

Quality Account 2012-13

Delivering high
quality services
in the
community



Statement from the Chief Executive

Bromley Healthcare has been operating for over two years and the quality and breadth of our out-of-hospital care continues to grow and improve as we increase the range and reach of our services in Bromley and other parts of south east London.



In our third Quality Account, we describe some of the practical steps we've taken to make this happen and look forward to how we'll continue to do this in the coming year. In 2011-12 we set ourselves three quality challenges and have made great strides forward in each.

Navigating the health and social care system can be confusing for many, and our focus on **Quality Through Integration** has helped us to consolidate our relationships with GP colleagues, our local authority partner and also other healthcare providers to provide more joined-up services. Using information wisely has been at the heart of our **Quality Through Information and Evidence** work and we have used this focus to improve the quality of information we collect to make a real difference at the front line. Finally, we have taken a very practical approach to equality this year. In looking at both ourselves and those we serve, we have increased access to health services and supported those who work at Bromley Healthcare to deliver services in innovative ways that recognise the unique needs of everyone. Read more about this in our [Equality Delivery System report](#) as well as in this Quality Account.

If you have any thoughts on how we can improve the quality of our services, I would welcome your views. Our contact details can be found at the end of this report.

Jonathan Lewis - Chief Executive

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Review of quality performance from 2011–12

Introduction

Bromley Healthcare is a high-quality provider of community health services. However, the word 'quality' can mean many different things to different people. In order to develop our quality account, in 2011 we talked to those who deliver and receive our services to gain a better understanding of what quality means to them.

Using the three dimensions of quality from the Department of Health's 'High Quality Care For All' as our guide, we defined 'quality' for Bromley Healthcare.

Patient safety

- Competent, well-trained healthcare professionals
- Healthcare professionals who visibly show their commitment to safety (such as washing hands within the view of patients)
- Healthcare professionals who follow (and support colleagues in following) accepted best practice.

Clinical effectiveness

- Healthcare professionals who take an active interest in their own professional development
- Healthcare professionals who also listen to patients' preferences in their treatment
- Patients who understand the treatments they are receiving and why they have been recommended
- Patients who understand the options they may have for different treatments, and are adequately informed by practitioners to enable them to make good choices.

**Bromley
Healthcare is
a high-quality
provider of
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health
services.**

Positive patient experience

- Healthcare professionals who build good relationships with patients, are friendly, welcoming and proactive
- Healthcare professionals who take extra steps to involve and inform patients
- Patients who feel empowered by healthcare professionals
- Patients who understand the treatments they are receiving
- Patients who feel they are respected and listened to

In addition to quality measures, Bromley Healthcare also recognises its responsibility to ensure that NHS money is spent efficiently and effectively for the benefit of our patients.



Input from stakeholders

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

- Individual patients, via our annual patient survey
- Members of staff at all levels of the organisation
- Our management team
- Our Board
- Our Council of Governors
- Bromley LINk, who have been succeeded by Health Watch
- Our local voluntary sector organisations
- External bodies such as Ofsted and CQC

The views and input of stakeholders are represented throughout the account. Comments from key stakeholders are included on page 50.

Our services

Bromley Healthcare employs over 766 members of staff and last year we had 483,780 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. Our services include:

- Bladder and bowel management
- Community paediatrics
- Community dermatology in both Bromley and Greenwich
- Community gynaecology in both Bromley and Greenwich
- Contraception and reproductive health
- Diabetes
- Dietetics
- District Nursing
- EMDoc (Out of hours GP service) – the out of hours GP service
- Health improvement
- Health visiting
- Hollybank – short breaks and respite for children with disabilities
- Integrated Children's Community Nursing Team
- Intermediate Care – to support rehabilitation after illness
- Long Term Conditions nursing team – caring for people living with an ongoing illness
- Minor oral surgery in Bromley
- Minor surgery in Greenwich
- Occupational therapy for adults
- Occupational therapy for children
- PACE (Post Acute Care Enablement) – helping people to leave hospital safely
- Paediatric audiology
- Physiotherapy for adults
- Physiotherapy for children
- Podiatry (chiroprody)
- School nursing
- Special care dental services
- Specialist HIV nursing
- Speech and Language therapy for adults
- Speech and Language therapy for children
- Stop smoking service
- Urgent Care Centre – for minor injuries and illnesses that don't require a visit to A&E
- Wheelchair and special seating
- Working for Wellbeing

Our priorities in 2012-13

In 2012-13, we set ourselves three quality priorities to focus our efforts on driving up quality for the benefit of patients.

These priorities were:

- Driving up quality through integration
- Driving up quality through evidence
- Driving up quality through equality

We set ourselves a number of objectives within these priorities, which we have been monitoring throughout the year. These are scrutinised as part of our governance, and are discussed by our Council of Governors and at board meetings. Performance indicators are discussed and objectives are linked to the forward work plans and objectives of services and individuals.

The following pages describe how we have tackled these objectives in our everyday work providing practical examples through case studies.



Quality through integration

Leg ulcer assessment service – Tissue Viability service

Historically, services for mobile patients with leg ulcers and other complex wounds were provided by both general practice and district nurses. The level of service provided varied across the borough and was dependent on the level and range of expertise of practice nurses, and the capacity available in the district nursing leg ulcer clinics. This was leading to unequal access to services and a negative impact on the quality of care provided and the healing rates of leg ulcers.

Following an audit in general practices, a proposal was put forward to provide leg ulcer assessment clinics for patients who went to see their GP with a leg wound, to provide faster access to specialist assessment and an appropriate treatment plan.

With the support of commissioners 17 GP surgeries (selected based on their geography and the skills of practice nurses) had access to a new leg ulcer assessment service for a 10-month period. The specialist service provided a full clinical assessment for patients, who would be returned to the care of their GP and practice nurse with a plan of care and an appointment to return to assessment clinic for review.

The service was monitored against a number of measures of success. We received a total of 120 referrals with ulceration ranging from five days to over five years. On average, the healing time for ulcers was reduced from 20.7 weeks to 5.7 weeks.

Both patient and practice nurse satisfaction was monitored throughout the project using a postal questionnaire and the feedback was extremely positive and supportive of the project. The pilot was originally scheduled to end in September 2012 but due to its success was extended to the end of March 2013. The service is now working with commissioners to explore the feasibility of offering the service borough-wide to a total of 48 GP surgeries.

On average, the healing rate of ulcers was reduced from 20.7 weeks to just 5.7 weeks.

The tissue viability lead nurse has won an award in the Journal of Wound Care awards 2013. These awards are a celebration of innovation and excellence in research and practice in the field of wound care.

Leg ulcer club – Tissue Viability service

Leg clubs aim to treat leg ulcers in a social environment, where patients who become members of the club are treated collectively in a friendly, social environment. Based on an award-winning model founded by former district nurse Ellie Lindsay, the club motivates and empowers patients to manage their own care with confidence.

Bromley Healthcare set up the Leg Club supported by community volunteers, with specialist clinical support from the tissue viability team who treat and dress patients' legs. Evidence shows leg clubs, which operate in a non-medical setting, lead to improved healing by encouraging members to become more involved in their care. People find a friendly, welcoming atmosphere where those with lower leg problems can benefit from mutual support. For some, this one outing of the week also provides emotional support to help in the healing process. The Leg Club opened with five members and by January 2013 there were 37 people registered as members, who come regularly to be treated and who enjoy the social interaction the club offers.

111 project – GP clinical management

As part of the introduction of the national 111 service Bromley Healthcare were successful in securing a joint-contract to provide GP clinical management for the service, across south east London.

Nationally, the 111 service has been created to reduce confusion about where to go for non-emergency care and will signpost people to the right place, whether that be a pharmacy, self-care at home or an urgent care centre. The service will eventually replace a number of points of contact which include individual out-of-hours GP services, NHS Direct and region-based services.

Bromley Healthcare is now part of the integrated 111 service, working closely with all six out-of-hours GP service providers in south east London. Bromley Healthcare assesses incoming requests for out-of-hours GP services, offers some triage and then routes cases to the right provider. Whilst Bromley Healthcare's out-of-hours service will no longer be the telephone point of contact, the service will still provide home visits and an out-of-hours care centre at the Princess Royal University Hospital.



End of life care for patients in their own homes – PACE service

PACE (Post-acute care enablement) is Bromley Healthcare's early supported discharge service. The service supports patients to leave hospital care safely and return to their own home as quickly as possible to rehabilitate in a familiar environment. The team work alongside local hospital services (the Princess Royal University Hospital) and social care services provided by Bromley Council.

Recently introduced care pathways for palliative care patients have enabled dying people to spend the final weeks of their lives at home rather than on a hospital ward.

In spring 2012 PACE accepted a patient who had palliative health care needs but was keen to go home. The team supported his discharge, but when his health suddenly deteriorated they struggled to get appropriate services to meet his needs. Another patient needed urgent pressure relieving equipment. PACE set up meetings with both the hospital and community palliative care teams to meet the needs of these patients and two new care pathways (agreed plans to care for patients) were developed.

