary sector organisations
- External bodies such as CQC and Ofsted.

The views and input of stakeholders are represented throughout the account. Comments from key stakeholders are included on page 53.



Our services

Bromley Healthcare employs over 807 members of staff (excluding bank, volunteers, agency and charity workers) and last year we had 563,749 contacts with patients. The nature of these contacts varies immensely, as does the range of our services. In our quality account, we reflect the diversity of these services and describe how we have worked to improve their quality.

The services that we deliver are:

Bladder and bowel management	Leg ulcer assessment and management service and the leg club
Community paediatrics	
Community dermatology in Bromley & Greenwich	Medicines assessment support
Community gynaecology in Bromley & Greenwich	Minor oral surgery in Bromley
	Minor surgery in Greenwich
Contraception and reproductive health	Occupational therapy for Adults
COPD/oxygen	Occupational therapy for children
Diabetes in Bromley & Croydon	Paediatric audiology
Adult and children's dietetics in Bexley	Physiotherapy for adults
Adult and children's dietetics in Bromley	Physiotherapy for children
Adult dietetics in Lewisham	Podiatry (chiropody)
Family nurse partnership	Safeguarding children and adults
Falls and fracture prevention service	School nursing
Health improvement service e.g stop smoking service	Special care dentistry
Health visiting	Speech and language therapy for adults
Healthy Lifestyles for You	Speech and language therapy for children
HIV specialist nursing	Tissue viability nursing
Hollybank – short breaks & respite for children with disabilities	Urgent care centre – for minor injuries and illnesses that don't require a visit to A&E
Integrated children's community nursing team	Wheelchair and special seating
	Working for Wellbeing (IAPT) - talking therapies and support for people with anxiety and/or depression

Integrated community teams, consisting of:

- District nursing service
- Adult physiotherapy
- Adult occupational therapy
- Community matrons

Medical response team consists of:

- EMDoc (out-of-hours GP service)
- 111 GP call management system
- Medical response team nursing which includes out of hours nursing (twilight and night service)

Rehabilitation service consists of:

- Home pathway
- Beds pathway - Lauriston House

We are also proud to offer a range of lifestyle programmes to help people improve their own health

Bromley stop smoking service

Help and support to stop smoking through groups or one-to-one sessions

London C-Card scheme

Providing free condoms to young people aged between 14-24 years old

HELP literacy scheme

A card that can be used to ask discretely for help with reading and writing

Let's get healthy with HENRY

A healthy lifestyle Programme for families with children under five

Sexual Health Promotion including the Man2Man scheme

Providing free condoms to gay and bisexual men

Looking forward – our priorities for quality improvement 2014-15

Bromley Healthcare was established on 1st April 2011 as the successor organisation from Bromley PCT Community Provider Unit. It has performed strongly. We have put huge effort into building a strong culture, high clinical standards, good systems and processes.

In 2013-14, we made excellent progress on the three quality priorities that were set and agreed by commissioners, stakeholders, staff and governors:

- Drive up quality through service redesign
- Drive up quality through integration and culture
- Drive up quality through evidence and transparency

In 2013-14 we put quality at the heart of Bromley Healthcare. The 2013-14 business plan stated: 'Bromley Healthcare 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 goal for 2014-15 is to consolidate the work of embedding quality in our organisation thereby ensuring that we achieve excellent outcomes and experiences for all our patients and service users.

The following pages describe how we aim to do this.



Planning, supporting and developing everyone who works here

- Workforce planning will be implemented to ensure sufficient numbers of appropriately qualified staff are available to provide a safe and effective service.
- Encouraging staff to provide feedback to managers on staffing levels and to raise any concerns. Where staffing levels are impacting significantly on service delivery this will be entered on the risk register to ensure appropriate actions are taken to mitigate the risks.
- Competency frameworks including the knowledge and skills framework will be put in place and monitored to ensure all staff are appropriately qualified and skilled to provide high quality care. The importance of individual responsibility to maintain their code of practice and clinical development and continuing professional development responsibilities in line with their professional governing bodies or councils will be engendered.
- Ensuring that all staff have the opportunity to develop their skills and knowledge as appropriate to their role and evaluating any training to ensure it fulfils its objectives.
- All staff will have an annual appraisal designed to monitor any training and development needs, to assess performance against objectives and to agree with their appraiser objectives for the coming year. Following the successful introduction of an electronic, portfolio-based appraisal process for doctors (in order to meet the requirements of revalidation), we are planning to pilot a similar paper-based process for other clinicians in 2014 and moving to an electronic process by 2015.
- Staff in relevant roles will be supported through a programme of clinical supervision.

Strengthening patient and user involvement and feedback to improve services

- A variety of qualitative and quantitative methods will be used to gather feedback from patients and the public.
- Feedback from local stakeholders e.g. Healthwatch Bromley, key voluntary sector organisations e.g. Carers Bromley, and GPs, will be proactively sought.
- Patients will be invited to our board to share their experiences
- We will develop focus groups supported by Council of Ageing.
- We have signed up to Patient Opinion, a social enterprise that transparently captures patient feedback.

Patients will be invited to our board to share their experiences

Using meaningful and transparent information and data to help us improve

- We are committed to listening carefully and responding appropriately to incidents and feedback, and learning lessons from them.
- Staff at all levels have a right and responsibility to contribute to the continuing improvement of clinical services – they are encouraged to feedback on service quality and participate in the annual staff survey.
- The established annual audit programme will be developed and scrutiny and organisational learning will be promoted
- Systems are in place for recognising when things go wrong. Our focus this year is to ensure that our risk register is action orientated.
- On our performance management balanced scorecard, the quality quadrant includes generic, and service specific performance indicators which will be refined and strengthened this year.

The specific objectives required to deliver these priorities are already in place, and we are making good progress already with all three. Progress will be scrutinised through our various forums and committees, including the board.

Looking back – our quality improvement achievements for 2013-14

Our 2013 – 14 business plan put quality at its heart. The business plan set out what is important to the organisation and its staff in the next year.

The three quality priorities set for 2013 – 14 were:

- Drive up quality through service redesign
- Drive up quality via integration and culture.
- Drive up quality through evidence and transparency.

The following pages demonstrate ways in which we have achieved these objectives.



Quality through service redesign and improvement

Working with the Voluntary/Third Sector

Bromley Healthcare cannot work in isolation and staff take great pride in the relations that have been fostered with voluntary and external agencies. Some recent examples of this collaboration are listed below:-

- We have added Age UK Bromley & Greenwich to our Single Point of Entry form to enable GP s to refer directly and explored potential new business partnerships with Age UK
- Worked with the Royal Voluntary Service to establish a pilot befriending scheme as part of our integrated community teams development
- Actively supported onward referral to Carers Bromley from all our services including building their input to induction for key staff
- Actively worked with the voluntary sector as part of the development of service redesign proposals
- Built on our strong partnership with Bromley MIND in the extension of the IAPT service
- Worked actively with Parent Voice

Bromley specialist diabetes service

We have been working closely with Bromley Clinical Commissioning Group and Kings College Hospital to improve the diabetes service in Bromley. Many people with diabetes come to one of the clinics at Bromley Healthcare to meet with an experienced diabetes specialist nurse or consultant Diabetologist. However, we are now training staff in GP practices to be able to provide this care closer to where they live. We provide this enhanced training in partnership with Kings College and Warwick University.

Once practice staff are trained, patients will continue to receive excellent care in their GP practice rather than from our diabetes service. One of our

We are proud to confirm that over 15 GP practices have been trained and have signed up to deliver this enhanced service.

diabetes specialist nurses will be available to support the quality of diabetes care at the GP practice. A consultant will also be on hand to offer advice to the GPs if this is needed. Over 15 GP practices have been trained to deliver this enhanced service to date.

Patients who need more complex specialist support will remain under the care of the diabetes service, including young adults, pregnant women, patients with complex or multiple problems -including kidney or complex foot problems - and patients who have been through the DAFNE (type one diabetes education) training course.

We will continue to provide an education Programme for patients with Type 2 diabetes who have been diagnosed for one year or less (DESMOND).

Bladder and bowel service

At the beginning of 2013, the bladder and bowel service had long clinic waiting times and an increasingly high number of patients who failed to attend for their appointments. Staff are aware of the acute embarrassment that most patients feel with their symptoms and decided to look at ways to improve the service.

Referrals to this service had increased by 66% from the previous year. It was decided to redesign the service and start from scratch in planning how we could meet the demand and maintain the quality of our service. The team had historically seen many patients at home as well as in clinics. This was time consuming and not always necessary. Therefore Bromley Healthcare clinic times were increased to provide 32 clinics per month. Housebound patients were now referred to district nurses. With the combination of more clinics available and revised referral criteria, the waiting times for an appointment have reduced from 13 weeks to 3.5 weeks. The booking of follow up appointments was changed so that patients could only book three weeks in advance, instead of the previous 12 weeks. This has markedly reduced the number of patients that failed to attend for their appointment.

100% of patients answered 'nothing' to the question, 'What could we do better?'

