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DATE: 3 July 2018

To: Members of the
HEALTH SCRUTINY SUB-COMMITTEE

Councillor Mary Cooke (Chairman)
Councillor Robert Mcilveen (Vice-Chairman)
Councillors Gareth Allatt, Aisha Cuthbert, Ian Dunn, Judi Ellis, Robert Evans,
David Jefferys and Angela Page

Non-Voting Co-opted Members

Justine Godbeer, Bromley Experts by Experience
Rosalind Luff, Carers Forum
Lynn Sellwood, Bromley Safeguarding Adults Board and Voluntary Sector Strategic
Network
Tim Spilsbury, Healthwatch Bromley

A meeting of the Health Scrutiny Sub-Committee will be held at Bromley Civic Centre
on **WEDNESDAY 11 JULY 2018 AT 4.00 PM**

MARK BOWEN
Director of Corporate Services

Copies of the documents referred to below can be obtained from
<http://cds.bromley.gov.uk/>

A G E N D A

- 1 **APOLOGIES FOR ABSENCE AND NOTIFICATION OF SUBSTITUTE MEMBERS**
- 2 **DECLARATIONS OF INTEREST**
- 3 **QUESTIONS FROM COUNCILLORS AND MEMBERS OF THE PUBLIC
ATTENDING THE MEETING**

In accordance with the Council's Constitution, questions to this Committee must be received in writing 4 working days before the date of the meeting. Therefore please ensure questions are received by the Democratic Services Team by 5pm on Thursday 5th July 2018.

- 4 **MINUTES OF THE MEETING OF HEALTH SCRUTINY SUB-COMMITTEE HELD ON
6TH MARCH 2018 AND MATTERS ARISING (Pages 3 - 10)**

- 5 REABLEMENT WORKSTREAM WITHIN BROMLEY ADULT AND OLDER PEOPLE'S MENTAL HEALTH DIRECTORATE (OXLEAS NHS FOUNDATION TRUST)**
- 6 BROMLEY HEALTHCARE QUALITY ACCOUNT 2017/18 (BROMLEY HEALTHCARE) (Pages 11 - 66)**
- 7 PRUH IMPROVEMENT PLAN - UPDATE FROM KING'S COLLEGE HOSPITAL NHS FOUNDATION TRUST (KING'S)**
- 8 EVALUATION OF WINTER SERVICES (CCG) (To Follow)**
- 9 JOINT HEALTH SCRUTINY COMMITTEE VERBAL UPDATE (JHOSC MEMBERS)**
- 10 WORK PROGRAMME 2018/19 (Pages 67 - 70)**
- 11 ANY OTHER BUSINESS**
- 12 FUTURE MEETING DATES**

4.00pm, Wednesday 17th October 2018

4.00pm, Wednesday 16th January 2019

4.00pm, Wednesday 3rd April 2019

HEALTH SCRUTINY SUB-COMMITTEE

Minutes of the meeting held at 4.00 pm on 6 March 2018

Present:

Councillor Mary Cooke (Chairman)
Councillor Pauline Tunncliffe (Vice-Chairman)
Councillors Ruth Bennett, Ian Dunn, Judi Ellis,
Robert Evans, Will Harmer and Terence Nathan

Linda Gabriel and Lynn Sellwood

Also Present:

Councillor Diane Smith, Portfolio Holder for Care Services
Councillor Angela Page, Executive Support Assistant to Portfolio
Holder for Care Services

1 APOLOGIES FOR ABSENCE AND NOTIFICATION OF SUBSTITUTE MEMBERS

Apologies for absence were received from Councillor David Jefferys and Councillor Charles Rideout CVO QPM. Apologies for absence were also received from Justine Godbeer.

The Chairman led Members in welcoming Paul Feven, Interim Director: Programmes who was the Corporate Lead Officer to the Health Scrutiny Sub-Committee.

2 DECLARATIONS OF INTEREST

There were no declarations of interest.

3 QUESTIONS FROM COUNCILLORS AND MEMBERS OF THE PUBLIC ATTENDING THE MEETING

No questions had been received.

4 MINUTES OF THE MEETING OF HEALTH SCRUTINY SUB- COMMITTEE HELD ON 7TH NOVEMBER 2017 AND MATTERS ARISING

RESOLVED that the minutes of the meeting held on 7th November 2017 be agreed.

5 KING'S COLLEGE HOSPITAL NHS FOUNDATION TRUST UPDATE (KING'S)

The Sub-Committee received a presentation from Matthew Trainer, Managing Director: Princess Royal University Hospital (PRUH) and South Sites and Lisa

Hollins, Executive Director: Transformation and ICT (King's) providing an update on the progress of the Trust and the PRUH Improvement Plan.

King's College Hospital NHS Foundation Trust had been placed in Financial Special Measures by NHS Improvement on 11th December 2017 due to a forecast year-end deficit of £92.2M for 2017/18, compared to a planned year-end deficit of £38.8M. The deficit had increased as a result of many factors including overly optimistic planning assumptions for income growth and cost savings for 2017/18, and operational challenges for non-elective and urgent care caused by increasing demand for services. Work was underway to address the deficit including Financial Planning for 2018/19 and the development of a five year strategy for the Trust. A programme had also been launched in partnership with the NHS Improvement Productivity Team with the aim of delivering rapid quality and productivity improvement across Trauma and Orthopaedic services, with subsequent phases planned for Ophthalmology, Neurosciences and the Back Office. An update on the Productivity Improvement Programme would be reported to a future meeting of the Health Scrutiny Sub-Committee.

With regard to the PRUH, Emergency Department performance continued to improve with an aggregate performance of 84.9% in January 2018 against 76.3% on the previous year, although this was not a like-for-like comparison. Performance against the 62 day GP referral target for cancer treatment was 89.3% in January 2018 which exceeded the 85% target, and performance was being maintained across Referral to Treatment times, with the number of patients waiting over 52 weeks for treatment decreasing significantly over the past year to just three patients in January 2018. The Trust had a national ranking of 19 out of 123 Trusts which placed it in the top fifth of Trusts in terms of performance, and had performed well on the national Summary Hospital Mortality Index with a score of 90.5% as at December 2017. Friends and Family test satisfaction scores remained high across the Trust at 90% and 86% for Inpatient and Outpatient services respectively for September 2017. Recruitment continued to be an area of key focus and the overall vacancy rate had reduced to 12.1% for January 2018. A "Future State" vision had been developed for the planned transformation of Outpatient's services, and a range of key local digital drivers had also been identified to support the completion of the full integration of Electronic Records across the Trust, which included local care records and electronic prescribing. A recent Care Quality Commission Inspection of the PRUH had found no 'Inadequate' services and had rated the majority of services as 'Good' with one 'Outstanding' area, although the overall rating remained 'Requires Improvement'.

In considering the update, the Chairman asked how the financial position at the PRUH might affect service delivery. The Managing Director: PRUH and South Sites confirmed that whilst there may be future changes to some services, there were no plans to reduce the core service offer of the PRUH which encompassed a wide range of provision including the Emergency Department, elective surgery and maternity services. On a recent visit, Health Education England had described the Paediatric Department as the "jewel in the crown" of the PRUH following significant investment in the service. A

number of key capital investment programmes had been developed for the PRUH with the aim of improving efficiency and performance. This included an expansion of the Emergency Department to increase the number of resuscitation bays and critical care beds, and works to provide additional ambulance bays and improve car parking facilities. The Executive Director: Transformation and ICT (King's) reported that additional capital funds had been made available to the PRUH for the 2017/18 financial year. Work was underway to identify if these funds could be carried forward to support key capital investment programmes for 2018/19, but if this was not possible the funding would be invested in other planned projects including the purchase of specialist equipment.

In response to a question from a Member, the Managing Director: PRUH and South Sites confirmed that it would be very difficult to address the projected deficit of £92.2M, particularly as demand for health services in South East London continued to increase. The Trust would continue to engage with the Sustainability and Transformation Plan for South East London and to lobby for funding which reflected the level of service demand; however, there was also a need for the Trust to work closely with Social Care services to ensure that people received the appropriate level of support for their health and care needs. A Member highlighted that there were some areas of historical deficit relating to under-charging between the Trust and clinical commissioning groups across South East London, and stressed the need for key programmes to continue to be supported, including the Better Care Fund. The Managing Director: PRUH and South Sites advised that the PRUH would continue to work closely with all health and social care partners including the Bromley Clinical Commissioning Group, Local Authority and GP Alliance to deliver a robust health and social care offer across the Borough, and that programmes such as the Transfer of Care Bureau had been very effective in reducing unnecessary hospital stays. Another Member emphasised the high number of Emergency Department attendances by a cohort of frail older people, and suggested that this be addressed through further developing the community services offer across the Borough, including specialist nursing home provision.

The Chairman led Members in thanking Matthew Trainer and Lisa Hollins for their presentation which is attached at Appendix A.

RESOLVED that the update be noted.

6 OUTCOME OF ENGAGEMENT ON PROPOSED CHANGES TO PRESCRIBING OVER-THE-COUNTER MEDICATIONS IN BROMLEY (CCG)

The Sub-Committee considered a report by the Bromley Clinical Commissioning Group outlining the outcome of engagement on proposals to no longer support the routine prescribing of health supplements and self-care medications that could be purchased over the counter with the aim of promoting self-care and empowering Bromley residents to manage minor ailments and injuries. The proposals also supported the national direction of

travel which sought to make health services more sustainable and to eliminate waste, as well as to free up clinical time for those most in need and to ensure best value from available funding.

The engagement period ran from 31st July 2017 to 8th October 2017. During this period, 547 responses were received to the survey and additional responses had been gathered through face-to-face meetings with a range of groups, including people on lower incomes and families, as well as from key stakeholders. The outcome of the engagement showed that 83.64% of respondents either 'Agreed' or 'Somewhat Agreed' with the proposals and 84.71% either 'Agreed' or 'Somewhat Agreed' that General Practitioners should spend less time treating people who could buy self-care medication and health supplements without a prescription. Based on these outcomes, the Bromley Clinical Commissioning Group had approved the proposals which had been implemented from 1st December 2017.

The Chief Officer: Bromley Clinical Commissioning Group clarified that General Practitioners would still be able to prescribe health supplements and self-care medications where appropriate, but that this would no longer be routinely prescribed to patients.

In discussion, Members generally supported these proposals; however a Member underlined the importance of raising awareness amongst Bromley residents about consulting a pharmacist when buying over-the-counter health supplements and self-care medications to ensure it was appropriate for them. The Member also noted the potential to roll-out this practice to hospitals to avoid the issuing of unnecessary prescriptions.

RESOLVED that the update be noted.

7 UPDATE ON THE SOUTH EAST LONDON STP FOOTPRINT RELATING TO THE CAPPED EXPENDITURE PROCESS (CCG)

The Sub-Committee considered an update by the Bromley Clinical Commissioning Group on the South East London STP Footprint relating to the Capped Expenditure Process.

The Capped Expenditure Process was a system of managing finances across all providers and commissioners within the South East London Group which had now been superseded by the Quality, Innovation, Productivity and Prevention (QIPP) programme. The QIPP was a large-scale programme developed by the Department of Health to drive forward quality improvements in NHS care, at the same time as delivering significant efficiency savings.

The Chief Officer: Bromley Clinical Commissioning Group reported that there was a requirement for all Clinical Commissioning Groups to produce an operating plan which aligned with provider plans prior to the start of each financial year. It had been recognised that there was a significant funding gap in South East London and providers and commissioners would continue to work collaboratively together to reduce the funding gap through service

transformation, including placing an emphasis on early intervention services to reduce escalation of need, and by working more efficiently together.

RESOLVED that the update be noted.

8 PHLEBOTOMY SERVICE AT PRINCESS ROYAL UNIVERSITY HOSPITAL - DIRECT ACCESS (CCG)

The Sub-Committee considered an update by the Bromley Clinical Commissioning Group on potential changes to phlebotomy services in Bromley.

King's College Hospital NHS Foundation Trust had recently notified the Bromley Clinical Commissioning Group that it wished to reallocate the space used for the walk-in phlebotomy service at the Princess Royal University Hospital to other services, and requested that the Bromley Clinical Commissioning Group commission this service from different provider. The Princess Royal University Hospital would continue to provide phlebotomy services for Inpatient and Outpatient services as well as children's blood tests. The walk-in phlebotomy services at the Beckenham Beacon and Orpington Hospital sites would continue to operate, and 28 General Practices across the Borough had been commissioned to deliver phlebotomy services as an 'enhanced service'.

The Chief Officer: Bromley Clinical Commissioning Group advised Members that work was underway to identify alternate sites for walk-in phlebotomy services on an interim and permanent basis. A Member noted that this offered an excellent opportunity to improve the way that phlebotomy services were spread across Bromley, reducing time and travel costs for people referred for blood tests. Members also suggested that a school or a mobile unit might be used to provide phlebotomy services, but that adequate car parking and good public transport links would need to be in place.

In discussion, Members generally agreed that a formal consultation process would not be required for the proposed service change as the proposal related to the location of the service and not a change in how it was provided, but requested that the Chief Officer: Bromley Clinical Commissioning Group confirm this with her Legal Service. The Chief Officer: Bromley Clinical Commissioning Group emphasised that engagement would be undertaken with service users on the proposed changes, and a Member requested that this focus on more vulnerable service users as well as those requiring phlebotomy services on a frequent basis.

RESOLVED that the update be noted.

9 UPDATES FROM OXLEAS NHS FOUNDATION TRUST:

The Sub-Committee received two presentations from Estelle Frost, Service Director, Adrian Dorney, Associate Director and Pauline Kenny, Mental Health Service Manager: Bromley Directorate of Oxleas NHS Foundation Trust on

the Bromley Adult and Older People's Mental Health Directorate and the Bromley Community Mental Health Rehabilitation and Enablement Service.

10 BROMLEY ADULT AND OLDER PEOPLE'S MENTAL HEALTH DIRECTORATE UPDATE (ESTELLE FROST, SERVICE DIRECTOR)

The Bromley Adult and Older People's Mental Health Directorate had been formed on 1st April 2017 to provide key mental health services to service users within their local area and to enable mental health services to develop closer working relationships with the local acute trust as well as local providers and commissioners.

Bromley Oxleas Services provided a range of community, crisis and inpatient services for adults and older people requiring secondary mental health support with 8,400 referrals received annually. Bromley Oxleas Services also delivered Child and Adolescent Mental Health Services (CAMHS), a Children's Service for 0-4 years, an Adult Learning Disability Service and a Medicines Optimisation Service. The Directorate had offices in Orpington and Penge through which it delivered its Adult and Community Services offer including Primary Care Plus, the ADAPT service and intensive care management for people with psychosis. A range of specialist services including perinatal, early intervention in psychosis and community rehabilitation operated across the whole Borough, and a number of older people's services were also provided, including support for those with dementia. Inpatient provision included 51 beds at Green Parks House, and a Crisis Line had been established to provide mental health support out of working hours.

