

Clinical Directors Quarterly Report

Quarter 3 October – December 2014

Summary

The Care Quality Commission (CQC) is the body which regulates Health and Social Care in England and Wales including both NHS and private healthcare and it is a legal requirement that all providers of regulated activities must register with them. There are a total of 28 different standards which are referred to as 'Outcomes', 16 are regarded by the CQC as being most closely linked to the quality and safety of services and they focus on patient experience. In evaluating our current state of CQC readiness a number of key areas that need strengthening have been identified:

1. Ensure Safe levels of staffing for all services.
2. Each member of staff to adhere to the Bromley Healthcare Code of Conduct, understanding their personal accountability for patient outcomes.
3. All services and teams to have monthly team/service meetings to ensure effective dissemination of learning throughout the organisation.
4. All clinicians to have a work plan that provides ring-fenced time for personal reflection, clinical supervision and continuous professional development.
5. All clinicians to have easy access to our information systems including our Intranet.
6. Good Infection prevention and control to be recognised by all Bromley Healthcare staff as core to good patient care with particular focus on high risk services.
7. Strengthening the voice of patients and service users in the development of our services.
8. Strengthening and embedding of all the work-streams outlined in this paper.

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Introduction

The importance of community health services has been poorly recognised in the past as a result of which these services can appear to be overlooked by the general national agenda around assuring and improving quality. National datasets for community services are distinctly limited in what they can say about the care delivered in the community and in people's homes. The demand for community health services is increasing, and in Bromley the proportion of older people (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. We need to provide more services and better care, in or near people's homes and ensure that our services are of high quality resulting in good patient outcomes and experiences. A publication by the Care Quality Commission (CQC) in 2013 "A fresh start for the regulation and inspection of community health care" outlines their mission to define what good quality care looks like in relation to the following 5 key questions:

Are our services safe?
Are they effective?
Are they caring?
Are they responsive?
Are they well led?

This report provides information to the Board, Bromley CCG and our staff body on some of the work that is being done in Bromley Healthcare to ensure that our organization is at least good in the above 5 areas. Work-streams straddle more than one question e.g. in being safe we are being effective and caring, in being responsive we are being caring and well led. To avoid unnecessary duplication the work-stream will be addressed in the most relevant section of this report. It is important that everyone that works in Bromley Healthcare is aware of CQC and is doing their utmost best to ensure that they are delivering on CQC outcomes.

Are our services safe?

Staffing

Our staff is the greatest resource we have as an organisation and it is essential for us to have sufficient staff who are competent, diligent and motivated. Services are modelling their staffing requirements based on guidance from professional bodies and information provided by the NHS Benchmarking Club of which Bromley Healthcare is a member. A capacity planner is being used to help services with this task taking on board the financial envelope that is available to them. The NHS as a

whole struggles to secure the staff they need and Bromley Healthcare is in no way different in this respect. However, Bromley Healthcare leadership is fully aware of this issue which is made visible on our Strategic Risk Register to ensure that effective actions are put in place to address this issue, and to ensure that progress is diligently monitored. The NHS Pension has been reintroduced into the organisation with good effect and a process for awarding recruitment and retention premium to posts that are difficult to recruit to has been agreed. Our recruitment process has been strengthened by Human Resources use of the Trak system, and to ease new staff efficiently into their jobs the Quality team is working on enhancing the corporate induction programme and providing additional guidance to support 'in service' induction. Bromley Healthcare prioritises staff development through clinical supervision, training and appraisal and the Education and Training team have gone out to services to lend a helping hand with their training needs analysis. Unfortunately, many teams do not have established processes for supervision whereas other teams have included this in their top 10's. The Quality team and Executive team are keen to promote personal reflection and continuous professional development for all clinicians and would like to see ring-fenced time for this included in each clinicians work/job plan. Our appraisal process has been reviewed and we are soon to launch a new electronic system. 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. EMIS is being rolled out across all services and will support standardisation of assessments, better record keeping and information sharing with primary care. For our clinicians to work efficiently and effectively it is crucial for all to have easy access to our information systems including our Intranet.

Over the past twelve months a significant number of key staff appointments have been made in the organisation e.g. Infection Prevention and Control Specialist Nurse, Community Clinical Educator, Performance Manager, Compliance Manager. These appointments have been made in order to ensure that Bromley Healthcare provides effective support to all our services. Independent scrutiny of services is being provided which enables the identification of not only the areas we need to improve on but also areas of good practice. This information is shared at the monthly clinical forum to ensure dissemination of learning across the organisation. Snippets from the Clinical Forum, <http://nww.bromleyhealthcare-cic.nhs.uk/about-us/our-quality-team/snippets-from-the-clinical-forum> are collated to give a summary of key learning from each forum. It is clear from our discussions with front line staff that we need to improve effective dissemination of information to all levels and to consider expanding membership of the clinical forum to Band 7 clinical staff.

