

Quality Account 2014-15

Delivering high quality services in the community



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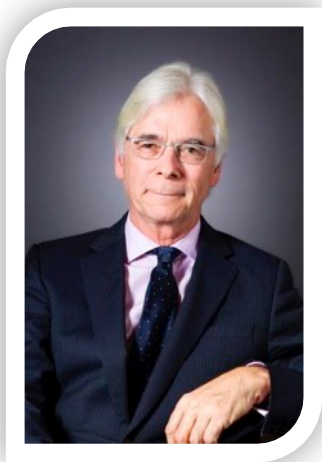
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Part 1

Introductions

Message from the Chairman, Raoul Pinnell



The process behind our Quality Account is a one of both reflection and recording.

I humbly conclude that we have made significant progress. We set targets, made plans and supported them with investments and we have noted results: through supporting our staff; strengthening patient and user engagement; using data in a way that is valuable we have improved the safety of those whom we serve.

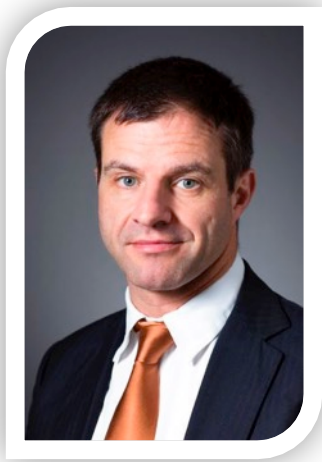
It has placed a lot of emphasis on 'doing things in new and different ways.' This has resulted in a lot of change. Managing and dealing with change can be difficult, even when everyone understands the 'rational case for change.' However we are either lucky or blessed – or both – that our staff have 'stepped up to the plate' and delivered significant changes, and done this with a good spirit. Most understand that it has been done to improve the outcomes for the people that we are commissioned to help, advise, assist. And this is not easy to do, against the background of a general political climate, where some promises and initiatives, are offered to the nation, without clarity as to how they can be achieved.

Our staff have 'stepped up to the plate' and delivered significant changes, and done this with a good spirit

However, despite our achievements, we have no grounds for complacency. The taxpayer has increasingly high expectations of service, and that this will be delivered more efficiently. So we will need to continue to evolve our wider skills, for example, how we apply technology to support the way we interact, in a helpful and productive way, with our 'clients'. And how we engage with them to make their contribution to, for example, managing or avoiding a condition.

A combination of our belief and the evidence, is that we as a social enterprise, where our profits are reinvested in our services, leads us to conclude that we are well and perhaps uniquely placed, to energise our staff, to continue to foster and support high levels of safe and effective care.

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 provides some evidence that we are working extremely hard to achieve both.

Each year we get a little bit better and I am proud of what we have achieved over the last year. As ever though I feel we are at the very start of our journey.

Great organisations are built on common purpose, strong culture, effective leadership, 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.

Each year we get a little bit better and I am proud of what we have achieved over the last year

For this reason my introduction is the same each year because the task is no more and no less than improving the fundamentals each and every day.

Introduction from the Joint Clinical Directors

Dr. Onikepo Adeoye and Dr. Cath Jenson



Bromley Healthcare's three tenets have quality at their heart - to constantly improve our services, to treat people as we would like to be treated ourselves and to hit our targets (with quality targets having particular priority). We are an organisation that is open and transparent for patients and staff, with a primary focus on striving to improve quality of care.

In February 2015 the Kings Fund published 'What is staff engagement and why is it important?' which laid out the importance of developing a compelling, shared strategic direction, building leadership and giving staff the tools to lead service transformation. Our CEO Jonathan Lewis was part of the working group. With our tenets forming our strategic direction, Bromley Healthcare is now moving forward with empowerment of grass-roots staff to make changes to improve patient care in their own teams, using the 'top 10' quality standards (refreshed annually within each service) and other bottom-up service developments such as joined up care pathways. Development of clinical leadership is an on-going priority and significant investment has taken place to work with our clinical leads to identify and address their learning needs and competencies.

Development of clinical leadership is an on-going priority and significant investment has taken place

Open dialogue with our commissioners is also key to Bromley Healthcare's quality agenda, to ensure commissioning prioritises quality over activity and looks at whole pathways where feasible, one example being the Bromley diabetes pathway where we are the prime contractor. We are working closely with both local GPs and Kings College Hospital consultants to ensure a joined up approach to optimise patient care and are delighted that record-sharing of lab results within EMIS is already agreed with every GP practice in Bromley for certain patient groups under our care (with their consent). A further crucial line of work is the integration of

care for frail adults, with our community and medical response teams working increasingly closely with primary care and mental health teams, and the first steps towards development of a shared clinical record. We are moving to EMIS to facilitate this process and all our services will be benefitting from this IT system by late summer 2015. Each service has developed tailored read-coded templates to allow key quality data to be reliably captured in a way which is readily auditable and will allow us to drive the quality agenda even more strongly in 2015-16. A fully shared clinical record across the local healthcare economy would yield enormous efficiencies on top of the obvious benefit for patients of having to tell their story only once and hence this is a key part of our vision for the future.

We are continuing to use the Care Quality Commission (CQC) outcomes framework to drive improvements that achieve excellent outcomes and experiences for all our patients and service users. We have evaluated our current performance and in 2015-16 aim to focus on the areas that we need to strengthen to ensure a high quality of care for all, and have secured the commitment of all our staff to achieving this. The quality team will continue to work collaboratively with services, providing face-to-face coaching and support in promoting safe, effective, compassionate, high-quality services.

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 Family and Friends Test.
- Members of staff at all levels across the organisation
- Our management team
- Our board
- Staff governors
- Bromley Clinical Commissioning Group
- Healthwatch Bromley and Lewisham
- Our local voluntary sector organisations
- External organisations, for example Care Quality Commission (CQC) and Ofsted.

The views and input of stakeholders over the past year have been reflected throughout the account and their comments can be found towards the end of this document.

Our services

Bromley Healthcare employs 1099 staff (headcount) including permanent, fixed term, volunteers & bank and last year we had 562,335 patient contacts. 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

In 2014-15 our services included:

Bladder and bowel management	Community paediatrics
Community dermatology in Bromley and Greenwich	Community gynaecology in Bromley and Greenwich
Community Matrons	Contraception and reproductive health
COPD/oxygen	Diabetes in Bromley and Croydon
Family Nurse Partnership	Falls and fracture prevention service
Health improvement service e.g. Stop smoking service	Health visiting
Healthy Lifestyles for You	HIV specialist nursing
Hollybank – short breaks & respite for children with disabilities	Integrated children's community nursing Team
Leg ulcer assessment and management service	Medicines assessment support service (MASS)
Long term conditions nursing team	Minor surgery in Greenwich
Minor oral surgery in Bromley	Occupational therapy for children
Occupational therapy for adults	Paediatric audiology
Out of hours emergency dental service	Physiotherapy for children
Physiotherapy for adults	Safeguarding children and adults
Podiatry (chiropody)	Special care dental service
School nursing	Speech and language therapy for children
Speech and language therapy for adults	Wheelchair and special seating
Tissue viability nursing	Adult and children's dietetics in Bexley
Working for wellbeing (IAPT) (Talking therapies and support for people with anxiety and/or depression)	Adult dietetics in Lewisham
Adult and children's dietetics in Bromley	

Medical Response Team consisting of:
EmDoc (Out of hours GP service)
Out of hours nursing (twilight and night service)

Rehabilitation service consisting of:-
Beds pathway - Lauriston House
Home pathway
Integrated discharge team

Integrated community teams, consisting of:
District nursing service
Adult physiotherapy
Adult occupational therapy

Lifestyle programmes

Bromley stop smoking service - help and support to stop smoking through groups or one-to-one sessions.

London C-Card scheme - a service providing free condoms to young people aged between 14-24 years old.

HELP literacy scheme - a card that can be used to ask discreetly for help with reading and writing.

Let's get healthy with HENRY - a healthy lifestyle programme for families with children under 5.

Man2Man scheme – providing free condoms to gay and bisexual men.

MEND- Mind Exercise Nutrition Do it! This is a healthy lifestyle programme for children age 5-13 encouraging and supporting those children who are above a healthy weight to become fitter and Healthier.



What are Quality Accounts and why are they 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 that they offer.

Bromley Healthcare continues to be committed to continuous, evidence-based quality improvement. The aim of this report is to put information about the quality of our services delivered by our organisation into the public domain, thereby offering the opportunity for scrutiny, debate and reflection.

Bromley Healthcare has invested in developing a quality team. The team was launched in July 2013 with the appointment of Dr. Cath Jenson and Dr .Nike Adeoye as Joint Clinical Directors. Clinical services were aligned to specific clinical directors.

Included in the team are the Head of Nursing, Head of Health and Care professionals, a Risk team, the Learning and Development Team, a Clinical Audit and Quality Improvement Facilitator, Quality Team manager and Quality Team administrator. The Clinical Quality Team's goal has been to focus on Bromley Healthcare organisational development ensuring that we are a learning organisation that strives to continuously improve patient/service users' outcomes.

The team members have worked hard to support service development and to ensure that quality remains at the heart of decision-making and patient care.

A number of other key staff appointments have been made this year including Head of Compliance, Head of Performance, Head of Children's Safeguarding, Infection Control Specialist Nurse and Head of Communications.

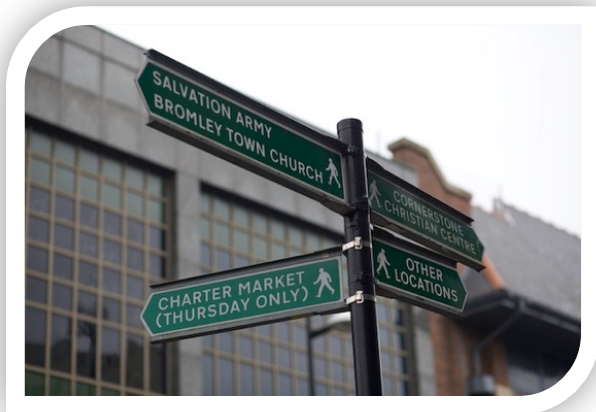
These appointments, together with the emphasis on improved recruitment processes, as well as training and development of clinical staff, demonstrates the genuine commitment that the organisation has to ensure ongoing development and improvement.

Bromley Healthcare
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improvement

However, we recognise that Bromley Healthcare cannot operate in isolation. 90% of NHS contacts take place in the community and quality improvements for the population that we serve can only be delivered by collective action. The organisation values the engagement with local communities, patients and the public. We work closely alongside our commissioners and local stakeholders (such as Healthwatch Bromley and Lewisham) in order to ensure that we respond equitably to local needs.

Bromley's population

In order to ensure that the community services delivered by Bromley Healthcare reflect the needs of the population and that care is accessible and relevant it is important to understand the demographics of the population of the borough of Bromley. The London Borough of Bromley is located in the south-eastern corner of Greater London. Bromley is the largest of the 32 London boroughs covering over 58 square miles stretching from Beckenham to Biggin Hill, and including Crystal Palace. Bromley is 30% larger than the next largest London borough. The population density is much greater in the north than in the south of the borough.



The latest (2014) estimate of the resident population of Bromley is 320,057. The resident population is expected to increase to 330,361 by 2018 and 339,154 by 2023.

People are living longer in Bromley and often with one or more long-term condition. The proportion of people in Bromley aged 65 and over is expected to increase gradually from 17.74% of the population in 2014 to 17.84% by 2019 and 18.28% by 2024.

Although the number of 0 to 4 year olds is projected to decrease by 2019 to 21,016 and then to 20,825 by 2024, there has been an increase in the number of live births since 2002.

Older people and children are higher users of health and social care services. Health is improving but the main causes of death are still circulatory disease, cancer and respiratory disease.

The borough has a contrast of an urban north-west and a rural south-east and has the highest car ownership of the London borough. The latest (2014) GLA population projection estimates show that 17.34% of the population is made up of Black and minority ethnic (BME) groups; an increase from 8.4% in 2001. The BME group experiencing the greatest increase within Bromley's population is the Black African community, from 1.1% of the population in 2001 to 4.7% of the population in 2024. The Gypsy Traveller population forms a distinct ethnic group in Bromley.

(Ref: Bromley joint strategic needs assessment 2014 Bromley CCG with guidance from Healthwatch Bromley and Lewisham.)

About Bromley Healthcare

Bromley Healthcare was established in 2011 and is now one of the UK's leading providers of community health services. 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.

A wide range of services is provided by district nurses, health visitors, specialist nurses, as well as therapy services for children, young people and adults. The clinicians are backed up by dedicated administrative teams.

We provide community services in Bromley, Bexley, Greenwich, Croydon, Lewisham and Suffolk. Our vision is to offer our patients the best care possible sharing our clinical knowledge and resources wisely for a sustainable financial future.

We aspire to be a UK-leader in our standards of patient care. In order to achieve this, we are developing ourselves to be a true 'learning organisation' and we set ourselves 'gold standard' benchmarks when developing individual clinicians and teams. There are a range of initiatives in progress to achieve this aim. Some key areas currently being developed include:



- Modernising patient records by moving from RIO to EMIS Web to support quality care and improve information sharing for the benefit of patients
- Piloting clinical innovations from centres of excellence beyond the UK
- Pathfinder for special educational needs for children
- Innovation in education and training
- Awards and grants
- Electronic systems within learning and development

- Higher training
- Research and audit
- Developing excellence through clinical supervision
- Developing excellence through 'champions'
- Developing excellence in non-medical prescribing

As a social enterprise company, not only do we have the advantages of the NHS (such as committed staff, excellent training and development opportunities) but also the freedom for innovation by being able to reinvest any surplus that we make into the community. Our ethos and unique approach has contributed to our success. We believe in putting clinicians in the driving seat and empowering front-line staff to make decisions about how services should be run. This has made us patient-focused and efficient, taking the best that the NHS

We believe in putting clinicians in the driving seat and empowering front-line staff to make decisions about how services should be run.

has to offer, removing some bureaucracy and focusing on quality healthcare. We work alongside GPs, hand in hand with patients and in partnership with local organisations and the voluntary sector. Most of our staff are shareholders. Staff governors are elected and are a strong voice, and a staff survey takes place annually. Staff are in a strong position to positively influence how we deliver our services to ensure we provide excellent care and outcomes.

In 2013 a charity arm of the company was set up with the aim to 'help fill in the gaps in publicly funded health and social care provision'. Many staff are already supporting great causes and the principle has been embraced by those who have accepted the need to fund raise for the charity. A number of successful events have been held in 2014, including a ball at a local golf club. The proceeds are used to develop patient care and will be used to help support the National Childbirth Trust to set up a baby café (described in this account), and to support Hollybank and the Mottingham Leg Club.

The account that follows will evidence many service improvements and demonstrate the staff commitments to service redesign and throughout all of the daily work at Bromley Healthcare we remain true to our three core principles:-

1. Continually improve our services
2. Treat others as we would like to be treated ourselves
3. Hit our targets



Part 2

Looking forward

2015-16

Since our inception in 2011 Bromley Healthcare has performed strongly. Staff have invested a huge amount of effort into building a strong culture of quality, setting high clinical standards, and ensuring that we are working using safe systems and processes.

In the 2014-15 business plans, Bromley Healthcare staff identified the need to evolve rapidly in order to meet the changing needs of the health service. The focus for healthcare has moved from delivery of care to the sick, to preventative measures. This, along with the change of emphasis from hospital to community care has inevitably led to pressure to evolve, and the examples in this account, of care provided across the services will demonstrate that Bromley Healthcare staff have risen to the challenge.

Our aspiration for 2015-16 is to ensure that we continue to consolidate and improve on the previous years' work.

We aim to do this by:

Continuing to achieve sustained improvements in patient safety and continual reductions in harm by:

- Focussing on workforce development and planning to secure sufficient numbers of suitably qualified, skilled, experienced and motivated staff
- Strengthening our risk identification, assessment and management processes
- Ensuring lessons are learned and improvements made when things go wrong and that the learning is disseminated effectively across all levels of the organisation
- Ensure infection control compliance with CQC standards
- Ensuring we collect, collate and analyse the right information to drive improvements in patient safety e.g. incidents, complaints, NHS Safety Thermometer, NICE compliance, clinical and record keeping audits etc.
- Working towards the pledges in Sign Up to Safety programme – NHS England

Developing and strengthening care pathways by:

- Ensuring a whole systems approach, evidence based practice and inclusion of outcomes measures.
- Continued development of integrated team working and coordination of care - identify gaps in care and implement actions to ensure seamless care across the integrated community teams and rehabilitation teams working collaboratively with the acute sector, primary care and social services.
- Think! A family approach for all children and young person's services. Think! Family practice makes sure that all services we provide are as coordinated as possible. When this is done well it results in better outcomes for children, young people and families.
- Learning from other providers
- Using Benchmarking data and learning from the Quality Accounts of other community providers
- Networking with professional colleagues and visiting sites of excellence

Strengthening patient and service user involvement and feedback in improving our services by:

- Using Listening into Action approach for service developments
- Third sector involvement in service developments
- Using feedback from our GP links programme to revise and refine our services



Part 3

Looking back

A review of our quality improvement
achievements 2014-15

In 2014-15 quality remained at the heart of the organisations business plan and a great deal of emphasis has been placed on ensuring that quality is a natural part of the staff culture, thereby achieving excellent outcomes for our patients and service users.

Considerable investment has been made in the formation of a quality team led by the clinical directors and as a result during 2014-15, Bromley Healthcare made excellent progress on the three quality priorities that were set and agreed by commissioners, stakeholders, staff and governors.