The first pathway focuses on the acceptance of patients in the hospital and ensures that the PACE team take guidance from the hospital palliative care team so that the patient is appropriate for discharge home. The second pathway focuses on the care of patients in the community who deteriorate suddenly, and ensures a fast referral to the appropriate community services. Since the introduction of these pathways patients can now receive expert palliative care advice and support quickly and seamlessly.

In 2012/13 2318 patients were referred to PACE, with 1670 (72%) being accepted by the service and supported home. This resulted in an estimated 5974 hospital beds being saved.

A patient's independence is assessed on admission to and discharged from PACE using the Modified Barthel Index, with an increase in score

Care for palliative care patients, has enabled dying people to spend the final weeks of their lives at home rather than on a hospital ward.

relating to an increase in a patient's independence. In 2012/13 the average change in MBI score between admission and discharge was 2.1. 89.3% of patients showed no change in dependence or became more independent following PACE intervention.

Quality through information and evidence

Inclusion Support Service - Children's Speech and Language Therapy

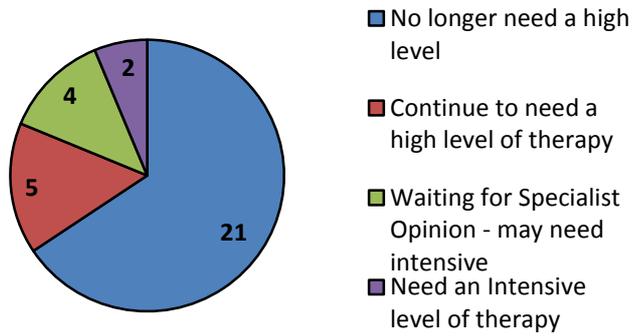
The Children's Speech and Language Therapy service is working closely with partners in local schools to deliver in-school therapy for selected children during their reception year. Children needing a high level of support and who had a severe speech and/or language difficulty but no other learning difficulties, received support via fortnightly sessions in which a therapist trains a school teaching assistant to carry out therapy activities at least three times a week during the child's day. The therapists also work with parents to ensure that good practice is supported at home and with class teachers to support classroom work.

The joint working between health and education has continued to be a very positive partnership, to the benefit of the children. Feedback from parents and teaching staff shows that they are delighted with the service and the progress the children have made.

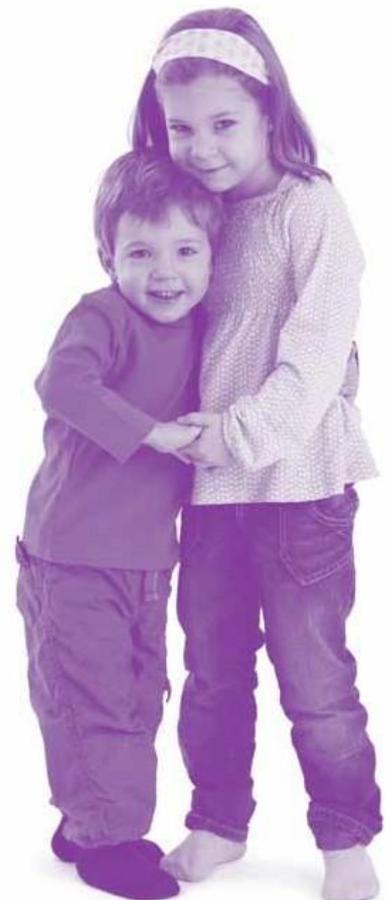
Speech and Language Therapists saw a total of 43 children during the 2012-2013 academic year. Seven children made significant progress between referral to the project and being seen by the therapist and no longer needed a high level of intervention and other children were taken on in their place. Four children were returned to the clinic-based service before the end of the year because they had made significant progress. 32 children finished the project. The majority of these children made accelerated progress in one or more areas of their speech and language development, six of them to a level that was almost appropriate for their age in one or more area of speech or language development.

Feedback from parents and teaching staff shows that they are delighted with the service and the progress the children have made.

Children Continuing to Need a High Level of Therapy at the End of the Project



The data shows that this project is a very effective model for children who require this high level of therapy support and it has significantly reduced the number of children requiring admission to a specialist service. This successful collaborative project between Children's Speech and Language Therapy and the Bromley Council's education department is continuing in the present academic year.



Audits

A key strand of the organisation's 'Quality through information and evidence' work has been developed through a comprehensive approach to service-based audits.

In 2012-13, Bromley Healthcare carried out 84 audits across a range of services. A summary of these is provided in Appendix 1 of this Quality Account. Some examples of how the information gathered through audits has improved the quality of care for patients are given below.

HIV Nursing: Waiting times for newly diagnosed patients

A clinical audit of waiting times for newly diagnosed patients in the HIV Nursing service showed that 94% of patients referred to the service were seen and assessed within two weeks, with 90% seen and assessed within one week of being referred. The main reason why patients were not seen in within this time was down to their own choice of appointment time. To continually improve the service offered to patients, the service is reviewing guidance to ensure recommended waiting times are met and will continue to run a service in the sexual health clinic, to ensure patients are seen with minimal delay.

Podiatry: Audit of re-growth rates following nail surgery

A clinical audit investigating nail re-growth and infection rates after nail surgery showed a 19% infection rate in post-operative nail surgery on the East of the borough and 18% infection rate in post-operative nail surgery on the West of the borough. This gave Bromley Healthcare an average of 18.5% for infection rates in the post-operative phase across the borough. National average suggests 18% for infection rates in post-operative nail surgery - which we fall into.

This translates to 81.5% for non-infection rates in post-operative nail surgery in Bromley. This will be re-audited in 2013.

In 2012-13, Bromley Healthcare carried out 84 audits across a wide range of services.

Balanced scorecard approach

Bromley Healthcare uses a comprehensive approach to monitoring services to ensure that quality is understood, measured and reported on at all levels of the organisation. Four quadrants 'Quality', 'Productivity', 'Margins' and 'Compliance' are measured against range of agreed targets, on a monthly cycle (and published).

The Health Visiting service is given as an example below. Information which is considered to be commercially sensitive has been removed.

Quality		Target	Actual	Score
1	Patient Experience	90%	Nil	nil
2	Complaints (number)		0	0
3	General Practice satisfaction	90%	nil	Q4
4	New birth visits by 14 days	95%	97%	97%
5	New born hearing screening completed by 5 weeks including AABR in well babies (Community Model)	95%	96.8%	96.8%
6	8-12 months reviews (HR1)	90%		Q4
7	2-5 years review (HR2)	70%		Q4
8	6-8 weeks breastfeeding – mothers who maintained full/partial breastfeeding at 6-8 weeks from birth (CQUIN measure)	92%	83.23%	76.92%
9	Total number of mothers who had a universal antenatal contact with a health visitor	50%		Q4
10	Referrals to smoking cessation service (annual target 100)	100	80	80%
11	Referrals to social care	4	0	0
12	Clinical audits measurement for 2013/14 is set on Datix			
13	Service improvements per year (Annual target 6)	6	7	7
14	Record keeping audits	Y/N	Y	Y
15	Staff appraisals complete	85%	92%	92%

Productivity		Target	Actual	Score
16	% Patients who do not attend appointments [DNAs] YTD	5%	4.1%	4.1%
17	% Patients Unable to attend (UTAs) YTD	5%	0.7%	0.7%
18	Activity performance (contacts)	7,000	7,629	9.0%
19	Activity performance (contacts) YTD	87,339	95,437	9.3%
20	Unoutcomed appointments (in months)	0	4	0.05%
21	Sickness Absence	3%	0.53%	0.53%
Margins		Annual Target	Actual	Score
22	Margin			
Compliance		Target	Actual	Score
23	Incidents		6	6
24	SUIs	0	0	0
25	Mandatory Training	85%	89%	89%
26	Shareholding	85%	74%	74%
27	Complaints (completed within timeframe)	100%	nil	Nil
28	Ethnicity Recording (%)	85%	87%	87%
29	Equipment Calibration	117	84	72%

Quality through equality

As a provider of health services, Bromley Healthcare is working closely with its local commissioner, NHS Bromley (Bromley Clinical Commissioning Group) to achieve its aspirations to meet the health needs of local communities.

The Equality Delivery System (EDS) has helped to provide a practical focus for Bromley Healthcare's drive for 'Quality Through Equality'. The EDS sets four top-level outcomes:

1. Better health outcomes for all
2. Improved patient access and experience
3. Empowered, engaged and well-supported staff
4. Inclusive leadership at all levels

These sit alongside the four objectives we set for ourselves in 2012-13

- a. Increase referrals to Carers Bromley by 30%
- b. Induction loops in all Bromley Healthcare clinics
- c. Improving information about the nine protected characteristics across our staff
- d. Acting positively on the ethnicity information we gather

Increasing the numbers of referrals made to Carers Bromley

Bromley Healthcare has widely promoted this initiative amongst staff and also to GP practice colleagues to ensure that there is a good awareness of the services offered. A representative from Carers Bromley has spoken at management team meetings to ensure that managers were more familiar with the range of services. Ongoing monitoring meetings are helping to progress this objective, however progress has not been as rapid as we would have hoped. Referrals from practices have increased from three to nine. Referrals from Bromley Healthcare services have also increased, but not to the degree to which we aspired.