During the first year of operation, the Directorate had delivered an improved standard of performance across its average caseload of 4,000 service users and feedback had been very positive with just 71 complaints. There had been a consistent reduction in the staff vacancy rate across the Bromley Directorate which was currently 11%. Future planned workstreams included a shift to offering more preventative interventions, the establishing of a Single Point of Access for a number of mental health services, and further alignment with Integrated Care Networks and health and social care partners.

In response to a question from a Co-opted Member, The Service Director: Bromley Directorate of Oxleas NHS Foundation Trust advised that the Directorate worked closely with carers. Oxleas staff were expected to make reference to a service user's support network as part of their assessments and a Carers' Strategy was in place. In response to a further question from the Co-opted Member, the Service Director: Bromley Directorate of Oxleas NHS Foundation Trust confirmed that Oxleas NHS Foundation Trust worked with South London and Maudsley NHS Foundation Trust and South West London and St George's Mental Health NHS Trust, and that this included developing the local market for care placements and sharing best practice. Work was also undertaken on an ad hoc basis with The Priory Hospital Hayes

Grove, a private provision, to meet the support needs of individual service users.

11 OXLEAS COMMUNITY REHABILITATION SERVICE (ADRIAN DORNEY, ASSOCIATE DIRECTOR)

The Bromley Community Mental Health Rehabilitation and Enablement Service had been established in March 2017 following the closure of a number of inpatient rehabilitation units. The service provided specialised community rehabilitation and enablement support that focused on maintaining people within their own homes and promoting independence. This included supporting service users to develop daily living skills, improve stability in the way they managed their condition and increase their social inclusion, with the expectation of reducing the number of hospital admissions and care packages required and supporting service users to sustain their tenancies. The service currently had a caseload of 34 service users with six being assessed, and five service users had been discharged since the launch of the service.

The success of the service was monitored in a range of ways including a questionnaire that was completed with service users within six weeks of their first referral to establish a baseline and subsequently repeated after six months of receiving the service. There had been 11 completed assessments to date which showed that 100% of service users rated the service as 'Excellent' or 'Good' and that the vast majority of respondents felt they had progressed in the level of their independence.

In considering the presentation, a Member highlighted the importance of the Bromley Community Mental Health Rehabilitation and Enablement Service working closely with the Reablement Service in supporting service users. The Service Director: Bromley Directorate of Oxleas NHS Foundation Trust confirmed that a Reablement workstream had been established within the Directorate and that a progress update would be reported to the next meeting of the Health Scrutiny Sub-Committee on 11th July 2018.

The Chairman led Members in thanking Estelle Frost, Service Director, Adrian Dorney, Associate Director and Pauline Kenny, Mental Health Service Manager for their presentations which are attached at Appendices B and C.

RESOLVED that the update be noted.

12 JOINT HEALTH SCRUTINY COMMITTEE UPDATE (JHOSC MEMBERS)

Councillor Judi Ellis and Councillor Ian Dunn provided an update on the Our Healthier South East London – Joint Health Overview and Scrutiny Committee which had met on 13th December 2017 to consider OHSEL activity planned for 2017/18 as well as updates on mental health provision, the orthopaedic clinical network and community care – strategy and governance. A further meeting of the Joint Health Overview and Scrutiny Committee would be held on 12th March 2018.

RESOLVED that the update be noted.

13 WORK PROGRAMME REPORT

Report CSD18012

The Chairman advised Members that to support the Sub-Committee's consideration of health issues, an additional Health Scrutiny Sub-Committee meeting had been added to the 2018/19 Programme of Meetings and meetings would now be scheduled on a quarterly basis.

Following consideration by Members, a number of items were added to the forward rolling work programme for the Health Scrutiny Sub-Committee as outlined below:

- Reablement Workstream within Bromley Adult and Older People's Mental Health Directorate (Oxleas/LBB) – July 2018
- Integrated Mental Health Strategy (LBB/CCG) – October 2018
- King's Productivity Improvement Programme Update (King's) – Not Programmed.

The Chairman invited Members of the Sub-Committee to provide details of any other items they wished to discuss at future meetings to the Clerk to the Committee.

RESOLVED that the work programme be noted.

14 ANY OTHER BUSINESS

There was no other business.

15 FUTURE MEETING DATES

4.00pm, Wednesday 11th July 2018
4.00pm, Wednesday 17th October 2018
4.00pm, Wednesday 16th January 2019
4.00pm, Wednesday 3rd April 2019

The Meeting ended at 6.15 pm

Chairman

Quality Account 2017-18

Developing high quality services in the community



Bromley Healthcare at a glance



Patients
25,000



Workforce:
1,100



Patient contacts:
525,000



Services: 35



Patient
satisfaction:
97.6%



Income: £50m



Locations: 25



Boroughs: 5



Commissioners: 7

Figure 1.0: Bromley Healthcare at a Glance

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Introduction

Welcome to Bromley Healthcare 8th Quality Account.

Bromley Healthcare was established in April 2011 as an employee owned social enterprise, we have now grown to employ over 1,000 staff including Nurses, Therapists, Doctors and Dentists. Bromley Healthcare's community work ranges from helping new parents to care for new born children to supporting the elderly to continue living at home as long as they can, with services including therapy services, health visiting, district nursing, school nursing and specialist nursing.

Bromley Healthcare aim to be the best community care provider that strives for the provision and delivery of caring, safe and effective services to local people, either within peoples home or close to their home and their community.

We know that staff who join us are passionate about caring for people and their community, and that it is important to support them so that they can continue to be compassionate; take pride in their clinical expertise and be innovative. We also understand that healthcare delivery is constantly changing to improve people's experiences of care. We are committed to working in partnership with patients and carers, other health and social care colleagues and voluntary services to ensure that our local community receives the best care for themselves and their families.

Why are we producing a Quality Account?

All NHS healthcare providers have been required to produce an annual Quality Account since 2010. This requirement was set out in the NHS Next Stage Review in 2008. Although a Social Enterprise the activities Bromley Healthcare undertake are directly commissioned NHS services, therefore we are also obliged and pleased to produce an annual Quality Account.

Our Quality Account is a report about the quality of services provided and is available to the public. Quality Accounts aim to enhance accountability to the public and engage the leaders and clinicians of an organisation in their quality improvement agenda.

The Quality account looks forward to 2018/19 as well as looking back on 2017/18. We are keen to share information with service users, patients and their carers about the current quality of all our services and our plans to improve even further.

What are the required elements of a Quality Account?

The National Health Service (Quality Accounts) Regulations 2010 specify the requirements for all Quality Accounts. We have used the requirements as a template around which our account has been built. The Quality Account is laid out as follows:

Part one

Statements from the Chairman and Chief Executive about the Quality Account

Part two

Priorities for improvement – this forward looking section identifies our five priority areas for improving the quality of our services for 2018/19, why we have chosen these priorities and how we are going to develop the capacity and capability to achieve them.

Mandatory statements relating to the quality of our services, as set out in the Quality Accounts Regulations 2010.

Part three

Review of our quality priorities and performance in 2017/18, and examples to illustrate ongoing improvement in our services.

Part four

Statements from our Commissioners and Healthwatch.



Part One

Chairman's statement – Raoul Pinnell



I see quality as a journey - without end.

The world is not standing still, and the expectations of patients is one spur to understanding how circumstances are changing. However as we walk into the future, we also need an open discussion about what the taxpayer is prepared to pay for, our role, and responsibilities that people have for their own health.

I am encouraged that on a number of fronts that we are moving forward:

Patient records

Most have now been migrated from paper to a digital form, and are accessible and shared - amongst a range of health professionals and organisations. Not only is this more efficient, but it should improve further the timeliness and accuracy of care.

Leg wounds

They are a major issue in terms of significant discomfort and stress, and cost. I am encouraged by the strides that our nurses have made in reducing healing times.

Integrating care

'Joining up care' is a current and correct mantra. We have introduced a number of new 'care pathways' to enable us to deliver on this initiative. In particular, we are planning to improve the way in which we intervene to assist the frail and elderly. This should lead to a reduction in the falls and fractures that this group can suffer from.

Care Coordination Centre (CCC)

The launch of our Care Coordination Centre, open 24 hours a day, seven days a week, is our new central point for referrals. It should improve our triage process and make it possible for us to signpost patients to other providers e.g. charities. Already the work of the CCC has reduced waiting times for patients needing to access a range of our services e.g. Bladder and Bowel.

Following an open competition we successfully retained our core NHS contracts. This not only enables us to continue to plan for the future, but to make further improvements to the quality of our services; resulting in greater benefits for the people we serve.

A handwritten signature in black ink, appearing to read 'Raoul Pinnell', written in a cursive style.

Raoul Pinnell
Chairman

CEO's Statement – Jacqui Scott



I have great pleasure in introducing our eighth quality account which reflects back over the last year showcasing some of our highlights, as well as, setting out the quality objectives we are working towards achieving in the current year. 2017/18 has been our most challenging year yet, with significant change across the organisation, as a number of new contracts were implemented. The innovative new contracts, commissioned by the Bromley Clinical Commissioning Group, are outcome based contracts with the payment being predicated on the achievement of defined service standards (such as waiting times) and improved outcomes for patients following their care.

Our new patient centric Care Coordination Centre, which went live on the 1st January 2018, has a significant supporting role to play in ensuring continuity and consistency of patient care. The Care Coordination Centre provides one single point of access for all patients, carers and referrers into community services and proactively supports the management of the 25,000 patients under our care. As we move into the current year the Care Coordination Centre is starting to focus more on quality assurance and the use of our 'near live' safety dashboards to proactively prevent incidents.

I am encouraged by the progress that has been made in the achievement of our quality objectives which includes:

- A 59% reduction in avoidable pressure ulcers overall
- Enhanced clinical record sharing with Bromley GPs so that we will always know your story
- Implementation of the Therapy Outcomes Measures to demonstrate the impact of our interventions for the patient and carer
- The National Audit of Intermediate Care highlighted our Rehabilitation service (Bed base at Lauriston and Home Pathway) as delivering some of the best outcomes for patients (in London and Nationally)

In the National Friends and Family test, 98.14% of patients responding as either likely or extremely likely to recommend our services. (this is top in London and usually in the top 5 nationally).

The most enjoyable part of my week is the time that I spend with staff, service users and services; this is often where I find the solutions to our challenges. The Charity Ball and Awards Night, held in October, celebrated the many staff successes and this year there was the highest turn out yet with over 200 people attending.

Finally, I wish to thank our staff who have been admirable in the demonstrable resilience, commitment and compassion that they have continually displayed over the last year.



Jacqui Scott
CEO

The information provided in this report is, to the best of our knowledge, accurate and a reasonable reflection of our commitment to quality.



Part 2: Our quality priorities for 2018-19

In this part of the report we will focus on 2018-19. Our priorities for improvement reflect the learning from preparation and feedback from our CQC inspections across 2017/18 and 2016/17 and are underpinned by defining quality against the 5 CQC core standards for a healthcare organisation:

- **Safe**
- **Caring**
- **Responsive**
- **Effective**
- **Well led**

These objectives are also reflected in the organisations business plan for 2018/19. Our quality objectives for 2018-19 are illustrated in figure 2.1:

Aspiration	Initiatives	How we will measure success
Patient care delivered at best value (Effective and Responsive)	<ul style="list-style-type: none"> • Optimisation of Care Co-ordination Centre • Focus on delivery of service standards supported through service strategic review meetings • Development and delivery of outcome measures 	<ul style="list-style-type: none"> • Achievement of patient outcome measures where identified • Service standards achieved • Staff (CCC) satisfaction greater than 70%
Patient at the centre of their care (Safe and Caring)	<ul style="list-style-type: none"> • Utilise patient feedback to drive service improvements • Introduction of pre-natal (near-live) patient safety dashboard 	<ul style="list-style-type: none"> • Patient satisfaction greater than 90% • Patient engagement greater than 3% • Zero never events for 2018/19 • 20% reduction in missed insulin visits • 10% reduction in avoidable pressure ulcers
Culture for growth (Caring and Well Led)	<ul style="list-style-type: none"> • 'Grow your own' staff strategy • New programme in place for District Nursing • Apprenticeship programme within the Care Co-ordination Centre • Increased staff led quality improvement initiatives 	<ul style="list-style-type: none"> • Reduction of 10% in District Nursing vacancies • 100% increase in number of apprentices • >50% engagement rate from staff survey • 10% improvement in staff engagement score

Figure 2.1: Quality Objectives 2018-19

Statements relating to quality of NHS services provided

In this section of the report we will make several statements relating to the quality of the services we provide. This allows direct comparison with similar organisations and service users and commissioners can be assured that we are a quality focussed organisation who are engaged in many activities linked to quality improvement.

Review of services

During 2017/18 Bromley Healthcare provided a range of services across Bromley, Lewisham, Bexley, Greenwich and Croydon providing some 525,000 patient contacts.

During 2017/18 Bromley Healthcare provided 35 NHS services. Bromley Healthcare has reviewed all the data available on the quality of care in all of these NHS services. The income generated by the NHS services reviewed represents 100 per cent of the total income generated from the provision of NHS services by Bromley Healthcare for 2017/18.

Participation in clinical audits

Local audits

Local audits are important in measuring and benchmarking a range of activities against agreed markers of good professional practice, stimulating changes to improve practice and re-measuring to determine any service improvements. Robust audit also contributes to assuring both our commissioners and regulators of the quality of services being provided. Clinical audit is just one quality improvement tool. An audit programme should reflect priorities for services and organisations and should be informed by various intelligence such as complaints and incident data and the patient experience. Therefore our audit programme can be added to at any point throughout the year and not all audits will be completed within a financial year.

In total 16 clinical audits have been undertaken. This number excludes national audit participation.

Examples of key learning from the audits include:

An audit across Bromley Healthcare of compliance with NICE guidelines for the management of patients who have fallen or are at high risk of falling showed:

- Whilst teams mostly appear aware of the importance of falls and actions are being addressed to reduce the risk of falling, further work is required on training and ensuring consistency between services. Actions will be undertaken and a re-audit completed in one year.

Confirming the diagnosis of non-IgE Cows' Milk Protein Allergy identified the need to:

- Find a better way of keeping track of patients who are challenged.
- Set a stricter time frame on challenging (currently challenges were done between 3-11 weeks after initially starting on prescription formula).

The Rapid Response Team audit (service contact details given to patient on initial contact) confirmed:

- Patients are provided with contact details when the Rapid Response Team first makes contact with the patient and this is evidenced within the EMIS Template.