In a recent patient satisfaction survey 99% of patients said that they had been 'treated well'. 100% of patients answered 'nothing' to the question, 'What could we do better?' Quality of life improvements have been scored by patients and have moved from 50% to 97%.

Leg club – tissue viability service

In 2013 Bromley Healthcare received a NHS Innovation Award for setting up the first London community-based leg club.

Set up in September 2012, the Mottingham Leg Club was the first of its kind in London. This community-led initiative brings together patients living with leg ulcers, offering access to specialist treatment in a social environment – with the dual benefit of reducing the isolation often felt by older people. Patients who become members of the club are treated collectively in a friendly, social environment.

People find a friendly, welcoming atmosphere where those with lower leg problems can benefit from mutual support. For some, this one outing of the week also provides emotional support to help in the healing process. The leg club opened with five members and by April 2014 there were 100 people registered as members, who come regularly to be treated. The service sees on average around 20-26 members a week.

Our main work currently is around leg ulcer prevention as most ulceration has healed. As well as the social contact we now have occasional speakers. We have had fire safety, trading standards regarding rogue traders, and medicines management. We also have chair exercise sessions that members can take part in. The club now has regular visitors, such as student nurses who use it as a platform for education. The volunteer group within the club is developing well and we have a secretary, treasurer, lead volunteer and a group of helpers. The volunteers are looking at fundraising opportunities and are applying for funds and grants to keep the club open. A member of the group sadly died recently. His wife requested family flowers only at the funeral with all other donations going to the club.

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GP practice-based Lewisham dietetics service

The Lewisham adult dietetic service provides a co-ordinated practice-based dietetic service along with the dietetic element of the community tiered adult weight management pathway in Lewisham.

The service has a target to see 2,000 new patients a year in the practice-based clinics. For 2013/14 2,336 new patients were seen and this is steadily increasing. To reduce waiting times due to the higher referral rate some clinics have either been extended by one or two hours or extra clinics have been arranged. This is an example where Bromley Healthcare staff have reviewed their service and have been reactive to patients' requirements.

The largest proportion of patients are being referred to the clinics for Type 2 diabetes. Obesity is the second highest reason for referral into the service. The majority of patients show an improved food intake and an improvement in the quality of food that they eat. A number of patients reported an improvement in their quality of life. The majority of patients with a gastrointestinal disorder saw a reduction in the number of symptomatic days.

The third highest reason for referral is for patients with high lipid profile. A lipid profile is obtained through a selection of blood tests and this test can determine approximate risks for cardiovascular disease and most patients referred for this reason showed an improvement. As a measure of the effectiveness of the service the number of goals set with a patient, and the number of those goals that were achieved is recorded for the different areas of behaviour, activity and food. Throughout the year the majority of goals set with patients have been achieved.



Bromley rehabilitation service – home based and residential service

In January 2014 a new Bromley rehabilitation service was launched with the opening of a new rehabilitation unit at Lauriston House in Bickley. The service provides rehabilitation for 36 patients who after leaving hospital need rehabilitation but are not safe to be at home between visits by healthcare professionals. The unit offers spacious accommodation for patients as they participate in their rehabilitation under the expert supervision of our nursing and therapy staff.

In February 2014 the new rehabilitation home-based service was launched, to support hospital discharge for patients directly to their homes or from a rehabilitation bed, once the patient was safe to be at home between visits. The new service builds on previous work to improve step-down services, reducing the average length of stay on the bedded unit by ten days and improving patient satisfaction from 70% to 95% in under a year.

The new service builds on previous work ... reducing the average length of stay by 10 days and improving patient satisfaction from 70% to 95% in under a year.



Quality improvement through clinical effectiveness

Below is a selection of case studies where staff dedication and skill and hard work by patients has ensured that treatments have been effective.

Children's physiotherapy

The children's physiotherapy service has worked to improve children's safety by increasing core stability. Using a balance trainer – a dynamic standing aid designed to promote motor skills and function for children with a disability – children taking part in the study showed increased core stability, increased stamina and were very enthusiastic to use it. Although primarily used with children with cerebral palsy the physiotherapy team was able to see wider uses.

One 10-year-old child with poor posture related to weakness in core and pelvic girdle used the balance trainer for six sessions, after which time he had improved core stability, was able to get from high kneeling to kneeling on one knee and then rise to stand with one hand support. He can now go up and down stairs without holding on, all of these a major improvement.

Children's occupational therapy

A 17-year-old man with physical and communication difficulties was assessed for hand skills, such as dressing and writing. He has little use in his right hand and limited in his left hand due to cerebral palsy and meningitis in infancy.

One of the difficulties that he had was in doing shirt buttons, a major obstacle to independence. To help him, occupational therapists swapped experiences and outlined some strategies they had found useful. Several methods were tried to enable the young person to do his own buttons. Then an adaptive approach was developed. Over two sessions the young

man trialed a button hook and by the second session was able to manipulate the buttonhook and was able to do up and undo a short button independently.

Antenatal HIV care

A 29-year-old married woman originally from Cameroon was diagnosed HIV positive in antenatal clinic in early pregnancy. A treatment plan put in place by our team gave comprehensive support to help her and her husband understand about HIV and prevention of mother to child transmission of HIV and respective treatment options during pregnancy.

Weekly support on initiation of HIV treatment to prevent complications and liaison with midwifery services, consultant obstetrician, paediatric services and health visitor all contributed to effective care.

A healthy baby girl was delivered safely and initial follow up showed that the baby was not infected.

Driving up quality through culture of integration

Integrated community teams - local care for the community

Following an initial pilot, in March 2014 we launched the integrated community teams, bringing together district nursing, adult physiotherapy, adult occupational therapy and community matrons into six locality-based teams. The team work closely with GP practices to provide joined up and coordinated care and services to patients.

The basic premise of integrated community teams is simple; good communication, coordination of care, and skilled, evidence-based treatments. It is a system that is not defined by organisations and clinicians but by patients, their needs, their health and their requirements.

The aims of the teams are to avoid unnecessary hospital admission by providing timely integrated care for patients in their own homes and the community, and to ensure that patients and carers feel more actively engaged and better supported in managing their long-term conditions such as asthma, and diabetes.

The work of teams is still in its early days, however initial feedback is excellent and teams are sharing learning to improve the care they offer to patients. In moving forward we shall strengthen our partnership working with other key organisations/agencies for example, social services, mental health providers etc.

A system that is not defined by organisations and clinicians but by patients, their needs, their health and their requirements.

Bromley Care Partnership (BCP)

The Bromley Care Partnership was established to reduce the number of people dying in hospital when they could have been supported to die at home. Bromley faces a unique challenge in meeting the end of life needs of its ageing population and the Bromley Clinical Commissioning Group commissioned St Christopher's to develop an end of life care model to support and coordinate care for all people in their last year of life, not just those with specialist palliative care needs.

The partnership takes referrals from a number of agencies such as hospital consultants, GPs, and undertakes advanced care planning. This often needs a joint visit with a member of the integrated community team and the allocation of a main contact for the patient, a key worker. A recent example of joined up working between GPs, the partnership and our integrated community teams demonstrated that by working closely together, an elderly gentleman was able to see out his final few days in his own home rather than a hospital ward.

"The GP called in the Bromley Care Partnership and the district nurses from the Willows Integrated Community Team. Together they developed a plan to keep the patient at home in line with his wishes. Care included organising end of life drugs to be available with the GP and the district nurse provided some nursing and immediate personal care to ensure he was safe and comfortable. A few days later, during a phone call between the patient's granddaughter and the partnership, the gentleman passed away quietly having just eaten his breakfast in his arm chair in his own home."

The gentleman's GP commented that prior to the work of the team, the gentleman would have gone to hospital and as a result he may not have passed away so peacefully.

Joined- up working between GPs, the partnership and our integrated community teams demonstrated that by working closely together, an elderly gentleman was able to see out his final few days in his own home rather than a hospital ward.

Medical response team

In February 2014 the medical response team was launched, to provide urgent response to patients at risk of going to hospital. The team can support patients for up to ten days in their own homes and is improving care for patients.

The team brings together out of hours GPs, advanced nurse practitioners, out of hours nursing and therapists to provide fast response care, support and advice, on the telephone and in patients' homes, 24 hours a day, seven days a week. If someone becomes unwell, but it's not an emergency situation, the team can be called instead of an ambulance, to prevent unnecessary hospital admission.

"The service given was faultless the delivery and verbal kindness given was a tremendous help in very difficult times"

"The examination was thorough explained everything clearly"

If someone becomes unwell, but it's not an emergency situation, instead of calling an ambulance, the medical response team now helps.

Driving up quality through evidence and transparency

Rigorous scrutiny of clinical practice across the organisation has been applied by using the following tools:

- Clinical audit- at least one a year per service.
- NICE guidelines compliance
- Encouraging services to set top ten clinical excellence targets.
- Investigation and learning from incidents and complaints, leading to service improvements.
- Balanced scorecard approach

Clinical audits

Clinical audit is a method of providing quality assurance and improvement. By auditing clinical practice staff can measure and evaluate the outcomes of care in a systematic manner and against national standards. There has been a concerted effort to embed audit activity at clinical service level.