This increase does mean that the 30% target has been achieved; however we are keen to build on this further and exceed expectations in future years. We are currently reviewing both information and processes to support this. Bromley Healthcare's new 'Single Point of Entry' (SPE) is also supporting this initiative, helping to identify and refer appropriate cases.

	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total
Total referrals in 2011/12	9	1	1	2	13
GP referrals in 2012/13	9	10	5	6	30
BH referrals in 2012/13	8	4	12	3	27
Total referrals in 2012/13	17	14	17	9	57

Ensuring induction loops are in place in all Bromley Healthcare clinics

Bromley Healthcare has undertaken an audit of the availability of hearing loops in its clinics and reviewed staff knowledge on the use of these devices, which help those using hearing aids to hear more clearly.

A number of concerns with regard to the equipment used and also some development needs amongst staff were identified and these are in the process of being addressed:

- Reception staff at clinics have received briefings on the use of current hearing loop systems where they exist
- Notices have been put up in clinics to make patients aware of the presence of the hearing loop
- Our IT department has investigated an upgrade to the current dated system to a more efficient digital system and new equipment has been purchased. This will be rolled out across Bromley Healthcare sites and supported with training.

Bromley Healthcare has undertaken an audit of the availability of hearing loops in its clinics and also reviewed staff knowledge on the use of these

Improving the quality of data held on the workforce in relation to the nine protected characteristics

The Equality Act 2010 names nine protected characteristics groups in society that providers of public services should recognise as potentially needing additional focus to ensure that services are accessible and appropriate. As employers, organisations also need to ensure that staff members within these groups are fairly represented and supported. To achieve this, Bromley Healthcare identified the need to improve information on staff groups.

Workforce data on the protected characteristics can be sensitive and not all staff are willing to disclose some information. In a positive move to address this we created the 'Confidence with Difference' programme, which intends to provide a foundation for gathering this additional workforce data - and a questionnaire asking staff to up-date the data we hold about them is planned for Spring 2013.

Another objective of this programme is to raise awareness and confidence in dealing with protected characteristics groups. Last year, the 'Confidence with Difference' staff survey gave a real insight into how staff would like to build their confidence to help deliver services more effectively to some groups. 164 members of staff responded to the survey in total, representing the majority of services across the organisation.

Results showed that overall levels of confidence were relatively high with more than three quarters (77.4%) having a high or moderately high level of confidence when going into professional situations with those from cultures or backgrounds that were different from their own.

However, levels of confidence with different 'protected characteristics' groups varied widely. Broadly speaking, lower levels of confidence were reported when people were working with minority ethnic groups and those who had undergone gender reassignment. Higher levels of confidence were reported when working with older and younger people.

Improving the use of ethnic coding data

Staff at Bromley Healthcare gather ethnic coding data (that identifies which ethnic group patients belong to), when patients are registered with the organisation. This information has been analysed using the RIO patient record system alongside other available data on protected characteristics groups with a view to gaining a better understanding of potential gaps in service reach.

An initial analysis report was produced in Summer 2012 and was reviewed by the Director of Quality, Business Partner (Learning and Development) and EDS lead. It was also reviewed by colleagues in Public Health to ensure that it was taking account of the necessary external data sets that would enable more detailed comparison and analysis.

Further analysis is now taking place to prioritise actions where the greatest impact can be achieved. This is likely to include:

- A focus on protected characteristics where there is an identified health need that correlates with services offered by Bromley Healthcare and data shows a potential gap. An example of this may be the higher prevalence of diabetes in minority ethnic groups not being represented in diabetes service users
- A focus on the very young and the very old, where known health need is greater. Bromley Healthcare's services are pertinent to these groups
- A further review of the available disability data to ensure that any actions relating to this group are developed
- The development of an action plan to improve the capture of data for some groups not currently known (for example sexuality and gender reassignment)



Case studies

Bromley Healthcare’s services for patients from the nine protected characteristics groups are tailored according to individual need and are responsive and effective as a result. The following case studies illustrate how services meet need:

Case study 1: Gay men

“M” is a 26 year old gay man originally diagnosed as being HIV positive in Brighton in 2011 but did not follow up after his diagnosis. Following a referral from his GP, the HIV specialist nursing service met the patient when he had severe HIV related symptoms – feeling very anxious and frightened.

The service initially assessed the patient’s health history and health need, offered advice on the use of medications and put together an appropriate package of clinical and social care. This included:

- An urgent appointment with the HIV consultant for examination, treatment and management.
- Referral to a social worker for further support
- Liaison with a hospital in Brighton for medical summary of previous treatments
- Liaison with GP for sick certificate
- Information given about advice services, benefits and disability support

The service offered ongoing weekly support around the management of symptoms and, support whilst HIV treatment initiated. In addition, advice was offered to the patient’s partner about testing for HIV, safer sex and availability of post-exposure prophylaxis.

Case study 2: – pregnancy and maternity / Race including national identity and ethnicity

A 29-year-old married woman “C”, originally from Cameroon was diagnosed as HIV positive in an antenatal clinic during early pregnancy. She was well with no obvious HIV related symptoms. Recently married

The HIV specialist nursing service offered a comprehensive support package

and living with her husband, she was in the UK studying for an MBA (the rest of her family remain in Africa), hence being financially dependent upon her recently redundant husband.

The HIV specialist nursing service offered a comprehensive support package to help the woman and her husband understand about HIV and prevention of mother to child transmission of HIV. An initial health assessment revealed she was in an asymptomatic phase of HIV but still needed treatment to prevent transmission to the baby. The service offered a package of support to the whole family, which included liaison with clinic consultants for treatment and medical management, weekly support on initiation of HIV treatment to prevent complications and liaison with midwifery services and consultant obstetrician.

Case study 3: Race including national identity and ethnicity (gypsy traveller community)

Bromley Healthcare's Gypsy Traveller specialist worker, part of the organisation's Health Improvement Service offers a range of support and outreach services, through ongoing, targeted work which seeks to build relationships, increase access to services and maximise the reach of prevention initiatives. In the past year the service has:

- Initiated a smoking cessation initiative through supportive group working with members of the community who have expressed a desire to stop smoking;
- Past health needs assessments have been reviewed to focus on targeted initiatives around health need. Diabetes has been one of particular concern, and the service has been working closely with Bromley Healthcare's diabetes service to develop awareness raising activities;
- The dental health team are working with the local gypsy traveller project to encourage take-up of dental services;
- A new specialist health visitor now runs family health drop in sessions each week at the gypsy traveller project;
- A successful bid for Lifelong learning funding is enabling the development of health information courses such as healthy eating and cookery;

Targeted work seeks to build relationships, increase access to services and maximise the reach of prevention initiatives.

- In response to community feedback the 'HELP card' has been re-launched and incorporated into staff training. This simple initiative alerts health workers to a person's need for additional assistance with reading and writing;

A half-day course called 'Engaging with Gypsies and Travellers' has also been developed, working directly with the community;

In addition to the gypsy traveller community, other local communities have also been targeted with health promotion initiatives. This includes sessions with the local African-Caribbean women's lunch club and two sessions with a Somalian community mother and baby group.

Other measures to improve quality

Sharing information, transparency and openness with our patients

Bromley Healthcare has made great efforts in 2012-13 to share the information we gather and report. The sharing of some information, such as this Quality Account and the Equality Delivery System are mandatory, however the organisation has gone beyond what is required as we believe that by being open about our performance and quality we will improve relationships with our patients and commissioners and build confidence in our services. This includes sharing the results of our staff survey and our performance information on Bromley Healthcare's public website so that everyone can read it. Our ongoing commitment to transparency is represented in our quality priorities for 2013-14.

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 continue to make improvements in the quality of services we deliver.

Datix risk management record-keeping is one way in which we do this, giving managers real-time access to all incident records, feedback and risks that are entered onto the internet-based system.

The library function on Datix is also used for version control for policies, procedures and guidelines and is being used as a central point to record all audits by clinical services. This integrated approach allows a central point of access that can be shared between services.

CQUINs

A proportion of Bromley Healthcare's income in 2012/13 was conditional on achieving quality improvement and innovation goals as agreed with Bromley Primary Care trust. These go under the name of CQUINs. Bromley Healthcare was very successful at meeting its various schemes, which include:

Working with Care homes with Nursing in Bromley to improve knowledge around prevention or pressure ulcers

The tissue viability service has worked with 6 Care Homes across the year. The scheme has included working with both carers and staff nurses to observe practice and provide support and educate according to needs of the individual home. Training has been tailored to meet the needs of the Care Home. The training has mainly been around pressure ulcer prevention and treatment, but the team have also been able to advise on other types of wounds.

