

Bromley Healthcare

better together

www.bromleyhealthcare.org.uk

Quality Account 2010—2011

Bromley Healthcare, a newly created social enterprise providing high quality healthcare services for the people of Bromley, presents its first quality account. We are passionate about quality and improving the way we do things for our patients and staff.



Working with



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Part 1

A statement of quality from our Chief Executive

Bromley Healthcare Community Interest Company Ltd was set up as an innovative social enterprise organisation from the Community Provider Unit (CPU) of NHS Bromley on 1 April 2011. This was the culmination of a long journey for all of us and we're very proud of this achievement. We are a not for profit organisation whose main aim is to provide a wide range of high quality community health services for the people of Bromley.

Overview

Our staff are our key asset and we have made this important and exciting journey together. We have taken the energy, enthusiasm and clinical expertise of our 800 staff with us on this journey and are proud to present our first Quality Account.

Our vision for Bromley Healthcare is an 'independent social enterprise that offers patients the best care possible, sharing clinical knowledge and resources wisely, thus ensuring a sustainable financial future.'

The Quality Account for the year 2010 / 2011 covers the period during which the services which now comprise Bromley Healthcare, were delivered as the Community Provider Unit of Bromley Primary Care Trust. During this period the executive team and shadow Board remained fully focussed on the quality of the services we provided in the transition towards the establishment of Bromley Healthcare.

In our 2010 patient survey, 91% of patients reported our services to be very good or fairly good, whilst 93% had trust and confidence in the healthcare professional they saw. Moving forward Bromley Healthcare aspires to build on these positive findings to improve our patient and public engagement and maintain our focus on quality improvement through the establishment of a Community Forum and a Council of Governors.

Below are the key vision and values that underpin our new organisation.



An innovative social enterprise bringing together community services and GPs

Bromley Healthcare aims to develop further the positive partnership arrangements detailed in the Quality Account. With patients, the public, General Practice, our partner organisations, the voluntary sector and our own staff, Bromley Healthcare will continue to deliver quality community healthcare services which can be delivered Better Together.

Andrew Hardman
Acting Chief Executive

Part 2

Review of quality performance for 2010 / 2011

Until April 2011 Bromley Healthcare staff were part of NHS Bromley, forming its provider arm for community health services in Bromley. As an integral part of this organisation we led on many patient safety issues and worked to all its policies and procedures. We have been providing community health services in the borough for many years and offer a very wide range of services that are shown below.

We have recently changed the way we manage our services and have now grouped together services and pathways that people might use—we call these groups of services portfolios. So, for example, we have put all our services for children with complex needs in one portfolio. This includes children's occupational therapy, physiotherapy, speech and language therapy, special school nurses and our children's nursing team. Many of these services will be working with the same children and it will make it much easier for the services and the families they work with to have the services grouped together like this. We also think that in the future more commissioning will be done around specific care pathways and the portfolio model supports this.

Bromley Healthcare employs approximately 800 staff and we carry out around 450,000 patient contacts in one year. Our services work mainly in people's homes and community health clinics although we also work in schools and children's centres. This section of the Quality Account takes a look at last year's quality performance and the services we provided. We have used the three dimensions of quality from the Department of Health's document 'High Quality Care for All'. This highlights the key areas of patient safety, clinical effectiveness and a positive patient experience.

Portfolios

- Additional needs (children)
- Community nursing
- Community paediatrics
- Health improvement
- Long term conditions and primary care
- Reablement
- Special care dentistry

List of our services

- Admission avoidance team
- Bladder and bowel management
- Community paediatrics
- Contraception and reproductive health
- Diabetes
- Dietetics
- District Nursing
- EMdoc
- Health improvement
- Health visiting
- Hollybank
- Integrated children's community nursing team
- Intermediate care
- Long term conditions nursing team
- Occupational therapy for adults
- Occupational therapy for children
- Occupational therapy for adults
- Occupational therapy for children
- Paediatric audiology
- Physiotherapy for adults
- Physiotherapy for children
- Podiatry (chiropody)
- 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
- Wheelchair and special seating
- Working for Wellbeing

1. Patient safety

Risk Management

We take the safety of our patients and staff very seriously and work closely with our partners and statutory agencies to reduce our risks.

We have a strong record in managing our risks and have a dedicated team that supports us through the whole process.

Some of the key areas that we have focussed on during the past year include:

- Risk reporting
- Serious incident reporting
- Preventing and managing healthcare acquired infections
- Clean your hands campaign
- Introducing a manual handling lead

Risk Reporting

There is a good culture of risk reporting in Bromley Healthcare. We have a no blame response to this and encourage staff to report incidents and near misses as we feel that this is the only way to learn lessons and stop mistakes happening again. The following areas are where we have identified issues and the changes we've made as a result.

District Nursing Service

Following several incidents related to the administration of insulin the District Nursing Team Leaders have worked with the Pharmacy and Diabetes Services to develop a single document to be filled in when visiting insulin dependent diabetic patients. Lessons were learnt locally but the incidents were also sent to the National Patient Safety Agency (NPSA).

The NPSA has now sent out an alert, the aim of which is to improve patient safety by empowering patients as they take an active role in their treatment with insulin. This will be achieved with a patient information booklet and a patient-held record (the insulin Passport) which documents the patient's current insulin products and enables a safety check for prescribing, dispensing and administration. The Insulin Passport will complement existing systems for ensuring key information is accessed across all healthcare sectors. The Head of the Diabetes Service is currently reviewing how to implement this initiative into our services.

Intermediate Care Team

As part of ongoing concerns raised about the appropriateness of some referrals for Intermediate Care Beds, it has been agreed that there will be a Bromley Healthcare clinician visiting patients referred from the Princess Royal University Hospital as part of the screening process.

Occupational Therapy Children's

Following an incident where a family waited in the wrong waiting area for a clinic, the clinic sheet (for receptionists) has been amended to clearly state where clients are to wait. This issue will also be included in reception staff induction.

Overview

All incidents are reviewed and aggregated reports produced that look at common themes and patterns. These reports also highlight where practice has been improved or lessons learnt. These outcomes are shared with the staff by their line managers and also through the staff newsletter.

Over the last year we have continued to report relevant patient safety incidents to the National Reporting and Learning System. We have had one 'never event' in this time relating to the incorrect siting of a child's Nasogastric tube. We changed our local guidance as a result of this incident and we worked closely with the Patient Safety Team at NHS London. The output from this was a revision of the NPSA guidelines for the management of Nasogastric tubes which now highlights issues that relate to patients in a community setting.

Introduction of Datix

From January 2011 a new risk management system has been introduced—Datix. This includes modules for incident reporting, complaints or plaudits, claims and risk registers. This system offers the benefit of real time access to data as it is a web enabled system and will improve data captured on the system, timely investigation and management and recording outcomes. The roll out of this system is currently underway and supported by training and facilitation. It is being well received by staff. The training has also provided an opportunity to promote the importance of reporting and managing incidents and how this can contribute to learning lessons and making improvements. We aim to have this new system fully in place by September 2011.

Preventing and managing healthcare acquired infections

The CPU has always worked closely with the Health Protection Lead for NHS Bromley in managing and reducing community acquired incidents of C.Diff and MRSA. As Bromley Healthcare we are continuing to fund half of this Health Promotion Lead post who provides expert advice and training for all our staff.

Clean your hands campaign

Over the past 18 months the CPU has implemented the national Clean Your Hands campaign. The key objectives of this were to ensure that all staff washed their hands correctly and at the right time and place, helping to reduce healthcare associated infections.