In 2013-14 Bromley Healthcare services carried out a total of 86 audits relating to clinical care, and 26 audits related to record keeping. Our record keeping audit tool has been revamped this year. A summary of the clinical audits is provided in Appendix 2.

In 2013-14
Bromley
Healthcare
services carried
out a total of 86
audits relating to
clinical care

Infection control

An infection prevention and control nurse has been appointed to keep standards high and close monitoring of hand washing techniques and medical devices is also in place.

NICE guidelines compliance

We have revamped our process for managing National Institute for Health and Care Excellence (NICE) documents to make sure that these are used to enhance the quality of our services. NICE publications are reviewed monthly by a clinical director and sent out to relevant services for information, or to check for compliance. Appendix 3 provides a report on NICE documents that were processed in 2013-14.

Top ten clinical quality targets

In order to ensure that we are effecting quality improvement the top ten quality indicators selected by staff based on patient feedback, and current best practice have been put in place for each service. As recommended in the Francis Report these span three tiers of standards; fundamental, enhanced quality and developmental. Appendix 4 provides an example from our community Paediatric service. The balanced scorecard approach to performance management is used to monitor the services progress against their stated targets.

The 'top ten' quality indicators selected by staff and based on patient feedback, have been put in place for each service

Investigation and learning from incidents

Both clinical and non-clinical incidents are logged and thoroughly investigated by our team of staff dedicated to reviewing potential risks within the organisation. A recent KPMG audit of our clinical governance processes identified several areas of good practice including our clinical governance strategy that summarises the approach to clinical and quality governance, policies and procedures on the 4 Cs - compliments, comments, concerns and complaints - as well as accident and incident reporting and management, which are accessible to all staff via the intranet.

Examples of how this approach has made a real difference to care include:

Service	Action taken
Contraception and reproductive health	Following a complaint that waiting times were too long two nurses have been enrolled onto the cervical screening course. The appointments system for booking smears has also been reviewed.
Threat to staff	A patient who had previously been verbally aggressive threatened to set his dogs on the nurses. An action plan has been agreed with the patient so that care can continue.
Slips, trips and falls	A staff member slipped on wet floor in the lobby of our head office, Global House. A mat has been placed in the lobby to prevent slips trips and falls when the weather is wet.
Patient safety -Post Acute Care Enablement (PACE)	Patient sent home late evening from hospital without informing the PACE team. The team coordinator now liaises with wards every morning re discharges which have been delayed the previous day to ensure the patient has not been sent home without the teams knowledge
Patient adverse reaction to their medicine	A patient's symptoms were caused by a drug interaction and on investigation it was felt that the service could have detected this sooner. The procedures for checking patient medication particularly those prescribed by other clinicians or bought over the counter have been strengthened.

Balanced scorecard approach

Bromley Healthcare uses a comprehensive approach to monitoring services to ensure that quality is understood, measured and reported on at all levels of the organisation. Four quadrants - quality, productivity, margins and compliance - are measured against several agreed targets on a quarterly cycle.

Green indicates that a service has met its Target in that area. Amber means that the services are working towards the Target and Red means that the service have failed to reach their target.

In conjunction with the joint clinical directors, the services decided upon their top three quality targets addressing patient safety, clinical effectiveness and patient satisfaction all of which are Rag rated.

Children's dietetics

Quality		Target	Actual	Score
Q1	Patient Experience	85%	91%	91%
Q2	GP Satisfaction	90%	nil	nil
Q3	Service improvements per year (Annual Target 4) Quarterly	3	4	4
Q4	Clinical Audits measurement for 2013/14 is set on Datix	Y	y	
Q5	Record Keeping Audits	Y	y	
Q6				
Q7				
Q8				
Service specific		Target	Actual	Score
Q9	Patient Research Scheme	Y		
Q10	% of home enterally fed children with a detailed nutritional assessment that are meeting the Lower Reference Nutrient Intakes (LRNIs) for all nutrients	85%	88%	88%
Q11	Patient Safety: Maintain waiting time from discharge to first contact for children on home enteral nutrition at or under 5 working days	90%	100%	100%
Q12	Clinical Effectiveness: Babies and children with food allergies demonstrate improved outcomes (relief of symptoms, reduced parental anxiety reported, adequate weight gain and nutritional intake)	85%	93.0%	93%
Q13	Patient Experience: Evaluate parental perceptions of service through children's dietetics service	90%	100%	100%
Q14				

Long-term conditions

Quality		Target	Actual	Score
Q1	Patient Experience	85%	94%	94%
Q2	GP Satisfaction	90%	nil	nil
Q3	Service improvements per year (Annual Target 4) Quarterly	3	7	7
Q4	Clinical Audits measurement for 2013/14 is set on Datix	Y/N	Y	Y
Q5	Record Keeping Audits	Y/N	Y	Y
Q6				
Q7				
Q8				
Service Specific Quality Measures		Target	Actual	Score
Q9	Patients within 2 months of first face to face contact have an agreed Personalised Care Plan which includes a Self management plan.	90%	96%	96%
Q10	Admissions avoided			
Q11	Patient Satisfaction: All patient and carer queries to be recorded on patient records by date and the responses recorded within 3 days	80%	100%	100%
Q12	Clinical Effectiveness: Patients to be assessed using an agreed best practice holistic assessment form. All areas of concern highlighted to be followed up on and actions/referrals undertaken.	90%	100%	100%
Q13	Patient Safety: Patients treatment plans to set out the agreed patient goals and patient records to demonstrate that the treatment plan has been reviewed at appropriate intervals	90%	100%	100%
Q14	Plaudits		2	2

CQUIN 2013-14

The Commissioning for Quality and Innovation (CQUIN) scheme rewards excellence by linking a proportion of our income to the achievement of local quality improvement projects.

CQUIN provides the opportunity for our staff to go above and beyond the basics, and deliver quality and innovative services which have been adapted to improve our patient's experience. We were very successful at meeting its various schemes – which are agreed and monitored by Bromley Clinical Commissioning Group (CCG).

Bromley
Healthcare was
very successful
at meeting its
various schemes

CQUIN 1 Dementia

Develop a dementia pathway to enable assessment and referral of appropriate patients. This pathway has been successfully developed and staff across the organisation have received training.

CQUIN 2 Community MDT Integrated Teams

To set up and develop Community MDT integrated teams.

On the 3rd March 2014, the six Integrated Community Teams across the Borough of Bromley were established. This is a significant milestone in the move towards an integrated physical health, social care and mental health model of service provision. The Integrated Community Teams focus upon providing the highest quality, holistic, patient centred care to all of our community patients and specifically working with our Primary Care partners to proactively target patients before they reach their year of need. The Teams work with GPs and patients to assess their care requirements and implement care plans to support them to self-manage and live independent, healthier, happier lives.

CQUIN 3 Integrated Discharge Team

To set up and develop the Integrated Discharge Team in line with agreed key milestones.

This team has been established and is known as Bromley Rehabilitation Service (Beds, and Home). Service Specific Quality metrics are being monitored through their balanced scorecard.

Integration of in-reach podiatry to the Princess Royal University Hospital

CQUIN 4 Patient Satisfaction Survey

To improve the experience of patients in line with Domain 4 of the NHS Outcomes. A programme of annual patient survey for adult and children services for 2013-14 is complete. Almost all adult services had overall scores >90%. Action plans were reviewed by the Quality team to ensure that they robustly address the issues raised and delivers improvement in patient experience. Further details can be viewed on the Bromley Healthcare website at www.bromleyhealthcare.org.uk

Focus groups took place to investigate and report on the patient experience that Afro-Caribbean Men, Somali Women, Gypsy Travelers and LGBT people have had when accessing NHS services, Bromley Healthcare services and GPs in the London Borough of Bromley.

CQUIN 5 Diabetes

Development of minimum dataset to understand the system and the impact of potential changes.

CQUIN 6 Compassion in care

Compassion in practice (action plan and staff survey)

An action plan(Appendix 5) is in place which cross-relates to our Francis response which covers the themes agreed with the commissioner:

(i) Values-based recruitment (ii) 'being open' policy (iii) feedback to staff who raise concerns (iv) action on individual failings (v) differentiation of staff ID/uniform (vi) supporting staff to care (right staff right skills) (vii) executive nurse on Board and (viii) independent person to ask family if concerns in event of death certification.

CQUIN 7 NHS Safety Thermometer

From July 2012 data collected using the NHS Safety Thermometer is part of the Commissioning for Quality and Innovation (CQUIN) payment Programme. The Thermometer can be used across all settings, and looks at four areas:

- Pressure ulcers
- Falls
- Urinary infections (UTI) and catheters
- Venous thromboembolism (VTE)

The Thermometer gives a monthly snapshot of harm and of harm free care, by looking at how many of our patients are experiencing none, one or more than one of the four harms on a set day each month. While the safety thermometer has had the positive impact of raising awareness of harm free care amongst clinicians, Bromley Healthcare are still in the process of establishing a baseline. The data will be used to identify trends around the four areas of harm, and help us to set improvement goals.

CQUIN 8 Public Health

School Nursing

To establish a school health led service for home educated school age children and those missing education. The home educated health screening service has seen an 89.9% increase that inevitably had an impact on how the service progressed. It also shows the necessity for this service to continue.