The importance of skin inspections has been a key element of the training, so skin inspections have been carried out with carers to reinforce information of what they should be looking for, what to report and how to look after an individual's skin according to their needs to prevent pressure ulceration. All pressure ulcers are reviewed with a qualified nurse to plan care and educate on management. Pressure ulcers are recorded according to grade and where the patient acquired them.

Working towards and attaining stage 1 of Baby Friendly Accreditation

Research has confirmed that extra support to breast feeding mothers shows an increase in duration of exclusive and partial breastfeeding with improved health benefits to the baby and mother. Bromley Healthcare has been working to attain Stage 1 of the Baby Friendly Initiative which will ensure that a high standard of care for pregnant women and breast

feeding mothers is implemented in Bromley. This stage includes ensuring that the necessary policies, guidelines and information are in place to allow health-care providers to implement the Baby Friendly standards effectively. Bromley Healthcare has submitted the evidence to Baby Friendly and is presently waiting to hear if we have achieved accreditation. We are now working on Stage 2 of the accreditation.

Improving Sex and relationships Education using web technologies designed by young people for young people

Bromley Healthcare has developed its sexual health promotion services to make them more accessible to young people. This has been done by making greater use of social media by developing a website to promote relationship education and sexual health services (in particular free condoms, Long-acting Reversible Contraception (LARC) and Emergency Hormonal Contraception (EHC).

The website was developed and evaluated with young people for young people at Bromley Further Education College, Orpington campus. It makes it easier for young people to find Bromley sexual health services and obtain information and advice. The ultimate goal is to increase uptake of services and reduce the risk of sexually transmitted infections and unplanned pregnancies in young people. The website's responsive design means it can be used easily on a smart phone and will enable better use of other social media developments such as NHS apps and a C Card for condom distribution app which is under development.

Going forward Bromley Clinical Commissioning Group have commissioned quality improvement and innovation schemes for 2013/14 predominantly covering the integration of services to improve patient care.

Feedback from patients

Feedback from patients is an important tool in monitoring the quality of services. We proactively invite patients to share feedback by letter, email or verbally and promote this on the Bromley Healthcare web site, posters in clinics and a feedback leaflet that is also available in an easy read format. The organisation also gathers real-time feedback using the Meridian system – a hand-held device which is given to patients following an appointment that captures their experience immediately.

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

This feedback is in addition to patient surveys and feedback questionnaires. In response to complaints or concerns the person raising the matter is contacted to establish what the issues are and how they might be resolved. Actions and timeframes for response are agreed with the complainant.

Any learning and improvements as a result of the feedback are recorded and all the information is included on a regular report, published six times a year 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. Compliments are also recorded under subjects so these can also be considered to identify areas that we are doing well.

We proactively invite patients to share feedback by letter, email or verbally.

One example of how learning from complaints has made a real difference to service delivery is in the example of a patient who waited for over an hour to be seen by a doctor. Having finally been seen the complainant did not feel that the appointment went well, the doctor did not properly introduce themselves she was not confident that the health care assistant on duty was experienced and did not receive the treatment or advice that she had expected. This complaint was investigated and analysed and a number of improvements were made to improve the service. This included ongoing communication with patients when appointments are running late, all clinical staff doing full introductions and giving their name at the outset of an appointment, seeking written (or verbal) consent for procedures and a full explanation of any ongoing treatment or advice in writing.

Risk Reporting

Risk registers are well-established across all of Bromley Healthcare's clinical services with all strategic and operational risks reported onto one system and reviewed every month by risk owners in all departments. The registers are reported to relevant committees for consideration as part of the governance structure. The register now incorporates all areas of the organisation including business development, projects and pilots. This overarching integrated system provides an efficient way of managing both strategic and operational risks throughout the organisation.

Incident reporting including serious incidents

All incidents, including no harm or near miss incidents are reported and recorded on Datix. An incident is defined as: 'any unexpected event which had an actual or potential detrimental effect on a patient, employee, member of the public or the assets of the organisation'. A serious incident is defined as something out of the ordinary or unexpected, with the potential to cause serious harm, and/or likely to attract public and media interest that occurs in NHS premises or in the

**Bromley
Healthcare
collaborates
on national
reporting
schemes and
voluntarily
reports to the
national
database.**

provision of an NHS or a commissioned service. This may be because it involves a large number of patients, there is a question of poor clinical judgement or management judgement, a service has failed, a patient has died under exceptional circumstances, or there is the perception that any of these has occurred. Incidents are investigated at an appropriate level and resulting actions are monitored to completion.

In addition to our own recording of incidents, Bromley Healthcare collaborates on national reporting schemes and voluntarily reports to the national database – National Reporting and Learning System (NRLS). Contributing data to this central database allows national trends and themes to be identified and learning that results to be shared through the Patient Safety Alerts.

Some changes and improvements that have been made as a result of incidents and feedback received and these are included at the end of this section.

Management of Medical Devices (therapeutic equipment)

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

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

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

The CAS system is the way in which alerts are distributed to healthcare organisations. These include alerts about medical equipment, estates, drugs and patient safety concerns. There is a deadline for initial review and assessing relevance to the organisation and when relevant there is a completion deadline.

Bromley Healthcare has had 100% compliance over the last six months.

Improving manual handling

During the past year the manual handling lead has taken on various projects to improve both patient and staff safety. This includes:

- developing a new training package in the format of a quiz followed by learning practical techniques
- reviewing the generic moving and handling risk assessment. This is a document available to all the District Nurses and Intermediate Care Teams in a simple question and answers format. It tells staff the main rules they have to follow in a variety of situations.
- reviewing and renewing the emergency equipment available to move patients safely.



Learning from incidents

Examples of processes which have been strengthened or changed as a result of learning from incidents.

Service	Action taken
Rapid Response +	A new out of hours arrangement has been set-up and will be part of the 'Single Point of Entry' (SPE) service operational plan. Out of hours, the fax referral machine is now to be transferred over to the Rapid Response + (RR+) team who will take responsibility for reviewing all referrals that come through out of hours and attending to the urgent RR+ ones. This should ensure that referrals that come to SPE just after its closing hours will not be missed in the future.
PACE	PACE acceptance criteria have been reviewed and revised to ensure the intervention of other more appropriate services are not delayed. And Following PACE involvement with a palliative care patient, community and hospital palliative care services, two new care pathways have been developed. The PACE team have received bespoke training from the palliative care teams to ensure staff are aware of what constitutes palliative care needs.
Willows clinic	Following an incident where a patient fell on the ramp in the podiatry room the ramp has been refashioned.
Health visiting	Following an incident where a new birth visit was missed all new births are to be booked off on a monthly team planner with details of the date and time of the appointment and member of staff completing the visit. All teams will now be following this system.
School nursing	At a vaccination session a box of vaccines were found to have passed their expiry date. The root cause could not be found and procedures had been followed. The

	system for accepting deliveries has been updated to include the opening of all sealed boxes to check that the expiry date matches with the packaging.
Children's physiotherapy and admin	A letter left at reception for a parent to pick up was misplaced. A system has been put in place to keep letters for collection separate from other post.
Children's respite service	Alert stickers have been placed on the front of children's files if they have a hospital admission protocol. This includes a list of essential items that should be sent to hospital with the child.
Diabetes	New tables have been purchased for use in the education room at Beckenham Beacon
District nursing, podiatry, physiotherapy and intermediate care services	As a result of investigations into pressure ulcer serious incidents: <ul style="list-style-type: none"> • Two leaflets have been designed and launched to provide information for carers and patients/families with regard to pressure ulcer prevention; • A training needs analysis has been completed with a view to re-developing a pressure ulcer training package for all healthcare professionals depending on level of need. This will be supported by guidelines for all healthcare professionals; • All district nurses attended a pressure ulcer master class during December 2012. This master class focused on best practice, pressure ulcer prevention and management.
Children's respite unit	An incident where a bike was stolen at Hollybank identified some risks for the vulnerable children using this facility. Fencing has been extended around the side gate so it is harder to scale and the health visitors bolt the side gate from the inside and leave by the main door at the end of the day.
Tissue viability and RR+	Confusion about where care homes send tissue viability referrals and how these are actioned has led to a letter being sent out to all care homes with referral criteria, referral forms and contact details

Equality Delivery System (EDS)

As a provider of local community health services and staff-led organisation, Bromley Healthcare places equality and diversity at the heart of everything it does. In making 'Quality Through Equality' one of our quality objectives for 2012-13 an added focus has been given to this area in the past year.

The Equality Delivery System has been a good opportunity for us to review and monitor this within a structured framework and we have embraced this opportunity as a way of helping us to engage with local communities and reach those who may not always be aware of our services. In addition to this, we have used it as a way to reflect on our own practice as healthcare professionals and build our confidence in working with groups who may be less familiar to us.