Contribution to national audits

Of the national clinical audits and national confidential enquiries published on HQIP's website, Bromley Healthcare was eligible to participate in 3 during 2017/18. These are detailed in Figure 2.2.

Title of audit	Findings	% cases required
National Community Urinary Catheter Management Study (CCaMa)	Bromley Healthcare found 18 patients with new Indwelling Urinary Catheter across the 3 hubs(Community teams – District Nursing) within 4 weeks of audit period of which 61% were referred with a plan for catheter care	100%
National Audit of Intermediate Care (NAIC) 2017	<p>Crisis response services (MRT)</p> <ul style="list-style-type: none"> • Referrals from GP OOHs/GPs were 59% of all referrals received. This was higher than both the London rate (41%) and the England rate (30%). Fewer referrals were received from Acute & A&E (2.6%) vs London (36%) & England (17%). • Patients waited an average of 3.25 hrs to be seen, the London average was 4.8 hrs and the England average 5.5 hrs. • Patients spent an average of 59 hrs in the service; London patients spent an average of 78 hrs and all England patients spent an average of 89 hrs. • Where a discharge destination was stated, crisis response patients were discharged to home on average 54% of the time; London/England crisis response patients returned home on average 72% of the time. • Vacancy in the crisis response service was an average of 24% vs a London average of 26% and a national average of 16% • Bank & agency spend was an average of 47% of total pay costs; London average was 25% and England 13%. • Crisis response had more Nursing staff (69%) and fewer Therapy /AHP staff (8%); London average (42%) Nursing and (22%) Therapy/AHP; England average (38%) Nursing and (16%) Nursing 	N/A

- There were 0.2 clinical WTE per 100 assessments; the London average was 1.7 and England average 2.
- The service completed 492 clinical assessments per clinical WTE; London rate was 121, England rate 94.
- The total direct cost per service user assessed was £175. London was £645 and England £791

Home based rehabilitation services

- 71% of referrals were from Acute; London was 36% and England 27%. Fewer referrals were received from GP/GP OOHs (3.5%) than the London and England averages (33% & 37%)
- Patients waited an average of 0.3 days to be seen; the London average was 9 days (6 days for England)
- Patients spent an average of 17 days in the service; London patients spent on average 36 days (31 days in England)
- Patients were discharged to home an average of 84%; London patients were discharged home on average 76% (70% in England)
- On average, patients admitted to the rehabilitation home service were slightly less dependent (with a Sunderland score of 13) than the London / England averages scores (14 & 13.4), their outcome with an average change of 5 was better than both London/England average changes (4.5 % 4.1)
- Vacancy was 10%; London vacancy was 20% and England 12%
- Bank & agency spend was 28% of total pay costs; London was 27% and England 10%
- Home based rehabilitation service had more Healthcare Support workers (49%) than the London (25%) and England ((29%) averages and fewer Nursing and Medical staff (18% and 0.5%) than London (11% & 13%) and England (28% and 2%). Therapy/AHPs (26%) were closer to the England (26%) than the London average (38%)
- There were 2.3 clinical WTE per 100 service users; London was 2.4 and England 2.7
- The service completed 906 contacts per clinical WTE; London rate was 597, England 646
- The total direct cost per service user was £877. London was £884, England £982

Bed based rehabilitation services

- 97% of referrals into the Bed based rehabilitation service were from acute which was higher than the London average (79%) and England average (75%).
- Patients waited an average of 1 day from referral to assessment and 2 days from referral to commencement of the service. London/ England patients waited on average 3 days from referral to commencement of the service. 1% of patients waited over 2 days for their service to commence; 34% in London and 20% in England.

Quality Account 2017-18

	<ul style="list-style-type: none"> • Patients spent an average of 24 days in the service; London patients spent 29 days and England patients spent an average of 27 days. • Patients were discharged to home on average 78%; London patients were discharged home 74% and England 63% • On average, patients admitted to the rehabilitation beds service were much more dependent, with a Barthel Index score of 38.5, than the London / England averages (52.5 & 54.1). Their outcome scores indicated a bigger change than the London / England average changes: BHC rehabilitation beds change 36.9, London 20.9 & England 18.8. • Vacancy was lower at 8% than the London (16%) and England averages (13%) • Bank & agency spend was slightly higher than in England, but lower than the London average spend: BHC rehabilitation beds 19%, London (30%), England (18%) • Bed based rehabilitation service had more Healthcare Support workers (55%) than the London (4%) and England (39%) averages and fewer Nursing and Medical staff (29% and 1%) than London (57% and 6%) and England (35% and 3%). Therapy/AHPs (10%) were closer to the England (10%) than the London (22%) averages • There were 1.8 clinical WTE per bed, London was 1.6 and England 1.5 • Bed occupancy was 93%, London was 83% and England 90% • Total direct costs per service user accepted was £8275, London was £7379 and England £5965 	
<p>National COPD Audit Programme 2017</p>	<p>The 2017 audit reiterates the successes of Pulmonary Rehabilitation services in England and Wales in delivering considerable health benefits such as improvements in exercise performance and health status, for patients who complete treatment.</p> <p>It also highlights some key successes; rates of completion have improved marginally to 62% in 2017 compared with 59% reported in 2015.</p> <p>There have also been improvements in provision of:</p> <ul style="list-style-type: none"> • Written discharge exercise plans (84% in 2017 v 65% in 2015), • Assessments of muscle strength (27% in 2017 v 15% in 2015) • and in the numbers of programmes with a written standard operating procedure (84% in 2017 versus 67% in 2015). 	<p>78%</p>

Figure 2.2: National Audits

Falls and Fragility Fracture Audit Programme

The Fracture Liaison Service database (FLS-DB) is commissioned by the Healthcare Quality Improvement Partnership (HQIP) and managed by the Royal College of Physicians (RCP) as part of the Falls and Fragility Fracture Audit Programme (FFFAP), alongside the National Audit of Inpatient Falls and the National Hip Fracture Database. FFFAP aims to improve the delivery of care for patients who have falls or sustain fractures through effective measurement against standards and feedback to providers.

BHC contributed to the National Fracture Liaison Audit and this is the first year we have contributed to the audit and compares us nationally against other providers. Overall BHC performed well with nearly all ratings achieving a positive score of over 80% and whilst having some ambers these were the high scores between 70-79%. It was of particular note that we had the highest ranking of 100% for referring patients for DXA scans and back for intervention meeting national excellence standards

It was also noted that our Fracture Liaison Nurse spends time explaining to patients about their medication and the importance of taking it. We are the only organisation who scored green in this area.

Statements from the Care Quality Commission (CQC)

Bromley Healthcare is required to register with the Care Quality Commission and its current registration status is full and unconditional.

The Care Quality Commission has not taken enforcement action against Bromley Healthcare during 2017/18. The organisation has a Nominated Individual and Registered Manager who works with the CQC to ensure that services are compliant with the five essential standards of care: Safe, Caring, Responsive, Effective and Well Led.

The CQC have been invited to attend some of our governance meetings as well as regularly meeting with the Chief Executive Officer and Operations & Safer Care Director. During our most recent visit in 2016/17 CQC published reports on the following services we provide:

CQC Beckenham Beacon inspection result

In November 2016, the service achieved an overall rating of **Good**:

Safe	Good
Caring	Good
Responsive	Good
Effective	Outstanding ☆
Well Led	Good

The inspectors stated that:

‘Staff continually sought to exceed the expectations of patients and their relatives by providing individualised care that improved their social wellbeing as well as meeting their physical needs.’

‘Staff provided a caring, kind, and compassionate service and we received positive comments from patients.’

Ofsted inspections at Hollybank Children’s Respite Service

Hollybank Ofsted inspections took place in March 2017. They received a good rating in the 3 assessed categories:

Leadership and Management	Good
Safeguarding - Protection of Children	Good
Quality of Care including the overall experience of children	Good

Participated in the CCG’s CQC Safeguarding Children and Children Looked After inspection

The CQC made the following observations following the visit in October 2017. The CQC visited a wide range of services across Bromley including the MASH in which Bromley Safeguarding advisors are present They also visited Health Support for schools a newly commissioned service by the Local Authority; the sexual health services and the childrens looked after team. Feedback included:

‘The Bromley Healthcare’s Children Looked After (CLA) team is well led and specialist practitioners are striving to improve standards for looked after children. Service managers are members of appropriate CLA forums and reporting processes are in place to the CCG and, jointly with social care, to the LSCB.’

‘Review Health Assessments (RHAs) were seen to be particularly strong in identifying and recording both the voice of the child and where younger children are concerned, their ‘lived experience’. The responsibilities of carers was explicitly recorded which means the reader of the RHA can draw clear conclusions as to the needs of the child and how best to provide support to the carers. This is important for the child as it can help reduce the risk of placement breakdown and ensure that their health needs are met.’

'I would appreciate if you could pass on my thanks to the managers and practitioners. All staff we spoke to were professional in their approach and spent time explaining about their services being open in the discussions of the strengths and challenges in their safeguarding work, this approach supports our ability to review the safeguarding processes in a holistic way.'

Bromley Healthcare has an action plan to meet the recommendations, which will be monitored by the CCG Safeguarding Executive. As a result of these recommendations the following changes have been implemented:

'Children and young people who attend emergency and urgent care are enabled by information sharing to be followed up by the most appropriate professional'

In addition to a review of the existing model to ensure that the provision promotes the most effective method of safeguarding children, a Paediatric Liaison was recruited and given access to RIO.

'Consistent presence within the MASH'

Effective cover within the safeguarding team has been established with reports on Datix and escalation to the director if there is a possibility of MASH not having presence. Incidents are monitored. Activity of the health advisors in the MASH is reviewed.

'CLA team to set trajectories for Individual Health Assessment (IHA) compliance'

Worked with the Local Authority to identify blockages in delaying IHAs; achieved 100% performance for IHA in Q3.

'CLA formal supervision implemented within the client records'

Formal supervision documented at all times in the clients records.

'CLA electronic record contains all information for pertaining to the child'

All referrals and IHA assessments are uploaded in to the child's record.

'Quality assure process to benchmark IHA and RHA are developed'

CLA team records were reviewed as part of a quality assurance visit from Quality team. An audit of both IHA and RHA assessments was carried out to ensure that quality of records meet appropriate safeguarding and records standards.

'Safeguarding referrals are quality assured'

Audits of safeguarding and MASH referrals were carried out.

'Record keeping and IT systems support effective information sharing, so vulnerable children can be safeguarded'

ISAs put in place with GPs and Oxleas. Training provided for staff on RIO and EMIS to enable MASH workers to view records.

‘BHC work with the LA to ensure that the Health Support for Schools Service (HSSS) have access to data on home educated children’

Working with the Local Authority and The Home Educated Team, identifying home educated children. Named safeguarding nurse working with LA with currently known children. Established joint process for sharing and monitoring of data.

‘BHC work with the LA to ensure that Health support for schools are able to input into children’s EHCP’

Worked with Local Authority to inform processes implemented through our Care Coordination Centre, to ensure input from all relevant children’s service into EHCP to include HSSS.

‘The HSSS are routinely informed of children and young people with additional needs and vulnerability so any on-going care and safeguarding concerns can be addressed by the HSSS’

We ensure schools and social care are informed of the criteria to refer to HSSS where children have a known, unmet health need. Social Workers allocated to the families send invitations to the HSSS safeguarding email address to identify the families to the service. We measure referral rates and liaise with safeguarding advisors to identify possible cases where children may have required HSSS and were missed and lessons learnt from cases missed.

The smooth handover of the Bromley Health Visiting service to Oxleas NHS Foundation Trust was positively highlighted by the CQC as was the Bromley Healthcare supervision template which is continuing to be used within the Health Visiting service.

Data Quality

We accept responsibility for providing good quality information to support effective patient care. We comply with NHS information governance processes and are supported by our Medical Director who is currently our designated Caldicott Guardian and the Commercial Director who is the Senior Information Risk Officer (SIRO).

The majority of our services continue to use electronic record keeping through EMIS which provides a single information system and significantly reduces the number of times a patient is required to give personal information because relevant data can be shared electronically between the clinicians involved in their care. All of our clinical systems are brought together in our Business Intelligence reporting suite. This suite uses Alteryx to mine, standardise and blend the data from all sources, which enables our informatics team to report seamlessly across all systems and for all services.

Information Governance Toolkit attainment levels

Information quality and records management is assessed using the Health and Social Care Information Centre (HSCIC) Information Governance Toolkit which provides an overall assessment of data systems, standards and processes. This year the toolkit was completed by the Information Governance Manager and validated by the Commercial Director and Chief Executive before submission. Our evidence was reviewed by the Commercial Director to ensure that we had fully complied with the requirements.

In our annual Information Governance Assessment we achieved Level 2 against all the required standards, we maintained a score of 89%, which was equal 4th nationally for Community providers.

Clinical coding error rate

Clinical coding is a process which translates the medical language of patient's records into an internationally recognised code describing the diagnosis and treatment of a patient. Bromley Healthcare is not currently subject to the Payments by Results clinical code audit.

Participation in CQUIN

The Commissioning for Quality and Innovation (CQUIN) programme for 2017-18 was developed and agreed by Bromley Healthcare and our commissioners, Bromley Clinical Commissioning Group, based on data intelligence from varying sources and stakeholders.

The indicator goals for the national and local programme were agreed with the Commissioners to address areas identified for improvement and some are built on the work already undertaken in 2016-17. Progress against CQUIN's is shared internally with the Scrutiny & Executive Committees. All CQUINs are reported to local commissioners on a quarterly basis as part of CQUIN monitoring.

Figure 2.3 (overleaf) shows the performance against quarterly milestones for each CQUIN indicator. Indicators include those which are set nationally and those which have been agreed locally.

Further information on each CQUIN indicator can be found below.