Risk Management

All staff have a responsibility to raise any concerns / risks to their manager and / or report on Datix. Managers have a responsibility to identify and manage risks on Datix that relate to their service/s and department that are their responsibility. Where necessary the risks should be escalated to the relevant management level as identified on the risk matrix. Risks may be identified by various means but include formal risk assessment such as service risk assessments, work place risk

assessments, result of concerns raised by staff. Consideration should be given to if any risks result from individual or aggregated incidents or feedback and also from clinical audits. Risks should be considered as a result of not meeting contractual requirements, concerns over staff and patient safety or not meeting any statutory requirements. Significant risks should be entered onto the Risk Register module on Datix and the Risk team is supporting services with the identification of risks. The risks are logged as either Operational risks or Strategic risks. Datix enables 'ownership' of risk to be recorded, any current mitigation to be documented and any planned actions to also be added with the person responsible for completing the action identified. The risk is closed once the current risk is 3 or below as it is felt that at this level it can be managed within the service at an acceptable level. The risk owner is required to review the risk every month or sooner if there is any significant change. By doing so the register should reflect the current risks posed to the organisation. The Bromley Healthcare risk register is therefore a 'live' repository of all relevant risks within the organisation that is immediately visible to appropriate levels of management and decisions can be made on acceptance or mitigation of risks. This information feeds into the governance structure to allow discussion, and decisions around the measures needed in relation to the risks as well as assurance that risks are being managed effectively.

Since July 2014 changes in escalation and review of the risk registers has been introduced. On a monthly basis the orange and red operational risks are added to the Bromley Healthcare summary balanced scorecard and this is reviewed by the executive team to ensure that the risks identified and the ratings on the balanced scorecards are accurate and reflect the current position. As a result of these reviews the executive team agree the current risks for the strategic risk register e.g. operational risks relating to staffing were looked at and it was decided that this needs to be reflected at a strategic level. Another example is where following the review of incident reports, trends and themes and discussion at Clinical Governance Committee it was agreed by the executive team that a risk relating to Kings College Hospital – Princess Royal University Hospital needed to be added. This risk links to the impact of any poor discharge planning to Bromley Healthcare as well as the potential reliance on Kings for some contractual arrangements e.g. consultant input and cover for some new services.

Audit and Risk Committee have a delegated responsibility from the Board to oversee and provide assurances on risk. The strategic risk register is now a standing agenda item for audit and risk committee. Clinical risks – Orange and red are presented to the Clinical Governance Committee.

Risks are included in the 3 monthly meetings each service lead has with their Clinical Director. In addition, the Risk Manager attends one to one meetings with Operations managers and their service leads to discuss elements of risk management specific to the service. This may include incidents, risks, feedback, actions due, Health & Safety and other systems in place as part of the governance arrangements of the organisation.

PU management

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 including:

- 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
- Bromley Clinical Commissioning Group (BCCG) Advisor discussing his thoughts with the Community Teams on the pressure ulcers sustained in patients who are receiving care from Bromley Healthcare
- RCA being routinely discussed within Multidisciplinary team meetings
- Working more closely with Kings to develop a pressure ulcer passport that Bromley Healthcare will trial in January 2015
- Tissue Viability teams across Bromley Healthcare and Kings developing an app to support healthcare staff development around the prevention, management and reporting of pressure ulcers.
- Meetings convened quarterly with BCCG to discuss themes arising from RCA of pressure ulcers
- Participation in the Bromley, Bexley, Greenwich and Lewisham Pressure Ulcer Group whose purpose is to streamline the PU process across the 4 boroughs.

Progress and challenges with solutions is captured in our 6-monthly Pressure Ulcer report.

Medicines management

Regulation 13, outcome 9 stipulates the requirements for Safe Medicines Management:

People who use services:

Will have their medicines at the times they need them, and in a safe way.

Wherever possible will have information about the medicine being prescribed made available to them or others acting on their behalf.

Providers :

Handle medicines safely, securely and appropriately.

Ensure that medicines are prescribed and given by people safely.

Follow published guidance about how to use medicines safely

Our Pharmacy team have revised and strengthened our processes in many ways including the following:

Prescriptions -

- Electronic/paper log maintained for prescription pad requests from Services/Prescribers.
- Prescription pads serial numbers are recorded on the database when received from Prescription Services and upon delivery to the prescriber/service. In addition a signature of the recipient is obtained to ensure there is a paper trail for accountability.
- All prescribers are required to fill in prescription record sheets (recommended by NHS Protect) and be submitted to the Medicine Management Team, before a new pad can be issued.
- Database of current Non Medical Prescriber's is in place and processes have been established to ensure leavers handover prescriptions to the Medicine Management team, to ensure prescription security.
- Working towards incorporating Family Nurse Prescribers (FNP) prescribing within the Non Medical Prescribing Policy.
- Prescription Only Medicines and controlled drugs -
- The CQC Controlled Drugs Governance secondary care self-assessment tool template is used to assess the compliance of the rehab unit with regards to controlled drugs.
- Bromley Healthcare Controlled Drug Officer and Medicine Safety Officer is in place, with national reporting systems.
- Guidance for Stock Management is explicit.

Cold Chain -

- Bases are responsible for ensuring fridge record sheets are submitted to the Medicine Management team for review and record keeping.
- New calibrated fridge probes have been implemented across bases to act as a backup reading should the medical fridge inbuilt thermometer go out of range. A contract has been set up to replace fridge probes annually when current calibration certificate expires.