Smoking Quitters

To ascertain the long term smoking status of people who quit smoking at 3 months, 6 months and at 12 months.

The table below shows the total number and percentage of people eligible to be contacted, the total successfully contacted, those still abstinent from smoking and those referred back into the service.

	Number	Percentage
Total people contact attempted with*	424	100.0%
Total contacted	274	64.62%
Total contacted still abstinent from smoking	182	42.92%
Total referred back into service	26	6.13%

Health Improvement Service

Bromley Healthcare was given a CQUIN for a cost and volume breakdown of the services it provides, with the aim of developing a set of fixed tariffs to assist future commissioning arrangements. This will support a marked shift from contact/activity-based contracts to make the service as a whole more streamlined and transparent, and ensure that different strands of work complement each other in achieving each currency's overall aims and objectives.

Achieve improvements in sexual health has been met by the successful development of the "your choice, your voice" website and mobile app, to promote healthier sexual choices to young people aged 13-24.

CQUIN 9 NHS Commissioning Board

- Baby Friendly Accreditation
- Healthy Schools
- Breastfeeding

CQUIN 10 EMDOC

The target of 85% of Home Visit consultations being completed within the following timescales, after the definitive clinical assessment (telephone triage) has been completed have all been met:

Emergency: Within one hour

Urgent: Within two hours

Less Urgent: Within six hours.

Looking ahead

Going forward Bromley Clinical Commissioning Group has commissioned quality improvement and innovation schemes for 2014-15 predominantly focusing on consolidating work done in 2013-14 and strengthening the information we produce to demonstrate improvements.

Other ways we improve quality

Patient experience

Feedback from patients is an important tool in monitoring the quality of services. Our frontline staff are well placed to get feedback from patients and service users in our day-to-day contact with them. We are working to make sure that this feedback is used to improve services and each service has been set the target of developing four service improvements this year. One of the three quality measures for each service focuses on patient experience. We proactively invite patients to share feedback by whatever means they prefer, and promote this on our website, on posters in clinics and in a feedback leaflet that is also available in an easy read format. The organisation also gathers real-time feedback using the Meridian system – a hand-held device that is given to patients following an appointment that captures their experience immediately. We publish the results of this feedback, and any action plans developed as a result, on our website.

Feedback is recorded using Datix so that it can be analysed alongside other information and is categorised as a complaint, concern, comment or compliment – with each category having an agreed and appropriate response.

This feedback is in addition to patient surveys and feedback questionnaires. In response to complaints or concerns the person raising the matter is contacted to establish what the issues are and how they might be resolved. Actions and timeframes for response are agreed with the complainant. Any learning and improvements as a result of the patient feedback are recorded and all the information is included on a regular report, published monthly that looks at trends by subject and service and identifies any areas of concern.

Feedback from patients is an important tool in monitoring the quality of services. Our frontline staff are well placed to get feedback from patients and service users in our day-to-day contact with them

Feedback is seen as an opportunity to improve services and where areas of concern are identified either by subject or hot spots within services. These will be addressed through the governance structure. Our performance management focuses on being responsive to feedback by ensuring that timeframes for acknowledging and responding to complaints and concerns are monitored and learning and subsequent actions are put in place to improve quality and the patient experience. Compliments are also recorded under subjects so these can also be considered to identify areas that we are doing well.

Patient survey

Patient and service user satisfaction is important to us.

Since its inception, Bromley Healthcare has been monitoring patient experience and satisfaction in a number of ways including:

1. Annual patient satisfaction survey including the friends and family test question.
2. Patient experience trackers

Service-based surveys and feedback is both encouraged and monitored. All complaints and comments are analysed alongside incidents.

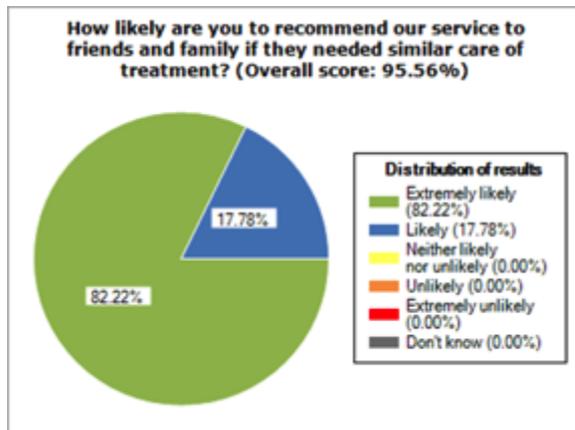
Annual patient satisfaction survey - friends and family test

The Department of Health introduced the friends and family test as a way of monitoring the performance of organisations across the health service.

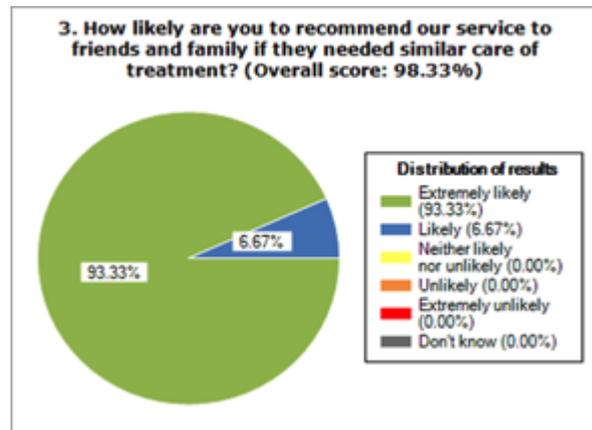
Below are some examples of patient response to the question: 'How likely are you to recommend this service to friends or family if they need similar care or treatment?'

Results

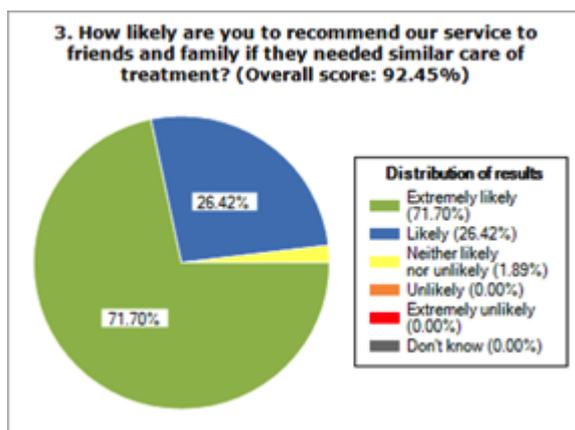
Bladder and bowel



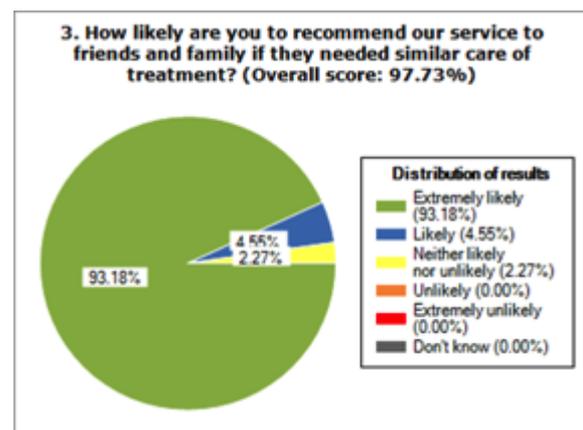
HIV



Adult speech and language



Special dental



Patient experience trackers, often referred to as 'PETs', and service based surveys and feedback are used for more in-depth monitoring and analysis.

Whilst the nature of these devices means that they have some limitations the surveys provide useful insights and offer services the opportunity to gain immediate feedback that can be monitored real-time.

Staff survey - including the friends and family test for staff

The annual NHS staff survey, managed by independent research company The Picker Institute, gives a temperature-check of staff attitudes, levels of engagement and how health workers feel about their organisation. We undertake a parallel survey. The latest NHS staff survey, published in February 2014, revealed some distinct differences.

74% of staff agreed that “patient care was top priority” compared with 66% of NHS staff

When asked about the quality of care offered:

- 89% said that they would 'feel safe reporting negligence or wrongdoing', compared with just 71% in NHS organisations
- 86% said they had 'confidence that their concerns would be addressed' compared with just 54% in the NHS.
- 74% of staff agreed that 'patient care was the top priority' , compared with 66% of NHS staff
- 82% said they would be happy for friends and family to be treated by us, compared to 65% in the NHS

When asked how satisfied they are in their work:

- 77% of staff would recommend us as a good place to work compared with 58% of NHS staff
- 79.6% said they were enthusiastic about their job, compared with 52% of NHS staff saying that they 'always look forward to going to work'

Staff highlighted good teamwork and co-operation, a good working environment and an emphasis on quality as being key factors in their responses.



Training and development

Again this year again we have heavily invested in learning and development, spending over £250 per staff member. We ensure that all staff are trained to deliver our services safely, meeting our 85% mandatory training compliance target. Access to training is available to all staff, who regularly have their learning needs assessed and have a development plan. This allows each member of staff to deliver outstanding patient care and excel within their role, creating great career opportunities.

