

**Executive Summary:**

Bromley Healthcare aspires to be a UK-leader in standards of patient care. In order to achieve this, we need to develop ourselves to be a true 'learning organisation' and set ourselves 'gold standard' benchmarks when developing individual clinicians and teams. This paper highlights some key areas currently being developed including EMIS, pilots of clinical innovation, innovations in training and research and developing excellence via clinical supervision, 'champions' and in non-medical prescribing.

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**Clinical Directors Quarterly Report  
Quarter 2 (July-Sept 2014)  
Innovation and excellence**

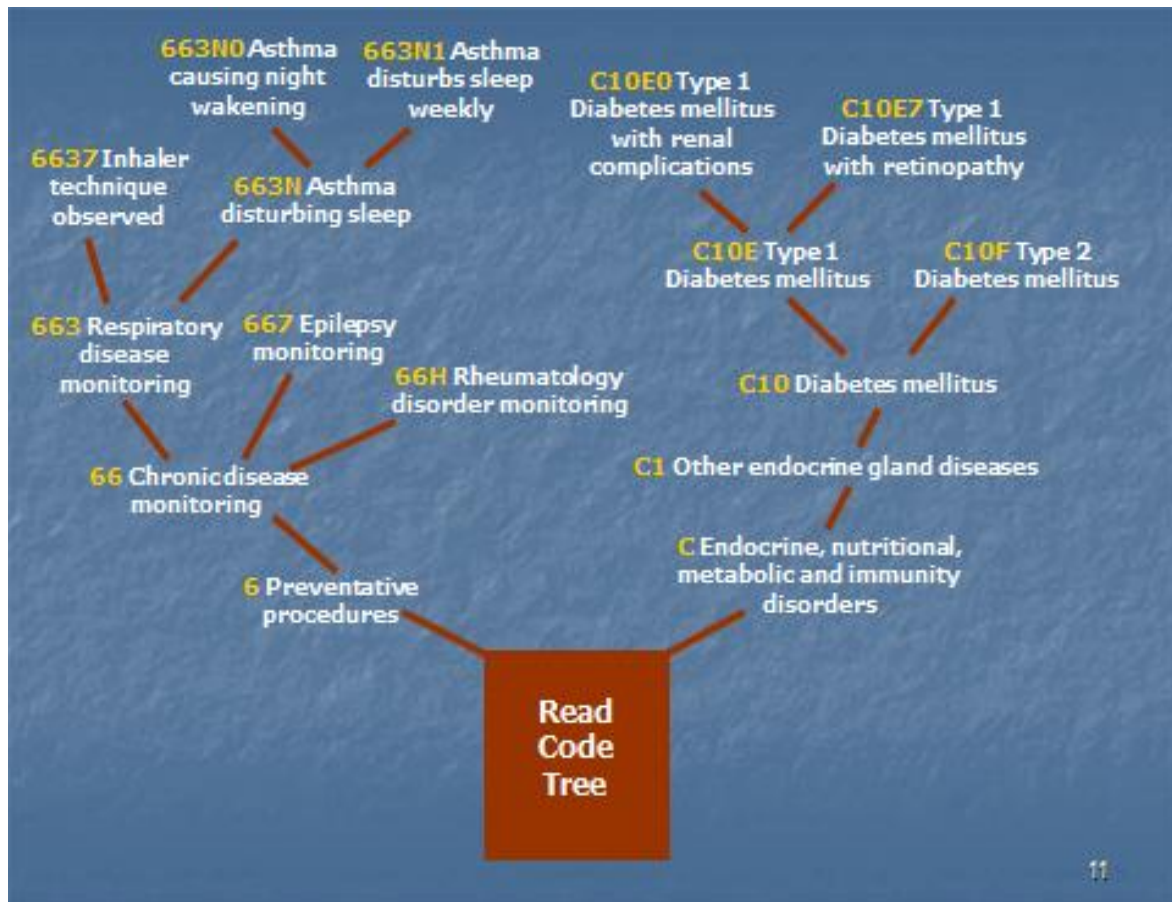
**Introduction**

Bromley Healthcare is a young organisation and provides clinical services across a wide range of professional and patient groups. We aspire to be a UK-leader in our standards of patient care. In order to achieve this, we need to develop ourselves to be a true 'learning organisation' and set ourselves 'gold standard' benchmarks when developing individual clinicians and teams. There are a range of initiatives in progress to achieve this aim. The paper highlights some key areas currently being developed, under the headings of:

- Modernising Patient records by moving from RIO to EMIS Web
- 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 excellent through clinical supervision
- Developing excellent through 'champions'
- Developing excellence in non-medical prescribing

**Modernising Patient records by moving from RIO to EMIS Web**

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. For example, a patient with diabetes is coded C10 then there are 'subcodes' for type 1 and 2 diabetes as shown on the right hand side of the tree below.