Quality Governance

- Establishing a formulary for Bromley Healthcare that is fit for purpose e.g. Emdoc requirements for End Of Life patients.
- Liaising and advising service leads through the review of existing policies and procedures including patient group directives (PGD) including providing support to newly commissioned services.
- All medical alerts are distributed promptly by the Medicine Management team to the relevant services to be actioned.
- Regular monitoring on areas such as cold chain, prescription records, fridge records, Controlled Drugs records and Epact data are carried out in addition to ad hoc audits to address particular areas of need e.g. dressings audit, stock audit.
- The team monitor and advise on Datix incidents that are medicine related.
- A patient safety alert (PAS) on improving medication error incident reporting and learning issued on 20th March 2014 was reviewed by the Quality Working

Group in April to ensure Bromley Healthcare compliance with all recommended actions.

- A database has been created to ensure prompt rotation of emergency anaphylactic kits across bases/services. This would ensure smooth and efficient action should there be a product recall.

Training

- Training at Hollybank for Band 5 and 6 nurses and Health Care Assistants.
- Training for Band 5 and 6 nurses who have recently joined Bromley Healthcare
- Training opportunity is made available to staff working within the Care Home setting paying particular emphasis to the use of Homely Remedies.

Infection Prevention and Control

Julie Brabner, the Infection Prevention and Control Lead commenced in post on the 26th August 2014 (22.5hrs per week). This is an important post that provides the expertise we need to ensure our compliance with CQC regulation 12 (Outcome 8). Compliance in infection prevention and control is based on the January 2011 revision of "The Health and Social Care Act 2008, Code of Practice on the Prevention and Control of Infections related Practice". All staff in Bromley Healthcare should be aware of the 10 Compliance Points as follows:

1. Systems to manage and monitor the prevention and control of infection. These systems use risk assessments and consider how susceptible service users are and any risks that their environment and other users may pose to them.
2. Provide and maintain a clean and appropriate environment in managed premises that facilitates the prevention and control of infections.
3. Provide suitable accurate information on infections to service users and their visitors.
4. Provide suitable accurate information on infections to any person concerned with providing further support or nursing/ medical care in a timely fashion.
5. Ensure that people who have or develop an infection are identified promptly and receive the appropriate treatment and care to reduce the risk of passing on the infection to other people.
6. Ensure that all staff and those employed to provide care in all settings are fully involved in the process of preventing and controlling infection.
7. Provide or secure adequate isolation facilities.
8. Secure adequate access to laboratory support as appropriate.
9. Have and adhere to policies, designed for the individual's care and provider organisations that will help to prevent and control infections.
10. Ensure, so far as is reasonably practicable, that care workers are free of and are protected from exposure to infections that can be caught at work and that all staff are suitably educated in the prevention and control of infection associated with the provision of health and social care.

The Infection Prevention and Control Lead has in a short space of time delivered on improving infection prevention and control practice in Bromley Healthcare as outlined below:

- Reviewing and updating Procedures, Guidelines in line with any legislative changes and working with the Quality Team Manager to ensure these are accessible on our Intranet
- Undertaking environmental audits to sites and visits with specific services with prioritisation of services based on risk e.g. inpatient/residential provisions, services that provide invasive procedures e.g. special care dentistry, podiatry etc. Actions plans have been put in place as necessary to ensure that expected standards are met e.g. infection prevention control training given to 38 staff at the Bromley Rehabilitation Beds Service.
- Providing specialist advice on infection prevention control related issues and setting up a system to collect data for telephone advice
- Review of any infection control incidents or risks that have been reported on the Risk register and advising on appropriate action plans
- Strengthening staff training by including infection prevention control in corporate induction, and review of mandatory training
- Establishing Hand Hygiene Champion network for each service to assure Hand hygiene compliance
- New Hand hygiene audit tool which will be used by Hand hygiene champions to conduct monthly Hand Hygiene audits to assure compliance
- A new starter Infection Prevention and Control checklist to ensure staff are aware of their responsibility whilst working for Bromley Healthcare-includes Agency Review of spillage kits/wipes at sites.
- Developed a checklist for new services to complete to identify that all Infection control elements have been considered and deemed safe to operate service from the site
- Review of spillage kits and training of staff leading to full provision and compliance
- Writing monthly article for Bromley Healthcare Together newsletter which then remains on the intranet for reference

The Infection Prevention and Control Lead attends the Quarterly Infection Prevention and Control Committee meeting for Bromley, Bexley and Greenwich. This meeting provides assurance on behalf of the population of Bromley, Bexley and Greenwich that there are safe and effective plans and arrangements in place to protect against communicable disease control, infection prevention and control, immunisation, screening and environmental health. Additionally, this committee links up with infection prevention and control teams across South East London which provides an excellent opportunity for benchmarking our practice against others.

Safeguarding

Bromley Healthcare has in place executive and operational leadership for Adults, and Children's Safeguarding. At the end of July 2014 a new Named Nurse for Safeguarding Children commenced employment with Bromley Healthcare. All staff are now required to complete regular online Adult Safeguarding training (which is an enhancement to our previous standard) and to meet mandatory training requirements for Children's Safeguarding. Face to face 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.

Support is offered to all staff who make safeguarding referrals to a local authority and staff are also encouraged to discuss safeguarding issues at regular clinical supervision sessions.

Bromley Healthcare is represented on the Subcommittees and Working Groups of Bromley Safeguarding Adults Board and the Bexley, Bromley and Greenwich Pressure Ulcer Working Group. Bromley Healthcare work closely with the London Borough of Bromley, participating in case conferences and reviews of adult safeguarding issues as they arise. We have completed the National Safeguarding Adults Risk Assessment and regularly report progress on targets. Bromley Healthcare contributes effectively to the work of Bromley Safeguarding Children Board.