The three quality priorities set for 2014-15 were:

- Planning, supporting and developing the workforce
- Strengthening patient and user involvement and feedback and using it to improve services
- Using meaningful and transparent information and data to help us drive improvement

Evidence priority 1:

Planning, supporting and developing our workforce

Our staff are the greatest resource that we have as an organisation and it is essential for us to have sufficient staff who are competent, diligent and motivated.

This section includes information about the following areas:

- How staff are engaged in workforce development
- Staff training and continuing professional development
- Appraisal
- Code of conduct
- Supporting staff welfare

How staff are engaged in workforce development

Through various channels our executive and board have sought the views of staff as to how the organisation is developing. We engender openness and transparency in the organisation. An example of how we do this is the 'Ask Jonathan' forum. This forum was created to allow all staff to express their views and to raise issues so that nothing remains hidden. Since its inception lots of issues big and small have been sorted out through this blog. Sometimes the issues raised are quite challenging and our executive understands the need for people to get things off their chest. Questions are addressed quickly and honestly.

The annual staff survey is an important tool that enables staff to voice their concerns or compliments anonymously. The survey includes the Staff Friends and Family Test.

The responses included the following:

- The need to ensure that staff are valued;
- Build and maintain morale;
- Ensure that we have enough appropriately skilled staff and resources for new tenders;
- Consolidate change before moving on.

These views have been taken into account in our workforce planning and development. Three major workforce initiatives have been put in place and they are described below:

(i) E-Rostering

Previously, control of the workforce has been through complex, fragmented paper-based systems which offer limited control or transparency, and valuable clinical or managerial staff time has been taken up in sorting out the problem.

E-Rostering has been introduced; this is an effective tool which, when implemented successfully, allows improved workforce management of both substantive and temporary staff. It can deliver efficiency savings by releasing more time for staff to deliver higher quality services as well as helping to reduce agency staff spending.

The benefits and aims of introducing this new system include:

- Improves the use of contracted hours
- Provides a tool to allow staff rosters to be developed in a more timely and efficient way
- Improves management of annual leave and sickness
- Reduces agency costs
- Provides automated planning of bank and agency staff, providing a faster and quicker process
- Provides accurate status of establishment by service
- Provides a system so all staff can see the hours they've worked and check what leave they might have outstanding
- Improves process by direct interface with payroll

- Helps to ensure appropriate staffing levels and skill mix are maintained
- Supports legislative compliance - European Working Time Directive

(ii) Introduction of the NHS pension

The second major staff welfare initiative has been the introduction of the option for staff to retain or return to the NHS Pension Scheme. This initiative has increased the attractiveness of Bromley Healthcare to new recruits who have either previously, or who are currently, paying into the NHS Pension Scheme. The implementation of this option followed staff consultation and took considerable effort by the senior management. This action has been rewarded by an increase in the number of skilled applicants for vacancies which can only benefit the organisation.

(iii) Installation of major new recruitment system-TRAC

In September 2014 we introduced an automated recruitment system, TRAC, which has streamlined our recruitment process.

Using the TRAC system, jobs are automatically advertised on additional recruitment websites (other than just NHS jobs) enabling us to reach a wider audience for all of our vacancies.

The TRAC system allows recruiting managers to follow the status of your recruitment activity, providing them with greater transparency of the 'recruitment journey' of new recruits.

In addition, recruiting managers will receive an automated email each Monday morning updating them on the progress of their recruitment.

Recruitment timelines
have been reduced on
average from 60 days to
40 days

As a result of this initiative recruitment timelines have been reduced on average from 60 days to 40 days. This compares favorably with the average for acute NHS trusts which is 65 days and 60 days for the private sector.

Staff training and continuing professional development (CPD)

Staff training and CPD is a key element to developing any workforce. The learning and development team was assimilated into the newly formed clinical quality directorate in July 2013 to ensure an effective learning culture in the organization as set out in our clinical governance strategy. The learning and development team is responsible for facilitating all staff

to access learning opportunities that they need to maximize their knowledge and skills in order to facilitate provision of high quality care to our patients.

. The breadth of training on offer is considerable, for example:

- Supporting Lauriston House Rehabilitation Unit staff with their mandatory training by offering the use of our computer training facility at Global House to support those less confident.
- Moving and handling education for volunteers at the leg club.
- Running 27 in-house courses from change management ranging from a bespoke end of life course for health care assistants (HCAs) with St Christopher's, through to induction to wound care. As well as this, the team provides access to university courses and specialist training by external companies.
- The training team's newly-appointed community clinical educator has been supporting the integrated teams and working with new nurses and HCAs ensuring their competences are signed off before they see patients. She has also been arranging a comprehensive suite of records management training for October.
- The clinical education lead developed an action learning set to support new band 5 and 'acting' band 6 nurses. She is also working with universities to ensure high quality induction for full time students.
- Our head of nursing and head of health and care professionals have set up on line forums, Ask Nursing and Ask HCP to promote dialogue and exchange of useful experiences and information amongst these professional groups.
- We also host students and have been commended for the quality of our placements; in August 2014 over 90% of our students felt more confident as a result of their training and 100% were pleased with the service they received from the team. The placement development manager placed 54 students with teams as part of their university course experience -all of which provides a rich experience for staff and raises the reputation of Bromley Healthcare as well as facilitating succession planning. Several students are retained by the organisation in substantive posts.

Quality Initiatives introduced to support staff training

As a direct result of training initiatives, close scrutiny and a review of staff skill mix, three quality initiatives have been implemented by the quality team.

(i) Developing excellence through 'champions'

Bromley Healthcare is keen to develop the concept of 'champions' in each team in order to cascade learning and information to their peers focusing on a variety of subjects. These include record keeping, EMIS, diabetes, tissue viability and more. The Head of Nursing and the Community Clinical Educator are working to identify these champions in each team and developing groups to support their development in their key areas of expertise. It is hoped that moving into 2015 all band 5 nurses in the community teams have an area where they are the identified champion to support learning and development across the teams.

(ii) Developing excellence in non-medical prescribing

Having developed a complete formulary for Bromley Healthcare, the medicine management team is now moving forward a range of initiatives to support non-medical prescribers in their practice. This includes an enhanced continuing professional development (CPD) programme, and support with audits. Trainers suitable to develop new non-medical prescribers have also been identified. At present non-medical prescribing in Bromley is a small area of relatively limited prescribing, but the above initiatives will allow prescribers to grow in confidence and range and this will facilitate improved patient care.

(iii) Developing excellence through clinical supervision

Bromley Healthcare is committed to developing staff through the use of clinical supervision, but it was noted that not all clinicians were accessing or recording supervision systematically. Good supervision promotes reflection and adjustment of practice to improve standards. Thus we have adopted the term 'professional reflection' to describe the supervision provided. Over the summer of 2014 12 supervisors were trained in the art of supervising mixed groups. Training was delivered by an experienced lecturer from Kings College. The initial phase of the roll out of the clinical supervision initiative commenced in August 2014. Initially the groups represented trained staff in the



community teams. Moving forward staff from Lauriston House and health care assistants will also be offered professional reflection sessions. It is planned that over the coming months the benefit of the sessions to all staff involved will encourage their engagement and ownership of this process.

Appraisal

Following the successful introduction of an electronic, portfolio-based appraisal process for doctors, a similar process is in development and will be rolled out to other clinical staff in 2016. Once again this is a major initiative by Bromley Healthcare, designed to facilitate the appraisal process as well as ensure clarity for assessors, enabling success to be celebrated and concerns in staff performance identified and then rectified with appropriate support.

Code of Conduct

Following extensive consultation with staff, the code of conduct for staff has also been reviewed and the specific values of 'being a Bromley Healthcare clinician' have been included. The importance of Individual responsibility to maintain their code of practice and clinical development and Continuing Professional Development (CPD) responsibilities in line with professional governing bodies or councils is emphasised to staff all of whom are required to sign up to this code of conduct when they join the organisation.

Supporting staff welfare

(i) In house physiotherapy

A member of the physiotherapy team, who is a muscular-skeletal specialist, provides a very successful staff physiotherapy service.

This service was launched in April 2014. Bromley Healthcare staff have welcomed this service enthusiastically and the clinic has received 131 referrals to date, 80 of which were work related. A wide variety of muscular-skeletal conditions have been treated, including low back pain, tennis elbow, neck, shoulders, knees and feet problems, from office staff and clinicians. Many of these conditions are work related and the feedback that has been received indicates that the service has reduced staff absence.

Everyone has had a very positive attitude towards managing their own condition and keen to make lifestyle changes to help prevent re-occurrence, such as changes to their work station and correct exercises to reduce further injury.

The service has been audited and the outcome measures prove the success as described by the patient satisfaction survey:

'If I had not visited the Physio for my back I would have been signed off for weeks as I was in so much pain and found it hard to walk. But she helped me stay at work and I had no time off because of it!'

'I think this service is excellent and the prompt appointment allowed me to carry on working and to get back to fitness quickly'.

'It is great to have a dedicated Physio for staff as a lot of the workforce has back/shoulder problems. This makes staff feel they matter'.

(ii) Other initiatives to support the workforce

There have been a number of other initiatives that have been implemented to support the workforce including:

- Reviewing the basics such as estates and parking
- 'Thank you' to staff with Marks & Spencer vouchers
- Improving communication via the 'Together' newsletter, weekly CEO communique and the recruitment of a part-time Head of Communications
- An audit competition was held at the Annual General Meeting (AGM) with prizes awarded to the top entry and acknowledgement certificates given to others to encourage future participation
- Nominations by staff of colleagues for either team of the month or 'star' of the month continue and the winners are acknowledged in the Bromley Healthcare 'Together' newsletter for staff, again boosting morale by recognising and celebrating achievement
- Staff awards at the AGM in September 2014 – a chance to recognise the outstanding achievements of some of the Bromley Healthcare staff

Evidence priority 2:

Strengthening patient and service user involvement and feedback in improving our services

Providing safe, high-quality services to our patients, service users and carers, is of paramount importance and it is essential that 'post' Francis, providers of health services learn from patients, service users and carers as to how services can be improved and developed to meet their needs. It is important that service users are given the opportunity to feedback either compliments or concerns at any stage of their care.

Frontline staff, whether they be clinicians or administrators are well placed to obtain feedback from patients and service users. With the support of the quality team, staff are working to ensure that all such feedback is used to improve and develop services and one of the three quality metrics on the balanced score card targets for each service specifically focuses on patient experience. We proactively invite patients to share feedback by letter, email or verbally and promote this on the Bromley Healthcare website, through posters displayed in clinics and via a feedback information leaflet that is also available in an easy-read format. The organisation is also looking to redevelop a system of gathering real-time feedback using an electronic device which is either situated in clinic or taken out to the home.

We proactively invite patients to share feedback by letter, email or verbally and promote this on the Bromley Healthcare website

Feedback is recorded using the Datix database system so that it can be analysed alongside other information and is categorised as a complaint, concern, comment or compliment i.e. 4 Cs – with each category having an agreed and appropriate response. The 4 C's 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 in a monthly report that looks at trends by subject and service and identifies any areas of concern.

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.

Types of Feedback

Annual patient satisfaction survey - Friends and Family Test (FFT)

In January 2015 The Department of Health introduced the FFT as a means of monitoring and comparing the performance of organisations across the whole Health service.

'How likely are you to recommend this service to friends or family if they need similar care or treatment?'

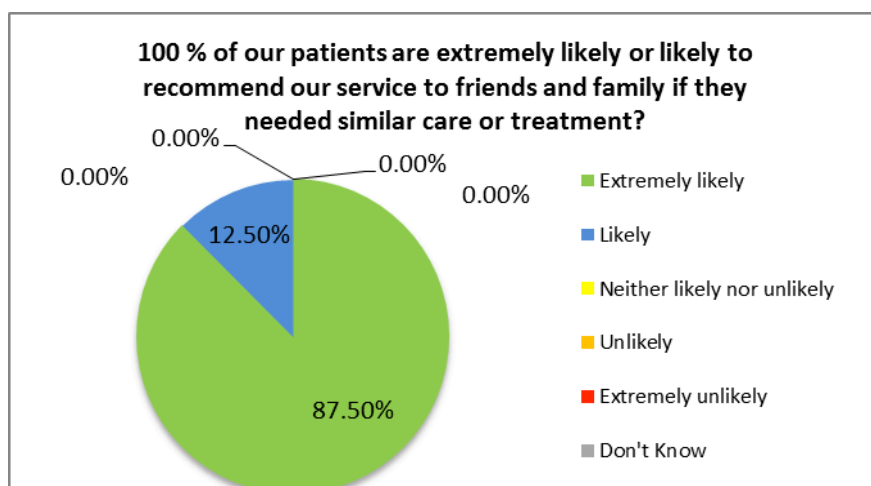
Respondents to the FFT answer using a six-point response scale, ranging from 'extremely unlikely' to 'extremely likely'. Bromley Healthcare has already been using the FFT question as an effective means of survey for two years. Both adult and children's service users are surveyed and the results collated on a monthly basis. The service leads then discuss the results with the team and draw up an action plan to show how they are responding to the comments that have been made.

97.52% are either likely or extremely likely to recommend our services to friends and family if they needed similar care or treatment.

The results of our 2014-15 FFT patient survey results were excellent and show that of the 3,882 service users that 97.52% are either likely or extremely likely to recommend our services to friends and family if they needed similar care or treatment.

The full results and action plans are available on the Bromley Healthcare website. Below are a few examples of the results:

Bladder and Bowel satisfaction survey results



Action plan for satisfaction survey 2014-15

You told us this	As a result
You wanted information about where to wait before your appointment at Addington Road	We have put a sign up in the reception area
Waiting times for first appointment was too long	We have now implemented our new computer system and staff training which means we can hold more clinics each month

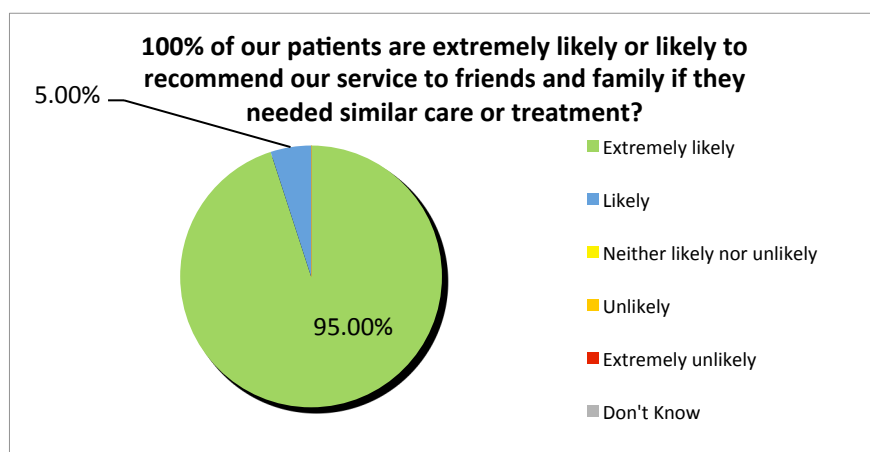
Patient comments on this service included:

'Everything was excellent'

'A very gentle understanding approach'

'The staff member was excellent and put me completely at ease'

HIV service satisfaction survey results



Action plan for HIV service satisfaction survey 2014-15

You told us this	As a result
You wanted tea and coffee available in the clinic	We have raised this with the Kings College Hospital sexual health clinic that is in the process of reviewing the times HIV clinics run. This may be possible in the future but in the meantime, tea and coffee are available from the Beacon café located close to the clinic.
You were very satisfied with the service and would recommend us to others	We will put all our effort into maintaining this.

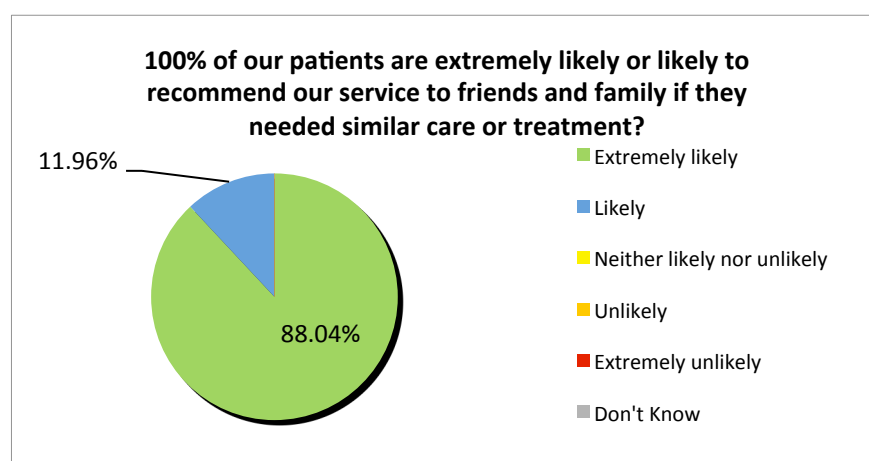
Patient comments on this service included:

‘Made me feel a lot more secure and gave me understanding of the way forward’

‘This clinic always gives me great care’

‘Standard of care is excellent. The clinic was extremely clean and efficient’

COPD Service satisfaction survey results



Action plan for satisfaction survey 2014-15

You told us this	As a result
You wanted better signage and directions to find the clinic	Maps are now being send out with first appointment letters

Patients' comments included:

'Everything well organised and staff look after you brilliantly'

'Based on today's visit nothing could have be done better'

'Everything fantastic care'

Face to face service user feedback

Service users have occasionally been invited to attend the board meetings providing an opportunity for the client to present their experience of using Bromley Healthcare services. An example of this is a mother who relayed her child's experiences stating that individual clinicians were excellent but coordination of care by internal teams could be improved as she was asked to attend several appointments in different departments during the course of just one month. Following this presentation of the difficulties that the parents had faced, it was clear that the streamlining, (and therefore reduction in number) of the appointments could have taken place, and it was also established that for some appointments it would have been more appropriate for the parents to attend on their own. Other issues that were raised included the lack of continuity of staff and the quality of some of the reports.