The Bromley campaign covered all community staff. We raised awareness and improved practice by:

- Putting up NPSA posters in all our clinical areas.
- Doing an audit of hand hygiene equipment (eg washbasins, taps, liquid soaps and dispensers) and making sure all our clinical staff had good access to these.
- Strengthening our policy and guidelines on hand hygiene.
- Revising our training methods and introducing an e-learning package for all staff.
- Providing a six-monthly newsletter and helpful advice on our staff intranet.

We will continue to adapt and improve our processes and staff information as we move forward as Bromley Healthcare and plan to do an annual audit of hand hygiene compliance and raising patient awareness using the 'it's ok to ask' posters and information.

Manual handling lead

Over the past year we have developed a member of our Risk Team into a lead for manual handling. This has helped us improve the quality of our staff training, review the equipment we use and our risk assessment paperwork and processes. We know that this will help keep our staff and patients safe and will continue to build on this sound base in the future.

Information Governance Toolkit

As the provider arm of NHS Bromley we took an active part in NHS Bromley's submission on compliance with the National Information Governance Toolkit. Last year NHS Bromley, for the first time, submitted an inadequate scoring against the toolkit. However, this was mainly due to a change in the way information was recorded in the toolkit rather than a deterioration in standards.

In the coming year Bromley Healthcare has committed to working to the NHS Business partners version of the toolkit and we will be submitting our achievements at the end of the year.

2. Clinical effectiveness

It is important for us to make sure that all of our services use up to date evidence to inform our clinical work. This makes sure we are providing services with the best outcomes for our patients and using our staff's skills and time wisely. One of the ways we make sure we are doing this is by taking part in clinical audits.

Participation in clinical research and audits

These audits may be national or local and we have highlighted some of them in the next table. We hope to benchmark the results against other organisations and highlight any changes we make to our clinical practice as a result of audits in future quality accounts.

National audit / research

Service	Audit	Key Outcomes
Paediatric Physiotherapy	Use of treadmill/cycling for children with physical disabilities	Results showed positive outcomes. This is now included in treatment plans for these children.
Continence Team	National Continence Audit	Implemented a quality of life questionnaire at the beginning and end of treatment. Improved assessment documentation to include bladder pain and weight.

Local audits

Service	Audit	Key Outcomes
District Nursing	End of Life/Preferred place of care	57% of patients who had a district nurse involved in their end of life care died at home. This compares very favourably with the national average of 38%
Community Paediatrics	How much information is given to parents of children with new diagnoses of Attention Deficit Hyperactivity Disorder	<ul style="list-style-type: none"> Highlights the need to accurately document the medical notes/clinic letters and raises awareness on information giving to the patient/parent Aim to re-audit the topic in 12 months
Community Paediatrics	Safeguarding children risk issues highlighted in new referrals to the Community Paediatric Service	<ul style="list-style-type: none"> The Phoenix Children's Resource Centre (CRC) referral form should be amended to include prompts to check Rio prior to the paediatric assessment and professionals should be encouraged to use the CRC referral form when making referrals. When obtaining a history of mental health difficulties in parents/carers, the clinician should record the severity, indicate if they are on medication and explore current support network. Common Assessment Framework should be considered in cases where risk factors are present such as severe parental mental illness or history of domestic violence (check Barnado's Risk Assessment Matrix).

Service	Audit	Key Outcomes
Community Paediatrics (contd)	Safeguarding children risk issues highlighted in new referrals to the Community Paediatric Service	<ul style="list-style-type: none"> Other information that makes a child more vulnerable, such as housing, employment of parents, ethnicity, immigration status, presence of financial stressors, marital status, language and literacy, needs to be documented. Ensure information regarding vulnerabilities is shared appropriately with professionals to provide a network of monitoring and support for the child and ongoing assessment of risk.
Community Paediatrics	Statement medicals of children referred with behaviour difficulties and previously not known to community paediatricians	<ul style="list-style-type: none"> SEN admin database to include an additional column: reason for referral to make it easier to track cases for future audit. After undertaking a detailed paediatric assessment the paediatrician should be able to describe the behaviour problem concisely, to convey to Education what issues the child has and how the behaviour is to be managed. In the cases of children with behaviour problems where CAMHS was not involved, there should be a plan to address the behavioural needs of the child. Record weight and height (with percentile) and if indicated head circumference on all reports We need to document or comment on last hearing and vision tests on all reports Induction for junior doctors to include paediatric assessment and management of children presenting with behaviour problems.
Bromley Looked after Children's Health Team	Foster carers experience and understanding of the health needs of looked after children and young people	<ul style="list-style-type: none"> Review existing training programme for foster carers focusing on the health issues and update as needed. Facilitate bi-annual multi agency Health Open Day Distribute health information packs including leaflets and useful contact details All foster carers have a supervising social worker
Community Paediatrics	Monitoring of Implementation of healthcare plan of Looked After Children (LAC)	<p>Where there are actions in the Health Care Plan:</p> <ul style="list-style-type: none"> LAC Nurse to overview and chase actions within next three months and enter outcome in LAC database folder. Designated Doctor for LAC to maintain list of those with health issues and amend LAC database to capture this. Designated doctor to review outcome with LAC nurse twice a year. Designated Doctor and Nurse to carry out Survey/ Audit on health issues and access to health services for LAC placed out of borough (OOB) Allocation of a Lead Health Professional, for each LAC to ensure all health advice is implemented. (Discussion of this role in process)

Service	Audit	Key Outcomes
School Nursing and Audiology	School Entry Hearing Screening Audit (SES)	<ul style="list-style-type: none"> • Stop Bromley SES and to replace it with the predicted more cost-effective targeted School Entry Screen • Team approach to produce parental questionnaire to help select the children for the targeted screen • If Targeted Screening is implemented to be audited in 2011

Service review and redesign

We are always reviewing our services to make sure they are ready to provide the best services possible and often adapt or merge different services together to improve the way we work. The services below have all changed the way they work over the past year.

Long Term Conditions Team

We have brought together our Chronic Obstructive Pulmonary Disease (COPD) team with our Heart Failure Team and Community Matrons. Each service is effective in its own right. The COPD team promotes and supports self care offered through nurse-led community based clinics and home care. They offer follow up and advice for patients after discharge from hospital care, giving oxygen reviews and monitoring for complex COPD patients utilising Telehealth monitoring.

Our community matrons work closely with GPs and patients with multiple health conditions who are often at high risk of being admitted into hospital and help them manage better. Our small Heart Failure team works very closely with our GP colleagues, helping people at the end stage of this disease manage their medication better.

As the patient moves through the pathway of the Long Term Conditions service, they will benefit from interventions that specialist community services can offer to stabilise patients, keep them out of hospital and develop self-caring skills.

We felt that by becoming an integrated Long Term Conditions service, these teams could offer case management to those needing it without diluting any of the individual teams' current ways of working. Our aim is to provide a more practical and patient-focussed service offering responsive care to patients with more advanced long term conditions in order to reduce A&E attendances, unplanned hospital admissions. Reduce length of hospital stays. We enable patients to achieve self-management of their condition(s) and life with more confidence, and pull in the necessary services from the whole of health and social care to support and education to the patient and carers as appropriate.

Improving access to psychological therapies (IAPT)

During 2010, in response to new national NICE guidance, the PCT changed the pathway for treating people with anxiety and depression in Bromley. Bromley Healthcare responded by redesigning its primary mental health care service and developed the IAPT service. It has done this in partnership with Bromley Mind and provides a range of Cognitive Behavioural Therapy (CBT) interventions, using a system of stepped care.