A Safeguarding Team Structure is available on the Bromley Healthcare Intranet with all the relevant contact details. Advice and support can always be obtained from the Safeguarding Children team. The Child Protection Paediatric On-Call Team receives calls from GP's for advice regarding safeguarding issues and concerns. In order to ensure that the service is responsive to GPs a standard has been developed to ensure that all calls for advice are responded to within 1 hour of the request.

Bromley Healthcare works closely with the London Borough of Bromley and local GPs to provide a Looked after Children service to children and young people.

Bromley Healthcare employs two specialist health visitors within the MASH. There is a clear Information sharing agreement to support this work. They work closely with social care providing health information on referrals coming into social care rated amber. At the current time Section 47 inquiries go directly to the assessment team. The MERLIN is a police database that stores information on children who have become known to the police for any reason. All relevant Merlin information that is shared with health is uploaded to RIO and it is expected that the practitioner will read it and action it according to the information shared. They may phone the client/carry out a visit, have contact at a clinic or generate a CAF. The initial audit looking at professional's response was poor so a re-audit is currently being undertaken. A Bromley Healthcare Paediatric Liaison service is based at the Princess Royal hospital and reviews all A&E attendances within the PRUH and the urgent attendances from the 2 urgent care centres.

Bromley Healthcare and stakeholders have been working closely to prepare for an impending CQC visit. This has included briefing staff including all health visitors about the purpose of a CQC visit, identification of suitable cases for the CQC to review and a central storage location for all documents pertaining to Safeguarding children.

Safety Thermometer

The NHS Safety Thermometer provides a quick and simple method for surveying patient harms and analysing results so that local improvement and harm free care can be measured and monitored over time. Data has been submitted monthly against the four harms (VTE, UTI/Catheters, pressure ulcers and falls) since August 2013 for the Community Teams / District Nursing service. From May 2014 this

extended to patients receiving care from the Medical Response Team, those at Lauriston House and in the Rehabilitation Home Care Pathway. The way we collect this information has been refined and results are now a true reflection of harms and harm free care delivered by Bromley Healthcare. Bromley Healthcare are not meeting the national target for Harm Free Care but are well above the Median.

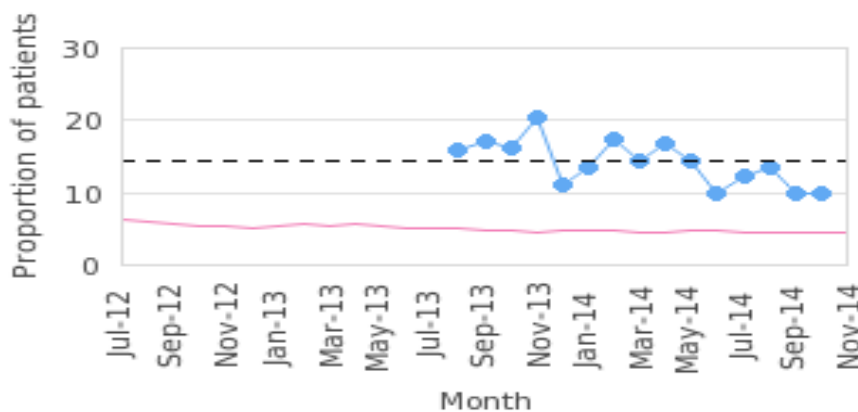
Bromley Healthcare Data to date;