GPs have been using EMIS for many years to create coded records that can be audited. For example, on 31<sup>st</sup> March each year at least 1000 audits are run automatically for the Quality and Outcome Framework (QoF) report.

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 than was needed using RIO 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 the above 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 on the spot, which will facilitate improved decision-making and reduced duplication.

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 (with patient consent) 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.

### **Piloting clinical innovations from centres of excellence beyond the UK**

The Quality Team have been active in supporting the Community Teams in improving documentation and embedding new processes of working. A visit in July by the Community Team Leaders and the Head of Nursing to Buurtzorg in East Holland was both interesting and inspiring. We met the inspirational Managing Director and members of the nursing staff.

On return from Holland one of the Community Teams at Beckenham Beacon has taken key themes from what we learnt and implemented them in daily practice. This team rotate daily work planning and team management across all disciplines in the team. This has been so effective for the team that the second team in Beckenham Beacon have now adopted this approach. Issues arising from this way of working are being observed and roll out across other teams may be considered.

One Community team is also piloting ten hour working days to provide more effective nursing cover for their patients. This will be reviewed after 2 months and if appropriate a consultation with all nursing staff to be undertaken so that the rota pattern can be rolled out across other teams.

### **Pathfinder - Special Educational Needs for Children**

The children and young people's additional needs service leads have co-ordinated working together to join up with colleagues in education, health and 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. These 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 have 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, to clearly see 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](http://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.

### **Innovation in Education and Training**

The Learning and Development Team are offering new learning opportunities to support staff developing competences for future challenges and helping to provide new ways of working to change the culture of Bromley Healthcare.

The table below outlines a few of the things the Learning and Development Team have been working on over the last few months:

<b>Need</b>	<b>Intervention</b>	<b>Investment</b>	<b>Impact</b>	<b>Plans</b>
Standardise our approach to customer care	3 full day events for staff and 1 half day event	£100 per person per place	40 staff attended training  9 Managers attended training	To run further courses over the next 18 months to start with clinic admin staff, and then include clinical staff and support function staff.
Improve the way we run projects for new business and service transformation	Accredited 5 day PRINCE 2 project management course  A one day introduction to project management course for service managers	£1,110 per person per place for PRINCE 2 practitioner course  £75 per person per place for 1 day course	2 staff now qualified PRINCE 2 practitioners, 2 more to be trained by end of year.  13 managers able to use the principles of project management in implementing change	Business development team to be a hub of excellence, supporting other services.  A second 1 day course to be run in Q 4 or Q1 2014/15 if evaluated positively.
Improve resilience in a change environment and reduce change fatigue in the business	A pilot of change training events, 2 x ½ day events for staff, 1 x day event for staff managers and team leaders, a 1 day event for senior managers	For staff 2 x ½ day workshops £54 per PP  For line managers 1 day workshop	14 staff trained on change and positively evaluated how it improved their confidence.  12 people managers trained	The staff and line manager events were positively evaluated and helped staff feel more confident in dealing with change. Further courses to be rolled out.  The senior manager event

		£133 per PP For senior managers 1 day workshop £114 per PP	and able to support their staff 15 senior managers trained	did not meet the need and a different solution is being sought.
Develop confidence in technology for all staff, but especially front line staff and support EMIS roll out	New in-house resource who can deliver bespoke training sessions and support technology roll out, including supporting on-line training and touch typing training.	To be funded through salaries and some buy back of training.	All formal IT courses will be stopped until the new post is operational	
Management training	Broaden the use of Bite Size up-date training (1 to 2 hour sessions) working with MDT team leader group and revamped the bite size recruitment and selection course to support the roll out of TRAC	Mainly internal costs		These courses will continue to be offered to managers and the suite will be broadened to include skills based updates, including identifying and preparing for awards working with the BD team
To develop a learning culture within clinical teams	Internally facilitated action learning sets for new band 5 nurses and band 6 nurses on secondment	No cash costs, training team time to manage and facilitate sessions	Seven band 5 nurses and six band 6 nurses have used this programme	To training the community clinical educators in action learning to support further delivery as an OD intervention with other clinical teams.
HCA competency map and training.	Piloted 5 new courses to build HA competence working with LSBU and St Christopher's: Record keeping, Medicines management Delivering patient care and the 6Cs End of Life Care	£150 per person per place.  (Funded from HESL bid won last year).	32 HCAs have attended a range of these courses	To run the programme once every 6 months to support the development of our HCAs and to map the learning the care certificate qualification as recommended by the Cavendish Review.