We have heavily invested in learning and development, spending over £250 per staff member

This year the learning and development team has joined the clinical quality directorate creating the explicit link between high standards and learning. This will focus our resources to provide much more support to our staff on the job, delivering high quality bespoke learning within the workplace.

We continue to support staff attending a range of clinical and non-clinical training courses. At an organisational level we are rolling out dementia training and have also focused on innovative ways of using development to confirm and increase the quality of our advanced nurse practitioners.

Appraisal of employed doctors is progressing well, with 100% of doctors on schedule to be appraised in this appraisal year and our first two doctors - our two appraisers – have been successfully revalidated. We are fully compliant with the national requirements for medical revalidation and rated green in a recent KPMG audit.

Quality through equality

Equality in service delivery remains integral to us. As a provider of health services we continue to work closely with our local commissioner, NHS Bromley CCG. The equality delivery system (EDS) has helped to provide a practical focus for our drive for quality through equality, and provides a good opportunity for us to review and monitor this within a structured framework. Our full EDS report is available on our website.

Being open

Bromley Healthcare has made great efforts in 2013-14 to share the information that we gather and report. The sharing of some information, such as this quality account and the EDS are mandatory. However, the organisation has gone beyond what is required as we believe that by being open about our performance and quality we will improve relationships with our patients and commissioners, improve and build confidence in our services. The information we share includes quarterly clinical directors reports, our Francis Report action plan, patient surveys, and our performance information, such as waiting times which are published on our website.

Risk management systems and risk and incident reporting (Datix)

Bromley Healthcare has continued to develop and improve risk management systems to promote safety for people who use and deliver our services and continue to make improvements in the quality of services we deliver.

The Datix information system is one way in which we do this, giving managers real-time access to all incident records, feedback - complaints, concerns, comments and compliments - and risks that are entered onto the internet-based system. Risk registers are well-established across all of our clinical services with all strategic and operational risks reported onto one system and reviewed every month by risk owners in all departments. Service risks are discussed at the quarterly meetings with



the clinical directors. The registers are reported to relevant committees for consideration as part of the governance structure.

A similarly robust approach is taken to incidents – including serious incidents. Monthly analysis reports ensure a quicker turnaround with decision-making and improvement action. Incidents are investigated at an appropriate level and resulting actions are monitored to completion.

In addition to our own recording of incidents, we collaborate on national reporting schemes and voluntarily report to the national database, the National Reporting and Learning System (NRLS). Contributing data to this central database allows national trends and themes to be identified and learning that results to be shared through patient safety alerts.

In addition to our own recording of incidents we collaborate on national reporting schemes

Management of medical devices (therapeutic equipment)

Clinical services currently have service equipment databases that hold information on therapeutic equipment. This serves as an ongoing equipment record and also records infection control details, skills and instructions needed for use and details of maintenance that is required.

An audit is carried out by the risk team on a six-monthly basis to provide assurance that medical equipment is being effectively managed. There are plans to make improvements by using the library function on Datix to log therapeutic equipment.

Distribution and response to Central Alert System (CAS) and patient safety alerts

The CAS system is a web-based system developed by the Department of Health, with the Medicines and Healthcare Products Regulatory Agency (MRHA) and the National Patient Safety Agency (NPSA) for issuing patient safety alerts and other safety critical guidance to the NHS and other health and social care providers. It is accessible at anytime from anywhere and provides assurance to us and the Strategic Health

Authority and the Department of Health that alerts have been received and implemented.

Child safeguarding

Safeguarding both children and adults is a high priority for Bromley Healthcare and this is demonstrated through robust safeguarding arrangements for all. There are a number of activities that take place throughout the year to ensure that our approach is systematic and thorough.

For children's safeguarding this can be demonstrated by:

- Robust governance arrangements
- Reviewing vacancy rates in health visiting and school nursing to ensure that there are sufficient staff to carry out duties to safeguard children
- Reviewing caseloads for health visiting to ensure that they are not too large
- Reviewing attendance at case conferences by key health staff
- Reviewing achievement of level one to level three safeguarding children training
- Ensuring that robust supervision processes are in place
- Ensuring that any recommendations following a serious case review are acted upon
- Ensuring any recommendations and actions following inspections are acted upon.

Safeguarding both children and adults is a high priority for us and this is demonstrated through robust safeguarding arrangements for all

A balanced scorecard is used to report these key performance indicators to our board and commissioners. Our executive lead for safeguarding children has agreed systems to drive improvements by agreeing clinical quality standards for the children's safeguarding team. All quality standard achievements are recorded on the balanced scorecard. The National target for safeguarding training is 80% and here at Bromley Healthcare we exceed this target. In 2013-14 95 % of staff had undertaken level one, 90.5% level two and 84.25% level three of the children's safeguarding training. Staff are well-supported to deal with safeguarding issues as part of their work, and resources are targeted appropriately.

Any member of staff can access ad hoc supervision for cases that need more support at any time.

We also lead or participate in safeguarding audits to ensure that safeguarding arrangements are in place and guidance is adhered to. In the past year there have been a number of audits:

- Walk-in-centre audit
- Family health needs assessment audit
- Multi-agency audit e.g. domestic abuse, neglect and safeguarding record keeping

These were all undertaken in addition to the biennial audit of all Bromley Safeguarding Children Board (BSCB) member agencies and organisations in relation to their duties under Section 11 of the Children Act 2004.

Adult safeguarding and caring for vulnerable adults

We recognise the human rights of everyone to live in safety, free from harm or exploitation, in accordance with principles of respect, autonomy, equity and privacy. We are committed to ensuring the vulnerable adults we care for are protected from harm.

We fully comply with reporting guidelines for abuse of adults at risk as set out in our procedures in conjunction with the London Borough of Bromley guidelines underpinned by Pan-London safeguarding procedures and also those of the regulator, currently the Care Quality Commission. We protect adults at risk through ensuring effective and efficient vetting and barring procedures for staff are in place and take all necessary measures to protect service users. The adult safeguarding policy clearly outlines the accountabilities of key staff in regards to safeguarding adults.

The joint clinical director has been designated as the executive lead, and is responsible for ensuring that Department of Health guidance is distributed to staff via the safeguarding adults strategy and training group and the leadership team meetings. The head of nursing has been nominated as lead manager, and is responsible for receiving direct updates and reports from the adult safeguarding manager, (an employee of NHS Bromley CCG and the London Borough of Bromley, who sits on the Bromley Adults Safeguarding Board – BSAB). The organisation is an active member on boards and committees to safeguard adults and participates in any safeguarding reviews when necessary.

The performance of safeguarding adults is reviewed internally by the safeguarding adults strategy and training group and the clinical governance committee, a sub-committee of our board), and externally by the BSAB and the Bromley CCG Safeguarding Group. We work in partnership with other agencies in accordance with protecting adults at risk: London multi-agency policy and procedures to safeguard adults from abuse (January 2011) which is based on government guidance 'No Secrets' (DH 2001). www.gov.uk/government/publications/no-secrets-guidance-on-protecting-vulnerable-adults-in-care

We are committed to ensuring the vulnerable adults we care for are protected from harm.

All our staff are trained to be alert to the signs of abuse and neglect of adults at risk

All our staff are trained to be alert to the signs of abuse and neglect of adults at risk whilst providing health services in any setting. All staff are fully supported and understand their duty to report concerns about abuse and are able to appropriately report the concern, usually in writing, and following up the outcome of this reporting.

A positive service culture which promotes the health, dignity independence and well-being of vulnerable people is delivered in all settings. New training requirements have been implemented as of October 2013, and an adult safeguarding training plan is in place.

All staff must undertake basic adult protection training within three months of joining us, and all staff whose work involves regular contact with vulnerable adults are required to attend the London Borough of Bromley level one adult safeguarding course within the same timeframe. In addition, all staff who have attended the level one course must complete refresher training every two years. The intention is for all staff to be up to date with training by May 2014. Records of compliance with training requirements are maintained by the learning and development team, and are reported to service leads on a monthly basis as part of their balanced scorecard.

The organisation has recently undergone an external KPMG audit into adult safeguarding here our RAG rating was mainly green.

The systematic and thorough approach to adult safeguarding can be demonstrated by:

- Robust governance arrangements
- Monitoring trends in referral of safeguarding issues
- Reviewing attendance at safeguarding strategy meeting by key health staff
- Reviewing achievement of level one adult safeguarding training
- Ensuring access to the London Borough of Bromley (LBB) adult safeguarding manager
- Ensuring that any recommendations following a safeguarding investigation are acted upon

Care Quality Commission inspections

In 2013-14 the Care Quality Commission (CQC) undertook three inspections of our services.

The CQC uses six measures in its inspections and grades services according to whether they meet the standard, need improvement or whether enforcement action was required.

These are:

- Standards of treating people with respect and involving them in their care
- Standards of providing care, treatment and support that meets people's needs
- Standards of caring for people safely and protecting them from harm
- Standards of staffing
- Standards of quality and suitability of management
- Records

On 26 February Bromley Healthcare took part in a CQC inspection into all of our services, excluding dental. The CQC confirmed that standards were fully met on all six of its indicators. Their report highlighted many areas of good practice and excellent feedback from patients:

"All the people, carers and, parents of children who used the service we spoke with told us they were very happy with the service they received. People said they were given choices about how their care was delivered and that they felt safe and well cared for."