We report our progress on the EDS in our annual audit and report of activity. This document brings together a number of elements of our equalities work and the reporting of it into one place. The document has three sections.

1. EDS rating table – a snapshot of our progress
2. Equality delivery system – a review of our progress against the EDS indicators set by NHS London, with supporting evidence
3. Reportable information – the information that all organisations with more than 150 employees must declare

This document is available publicly and can be downloaded at:

www.bromleyhealthcare.org.uk/about-us/reports-and-publications/minutes-of-meetings/equality-delivery-system

**Bromley
Healthcare
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Patient involvement

Bromley Healthcare monitors patient experience and satisfaction in a number of ways, which include:

- Patient experience trackers
- Annual patient satisfaction survey
- Service-based surveys and feedback
- Monitoring complaints and comments

Complaints and comments are analysed alongside incidents and have already been covered by this report.

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

For example, the intermediate care service, which serves predominantly older patients, some with disabilities, carries out regular patient experience questionnaires to monitor the service. In future, this same questionnaire with questions adapted to the service, will be used for PACE and Rapid Response Plus services.

From April – August 2012 patients were surveyed retrospectively (the service had previously been managed by another provider) and patients reported an average percentage satisfaction of 75.7% using a scoring table of 17 factors. The same survey will be repeated to monitor changes to this baseline figure.

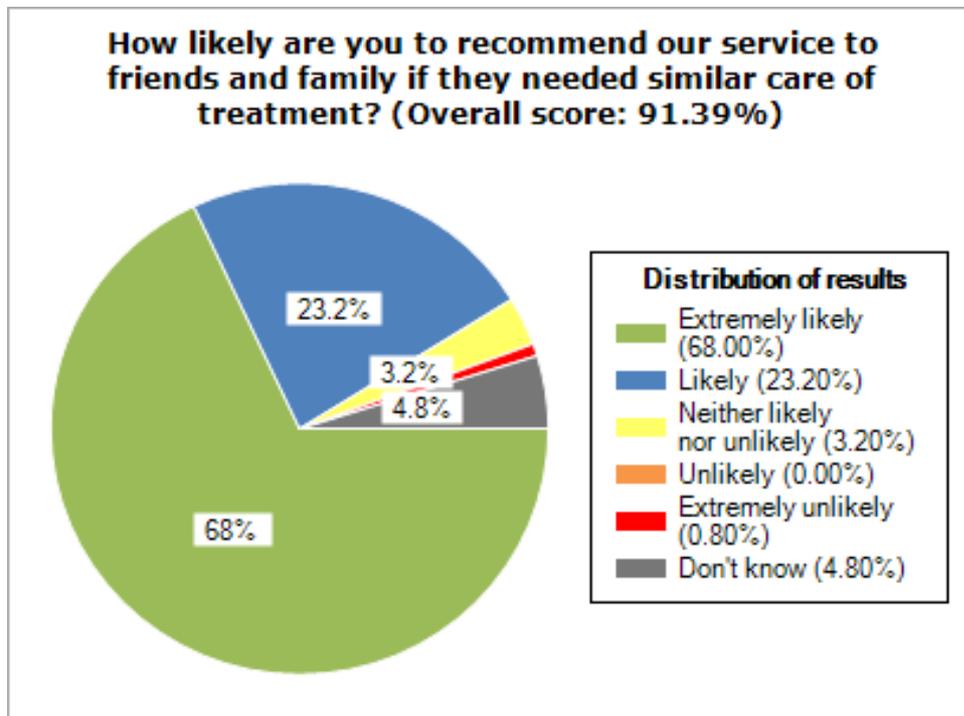
Patient experience trackers used in selected services also help to monitor patient experience. Whilst the nature of these devices means that they have some limitations (i.e. demographic information is not gathered at the point of response and only a small amount of data can be gathered), they provide useful insights and offer services the opportunity to gain immediate feedback that can be monitored real-time.

PETs have been used to introduce the 'Friends and Family' question into Bromley Healthcare's feedback opportunities.

Although this question, which was introduced to some NHS hospital services in April 2013 as a monitoring mechanism by the Department of Health, is not compulsory for community services, Bromley Healthcare has taken the proactive step of introducing it voluntarily.

As an example, the diabetes service asks patients:

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



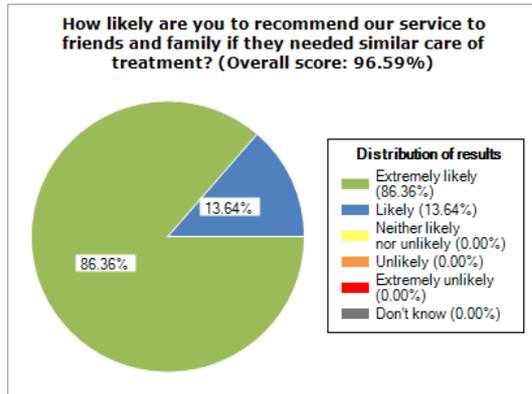
91.2% of respondees said they were 'extremely likely' or 'likely' to recommend the service.

Bromley Healthcare has been innovative in voluntarily introducing the 'Friends and Family' question to its services.

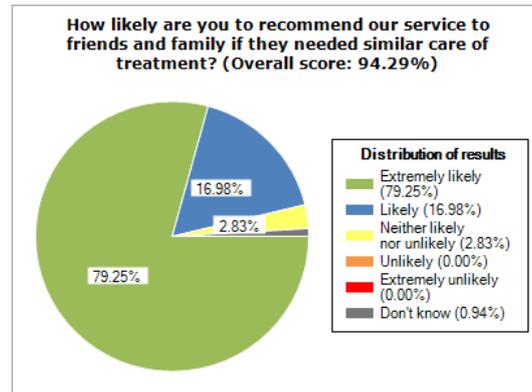
91.2% said they would recommend the diabetes service.

This new 'patient feedback survey' has been undertaken in seven services and the results for each service are shown in the graphs below. Across all services surveyed in this way a total satisfaction score of 92.84% was achieved