	HCA immunisation and injection programme			
Structured induction for new band 5 nurses	Worked with Head of Nursing to deliver a structured band 5 induction and preceptorship programme.	Mainly internal courses – but secured preceptors funding from HESL – see below)	The recent recruitment intake of nurses were all offered places on the programme	To align the running of this programme with recruitment drives by HR
Develop leadership (including clinical leadership) across all levels in BHC.	Designed and delivered a one day leadership course aimed at all staff levels	None - internal staff time.	8 staff attended pilot course	To offer the course on a 6 monthly basis.
Facilitate identification of talent including succession planning	Working with Canterbury Christchurch University to build a Bromley Healthcare talent map which integrates with the appraisal system	Money secured from HESL bid last year	Talent framework evaluated by working group and process being built into appraisal system	Sign off of talent framework and develop appraisal training to include talent conversations
Support managers and clinical staff in an on-site troubleshooting approach	Community Clinical Educator to work as an internal development consultant with teams	Internal staff post	Supported Lauriston with a major change issue, working with MDT teams to develop competence of clinical staff, supported HCAs by undertaking competence reviews, facilitated supervision workshops.	To continue to develop confidence and competence of this new way of working.

Induction of managers	Created an induction programme of key meetings for new managers and delivered a knowledge boost programme of internal expert talks to the new MDT team leaders as part of their meetings	No cost all internal staff time	Managers induction programme launched in intranet  Programme of 6 internal expert talks being delivered to MDT team leaders meetings	To monitor usage and evaluate as part of induction review
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### **Awards and Grants**

The Learning and Development Team monitor the invitations to bid for funds / grants for innovative learning ideas. In the last 6 months we have bid for three grants:

- one for developing peer feedback for clinical staff,
- one for developing assessments of transfer of learning, and
- one for preceptorship.

We successfully secured the preceptorship funding of £3,900.

Outside the Quality Team, the New Business Team has been supporting Bromley Healthcare teams to apply for a further range of grants and awards in recognition of excellence and innovation. These are detailed in Appendix 1. The Croydon Diabetes service has successfully won a key innovation grant to improve education for a group of ethnic minority patients. Even when unsuccessful, applying for such grants and awards allows focussed thinking on how quality is being optimised in the given team.

### **Electronic Systems within Learning and Development**

The learning and Development team continue to review our process and systems to improve the quality of service we can offer to our internal customers. The last six months has seen us undertake the following:

Continue to work with At-Learning to deliver **self service to our learning management system**. This will allow staff to book their courses directly online, see their own training records and get reminders for their mandatory training. After an informal pilot we have identified a number of technical issues which need resolving before moving to a more formal pilot stage.



As part of the appraisal review an **online appraisal package** will be implemented. A comprehensive user specification has been drawn up and a number of software providers have been invited to submit proposals to develop the system with us.

To be able to report on the impact of training an **evaluation database** has been created in Meridian, working in conjunction with the data team. This is now providing information for the training balance scorecard and has improved access to evaluation data for other reports.

### **Higher Training**

As a learning and development organisation we are already supporting a number of staff through post-graduate and undergraduate studies. As part of these courses, our staff are engaged in literature reviews, critical evaluation of research, service evaluation and undertaking research. In addition, the quality team continue to drive BHC programme of Clinical Audit where every clinical service submits at least one Clinical Audit every year. This year's BHC AGM celebrated the work our staff in these areas. Academic style posters were presented to disseminate the findings of literature reviews, clinical audits and research. The Quality Working Group are proposing this as the initial step towards embedding the sharing of learning undertaken into the Continued Professional Development activities of all of our staff. Over the next year the Quality Team propose to hold at least 1 academic event to include in-house and external speakers and presentations to further inform our clinical activity and service evaluations.