Following this feedback Bromley Healthcare staff developed, and are implementing an action plan detailing improvements that could be made.

Patient Opinion

Bromley Healthcare signed up to join Patient Opinion in 2014. Patient Opinion is about honest and meaningful conversations between patients and health services. The aim is to use people's experiences to improve health services. It does not replace patient surveys.

The Patient Opinion allows service users to share their experience of using health services, staff learn from the service users postings about what was good and what was not so good and the organisation is able to make a public posting about what they are going to do to improve services.

Service users can go on line to make their postings, ring Patient Opinion directly or provide written feedback. Some of our commissioners, Healthwatch and local authority colleagues have links into Patient Opinion so are able to see postings at the same time as the Bromley Healthcare staff sees them.



'Without their help and support the situation would have been intolerable'

'Staff listened and got it'

'I waited a long time, but staff were fantastic'

The majority of postings to date have been positive, some citing specific staff who have provided exceptional services. Where staff are cited these postings are always shared with them. Many of our services have received positive postings including the dermatology, contraceptive and reproductive health, Lauriston House, health visiting service, speech and language service,

The majority of postings to date have been positive, some citing specific staff who have provided exceptional services.

district nursing to name but a few. Four negative comments have been received with one posting resulting in a change to the working practices of two of our community teams. The team leader has introduced a new initiative which is to provide the clients with a two hour timeslot in which they should expect to receive a visit from their community nurse.

Feedback from the voluntary sector

Feedback from local stakeholders is very important to the organisation.

Various senior members of staff have met regularly throughout the year with representatives from Healthwatch Bromley and Lewisham. The agenda is varied and has included discussions surrounding safeguarding, equality and diversity report, and integration of the community teams.

Feedback from GPs: Engagement strategy and action plan

A strategy specifically focused on the engagement of Bromley GPs has been developed in recognition of GPs as significant external stakeholders, particularly given their role as main referrers to Bromley Healthcare services and as key influencers of decisions made by the local clinical commissioning group.

The strategy aims to bring coherence to engagement activity and ensure a comprehensive picture is available regarding the views of GPs on the organisational performance of Bromley Healthcare and the extent of GP involvement in helping to shape service design and service delivery in partnership. The ultimate aim is to ensure that services continue to meet the needs of the local community and make a positive difference to patients' lives. Overall, good progress has been made in introducing and developing the initiatives within the strategy.

Four particular initiatives: the GP Link programme, the GP Newsletter, the Bromley Healthcare dermatology evening and the annual GP survey have formed part of this work.

The GP link programme

This initiative was re-launched in July 2014 as part of the wider GP engagement strategy building on a similar programme first established in 2012. The purpose of the programme is to improve services, enhance patient care and strengthen relationships with GPs. The main role of the GP link is to act as a conduit: providing information about current and new Bromley Healthcare services and seeking the views of GPs about Bromley Healthcare services and

whether they are meeting patient needs. The GP link will also ensure that any problems GPs have are dealt with promptly.

Each GP link is expected to build relationships with their allocated practice and meet with as many GPs as possible every six months with phone / e-mail contact in between. Discussions would generally be at a strategic level but informed by information from service managers on the day-to-day operational issues that GPs have raised with them.

Feedback back from GPs is recorded on a centralised database and reports are produced twice yearly highlighting the main themes / issues raised by GPs. These will be considered by the Bromley Healthcare executive alongside similar intelligence from other sources such as the GP annual survey. This is shared with services as appropriate. Required improvements may include changes to services or service delivery or the provision of additional service information.

Bromley GP newsletter

We produce bi-monthly newsletters for GPs to provide them with information about our organisation and our services. Topics raised at GP links meetings are often highlighted in the newsletter.

Bromley Healthcare dermatology evening

Following the cessation of the popular 'skin club' organised by Kings and South London Health Care, Bromley Healthcare relaunched and rebranded the event in June 2014 for Bromley GPs. The dermatology evening runs for two hours in the diabetes suite in Orpington Hospital and is led by senior managers from Bromley Healthcare, GPs with special interest and two consultant dermatologists based at Orpington. GPs are invited to attend and, if they wish, to bring a patient with an unusual or worrying skin condition about whom they would value the advice of their peers and specialists in this field.

The event provides GPs with a learning opportunity and a chance to network with colleagues. At the June event 24 GPs attended and focused on six patients. Feedback from participants was very positive with all respondents agreeing that the content of the meeting was interesting and informative.

Annual GP survey

The annual GP survey is designed to measure the impact of the GP engagement strategy year on year to ascertain what is working well and where improvements can be made. The questions in the survey have been directly linked to the outcomes to be achieved within the strategy. Questions in the survey will be the same each year to enable year on year comparisons and progress measurement.

The results of the 2014 GP survey were generally very positive with 100% finding it easy or very easy to refer to our services. 80% of GPs said their patients are satisfied or very satisfied with our services (5% not very satisfied and 15% unable to generalise). 81% GPs are extremely likely or likely to recommend services to a family member or friend should they need them. (14% neither likely, nor unlikely and 5% unlikely).

Feedback directly from patients - children and young people engagement initiative

Evidence shows that involving families, children and young people in decisions about their care improves their health outcomes. Children's services have been developing ways to improve engagement with families to help identify where services and systems need to improve or change.

When the families meet clinicians the care plan is decided in discussion with the families with clear goals and outcomes agreed. The services suggest and support decision making about appropriate interventions.

Recent feedback about the services has been completed verbally and using more traditional methods such as questionnaires. These results have been consistently positive. However, survey methods have not always been sufficiently sensitive to identify some of the difficulties families were experiencing.

Children's services decided to speak directly with larger groups of families and family representatives, to listen to their stories and gain insight into the experiences of the family and child over time and across systems as a whole. This was based on the 'Experience based co-design model'. This work has identified a number of areas for improvement including coordination, identification and accessing health services for the group of children attending mainstream education.

‘Thank you. Taking all those questions from parents about children’s care helps create openness and trust making a solid foundation for good outcomes.

We do wish you the very best with all you are doing to raise the standard of children’s care’

The services plan to continue to develop this work in the future and would like to thank the families for sharing their personal stories.

Feedback from patients: Premises survey

Bromley Healthcare is currently reviewing its premises strategy. This is to ensure that premises are being used efficiently and effectively and that they are fit for purpose. Patients were recently surveyed to find out their views on the premises that we are planning to retain. There were 593 responses received and overall the feedback was extremely positive.

The overriding theme was the helpfulness of the reception staff - with 97.5% of all patients surveyed finding the reception staff helpful and many patients included very positive comments.

Strengthening involvement through engagement: Hollybank family fun day

Hollybank is one of Bromley Healthcare’s specialist services. Based in Chislehurst, it offers short-term breaks for children and young people with disabilities and complex healthcare needs.

It’s a happy, homely, safe and

stimulating environment so that those

who go there can achieve their maximum potential. Staff work closely with families and other professionals (schools, health care professionals) to keep children with their family. Recently, they also worked with Ravens Wood, a local school which prides itself on its reputation for academic excellence, outstanding pastoral care and the enrichment opportunities it provides.



In August, Hollybank held its first summer fete, to raise extra funds for the service.

Thanks to staff and members of the public hard work the fete was a resounding success. There was excellent attendance by both service users and neighbours and generous donations from local business. All proceeds went towards new sensory toys and leisure and entertainment opportunities for the children who use the facilities.

Aside from the funds raised, the event provided an opportunity for friends and neighbours to see the work that takes place at Hollybank and some of the issues that staff, children and their carers have to deal with on a day-to-day basis.

A letter from the head boy of the local Ravenswood School clearly explains the benefit of providing educational opportunities for school visits.

'In April this year, myself and a group of media students visited Hollybank, a centre for disabled children in Orpington. Spending the day with people less fortunate than ourselves gave us a new perspective on how lucky we were. We also knew that we wanted to do whatever we could to support the centre.

At the start of September, my appointment as head boy and the formation of the Media Academy gave the perfect opportunity to provide the support.

We decided on making Hollybank Ravenswood's 'charity of the year'. Following an assembly to all year groups explaining the importance of Hollybank within our community, we held an own clothes day to raise money. It was a huge success and we raised almost £2,000 for the charity. I hope that this will be the first of many fundraisers throughout the year and that we'll retain our strong links with Hollybank.'

Head Boy

On 18 March Bromley Healthcare staff were delighted to welcome year 8 pupils from the Ravens Wood School Academy of Media who presented a cheque for £2,026.45 to Hollybank.

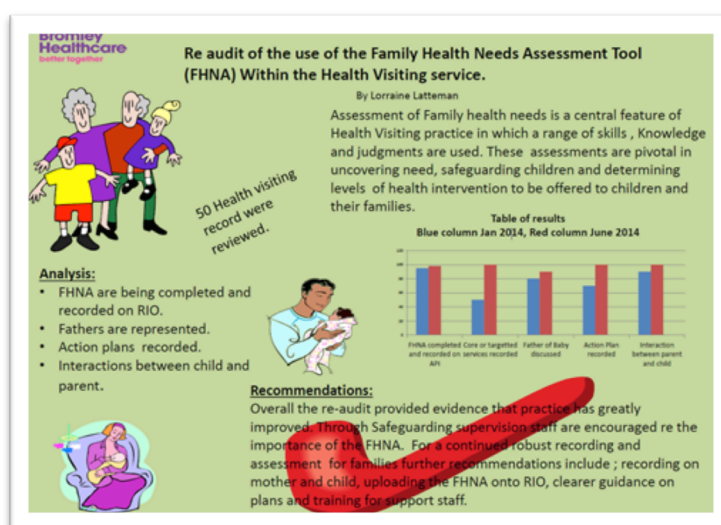
Evidence priority 3: Using meaningful and transparent information and data to drive improvement

Rigorous scrutiny of clinical practice across the organisation continues to be applied by using the following tools:

- Clinical audit - at least one per year per service.
- Clinical research
- Record keeping audit
- Introduction of EMIS - a web based computer system.
- NICE publications compliance
- A 'top ten' clinical excellence targets - monitored using the balanced scorecard
- Investigation and learning from incidents, leading to service improvements
- Data analysis as a tool to enable service improvement.

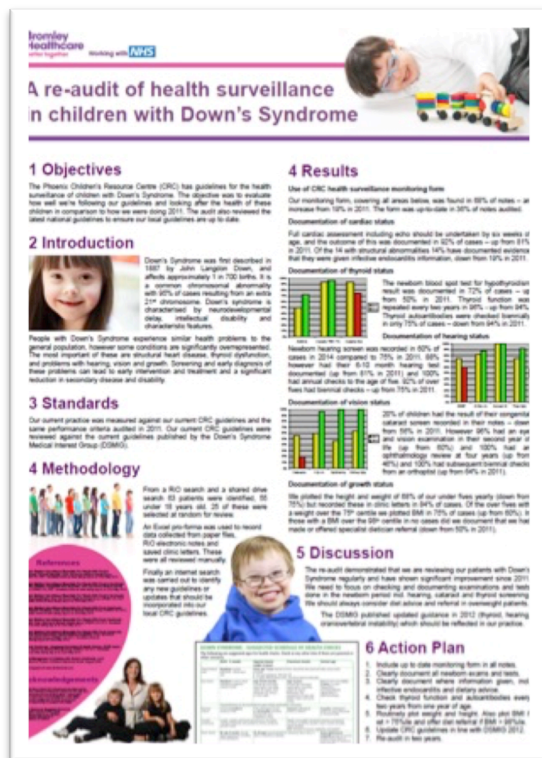
Clinical audits

Clinical audit is a method of providing quality assurance and improvement. All services are now undertaking clinical audit as part of their 'core' quality work and both the planning and outcomes of these audits are rigorously reviewed by the quality working group to ensure they are focused on high priority clinical areas, conducted to a high standard and any ensuing actions are fully implemented.



By auditing their clinical practice and day-to-day activity, staff can measure and evaluate the outcomes of care in a systematic manner and against national standards. Audit activity is now embedded at clinical service level. The services are supported in this work by the clinical audit facilitator.

In 2014-15 Bromley Healthcare services carried out a total of 41 Audits relating to clinical care. A summary of the clinical audits is provided in Appendix 1 of this Quality Account. Appendix 2 details some examples of how the information gathered through audits is used to improve the quality of care for patients.



Bromley Healthcare participates in relevant national clinical audits and patient outcomes programmes. A list is provided in Appendix 4. These are a set of national clinical audits, registries and outcome review programmes which measure healthcare practice on specific conditions against accepted standards. These projects give healthcare provider's benchmarked reports on their performance, with the aim of improving the care provided.

In order to reward staff for their hard work, the Quality Team held a successful audit competition during the Annual General Meeting (AGM). Teams were encouraged to identify examples of

excellence in audit for the AGM. A number of services presented their audits which were judged by their peers. A prize was awarded to the winner Dr. John Crawshaw a GP trainee for his re audit entitled 'Health surveillance in children with Downs's syndrome' with the 'Family health needs assessment' audit coming in second.

Clinical research

The quality team is also working to encourage good quality clinical research to be undertaken and shared within Bromley Healthcare. Developing a culture where clinical research activity is supported highlights our drive to ensure evidence-based practice underpins our clinical activity and sustaining and developing us as a learning organisation.

Work undertaken by members of the Clinical Governance Committee and Quality Working Group has ensured a research and development policy and procedure has been written and agreed. Historically, research and development governance was managed by Bromley Primary Care Trust with a lead named person. The quality working group members now hold this responsibility. Two applications to undertake clinical research projects both being part of post-

graduate study has been considered in the last quarter. The quality working group has welcomed these research proposals and these have helped to shape and finalise the procedures which now include involving the operational teams early to establish if the resource required is practicable.

The next steps are to welcome and encourage further research proposals to be submitted for consideration to be completed within our services. Currently, small numbers of proposals are being evaluated and the research topics are within the scope and skills of the quality team. In order to reward and encourage staff who may be interested in obtaining either a higher degree or in undertaking any research project the quality team is planning our first academic half day. The plan is to enable academic posters to be displayed, successful service developments to be rewarded and provide a platform for speakers to present information regarding the theme 'avoidable harm'.

Some examples of clinical research undertaken at Bromley Healthcare include:

- Working for Wellbeing (IAPT): Is CBT training effective?
- Master of Science (MSc.) in Health Leadership: Child Physiotherapy Service
- MSc Paediatric speciality in conjunction with City University London School of Health Sciences. 'An investigation of verbal memory in children with Autistic Spectrum Disorder and associated language difficulties'
- MSc Analysis of the service provision for both parents and the child at the new birth contact.
- Masters: HIV related study work in preparation
- Paediatric speciality- Follow up study through cooperation with the Institute of Psychiatry, London. The study is to investigate the behaviour of children with Autistic Spectrum Disorder.

Record keeping audit

In 2014-15 Bromley Healthcare services carried out a total of 28 audits related to record keeping. The record keeping audit tool has been revamped after discussion with staff and it has been developed using guidance from the Royal College of Physicians (RCP), Royal College of Nursing (RCN), Nursing and Midwifery Council (NMC), Essence of Care and other national record keeping guidance.

All services are expected to complete a record-keeping audit at least once a year.

Patient/client's health record should inform any clinician who has responsibility for the patient/client of all of the key features which might influence the proposed treatment. The record will provide contemporaneous and complete detail of the patients/client's treatment and related features and should be completed to the record keeping code of professional standards for the relevant service. The way we record and manage patient data is a critical factor in providing safe, high-quality patient care. It also demonstrates to commissioners that we provide efficient and effective care.

The training team has been working with the heads of therapies and nursing to identify how we can support staff to improve the consistency of our patient records. Training opportunities have been provided throughout the year. The training team working with the Medical Protection Society (MPS) to run an initial programme of three record keeping courses which are aimed at all clinicians. The course is essential for new users to EMIS and examines both the clinical and legal requirements of record keeping and how good records build the foundation for a successful EMIS implementation.

We know that the computer information system EMIS will help standardise records and the fundamental question of what is a good patient record has been extensively reviewed throughout 2014. Many of our patient records are already of the highest standard; we want to ensure that all our records are of this standard and to support staff in achieving this.

Our results for our 2014-15 Record Keeping Audit shows improvements in most areas and most services have introduced independent scrutiny into the process.