Contract	CQUIN scheme	Number	Sub Unit	CQUIN description/Milestone detail	Q1	Q2	Q3	Q4	
Rehabilitation Beds	Preventing Ill Health by Risky Behaviours: Tobacco Screening	National 9a	Milestone 1: Completion of an information systems audit	1. Proposed mechanisms for collecting required data	X				
				2. Changes made to the data capturing arrangements/information to enable the quarterly case note audits	X				
				3. Proposed approach for conducting the quarterly case note audits (inc details on potential data quality issues & other risks with mitigating actions)	X				
				1. A status quo capacity assessment	X				
				2. Who is in scope to receive the training	X				
				3. What the training entails	X	X		X	
				4. How effective the training has been	X	X	X	X	
				5. When the training has been delivered	X	X	X	X	
				Collect relevant data to establish baseline for all indicators	X				
				<i>Improvement targets to be set</i>	X				
Rehabilitation Beds & Home	Improving Assessment of Wounds	National 10	Q2 - 1	Measure number of unique, adult patients admitted to Lauriston House & screened for smoking status & results recorded in patient's record		X	X	X	
				Measure number of staff members trained		X	X	X	
				Q1	Establish a clinical audit plan	X			
				Q2- Milestone 1	Clinical audit of wound assessments: minimum 150 patients with wound not healed after 4 weeks to provide a baseline figure for number of patients with chronic wounds that have received a full assessment. Full audit report and improvement plan & trajectory to be provided to commissioner by 30 Nov 2017		X		
				Q3	Improvement plan implementation			X	
				Q4	Completion of clinical audit to demonstrate an improvement in the number of patients with a chronic wound who have received a full wound assessment.				X
				Q1	Confirmation of approach		X		
				Q2	Change of approach & confirmation of new approach for delivery/service in scope		X		
				Q3	Development & administration of staff questionnaire			X	
				Q4	Implementation of support plan for staff for those motivated to quit			X	
Rehabilitation Beds Staff	Making every contact count/Tobacco Screening	Local scheme 9a	Q4	Reporting on uptake of support, quit numbers, ongoing support to be provided				X	
				95% of patients have EDD recorded on case notes	X	X	X	X	
				Pts & carers made aware of EDD within 24 hours of admission	X	X	X	X	
				Increase in discharges made before 12 noon	X	X	X	X	
				95% of patients LOS<42 days - excluding delayed discharges o/s BHC control	X	X	X	X	
				Increase in nos of discharges at weekends - excluding delayed discharges o/s BHC control, where appropriate (Beds only)	X	X	X	X	
				Q1	Confirmation of approach		X		
				Q2	Change of approach & confirmation of new approach for delivery/service in scope		X		
				Q3	Development & administration of staff questionnaire			X	
				Q4	Implementation of support plan for staff for those motivated to quit			X	
Rehabilitation Beds & Home	Improved Discharge	Local scheme	Q4	Reporting on uptake of support, quit numbers, ongoing support to be provided				X	
				95% of patients have EDD recorded on case notes	X	X	X	X	
				Pts & carers made aware of EDD within 24 hours of admission	X	X	X	X	
				Increase in discharges made before 12 noon	X	X	X	X	
				95% of patients LOS<42 days - excluding delayed discharges o/s BHC control	X	X	X	X	
				Increase in nos of discharges at weekends - excluding delayed discharges o/s BHC control, where appropriate (Beds only)	X	X	X	X	
				Q1	Confirmation of approach		X		
				Q2	Change of approach & confirmation of new approach for delivery/service in scope		X		
				Q3	Development & administration of staff questionnaire			X	
				Q4	Implementation of support plan for staff for those motivated to quit			X	

CQUIN: Preventing ill health by risky behaviours – tobacco

Clinical Audit plan 9a: Tobacco Screening

The requirement for this CQUIN is to measure the number of unique, adult patients who are admitted and screened for smoking status and the results recorded in patient's record during each quarter:

- Unique is defined as non-repeat admission of a patient during the duration of the CQUIN who has not already received the intervention within the period of the CQUIN;
- Adult patient is defined as patients of at least 18 years of age for the purpose of this CQUIN;
- Admitted is defined as admitted to an inpatient ward for at least one night (ie Length of stay equal to or greater than one) excluding any admissions to maternity wards (ie admissions to maternity wards not in scope of this CQUIN). NB: screening should take place at a time that is clinically appropriate for the patient. For example, >7 days for patients with severe mental health illness as set out in the CQUIN for improving physical healthcare in people with severe mental health illness ('PSMI');
- The "screened for smoking status" element of this indicator requires the standard protocol for screening smokers in secondary care as per NICE guidance PH48 to be implemented. Detail on the required actions from healthcare professionals can be found on the National Centre for smoking Cessation and Training website (NCSCT). Secondary mental health providers in particular may want to build on the Lester tool as appropriate (which is also encouraged by the PSMI CQUIN); and
- The "recorded in patient's record" element of this indicator requires the delivery of the standard protocol as described above and the outcome to be recorded in the patient's record in a clear and consistent way. It is the responsibility of providers to identify the most effective way of recording this information.

BROMLEY HEALTHCARE PROPOSED MECHANISMS, CHANGES AND APPROACH

Milestone 1: Completed Information Systems Audit

1. Proposed mechanisms for collecting required data

The clinical template for the Rehabilitation Beds service has check boxes for patient smoking status at admission to the service. On entry to the service the patients are screened for smoking and their status is recorded. EMIS reports will be generated to show the numbers of patients admitted to the service and the numbers screened.

2. Changes made to the data capturing arrangements/information to enable the quarterly case note audits

A report has been built to enable this data to be reported upon. The staff in the service are being reminded of the requirement to record this information in the clinical template.

3. Proposed approach for conducting the quarterly case note audits (including details on potential data quality issues and other risks with mitigating actions

Reports will be run monthly after the freeze and provided to the service lead to ensure that this data is being captured. They will be run quarterly for reporting to the CCG.

Potential data quality issues are around enforcing the need for clinicians to capture this data in the system, the actual screening is always completed on entry to the service.

Milestone 2: Completed brief advice training for relevant staff

1. A status quo capacity assessment

The clinical staff in our Rehabilitation bed service are the relevant health professionals able to deliver brief advice. An assessment of their existing skills is underway. It is known that 6% have attended the smoking cessation training offered earlier this year in house.

2. Who is in scope to receive the training

The service lead will be the champion for this CQUIN. As at the end of June 2017 there were 67 members of substantive staff within the service. These will be in scope to receive/refresh their training.

3. What the training entails

Training will be delivered in house. For staff already in the service, a number of training sessions are being delivered in early in Q3. The service lead Champion will train staff on an ad hoc basis, if they are unable to attend a formal session.

4. How effective the training has been

All staff attending the training complete an evaluation form on the content and delivery of the training. The forms are reviewed regularly to determine whether improvements can be made to the training.

5. When the training has been delivered

New starters will be given an overview of how to screen, how to record in the clinical system and how to offer brief advice and signposting for further help on discharge, as part of their induction training.

A register of staff attending formal sessions, induction training or being trained on an ad hoc basis if they are unable to attend a formal session, will be kept and reported as part of the CQUIN. Following feedback on effectiveness, any necessary changes will be made to future training packs.

2017/18 Q3 Update

It was decided that the training would be targeted at registered staff only, of which there are 25 staff.

The National Centre for Smoking Cessation & Training (NCSCT) has been approached for advice as to what the training programme should cover.

A local champion in the Rehabilitation Beds service was identified and it was agreed that the service may decide to identify additional champions over time.

For majority of staff, the 'Very Brief Advice in Smoking Cessation' (VBA) online learning module was identified as being sufficient. Staff to self-register and then complete the session (approx. 20 min course).

NCSCT recommended broader training for the Champion and the Practitioner module is being recommended internally.

Staff can refresh their training by revisiting the website. NCSCT are looking at a recertification process for Practitioners – which may be in place in 2019.

Staff already in service were asked to complete the VBA module over an agreed period and certificates to be forwarded to Learning & Development team, so accurate summary locally and centrally as to completion.

New staff joining the service will be asked to register and complete the module as part of their local induction.

Since a national scheme has been adopted, it was no longer appropriate to ask for feedback on the training with the aim of changing the content, but BHC will continue to review what is available and suitability for the service.

Milestone 3: Collected relevant data to establish baseline for all indicators

The baseline audit for Q1 17/18 has identified that 27% of Lauriston patients have their smoking status recorded in EMIS.

A baseline trajectory is being agreed with the service to achieve the delivery target of 90% by Q4 18/19.

As at end Q1 6% of staff members had been trained.

2017/18 Q3 Update

As at end of 2017/18, 19 of the 25 staff had been trained (76%). The remaining staff, many of whom are new joiners, will be covered under the process detailed above.

By end of Q3, 44% of patients admitted to the Rehabilitation Beds service had had their smoking status recorded.

Quarter	No.of unique patients admitted	No of unique patients smoking status recorded	% recorded
Q1	104	28	26.9%
Q2	120	16	13.3%
Q3	141	62	44.0%

CQUIN 10: Improving the Assessment of Wounds

Clinical Audit plan

Indicator: Increase the number of wounds that have failed to heal after 4 weeks that receive a full wound assessment

Denominator: Caseload with wounds older than 4 weeks

Plan to audit assessment of wounds >4 weeks old

For this CQUIN, Bromley Healthcare is going to focus on the Orpington community team base (with the intention of rolling it out across all our bases outside the CQUIN).

In order to make this manageable at the start of this three year CQUIN, the focus will be on unhealed chronic wounds who have received a full wound assessment. At present we have 156 unhealed wounds >4 weeks old documented on EMIS by the Orpington team.

Our initial audit undertaken in Q2 has been performed with the following criteria:

Patients on the Orpington Community team caseload, where the patient has been seen at least once in the last three months, who has a chronic wound, which has not healed within four weeks and has received a full wound assessment. The baseline audit result is 10% achievement.

Bromley Healthcare will be targeting a 10% improvement on this baseline by Q4 2017/18.

The Leg Ulcer Steering Group reviews progress against this CQUIN as part of its Terms of Reference. This group is chaired by Dr Cath Jenson and meets on a tri-weekly basis. Attendees include representatives from the Tissue Viability Service and District Nursing.

Update Q4 2017/18

By the end of Mar 2018 26% of chronic wounds for patients covered by the Orpington community team base, that had not healed within 4 weeks had had a full wound assessment.

This has been rolled out to the other two community teams (in order of roll out):

- As at end of Mar 2018, 25% of patients covered by the Beckenham community team, with a wound that had not healed within 4 weeks had had a full wound assessment.
- As at end of Mar 2018, 19% of patients covered by the Princes Plain/Willows community team, with a wound that had not healed within 4 weeks had had a full wound assessment.

Local CQUIN: Making Every Contact Count - Staff

Proposal: Staff smoking screening and cessation advice

For this CQUIN following the changes in staffing and services, it is proposed that the following approach is taken.

The Rehabilitation Bed service has been identified as having a higher proportion of smokers within the team with circa 40% of staff smoking.

In order to support the national CQUIN 9a and as part of our health and wellbeing strategy, Bromley healthcare are developing a staff questionnaire for this service. The aim will be to understand who out of those staff members are motivated to quit and what support they require to do so.

Bromley Healthcare proposed that it will record and report on, the numbers who are smokers, the number who are motivated to quit, and the support, training and guidance given on a quarterly basis.

Q3 2017/18 Update

After a review of the service, the number of smokers was significantly lower than first anticipated (circa 7%). The team are aware of the impact/potential harms and leaders in the service continue to engage/encourage quitting.

Stop Smoking London information ad was included in the all staff magazine 'Together' in the 2017/18 Q4 publication in March 2018.



Part 3 our achievements for 2017-18

This section reflects on our performance against the quality priorities set in 2016-17. These priorities were set in line with our three commitments to patients and staff which relate directly to the three domains of quality: patient experience, patient safety, and clinical effectiveness:

- We will know your story and what matters to you
- Your care is delivered by the right staff with the right skills at the right place at the right time
- We will meet the health needs of the community at the greatest possible value

We will know your story and what matters to you

Our Aim	Achievement
Developing the one patient record – All staff know their patients story	Complete

Patients and the public often state and ask the question why do I have to repeat my story. They complain that professionals do not share information about them with each other sufficiently and that co-ordination of care is poor. Bromley Healthcare have been working with our local providers and GPs in the borough to improve our ability to share information about patients therefore knowing their story more effectively.

While we are committed to making services more accessible for patients and care is joined up across organisations, Bromley Healthcare must still ensure the safety of patient information. Any sharing agreements take into account patient privacy, choice, consent and appropriate access as well as strict legal frameworks and audits.

Sharing Information between GPs and Bromley Healthcare

Bromley Healthcare have implemented a full Information Sharing Agreement (ISA) with GPs in Bromley via EMIS (our electronic clinical information system) and Bromley Healthcare staff now have appropriate access to GP patient records.

GPs likewise can now see in more detail the Bromley Healthcare record for their patients. Information is still only visible to clinicians with appropriate access and access is audited across both organisations to provide security and peace of mind.

The Local Care Record

Bromley Healthcare has been an active participant in bringing the Local Care Record to Bromley which went live this year. This is a system which allows all health providers in Bromley (mainly the Hospital, Bromley Healthcare and GPs) to see key pieces of patient information. The Health Professional will still require patient consent or an appropriate basis for accessing the patient's record but this will greatly improve the way we treat patients, particularly as the programme grows to include more information. Currently the project is in the early stages but has already made a huge impact on the way in which we work.

A practical example of this can be seen in our Falls service. The patients seen within this service are often being seen and treated by multiple health professionals and may have had tests at the hospital. Previously we would not have been able to see these test results or know they had been completed. This has improved the accuracy of our patient triage, reduced duplication and reduced delays between community services and the hospital.

In our Tissue Viability team the service often need to see discharge information from the hospital and letters from the GP. The Local Care Record allows them to see all of this information on the patient's record so it greatly reduces delays for the patient where we are waiting on letters or results from other health professionals.

Our Aim	Achievement
Zero grade 3 and 4 avoidable pressure ulcers	58% reduction

Our Aim is to ensure that our patients who are at risk of pressure damage have their care delivered in a way which consistently meets best practice Guidance.

Bromley Healthcare is part of the national 'Sign Up to Safety' and 'Stop the Pressure' campaigns to reduce avoidable harm by 50%. In 2017/18 there has been a reduction of 58.82% of avoidable pressure ulcers overall, with a 61.12% decrease in grade 3 avoidable pressure ulcers, a 50% reduction in grade 4 and a 57.14% reduction in unstageable pressure ulcers compared to the previous year, this is illustrated in figure 3.1.

In 2018/19 we want fewer patients to develop a pressure ulcer whilst in our care, whether they are being cared for in their own home or one of units and if a patient does develop a pressure ulcer that our staff provide the right care to prevent deterioration and promote healing.