### **Research and Audit**

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 focussed on high priority clinical areas, conducted to a high standard and any ensuing actions are fully implemented. Teams were encouraged to identify examples of excellence in audit for the AGM and a prize was awarded.

The Quality Team are 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 drives to ensure evidence based practices underpin our clinical activity and sustaining and developing us as a Learning Organisation.

Work undertaken by member of the Clinical Governance Committee and Quality Working Group has ensured a Research and Development Policy and Procedure has been written and agreed. Historically, the Research and Development Governance was managed by Bromley Primary Care Trust with a lead named person. The Quality Working Group member and the activities of the group 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 have 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. Next steps are to welcome and encourage further research proposals to be submitted for consideration to be completed within BHC services. Currently there small numbers of proposals being evaluated and the research topics are within the scope and skills of the quality team. This will be closely evaluated as a changed to this may require additional specialist resources.

### **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 improved standards. Thus we have adopted the term 'Professional Reflection' to describe the supervision provided. Over the summer 12 Supervisors were trained in the art of supervising mixed groups. Training was delivered from an experienced lecturer from Kings College. The initial phase of the roll out of clinical supervision commenced in August 2014. Initially the groups represent the trained staff in the Community Teams however moving forward staff from Lauriston House and health care assistants will also be offered professional reflection sessions. Due to time pressures some of the groups have been slow to get going however it is hoped that over the coming months the benefit of the sessions to all staff involved will encourage their attendance. The Policy supporting the sessions is currently being reviewed.

### **Developing Excellence through 'Champions'**

Bromley Healthcare is keen to develop the concept of 'Champions' in each team to cascade learning and information across their peers focussing on a variety of subjects. These include record keeping, EMIS, diabetes, tissue viability and more. The Head of Nursing and the Professional 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.

### **Developing Excellence in Non-Medical Prescribing**

Having now developed a complete formulary for Bromley Healthcare, the Medicine Management Team are now moving forward a range of initiatives to support non-medical prescribers in their practice. This includes a new CPD programme and support for audits. Trainers 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.

## **Conclusion**

The quality team has been an area of investment by Bromley Healthcare. It is hoped the above information gives a flavour of how this investment will reap rewards for our patient and also our commissioners (present and future) as we move forward.

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With thanks to Paul Strange, Amanda Mayo and Joanna Walls for their contribution to this paper.

## SUBMITTED AWARDS

<b>Award</b>	<b>Category</b>	<b>BHC Entry</b>	<b>Status</b>
Laing and Buisson Independent Healthcare Awards	Healthcare Outcomes	Leg Ulcer Assessment & Management Service	Shortlisted.
Laing and Buisson Independent Healthcare Awards	Innovation	Diabetes service	Shortlisted.
Laing and Buisson Independent Healthcare Awards	Nursing Practice	Leg Ulcer Assessment & Management Service	Finalist.
Patient Safety & Care Awards	Preventing Avoidable Harm	Tissue Viability	Shortlisted but successful
HSJ Value in Healthcare Awards	Value and Improvement in Community Health Service Redesign	Integrated Community Teams	Finalist but unsuccessful
Charity Times Awards	Social Champion Award	General/ Service Reorganisation	Shortlisted
Nursing Times Awards	Team of the year	Tissue Viability	Not successful
Nursing Times Awards	Nursing in the community	Community Teams	Not successful
Leadership recognition awards	Inspirational Leader of the Year	Jonathan Lewis	TBC
HSJ Awards	Staff Engagement	General/ Social Enterprise	Unsuccessful
	CEO of the Year	Jonathan Lewis	Shortlisted
	Provider of the Year	General/ Social Enterprise	Unsuccessful
	Managing Long Term Conditions	Diabetes service	Unsuccessful
Social Enterprise UK	UK Social Enterprise	General BHC Entry	Not successful
Social Enterprise UK	Health & Social Care Social Enterprise	General BHC Entry	Shortlisted
Health Innovation Network South London	Innovation Grants	Croydon Diabetes Service	Successful
RBS SE100	Resilience	General/ Social Enterprise	Awaiting feedback
Phillip Baxendale Awards	Public Service Mutual	General/ Social Enterprise	Awaiting feedback
	Employee Engagement	General/ Social Enterprise	Awaiting feedback