Top 10' questions (*)	Audit question	2013-2014	2014-2015	Comparison(%)		
*	Service user's full name	98%	100%	2% ↑		
*	Service user's NHS Number	95%	96%	1% ↑	Green	Improved
*	Ethnicity	91%	79%	12% ↓	Amber	Same as before
*	Evidence that the Information for Health Leaflet (IFHL) was given (or offered) to service user	19%	40%	21% ↑	Red	Drop down
*	Does the last assessment provide details of reasons of the current episode of care.	97%	98%	1% ↑		
*	Is the most recent documented assessment appropriate to the current episode of care?	99%	99%	0% →		
*	Record of discussion of treatment/intervention options with the service user OR record of discussions with relevant individuals if lacks capacity (This needs to have been reviewed within the last month for clients in the Community Teams)	95%	93%	2% ↓		
*	Written consent OR note that verbal consent was obtained (in either case this should detail the intervention to which the service user is consenting) OR record of discussions with relevant individuals if service user lacks capacity (at each consultation or documented in the care plan for clients in the Community Teams)	65%	76%	11% ↑		
*	A care plan/action plan for the current episode of care written so that another healthcare professional could adopt the plan	94%	94%	0% →		
*	Has the RiO record been validated?	72%	99%	27% ↑		

Introduction of the EMIS web-based computer system

It is difficult to capture the magnitude of the change that EMIS will bring to Bromley Healthcare in a few lines. EMIS uses a standardised coding system called 'Read' codes to group diagnoses and processes of care in a systematic way. We are moving to EMIS via a coded approach and are pioneering this way of using EMIS in the community. This sets us apart from the small number of other community providers using EMIS. Each service creates one or more templates for their patient assessment and treatment and the EMIS team either identify suitable existing codes or work with EMIS to create new ones. Entering patient data on the templates requires a higher level of systematic thinking and this will drive our clinicians towards excellence in their decision-making and planning of patient care. The new templates will standardise care, make everything auditable and allow team leads and managers to identify outliers in performance across a whole range of indicators such as consultation length, use of resources and comprehensiveness of assessment. EMIS Mobile will provide the software remotely, allowing these productivity gains in the patient's own home and facilitating clinician access to a much larger portion of the patient record than they currently have whilst on the move, which will facilitate improved decision-making and reduced duplication.

NICE guidelines compliance

By following a robust checking procedure, Bromley Healthcare ensures that the National Institute for Health and Care Excellence (NICE) documents are utilised to their best effect in order to enhance the quality of our services. NICE publications are reviewed monthly by a Clinical Director and sent to relevant services for information only, or to check for compliance. In the event of non-compliance an action plan is developed by the service which is implemented as far as possible within the resources available. Some of the publications have significant resource implications which are then flagged up at the quality meeting with our commissioners. Where services declare that they are compliant this is scrutinised by the clinical director and signed off as appropriate. Appendix 3 provides a report on NICE documents that were processed in 2014-15.

A top ten clinical excellence targets - monitored using the balanced scorecard

In order to ensure that we are effecting quality improvement a top ten quality indicators selected by staff based on patient feedback, and current best practice remain in place for each service. As recommended in the Francis Report (2013) these span three tiers of standards; fundamental, enhanced quality and developmental.

All services compiled a list of top ten quality standards in for 2014-15. The listed targets address:

- patient safety
- clinical effectiveness and
- patient satisfaction.

These quality targets have been refined and are now being embedded into the day-to-day work plan. All ten standards are discussed at the quarterly meetings that take place with the respective clinical director, service lead and their operations manager. Three of the top ten quality standards are then monitored through our balanced scorecard.

The balanced scorecard is 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.

Compliance with these standards will drive quality improvements in patient outcomes and experience. This work is supported by the clinical directors, head of nursing and head of health and care professionals.

Below is an example of the quality quadrant from the adult and children's dietetics balanced scorecards. The balanced scorecard approach is used to monitor the services progress against their stated targets. Clinical staff are very clear about standards, protocols, and expectations, and the information that they produce is taken to relevant committees both internally and externally in order to give assurance of quality.

Service specific quality measures: Bromley adult and children's dietetics		Target	Actual	Score	
Q10	Clinical Effectiveness: Patients receiving home enteral nutrition to have first contact by the dietician/nutrition nurse within five working days of discharge, to check feeding tube, stoma site and explain general care.	90%	86%	86%	Qrtly
Q11	Patient satisfaction: Respond to routine/ non urgent queries from patients within two working days	85%	90%	90%	Qrtly
Q12	Safety: Review all incidents, complaints and concerns to ensure any learning points are identified and acted upon	100%	100%	100%	Qrtly
Q13	Patient Safety: Diet plan assessment of all children on home enteral nutrition annually to ensure, where practicable, that feeds meet the Lower Reference Nutrient Intakes for all nutrients	90%	85%	85%	Qtrly
Q15	Clinical Effectiveness: At least 85% of babies and children referred for faltering growth or poor weight gain demonstrate improved outcomes	85%	100.0%	100%	Qrtly
Q16	Patient satisfaction: Evaluate reported satisfaction of service through questionnaire and implement action to address any dissatisfaction or suggestions for improvement.	90%	100%	100%	Annual

Examples of top three results that evidence that the quality team monitored the target
'Planning, supporting and developing the workforce'

Service Specific Quality Measures-IAPT	Target %	Qtr1	Qtr2	Qtr3	Qtr4
Patient safety Clinical supervision to be maintained - fortnightly for qualified staff and weekly for trainees	100%	100%	100%	100%	

Service specific quality measures Community Matrons	% Target	Qtr1	Qtr2	Qtr3	Qtr4
Clinical effectiveness Community Matrons within the Integrated Community Teams will offer peer review of each Band 6's practice, focussing on documentation, holistic assessment, gaining consent and interpersonal skills against a BHC tool,	90%	100%	N/A	100%	

Examples of top three results that evidence that the quality team monitored the target
'Using meaningful and transparent data to drive improvement'

Service specific quality measures dental service.	Target %	Qtr1	Qtr2	Qtr3	Qtr4
Clinical effectiveness Patients who complete specialist periodontal care show an improvement in periodontal health	95%	95%	95%	100%	

Service specific quality measures bladder and bowel	Target %	Qtr1	Qtr2	Qtr3	Qtr4
Clinical effectiveness All adult patients are sent a quality of life form on admission and discharge to the service. 75% of patients will have 50% or more reduction in 'bothersome scores'	75%	N/A	100%	100%	

Investigation and learning from incidents, leading to service improvements

Ensuring that patients are safe is an essential part of the day-to-day work at Bromley Healthcare. Both clinical and non-clinical incidents are logged and thoroughly investigated. Bromley Healthcare has a team of staff dedicated to reviewing potential risks within the organisation. Staff are encouraged to inform the team of any incident no matter how small, which is reviewed and appropriate action is taken.

There is an up-to-date documented clinical governance strategy that summarises the approach to clinical and quality governance. There are also documented policies and procedures on the four Cs (compliments, comments, concerns and complaints) as well as accident/incident reporting and management which are accessible to all staff via the intranet and explained in risk management training and staff inductions.

The risk team review all reported incidents which are awaiting final approval to ensure that action plans are robust, appropriate and can be monitored to completion. Any action plans developed following investigation of complaints or incidents appear in the actions module on Datix and are monitored by the risk team through email reminders and escalation procedures.

Service leads are consulted and add input to the development of policies and procedures which ensures that learning outcomes are included in revised policies to guarantee improvements to patient experience.

External audit and scrutiny

- (i) KPMG audits are a key aspect of the way our Board ensures high level independent external scrutiny of our process. They are overseen by our Audit committee, chaired by our NED and deputy Chair Cha Patel.
- (ii) Three KPMG Audits were undertaken in 2014-15
 - Risk Management
 - Clinical and Quality Governance
 - Lone working

We were assessed to be green-amber i.e. significant compliance with minor improvement opportunities. An action plan has been put in place to address the improvement opportunities.
- (iii) In addition to our rolling programme with KPMG, from time to time we invite other external auditors to scrutinise particular services. In 2014-15 this took place for our podiatry service, to help provide assurance to the Board after an internal whistle-

blow. A robust record-based review took place overseen by a national podiatry specialist working for Nina Murphy. Substantial learning and development has taken place as a result.

- (iv) For our GPs with a special interest, we ensured engagement in external accreditation when this was offered by NHS England in 2012-13 and now the process is being re-introduced by NHS London (mid 2015) this will be utilised for re-accreditation (see page 51 Datix reference number 2252).

Action plans following review of incidents

Below are examples where processes have been strengthened or changed as a result of learning from incidents. In many cases the changes have been made as a direct result of patients' complaints, showing that Bromley Healthcare is responsive to service users' suggestions.

Service	Action taken
Feedback	<p>Following a complaint re the information given to patients whilst they are waiting to be seen at the Urgent Care Centre (Beckenham Beacon) a clinical screener has been piloted and now fully introduced.</p> <p>The clinical screener is an experienced advanced practitioner, who assesses and informs patients of anticipated waiting times as they arrive into the department prior to registration. At this stage patients can be prioritised if required. The screener is visible in the waiting room at all times and can offer patients information to help them decide if they have time to go for a walk, get a coffee or use the toilet facilities etc.</p>
Incident Datix 4656 Podiatry	<p>Following delays in requesting urgent diagnostic x-rays it has been agreed that two members of the podiatry staff will attend the IRMER radiation protection training so staff can order their own x-rays.</p>
Incident Datix 4600 Rehab Beds	<p>A clear procedure has been written and included in the standard operating procedure regarding what staff should do in the event that the patient is not discharged at the agreed time. This includes a process for ensuring the wards are clear when there will be no one to do the meet and greet</p>
Incident Datix 5013 HIV	<p>Referral pathways and treatment guidelines for HIV were not followed by a private hospital and the patient did not receive appropriate HIV support, assessment, treatment or care until one week after his diagnosis. There was no documentation or communication to accompany the patient detailing diagnosis, investigations or medication at referral.</p> <p>The case was discussed at the HIV MDT meeting and the HIV consultant agreed to write to the respiratory consultant to raise concerns and advise about appropriate referral pathways of HIV patients to the sexual health clinic.</p> <p>The senior nurse from the hospital was invited to visit the sexual health</p>

	clinic. Members of staff were able to discuss and advise/update her about the management of HIV.
Incident Datix 5083 COPD	Following attending external training staff raised concerns re the existing process for undertaking blood gas assessments in patients' homes. A new procedure has now been put in place following national guidance. Staff have received clinical training and training on how to use the equipment involved. The service has also been redesigned to be more clinic based which should increase the flow through of patients.
Feedback 1815 Diabetes	Following a misunderstanding regarding referral criteria into the new diabetes service in Croydon staff have attended the Croydon Network and protected learning time (PLT) meetings to communicate referral requirements for this new service.
Incident 5141	A family living in Bromley, but registered with a Croydon GP, were not informed of their babies New Birth Blood Spot (NBBS) Screening results. Following NHS England involvement it has been agreed that from 1 September 2014 all London Child Health Record Departments (CHRD) departments will work geographically instead of being GP aligned.
Incident 5422 Community team 4	Following an incident at a weekend where care agency staff with a specific skill were not available, leading to nursing staff having to visit, a meeting has been set up at the patients home to teach more carer's how to carry out a procedure.
Feedback 2020 Rehab home	Following a concern raised by a patient, lignocaine patch application is to be added to health care assistant competency list being launched by the end of August 2014.
Datix incident 4818 Paediatric Audiology	Following a comment by a family regarding the terminology used to describe their son the service carried out a review and changed their practice. The service lead led a discussion at the clinical forum in July 2014 highlighting the need to take care with the use of language particularly when describing service users and to treat patients as people rather than conditions.
Datix 5800 & 5750 Rehab beds	Rehab beds have implemented a new way of managing patient care. Patients now have allocated key workers whose role is to ensure that the care plans are up to date. Care plans are printed on coloured paper and placed at the front of the patient's notes in the home folder to ensure that all staff read them.

Datix incident 6075 Community teams	Following blood tests having to be repeated due to incorrect labeling a poster has been placed in all bases specifically stating what is required on specimen labels.
Datix feedback 2252 Community Dermatology	<p>Concerns were raised about the lack of communication between a receptionist and a doctor. This has led to a review of practices and training has been given to the entire team to ensure this does not happen again.</p> <p>In addition following feedback from this patient we will be prioritising an accreditation process with all GPs in the service, which individually reviews their practice in a reflective way as a learning experience.</p>

Data analysis as a tool to enable service improvement.

Data analysis provides very important information about the clinical services provided by Bromley Healthcare.

One example is provided by the HIV service. The service lead reports quarterly to commissioners in London Borough of Bromley (LBB). The report includes an end of year summary highlight report. Included in this report was data relating to new HIV diagnoses as detailed below:

- New HIV diagnoses: nine of the 13 (69%) were late diagnoses with six of the 13 (54%) being very late, where the CD4 count was <200. This data suggests there is still a need to proactively support and maintain routine HIV testing.

The commissioners requested a more detailed case-by-case summary of the late diagnoses in order to better understand the situation and to consider any specific learning that may benefit public health strategy for HIV testing in Bromley. Commissioners interest in this data has led to the HIV nursing service being invited to present at a forthcoming GP sexual health update. It has also evidenced a clear need to stipulate that GPs must engage with the HIV nursing service for support and education about HIV, in the primary care sexual health contract.

CQUINs 2013-14

The CQUIN (Commissioning for Quality and Innovation) Scheme rewards excellence by linking a proportion of Bromley Healthcare's income to the achievement of local quality improvement projects. The CQUIN framework provides the opportunity for Bromley Healthcare staff to go above and beyond the basic standard of care and enhance patient experience. Bromley Healthcare was very successful at meeting its various schemes, which include:

CQUIN 1: Friends and Family Test

- Full delivery of FFT across all services is to be delivered by the provider.

The results of the survey were excellent and showed that of the 3,882 service users that 97.52% are either likely or extremely likely to recommend our services to friends and family if they needed similar care or treatment.

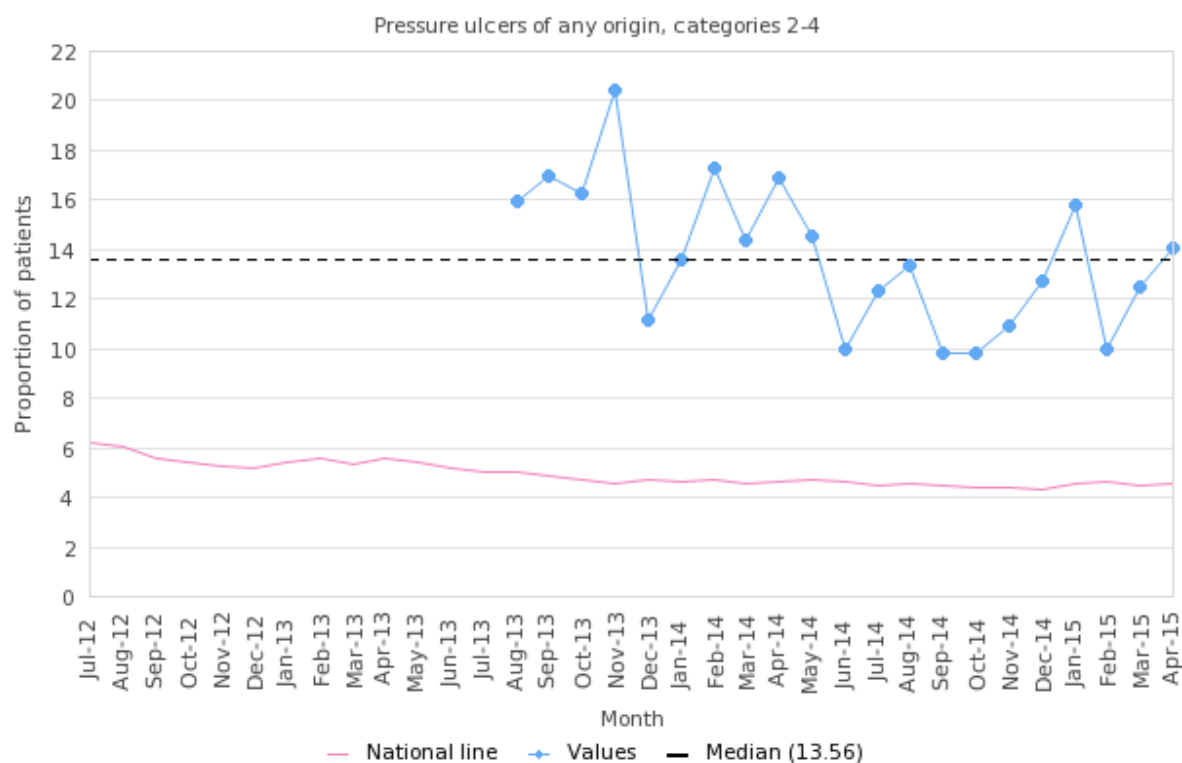
CQUIN 2: NHS Safety Thermometer

- Delivery of NHS Safety Thermometer data

This National CQUIN forms an important part of monitoring patient safety. The NHS Safety Thermometer provides a quick and simple method for surveying patient harms and analysing results so that you can measure and monitor local improvement and harm free care over time. Data is collected on a nationally identified day where data is collected around patients seen by Bromley Healthcare staff who present with common healthcare-associated harms, namely, a pressure ulcer, a fall, a urine infection in patients with catheter and venous thromboembolism.

Data is posted on the internet at www.safetythermometer.nhs.uk and allows easy comparison between organisations. The emphasis of this year's CQUIN is to focus on monitoring and reducing pressure ulcers, whilst still collecting data on all elements of the thermometer:

An example of Bromley Healthcare data is detailed below



CQUIN 3: Patient experience

- Patient experience surveys are carried out using a variety of methodologies and across at least five services.

A comprehensive piece of research was undertaken to review the survey methods that are widely used as a preliminary step to us choosing which ones to trial with our services. Methods used included paper, face-to-face, telephone and electronic/mobile surveys.

CQUIN 4: Dementia

- To continue to encourage organisations to build on previous work whereby a dementia pathway was developed to enable assessment and referral of appropriate patients

This pathway has been successfully developed to aid the screening of patients with undiagnosed Alzheimer's or other treatable dementias, giving them the opportunity to have early treatment.