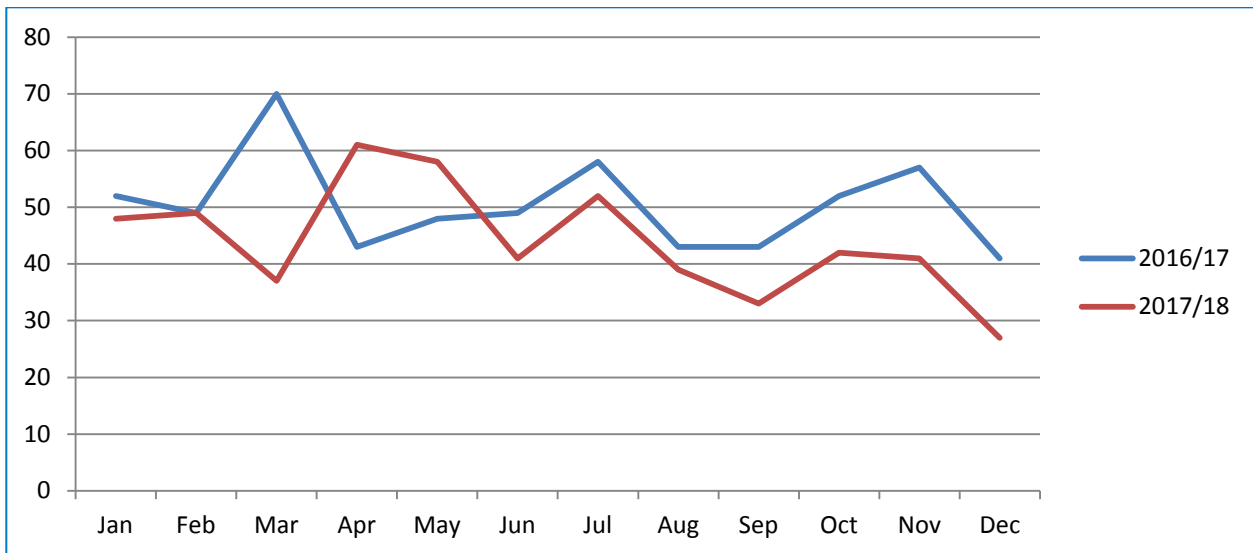


Figure 3.1: Total Number of Pressure Ulcers Acquired whilst under Bromley Healthcare comparing 2016/17 with 2017/18

The reductions are the result of a number of factors, including learning from previous years, an annual pressure ulcer action plan and use of the SSKIN bundle tool, which is defined by the NHS as:

- Surface: make sure your patients have the right support
- Skin inspection: early inspection means early detection - show patients and carers what to look for
- Keep your patients moving
- Incontinence/moisture: your patients need to be clean and dry
- Nutrition/hydration: help patients have the right diet and plenty of fluids

The SSKIN bundle assessment tool has enabled the staff to ensure that

- they complete assessments to evaluate and document any risks
- the patients receive the most appropriate care
- that they document best practice and note when the patient makes an informed decision not to follow the advice that they have been given.

We know that some pressure ulcers are unavoidable and this can be due to a number of factors which may include changes in skin when a patient is end of life. However Bromley Healthcare’s aim is to achieve zero avoidable pressure ulcers. When a pressure ulcer is deemed avoidable it means that one or more of the following factors were not considered:

- evaluated the person’s clinical condition and pressure ulcer risk factors
- plan and implement a patients care that are consistent with the patients’ needs
- monitor and evaluate the impact of the care
- revise the care as appropriate

Although we have not yet reached our goal of zero avoidable pressure ulcers, figure 3.2 illustrates the significant reduction over the last 2 years with several months at zero this year.

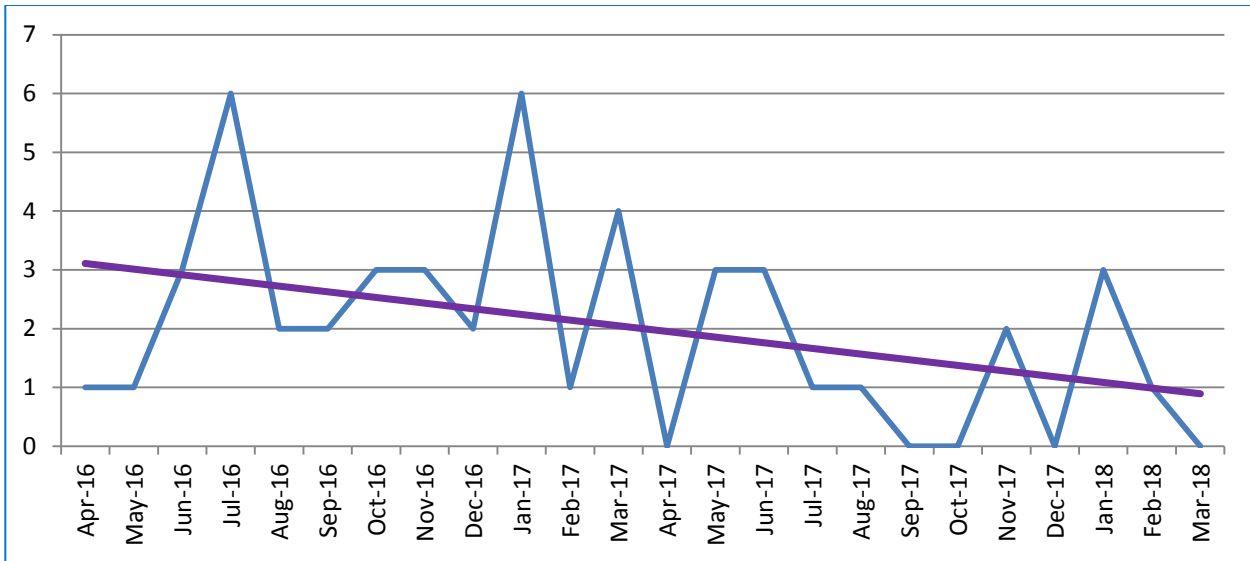


Figure 3.2: Avoidable pressure ulcers by month

Our Aim	Achievement
50% reduction in falls under our care	

Figure 3.3 shows the number of falls that have been reported by Bromley Healthcare since the beginning the beginning of 2014/15 to the end of 2017/18. Although there was a significant decrease in the number of falls of almost a fifth in 2016/17, the number of falls rose again and remained consistent in 2017/18.

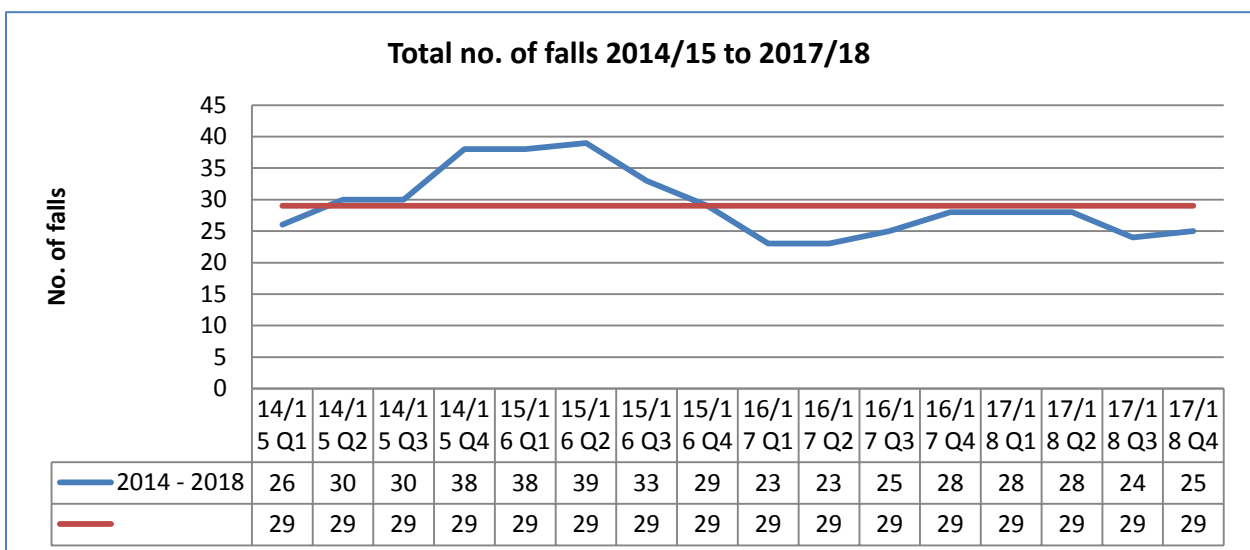


Figure 3.3: Falls by month

An audit of the Falls and Fracture Prevention service was completed in October 2017 to assess compliance with NICE guidelines regarding the management of patients who have fallen or are at a high risk of falling. It was found that although falls are being considered within adult services in Bromley Healthcare, there is inconsistency between services, particularly specialist services.

Subsequent recommendations to ensure consistency between services include organisation-wide training, with targeted training for specialist services, and reviews of initial assessments. A re-audit will be undertaken in one year.

Our Aim	Achievement
Work in partnership with others health, social care and voluntary services to meet your needs	Complete

The Proactive Care Pathway

In collaboration with patients and providers Bromley CCG developed its Out of Hospital Care transformation strategy to provide more proactive, coordinated care for patients via integrated services and the establishment of three Integrated Care Networks (ICNs), each serving a third of the local population. This model enables services to be more responsive to patients' needs, while ensuring the best possible use of resources, avoiding fragmentation of services and reducing the complexity of the patient journey.

Bromley CCG and provider partners (Bromley Healthcare CIC Ltd, Kings College Hospital NHS Foundation Trust, Oxleas NHS Foundation Trust, Bromley GP Alliance, St Christopher's, Bromley Third Sector Enterprise (BTSE)) together with clinicians and patients developed the model for providing more integrated services. Bromley Healthcare led the process on behalf of all providers involved.

As a first step to achieving these aims, the proactive care for the elderly frail was established this operates within each of the ICN's. This pathway ensures that via a multiagency approach (with improved communication and decision making between professionals in partner organisation) people:

- Have the right help/support to continue living independently for as long as possible
- Receive co-ordinated packages of care from health, social care professionals and the third sector
- Are supported and educated to take control of their own care
- Know what to expect and navigate services easily
- Know that their carers will be supported

A combination of a predictive case finding model and clinical judgement is used to flag individuals at high risk likely to benefit from integrated case management specifically looking at supporting those individuals who are at high risk of future admission to hospital, in order to help them stay healthier at home, with the aim of:

- Reducing emergency admissions (acute and mental health)
- Reducing Delayed Transfers of Care: DTOCs (relating to the participating providers)
- Reducing A&E attendances
- Delivering planned reduction in emergency admissions

A further innovation is the development of a Social Prescribing Portal, facilitating referral by Care Navigator (Age UK) to non-health services.

Since October 2016 until end March 2018, the Proactive Care Pathway has received 1,825 referrals. Following comprehensive assessment, patients have been discussed by multidisciplinary teams comprising Consultant Geriatrician, Community Matron, mental health specialists, Age UK and St Christopher's and a plan agreed for their ongoing care and support. The patient's GP attends the MDT 'virtually' to present their patients. 200 MDTs have been completed in this timescale.

Feedback from the MDT

"I would like to thank you so much for visiting mum prior to her passing. She spoke about you so fondly, although she had only known you briefly. Mum said what a fun time she spent in conversation with you. Thank you so much for genuine kindness towards her and your deep understanding. With heartfelt gratitude"

The brother of a patient contacted Age UK to say that his brother had received a superb service from the MDT & his stress levels had reduced by 50%.

'I can't thank you enough for everything you have done for my family. It was such a relief for me personally to be able to hand over the management of mum's various problems to someone knowledgeable and competent, instead of travelling through unfamiliar territory on my own when much was at stake for us. "

Community Matron telephoned Social Services and as a result the patient was found an urgent placement. The patient's daughter telephoned The Community Matron to thank her for all her help.

A patient called to thank the Community Matron for her help and advice. She said it had changed her life. She is engaging with more services and going to Australia to visit her daughter later this year.

Planned improvements for 2018-19

In January 2018, the proactive care pathway Joint Operational Group (JOG) hosted a morning event for key stakeholders and practitioners who work within the pathway. The attendees were split into three discussion groups; each group included a GP chair, a Community Matron, a Care Navigator and representatives from Oxeas, Age UK, St Christopher's and King's College Hospital. Each group was facilitated by a JOG member. The key focus of the event was to review what has worked well in the last year and what improvements could be implemented 2018-19. A work plan has been developed to include:

- Review of roles and processes in the pathway and any changes we would like to make
- Improve patient and carer understanding of the pathway and what will happen to them at each stage. Ascertaining, what does the patient want and how can we manage patient and carers expectations better
- How can we continue to ensure that patients that would most benefit from the pathway are being identified
- How can we improve the onward management for our patients to ensure ongoing positive outcomes

Your care is delivered by the right staff with the right skills at the right place at the right time

Our Aim	Achievement
85% of staff achieve their mandatory training	85%

Bromley Healthcare recognises the importance of a robust mandatory training programme in ensuring our staff have the right skills in order to best serve our patients. We maintain a database that tracks compliance with mandatory training across the organisation providing regular updates to ensure the required standards are achieved.

Our Aim	Achievement
80% of band 8 have completed a leadership programme	29 8a completed

Bromley Healthcare remains committed to developing leaders at every level of the organisation. Progress and notable achievements during 2017-18 are outlined below.

There will be a continued focus during 2018-19, including continuation of the mid- to senior-level leadership development programme development programme and introduction of a similar offering for staff at Bands 6 and 7 supporting staff including district nurses and therapists.

Introduction of a modular Band 8 leadership development programme. Twenty nine staff have commenced to-date, representing a significant proportion of mid- to senior-level managers across a wide variety of services. Early emphasis has been on helping participants reflect on the nature of their role as leaders within the organisation and to take stock of current strengths and areas for development. Workshops have also provided an opportunity to build peer relationships and support, with groups sharing ideas, challenges and experience. A series of optional modules covering specific knowledge and skills will follow, along with regular action learning groups.

A number of staff have been supported to undertake NHS Leadership Academy national programmes (Elizabeth Garrett Anderson & Nye Bevan), giving them the opportunity to learn alongside colleagues from the wider health and care setting.

BHC successfully bid for a Darzi Fellowship; this is a year long fellowship in Clinical Leadership. Fellows are supported by a bespoke leadership development programme leading to a formal qualification. We were also successful in bidding to host a Graduate Management Scheme Trainee.

Our Aim	Achievement
An apprentice in 20 of our departments	11 in post

Apprenticeships can help businesses across all sectors by offering a route to harness new talent. Apprenticeships in health services provide routes into a variety of careers and are an excellent opportunity to earn, gain work experience and achieve nationally recognised qualifications at the same time. There are a wide range of apprenticeships available across different professions and job roles.

From April 2017, the government made significant changes to the way it funds and delivers apprenticeship training. Bromley Healthcare pays an apprenticeship levy to the HMRC each month, which is used to fund apprenticeship training within the organisation. Apprenticeships today can be at different academic levels, from entry level, all the way up to Degree apprenticeships and are available to anyone over 16, not just school leavers, so they can also help people retrain and change careers.

In Bromley Healthcare, the apprenticeship scheme encourages engagement with the local community, providing employment opportunities for people aged 16 years and over. For example, we have actively engaged with schools to raise the profile of apprenticeship opportunities for those school leavers who have yet to find employment after leaving education. Apprenticeships have also been showcased at careers discovery days.