There is a single point of access which is managed by Bromley Healthcare, with referrals being taken from GPs across the whole borough. Bromley Mind has the lead responsibility for delivering Step 2 interventions and Bromley Healthcare has the responsibility for providing Step 3 interventions. However, both services work in partnership to deliver the whole service. People can access the treatment from a range of venues across the borough, and can be seen at the weekends and in the evening as well as during the day. Feedback so far is very positive and we will let you know how this service is developing.



Our specialist staff have increased their activity and are offering more 1-1 clinics in various settings as well as group support

Smoking cessation targets

Bromley Healthcare is commissioned by NHS Bromley to manage the borough-wide smoking cessation programmes. This involves partnership working with general practices and pharmacies in the borough.

In 2010 / 2011 we were set a target of 1306 quitters, which was successfully achieved with a total of 1352 people successfully completing the programme and stopping smoking.

We are always looking for innovative ways to improve the efficiency of this service and help people in Bromley stop smoking. If you want to know more about the local services on offer, please contact 0800 587 8821 to find out more.

Personalised Care Plans

Our Community Matrons, Heart Failure and COPD Nurse Specialist Teams have worked hard over the past year to introduce a personalised care planning approach with their patients. This has been a very useful tool and has covered both self management plans and forward care planning. These self management plans are decided between the person and the health care worker and encourage people to take decisions and make positive choices about their health, wellbeing and health related behaviours.

The plans offer a positive way of recording these goals and is meant to be held and used by the person at home. Forward care planning encourages people to make choices about what they should do themselves, or where to get support in the event of a flare up or deterioration in their condition or in the event of a carer crisis.

This has been found to be very reassuring and helpful for many people living with a Long Term Condition, and we will be continuing to make this approach a key priority in the future.

Energising for excellence

Bromley Healthcare is signed up to this national framework which looks at reducing harm to patients across a number of areas, including falls, pressure ulcers and catheter associated infections.

Part of this framework is called the Nurse Sensitive Outcome Indicators, and the two areas that our nursing services submit information to NHS London on are pressure ulcers and catheters.

All grade three and four pressure ulcers are reported and investigated to see if there was any action that we could have taken that would have prevented them.

We have low numbers of incidents, however, the data has highlighted that most patients with a pressure ulcer have either been discharged from secondary care or live within 'care' settings. We have been working with partner organisations to look at the reasons for this and how we can work together to reduce these numbers.

We have also started a work stream to explore grade two pressure ulcers and it is expected that key areas of care delivery and standards for our staff will be developed once the data has been analysed. This work is being led by our Tissue Viability nurse.

Our District Nurses are also looking at the reasons why short term catheters are inserted. For example are people discharged from secondary care with them or are they put in whilst in the community? We want to develop guidelines for swift review / removal to help staff in their clinical decision making. The aim is to make sure people only have catheters when really needed and only for a long as they need them, reducing the numbers and thereby avoiding infections. We will be monitoring these areas closely through the year and will update you on any improvements we have introduced next year.

3. Patient experience

As Bromley Healthcare, honest feedback about our services is very important to us and over the past year we have been developing our skills about working with our patients and the public. We set up a Patient and Public Involvement (PPI) group at the beginning of the year and invited members of Bromley LINK to join us on this. We have valued their input and common sense approach to our work.

We have undertaken an organisation-wide patient survey for several years but for the last two years we have been working with an external company to improve the analysis of the data we have collected and make sure we are focusing on the right things.

Patient survey

We undertook a survey across most of our services last May and we received 1,406 completed replies, which exceeded the target we had set ourselves. We also introduced a children's version of the survey and 167 younger people aged from 8 to 14 years completed this.

Ratings from the feedback were almost universally positive, with few people giving 'poor' or 'unsatisfactory' ratings on any aspect of the services. Overall our services were rated as 'very good' with 91% stating 'fairly good' or 'good', which is statistically in line with the national patient survey run by the Picker Institute on behalf of the Care Quality Commission.

Although the ratings were excellent there is always space for improvement and an action plan was put in place and monitored in the following months. Areas to improve included:

- Keep clients informed if clinic appointments are running late
- To offer at least one alternative appointment if the original appointment proves to be inconvenient for the client
- Inform clients about sharing their information with our healthcare colleagues
- Ensure clients receive as much information as they would like to help their understanding of their condition
- Ensure the client experience of our waiting areas is positive
- Explore different methods of engaging with different ethnic groups

We will be watching with interest to see if the results of the survey that we have just done in May 2011 show an improvement in the areas we targeted.

PETs

During 2010 we invested in ten patient experience trackers (PETs) to improve our ability to get real time patient feedback on some of our services. We initially trialled them in five of our high contact services:

- EMdoc (out of hours)
- Diabetes
- Podiatry
- Contraceptive and Reproductive Health
- Phoenix Children's Resource Centre

There were some initial teething problems as staff and patients got used to the machines. Five questions were asked and reviewed on a monthly basis. Patient feedback on all services was generally very positive. We identified the following areas where we thought we could do better:

- We improved information about waiting times in our out of hours settings.
- We reviewed how much information we give patients attending the Diabetes Centre and Podiatry clinics to help them make positive choices around their care.
- We undertook an audit of clinic organisation in our sexual health clinics.

We continue to review feedback monthly and know that the changes we have made have been noticed by patients.

Service Specific Feedback

Some of our services have asked specific groups of patients about changes we wanted to make.

Paediatric therapy services at the Phoenix Children's Resource Centre

- A working party involving education and health staff set out to develop a process in which parents and children who have multiple professionals involved in their care, have one set of activities and goals to work on. A workshop was held for both parents and professionals to gather ideas and thoughts and learn from experience. The outcome was a much simpler process called Next Steps which is completed with the families. This has been piloted over the last few months and has been very well received with families finding it clearer and easier to follow.

Sexual health services

- Before we set up a new sexual health clinic in Biggin Hill, we met with A-level students from the local school to get their thoughts and feedback as to what would encourage them to use the young people's clinic we proposed. The new clinic opened in June in Biggin Hill taking on board some of the comments received from the focus group.

Staff Survey

The last Staff Survey was carried out in December 2010 while Bromley Healthcare was part of NHS Bromley, in line with the national NHS requirements. The results were published in March 2011 and it showed encouraging results. The CPU (as it was then) was reported to be in the best 20% of healthcare organisations nationally, and had improved since the previous survey in the following areas.

- Quality of job design
- Percentage of staff appraised, the quality of those appraisals and staff having personal development plans
- Fairness and effectiveness of procedures for reporting errors, near misses or incidents
- Perceptions of effective action from employer towards violence and harassment
- Support from immediate managers
- Percentage reporting good communications between staff and senior management
- Staff motivation

In the coming year, we will be analysing the results in more detail alongside those of the patient survey to develop a set of linked actions to improve patient and staff satisfaction as we are very aware of the link between quality service delivery and staff satisfaction and morale.

Communicating with hard to reach groups

HENRY Interim Report December 2010

Health Exercise Nutrition for the Really Young (HENRY) made a number of operational recommendations, most of which have now been addressed. For example, parental satisfaction with Let's Get Healthy with HENRY groups was very high, and suggested improvements were mostly around having more time. The only negative comment was around problems with a crèche provided at a particular children's centre. This was specific to this Centre which we will not be using again. The full report from the national programme is expected in December 2011 at which time we will review ourselves against the recommendations and how we can best respond.

Doctor's surgery needs assessment

The needs assessment was conducted in October 2010 as a pilot in response to a GP practice identifying the need to deliver some prevention work for patients at the surgery.