Some of the comments we received included: *"we were very fortunate. (there was) very good forward planning by the team"* and *"I look forward to them coming here. Nurses I have are like an extension of my family."* When asked about the care they received one person said, *"excellent. I am a welcome visitor at the care centre."* One parent told us, *"staff at my child's care centre are very nice. (they) engage so much with the children."* Another person said that their child's consultant *"was amazing."* They told us they were given the right information.

The CQC confirmed that standards were fully met on all six of its indicators. Their report highlighted many areas of good practice and excellent feedback from patients

One parent told us, "staff at my child's care centre are very nice. (they) engage so much with the children"

Our special care Dental Service at Beckenham Beacon was inspected in Jan 2014 and all six standards were met. The inspectors in their report stated:

“We spoke with carers of people receiving treatment at the surgery. They told us that they were very happy and satisfied with the service provided by the surgery. They said they always found the surgery to be clean whenever they visited. One person we spoke with said, "the service is excellent." All the people we spoke with said they were given appropriate information and the procedures were always explained.

We found that there were suitable procedures for the planning and delivery of care and safeguarding of vulnerable adults and children. Staff were well supported, guidance on cleanliness and infection control was followed appropriately and records were up to date and stored securely.”

We no longer run Orpington intermediate care unit which was inspected in July 2013. Five of the six standards were met and a robust action plan was implemented to address the standard that was not met i.e. providing care, treatment and support that meets people's needs

Ofsted inspections

Hollybank, Bromley Healthcare's residential short breaks service for children aged five to 17 years who have disabilities is subject to Ofsted Inspection and was last inspected in March 2013 with the results of this inspection reported in our quality account for 2012-13. The report stated:

- Overall effectiveness – good
- Outcomes for children and young people – good
- Quality of care – good
- Safeguarding children and young people – good
- Leadership and management – good

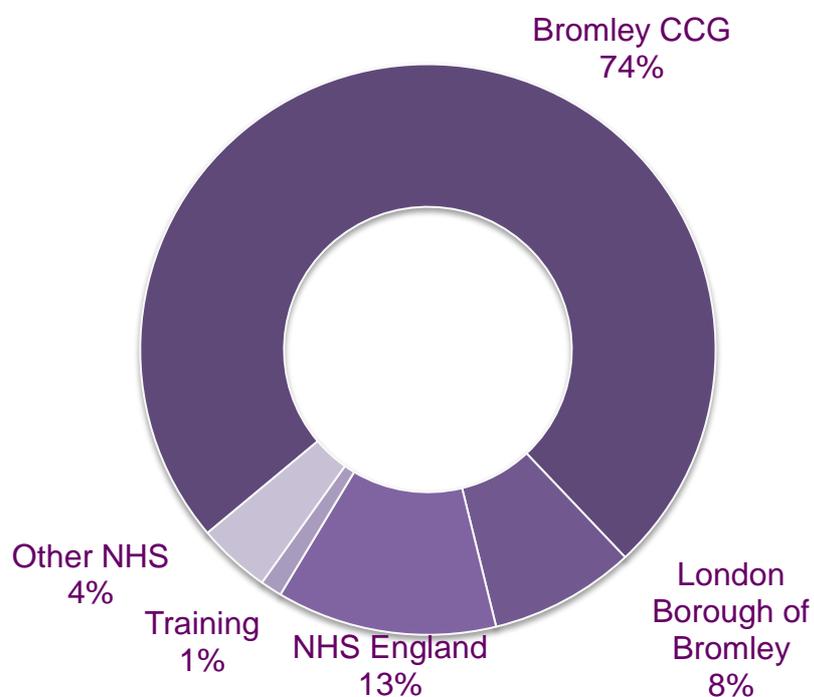


Budget

Bromley Healthcare was established as a Social Enterprise on the 1st April 2011 providing high quality NHS care.

At the end of the financial year 2013/14, Bromley Healthcare delivered its financial plan, additional community activity over its agreed baseline and an overall 'green' balanced scorecard.

Bromley Healthcare received income from the following organisations during 2013/14:



Bromley Clinical Commissioning	74%
London Borough of Bromley	8%
NHS England	13%
Training	1%
Other NHS	4%
	100%

Statements from organisations and committees

Healthwatch Bromley

Healthwatch Bromley welcomes the opportunity to comment on Bromley Healthcare CIC Quality Account 2013-2014. From a Healthwatch Bromley perspective this is a comprehensive, positive and encouraging report.

There are several positives in the Quality Account. Of particular note include:

- a strong emphasis throughout on Bromley Healthcare being a 'patient-centred' organisation focussed on a continuous programme to improve service quality
- the importance of patient experience
- learning from patient feedback and from staff feedback and stated examples of action taken in response to feedback/issues/incidents
- clear explanation of methods used to obtain feedback and of supporting staff to learn from feedback received
- clear structure of audits, monitoring and frameworks used to ensure improvements in service quality
- commitment to openness of reporting
- stated evidence of positive and improving feedback by patients/service users
- emphasis on the importance of training and development of staff at all levels in order to achieve required service quality and service development
- a 'Compassion in Practice' action plan (Appendix 5)
- clear evidence of the engagement and partnerships with voluntary sector organisations

Healthwatch Bromley appreciates the efforts that Bromley Healthcare has made in developing a working relationship through our regular meetings with the Director of Strategy and Business Development.

We look forward to working with Bromley Healthcare over the coming year to achieve the best possible patient experience.

Folake Segun - Director

Bromley Clinical Commissioning Group

Feedback from the Clinical Quality Review Group

Thank you for the opportunity to comment on Bromley Healthcare's quality account for 2013-14.

Bromley Healthcare has participated fully in the monthly Clinical Quality Review Group meetings with commissioners which is our formal way of providing quality assurance to the CCG on your services. Through this meeting we have reviewed the quarterly CQUIN submissions and received presentations on a number of key clinical areas detailed in the report.

Bromley CCG monitors quality of your services through a number of ways including performance against key performance indicators within our contract with you, monitoring of complaints and incidents as well as gathering soft intelligence from our GP members and the public. We are especially interested in the quality metrics you have developed for each of your services and that each service has identified the top ten excellence targets. The CCG also wishes to comment

While the look back over 2013/14 is important, the CCG looks forward to further developing quality ambitions for 2014/15 with you.

Sonia Colwill - Director of Quality, Governance and Patient Safety

Appendix 1: Francis Report Action Plan

Bromley Healthcare has scrutinised the Francis Report (2013) and has taken the following actions to ensure that all learning generated is disseminated as good practice across the organisation.

Provider requirements	Actions in progress and implemented by Bromley Healthcare
<p>Recruitment includes values - wellbeing and basic care of patients, induction includes values and conduct, contracts include adherence to abiding values of NHS constitution.</p>	<ol style="list-style-type: none"> 1. Recruitment literature in place. 2. There are three tenets incorporated into interviews where there will be testing of the Code of Conduct. The three tenets are; <ol style="list-style-type: none"> a. To constantly improve our services b. To treat people as we would like to be treated ourselves c. To hit our targets. 3. The chief nursing officers 6C's (2012) are care, compassion, competence, communication, courage and commitment. These qualities will be incorporated into personal qualities on every person specification for clinical roles. The 6Cs are already part of the model person specification and human resources (HR) will be checking that they are included in the redrafted specifications before any clinical vacancy is advertised. 4. The Bromley Healthcare Code of Conduct, which includes information on whistle-blowing, has already been incorporated into the offer of employment. This requires the employee to sign up to the behaviours detailed in the document 5. Offers of employment will be subject to new staff signing up to the Code of Conduct (and comparable arrangement for bank workers). 6. Review of the organisation's Code of Conduct forms part of induction for all new staff.