All Pressure Ulcers

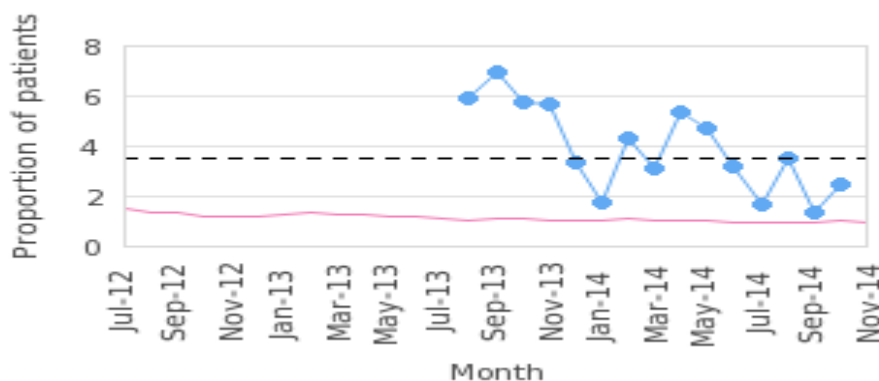
Key – Blue – Bromley Healthcare data

Pink – National Line

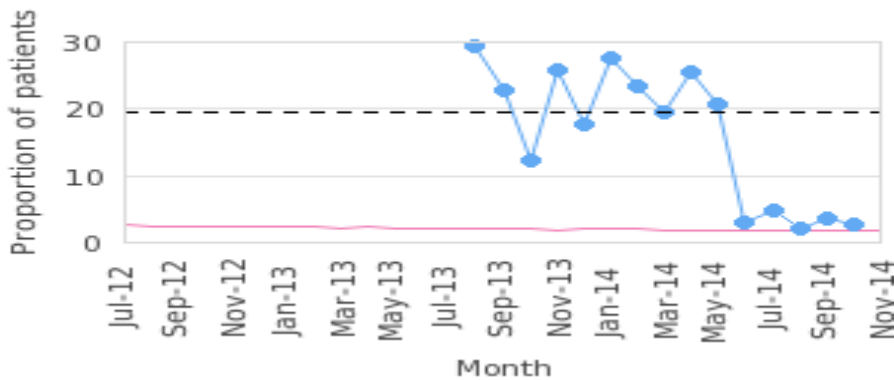
----- - Median



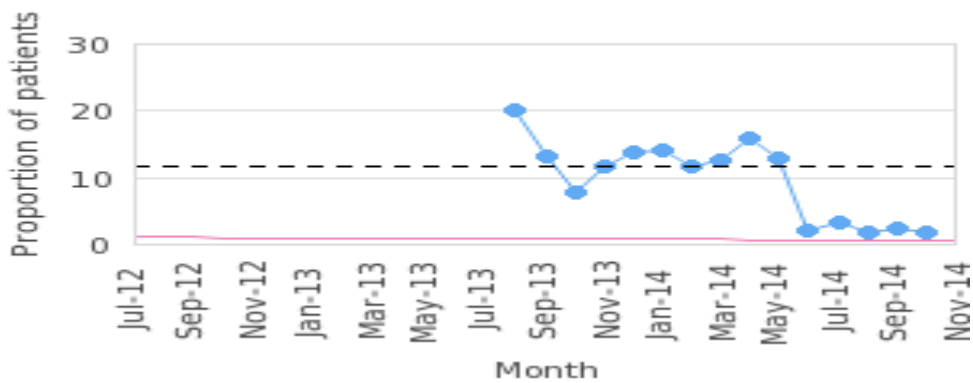
New Pressure Ulcers; the general trend for new pressure ulcers that have developed under the care of Bromley Healthcare is a downward one. An action Plan for the management and reduction in the numbers of pressure ulcers has been developed in Quarter 2 by Bromley Healthcare and focusses on a 6 month period from September 2014-March 2015. Bromley Healthcare are working with Kings to trial the Pressure Ulcer Passport over the coming months.



All Falls; it is recognised that data prior to May 2014 was being incorrectly recorded.



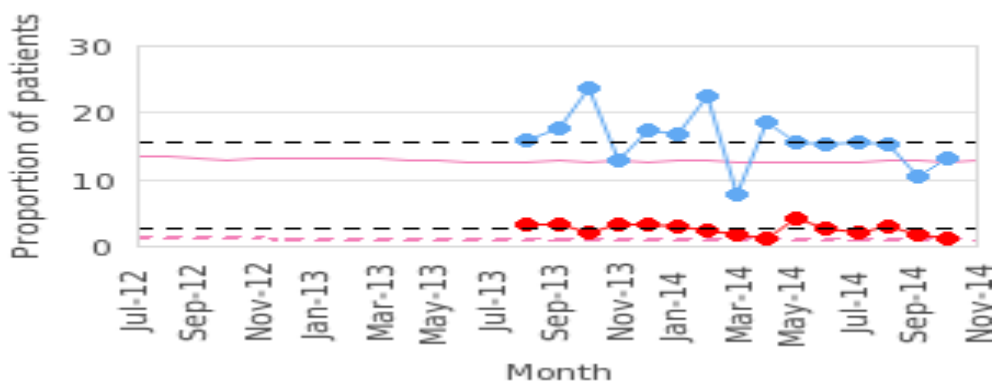
All falls with harm; it is recognised that data prior to May 2014 was being incorrectly recorded.



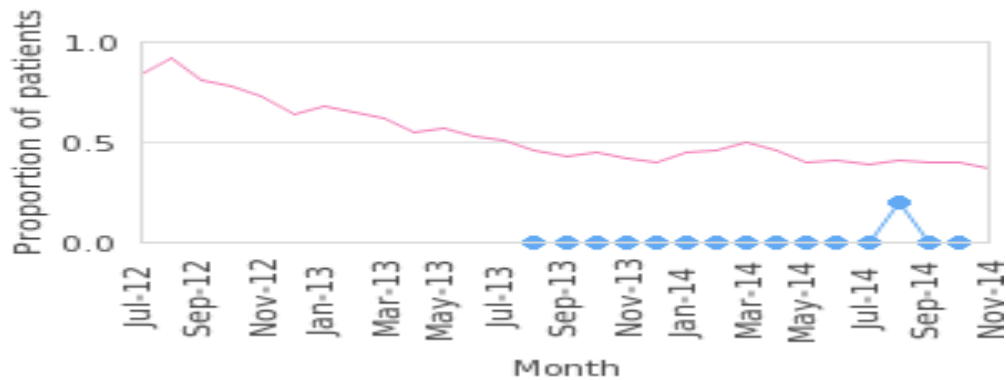
Catheters

Key – Blue Catheterisation (Bromley Healthcare data)