Staff provide sign-posting to services that provide care and support to patients with dementia, for patients and carers i.e. other community services, voluntary services (MIND) etc.

Throughout 2014-15 dementia training continued to be delivered quarterly with dementia screening taking place for patients who feel that they have suffered memory loss or cognitive impairment within the previous 12 months. Between 1 January 2015 and 31 March 2015, 21 staff were trained to dementia training level 1 and 16 were trained to dementia training level 2. This is a 135% increase on quarter three training figures. Following agreement of this CQUIN in July 2014 a total of 50 staff have been trained to level 1 awareness and 46 have been trained to level 2.

In the quarter January to March 2015 Bromley Healthcare instigated a Band 5 induction course covering many aspects of training that staff require. This course has now run twice and has achieved good outcomes. This induction programme includes level 1 and level 2 dementia training to ensure that all new staff are aware at the earliest opportunity of how to support patients with cognitive impairment who touch our services and also how to undertake counseling and screening of patients. On visiting services and listening to feedback sessions, staff awareness and consideration of a client's potential cognitive impairment has improved and staff are gaining confidence in undertaking screens. Training will continue in 2015-2016 to capture new staff and refresh staff that feel they need a refresher session.

CQUIN 5: Commissioning for outcomes (Falls)

- Developing local evidence-based outcome measures to be used for future commissioning for outcomes, in relation to the falls and fracture prevention service.
- Collect data in line with above outcome measures which will show improvements pre and post service intervention.

On average the falls service saw a reduction of 17% in patients' fear of falling, with 66% of patients seeing an improvement in their confidence after the intervention from the service.

CQUIN 7: Value for money

- Review of multi-disciplinary teams and associated costs, workforce and case mix.
- Supportive Infrastructure to meet local need
- Consistent approach to measuring caseloads and outcomes for service line reporting
- Training and development to ensure skill mix implemented is right for patients' carers and staff.

As a result of an extensive caseload review there has been an overall reduction in the community nursing caseload size (excluding phlebotomy only caseloads) of 8% between

September 2014 and March 2015. This is primarily due to the cleaning up of the caseloads and the discharging of inactive patients who no longer require community nursing services.

The caseload review also revealed that whilst many patients will require perhaps only one to two visits a week, some only needing one visit a month for review or monitoring there is a relatively high proportion of patients who need to be visited almost every day, and this number is increasing as patients in the community become more complex.

CQUIN 8: Children & Young People

- Year 2 of CQUIN commenced in 2014/15 to initiate a school nursing service for home educated children/out of education children & provision of baseline assessments.

The home-educated CQUIN has proved to be a valuable service in reaching out to vulnerable young children and families. However the numbers being referred into this service, increased greatly during the span of this CQUIN which inevitably affected progress. Assessing the needs of this group demands a great deal of time and resources to continue to be successful.

CQUIN 9: Communications

- To develop a communication strategy, which includes on-going & regular communication to stakeholders about existing and new services.

A communications lead was appointed in 2014 to ensure that communication to patients and staff is at the forefront of service development. A strategy for 2015-16 is to be drafted taking into account feedback and results from stakeholder event that is being planned for 2015-16.

CQUIN 10: Community equipment

- To improve the management & quality of equipment provision in the community.

We have been working closely with commissioners on the management of community equipment. A standard operating procedure covering the management of medical equipment in the community has been written and shared with the commissioners.

Following referral and allocation to a named professional or approved worker, a full assessment of the needs of the service user is completed, taking into account a number of factors including: medical condition, functional abilities, carers' needs, capacity and/or best interests. Prescribing staff refer to the equipment catalogue prior to identifying and ordering individual equipment items. Equipment is only ordered when essential for patient's safety and care, and best value equipment ordered that will meet the patient need.

In order to ensure that we deliver the best possible care for patients, it is important that staff are aware of the latest technological developments. With this in mind, in November 2014 staff had the opportunity to attend a local equipment fair. At that fair, staff were able to observe first hand, a demonstration of the latest medical equipment available on the market.



Part 4

Other measures to improve quality

Quality through equality

The Equality Delivery System (EDS) continues to provide a practical focus for Bromley Healthcare's drive for 'Quality through Equality'. The EDS is reviewed biannually and provides a good opportunity for the organisation to monitor its work in a structured framework. We have embraced this as an opportunity to engage with local communities and reach those who may not be aware of our services. The EDS last published in March 2015 is available on the internet. <http://www.bromleyhealthcare.org.uk/about-us/reports/equality-delivery-system>

There are many examples across the organisation where specialist services are in place, or where activities are taking place in an attempt to ensure equality of service delivery.

The baby café- Breastfeeding education and support

The trustees of Bromley Healthcare Charity have supported the recent opening of the Baby Café in Beckenham by making a donation of £6,000. This initiative enables Bromley Healthcare to offer skilled breastfeeding support to families in Penge, Anerley, Sydenham, Crystal Palace and Beckenham at weekly



sessions, free of charge. It will support mothers and increase breastfeeding rates at 6-8 weeks, improving babies' health outcomes. The drop in café will provide parents with a friendly and sociable environment where they can relax and feel comfortable breastfeeding their babies, access support if they wish, and make friends while enjoying refreshments.

Hemiplegia awareness week

In October, staff from the children's therapy services at the Phoenix Children's Resource Centre (CRC) aimed to raise awareness about hemiplegia - a neurological condition with effects similar to a stroke. The CRC currently helps 35 families whose children have hemiplegia with various forms of therapy. Although Hemiplegia cannot be cured, lots can be done to minimise its effects. During the hemiplegia awareness week the charity, HemiHelp, planned a number of activities during the week to help raise awareness for the condition.

For instance Monday was 'Mitten Monday'. Therapists from the CRC challenged staff at Global House (Bromley Healthcare Headquarters) to wear a mitten on one hand and then take part in activities, such as tying a shoelace or opening a wrapped sweet.

This gave an insight to some of the difficulties children and young people with hemiplegia may encounter.



World Aids Day

Health improvement's sexual health team, together with equality and diversity charity, METRO put the spotlight on the importance of early testing by offering local residents free instant HIV testing. Free finger prick HIV tests were advertised at various locations around the borough. Staff were available to answer questions and give information at a stand outside Iceland on Penge High Street.

'HIV awareness is more important today than ever as prevalence in Bromley has increased in people age 15 to 59 to 2.5 people per 1000,' says Nicolette Lawrence from our health improvement team. 'With nearly half of new cases being diagnosed late and 22% of HIV positive people unaware of their status, getting tested early is key.'

Diabetes prevention for our south Asian population

£50,000 was received from the NHS South London Membership Council to improve the diabetes education that we offer to the south Asian population. Type 2 diabetes disproportionately affects people who are of south Asian origin and the proportion of people with type 2 diabetes is increasing all the time.

Many people in the south Asian population are unaware that they have diabetes, which means that they have a significant risk of developing serious health problems. What makes the problem worse is that existing diabetes services don't always provide people with the most relevant information about the prevention and management of type 2 diabetes.

To help solve this problem a year-long research project on improving education will make use of the funding received. We want to understand how we can support people from the south Asian community to prevent or manage type 2 diabetes and will be partnering with social researchers, who will work with this population in Croydon to identify the barriers people face in accessing existing health information and services.

We will use the results to develop a range of tailored educational programmes for people who have or are at risk of developing type 2 diabetes. Our ultimate goal is to reduce the number of people who develop the condition, as well as those who experience health problems relate.

Quality through technology

EMIS Web computer system

The roll out of the EMIS web-based computer system across all services is nearly complete. This has been a huge and demanding project but the upgrade has resulted in superior patient record keeping which reassure patients that their records are accurate. This development will enable us to further strengthen our partnership with GPs.

All but two GPs practice in Bromley use EMIS for their clinical records and all these practices have signed a data-sharing agreement with Bromley Healthcare which allows GPs to view coded entries in Bromley Healthcare records and Bromley Healthcare to view certain areas of the GP record, such as lab results. It is hoped as confidence grows around the governance of

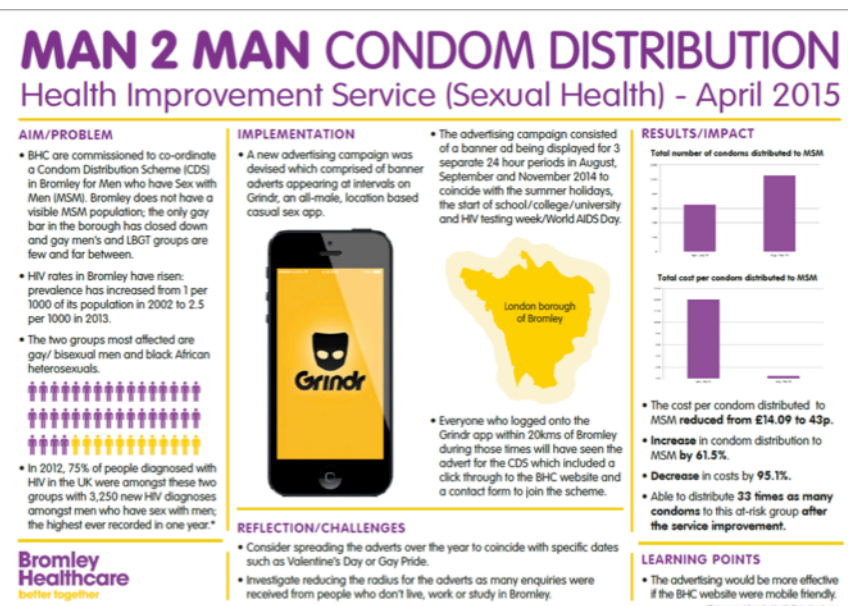
shared records that we can move towards full record-sharing. It is difficult to overstate the impact that full record-sharing could achieve:

- Patients only need to tell their story once
- Shorter consultations for clinicians since no need to 'start again'
- Proper integration of care
- Improved patient safety since all decisions will be made with all information available
e.g. community prescribers can see all the lab results on the GP record

All record-sharing is with patient's knowledge and consent.

Development of a sexual health app

Our Health Improvement sexual health team has embraced new technology to provide targeted support to a population group most at risk of contracting HIV. Compared to others, men who have sex with men (MSM) are more at risk of contracting HIV and the Man 2 Man (M2M) condom distribution scheme offers free condoms to this group. The team has commissioned some banner advertising on the Grindr dating app just within the Bromley area which was broadcast for 24 hours on 1 August resulting in an impressive 61 email enquiries. More banner ads were broadcast to coincide with fresher's week and new college intakes in September 2014 and then on 29 November for the festive season.



The condom distribution scheme run by Health Improvement's Sexual Health team is now on Twitter. The scheme is available to 14 - 24 year olds and operates in 24 London boroughs.

Development of a school nursing app

School nurses developed a mobile phone app 'School Health Matters Bromley'. The main reason for this was to raise the profile and visibility of school nursing and also to increase the channel of communication to deliver key health messages to children, young people and their families.

Whilst parents already do an excellent job of caring for their child and answering all their questions, sometimes they may not have all the answers. The app is packed with useful information and contact details, it even tells parents when the nurses are going into the child's school to immunise them. It also answers vital questions about their child's health, from the changes they undergo during puberty to treating common childhood problems like Enuresis (bed wetting), common childhood ailments, emotional well-being, healthy living, immunisations, keeping children safe (child protection).

Smokefree Bromley Service

The Smokefree Bromley team have launched a new website designed to give Bromley smokers all the information they will need to kick the habit. People can just enter their postcode in the search box and it will show them where their nearest clinic is. The site explains that Bromley Healthcare offer group sessions and one-to-one chats with our specialist advisors seven days a week and that they can access any of 104 different locations including our mobile clinic (van), GPs and pharmacies. Nicotine replacement therapy such as patches and gum are now available directly from community clinics and mobile clinic free of charge. Our support team can tailor our support for people if they wish to use their own e-cigarettes as part of their quitting programme.



Quitters can also be part of our Facebook and Twitter community, where we regularly post updates about our clinics and information about quitting smoking.

Stoptober

Stoptober has successfully helped thousands of smokers turn their back on the habit with research suggesting that smokers who can give up smoking for 28 days being up to five times more likely to quit for good. To raise awareness of the campaign to local residents Smokefree Bromley advertised on the back of buses and in the Bromley News Shopper weekly paper. Two promotional Stoptober events were also hosted in Bromley High Street where over 20 people signed up to participate in the 28 day challenge.

Smokefree Bromley and Bromley Healthcare both participated in the mass social media 'Thunderclap' to launch the campaign on 8 September when the advert featured in the Emmerdale commercial break on ITV. There was also a specialist group support programme at the Beckenham Beacon that saw people quit on Thursday 2 October. Nationally 250,000 people participated by setting quit dates specifically for Stoptober, of which 466 accessed Smokefree Bromley's clinics for support.

Quality through service development

Bromley Healthcare's services are regularly reviewed to ensure that they deliver on our vision to provide uniformly high quality services and excellent patient outcomes. Some examples of these are detailed below:

Improved GP referral system the single point of entry (SPE)

When patients are referred from GPs to Bromley Healthcare services it is vital that the referral is made seamlessly. A lost or inappropriate referral can delay diagnosis and treatment and jeopardise a patient's safety.

The single point of entry (SPE) system has been in operation since 2011, and during 2014- 15 it was expanded to include 42 services. SPE operates 8am to 7pm, Monday to Friday and provides a single referral point for GPs across the Bromley borough. GPs are able to email or fax a referral, using the standard SPE referral template. There is also a separate form for the community integrated care teams. These forms are also EMIS compatible.

The referral administrator receives these referrals and processes them and initial checks are made. Then it is forwarded on to the service the patient requires. All the referrals received are

documented, detailing which service they were for and when the referral was read by the service. The average number of referrals that pass through SPE currently on a daily basis is between 75 and 80 however a recent peak was 105 in a day. SPE has been well received by local GPs:

‘The SPE system is excellent and whoever proposed it had an excellent idea. SPE form, one of best forms I have seen, makes life easier, compliments to the person who designed it.’

Introduction of a new service: Balanced lifestyles group

The falls and fracture prevention service started its Balanced Lifestyle Group (BLG) in June 2014. In November it was extended from 6 to 12 weeks. Most course participants showed an improvement in their balance strength and confidence. Many have since joined a community based seniors’ class.

The group’s aim is to improve postural stability and prevent falls and injuries through effective, safe, life related exercise. It is tailored to individual health, functional and fall specific needs, personal goals and interests and educates participants on how they can make positive health and active lifestyle choices. The course consists of a group session once a week for 12 weeks and is facilitated by two members of the team which include a therapist in a relaxed, fun and supportive environment.

‘It has given me more confidence’ Mr. M (84)

‘I have more awareness of how not to fall and benefitted from hearing how others work around problems,’

Out-of-hours emergency dental service

The dental service recently won a tender to provide an emergency dental service in Bromley and had a four week mobilisation period to prepare. The service, based at Beckenham Beacon, runs one day of the weekend and alternate bank holidays from 9.00 to 12.30.

The location is ideal, there are no parking problems at the weekend and the service complements the urgent care centre work next door. Patients will come from all over South East London and Kent and for many it will be their first experience of using Bromley Healthcare services. The team has worked hard to create the right impression.

‘Friendly staff – Quick timing- Genuine concern’

‘Staff are polite and service excellent ’

Leg club

Dr. David Foster, deputy director of nursing from the Department of Health (DH), visited the Mottingham Leg Club on 11 June to see the great work that Bromley Healthcare staff were doing there. Often people with leg ulcers do not want to go out and become embarrassed by their condition which can lead to social isolation and depression. The leg club brings people together with the same or similar conditions helping to alleviate this social isolation.



‘For me the most striking feature of the club was that its members were real people, not medicalised as patients. They were happy to talk about their home lives, their interests and hobbies. For some this was their only outing of the week; their only human contact in a week.’

Volunteers play an important part in running the Leg Club, providing general supportive to patients and facilitating the patient feedback survey.

Walking Away from Diabetes: Improving the diabetes service response to patient need service development

In June 2014 we launched our pre-diabetes programme, Walking Away from Diabetes, which is for patients identified as at risk of type 2 diabetes. Staff from Bromley GP practices were invited to the launch to find out about the programme and how to refer their patients. The event was well attended with guest speakers Jonathan Lewis, a local GP who refers into the programme, and a patient who presented their experience on changing their lifestyle behaviour.

Following the positive results of the last year’s pilot, Bromley Public Health has commissioned the health improvement team to deliver the programme across the whole of the borough. This means that all Bromley GP practices can now refer patients meeting the clinical criteria via the single point of entry (SPE Page 35 of this report) into an evidence-based programme. A total of 40 programmes have been set up for the year and will run across the borough on weekdays, evenings and weekends.

The three-hour self-management group session focuses on increasing physical activity and reducing saturated fat in the diet. It evolved from the results of the PREPARE programme, a randomised control trial designed to promote walking . The launch for the programme coincided with the publication of the latest evidence on pre-diabetes in the British Medical journal showing that one in three people have pre-diabetes and between 5-10% of these will go on to develop type 2 diabetes.

‘The session was very well organised and clearly presented’

‘Detailed information was provided about the diagnosis’

‘I haven't gone on a diet but made changes to the type of food that I eat’

‘Pleasantly delivered presentation with tea provided’

Integrated children's community nursing team (ICCNT)

End of life care is not a frequent occurrence within the ICCNT but when it does arise it is challenging and requires care, compassion, knowledge and experience. If the team can make a difference to a family during this emotional time, they strive to do their best to support them.