Bromley Healthcare has mapped how apprenticeships can deliver skills designed around the individual service needs providing the skills needed in the future. This has included specialist skills needed for particular services. Bromley Healthcare has apprentices in the following areas:

Apprenticeship	Service	Number of Apprenticeships
Customer Service Practitioner	Care Coordination Centre	8
Business Administration	Care Coordination Centre	1
Business Administration	Rehabilitation	1
Finance	Finance	1
Medical Administration	Childrens Services	1
Team Leader Supervisor	Community Dental	1
Team Leader Supervisor	Children's Nursing	1
Senior Healthcare Support Worker	Community Team	1

Apprenticeship opportunities have been offered to existing staff and as new roles open to external recruitment.

Apprenticeship providers deliver the theoretical requirements of the apprenticeship, working with the apprentice and their manager to ensure the skills, knowledge and behaviour requirements of the apprenticeship standard are accomplished.

Quality Assurance is provided through the following processes:

- Institute for Apprenticeships standards: All apprentices have a development programme for 12 months based on Institute for Apprenticeships standards. For example apprenticeships in the Care Coordination Centre are matched to the Customer Service Apprenticeship Standard: Customer Service Practitioner level 2. This includes an assessment plan which sets out the requirements and process for the end point assessment.
- Internal quality assurance is provided through
- Robust contract management of apprenticeship providers
- An apprentice forum, meeting 4 times per year to discuss concerns and issues and share learning
- External quality assurance : all providers are required to be registered and be accredited as a provider with the Institute for Apprenticeships

Feedback from our apprentices:

“I feel extremely valued by my team and the people I have worked with have made sure to make me feel very involved”

“Everyone is more than happy to help if I need any assistance and everyone is always happy to answer any questions I may have”

“My programme is extremely well structured and organised; all the apprentices are sent a timetable with information at the beginning of the programme”

Our Aim	Achievement
85% of staff achieve a regular annual appraisal	89%

The NHS Constitution requires organisations to provide staff with clear roles and responsibilities, personal development and line management, to support them to succeed. An organisation-wide appraisal process, that focuses on performance and personal development, helps deliver this. As such Bromley Healthcare ensures all managers and staff have allotted time to complete their appraisals and to support regular one to ones.

Our Aim	Achievement
85% of care is delivered by our substantive staff	92.21%

Bromley Healthcare has undertaken a number of recruitment programmes that have allowed us to significantly increase the proportion of care delivered by substantive staff to a position in excess of 90%. Some of the methods used include:

- Diversified where adverts are placed using additional media such as Jobsite, various publications and specialist websites
- Advertising on Buses
- Advertising on Radio
- Using social media (twitter & linked IN)
- Holding several recruitment events such as open days and assessment days
- Streamlined some recruitment processes such as Community teams recruitment with rolling adverts, defined interview dates, creation of more attractive adverts, review of interview process and questions.
- Introduced various staff benefits

We will meet the health needs of the community at the greatest possible value

Our Aim	Achievement
70% of patients show an improvement in one measurable clinical outcome	75.2%

Therapy Outcome Measures (TOMs) is a standardised tool that measures the impact of a person’s condition across four areas

- Impairment** (problems in body structure or function)
- Activity** (performance of activities)
- Participation** (impact on daily life roles/interpersonal interaction)
- Wellbeing** (emotional level of upset or distress)

The TOMs tool allows the healthcare provider to measure not only the changes in the person’s condition, but how this impacts their daily life, their psycho-social gain and their wellbeing. The tool can also measure the impact the care has on the carer’s wellbeing. Bromley Healthcare has implemented use of TOMs across a number of its services, the results of a sample of services are detailed below. For the purposes of this measure if improvement was seen in two or more areas this was considered an improvement in the clinical outcome.

Adult Speech and Language Therapy

The adult Speech and Language Therapy service helps patients to communicate to the best of their ability and swallow safely. This service recorded Therapy Outcome Measures on assessment and discharge for patients experiencing speech impairment.

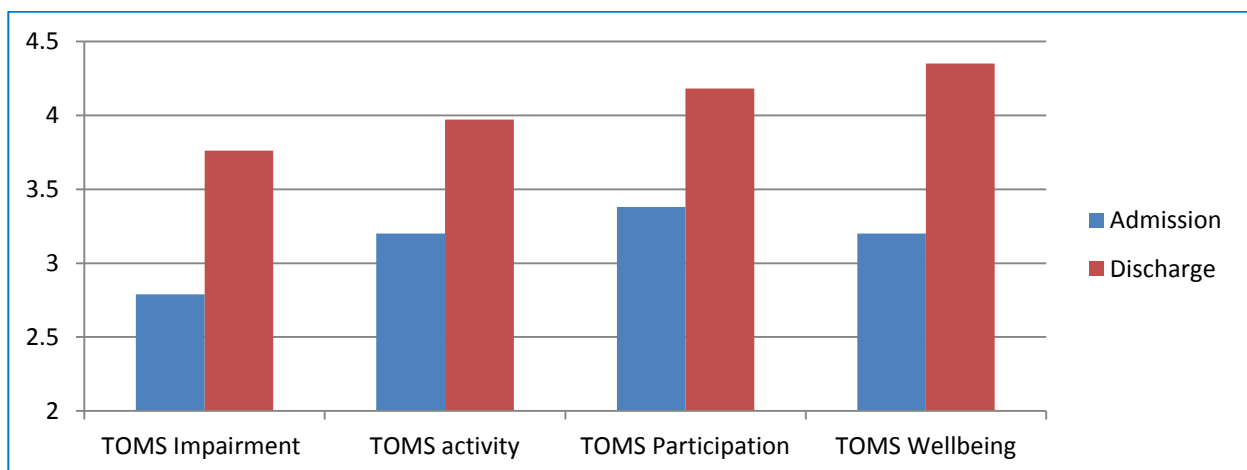


Figure 3.4: Mean TOMs score

Figure 3.4 records the mean score across the four Therapy Outcome Measure domains at assessment and at the end of the episode of care. Overall all 4 areas saw an average improvement with significant improvement in impairment and wellbeing.

83% of patients showed an improvement in 2 or more Therapy Outcome measure domains as illustrated in Figure 3.5.

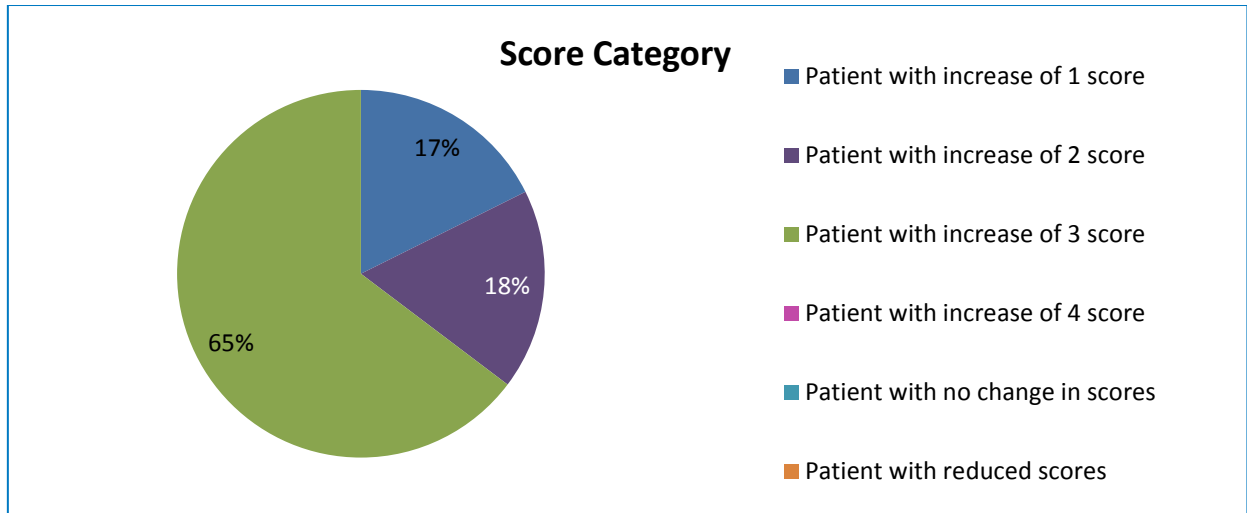


Figure 3.5: Patients showing improvement

Rehabilitation Beds

The inpatient rehabilitation unit which helps frail patients recover after a stay in hospital, recorded Therapy Outcome Measures on assessment and discharge. The data in Figure 3.6 is derived from 42 patients discharged in Quarter 1 (April-June 2017) and shows the mean score across the four Therapy Outcome Measure domains at assessment and at the end of the episode of care. Overall all 4 areas saw an average improvement with very significant improvement in the areas of impairment, activity and wellbeing.

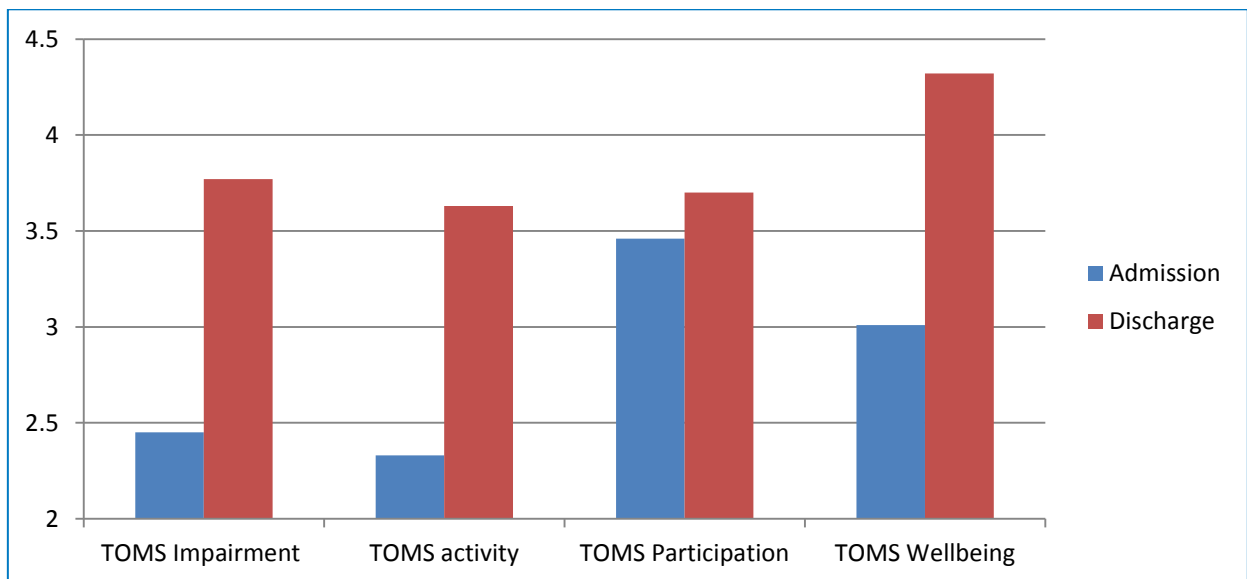


Figure 3.6: Mean TOMs score

92 % of patients showed an improvement in 2 or more Therapy Outcome Measure domains with all patients showing some improvement, as illustrated in Figure 3.7.

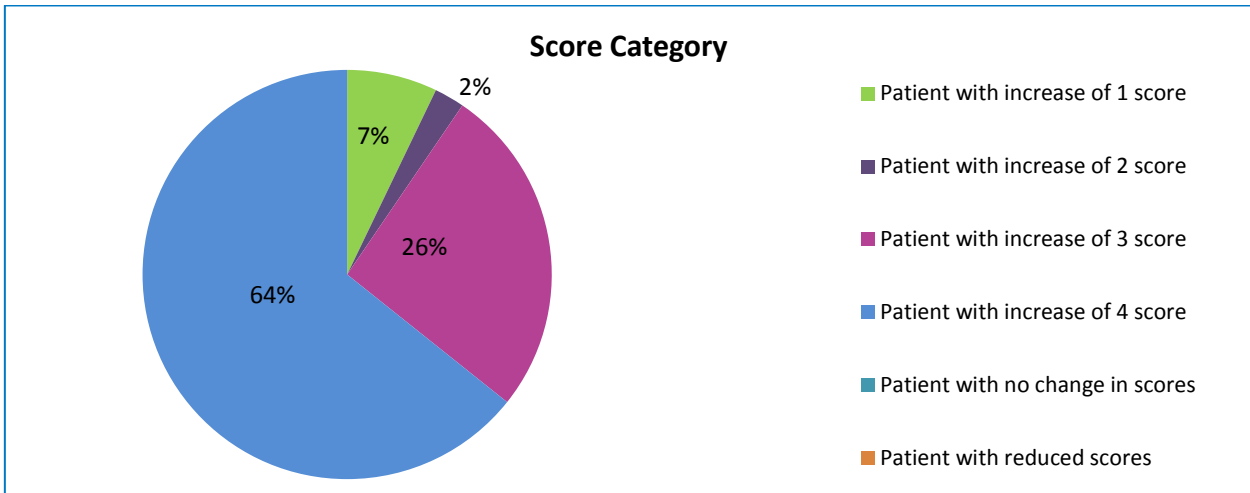


Figure 3.7: Patients showing improvement

Our Aim	Achievement
Ensure 10% of feedback is from hard to hear communities	

Ensure we are a dementia friendly provider and a mindful employer

Bromley Healthcare became a dementia-friendly organisation in 2015 and has been working for over a year to create a dementia strategy for the organisation to ensure residents are provided with the best and most effective care possible through training, action and patient involvement. Bromley Healthcare also works closely with other providers in Bromley, including charitable organisations, to ensure our care for people living with dementia is seamless and meets best practice guidance.

Bromley Healthcare Dementia Strategy 2016-2020

There are over 4,000 people living with dementia in Bromley. In 2017/18 Bromley Healthcare made contact with 1,000 patients who are living with dementia. Although we do not deliver dementia services the strategy focuses on improving staff knowledge and awareness, signposting to appropriate services, providing person-centred plans for people with dementia and their carers, and working with others to ensure that our environment is dementia friendly.

Dementia awareness week (14th-20th May)

Bromley Healthcare took part in Dementia awareness week and invited staff to take an active part in the events and training. A community forum was held with a presentation from the Dementia Services Manager Shirley Burrows and the Dementia Hub Manager, Mark Saddler.

Recognition from the Alzheimer's Society

Dementia Friends is the UK's biggest ever initiative to change the way people think, act and talk about dementia. It is led by Alzheimer's Society as part of its work to create 'dementia friendly communities' and it aims to help people understand what dementia is, how it can affect a person, and how we can each help people affected by dementia. Following a review by the Alzheimer's Society of Bromley Healthcare's in-house Dementia Level 1 training programme, attendees became eligible to become Dementia Friends.