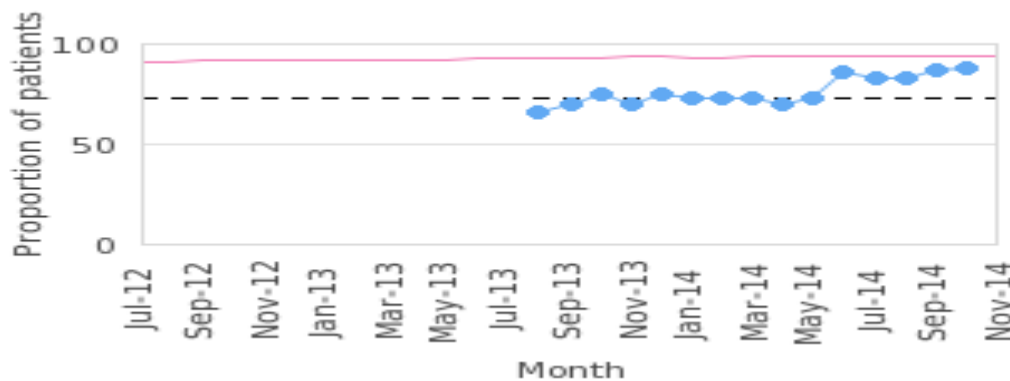
Red Catheter & UTI (Bromley Healthcare data)



Patients with a new VTE



Harm free care: Patients are experiencing more harm free care in Bromley Healthcare month on month



Are we effective?

Our annual Quality Account <http://www.bromleyhealthcare.org.uk/about-us/reports/quality-accounts> and Quarterly Clinical Directors reports <http://www.bromleyhealthcare-cic.nhs.uk/about-us/our-quality-team/quality-team-news-1/clinical-quarterly-reports> provide a wealth of information on the work that has been done and that is continuing to be done to improve the effectiveness of our services and to secure good patient outcomes and positive experiences. Prime examples include:

- The Community Teams have been re-formed by our Operations colleagues to group around GP populations and integrate professional specialties (Community Matrons, District Nurses, Occupational Therapists and Physiotherapists). This structural regrouping was the main focus up until March 2014 and the teams are now fully concentrating all their energies onto quality.
- The Medical Response Team has been redesigned to bring together GPs, nurses, care workers and therapists into a single team to give patients who are unwell, but not in an emergency health situation, a safe alternative to hospital.

The service is working towards tapping into the synergy created by working as part of a multidisciplinary team thereby ensuring a more cohesive and holistic care package for patients. The team also has trusted assessor status to assess for packages of care, and works closely with London Ambulance Service, GPs, PRUH ED, Extra Care Housing and care homes with and without nursing, and have introduced a direct 24/7 referral line.

- The children and young people's additional needs service leads have co-ordinated working together to join up 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. 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.

Evidence Based Practice

Written controls include Strategies, Policies, Procedures and Guidelines. They contain some of the key controls which enable Bromley Healthcare to discharge its responsibilities and manage risk. They are necessary to ensure that our intentions and methods are clearly understood. Our Clinical guidelines set out a systematically developed statement to assist practitioner and patient decisions about appropriate health care for specific clinical circumstances. These guidelines are often informed by national guidance, e.g. National Institute of Health and Care Excellence (NICE), guidance from professional bodies and learned societies, and research. All Clinical Guidelines are ratified by the Quality Working Group. The Quality team have revised the process for uploading these documents to our intranet to make them readily accessible to staff.

The National Institute for Health and Care Excellence (NICE) continually develops guidance and standards to drive improvement in the quality of care of patients. At Bromley Healthcare we have a robust process for monitoring Nice Guidance Compliance <http://www.bromleyhealthcare-cic.nhs.uk/about-us/our-quality-team/quality-team-news-1/clinical-quarterly-reports> . Services are informed of the new guidance and they are required to complete a Datix entry which either confirms compliance or they submit an action plan to ensure compliance in a timely manner. All services are required to complete at least one Clinical Audit and Record Keeping Audit annually. The Quality of the Audit proposal and findings is scrutinised by the Quality Team to ensure that improvement and learning is embedded into clinical practice. Guidance for this work is provided from the Audit facilitator to ensure compliance.

Bromley Healthcare has addressed the lack of established standards for community health care services by developing internal quality standards focusing on patient safety, clinical effectiveness and patient experience including Patient Related Outcome Measures (PROM). These standards have been developed by Service Leads with their teams and have been scrutinized and approved by the Joint Clinical Directors supported by the Head of Nursing and Head of Health and Care Professionals. All frontline services have set 10 Quality Standards and as we move

into our third round these measures are being strengthened to ensure they are meaningful, impactful and propel our services to clinical excellence. The presentation of this data has been refined by our new performance manager, and the data is discussed monthly at the executive meeting and quarterly at Bromley Healthcare Clinical Governance Committee, and Bromley Healthcare and Commissioning Clinical Quality Group.

Service improvements

Improving the quality of services is now a key requirement within the NHS. Each service is required to initiate and implement 3 service improvements including 1 to address equality and diversity, a year. Improvements must result in better patient experience and outcomes. Service Improvements are signed off by Operations Managers who ensure demonstrable evidence of positive impact. The Quality Team is planning to hold a competition to acknowledge the best three service improvements at the first Bromley Healthcare Academic half day planned for May 2015.

Are we caring?

Providing safe, high quality services to our patients, service users and carers, is of paramount importance and it is essential that post Francis, health services learn from patients, service users and carers how services can be improved in a completely transparent way. It is important that service users are able to feedback, not only when they are satisfied with services we provide, but also when there is room for improvement.