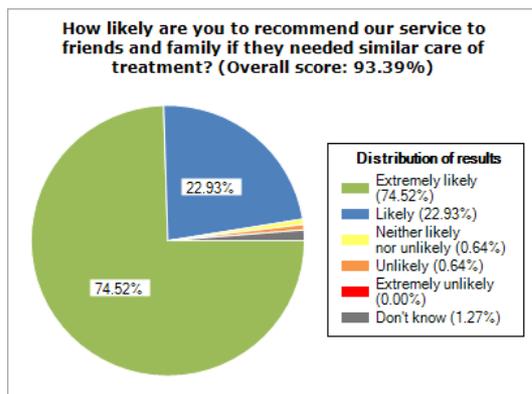
Rapid Response +



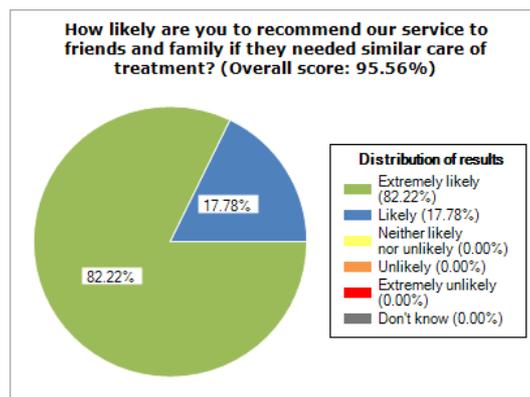
Long Term Conditions



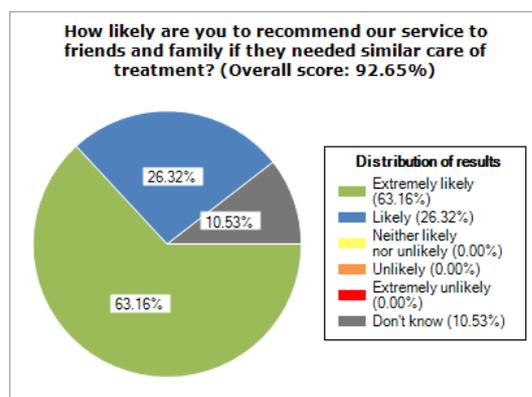
Contraception Reproductive Health



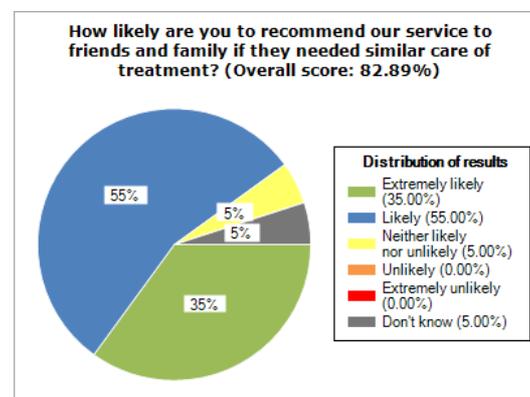
Bladder and Bowel Management



Dietetics



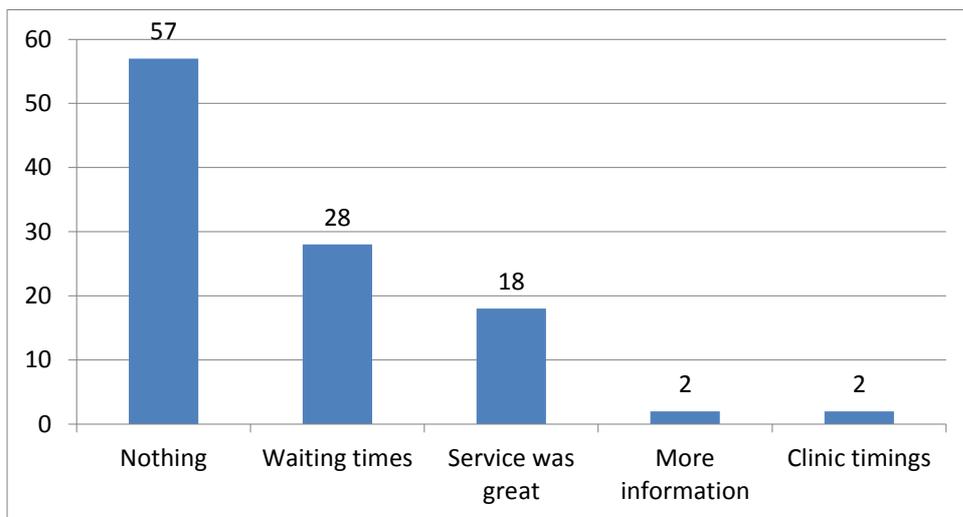
Intermediate Care Beds



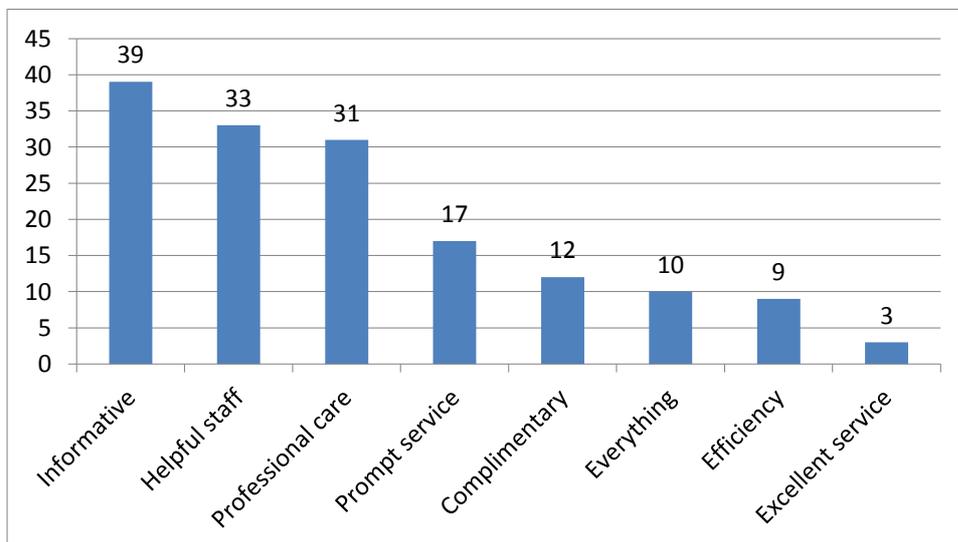
In addition to the 'Friends and Family' question, the in-service survey also asks a number of other questions to give a better understanding of patient satisfaction.

An example of this is given for the Contraception and Reproductive Health service, where patients were asked:

“What could we have done better today?” (107 responses)



and “What did we do well today?” (154 responses)



As the graph shows, on the whole, patient satisfaction is high; however waiting times are a significant issue in this service, (when delivered at Beckenham Beacon). Bromley Healthcare has already used this feedback. The service is working towards having an additional member of staff at this particular clinic. An audit is also under way and the

percentage of patients seen in less than two hours has greatly increased.

We did not undertake a full patient satisfaction survey across all services in 2012; however the survey scheduled for 2013 will assess this element in more detail, and capture information on protected characteristics groups.

Safeguarding

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

For children's safeguarding this can be demonstrated by:

- Robust governance arrangements
- Reviewing vacancy rates in health visiting and school nursing to ensure that there are sufficient staff to carry out duties to safeguard children
- Reviewing caseload numbers for health visiting to ensure that caseload sizes are not too large
- Reviewing attendance at case conferences by key health staff
- Reviewing achievement of level 1 to level 3 safeguarding children training
- Ensuring that robust supervision processes are in place
- Ensuring that any recommendations following a serious case review are acted upon
- Ensuring any recommendations and actions following inspections are acted upon.

For adult's safeguarding this can be demonstrated by:

- Robust governance arrangements
- Monitoring trends in referral of safeguarding issues
- Reviewing attendance at safeguarding strategy meeting by key health staff
- Reviewing achievement of level 1 adult safeguarding training
- Ensuring access to the London Borough of Bromley (LBB) Adult Safeguarding Manager
- Ensuring that any recommendations following a safeguarding investigation are acted upon

- Ensuring any recommendations and actions following inspections are acted upon.

Over 90% of staff have undertaken level 1 and level 2 Children's Safeguarding training, and 88% have undertaken the level 3 update. Staff are also well-supported to deal with safeguarding issues as part of their work, and resources are targeted appropriately. Over the last year from 1 January 2012 to 31 December 2012, 98.3% of staff in the health visiting teams have had at least 3 sessions of safeguarding supervision; 3% above the annual average for 2011-2012. In the school nursing team the level of supervision is 91% of staff having had supervision 3 or more times per year, the average being 87%. Any member of staff can access ad hoc supervision for cases that need more support at any time.

Bromley Healthcare also leads or participates in safeguarding audits to ensure that safeguarding arrangements are in place and guidance is adhered to. In the past year there have been a number of audits: Walk in Centre audit; Family Health Needs Assessment audit; Multi-agency audit; and Safeguarding Record Keeping (annual audit) were all undertaken in addition to the biennial audit of all Bromley Safeguarding Children Board (BSCB) member agencies and organisations in relation to their duties under Section 11 of the Children Act 2004.

Care Quality Commission inspections

In 2012-13 the Care Quality Commission (CQC) undertook three inspections of Bromley Healthcare services. Some of these related to more than one clinic or site where a service treats patients.

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

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

For all of Bromley Healthcare's inspections, inspectors reported that the majority of standards were met; however the CQC did identify the need for improvement in a small number of areas. No enforcement action was necessary for any services.

Dental

In 2012 – 13, the CQC inspected clinics provided by the Special Care Dental Service. This included an inspection of a number of clinics including Eldred Drive Clinic, Bassetts Centre Clinic, and Mottingham Clinic. The clinic at Biggin Hill was not inspected. For the majority of measures the CQC reported that the necessary standard had been met. However for Bassetts Centre, one measure 'Standards of quality and suitability of management' required improvements. Also for Mottingham Clinic 'Standards of caring for people safely and protecting them from harm' required improvements. Both of these areas for improvement specifically referenced providing more evidence of infection control

procedures. Following the development and implementation of an action plan to address these concerns, in a follow-up inspection the CQC found that all standards were being met.

(Bromley Healthcare no longer delivers this service from Bassetts Centre).

“People were complimentary towards staff who they said ‘put them at ease’ and said that they felt safe using the service. People told us they were well-informed about the treatments provided by the clinic and were involved in decisions about their care.”

People were complimentary towards staff who they said ‘put them at ease’.

Beckenham Beacon

In the case of services provided by Bromley Healthcare at Beckenham Beacon, the CQC found that all standards were met and did not report any areas requiring improvement.

“Overall people were happy using the services provided by Beckenham Beacon. People using the service told us that nurses were ‘very good’ and that ‘staff were very courteous’. People told us that they were treated with respect and felt included in their care and treatment. People thought that the Beckenham Beacon provided ‘a prompt good service’ and that appointments generally ran to time. Bromley Healthcare Limited’s 2011 satisfaction survey showed that 96% of people felt that services provided were very good compared to 91% in 2010.”

Nurses were ‘very good’ and that ‘staff were very courteous’.

Urgent Care Centre

The CQC undertook an unannounced inspection of the Urgent Care Centre (UCC) at the Princess Royal University Hospital in February 2013 and a draft report was received. Whilst an overall assessment of the service is still outstanding, the draft report found that the UCC was judged not to be compliant with medicines management standards, due to incomplete work on patient group directions. Patient Group Directions (PGDs) are written directions allowing non-doctors including

the nurse practitioners in the UCC to assess patients and supply medicines without prescriptions, subject to exclusions.