Children's continuing care offers specialist assessment and a multi-agency care package to support the family caring for a child or young person with multiple, complex and enduring healthcare needs due to disability, accident, life limiting or sudden illness.

Pathfinder - special educational needs for children

The children and young people's additional needs service leads have joined with colleagues in education, health and social care to support the local implementation of the changes for the Special Educational Needs and Disabilities (SEND) system set out in the Children's and Families Act 2014. Service leads have demonstrated excellent integrated working, contributing to these reforms that aim to create a real change to the way education, health and care professionals work with families, children and young people.

The team has worked on developing the Bromley Local Offer which ensures that parents of children and young people with special educational needs and disabled young people themselves, know what services are available from Bromley Healthcare and how they can access them. Details are available on Bromley Clinical Commissioning Group website

www.bromleyccg.nhs.uk The Bromley Local Offer includes provision from birth to 25 years across education, health and social care. It is being developed in conjunction with children and young people, parents and carers and local services which include pre-school provision, schools, colleges, health and social care agencies.

Integrated services for older adults

In March 2013 Bromley Healthcare successfully rolled out integrated community teams across the borough. The teams are attending Gold Standard Framework (GSF) meetings at their corresponding GP practices to support an integrated model of care across primary and community care.

A team of Bromley Healthcare staff are embedding new processes and to support this visited Buurtzorg in East Holland to understand how nursing care was delivered in the community there. From this, a new model of working was developed, which provides daily group feedback meeting (30-60 minutes) on patients to discuss the on-going care, issues and risks to patients.

This is run in a non-hierarchical way with all team members jointly taking responsibility for decisions around patient care. Feedback meetings take place before afternoon visits with all nurses attending and allow focused holistic conversation about patient's care. The results of these meetings are positive. The number of grade two pressure ulcers has increased but grade three and four pressure ulcers have reduced due to these being picked up earlier. The number of complaints, missed visits and medication incidents has reduced. Nurses would like to roll this model of working out to include therapists and community matrons, and have been energised and motivated since the trial of this model commenced.

Another community team is piloting ten hour working days to provide more effective nursing cover for their patients. This will be reviewed after two months and if appropriate the rota pattern will be rolled out across other teams. Increasing the shift length will ensure there is not a gap in nursing service.

Quality through service improvements

All services produce at least three service improvements per annum. Services were invited to submit posters for a recent service improvements competition. The Lead Judge Dr Bahru commented:

'The posters were of excellent quality. My appreciation is they (staff) have to do this in between a challenging and tough work commitment'


Service improvement competition, first prize: smoking cessation

Bromley Healthcare
better together

Improving local access to Bromley Stop Smoking Service
Health Improvement Service - April 2015

AIM/PROBLEM
Provide a **mobile clinic** to:

- Help address the problem of a national and local decline in people accessing the service.
- Raise awareness of Smokefree Bromley.
- Increase uptake of community stop smoking interventions.
- Provide access to our service 7 days a week, including evenings




IMPLEMENTATION

- The new mobile clinic in the form of a branded van was launched on 1 August 2014.
- Smokefree Bromley's new eye-catching marketing theme was used to make the van noticeable.
- Additional staff were recruited for outreach and clinic delivery.
- A direct supply of Nicotine Replacement Therapy (NRT) products was made available through the mobile clinic. This eliminates the need to visit a pharmacy for products enabling the van to be a 'one-stop-shop'.



RESULT/IMPACT

- Quote from client:

"I pop into the stop smoking van at Bromley High Street on my way into work and get patches and gum every week. Having it close to work has helped me to quit and saved me paying a prescription fee. I had a slip-up towards the beginning, but now I've gained control and feel happy that I'm doing well. To be honest, I was too lazy to access the service at my GP; coming to the van has been convenient. I've recommended the van to family and friends who smoke."
- When I agreed to come into the van for a chat and did the carbon monoxide test I got a 19, so I decided to sign up. My readings are now 3s, for the last 2 weeks.
- I can taste and smell better; I don't like the smell of cigarettes anymore. I've saved some money already and it will go towards a new car."



- Between 1 August 2014 and 31 March 2015: **703** people accessed the mobile clinic and of these **261** people quit smoking utilising the mobile clinic's service to date; an estimated annual cost saving of over £50,000* to NHS Bromley in treatment of smoking related conditions.
- Raised awareness of key national events e.g. **Stoptober** and **No Smoking Day**




REFLECTION

- The mobile clinic needs to be constantly analysed to ensure that it is located in areas of high footfall where the service can be effectively utilised.

LEARNING POINTS


- Saturation points will eventually be reached so the mobile clinic needs to be changed.
- More evening clinic sessions are required.



*Based on data from the Public Health Procurement Framework for Bromley, Nov 2015

The smoking cessation team now provide a mobile clinic to help address the problem of a national and local decline in people accessing services. The van is taken to various locations across the borough and offers a mobile consulting room enabling smoking advice to be given at a convenient location, seven days a week.

Service improvement competition, runner up: Children's dietetics service



Bromley Healthcare
Better together

Acknowledgements: Emma Daldorff, Children's Community Dietitian; Debra Drizen, Head of Children's Dietetics; Jo Goddard and Charmian McKeever, Heads of ICCNT; Denise Mason, Head Teacher Marjorie McClure School

The Children's Dietetic Service worked with ICCNT and Marjorie McClure School to agree an enteral feeding intervention at parental request that was outside clinical guidelines and required legal and risk assessment prior to implementation.


Integrated working to agree an intervention outside clinical guidelines

Aim/Problems

- The parents of a child fed via a gastrostomy tube chose to use home-made blended food rather than a specialised proprietary feed. This practice is against current guidelines.
- After the implementation of this practice at home the parents expressed a strong preference to also introduce it at school.
- Children's Dietetics and ICCNT supported the parental wishes while addressing the risks.

Implementation

- Discussed British Dietetic Association (BDA) guidelines with parents, BHC risk team, operations manager and quality director; liaised with ICCNT.
- Literature review to understand untoward risks related to practice.
- Discussed with other children's dietitians at regional meeting for peer review of practice.
- Risk assessment completed using BDA template as advised in guidelines.
- Detailed nutritional assessment and advice to parents regarding content of blended feed.
- Discussed with legal team regarding advisability of implementation at school, safeguards to put in place and any implications for professionals as not recommended practice.
- School specific risk assessment and procedure for feeding written and agreed by multi-disciplinary team and parents.
- Parent provided training to staff administering feed at school.
- Disclaimer signed by all parties.



Result/Impact

It is too early to determine the impact at school as implementation is due to start. At home the blended feed is going well. The child is reported to have reduced reflux, reduced vomiting, resolution of constipation and decreased phlegm production.

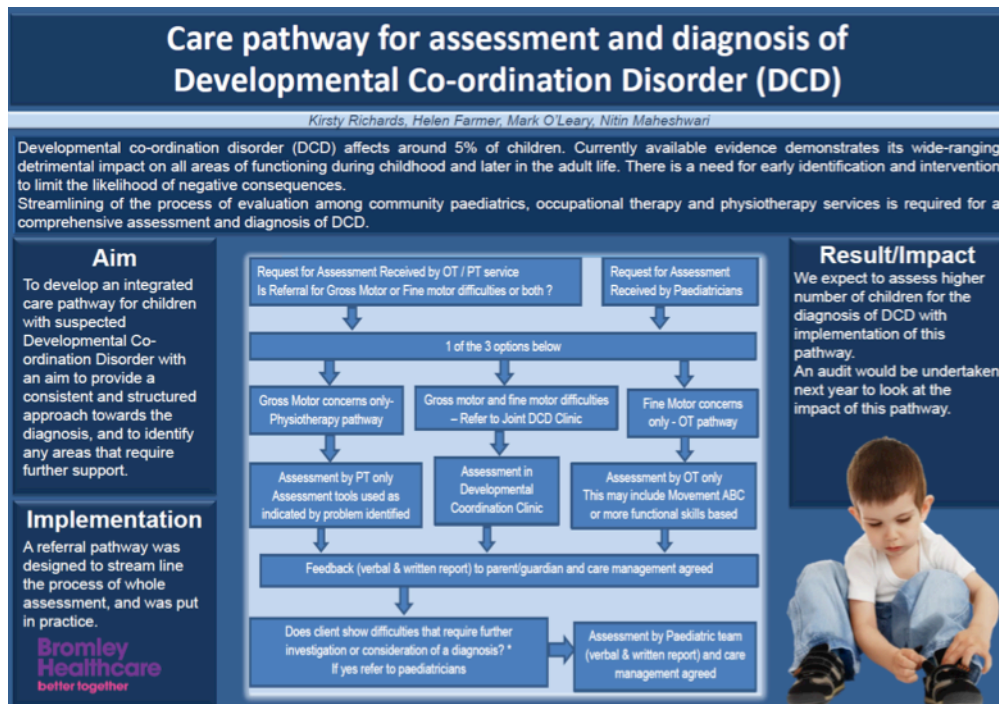
Posting on Patient Opinion by parent - *"Our dietitian has been a great support for my son and us as a family. She never judged us and understood our point of view. We would like to thank her for all the hard work and hours she has put into our family."*

Reflection and Learning

- The process took longer than anticipated.
- Multi disciplinary working was essential to reduce and mitigate risks.
- The needs of the child are integral to planning and risk assessment.
- It is possible to implement interventions that seem difficult at first, with adequate research, advice and collaboration between professionals and parents.



The children's dietetic service worked with the intermediate care children's nursing team (ICCNT) and Marjorie McClure School to agree an enteral feeding intervention at parental request that was outside clinical guidelines and required legal and risk assessment prior to implementation. The parents of a child fed via a gastrostomy tube chose to use home-made blended food rather than a specialised proprietary feed. This practice is against current guidelines. After the implementation of this practice at home the parents expressed a strong preference to also introduce it at school. Children's dietetics and ICCNT supported the parental wishes while addressing the risks.

Service improvement competition: Occupational Therapy, Physiotherapy and Community Paediatrics



A number of teams from the paediatric service worked together to design a referral pathway (as shown in the poster above) the aim of the service improvement was to streamline the process of assessment to enhance efficiency and positive outcomes for children. Clinicians expect to assess more children for the diagnosis of development co-ordination disorder (DCD) with the implementation of this pathway.

Community teams dressing project

Community Teams Dressings Project		
Acknowledgements: Community Nursing Team		
Problem In August 2014 Community Teams were already 51% over spent in relation to dressings. 6 Integrated Community Teams were formed in March 2014. Prior to this there were 4 District Nursing teams, so the budget set for dressings was not a precise exercise. Due to the co-location of the community teams with other Bromley Healthcare services/ teams, and the fact that all the stock rooms were not always locked, stock was often utilised by these other services/teams.		
Aim To reduce the over spend on budget. Ensure the correct dressing use through wound assessment review and care planning		
Implementation <ul style="list-style-type: none"> An action plan was put in place Simple measures that would have immediate results were put into place Dressings stock rooms were locked & only the community teams had access Other co located teams were to order their own stock and not use community team's stock Dressings 'bags' were made up, on a daily basis, for bank & agency staff containing the necessary items for their allocated patients rather than 'help yourself' A simple stock take of dressings held in patients home was undertaken – to see how many days worth of dressing stock patients had and the dressings that were in the care plan were appropriate and being used. Hand held scanners were to be investigated, to track stock being taken out by staff, to ensure appropriate amount are being used. Stock not often used/access stock is shared Staff were requested to review the stock they carried around in the boot of their cars 	Reflection/Challenges <ul style="list-style-type: none"> ❖ Work is still on-going to reduce the budget ❖ The home dressing stock take was a very simplistic but gave us an basic overall picture ❖ The hand scanners are awaiting finance approval 	 Result/Impact <ul style="list-style-type: none"> ➢ The majority of patients had an appropriate dressing and their care plan reflected this. ➢ 33% of patients with lower leg wounds had more than 7 days dressing supply in their homes ➢ By March 15- the dressing budget had reduced by 15% by the above simple measures ➢ Excess stock in patients home cannot be returned to base (either when the wound is healed or a change of dressing is required) therefore no more than 7 days worth of dressing should be in a patient home. Learning <ul style="list-style-type: none"> ✓ Access to dressing stock room restricted to community team members only (security codes) ✓ Stock control

Bromley Healthcare
Better Together

The aim of this service improvement was two-fold; to ensure that the correct dressings were being used after wound assessment review and care planning and to reduce over-spend on the dressings budget. The result of the review showed that the majority of patients had the appropriate dressing and their care plan reflected this. However the review also identified that 33% of patients with lower leg wounds had more than seven days dressing supply in their homes. As excess stock in patients home cannot be returned to base when the wound is healed or a change of dressing is required), the review changed procedures so that no more than seven days worth of dressing is stored in a patients home. As a result of this simple measure the dressing budget was reduced by 15%.

Patient safety - an essential part of quality care

Patient safety remains at the heart of all healthcare provision and a number of systems are in place across Bromley Healthcare to ensure that this is maintained.

Risk management systems (Datix)

Bromley Healthcare has continued to develop and improve risk management systems to promote safety for people who use and deliver our services and support continuous improvement.

Risk reporting

A recent internal audit by KPMG concluded that Bromley Healthcare has a robust risk management process in place. The guidance in place for risk management is contained within the clinical governance strategy and related individual documents. The process of risk identification is both top down and bottom up. There is an established system for logging risks on Datix. This forms the risk register for Bromley Healthcare at an operational and strategic level. The risk management team has open communication with staff which facilitates their monitoring of the risk management process. There is a process for ownership, escalation and review and the register is aligned to the balanced score card to ensure that the current risks and performance are aligned. This helps to increase assurance over the completeness of the risk registers. The risk manager presents an aggregated report of operational risks to the executive, allowing for a consideration of whether there is also a strategic risk.

A recent internal audit by KPMG concluded that Bromley Healthcare has a robust risk management process in place.

Incident reporting – including serious incidents

All incidents are logged onto our Datix system. There is a good reporting culture within Bromley Healthcare that results in opportunities to learn and make improvements. A monthly thematic analysis of all issues reported during the month is prepared by the risk team and presented to the executive team, the clinical governance committee and at the quality contract monitoring meeting with Bromley CCG.

This report includes complaints, comments and concerns to see if there are any patterns across incident and feedback reporting. All data is analysed and considers degree of harm as well as the grade of incident. All incidents reported externally are included e.g. Care Quality

Commission, NHS England as well as details of being open and duty of candour. Examples of learning outcomes where processes have been strengthened are identified in the monthly thematic report. Lessons are disseminated through the service managers and the report is available to staff on the intranet. There are plans for reports to be published on the Bromley Healthcare internet.

This year, for the first time, we produced an annual analysis report. This concise report gives an overall picture of themes and reporting patterns within services. The report includes actions that were put in place to enable learning to be shared across the organisation and provides the opportunity for busy staff to have access to this vital information in a user-friendly format.

Pressure ulcer prevention and care

The management of clients with pressure ulcers (PU) have been a top priority for the quality team in 2014. The team have worked tirelessly to improve all areas of PU work

These include

- Developing a prompt card for community nurses to encourage them to take the correct actions to prevent the development of pressure ulcers and if one does develop how to manage it.
- Devising and implementing a new root cause analysis (RCA) tool for use in Bromley Healthcare
- Shortening the length of time from when a Datix is entered reporting a pressure ulcer to the root cause analysis being presented at a panel. This has enabled learning to be identified and embedded into practice in a more timely manner
- A Bromley CCG medical advisor meets to share his thoughts on improvement areas with the community teams on the pressure ulcers sustained in patients who are receiving care from Bromley Healthcare
- RCAs being routinely discussed within Multidisciplinary team meetings
- Working closely with Kings College Hospital to develop a pressure ulcer passport that Bromley Healthcare trialled in January 2015 and plans to roll out across all relevant services.
- Tissue viability teams across Bromley Healthcare and Kings College Hospital are developing an app to support healthcare staff development around the prevention, management and reporting of pressure ulcers.
- Meetings convened quarterly with Bromley CCG to discuss themes arising from RCA of pressure ulcers
- Participation in the Bromley, Bexley, Greenwich, Lewisham pressure ulcer group whose purpose is to streamline the PU process across the four boroughs.

Infection control

A dedicated specialist infection control nurse was appointed in 2014. Although a high standard of infection control has always been at the heart of clinical practice, we recognise that there is a need to remain vigilant and to review our clinical processes. The infection control nurse has launched a number of initiatives including the introduction of hand hygiene champions.

Hand hygiene champions

To ensure that we are compliant with the Health and Social care act 2008 and raise the profile of infection prevention and control at Bromley it has been agreed that one or two individuals from each service (dependent on size of service) will become hand hygiene champions – a nominated person with expert knowledge of infection control in their service.



Champions attended a half day training session in early 2015 and will liaise with the nurse specialist on any issues. They will become hand hygiene champions and also carry out hand hygiene audits, after training.

Medicine management

The medicine management team is responsible for the governance of all aspects of prescribing and medicines management within services provided by Bromley Healthcare. This ensures that medicines are safely and effectively prescribed and managed. They work with professionals and services across Bromley Healthcare that prescribe, store and administer medicine.

Medicine management is an important aspect in healthcare, ensuring high quality of care is being safely delivered across services. The team is responsible for the ordering, issuing and distribution of prescription pads for all prescribers within Bromley Healthcare with exception to the dental service. The service takes prescription security and patient confidentiality very

seriously, ensuring that staff act in accordance with NHS Protect, prescription security and secure storage of patient identifiable data.