Patient feedback both positive and negative is an important part of Bromley Healthcare drive to improve quality. There are a number of ways in which patients are encouraged to voice their concerns and delight at the service that they and their carers have received. Overall, we achieve a high level of satisfaction from almost all our services users.

4C's Complaints, Concerns, Compliments and Concerns.

Bromley Healthcare widely publicises e.g. posters and leaflets in our clinics, the use of 4Cs for feeding back to us about our services and has a robust process for managing any feedback we receive. Information on 4Cs with emphasis on learning is included in our monthly Accidents, Incidents and Feedback report and this is widely disseminated across the organisation. An annual report is being compiled to give an overview of Bromley Healthcare as a whole. By doing this we can be assured that we have identified all the themes/trends/hotspots (as indicated in the monthly reports) and synthesised this to ensure effective learning and improvements. CQC published a paper last month entitled "Complaints matter" which raises the need for us to evaluate complainant satisfaction with our responses.

Patient Surveys.

A programme of annual patient surveys for adult and children services for 2014-15 is well underway. The survey explores if we are respecting and involving people who use our services. Most of our services had overall satisfaction scores > 95%. Both

the adult and the children's survey have six questions the first of which is the Friends and Family test. Once services have collected their responses a report is drawn up and the teams are required to review the comments and draw up an Action plan. All services have the responsibility of addressing the concerns and comments raised patients by developing an action plan which clearly demonstrates that the patient feedback has been evaluated and addressed. A number of services also run further surveys which are specific to their service.

Patient Opinion

Bromley Healthcare started using Patient Opinion to ensure transparency of service user feedback in April 2014. Patient Opinion allows a service user, in their own words, to post their experiences, positive or negative for an organisation to respond to. To date Bromley Healthcare has received 33 postings. The majority of these have been positive, some citing specific staff who have provided exceptional services. 4 somewhat negative comments have been received with 1 clear posting where we have been able to demonstrate a change has been made following a patients posting as to how we manage our services and 2 of the other 4 are being worked through.

Staff Feedback

Bromley Healthcare values staff feedback and is engendering a culture of transparency and openness. There are a number of avenues for staff to use e.g. annual staff surveys, open door policy led by CEO, anonymous forum e.g. Ask Jonathan blog, visible leadership visits, feedback from staff to monthly key messages, meetings with Line Managers and Quality team, staff governors etc. Efforts are continuously being made to enhance free flow of communication between front line staff and management and to ensure that suggestions are taken forward appropriately. Bromley Healthcare recognises that in some circumstances employees may have concerns about malpractice, standards or delivery of care, illegal acts or omissions at work or poor standards/practice in the delivery of care and the important role they have in revealing such problems. Employees who raise concerns can do so in confidence under the Whistleblowing Policy and with the assurance that they will not be victimised. Employees should raise concerns with their line manager in the first instance or, if they do not feel able to do this, with any of the organisation's Executive Directors or Staff Governors. Similarly, if fraud is suspected, concerns should be raised through the Counter Fraud Policy. Concerns about fraud should be raised with the Finance and Commercial Director. Should an employee suspect that the Finance and Commercial Director is implicated in fraudulent activities, and then concerns should be raised with the Chair of the Audit Committee. Bromley Healthcare is committed to taking appropriate action at as early a stage as possible whenever concerns are raised.

Are we responsive?

Bromley Healthcare strives to make itself an easily accessible organisation. Most of our referrals come from our local GPs and The Single Point of Entry (SPE) 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 form to the SPE team, either by the

nhs.net email account or fax number. The Single Point of Entry (SPE) system has been in operation since 2011, and during 2014- 15 it has been expanded to include 42 services. 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. GPs have consistently given positive feedback on the ease of referral to our services. Medical Response Team call patients within 15 minutes and assess within 2 hours of receipt of referral for priority 1 referrals.

Our Internet provides comprehensive information about all our services including contact details of Service Lead, and service waiting times. Bromley Healthcare aim to have favourable waiting times for all our services by benchmarking themselves against similar services. Children's Speech and Language Therapy had a long waiting time which led to a number of complaints being made. Actions were taken to address this and waiting times dropped from high point of 19.6 weeks in July 2014 to lowest in this year to date of 8.9 weeks in November. Unfortunately this has had a knock on effect on the capacity for intervention and reviews which is now being worked through.

A strategy specifically focussed on the engagement of Bromley GPs has been developed in recognition of GPs as significant partners in healthcare delivery and also as commissioners of Bromley Healthcare services. 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 services continue to meet the needs of the local community and make a positive difference to patients' lives.

The GP Link programme was re-launched in July 2014 as part of the wider GP engagement strategy building on a similar programme first established in 2012. A range of views and queries have been gathered during the practice visits and these are taken forward in a timely fashion by Bromley Healthcare. Examples include:

- addressing GPs concern about lack of F2F contact with their District Nurses by informing them of the intensity of work that our District Nurses do to support our patients out in the community.
- highlighting the role of Community Matrons and the work they do and putting in place a programme of regular visits of community matrons to GP practices.
- clarifying how our Medical Response Team can support GPs in avoiding hospital admissions.

Comments from the recent GP survey about Bromley Healthcare were positive and in some cases extremely positive, although the responses suggest there is scope for further improvements to be made.