Emergency Nurse Practitioners who work in the UCC at the PRUH are employed by South London Healthcare Trust, although Bromley Healthcare is operationally responsible for the service and hold the registration for this service with the CQC. A joint action plan is currently in place to address this concern with a view to meeting CQC requirements as soon as possible.

Ofsted

Hollybank, Bromley Healthcare's residential short breaks service for children aged 5-17 years who have disabilities, had a full unannounced inspection by Ofsted on 24 October 2012. The judgments were:

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

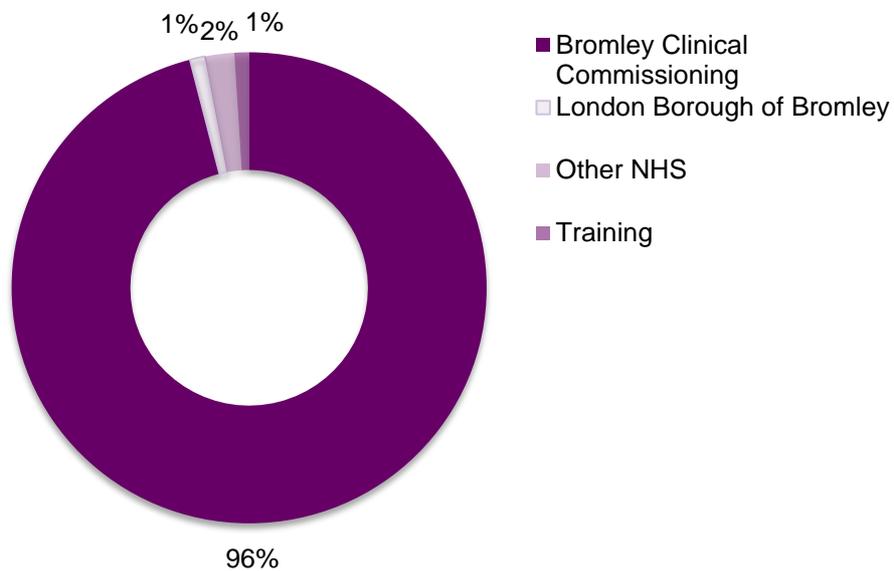
The inspection identified one area of improvement from the inspection which was to ensure that the duration of the measure of restraint (physical intervention) and the date when used with a child was consistently recorded. An action plan was put in place to ensure that this now happens.

Budget

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

At the end of the financial year 2012/13, Bromley Healthcare delivered its financial plan, additional community activity over its agreed baseline and an overall 'green' balanced scorecard.

Bromley Healthcare received income from the following organisations during 2012/13:



Bromley Clinical Commissioning	96%
London Borough of Bromley	1%
Other NHS	2%
Training	1%
	100%

Objectives for 2013 – 14

In 2012-13, Bromley Healthcare has made excellent progress on the three quality priorities that were set and agreed by commissioners, stakeholders, staff and governors.

The 2013 – 14 business plan puts quality at its heart. The business plan sets out what is important to the organization and its staff over the next year. The plan states – ‘Bromley Healthcare willnow and in the future ... offer services of exceptional clinical quality and efficiency, services that continually improve to meet the needs of an ever changing population’. There is a specific requirement for services to benchmark best practice nationally and put in place action plans to meet the highest standards. The three quality priorities for 13 – 14 that will help us to achieve those high standards are as follows.

- Drive up quality through service redesign - every service will go through a ‘start from scratch’ process to understand how it would launch itself from scratch to best meet the needs of the population it serves. So far this process has produced very significant improvements in both quality and efficiency.
- Drive up quality via integration and culture. The year will see the creation of two core structures (1.) A set of multi-disciplinary teams based around cohorts of patients and groups of GP practices to better manage patients in the community (by improving communication and co-ordination with primary care) (2.) An integrated discharge unit that will smoothly and safely discharge patients from hospital. We believe that these core structures will significantly improve quality.

We will also continue our work on culture. Quality is delivered in peoples’ homes usually away from the sharp eyes of managers. We need therefore to ensure that we have a well-motivated workforce, and a strong culture around quality. This is best encapsulated through the three mantras that we ask each member of staff to work by, and to

- i. To continually improve the services to make them ever better for patients
- ii. To treat others as we would like to be treated ourselves
- iii. To hit our targets

This will be measured through patient feedback in its many forms.

- Drive up quality through evidence and transparency. Through the year we will continue to make more of our information readily and immediately accessible to our staff and patients. Feedback from our patients is already available on our website.
<http://www.bromleyhealthcare.org.uk/about-us/patient-feedback>. We will make more and more available throughout the year.

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

Appendix 1 – Audits undertaken across Bromley

Healthcare

The following table outlines the audits that took place across Bromley Healthcare during 2012-13. This has been provided to show the broad range of review work that has been undertaken.

On pg 16 of the report we have highlighted the quality improvements that have taken place as a result of selected audits. Further information is available on request.

Service	Title of Audit	Brief description
Dermatology	An audit of clinical and histological diagnoses of lesions seen in Bromley Healthcare Community Dermatology Service	
Bladder & Bowel	Audit of QOL scores for adult patients between admission to service and on discharge	To ascertain evidence of effectiveness [of the service] in increasing QOL score and reducing/ alleviating symptoms
Bladder & Bowel	Hand washing audit	To assess frequency of hand washing/ hygiene when in contact with patients
Bladder & Bowel	Record Keeping Audit	To assess accuracy / standardisation of documentation adhering to NMC rules
Bladder & Bowel	Audit of obtaining GP information for self-referring patients	Auditing compliance with AQP implementation guidance which suggests that medication and medical history should be obtained from GP within 3 working days of referral.
Bladder & Bowel	Audit of timescale of communication letters to GPs after first appointment in response to specific AQP standards/document	Auditing compliance with AQP implementation guidance, which suggests letters should be sent within 3 working days.

Service	Title of Audit	Brief description
Community Paediatrics	ADHD: Medication and side effects	ADHD: Auditing the side effects of ADHD medications, and the difference in perception of these between parents and patients over the age of 10 years old.
Community Paediatrics	The use of melatonin in sleep disorders in children:	An audit of the process of initiation and monitoring of treatment
Community Paediatrics	Meeting the Information needs of our patients	A retrospective audit of our documentation of information provision to patients/parents, followed by a patient/parent telephone survey to assess how this information is being received and what more we could provide.
Community Paediatrics	Parents satisfaction survey	To assess consultation sessions and usefulness of clinic correspondence
Community Paediatrics	Assessment of clinic letters using Sheffield Assessment Instrument for letters (SAIL)	To assess the content, quality and clarity of the clinic letters to ensure they are of a high standard and contain all relevant information that it is understandable to all readers.
Services for Looked After Children	Auditing the health service provided by the Phoenix Centre, Bromley, to Looked After Children (for Public Health dept.)	To recognise the process and outcomes measures of LAC at the Phoenix Centre and if there is any need for change as well as to identify a small subset of data for routine monitoring.

Service	Title of Audit	Brief description
Contraceptive and Reproductive Health	Cervical screening sampling audit	To ensure all the C&RH service and all individual substantive C&RH nurses undertaking cervical screening are achieving the national standard for adequate cervical screening sampling.
Contraceptive and Reproductive Health	Clinical Record Keeping Audit in Contraception and Reproductive Health (C&RH) Clinics	To ascertain if the recording of medicines issued and/or leaflets provided within the C&RH clinics are being completed in accordance with the Bromley Healthcare C&RH Record Keeping Policy, NICE guidelines, FSRH UKMEC guidelines, National Cervical Screening Programme, FSRH Service Standards for Medicines Management and Service Standards for Record Keeping.
Contraceptive and Reproductive Health	Vasectomy outcomes audit	
Dental	IPS Infection Control audit tool	Infection Prevention Society audit (auditing prevention of blood borne virus exposure, decontamination, environmental design and cleaning, hand hygiene, management of dental medical devices, personal protective equipment, waste).
Dental	An audit of process – dental equipment	Quality of dental instrument trays in Special Care Dental

Service	Title of Audit	Brief description
		Service clinics.
Dental	Hand washing- Staff questionnaire and observation (Re-audit)	Auditing compliance with hand washing protocol
Dental	Record keeping audit	Auditing the quality of record keeping
Dental	Audit of dental water lines	Auditing the efficiency of disinfecting solution in reducing pathogens in the water lines.
Dental	Clinical waste audit	An audit of healthcare waste management
Dental	Wash and disinfectant evaluation audit	An audit of the efficiency of instrument washer disinfectors
Dental	Reasons for nonattendance (Did Not Attend, DNAs)	A review of patient's reasons for non-attendance at dental appointments
Diabetes	Audit of the use of ACE inhibitors or angiotensin-2 receptor antagonists in the management of Diabetic Nephropathy in patients with Type 1 Diabetes Mellitus	To ensure that all adult patients with Type 1 DM and diabetic nephropathy are on the recommended dose of ACEi or AIIAs
Diabetes	Post-Natal screening	An audit of gestational diabetes. OGTT vs. fasting glucose
Diabetes	Insulin initiation audit	Insulin initiation audit
Diabetes	Record keeping audit	Record keeping audit
District Nursing	End of life audit	The End of Life audit has been conducted since June 2009 in response to the Department of Health's End of Life Care Strategy for England in 2008. It was designed to identify actions that the End of Life Strategy recommended so that the service could monitor its