“I’m very pleased to say that we are happy to recognise recipients of your training as Dementia Friends based on your excellent materials and information you’ve provided us with.”

After the dementia training, as a Dementia Friend, Alzheimer's Society asks attendees to tell them about how they are going to turn their understanding of dementia into a practical action, such as:

- Getting in touch and staying in touch with someone they know living with dementia
- Volunteering for an organisation that helps people with dementia
- Campaigning for change, e.g. by signing up to Alzheimer's Society's campaigns to improve the lives of people with dementia
- Wearing their badge and telling 5 friends about the Dementia Friends initiative

All Bromley Healthcare staff, including those in non-clinical roles, are encouraged to attend Dementia Level 1 training which is a half-day interactive, face-to-face session. This session explores what dementia is, how it may affect people and how staff can enable people to live well with dementia. Staff in clinical roles are also encouraged to attend the half-day Dementia Level 2 training which explores elements of well and ill being, communication and the dementia pathway in Bromley including assessments staff can undertake with patients. In 2017/18 65% of staff attended dementia awareness training and the number continues to rise.

Listen to and involve children and young people in shaping our services

Bexley 0 to 19 Public Health Service

Young people aged 11 to 19 who live in the London Borough of Bexley were invited to provide feedback in relation to the name and design of the 11-19 section of the **bexley0to19.co.uk** website. A range of names and designs were offered and the young people were invited to indicate their preferences and offer suggestions about how the website could be developed to meet their needs. As a result of this feedback the **healtheme.co.uk** website was created.

Transition forum for young people

Young people aged 13-18 who use Bromley Healthcare’s children’s services were invited to attend a transition forum to let us know what they thought about the health services they had received and how we could help them during the move from children’s services to adult services. A number of suggestions for service development were considered, including the provision of written/visual information about what happens when young people move to adult services and who to contact about particular issues.

Bromley Healthcare website

A consultation was undertaken with members of Bromley Youth Council to gain feedback about Bromley Healthcare’s current website and to seek suggestions about ways in which the website could be developed to meet their needs. A number of useful suggestions were received, with reference to other health-related websites and apps that the young people found to be helpful and informative. This valuable feedback will be incorporated into the development of the new Bromley Healthcare website.

Hollybank

There is ongoing involvement of children and young people who access the short-break service at Hollybank. For example, each month children are asked a different question and invited to answer this with a coloured smiley face for ‘Yes’ or a sad face for ‘No’. Figure 3.8 is a snapshot of this feedback.

		Yes	No
October	Do you like the selection of computer games at Hollybank?	14	3
November	Do you feel staff listen to you at Hollybank?	12	4
December	Do you enjoy desserts at Hollybank?	13	4

Figure 3.8: Hollybank feedback

During their stay children have the opportunity to talk to staff, with the appropriate method of communication adopted, such as PECS, Makaton or Symbols. Valuable feedback is also sought from parents and carers in order to further develop and enhance services for the children and use people who attend Hollybank. The following are examples of feedback we have received from parents and carers:

“My child is very happy here – they don’t want to come home.”

“The staff accommodate us well – they move staff around and know and get my child.”

“I am really impressed how the staff got to know my child’s likes and dislikes.”

“Staff have tried very hard to accommodate my child’s special diet.”

My child is very happy here – they don’t want to come home.”

““My child is very happy to come in.”

“The staff care about the children.”

“Staff do keep the children safe.”

“There is continuity of staff which I like.”

“Nothing could be better.”

Our Aim	Achievement
Develop teams to ensure that they are embedded into the integrated care networks	See ICN section page 31

Our Aim	Achievement
100% of services have access to local service user engagement groups	Complete

The Bromley Healthcare Patient Reference Group meets quarterly, the group is led in partnership and supported by Bromley Healthwatch. Enabling local residents and service users to share their experiences and offer positive support in ensuring public and patient involvement is at the heart of its services and business functions.

The members provide feedback and engagement on proposed activities and plans that Bromley Healthcare presents, which include suggestions on changes that we should make and on areas for further development.

The group this year supported the development of the dedicated complaints leaflet for Bromley Healthcare as well as the Talk together Bromley website. Input to the website proved to be highly beneficial and allowed us to make some key changes that our clinical and managerial staff had not considered.

As well as this dedicated group, Bromley Healthcare request input from service users in the creation or development of new services. This year we have worked with the Bromley Youth Council to provide feedback on our proposed Sexual Health website (sexualhealthbromley.co.uk) and to inform changes to the Bromley Healthcare primary website.

In many of our specialty services we engage with local groups to maintain regular contact, sharing of updates and key service information as well as a point of contact for advice. Our Falls service have close links to specialty groups such as the Motor Neurone Disease Association who have a local group that meet with the service on a regular basis throughout the year.

Success Stories

This section highlights any particular successes delivered in 2017-18 which are not picked up in the prior section.

Integrated care delivered by the Care Co-ordination Centre (CCC)

What the aims are of the CCC?

The main aim of the CCC is to provide a central point of referral for all GPs/Patients/other Health Care Professionals (HCPs). There is a centralised number which can be used for referrers and patients alike, operating 8am to 10pm, providing a point of contact inside and outside of core opening hours. GPs/HCPs/social care will have preferential access to avoid any delay in getting through to an operator.

The CCC also provides a no wrong door approach. If during triage it is identified that the patient would benefit from another service's intervention, this will be identified to the CCC administration team using the EMIS standardised triage template. If this is an internal BHC service, the CCC will process this referral into the new service directly. If this is an alternative provider, e.g. the third sector, the CCC will follow the referral process to the new provider, and inform the original referrer of any signposting or additional/new referrals.

The CCC's overarching purpose is to put the patient at the centre of their healthcare experience.

Development of the CCC

The development of the CCC commenced at the end of 2016 and carried on through 2017.

There were two elements involved in the implementation of the CCC, the physical design and the review of current service administrative roles. As part of the review, every services' existing administrative functions were process mapped and then re-engineered so that they were consistent and efficient. Moving from a traditional 5 day working week to a 7day a week service meant that the organisation had to consult with all existing administrative staff. Administrative job roles were standardised with one Job Description for each band so previous inequality in roles was addressed. This has then meant that there is now a clear progression and development route for existing administrative staff. A dedicated recruitment programme was then commenced for the newly created posts.

The CCC is located on the 1st floor at Global House. As part of the design and implementation process a working group was created, made up of staff that either have worked or would work within the new CCC. They were responsible for designing everything in terms of layout, colour scheme, desks, and IT requirements. The 1st floor was completely gutted and refurnished as illustrated in the sequence in figure 3.9:

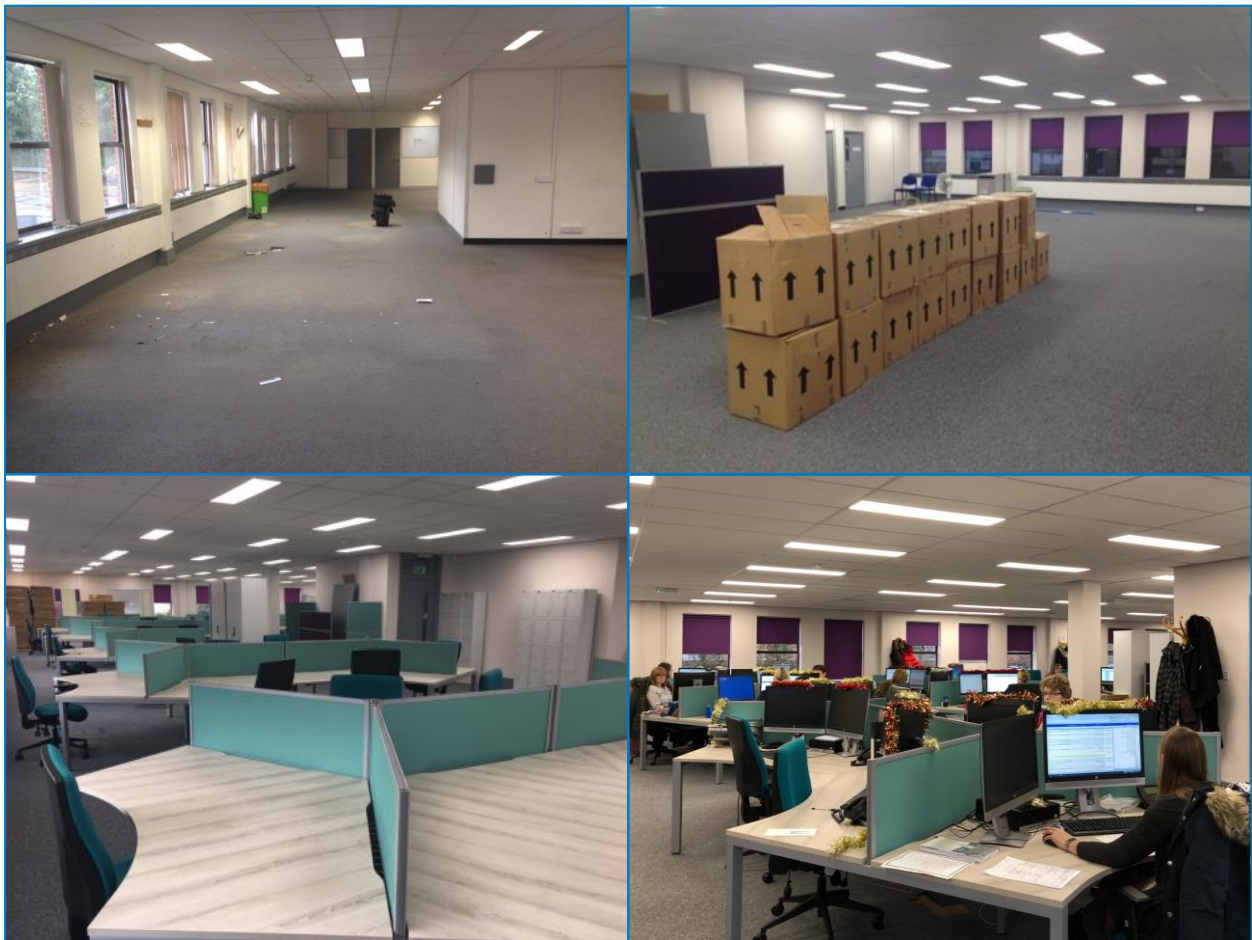


Figure 3.9: Development of the CCC

Impact of the CCC

Bromley Healthcare have made some key achievements in the CCC to date. The graphs below show average waiting times (in days from referral to first appointment) for four of the first services to work with the CCC (the dotted line shows where the CCC started work for that service) the resulting reduction in waiting times has been dramatic as illustrated in figure 3.10!

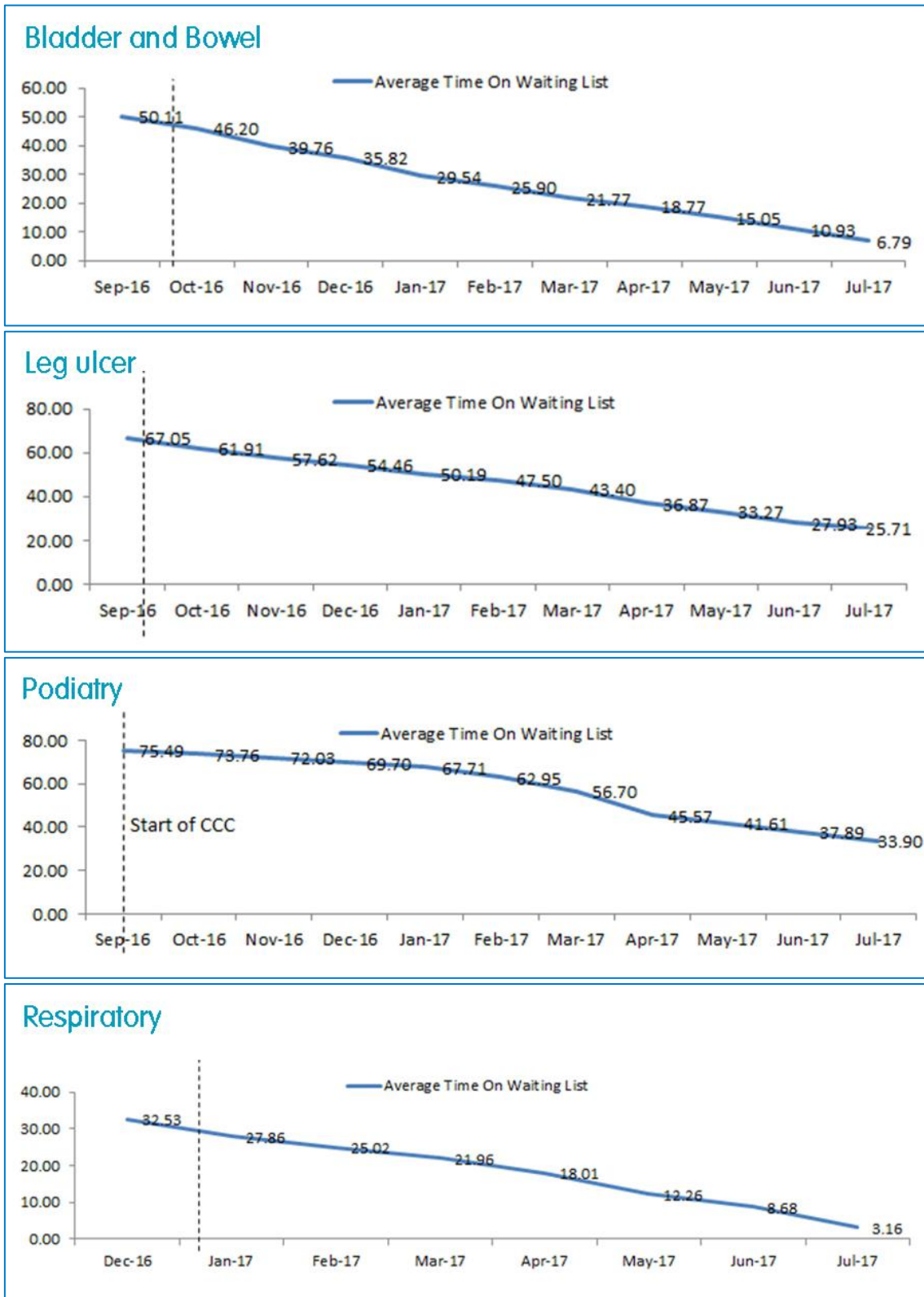


Figure 3.10: Waiting time reduction as a result of CCC

Monitoring patient experience

Bromley Healthcare monitors and measures patient experience through the Friends and Family Test, Care Opinion feedback, and the 4Cs (compliments, comments, concerns and complaints). The following provides a summary of these elements for the year.