A baseline questionnaire was circulated to all the patients on the patient register who had a Body Mass Index (BMI) of 30 and above. The questionnaire was tailored around key lifestyle issues including healthy eating, weight management and physical activity, smoking, alcohol and emotional health. It determined patients' knowledge, use and/or barriers to current services, in addition to establishing any need for extra services.

There was an excellent response rate of 30% and the main concerns from patients were the need and requirements for both healthy eating and weight management sessions, with the least important identified as stop smoking and alcohol services within this group. In accordance with the NICE guidelines, our Health Improvement Service (HIS) plans to offer a weight management service (interventions and 1-1 dietetic work), public health talks and supermarket tours in addition to the possibility of cook and eat sessions (subject to funding).

Probation service work

The Health Improvement Service (HIS) was approached by the London Probation Office to develop and deliver a pilot health improvement programme on mens health within the Beckenham/Bromley area. In the past the London group has been provided with a six week programme on mens health by an external organisation which proved successful and therefore the probation service was keen to see if we could develop an intervention which could be trialled locally and be used widely across London if successful. The needs assessment was carried out with the Beckenham probationers in February / March 2011 with an age range of 20-40 + years old. From the discussions with the group of men, a five week programme was set up and included interactive awareness sessions on the following lifestyle issues which the group identified—healthy eating and nutrition, alcohol awareness, anger management, physical activity and mens cancer. At each session a supervisor from the service was present and evaluated the sessions. We are currently awaiting the feedback for the service to finalise the report.

Self-esteem programme

As part of the process of developing a new programme to increase self-esteem among young people, a HIS advisor met with young people and a youth worker at the youth centre, Street Wise, last year. The self-esteem programme was discussed and the young people were asked for ideas for names for the programme. The young people then had a few weeks to vote on which name they thought would be best for the programme. They chose 'Me, Myself and I', which is now the title of the course.

Health ambassador smoking programme

Bromley College agreed to host a pilot for this peer-led programme. Last year two young people were chosen to be the Health Ambassadors (peer mentors). Two HIS advisors trained the Health Ambassadors in smoking cessation and how to present to a group. We went through the programme with them; they gave their feedback and we made alterations as they suggested to help make the programme as appealing and effective to young people as possible.

4. CQUIN schemes

Commissioning for quality and innovation schemes (or CQUINs for short) is a national requirement that all providers need to agree with their commissioners. This scheme offers extra money that is linked with the achievement of various quality targets, which may be national or local. They run over a year and are closely monitored by both parties. During 2010/2011 the Community Provider Unit of NHS Bromley (now Bromley Healthcare) signed up to an exciting list of CQUINs with our commissioners. We worked hard during the year introducing systems, frameworks and audits to make sure we met the targets and were very pleased when the commissioners agreed at year end that we had successfully met all the targets set. An overview of the schemes is shown in the following table.

BHC CQUIN Schemes 2010-11	Achieved/ not achieved
1. Completion and supply of specific data sets. Generic, Long Term Conditions (LTC), Diabetes, ICT and public health information	Achieved
2. Widespread improvement of patient experience through undertaking a patient survey, introducing PETs, focus groups on improving carers and family support during end of life care.	Achieved
3. Improve LTC care –introduction of Patient Related Outcome Measures (PROMs), Personalised care plans and anticipatory care plans. % of diabetic patients coded on the system. Type 1 and type 2 Diabetic snapshot audit x 2, GP referrals to LTC teams audit x 2	Achieved
4. Improve Intermediate care – reduction in number of long stayers in intermediate care beds	Achieved
5. Develop Single Point of Access (scoping of feasibility and production of initial business case	Achieved
Total value	£410,000

5. Access to services

Bromley Healthcare is required to report Referral to Treatment times for patients referred to the Community Paediatric, Diabetes and Dental Services to both NHS London and the Department of Health, together with a small number of patients who are placed on active monitoring by the Audiology service. The Department of Health monitors average waiting time(which should be less than 18 weeks for both admitted and non-admitted pathways) whilst NHS London expects that 95% of non-admitted and 90% of admitted patients receive their first definitive treatment within 18 weeks of a referral being received.

Bromley Healthcare was compliant with the non-admitted target throughout the whole of 2010/11. We were compliant with the admitted target in ten of the twelve months in 2010/11. The non-compliance was mainly due to difficulties caused by the heavy snow last winter, however our performance has steadily improved since January 2011 and it is expected that we will keep up these levels in 2011/12.

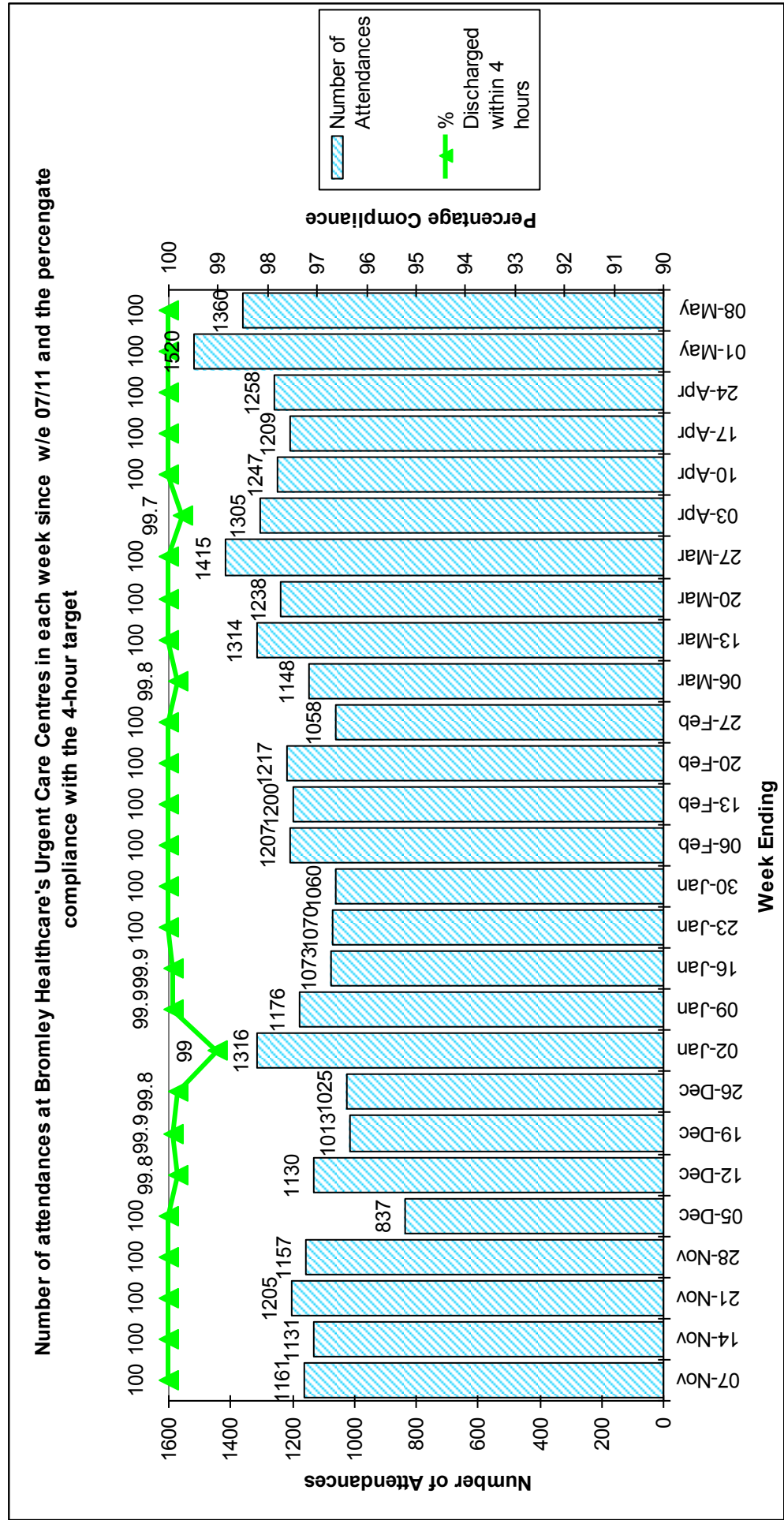
The six-week diagnostic target requires that all hearing tests are completed within six weeks of the date of referral. Bromley Healthcare has been compliant with this target since May 2010. See Table 1.