Service	Title of Audit	Brief description
		progress in achieving them and highlight areas for improvement.
District Nursing	Record keeping audit	
EMdoc (Out of hours GP service)	NQR 4 – Clinical Audit	The sample provides sufficient data to review the clinical performance of each individual working within the service. This audit is led by a clinician with suitable experience in providing OOH.
EMdoc (Out of hours GP service)	NQR 4 – Call Handler Audit	Audit of a random sample of patient contacts to identify any issues with information taken during call handling process
EMdoc (Out of hours GP service)	Drugs prescribed by clinicians	To monitor and audit the issue and use of drugs within the service (i.e. prescribing patterns)
EMdoc (Out of hours GP service)	Controlled drugs issued/used	To monitor and audit the issue and use of controlled drugs within the service
Health Visiting	Record keeping audit	
Health Visiting	Client satisfaction for 2.5 year review	To determine client/parent evaluation of the booking process, accessibility of sessions and the process involved in 2.5yr health review
HIV Nursing	Outcome measures regarding adherence support	To ensure the service is supporting patients who start HIV treatment and to demonstrate the effectiveness of this support in their treatment outcome.

Service	Title of Audit	Brief description
HIV Nursing	Wait time for newly diagnosed patients	To ensure newly diagnosed patients are reviewed promptly in line with BHIVA guidelines (i.e. within 2 weeks of receiving their diagnosis)
HIV Nursing	Joint audit work with GUM re partner notification	A current review of partner notification (PN) in HIV nursing service
HIV Nursing	Record keeping audit	
IAPT (Psychological Therapies service)	National Audit of Psychological Therapies for Anxiety and Depression (NAPT) 2012	To nationally systematically evaluate healthcare professionals clinical practice against standards for best practice.
IAPT (Psychological Therapies service)	Record keeping audit	
ICCNT	Audit of risk assessment of children discharged into the community with a naso-gastric tube.	An audit assessing the safety of repassing and replacing nasogastric tubes in the community setting.
ICCNT	Record keeping audit	
Intermediate Care service and IC Beds at Orpington Hospital	Falls Audit	An audit of falls and their causes
Intermediate Care service and IC Beds at Orpington Hospital	Outcome Measure audit (Functional outcome measure and perceived health score - EQ5D)	This audit will look at compliance of staff completing outcome measures in the ICT teams.
Intermediate Care service and IC Beds at Orpington Hospital	EDD (Estimated Discharge Date) Audit: Are we setting these correctly?	To evaluate if the service is setting realistic and effective estimated discharge dates for clients receiving our services.
Intermediate Care	Infection Control Audit	

Service	Title of Audit	Brief description
service and IC Beds at Orpington Hospital		
Long Term Conditions Nursing Team	Record keeping audit	
Occupational therapy - Children	Effectiveness of the splinting service in improving upper limb outcomes in children	An audit to assess the effectiveness of the splinting service in improving upper limb outcomes in the Children's Occupational Therapy Service.
Occupational therapy - Children	Record keeping audit	
Occupational therapy - Children	Report construction and delivery times	A process audit of the time taken to complete reports and send to patients.
Post-acute Care (supported early discharge services)	Readmissions Audit	To ensure PACE case finding process is fit for purpose. Also, to ensure that patients taken home by PACE are medically stable at time of discharge and PACE readmission rate is appropriate for the nature of the service.
Post-acute Care (supported early discharge services)	Record keeping audit	
Physiotherapy – Children	Management of Spasticity against NICE Guidelines	To assess compliance in the management of children with spasticity on the physiotherapy caseload against relevant NICE guidance.

Service	Title of Audit	Brief description
Physiotherapy – Children	Toe-walker audit of correct treatment procedure.	To compare current practice in relation to the care pathway for tip toe walkers in Bromley Healthcare.
Physiotherapy – Children	Children’s Physiotherapy Service Clinical Record Keeping Audit Jan 2012 to Dec 2012	To monitor standards of record keeping including all written information on RiO and in any paper notes in relation to professional guidelines of the Health and Care Professionals Council and the Chartered Society of Physiotherapy(HCPC and CSP) Bromley Healthcare RiO SOP and specific service RiO SOP guidance for record keeping.
Physiotherapy - Adult and Occupational Therapy - Adult	Record keeping audit	
Podiatry	Diabetic Audit	Audit of compliance with antibiotic pathways for high risk patients with infected ulcers
Podiatry	Nail Surgery Audit	To examine the clinical effectiveness and patient satisfaction for Nail Surgery within the Podiatry service
Podiatry	Record keeping audit	
Prescribing	NMP Audit	
Rapid Response +	Record keeping audit	
Rapid Response +	RR+ activity audit (1 month)	To understand the nature of the activity and service requirements of patients accessing the RR+ service

Service	Title of Audit	Brief description
		within 1 month.
Safeguarding	Section 11 audit: Confirmation of arrangements for compliance of Bromley Healthcare with Section 11 of Children's Act 2004	
Safeguarding	WIC safeguarding arrangements	
Safeguarding	Record keeping audit	
School Nursing	Quality of Life (QOL) of patients in the enuresis clinic	To show whether clients QOL has improved by coming to a nurse led enuresis clinic for help and support.
School Nursing	Record keeping audit	
Speech and Language Therapy – Children	The effectiveness of the severe speech sound disorder pathway	This audit looks at the effectiveness of additional therapy offered to children with severe speech sound disorder
Speech and Language Therapy – Children	Record keeping audit	
Speech and Language Therapy – Adult	Audit of the effectiveness of the Parkinson's disease 'Be Louder' group run by Adult SLT	To evaluate the effectiveness of The Be Louder group which strives to give people with Parkinson's disease the necessary skills and knowledge to engage more successfully, and with more confidence, in conversation and everyday communication.
Speech and Language Therapy – Adult	Audit of efficacy of Solution Focused Practice in Adult Speech and Language Therapy using the "Outcome Rating Scale".	To evaluate effectiveness of the service and to ensure that the rating scale is able to report these patients needs

Service	Title of Audit	Brief description
Speech and Language Therapy – Adult	Retrospective audit to investigate the efficacy of the Risk Feeding Guidelines document, from the point of patient discharge from hospital.	Retrospective audit to investigate the efficacy of the Risk Feeding Guidelines document, from the point of patient discharge from hospital
Speech and Language Therapy – Adult	Audit of reliability of the ‘3 X t-spoons’ portion of the Stroke ‘Dysphagia Trained Nurse’ screening tool.	To re-evaluate the reliability of the nurse-led dysphagia screening tool
Speech and Language Therapy – Adult	Case note audit	
Single Point of Entry (SPE)	Audit of the appropriateness of screener decision making in the newly launched Single Point of Entry (SPE) phase 1.	
Single Point of Entry (SPE)	Audit of referrals to SPE	
Tissue Viability	Metric for healed leg ulceration	
Tissue Viability	Leg ulcer assessment clinic pilot audit of effectiveness of new service against KPIs	
Tissue Viability	NSOI monitoring pressure ulcers monthly.	
Tissue Viability	CQUIN in identified care homes	
Wheelchair and Special Seating Service	Retrospective audit of full time independent wheelchair users using the “Independent wheelchair users experience” tool.	This assesses the wheelchair users perception of whether the wheelchair meets their needs to carry out every day functional tasks using “Independent wheelchair users experience” tool [Modified from FEW]
Wheelchair and Special Seating Service	Objective setting at assessment	To personalise and communicate the individual client plans

If you'd like to receive Bromley Healthcare's Quality Account in a different format or another language then please use the contact details below to get in touch.

Tell us what you think

We want you to be happy with the service you receive from us, but we know that every so often something might go wrong.

If you're unhappy with the care you receive or an element of our service, we want to hear from you.

Of course, we also want to hear from you if you're happy with the care you're receiving - it's good to be able to thank the team and let people know they're doing a good job, so if you have a compliment or congratulation, we'd like to hear from you by using the form on our website at www.bromleyhealthcare.org.uk/tell-us/contact-us

www.bromleyhealthcare.org.uk

Phone: 020 8315 8880

Email: contact@bromleyhealthcare-cic.nhs.uk

Open Hours: 09:00–17:00 Mon/Fri (except bank holidays)

Address: Global House, 10 Station Approach, Hayes, Kent BR2 7EH

Bromley Healthcare Community Interest Company Ltd

Company no: 06815987

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