Management of medical devices and equipment fair

Good practice in the management of equipment used therapeutically is essential to safe patient care. All services have a responsibility to ensure they manage their equipment and this is recorded on their service equipment database. Information relating to procurement, maintenance, calibration and decontamination is included on the database. This is monitored on a monthly basis and linked to the service balanced scorecard. There is also information to record staff groups that can use equipment and if any training is required.

There is a reporting system that is used nationally to report any incident relating to medical devices - see CAS alerts section below6.



Together with the London Borough of Bromley and Medequip, in November 2015, Bromley Healthcare held the annual two-day equipment awareness fair. 67 staff, from a range of services attended. The event shows staff what equipment is available for the patients they see in their homes including equipment that will help them make their job easier and offers patients a better experience. Staff were able to speak with representatives from the manufacturers about the range of specialist equipment that is available for patients, examine specialist equipment and see demonstrations.

Central Alert System (CAS) and Patient Safety Alerts

This system of monitoring CAS alerts is unchanged from the previous Quality Account. A web based system developed by the Department of Health (DH), with the Medicines and Healthcare Products Regulatory Agency (MRHA) and the National Patient Safety Agency (NPSA) it issues 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. The system e-mails new alerts to a nominated person within the company who then disseminates the notice to the relevant service

areas, some alerts have an action deadline which has to be met by all relevant services and all alerts whether relevant or not are signed off on the external CAS system. The system provides assurance to Bromley CCG and NHS England that alerts have been received and implemented.

There have been 18 Patient Safety Alerts (PSA). All of these were reviewed for relevance and cascaded to services. The majority of the alerts were not relevant for services delivered by Bromley Healthcare. Some were relevant only to raise awareness of some issues with no direct response of action by the service/s.

Two alerts related to incident reporting:

- NHS/PSA/D/2014/006 Central Alerting System: Improving Medical Device Incident Reporting and Learning
- NHS/PSA/D/2014/005 Central Alerting System: Improving Medication Error Incident Reporting and Learning

In both cases there was a requirement to have a board director as lead for each area, a named safety lead for each and a group or committee overseeing the incidents and systems in place to share information nationally as part of the established National Reporting and Learning System (NRLS) and the MHRA. Bromley Healthcare reviewed their processes to make sure they meet these requirements. There are plans to merge or streamline these reporting routes nationally in the future and this alert is in preparation of any change in the arrangements.

Adult and child safeguarding

Safeguarding both children and adults is a high priority for Bromley Healthcare and robust safeguarding arrangements are in place for both groups. The head of nursing and the safeguarding children's nurse have reviewed the policies and procedures in place for safeguarding both adults and children to ensure that:

- Robust governance arrangements are in place
- By Safe Staffing levels reviewing vacancy rates in health visiting and school nursing to ensure that there are sufficient staff to carry out duties to safeguard children
- Reviewing referrals to social care and the completion of common assessment framework (CAFs)
- Reviewing achievement of level 1 to level 3 safeguarding children training
- Ensuring that robust supervision processes are in place
- Ensuring recommendations, following a serious case review, are acted upon
- Ensuring recommendations and actions following inspections are acted upon.
- Ensuring appropriate audits of practice are carried out and recommendations are disseminated into practice

Training

It is the duty of the organisation to develop and maintain quality standards and quality assurance through effective training and education. We do this by giving staff access to learning opportunities that will facilitate their understanding of clinical aspects of child welfare and the need to share information appropriately.

All training is evaluated, reviewed and changes made where needed. There is excellent liaison between heads of service, the named nurse & doctor, and the learning and development team. All staff are required to complete online adult safeguarding training. Face to face adult safeguarding training has been delivered to the board this year and is delivered to all staff who attend monthly corporate induction sessions. The intranet pages have been recently updated.

Children's safeguarding

Quarterly updates on important safeguarding children information are disseminated to a number of governance groups e.g. Bromley CCG clinical quality group, Bromley Healthcare clinical governance committee and Bromley safeguarding children health forum.

A new named safeguarding children's nurse, was appointed by Bromley Healthcare at the end of July 2014. Since coming into post changes have been made to supervision and training to ensure robust systems are in place and that we are compliant with our supervision policy and intercollegiate document: March 2014. A safeguarding team structure is now available on the organisation's Intranet with all the relevant contact details and this has been shared with staff.

A supervision policy is currently under review. Audits have been completed and more are planned for the coming year. The supervision audit will review practitioner satisfaction and experiences and review the outcomes of child protection plans. A training audit will be carried out later in the year and changes made if needed to meet practitioner's requirements. Training has been delivered to frontline practitioners on female genital mutilation and harmful cultural practices. This raises the profile of these important topics. Following the Jimmy Savile Inquiry work has been undertaken to ensure there is a robust procedure in place when employing volunteers and inviting VIP's into our estates.

Support is available to all staff during the working week and a formal consultation is completed for the more complex cases ensuring a clear plan of action. Safeguarding team members are

co-located within the multi-agency safeguarding hub and the looked-after children teams which have promoted effective joint working and excellent information sharing. A team member is also based within the Princess Royal University Hospital, enabling good communication between acute and community trusts about all safeguarding children matters.

A new named doctor came into post in January 2015. The child protection Paediatric on-call team receives calls from GP's for advice regarding safeguarding issues and concerns. These calls are responded to within one hour.

Adult safeguarding / vulnerable adults

Adult safeguarding continues to reside alongside children's safeguarding under the executive leadership of the joint clinical director. The operational leadership is provided by the head of nursing, reporting to the joint clinical director, who attends both the Bromley safeguarding adult board and executive. There is a nominated non-executive director who sits on the Bromley Healthcare board and executive, with responsibility for adult safeguarding.

The adult safeguarding strategic group is chaired by the head of nursing and convenes alternate months. This group reviews referrals to LBB and the outcomes of those referrals, case reviews and current issues, including the Care Act. Bromley Healthcare work closely with the London Borough of Bromley, participating in case conferences and reviews of adult safeguarding issues as they arise.

Bromley Healthcare is represented on the subcommittees and working groups of BSAB and the Bexley, Bromley and Greenwich Pressure Ulcer Working Group.

Support is offered to all staff that make an adult safeguarding referral to a local authority. Staff are also encouraged to discuss adult safeguarding issues at regular clinical supervision sessions. The organisation also continues to build on delivery of clinical supervision for all clinical staff and a common theme in sessions includes safeguarding adults.

Support is offered to all staff who make an adult safeguarding referral to a local authority. Staff are also encouraged to discuss adult safeguarding issues at regular clinical supervision sessions.

Since summer 2014 all staff have been required to undertake adult safeguarding training with clinical staff requiring a higher level of training. Adult safeguarding and prevent are included as an identified session in the monthly corporate induction programme. Bromley Healthcare are

awaiting national PREVENT training materials. 83% of all Bromley Healthcare staff have completed Level 1 Adult Safeguarding Training. Five staff have recently undertaken the Healthcare Investigation Course run by the local authority to ensure that the organisation is well positioned to contribute to any health related investigations.

All quarterly service reviews now contain a section to be discussed on adult safeguarding within individual teams. Discussion is encouraged and documented around safeguarding training, challenges and alerts made. Adult safeguarding training levels have been added to each service's balanced scorecard and are monitored monthly by operational managers.

Representatives recently attended the NHSE PREVENT training held at Beckenham Beacon. The head of nursing is arranging for the London PREVENT lead to attend the clinical forum to present to staff about issues surrounding PREVENT. PREVENT training is incorporated into all of our staff induction programmes.

Awards

Internally, the work of Bromley Healthcare's staff is recognised via the 'Team of the Month' and 'Star of the month' along with other awards such as M&S vouchers and even funds for team treats such as ice cream.

In addition Bromley Healthcare was shortlisted for many national awards in 2014.



Inspection results 2014-15

Care Quality Commission inspections

The last inspection carried out by the Care Quality Commission (CQC) took place in February 2014. Please see last year's Quality Account for the results.

Ofsted Inspection Results

In February, Hollybank had an unannounced interim Ofsted inspection. Of the ten children's homes chosen nationally to be part of the pilot inspection process, Hollybank was the only one from London.

Being chosen to be part of the process showed, the inspector said:

'...what an excellent service you offer at Hollybank and that you should be very proud of your service and its reputation.'

The inspector was impressed by the homely feel at Hollybank and liked all the pictures/drawings and pieces of children's art that are displayed. She also commented on the level of engagement demonstrated by staff attending home visits and school reviews. A sample of comments that parents made to inspectors include:

'A lot of love and work went into the creation of the care plan. The keyworker has understood my daughter's needs and identified exactly how she relates to the world. They have been able to make a massive difference in her life'

'The staff team is lovely. My daughter is loved there. She talks about them all of the time and draws pictures of them. She has a great relationship with them, which I do as well.'

A senior member of the local disabilities team placing children in the home said,

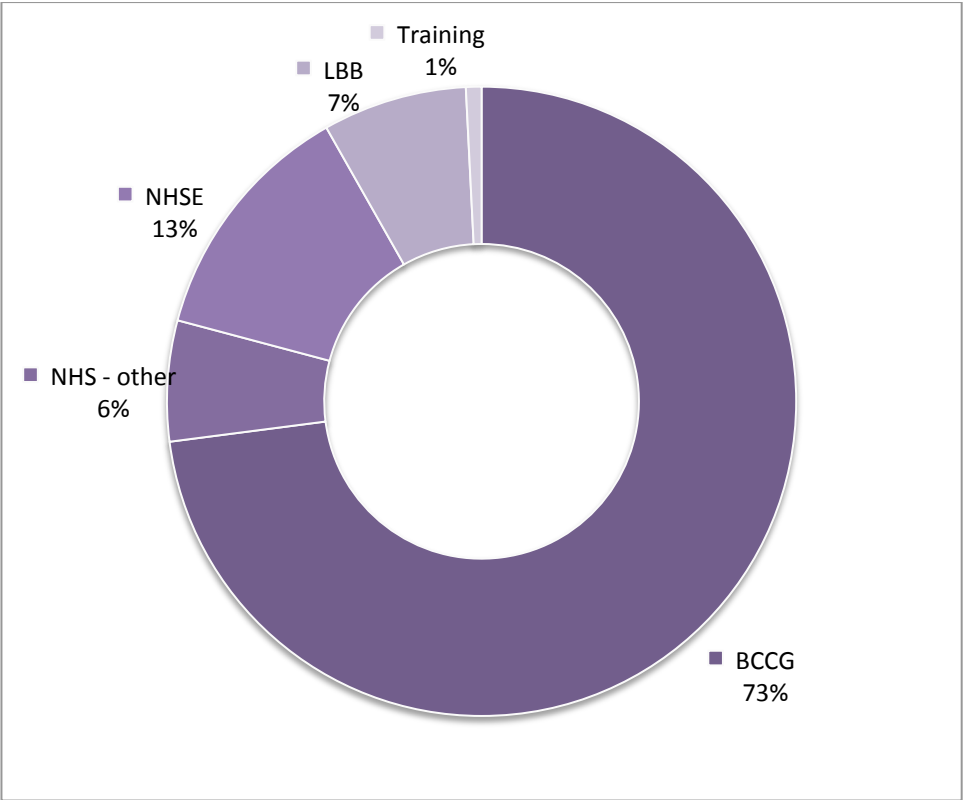
'It is a home from home where children are well supported and stimulated.'

Income

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 2014/15, Bromley Healthcare delivered its financial plan, additional community activity over its agreed baseline and a predominantly ‘green’ balanced scorecard.

Bromley Healthcare received income from the following organisations during 2014/15:



Bromley Clinical Commissioning	73%
London Borough of Bromley	7%
NHS England	13%
Training	1%
Other NHS	6%
	100%

Statements from organisations and committees

Healthwatch Bromley and Lewisham

Introduction: Healthwatch is an independent health and social care watchdog that is the voice of the local people and to ensure that the health and social care services are safe, effective and designed to meet the needs of patients, social care users and carers. Bromley Healthcare values the regular meetings that the organisation has with Healthwatch members.

Statement:

From a Healthwatch Bromley and Lewisham perspective this is a comprehensive, positive and well-presented report with a welcome focus throughout on staff and service development. The breadth of material shows an impressive range of work, as well as particular attention on learning from patients and service users in order to innovate and to improve the range and quality of services provided by Bromley Healthcare.

Areas of Success

- There is a clear emphasis on Bromley Healthcare being a patient-centred organisation
- Clear details from the outset of the report on patient and service user engagement in monitoring quality of services and improving outcomes
- Evidence of innovative methods to engage with service users and obtain constructive feedback, as well as responding with evidence of service change and development
- Emphasis on staff training and supported by evidence of staff development and support systems
- Emphasis on engaging with, and learning from, frontline staff who have the greatest interaction with patients and provide a valuable source of information
- Emphasis on working in partnership with a wide range of other professionals and organisations and listening to feedback on referral processes and service provision, for example local GPs
- Evidence of the way the organisation has learned from incidents, concerns and complaints, and responded with service changes and improvements is of particular note
- There is a welcome focus on the development of preventative and early intervention programmes and services, for example around HIV, diabetes, smoking cessation, and fall prevention
- Appears to be useful evidence from Clinical Audits and Clinical Research incorporated into the Quality Account

There is strong evidence of a good commitment to safeguarding, both for children and adults

Areas for Improvement

Although there is a brief mention of integrated teams (i.e. nursing, physiotherapy and OT) working with older people, particularly in rehabilitation, there appears to be very little mention of liaison or joint working with social care and establishing fully integrated teams. For care to be truly patient-centred it is vital that this 'joined up' style of working is promoted consistently by the trust and HWB&L is glad to see that Bromley Healthcare has already acknowledged this as an objective for 2015-16.

Areas of clarification

Healthwatch Bromley and Lewisham would like to see further information regarding how Bromley Healthcare are ensuring they engage with the very frail and elderly who are using their services. Similarly, further information around how Bromley Healthcare is engaging with, and supporting carers, would be welcomed. A significant proportion of patients, for example the sick, disabled children or the very elderly, will no doubt be supported by family carers (ref. report by DH, Carers Trust and Queens Nursing Institute August 2014) and this is a demographic that Bromley Healthcare needs to ensure they are communicating with.

June 2015

Bromley Clinical Commissioning Group (BCCG)

Introduction: Bromley CCG is a membership organisation of local GPs. All GP practices in Bromley are members. They set the direction of the organisation and delegate responsibility for commissioning local NHS services to the governing body. Six GPs have been elected to the CCG governing body.

Statement:

Thank you for the opportunity to comment on Bromley Healthcare's quality account for 2014-15. Bromley CCG is committed to working closely with Bromley Healthcare CIC to ensure the ongoing delivery of high quality services for our population. Bromley Healthcare was commissioned by Bromley CCG in 2014/15 to provide a range of community services to the population of Bromley for adults and children as shown earlier in this account. We also commission the GP out of hours service and the rehabilitation service.

Clinical Quality Review Group (CQRG)

Bromley Healthcare has participated fully in the monthly Clinical Quality Review Group meetings with the CCG as well as other quality mechanisms such as the serious incident committee and safeguarding assurance meetings. The CQRG meeting is where performance against key quality indicators is measured and reported on.

Bromley Healthcare outlines progress made against the improvement goals set in 2014/15 that span the three key domains of quality - patient experience, patient safety and clinical effectiveness. Many of the quality improvement targets were also included in the CCG contract with Bromley Healthcare. Issues arising, where performance targets were not met, have been addressed through relevant recovery plans which are monitored through the CQRG and have included workforce issues and waiting times.

Incident Reporting

Bromley CCG has worked closely with Bromley Healthcare on extending responsive and multi-agency working in relation to incident reporting. The organisation has developed an inclusive collaborative approach to service improvements across the local health economy which is welcomed by the CCG.

Commissioning for Quality and Innovations (CQUINs)

The CCG commissions for quality improvement and innovation also known as CQUINs. For 2014/15 these included; Improving patient experience (Friends and Family test as well as service specific surveys), improving the number of patients without the four harms (pressure ulcers, catheter infections, venous thromboembolism and falls), improving the detection of dementia, commissioning for outcomes in the falls service and improving awareness of pressure ulcers in care homes.

Looking forward, the CCG welcomes the strengthening of the senior leadership team and, in particular, looks forward to working with the newly created Director of Nursing.

Sonia Colwill

Director of Quality, Governance and Patient Safety

June 2015

Appendix 1 Clinical Audits 2014 - 2015

Clinical audit is a systematic way of measuring the quality of care against agreed standards, making improvements at a service and individual level. The organisation has an expectation for all clinical services to do at least one clinical audit every year. The quality team provides support with the audit proposal and writing the report. Audits are uploaded to Datix, to allow effective monitoring of the implementation of recommendations and plans. A prompt has been added to Datix for services to consider if audit results indicate significant clinical risk that needs to be added to the risk register.