Table 1

Admitted patients (Dental GA service)												
Targets: 90% of patients to have waited less than 18 weeks, median waiting time to be less than 18 weeks												
	Apr-10	May-10	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11
Total no. of pts admitted in month	12	15	12	9	11	13	15	12	8	18	10	18
No. who waited less than 18 weeks	12	14	11	9	10	12	15	11	6	15	9	17
Percentage compliance	100%	93%	92%	100%	91%	92%	100%	92%	75%	83%	90%	94%
Median Waiting Time (weeks)	11.6*	12*	11.6*	12*	12.5*	11.5*	14.5*	12.9*	17.3*	13.7*	14.2*	15.7*
Non-Admitted patients (Paediatrics, Diabetes, Audiology pts on active monitoring)												
Targets: 95% to have waited less than 18 weeks, median waiting time to be less than 18 weeks												
	Apr-10	May-10	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11
Total no. of pts seen in month	112	122	155	171	124	152	151	135	124	159	147	172
No. who waited less than 18 weeks	109	121	149	166	120	145	148	134	123	158	146	172
Percentage compliance	97%	99%	96%	97%	97%	95%	98%	99%	99%	99%	99%	100%
Median Waiting Time (weeks)	4.3	1.9	3.7	5	6.6	7.3	5.8	5	3.1	6.4	4.3	5.1
Number of patients awaiting First Definitive Treatment (Paediatrics, Diabetes, Dental)												
	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12
Total no. waiting	407											
	Apr-10	May-10	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11
Total no. waiting	599	781	592	600	447	405	421	435	461	407	386	395
Diagnostic Testing (Audiology)												
Targets: 100% of patients to receive a hearing test within 6 weeks of their referral												
	Apr-10	May-10	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11
No. of pts waiting at last day of month	190	163	154	122	120	121	107	120	122	125	151	136
No. waiting less than 6 weeks	152	163	154	122	120	121	107	120	122	125	151	136
No. waiting over 6 weeks (breaches)	38	0	0	0	0	0	0	0	0	0	0	0
Total number of first assessments carried out in month	45	120	95	110	64	61	70	70	54	73	69	116

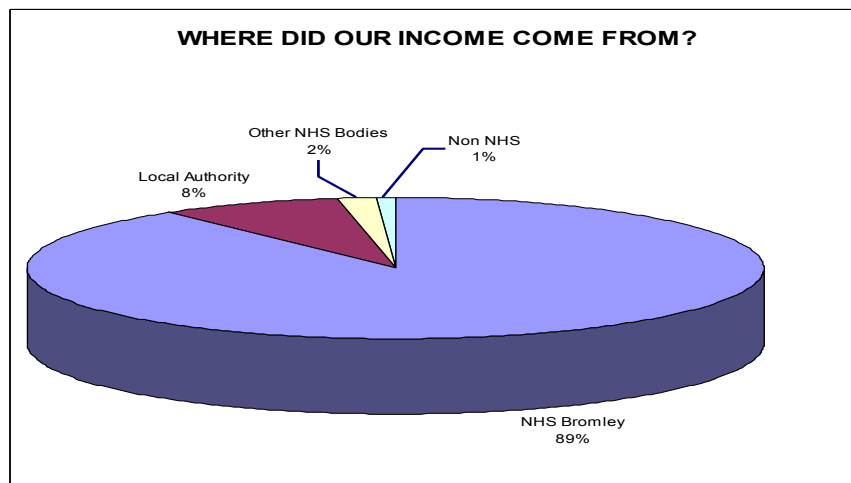
Bromley Healthcare also reports against the 4-hour A&E target for patients who attend the Urgent Care Centres (UCCs) at the PRUH and Beckenham Beacon. This target requires 95% of patients to be seen, treated and discharged/admitted within 4 hours. Bromley Healthcare has been submitting weekly reports to the Department of Health since November 2010 and has been over 99% compliant. See Table 2.

Table 2



6. Budget and finance

Although Bromley Healthcare is now established as a Social Enterprise, and is an independent organisation in its own right, most of our services continue to provide high quality NHS care. Whilst part of NHS Bromley we had a financial duty as a provider to remain within our overall budget which we successfully achieved in 2010/11. The income we generated totalled £30m and was received from the following organisations:



7. What others said about us

Care Quality Commission registration and conditions

The Care Quality Commission (CQC) is the independent regulator of health and adult social care in England. It regulates services that are provided by the NHS, local authorities, private companies or voluntary organisations and also protect the interests of people detained under the Mental Health Act.

We are required to register with the CQC as providing specific regulated activities. This means that there is a single system of registration and a single set of standards for all organisations to be measured against. The CQC have strengthened and extended enforcement powers that can be used for providers who do not register services.

Bromley Healthcare was registered to provide services from 1 April 2011, as required by the CQC. The application was assessed by the CQC using a four stage judgement framework and it decided to register the following list of regulated activities that were applied for:

- Diagnostic and screening procedures
- Family planning
- Nursing care
- Surgical procedures
- Treatment of disease, disorder and injury

We are very pleased that there were no conditions attached to our registration and we are currently working hard on a full self assessment of our compliance with all the standards for the coming year. We will be reporting more on this as we progress through the year, and reviewing our Quality Risk Profile, which is currently rated as low by the CQC.

There have been no periodic reviews or enforcement actions during 2010/2011.

Ofsted / CQC inspection of Safeguarding and Looked After Children's services

In April 2010 Ofsted and the Care Quality Commission carried out a joint inspection of all safeguarding and looked after children's services in Bromley

They found that the overall effectiveness of this service in Bromley was 'adequate'. However, the elements relating to being healthy were rated as 'good'.

They said that we were doing well in how we meet the needs of children and young people with complex needs and the services we provide together with Bromley Council for children with disabilities were really valued by children and families. They were also very pleased with the services we have developed for children and young people with Attention Deficit and Hyperactivity Disorder (ADHD) and Autistic Spectrum Disorder (ASD).

One area that they thought we could improve was for the staff of Bromley Healthcare to use the Common Assessment Framework (CAF) more fully. Since the inspection our Health Visitors have been using the assessment framework much more with families who need extra support.

Safeguarding Improvement Team Visit – September 2010

This was a two day visit carried out by the Safeguarding Improvement Team from NHS London. This was not an actual inspection, but a review process to help support and improve safeguarding for children. They found that Bromley health services are making very good progress on safeguarding, with a few areas for further work. The areas where they thought things were working really well in Bromley Healthcare were:

Overview

Bromley Healthcare provides joined up services for children and young people with complex needs, which is much valued by them and their families.

- Strong safeguarding teams with good credibility
- Clear 'top of the office' commitment to safeguarding
- Good links between health visiting and adult mental health services to support mothers with mental health problems

Some of the areas that we have worked on since this visit are:

- We have increased the amount of child protection supervision that staff have within school nursing and health visiting.
- We have kept safeguarding children as a top priority as we moved from NHS Bromley into Bromley Healthcare.