<p>Review of policy to ensure compliance with being open guidance.</p>	<ol style="list-style-type: none"> 1. All whistle-blower incidents collated via HR team and feedback given. Every member of staff is encouraged to report any concerns at the earliest opportunity so issues can be immediately addressed. The organisation is striving to improve the quality of the care provided across all of its services and this is supported by early notification of issues. 2. Staff involvement in reviewing all serious incidents and the process of undertaking a root cause analysis. 3. Dashboard is submitted every two months to the commercial committee summarising this. 4. Feedback obtained via staff survey annually. 5. Improved processes to feedback to service leads on incident/concern patterns via sharing of incidents. 6. Adult safeguarding strategy group discussing incidents relating to safeguarding
<p>Action taken on individual failings, processes in place + referral to professional bodies and barring.</p>	<ol style="list-style-type: none"> 1. Processes in place via operational teams supported by HR in line with organisational policy relating to conduct and capability. 2. The first wave of training for all heads of service has been completed, to support them in taking forward appropriate actions to address identified staff conduct and capability issues. 3. There is a rolling programme of training in place. 4. Bromley Healthcare is committed to supporting staff in their development and care delivery. This is done by ensuring all staff have regular one-to-one meetings with their line manager, clear measurable and achievable objectives that are regularly reviewed and annual appraisals. Appraisal will be overseen by a grandparent to ensure parity. 5. Clinical staff have an up to date disclosure and barring certificate.
<p>Implementation of differentiation in staff uniform / ID badges to clearly show</p>	<ol style="list-style-type: none"> 1. Process in place to implement this via operation teams- to be completed by end of March 2014 (identifying which services require

qualified and support staff.	2. Uniform and the best uniform configuration for practical requirements).
Assurance on supporting staff to care - supervision, training, establishment, right staff right skills.	<ol style="list-style-type: none"> 1. Clinical supervision framework has been reviewed by clinical quality team. 2. All clinical staff are required to attend clinical supervision at least three times per year. 3. Training needs are currently under discussion. 4. Feedback via staff survey. 5. Piloting direct observation of staff in service prioritising lone workers and those not currently undertaking individual patient/colleague feedback surveys for revalidation. 6. A small pilot of direct observation has been completed and is in the process of being written up for evaluation.
6Cs implementation.	<ol style="list-style-type: none"> 1. Clinical supervision framework has been reviewed by clinical quality team. 2. All clinical staff are required to attend clinical supervision at least three times per year. 3. Training needs are currently under discussion. 4. Feedback via staff survey. 5. Piloting direct observation of staff in service prioritising lone workers and those not currently undertaking individual patient/colleague feedback surveys for revalidation. 6. A small pilot of direct observation has been completed and is in the process of being written up for evaluation.
Quality accounts include information from; commissioners, overview and scrutiny committees and Healthwatch.	<ol style="list-style-type: none"> 1. Presented to Bromley Healthcare governors August 2013 and staff September 2013. 2. CQUIN action plan in place, fed back to commissioners.
Before issuing death certificate and independent person is to ask the family if they have concerns.	Bromley Healthcare only issues death certificates via GPs contracted to provide services to bedded patients and a process is in place for the unit lead to speak to the family.

Appendix 2: Clinical audits 2013 - 2014

Operations Unit	Service	Audit title
Hospital and unscheduled care	Intermediate care team	Falls audit
Hospital and unscheduled care	Intermediate care team beds	To assess compliance and improvements in outcome measures (MBI,EMS & EQ5D) currently completed on the unit
Hospital and unscheduled care	PACE	Audit of PACE service standard 12 'Discharge is reviewed and agreed by qualified staff'
Hospital and unscheduled care	Urgent care centre	RCGP Toolkit/NQR – UCC
Hospital and unscheduled care	Rehabilitation service beds	Warfarin audit
Hospital and unscheduled care	EMdoc	Call handler audit – AHD
Integrated community teams	District nursing	Blood pressure monitoring
Integrated community teams	Bladder and bowel	Quality of life/bothersome scores
Integrated community teams	Long-term conditions nursing team	All telephone calls raising queries or concerns from patients or carers to be logged and responses monitored.
Integrated community	Long-term conditions nursing	Standard: evidence based holistic treatment and assessment

teams	team	
Integrated community teams	Long-term conditions nursing team	Patient centred treatment planning and care
Integrated community teams	Long-term conditions nursing team	Audit of antibiotics prescribing compliance
Borough-wide	Diabetes	Audit on the quality of the use of the contour better used by Bromley Healthcare staff
Borough-wide	Special care dental service	Hand-washing audit
Borough-wide	Dental services	Audit of DPT radiograph quality and clinical outcomes
Borough-wide	Gynaecology	Audit of outpatient hysteroscopy activity over a six month period
Borough-wide	Gynaecology	An audit of referrals from community gynaecology to secondary care and their outcomes
Borough-wide	Gynaecology	Audit of outcome of hysteroscopy referrals made in the first seven months of GPs WI
Borough-W=wide	Dermatology	An audit of clinical and histological diagnoses of lesions seen in Bromley Healthcare community dermatology service
Borough-wide	Gynaecology	Audit of secondary care referrals in the Bromley community gynaecology clinic
Borough-wide	Gynaecology	Analysis of information included in the GP referrals to the Gynaecology GPwSI clinic
Borough-wide	Community dermatology	An audit of histology-Safe margins of excision
Borough-wide	Special care dental	Local re-audit of scaler-tips to reduce the risk of fracture
Borough-wide	Dental services	An audit of process quality of dental instrument trays in special care dental service clinics.

Borough-wide	Dental services	Dental hand hygiene re-audit 2013
Borough-wide	Improving Access to Psychological Therapies	Therapist performance
Children and young people	Community paediatricians	ADHD audit
Children and young people	Community paediatrics	Complex communication diagnostic service(ASD) audit
Children and young people	Community paediatrics	Re-audit: implementation of health care plan of looked after children (LAC) in Bromley
Children and young people	Community paediatrics	Audit of investigations used for children with developmental delay
Children and young people	Community paediatrics	An audit of management of epilepsy in children attending special schools
Children and young people	Children's physiotherapy	Children's Physiotherapy advice and assessment relating to manual handling
Children and young people	Children's physiotherapy	Toe walker audit of correct treatment procedure
Children and young people	Children's physiotherapy	Re-audit of toe walker audit of correct treatment procedure.
Children and young people	Children's occupational therapy	Source of referrals
Children and young people	Children's occupational therapy	Is the assessment clinic model meeting the needs of clients with motor coordination difficulties
Children and young people	Children's dietetic	Audit children on home enteral feeds in Bexley
Children and young people	Integrated community nursing teams	Random audit for drug chart completion within the special schools (spot audit)
Health & wellbeing	Contraception and reproductive health service	Cervical screening audit
Health & wellbeing	Community adult dieticians Bexley	Clinical intervention of adults receiving home enteral feeding
Health & wellbeing	Adult dietetics Lewisham	Audit of referrals and dietetic management of patients with irritable bowel

		syndrome in the Lewisham adult primary care dietetic service.
Health & wellbeing	HIV nursing	Newly diagnosed HIV +ve patients to be seen within two weeks
Health & wellbeing	HIV nursing	HIV treatment adherence
Health & wellbeing	HIV nursing	Partner notification in HIV
Health & wellbeing	Health improvement	Champix quit rate benchmarked against nicotine replacement therapy quit rate – health improvement stop smoking service
Health & wellbeing	School nursing	Children and young people are not requiring more than six enuresis appointments as per guidance
	Children's safeguarding	Supervision audit
	Children's safeguarding	Audit of the use of family health needs assessments within the health visiting service
	Children's safeguarding	Follow-up of information provided to health visiting and school nursing teams by MASH (Multi-agency safeguarding hub) team in response to Police Merlin reports.
	Children's safeguarding	Timeliness of health visitor response to maternity cause for concerns

Appendix 3: NICE guidance 2013/14 – first quarter

Date issued	Guidance	Relevant to BHC	Service	Response due	Action/comments
April 2013	Health and wellbeing of looked-after children and young people (QS31)	Yes	Children's safeguarding, community paediatrics	18 th June 2013	Children's safeguarding: recommendations are already included in the service's current practice. No further action required.
					<p>LAC: Quality Standards 2 & 5 are the ones that are relevant for health.</p> <p>1. Quality Standard 2: LAC Health Forum- multiagency professionals meet quarterly to discuss strategies to improve health and wellbeing of LAC- Copy of Work plan 2013-2015 (January update attached). Feedback from the foster carers (outcome c) is evidenced in the inspection of Bromley Fostering Service by Ofsted Reported on 31.05.11 (copy attached. Formal feedback from children in care has not been taken to document their views (QS2, outcome a& b). We are working collaboratively with other teams including social care & CAMHS to improve information sharing on health needs of LAC (outcome d).</p>

April 2013 contd					<p>2. Quality Standard 5: LAC have dedicated LAC clinics (by community paediatrician) and LAC health assessments carried out by GPs, Designated doctor nurse for LAC and documented in a LAC database maintained at the Phoenix CRC. Monitoring of health care plan has been audited by the designated LAC health professionals and saved in Datix (ID 167). There is a dedicated LAC CAMHS Service in Bromley who address the mental health needs of LAC and not within our remit. Formal feedback from children and young people in care has not been obtained (outcome a). Outcome b- not relevant. Feedback from foster carers has been taken in an audit in 2011 in relation to meeting the health needs of LAC- outcome c.(copy of Audit report attached- this will be re-audited in 2014)</p> <p>3. Report on Health of LAC in Bromley -2013</p>
	Supporting people to live well with dementia (QS30)	Yes	Integrated care team, district nursing, adult SLT, adult OT, community matrons, RR+, adult physio and wheelchair service	18 th June 2013	Incorporate into work Bromley Healthcare is completing on the CQUIN for dementia. Suggestion of an organisational lead on dementia as a coordinated approach across services is suggested. This work stream will be led by the new head of nursing role.