Many of the ways in which we respond to feedback from patients and services users and from our staff is addressed in the section above "Are we caring". Bromley Healthcare's first Annual Incident and Feedback Analysis Report was produced and covers 2013-14. The purpose of this report is to collate key issues from monthly

reports into a concise overarching document. Highlights include trends with hotspots e.g. pressure ulcers, medication errors, falls etc, key learning and changes that have been made as a result, to explicitly demonstrate how this data impacts on patient care. The 2014-15 Annual Report will build on this initial attempt.

Patient to the Board is an initiative that needs strengthening as is apparent from the work that has been done following a discussion with a child's parent at the Board in March 2014.

Senior staff have met with members of Healthwatch Bromley every 6 weeks with a varied agenda including adult safeguarding, Equality and Diversity and they have been involved in setting our Quality priorities 2015-16. We are working on strengthening our links with the voluntary sector and tapping into or establishing patient focus groups.

The Commissioning for Quality and Innovation (CQUIN) scheme rewards excellence by linking a proportion of our income to the achievement of local quality improvement projects. CQUIN provides the opportunity for our staff to go above and beyond the basics, and deliver quality and innovative services which have been adapted to improve our patient's experience. We have been successful at meeting these various schemes – which are agreed and monitored by Bromley Clinical Commissioning Group (CCG).

Are we well led?

CQC states "By well-led, we mean that the leadership, management and governance of the organisation assure the delivery of high-quality person-centred care, supports learning and innovation, and promotes an open and fair culture".

The adoption of new Articles of Association following our Annual General Meeting on 25th September 2014, has led to a review of the structure and process of governance of the organisation. A booklet has been developed for staff which describes simply and clearly, how we do things in our Company and how we are accountable for our actions. Ultimate accountability lies with the Board so this booklet describes how the Board and its committees operate. It sets out the terms of reference for each committee: its purpose, membership, decision-making powers, key responsibilities and duties.

Bromley Healthcare has a matrix system of management which provides useful synergy between the Operations and Quality Managers but can present challenges in its implementation particularly in terms of accountability and impact. The table below gives a snapshot of some of these complexities.

How can we achieve great patient care?

Impacting factors	Who controls these factors?			
	Clinician themselves	Quality team	Ops	Factors external to Bromley Healthcare
Great undergraduate recruitment/training	++			+++
High national professional standards/bodies	+			+++
Strong recruitment		+	+++	
Strong training/CPD	+++	+++	++	++
Team culture of accountability/patient focus	++	+	+++	+
Strong line management and appraisal	+	+	+++	
Individual clinician/team use of quality tools such as audit, feedback, IT tools	+++	++	+++	
Implementation of written controls+other quality standards eg KPIs, CQUINs, CQC standards	++	++	+++	+

Our Clinical Governance strategy sets our plan for achieving Bromley Healthcare's vision "to make sure all our services provide people with safe, effective, compassionate, high-quality care and to encourage services to aspire to excellence, benchmarking themselves against national or professional indicators (where they exist)". Our strategy is to create a learning organisation that enables clinicians and clinical teams to work at their best. The overarching strategy can be thought of as a balance between:

- Proactively developing an open culture which develops us as a learning organisation- using audit, induction, training, CPD, supervision and appraisal to support a culture of reflection and scrutiny (particularly self-scrutiny) against defined standards which continually seek to drive up standards. Proactive risk management in form of Risk Registers at all levels throughout Bromley Healthcare. A suitable underlying workforce plan and clinical environment (including written controls) is an essential prerequisite to this.
- Learning from information acquired via audit, patient feedback, incident/complaint evaluations- facilitated via a robust approach to risk management.

Bromley Healthcare's Annual Business Plan and Objectives sets the direction of travel for the whole organisation and is developed with the input of the whole of the leadership team. This ensures ownership by all and that issues that are of importance at the coalface are made visible to senior management and effectively addressed. Golden thread

The Clinical Directors have established quarterly meetings with all Service Leads and their Operations Managers. The purpose of these meetings is to review all aspects of the service that impact on its quality, to discuss and find solutions for any issues of concern, to commend areas of excellence and to identify ways in which services can provide clinical excellence. Most services are moving into their fifth round of these meetings. Learning from these meetings is disseminated widely through the Clinical Forum, Quality Page on our Intranet and monthly articles in Together Newsletter.

Conclusion

In evaluating our current state of CQC readiness a number of key areas that need strengthening have been identified:

Key actions to take forward in 2015-16

1. Ensuring Safe levels of staffing for all services.
2. Each member of staff to adhere to Bromley Healthcare's Code of Conduct, understanding their personal accountability for patient outcomes, and taking appropriate actions to optimise this.
3. All services and teams to have monthly team/service meetings to ensure effective dissemination of learning throughout the organisation.
4. All clinicians to have a work plan that provides ring-fenced time for personal reflection, clinical supervision and continuous professional development.
5. All clinicians to have easy access to our information systems including our Intranet.
6. Good Infection prevention and control to be recognised by all Bromley Healthcare staff as core to good patient care with particular focus on high risk services.
7. Strengthening the voice of patients and service users in the development of our services.
8. Strengthening and embedding of all the work-streams outlined in this paper.

Endorsement of these actions by the Board and implementation of them by the executive team will not only improve our CQC readiness but will also ensure that we are continually working towards better patient outcomes and experience. Bromley Healthcare is totally committed to driving up the quality of care we provide, the quality team will continue to work collaboratively with services, providing face-to-face support and promoting high quality, effective, safe care.

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