All recommendations from both the inspection and the review process are reported on in our quarterly safeguarding report to the Bromley Healthcare Board.

Overview

Hollybank aims to help children and young people develop independence and skills within their potential whilst having fun.

Monitoring of Hollybank—short term break service for children and young people with disabilities

Hollybank is our short-term break service that is jointly funded by NHS Bromley and the London Borough of Bromley. We aim to offer a happy, homely, safe and stimulating environment for all children to achieve their maximum potential.

The unit is registered with Ofsted and has six monthly unannounced inspections by them. Our last report gave us a rating of 'Good with outstanding features'. Whilst there were no specific things identified for us to improve, we are always looking at ways to improve the service for the benefit of the children, their families and our staff.

Nursing and Midwifery Council monitoring visit

During 2010 / 2011, the Nursing and Midwifery Council (NMC) visited the University of Greenwich (UG) to undertake monitoring visits for several programmes, including mentorship.

The Community Provider Unit (now Bromley Healthcare) is one of the placement providers for students undertaking programmes with UG as part of a contract via NHS London. As such, the CPU was involved in and assessed as part of the monitoring visit when the mentor programme was reviewed.

The visit took place during December 2010 and January 2011—below are the highlights from the summary of findings that relate to the CPU:

Mentors are well prepared for their role, regularly updated and supported to undertake their responsibilities

- Placements are effectively and safely managed by the partners which includes the placement development managers
- Collaboration between partners is efficiently managed through a number of strategic and operational meetings
- The trusts ensure the PIN number and renewal of NMC registration is monitored.
- Registers of mentors are held in the trusts with a record of placements
- Key account meetings are held at strategic and operational level ensure all partners are informed of any contractual matters, developments or changes on student placement learning circuits

The review team also commented on the excellent partnership working in Bromley.

Overall the visit was very positive and Bromley Healthcare received a 'good' for all areas reviewed. We will continue to work closely with our partners to support the development and training of pre and post registration nurse students.

Serious case review

As a key partner of the Bromley Safeguarding Children's Board, we work closely with other agencies when a serious case review is requested. One serious case review was completed in 2010. This identified some areas of learning for staff around the recognition of neglect in children, identifying the impact of adult's problems on children and ensuring good communication between partner organisations.

In response to this we have:

- Made sure that all our staff working with children have had training about neglect and the actions that should be taken.
- Looked at the supervision arrangements for Health Visitors and School Nurses and put more robust measures in place.
- Talked with our staff to make sure all key information is recorded on RiO, our electronic health care record system.

Part 3

Priorities for improvement

A look forward at the coming year

In the year ahead we are looking to expand the services we provide, moving towards integrating more services to benefit patients with the aim of keeping people out of hospital and improving the health and wellbeing of the people in Bromley. We have chosen three key priorities for the coming year that we feel will give the best added value for patients and staff.

Overview

Bromley Healthcare takes the delivery of high quality services very seriously. Our key aims and values clearly put quality at the heart of all our service provision and we are working hard to ensure that this is an ongoing process through service review and monitoring national standards.

We are introducing more patient focused outcomes at a service level and working with our patients and governors to make sure that their voice is heard in our forward planning

We have chosen three key priorities for the coming year that we will be focusing on, as we feel that they will give the best added value for our patients and the staff providing their care.

1. Driving up quality by using measurable, patient focussed outcomes

In our move to an independent organisation a lot of work has been done looking at our services and their fitness for purpose in our new role as a thriving Social Enterprise.

Bromley Healthcare wants to make sure we make best use of our existing data.

We will be keeping up the pressure to improve our data quality. Monthly activity is reported and discussed by our key committees and Board and will be reported to our commissioners. We will also continue to focus on patient facing time and productivity.

We will be moving towards a balanced scorecard approach for all services. This will take into account not only the activity and budget but also the staff involved and any service specific quality benchmarks. This approach has been introduced in pilot form in a couple of services and will be rolled out across all services during the year.

Bromley Healthcare wants to make sure that the services we deliver actually do improve patient outcomes. This year we have developed measurable, clinically focussed outcomes for all of our services which will demonstrate the added value we bring to people's healthcare experience. We have discussed these with our commissioners and they have identified nine outcomes they want to measure throughout the year. These can be seen in the following table.

OUTCOME MEASURE: HEADLINE	OUTCOME MEASURE: FULL DESCRIPTION	METHODOLOGY	KPIs	2011/12 TARGET [GREEN]
COMMUNITY PAEDIATRICS Child Protection Medicals	% Child Protection medicals for suspected physical abuse seen within 2 working days/48 hours	F2F Clinic assessment	KPI 1.1: % of child protection medicals seen within 2 working days/48 hours	95%
DIABETES Reduce number of Patients with Type 1 Diabetes who Smoke	Reduce number of patients with Type 1 diabetes who smoke to below the average for the general adult population of Bromley.	1) All clinical staff to ensure smoking status is recorded; 2) If patient is smoking refer to HCA (who has completed smoking cessation training); 3) If declines above give information about smoking cessation services; 4) HCA to follow up; 5) Develop closer liaison with smoking cessation service	KPI 2.1: % of patients with Type 1 diabetes who smoke	<15%
DISTRICT NURSING Increase the Quality of Patient Care in the District Nursing Service	OM3.1: Increase the number of patients on District Nurse caseloads who receive End of Life care in their preferred place.	1) Nurses will gather information about patients' preferred priorities of care from face to face discussions with patients, families and carers and through the exchange of information at regular interdisciplinary palliative care meetings; 2) The End of Life Audit is used to record and report on the preferred place of care, the actual place of death and, where different, the reason; 3) The nursing workforce will have the training and competencies to enable them to provide high standards of EoLC in community.	KPI 3.1.1: % of patients dying in their preferred place of death	70%
	OM3.2: Increase the number of patients with Venous Leg Ulcer which heal within 12 weeks of commencement of treatment	1) Nurses will follow Leg Ulcer Care Pathway. Will be tracked by reporting on RiO when patient has full assessment, is identified as having venous leg ulcer and commences compression therapy. The date of healing and accurate healing time will also be reported	KPI 3.2.1: % of patients healing 0 - 12 weeks KPI 3.2.2: % of patients healing 12 - 24 weeks	55% 70%

OUTCOME MEASURE: HEADLINE	OUTCOME MEASURE: FULL DESCRIPTION	METHODOLOGY	KPIs	2011/12 TARGET [GREEN]
EMDOC To measure the number of people who have a face to face contact in line with the National Quality requirements	To ensure full compliance with quality requirement 12	Monthly review by service with quarterly reports to commissioners.	KPI 4.1.1: % of patients seen within 1 hr if categorised as Emergency	>75%
			KPI 4.1.2: % of patients seen within 2 hrs if categorised as Urgent	>75%
			KPI 4.1.3: % of patients seen within 6 hrs if categorised as Less Urgent	>75%
HEALTH IMPROVEMENT SERVICE HENRY Core Skills Training [Childhood Obesity]	Change* in confidence levels among health and other community practitioners, in their ability+ to work with parents and carers on childhood obesity and lifestyle issues * (measured as average percentage)	1)Delivery of 6 HENRY Core Skills 2 day courses with 60 practitioners; 2)Measured using self reported confidence scale at beginning and end of course	KPI 5.1: Average increase in confidence of 50 % among 60 practitioners by end of the course (equivalent to Bromley average in phase 1, led or supervised by national programme)	53%
HEALTH VISITING To Improve Health Visiting Services: New Birth Visits and New Born Hearing Screen	OM6.1: New Birth visits to be completed within 10-14 days	1)Visit arranged between 10-14 days in consultation with client; 2)To ensure staff know correct process for inputting/ reporting on RiO when visits not done in 10-14 days; 3) Team Leaders to scrutinise data from RiO report and performance manage where issue	KPI 6.1.1: % of new birth visits completed = 10-14 days	95%
			KPI 6.1.2: % of new birth visits completed >14 days	<5%
	OM6.2: New Born Hearing Screen including Automated Auditory Brainstem Response (AABR) to be completed by five weeks (Community Model)	Online training done in a timely manner in protected work time to ensure no gaps in service provision; equipment calibrated daily before use and downloaded at the end of the day to ESP, which is the IT system. Imported file on ESP then checked by Newborn Hearing and set	KPI 6.2.1: % of screens completed by 5 weeks including AABR if required	95%
			KPI 6.2.2: % of screens completed > 5 weeks including AABR if required	<5%