Date Issued	Guidance	Relevant to BHC	Service	Response due	Action/Comments
May 2013	Feverish illness in children (CG160)	Yes	Emdoc, UCC	18th July 2013	Relevant to Emdoc and UCC which are compliant with the guidance.
	Physical activity: brief advice for adults in primary care (PH44)	Yes	District nursing, integrated care team pilot, LTC nursing, adult physiotherapy, AQP, ICT (Beds), Adults occupational therapy, HIV nursing, podiatry, BBM, tissue viability	18 th July 2013	Relevant to: HIV, BBM, TV and podiatry. HIV, BBM and TV are all compliant. Podiatry were non-compliant but have reviewed and discussed via team meeting and have the NICE guidelines in a podiatry folder for all staff to access.
	Social anxiety disorder (CG159)	Yes	IAPT	24th July 2013	Compliant with NICE guidance.

Date Issued	Guidance	Relevant to BHC	Service	Response due	Action/Comments
June 2013	Falls (CG161)	Yes	CARTS, adult OT, adult physiotherapy, Emdoc, UCC, ICT-Beds, DN, PACE, RR+, integrated team pilot	19 th September 2013	PACE, Emdoc, Adult OT, RR+, Adult Physio and CARTS are compliant with guidance. District nursing - not currently compliant with the guidance. Actions: ICT-Bed - the guidance has been considered when developing the new clinical environment. Will need to be reviewed again once new environment is operational. UCC - need to implement the use of an assessment screening tool to ensure that older people in contact with healthcare professionals should be asked routinely whether they have fallen in the past year and asked about the frequency, context and characteristics and this documented in their notes. Integrated team pilot - refresher training for staff about completing falls screening forms and ensure forms are within assessment packs.
	Self-harm (QS34)	Yes	IAPT, Hollybank (ICCNT for information only)	9 th August 2013	Hollybank and IAPT – services are compliant with guidance.

Date Issued	Guidance	Relevant to BHC	Service	Response due	Action/Comments
June 2013 contd	Stroke rehabilitation (CG162)	Yes	DN, Adult Physio, Adult OT, CARTS, ICT – Beds	9 th August 2013	<p>DN, CARTS - service does not undertake rehabilitation of people with stroke. It may have patients who have stroke as a secondary condition as in having had a stroke in the past but this rehabilitation is undertaken by ScREN</p> <p>Adult Physio - NICE guidance partially met (as are not a specialist community stroke service).</p> <p>Adult OT - compliant with guidance.</p>
	Type 2 diabetes - dapagliflozin combination therapy (TA288)	Yes	Diabetes	9 th August 2013	Current service practice is compliant with guidance. The service has a data base on all initiations of this drug and will audit the outcomes

Appendix 4: Quality objectives for community paediatrics 2013

Area of clinical quality	Standard	Actions and benchmarks to achieve
Clinical effectiveness	Maintain waiting time from referral to treatment at or under 13 weeks aiming to do better than the current 18 weeks RTT target.	Aim to see at least 80% of new referral within 13 weeks. Monitor by Monthly report
Patient experience	Ensure that a service led Annual User Survey is completed and actioned to secure patient involvement in our service development.	Complete parent satisfaction survey and user survey for CCDS cases to identify areas in need of improvement.
Clinical effectiveness	Continue to review our DNA rates and strive to reduce this. Aim to benchmark our DNA against other similar community provider services	DNA rate reviewed at monthly doctor's meeting and actions considered to improve this. Gain information from other similar services
Patient experience	Ensure parents and carer of children who are on medication for ADHD have access to the ADHD nurse for on going support.	Evaluate by biennial feedback from service users. 75% positive response
Patient safety	Provide advice to GPs for safeguarding queries within one hour.	90% Monthly report

Patient safety	Be prompt in our response to queries from parents/carers ensuring that we respond in a timely manner	Aim to respond within 3 working days To be audited
Clinical effectiveness	Cases seen for Child Protection Medicals should be discussed at Peer Review Meetings or at time of Clinical Supervision	Each doctor to ensure that cases seen by them is discussed
Patient safety	Any incident related to our clinical work should be reviewed in accordance with national best practice guideline and actions are taken to make changes and embed the learning	All DATIX incidents will be reviewed promptly
Patient experience	Children and families that are waiting to be seen in outpatient clinics are not kept waiting for unduly long periods	Children and families should not be kept waiting for more than 15 minutes and if there is going to be longer delay then this is explained to the parents by the clinic nurse
Patient experience	Ensure that the voice of the child is heard and the we talk to the children we see and ask their views	Evidence how well we are doing this in our Annual Medical record keeping audit
Clinical effectiveness	Ensure that relevant service guidelines are reviewed to comply with NICE guidelines	Guidelines are regularly reviewed and updated. For services that we deliver where there are no guidelines, these are developed in accordance with National Best Practise

Appendix 5 Compassion in practice action plan

Action area	Implementation	Evidence
1. Helping people to stay independent, maximising well-being and improving health outcomes	<ul style="list-style-type: none"> • Being embedded into our integrated team work and targets - integrated teams grouped around GP populations will roll out across Bromley in Q3 • 'No decision about me without me' • Dementia training to facilitate early dementia diagnosis and compassion of care as well as mental capacity assessment 	<ul style="list-style-type: none"> • Pilots already underway are routinely documenting patient feedback which has been very positive • Benchmarked functional outcome scores (e.g. EQ5D) to ensure independence and wellbeing are measured and benchmarked are now being incorporated into our care programme • Dementia detection as an outcome
2. Working with people to provide a positive experience of care	<ul style="list-style-type: none"> • We work closely with patients through our governors and patient forum and continually seek feedback to improve our offer. We are refining our patient feedback process to ensure we capture this • Dementia training will incorporate this. • Developing links with Healthwatch to promote public engagement with service development 	<ul style="list-style-type: none"> • Friends and family question routinely included in patient surveys. Results published on our website and in our quality account • Working towards individual clinical level patient surveys to incorporate 6Cs questions • Networking with other providers to share best practice and learning – e.g. falls service – minutes of meetings to evidence this
3. Delivering high quality care and measuring impact	<ul style="list-style-type: none"> • Developing a range of indicators and audits to measure the impact of our care on patient outcomes. Actively progressing this through the new clinical director role (commencing 1st July 2013) 	<ul style="list-style-type: none"> • All services have an audit plan focusing on high impact areas in terms of priority outcomes for patients • Audit plan of high impact audits by quarter two i.e. the clinical audit plan • Minimum 50% audits completed by end quarter four • Moving to EMIS web will facilitate routine measuring and monitoring and provide clinician-level information to further ensure care inconsistently high quality • Board discussion of quality metrics and outcomes – this is fed into clinical governance committee • Clinical forum to share learning amongst all clinical staff

<p>4. Building and strengthening leadership</p>	<ul style="list-style-type: none"> • Develop a substructure of professional leadership below the clinical director role to include a nursing lead and a therapy lead to drive professional standards within their professional group through staff management, i.e. recruitment, induction, training, appraisal and performance management • Leadership training initiatives 	<p>By 2014, working towards all clinical staff to receive:</p> <ul style="list-style-type: none"> • Annual observation of their competence on the ground for lone workers, provide report that there is a plan in place by quarter four, head of nursing role • Individual balanced scorecard • Year-on-year learning from staff and patient surveys • New quarterly staff survey to review staff culture and understanding of 6Cs., report on first round survey by quarter three, minimum response rate of 50% • Included in our three core principles: 'Treat others as we would like to be treated ourselves' • Clearly identifiable clinical leadership and accountability structure
<p>5. Ensuring we have the right staff, with the right skills, in the right place</p>	<p>In addition to the measures in action area 4, we are:</p> <ul style="list-style-type: none"> • Reviewing staff skillsets. Executive level review of skill mix in each department is optimised via a starting from scratch approach • The training team are now directly reporting to the clinical quality team and working on increasingly measurable training outcomes. • Competency-based recruitment now included • Addition of value-based recruitment for targeted services as per Hollybank standards, evidence this in place by quarter four • Addition of safer-recruitment into general training • Supporting and promoting compassionate behaviours • Within appraisals – part of individual patient feedback 	<ul style="list-style-type: none"> • Executive team and Board rolling programme to review staffing levels linked to quality of care and patient feedback • Service line reviews to start from scratch on how clinician time is utilised to optimise outcomes • Releasing time to care by reducing bureaucracy via moving to paper-free and EMIS • Evidence of HCA training and how they feel supported, link to bank 'minimum standards' • Evidence of plan for value-based recruitment and safer recruitment' training in place by Q4 • Completed training needs analysis and implementation process in place by quarter four

<p>6. Supporting positive staff experience</p>	<ul style="list-style-type: none"> • Ensuring staff are fully involved in the above initiatives via leadership team monthly meeting and clinical forum, these provide opportunities to discuss innovation and how we are rolling out improvements in patient care • Changes to the training department will ensure staff are supported at every stage to develop the necessary skills and competences to reliably deliver the above aspirations (i.e. targets 1-3) 	<ul style="list-style-type: none"> • To be measured via new questions in the annual staff survey (quarterly staff survey for sub-groups) • Ensure we tackle negative responses in staff survey to show year-on-year improvement (e.g. via training and professional leadership) • Clear lines of clinical leadership to escalate concerns. • Explicit support for whistle-blowers • Use of newsletter to disseminate 6Cs principles to all front line staff to empower, support and promote change
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