Operational Unit	Services	Audit title	Completion date
Health & Well Being	School Nursing	Quality of Life (QOL)	22/01/2015
Health & Well Being	School Nursing	Assessment of children/ young people's health needs where there are safeguarding concerns	09/01/2015
Health & Well Being	Health Visiting	(Re-audit) Unicef Staff Education on Breastfeeding Management and Relationship Building	22/01/2015
Health & Well Being	Dietetics – Adult	(RE-Audit) Audit of referrals and dietetic management of patients with Irritable Bowel Syndrome in the Lewisham Adult Primary Care Dietetic Service	30/03/2015

Health & Well Being	Contraceptive and Reproductive Health	Review of patients attending Contraception and Reproductive Healthcare services attending with a Subdermal implant in-situ requesting early removal of the device (before end of life span)	01/02/2015
Health & Well Being	HIV	Plan of care for HIV +ve women.	30/09/2014
Hospital and Unscheduled Care	EMDOC	1% audit	30/06/2014
Hospital and Unscheduled Care	Medical Response Team	Clinical Audit for prescribing of antibiotics	31/03/2015
Borough-Wide	Dentistry	An audit of prescribing in Dental services	31/03/2015
Borough-Wide	IAPT	Are we meeting the NICE guidelines (2009) and the standards of best practice (Pain Toolkit, Moore and Cole, 2009) for the chronic pain management groups	31/03/2015
Borough-Wide	Diabetes	Re audit of Blood Glucose meters used by BHC staff.	30/04/2014
Borough-Wide	Wheelchair services	Review of care pathway to set benchmarks for practice for clients with Motor Neurone Disease referred to the Wheelchair Service	30/01/2015
Borough-Wide	MASS	Compliance to medicine reported after MASS intervention	29/08/2014
Borough-Wide	AQP Services	Re-Audit Hand Hygiene within AQP Services 2014	01/10/2014
Borough-Wide	Podiatry	Foot safety audit	30/01/2015
Integrated community	Community Matrons	Setting a standard process for the undertaking of a Medication Review by	31/12/2014

teams		the Community Matrons	
Integrated community teams	Integrated Community Teams	Re- Audit - The Effectiveness of Blood Pressure monitoring in the district nursing service (ID: 84: original audit)	30/11/2014
Integrated community teams	Integrated Community Teams	Unplanned Visits Audit Community Teams, June 2014	30/06/2014
Integrated community teams	Physiotherapy - Adults	Audit of Physiotherapy Rehabilitative Management of Older People who have fallen or who are at risk of falling	31/03/2015
Integrated community teams	Occupational therapy – Adult	The practice and process of occupational therapy – Audit of Professional standards	31/03/2015
Integrated community teams	Bladder and Bowel Management	Bladder and Bowel Home Delivery Audit	05/05/2014
Integrated community teams	Falls	An audit of whether the FRAT falls risk assessment is meeting national standards and compliance with completion of this tool for all patients referred to the service	19/01/2015
Integrated community teams	Tissue Viability	Leg ulcer management on DN caseloads	01/03/2015
Integrated community teams	COPD	Scope for expansion of pulmonary rehab to incorporate maintenance classes	30/11/2014
Children and Young	Children's SLT	The effectiveness of a high level of school-based speech and language	04/02/2015

people		therapy intervention for children with a speech and language disorder	
Children and Young people	Hollybank	Audit of the completion of drug cards at Hollybank	08/04/2014
Children and Young people	Occupational Therapy – Children	'Do parents of children within Bromley Special Schools feel involved in their child's Occupational Therapy assessments and interventions?'	09/02/2015
Children and Young people	Community Paediatricians	Re-audit on health surveillance of children with Downs Syndrome	21/08/2014
Children and Young people	Community Paediatricians	Management of Epilepsy in Children Attending Special Schools	28/07/2014
Children and Young people	Community Paediatricians	Melatonin for Sleep Disorders: a re-audit into prescribing practice	01/08/2014
Children and Young people	Community Paediatricians	Re-audit: Health Assessment Survey of Young People in Care - 2014	27/04/2014
Children and Young people	Community Paediatricians	Do our medical assessments for suspected physical chastisement demonstrate cultural competence?	27/05/2014
Children and Young people	Community Paediatricians	An audit of medical advice reports provided to Local Authority for Education, Health and Care Plan	01/10/2014
Children and Young people	Community Paediatricians	Re-audit : Health and Wellbeing of Bromley Looked after Children (LAC) Placed Out-of-Borough	31/12/2014

Children and Young people	Physiotherapy - Children	Does the Children's Physiotherapy Service offer a consistent quality service to children on our caseload undergoing planned orthopaedic surgery?	31/12/2014
Children and Young people	ICCNT	Review of nursing care plans within the Integrated Community Children's Nursing Team	22/12/2014
Quality	Safeguarding Children	Follow up of action taken by HV and SN teams following receipt of information from MASH safeguarding advisors..	31/10/2014
Quality	Safeguarding Children	Re- audit - Use of Family Health Needs Assessment Form in Health visiting (Safeguarding Children)	14/07/2014
Quality	Quality Team	Actions audit (Pressure ulcer serious incidents)	18/09/2014
Quality	Quality Team	Audit to evaluate if the use of regular prompts (verbal and non-verbal) to nurses managing at risk patients and those with pressure sores, reduces the incidence of reportable Grade 3 pressure sores	31/08/2014

Appendix 2: Clinical audit examples

ID	Service	Audit title	Audit Key findings	Action Plan/ Feedback
351	Community Paediatrics	Do our medical assessments for suspected physical abuse due to chastisement demonstrate cultural competence?	<p>In 85% of cases an adequate assessment of the child's developmental needs was made in the report which contrasts with 50% of parental capacity and 40% of family and environmental factors. In 30% neither parent was present.</p> <p>Risk factors were documented in 85% of cases and protective factors in 50%.</p> <p>70% of reports made robust and well founded recommendations whereas 20% did not and 10% did so partially.</p> <p>Only 10%(2) of cases made a reference to the cultural context of the case and another 10%(2) implied it.</p>	<p>Cultural competence training in child protection should be incorporated into a training programme – London Safeguarding Children's Board have a training toolkit for culture and faith which is a useful resource.</p> <p>Report was presented to Bromley Safeguarding Children Board (Quality Assurance & Performance Monitoring committee) on 06.05.14 and the following actions were agreed:</p> <p>All Quality Assurance and Performance Monitoring members are to ensure staff in their agencies attend relevant training.</p> <p>BSCB to undertake a broader multi agency audit in a year's time to include looking at the impact of the training.</p> <p>AD Children's Services to ask Public Health to look at the Children's Social Care data to see if the ratios reflect the ethnic profile in Bromley.</p>

				<p>London Borough of Bromley (LBB) Commissioning Team to establish the services available for black and minority ethnic (BME) communities and any evaluation of these services.</p> <p>Bromley Safeguarding Children Board (BSCB) manager to review how BSCB has used the London Safeguarding Children's Board practice guidance on Safeguarding Children in Minority Ethnic Culture and Faith groups.</p>
101	Safeguarding Children	(Re- audit) Use of Family Health Needs Assessment Form in Health visiting	<p>FHNA has been recorded on Additional Personal information on RIO in 48/50 records. The Family Health Needs Assessment (FHNA) has been completed at the contact and not left for completion afterwards in 49/50 cases.</p> <p>Interaction has been recorded in 100% of cases, Men/ fathers have been recorded in 45/50 cases and the plan is documented in 100%.</p>	<p>Where an ante natal contact has not been completed and the health visitor is unable to complete a full assessment at the new birth visit routine follow up at home should be undertaken.</p> <p>Health visitors should not decide that a case is core without completing the family health needs assessment including consideration of; attachment, the role of the father/partner, the household composition and social circumstances of the family as well as any issues of equality and diversity including access to printed materials.</p>

				<p>Clear guidance for all HV support staff on how to re-visit the Family Health Needs Assessment at 8 month and 2 year review.</p> <p>For an EMIS template to be developed to reflect the Family Health Needs Assessment.</p>
385	Community Paediatrics	Melatonin for Sleep Disorders: a re-audit into prescribing practice	<p>Prescribed mostly for those with diagnosis of Attention Deficit Hyperactivity Disorder and Autistic Spectrum Disorder. Similar to the previous audit some patients had multiple diagnoses.</p> <p>Sleep hygiene measures had been trailed in 67% of patients prior to commencing melatonin. This was an increase from 44% in the previous audit.</p> <p>Information leaflets on melatonin were supplied to 67% of parents. This was an increase from 47% in the previous audit.</p> <p>Off license use of the drug was explained to 29% of</p>	<p>Continue to emphasise the importance of documentation.</p> <p>The documentation of height and weight centiles should be monitored in future audits.</p> <p>Implement use of the new GP shared care pathway when this becomes available.</p>

			<p>parents, an increase from 20%.</p> <p>1st choice of Circadin 2mg in 85% of patients, an increase from 43%.</p> <p>All patients were followed up in the appropriate time period.</p> <p>Height and weight were recorded in 93% of patients in which it was applicable, an improvement from 89%. Height and weight centiles were recorded in 57% of patients, an increase from 46% recorded previously.</p> <p>Shared care was not initiated in any patients.</p> <p>Treatment holiday was not documented in any of the patients where it was applicable.</p> <p>There was no documentation of pubertal status in 5 out of 5 patients in which was applicable.</p>	
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386	Adult Dietetics Lewisham	Audit of referrals and dietetic management of patients with Irritable Bowel Syndrome in the Lewisham Adult Primary Care Dietetic Service.	<ul style="list-style-type: none"> · A total of 64 patients were seen for initial appointments for IBS between May 2014 and August 2014, as compared to 24 patients during the same period in 2013. This shows an increase of 166% of IBS initial appointments from 2013 to 2014. · Of these patients, 42% were also reviewed in the clinics during this period, as compared with the set bench mark of 90%, however this has improved significantly from 21% of patients being reviewed in the 2013 audit. · Anthropometry measurements were recorded in 87% of patients, improved from 83% in 2013 audit. · 41% of new patients had activity level assessed using General Practice Physical Activity Questionnaire (GPPAQ). This has dropped from 62.5% of patients having activity level recorded in 2013 audit. · 41% of patients had documented whether a coeliac screen was done or recommended, therefore 	<p>Continue to work with GPs, practice nurses and other practice staff to ensure all patients with unsatisfactory control of IBS symptoms are referred to the dietitians.</p> <p>Ensure all 44 GP practices have the latest template to enable all the required data to be recorded and pulled through on reports.</p> <p>Ensure consultations on EMIS are complete, including anthropometry, activity and coeliac screen.</p> <p>Continue to follow the 3 lines of dietary management as recommended in the BDA guidelines (2008).</p> <p>Continue to aim to review patients within 2 months of initial appointment.</p>
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			<p>59% did not have anything recorded, however this has significantly improved from only 8% in 2013 due to updates made to the dietetic template to enable this to be more easily recorded.</p> <ul style="list-style-type: none"> · There was 78% compliance with the set benchmark that first line advice is given prior to advanced dietary interventions such as the low Fermentable Oligo-Di-Monosaccharides and Polyols (FODMAP) diet, which has dropped from 91% in the 2013 audit. 	
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Appendix 3: Bromley Healthcare NICE guidance compliance (2014-2015) Q4 report

Bromley Healthcare accepts that NICE guidance represents good clinical practice and effective use of resources. Bromley Healthcare has a responsibility for implementing NICE guidance and has a robust procedure in place for this. Accountability for implementation of NICE guidance is through the Clinical Governance Committee (CGC). The Quality Working Group, a sub-group of the CGC, manages the process with related documentation logged on Datix which ensures that recommendations are monitored for implementation.

Date Issued	Guidance	Relevant to BHC	Service	Response due	Action/comments	RAG rating
Jan-15	Idiopathic pulmonary fibrosis (QS79)	Yes	COPD	06/03/2015	COPD: Service states compliance.	
	Urinary incontinence in women(QS77)	Yes	Bladder and Bowel	06/03/2015	Bladder and Bowel: Service states compliance.	
Feb-15	Diabetes in pregnancy: management of diabetes and its complications from preconception to the postnatal period (NG3)	Yes	Diabetes	07/04/2015	Diabetes: Service states compliance.	
	Psychosis and schizophrenia in adults(QS80)	Yes	IAPT	07/04/2015	IAPT: States not relevant to service.	
Mar-15	Empagliflozin in therapy for treating type 2 diabetes (TA336)	Yes	Diabetes	15/05/2015	Diabetes: States not relevant to service.	

Falls in older people: assessment after a fall and preventing further falls (QS86)	Yes	District nursing (MDT) Falls Integrated Discharge Team Rehab home pathway Rehab Beds Occupational therapy – Adult Physiotherapy - Adult Medical Response Team	15/05/2015	Awaiting Response from other services- 1st Reminder Sent on 19/05/2015	
Maintaining a healthy weight and preventing excess weight gain among adults and children (NG7)	Yes	Dietetics – Adult Dietetics - Children Family Nurse Partnership Health Improvement Service Health visiting School nursing	15/05/2015	Family Nurse Partnership: Service states compliance. Dietetics -Children: Service states compliance. Health visiting: Service states compliance. Awaiting Response from other services - 1st Reminder Sent on 19/05/2015	
Medicines optimisation: the safe and effective use of medicines to enable the best possible outcomes (NG5)	Yes	Community Paediatrics Dental Diabetes EMdoc Medical Response Team MASS	15/05/2015	Dental: States not relevant to service. MASS: Service states compliance. Awaiting Response from other services - 1st Reminder Sent on 19/05/2015	
Smoking: reducing tobacco use (QS82)	Yes	Health Improvement Service	15/05/2015	Health Improvement Service: States not relevant to service.	

Appendix 4: National Audit

National Clinical Audit and Patient Outcomes Programmes is a set of national clinical audits, [registries](#) and [outcome review programmes](#) which measure healthcare practice on specific conditions against accepted standards. These projects give healthcare provider's benchmarked reports on their performance, with the aim of improving the care provided.

Each June, NHS England requires all health service providers to submit an annual report about the quality of their services from the previous financial year. This is known as a Quality Account. Within the Quality Account, health service providers are required to report on their participation in any of the National Clinical Audits (NCAs), Clinical Outcomes Review Programmes, and registries that feature on the NHS England Quality Accounts List.

Current Programme Last Updated: 31 Mar 2015	Service Title	Expected date of completion
Acute coronary syndrome or Acute myocardial infarction	Not Applicable to Bromley Healthcare Services	
Adult cardiac surgery audit	Not Applicable to Bromley Healthcare Services	
Bowel cancer audit	Not Applicable to Bromley Healthcare Services	
Cardiac arrhythmia	Not Applicable to Bromley Healthcare Services	
Chronic Kidney Disease in primary care	Not Applicable to Bromley Healthcare Services	
Chronic Obstructive Pulmonary Disease	British Thoracic Society (BTS) Pulmonary Rehabilitation Audit-national Bromley Healthcare has provided data for this audit	10/03/2016
Congenital heart disease (Paediatric cardiac	Not Applicable to Bromley Healthcare Services	

surgery)		
Coronary angioplasty / percutaneous coronary interventions	Not Applicable to Bromley Healthcare Services	
Diabetes Audit (Adult)	The Association of British Clinical Diabetologist Nationwide (ABCD) Dapagliflozin Audit Bromley Healthcare has provided data for this audit	01/01/2016
	The Association of British Clinical Diabetologist Nationwide (ABCD) Degludec Audit. Bromley Healthcare has provided data for this audit	01/01/2016
Diabetes Audit (Paediatric)	Not Applicable to Bromley Healthcare Services	
Falls and Fragility Fractures Audit Programme (includes the hip fracture database)	Bromley Healthcare participation for 2015-16 to be confirmed	
Head and Neck Oncology Audit	Not Applicable to Bromley Healthcare Services	
Heart failure	Not Applicable to Bromley Healthcare Services	
HIV/STD (feasible)	Not Applicable to Bromley Healthcare Services	
Inflammatory Bowel Disease	Not Applicable to Bromley Healthcare Services	
Lung cancer audit	Not Applicable to Bromley Healthcare Services	
National Dementia Audit	Not Applicable to Bromley Healthcare Services	
National Emergency Laparotomy Audit	Not Applicable to Bromley Healthcare Services	
National Joint Registry	Not Applicable to Bromley Healthcare Services	
National Vascular Registry	Not Applicable to Bromley Healthcare Services	

Neonatal intensive and special care	Not Applicable to Bromley Healthcare Services
Oesophago-gastric cancer	Not Applicable to Bromley Healthcare Services
Ophthalmology	Not Applicable to Bromley Healthcare Services
Paediatric Intensive Care	Not applicable to Bromley Healthcare Services
Prostate cancer	Not Applicable to Bromley Healthcare Services
Rheumatoid and early inflammatory arthritis	Not Applicable to Bromley Healthcare Services
Sentinel Stroke National Audit Programme	Not Applicable to Bromley Healthcare Services
Specialist Rehab for Patients with Complex Needs	Not Applicable to Bromley Healthcare Services

Statement by senior employee in respect of the Quality Account



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Appendix 5

11th June 2015

Statement by a senior employee in respect of the Quality Account

The directors are required under the Health Act 2009 to prepare a Quality Account for each financial year. The Department of Health has issued guidance on the form and content of annual Quality Accounts (in line with requirements set out in Quality Accounts legislation). In preparing their Quality account, directors should take steps to assure themselves that: The Quality Account presents a balanced picture of the trust's performance over the reporting period

The performance information reported in the Quality Account is reliable and accurate
There are proper internal controls over the collection and reporting of the measures of performance included in the Quality Account, and these controls are subject to review to confirm they are working effectively in practice

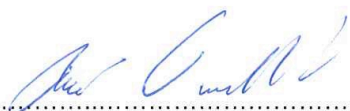
The data underpinning the measure of performance reported in the Quality Account is robust and reliable, conforms to specified data quality standards and prescribed definitions, and is subject to appropriate scrutiny and review

The Quality Account has been prepared in accordance with any Department of Health guidance

The directors confirm to the best of their knowledge and belief that they have complied with the above requirements in preparing the Quality Account.

By order of the Board

Signed


..... Date 16/6/15
Raoul Pinnell
Chairman


..... Date 11-6-15
Jonathan Lewis
Chief Executive

Bromley Healthcare

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