OUTCOME MEASURE: HEADLINE	OUTCOME MEASURE: FULL DESCRIPTION	METHODOLOGY	KPIs	2011/12 TARGET [GREEN]
ICCNT To improve on timely and safe early discharge from hospital, avoid readmission and provide support in the community	OM7.1: To facilitate safe early discharge of premature babies from hospital, and avoiding readmission.	1)Attend discharge planning meeting; 2)Undertake home risk assessment; 3)Relevant teaching for parental support; 4)Regular home visits with regular monitoring	KPI 7.1.1: % of prem babies where ICCNT have been fully involved in discharge planning and readmission has been avoided through regular support and monitoring from the team	90%
	OM7.2: Every child will have access to holistic care review from the nursing team within the special school environment	1)Identify individual caseloads; 2)Either face to face or telephone contacts with parents/carers to collate any health concerns and coordinate response	KPI 7.2.1: % of children and their parents/carers in special schools who have a minimum 6 monthly contact from the school nurse	85%
ADULT OCCUPATIONAL THERAPY To improve the functional abilities of patients in the service	OM8.2: 75% of patients receiving OT Services will show an improvement in function as measured by the Goal Attainment Scaling Tool	1)High priority Goals are identified with the patient and possible outcomes identified in each chosen goal area; 2) At the end of an agreed timeframe the level of achievement is reviewed; 3) Retrospective audit of 200 patients notes per annum: 50 analysed	KPI 8.2.1: % of patients receiving OT Services showing an improvement in function as measured by the Goal Attainment Scaling Tool	75%

OUTCOME MEASURE: HEADLINE	OUTCOME MEASURE: FULL DESCRIPTION	METHODOLOGY	KPIs	2011/12 TARGET [GREEN]	
SCHOOL NURSING	OM9.1: Year 8 girls offered and receive the HPV Vaccination	All schools with Year 8 girls contacted and dates agreed for immunisations: 1) Consents sent in for completion; 2) Follow up for non returns of consents; 3) Team of vaccinators confirmed: 4) Follow-up sessions/ clinics for DNA and non attendees; 5) Inform GPs of patients vaccinated; 6) All vaccinations recorded on RIO.	KPI 9.1.1: % of girls offered HPV vaccination	100%	
			KPI 9.1.2: % of girls receive the HPV vaccination	80%	
			KPI 9.1.3: % of girls who DNA and offered alternative sessions	95%	
	To Improve Year 8 and Year 10 Vaccinations Uptake	OM9.2: All Year 10 pupils offered Dip.tet.Polio vaccination	All year 10 pupils offered and vaccinated for DtP vaccination, annually: 1) Consents sent in for completion; 2) Follow up for non returns of consents; 3) Team of vaccinators confirmed 4) Follow-up sessions/ clinics for DNA and non attendee 5) Inform GPs of patients vaccinated; 6) All vaccinations recorded on RIO.	KPI 9.2.1: % of pupils offered Dip.tet.Polio vaccination	100%
				KPI 9.2.2: % of pupils receive Dip.tet.Polio vaccination	85%
				KPI 9.2.3: % of pupils who DNA and offered alternative sessions	95%

We will be monitoring all the services outcomes inside our organisation and look forward to sharing some positive health improvements in health outcomes in the next Quality Account.

We will continue to report on the national Nurse Sensitive Outcome Indicators. One element of this will be picked up in a CQUIN for 2011 / 2012 and we expect to be able to show low levels of pressure ulcers in the community, good healing rates and how we have shared any lessons learnt with staff.

2. Driving up quality through patient and public involvement (PPI)

Bromley Healthcare puts openness and good communication at the heart of its business, listening to patients and the wider public. We aim to show the positive differences this makes in our organisation. As part of our governance structure, and as a key component in the community interest company model that we have developed, we have introduced both a Community Forum and a Council of Governors.

Community Forum

Members of the Community Forum ensure that the voice of local people is heard and offers the opportunity for local people to learn more about the work of our staff, and offer us advice and an alternative perspective on issues of concern. The forum meets about four times a year with members of the Bromley Healthcare team on hand to answer questions, share information and hear Forum members' views – and then take them back to base and act on them.

The community forum will also play an important role in electing four representatives to our Council of Governors who play a more active role in guiding our organisation.

The Community Forum is managed on behalf of Bromley Healthcare by [Community Links Bromley](http://communitylinksbromley.org.uk), in a close partnership that keeps the Forum active, lively and growing. If you're interested in joining, contact Stephen Blann - stephenb@communitylinksbromley.org.uk or call him direct on 020 8315 1907.

Council of Governors

Bromley Healthcare's Council of Governors is responsible for representing local stakeholders with an interest in the delivery of our services. The Council includes three elected staff members, a commissioning GP, an elected GP, a local councillor, representative from Bromley Business Support Unit and the London Borough of Bromley as well as the four Community Governors.

In addition, all members of our staff are eligible to become shareholders in the company. We have already found that this makes for a much more dynamic and innovative workforce and many great ideas about how to improve our services are coming from our staff. Our staff have elected three staff governors who will have a seat at the table on the Council of Governors and we are sure that this will bring many benefits to our organisation. We will be reporting on the added value of both staff and community members on the Council throughout the year.

Public website

We've worked hard over the past few months to develop a new, user-friendly public website for Bromley Healthcare. We hope that people in Bromley will find it a useful and helpful resource, telling them about the services we offer and how to access them, as well as a lot of other health related information. Please do go and have a look at it at www.bromleyhealthcare.org.uk. It is new and we are still fine-tuning it, so please let us know if you found it easy to use and if there are other improvements we could make.

Patient Survey

We've just completed our 2011 patient survey using the same questions as last year so we will be able to benchmark ourselves and show improvements, particularly in the areas we targeted in last year's action plans. We will be posting key results from the survey on our website once the analysis has been completed. We hope to have this done by the end of August.

Patient Experience Trackers (PETs) – We implemented some PETs in five services last year and received very useful feedback, which is shown in more detail in section 2. We have added the PETs into our patient experience CQUIN and are working with different services. This year we will be focusing more on clinic based services and will be starting the work with our phlebotomy, pulmonary rehabilitation, adult speech and language therapy and community paediatric teams over the next few months.

Patient and Public Involvement Programme

At a service level we will continue to look at how we work with our patients about any service changes we might be planning and also focus on areas of interest or priority for our local community. We will continue to work in close partnership with the Public Health department of NHS Bromley. Some of the areas we will be looking at include:

- Bromley has a large population of Gypsies and Travellers and we are planning to do a local needs assessment to identify specific initiatives on healthy living.
- We will continue to deliver the Working with Young People course which builds our staff capacity for PPI as well as running two pilot young peer mentor projects on sexual health and smoking —involving young people in the delivery of health promotion.

A lecturer at Bromley College thanked our Wellbeing trainer for the 'fantastic presentation' he gave to invited adults who took away some tactics to improve their state of mind. She found the trainer's honesty uplifting and would recommend it to other students.

carers.

- We will be using client feedback to evaluate our initiatives such as the Refugee Health and Wellbeing Day May 2011, Mental Health Awareness Programme September 2011 and Your Choice Your Voice.
- Hollybank is our short-term break service for children with disabilities. Along with Parent Voice (a network for parents or carers of children with special educational needs), our Hollybank staff have helped develop a specially-designed survey to ask the children and young people who use the short break service we provide at Hollybank, what they think about it and what, if any, changes they might like to see. We will be starting to use this in the coming year.
- We will undertake an audit jointly with St Christopher's Hospice asking carers of people who received end of life care about their experiences in Bromley and how we can improve these for other

3. Driving quality by improving partnership working

One of the key partners identified in the Bromley Healthcare Business Plan is our close working relationship with primary care colleagues. This will be a key area of focus and development over the coming months. We appointed a Joint Clinical Director to our Board, which is a job share between a clinician from the executive team and a local GP.

We are expecting this internal partnership to lead our work on developing closer links with a wide range of partners including GPs, the local authority, the voluntary sector and private organisations. We aim this year:

- to introduce two new joint care pathways with primary care
- hold quarterly meetings with our GP colleagues to explore issues and improve patient care
- explore the options for a single point of access for primary care.

Another key partner is the London Borough of Bromley. We have made sure that we have someone linked in to all of the partnership groups run by them. These include children and young people, learning disabilities, mental health, PDSI, health and social care and housing and older peoples groups.

Through strong partnership working, we believe that we can improve services and this commitment can be demonstrated through some of the projects that we are working on this year such as:

- Multi-agency support hub—a project looking at how we deal with referrals for domestic violence
- Single point of access project—a project we are exploring with primary care and the London Borough of Bromley to make it easier to refer to our services
- The Post Acute Care Enablement service (PACE) is being expanded in partnership with NHS Bromley, South London Healthcare Trust, London Borough of Bromley and general practice. This service has a good track record in supporting safe and successful early discharge from our local hospitals.

We are working closely with several GP practices to develop new services to support the local provision of phlebotomy and vascular checks. These are exciting new developments and we will be reviewing the improvements these bring.

Bromley Healthcare is developing a number of active clinical partnerships in the year 2011/12. After successful Any Qualified Provider tenders, Bromley Healthcare has been commissioned by our GP commissioners to create new services in community dermatology, community gynaecology and gynaecology triage (working alongside the patient management centre). For community dermatology a partnership is in place with South London Healthcare Trust (SLHT) and for community gynaecology with the Sloane hospital. The partnership includes joint working with consultants as well as shared equipment and resources where feasible. Partnerships with sponsors are also being explored to fund equipment.

Further discussions are ongoing with the SLHT Medical Director concerning future opportunities for partnership working if and when other hospital services are redesigned into community pathways.

4. Who has been involved in producing this document

As this is the first year that community services have been required to produce a Quality Account, this has been a learning experience for us all. Many people have been involved in the preparation of this document and we have seen it as a great opportunity to show what we do to a wider audience.

Staff

The senior management team and service leads have been involved in significant discussions around the Quality Account. Quality issues are always high on our agenda and regular presentations and workshops take place at direct report meetings throughout the year.

Bromley Healthcare Board

Our quality agenda is discussed regularly at our Board meetings and our Audit and Clinical Assurance Committee meets regularly to assess the quality standards we are achieving and review our progress and the improvements we put in place. We have also set up a Clinical Challenge Group led by our Joint Clinical Director where we are able to discuss and debate key clinical issues with a wide range of our clinical staff. This document has been reviewed by the Chairman and our Non Executive Directors and was formally ratified at our July Board meeting.

Council of Governors and Community Forum

Presentations have been shared with both these groups and we plan to provide regular updates through the coming year to get some external feedback on our priorities and achievements.

NHS Bromley

On our journey towards becoming an independent organisation, we have been through a very robust process of assessments by both NHS Bromley and NHS London. To make sure we had the skills and structures in place across the whole of the organisation to make it a success. This document has been shared with NHS Bromley who made the following comments:

As lead commissioner, NHS Bromley is committed to commissioning high quality services from Bromley Healthcare and we take very seriously our responsibility to ensure that patients' needs are met by the provision of safe, high quality services and that the views and expectations of patients and the public are listened to and acted upon. The Quality Account, in our opinion, reflects quality performance in 2010/11 and highlights future priorities agreed with NHS Bromley for 2011/12.

We noted that the Board has been involved in producing this report and pleased to note the robust quality assurance processes that the Board has in place for 2011/12 with the establishment of a Audit and Clinical Assurance Committee and the set up of a Clinical Challenge Group led by the Clinical Director to discuss and debate key clinical issues.

We are pleased that Bromley Healthcare are working closely and meeting standards and requirements of CQC and Ofsted and that staff are now advised to use Common Assessment Framework (CAF) more fully as recommended after an inspection from Ofsted/CQC. We welcome the focus on outcome led initiatives as identified for CQUIN for 2011/12. We have been encouraged by the focus given to capturing and acting upon real time patient experience feedback in 2010/11 and would expect to see innovative feedback collation methods as agreed for 2011/12.

Bromley LINK

As a new organisation we are currently looking at how we can develop a good working partnership with our local LINK. This draft document was sent to the Chair of Bromley LINK who made the following comments:

Bromley LINK welcomes the opportunity to comment on the first Bromley Healthcare Quality Account.

Bromley LINK recognise and appreciate the problems in commenting on the Quality of Community Services in Bromley when Bromley Healthcare became a social enterprise as recently as 1 April 2011 so understand the bulk of the Quality Account is based on services delivered as a community provider unit.

Reported patient feedback of 91% rating services good or very good is laudable as is 93% having trust and confidence in the community provision. This provides a solid launch pad for the future.

Bromley LINK would like to be closely involved in the expansion and improvement of garnering public and patient views on their local Health services in future. The emphasis on the importance of staff commitment and the need to involve and engage the community is commendable.

Bromley LINK note the major emphasis on risk assessment and review and remodelling practice based on lessons learnt through a flexible approach.

Clinical Audit material presented lacks detail to substantiate improvements claimed. We are sure this area will be improved and developed for the Quality Account Audit of 2011/2012.

Bromley LINK would appreciate greater involvement in the creation of future Quality Accounts particularly in setting the priorities for the next year thus incorporating public and patient views.

However we recognise the commitment and effort of Bromley Healthcare in producing a good Quality Account within tight timescales and structures.

The London Borough of Bromley)

Another key partner is the London Borough of Bromley. We have a long history of partnership working with the Council and have good relationships with people at all levels. We have several services that are jointly commissioned and have staff from both organisations working in these. We have ensured that we are linked into all local partnership boards and sub groups.

Overview Scrutiny Committee (OSC)

This is another new relationship for us and the Director for Quality will be attending a meeting in September to look at how we can work together and receive more in depth feedback from the OSC into our next Quality Account.

Bromley Healthcare is committed to providing high quality community healthcare services to the people of Bromley. We are very excited about our future and will continue to work in close partnership with our staff, patients and other organisations to develop and improve the services we provide.

Bromley Healthcare :

an innovative
social enterprise
bringing together
community
services and
GPs