The Family and Friends Test (FFT)

The Friends and Family test asks the users of our services how likely they would be to recommend the service to a family member or friend should they need it. Bromley Healthcare continue to perform well as an organisation repeatedly coming top in London and usually in the top 5 nationally. For 2017/18 97.6% responded as either likely or extremely likely to recommend our services as illustrated in Figure 3.11.

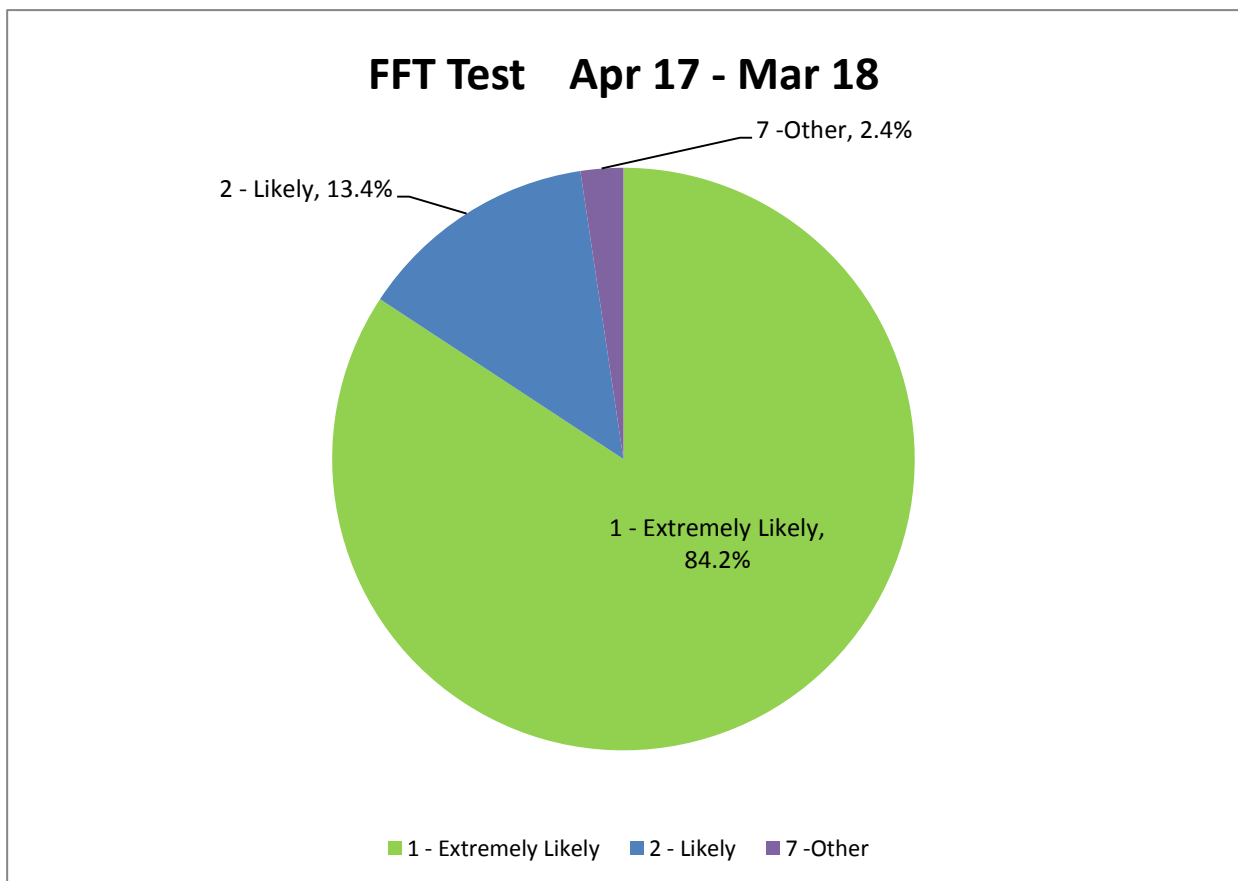


Figure 3.11: FFT results Bromley Healthcare

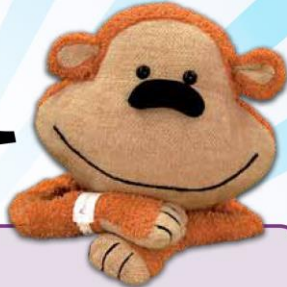
In addition as part of our determination to listen to the voice of the hard to hear patients, we have introduced the NHS England child feedback form an example of which is shown in Figure 3.12.

Name of Service/Team:





Children and Young People's Friends and Family Question

We would like you to think about your recent experiences of our service/team.


I would say this is a good Service/Team for my friends, family and other children to be looked after by, if they needed similar treatment or care to me.



Please tick the box you agree with most.

<p>Yes</p> <input style="width: 30px; height: 30px; border: 2px solid green;" type="checkbox"/>	<p>Maybe</p> <input style="width: 30px; height: 30px; border: 2px solid green;" type="checkbox"/>	<p>No</p> <input style="width: 30px; height: 30px; border: 2px solid orange;" type="checkbox"/>	<p>Don't know</p> <input style="width: 30px; height: 30px; border: 2px solid purple;" type="checkbox"/>
			

Draw us a picture of when they visited you or your visit.



FFT/CommunityOtherMHealthServices/Childrenv3


Please Turn Over to Finish the Survey 

Figure 3.12: Child FFT survey

Care Opinion

Bromley Healthcare continues to use the web based Care Opinion. Patients, carers and the public have the opportunity to tell their story and experiences of care provided. An option of using pictures as feedback is available to those clients who have communication difficulties including clients with Dementia. Bromley Healthcare responds to all feedback on Care opinion and is currently the only organisation with a 100% response rate. A sample of feedback taken from Care Opinion is provided overleaf.



My husband suffers from Huntington's Disease and has got to the stage where he needed help with his speech, diet, walking and dexterity. I also need a carer's assessment.

His referral for each of these was made by our GP and was picked up by a member of the neurological rehabilitation team as someone who would benefit from a programme of intense treatment over a six week period provided by this community team.

From the start, they have been absolutely wonderful. Jenny the Occupational Therapist, Jeanette the Physio and Sarah the Speech Therapist have been so kind, caring and patient with both of us. My husband responded well to the lovely ladies and I saw a difference in his wellbeing as they gave him confidence to attempt to do things and get out more with the aid of a beast of a walking stick.

They went out of their way to help us both and find information for us. I cannot rate them highly enough and wish to say a huge "Thank you" to them. Bromley Health Care should be very proud to have these ladies on this team.

I just feel that I need to contact you about the way my wife was looked after her diagnosis. I couldn't believe how caring, efficient and totally there for us your staff and departments were.

The range of equipment needed to cope with this disease is extensive from wheelchairs manual and electric, special beds, hoists, stools, chairs, special feeding equipment and food, suction machines and as the illness progresses specialist communication equipment.

All the above was supplied to us almost before we needed it, and we now know this is not the case in other parts of the country through a lot of contact with fellow MND sufferers.

I will make a point of personally thanking the personnel involved with my wife's care but thought that although my heart is breaking at the loss of my wife I needed to share my thoughts as we only normally hear the bad reports of our services.

Thank you Bromley Healthcare you are the Gold Standard.

I am my Mothers carer.

In the past month her mobility & understanding of safety had majorly deteriorated & she had had quite a few falls. She has Parkinson's & also age related dementia. I knew I needed help as I could not manage anymore & with a back complaint myself it was only a matter of time before I did myself an injury. Samantha came in & accessed the problem & made practical suggestions & ordered us equipment that has made it possible for us to get on an even footing again & means that I can manage now for quite a while without further intervention. My Mother is safe & I am confident doing the daily tasks. The pieces of equipment have made a major different & I would like to say thank you to her for her help & sunny attitude.

Direct service surveys

Our services regularly complete their own direct surveys with their patients in order to gather specific feedback to help us shape the service moving forward. Figure 3.13 shows the results from such a survey carried out by our Bexley 0-19 service.

The survey gathered feedback across 38 clinics and 6 locations (Barnard Health Centre, Danson Children Centre, Erith Health Centre, St Augustines Children Centre, North Cray Children Centre, and Lakeside Health Centre) and captured the views of 586 parents or carers. The results show that 96% were either satisfied or very satisfied with the service received and 85% were seen within 20 minutes.

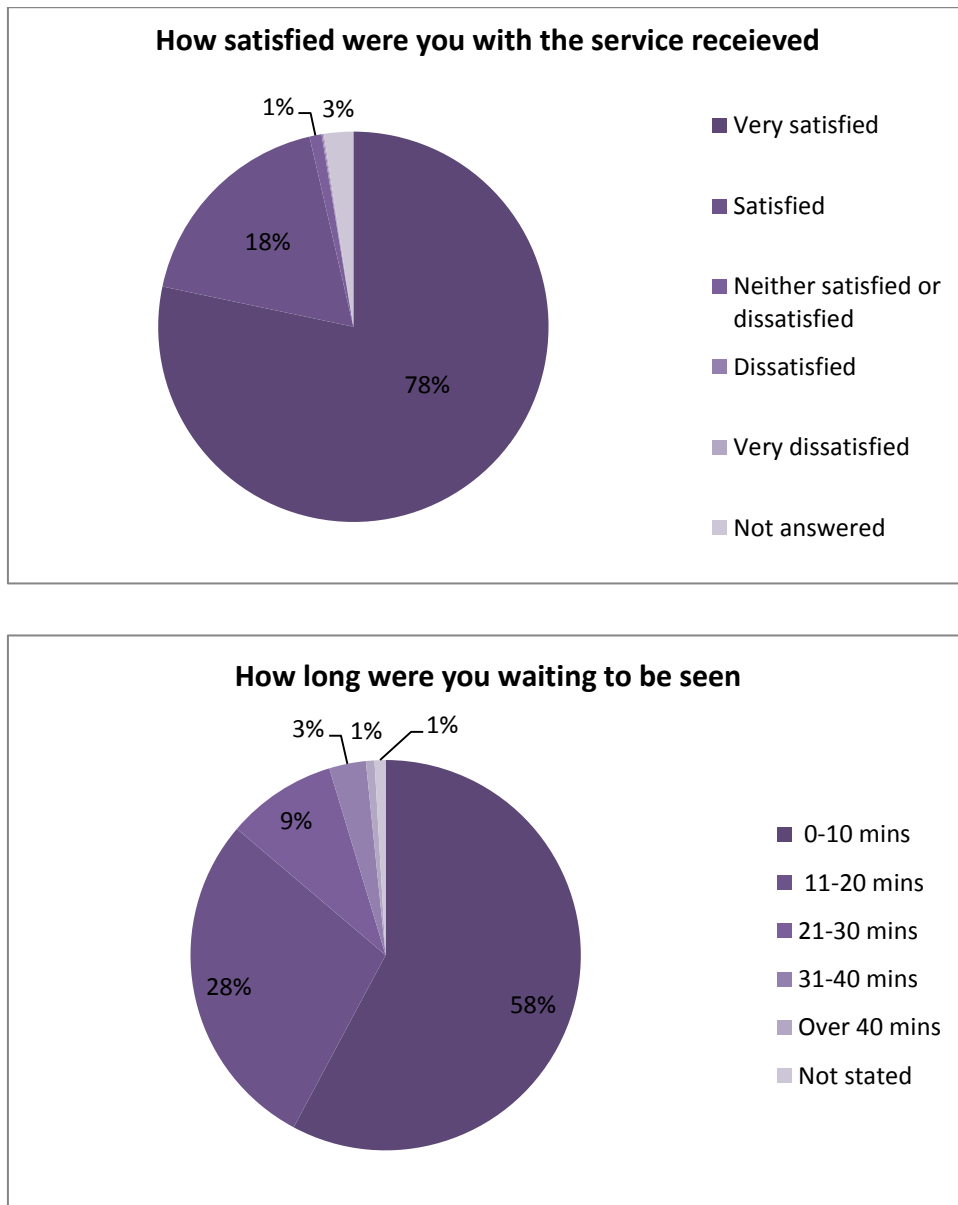


Figure 3.13: Bexley 0-19 service survey results

Compliments, complaints, comments and concerns (4Cs)

The following table provides a summary of the 4Cs received by services this year. A selection of compliments received in the last 12 months are shown in Figure 3.14.

		Q1	Q2	Q3	Q4
14/15	complaint	30	26	32	28
	concern	19	29	17	22
	compliment	138	194	257	120
15/16	complaint	25	14	24	20
	concern	23	30	33	38
	compliment	147	143	193	139
16/17	complaint	12	10	11	16
	concern	29	19	26	26
	compliment	123	118	126	80
17/18	complaint	10	17	24	35
	concern	18	45	40	29
	compliment	79	97	115	88

Figure 3.14: 4 c's

Complaints

Whilst we strive to ensure our patients don't have reason to complain, complaints do provide an invaluable opportunity to review patient care, our services and the way in which we interact and provide information to patients and their carers. Lessons learnt from complaints help to drive service improvement.

Once the complaint has been investigated we write to the complainant and inform them of the results of the investigation. We provide details of the learning and actions that have been taken. This year our service user involvement group helped to develop a dedicated leaflet to enable people who use our services to know how to make a complaint if required. In 2017/8 we also had an external audit conducted by KPMG, the audit had a number of recommendations that support how Bromley Healthcare can improve the complaints process, these included differentiating between concerns and complaints, these actions have been completed.

Examples where services have shown learning from complaints

<p>Following an incident whereby a patient required a feeding tube to be replaced. The daughter of the patient complained that the instruction sheet provided by the dietetics service 'what to do if you're feeding tube has fallen out' was misleading.</p>	<p>As a result the service made a number of suggested changes to the advice sheet which was later ratified at the Patient Experience Group</p>
<p>A client complained regarding the inability of a patient to use the telephone making it impossible for her to independently contact the service to advise of a missed visit, or ask for advice. The second issue was that the daughter acting on behalf of her mother found it incredibly stressful when on leaving an answer phone message for the District Nurses there was no way of verifying that the message had been received.</p>	<p>The Care Coordination Centre (CCC) Service lead has considered the issues raised regarding communication while implementing the new central admin service. Patients can now contact the service via email. The phone lines are now covered from 8am – 10:00pm - 7 days a week. Outside these hours there is voice mail, so that a message can be left. The caller is telephoned the following morning to advise that the voice mail has been received and acted upon.</p>
<p>Rehabilitation at Lauriston - A number of patients had expressed disappointment at the (perceived) amount of Physiotherapy/ occupational Therapy that they would receive while at Lauriston House.</p>	<p>Since the purchase of more Gym equipment including a bike and the introduction of Group work the feedback from patients has been much more positive.</p>
<p>A patient's wife complained as the visit by the District Nurse to her husband who suffers from Alzheimer's disease was to coincide with her being present. Unfortunately on a number of occasions the nurses have visited when she has been absent. The result is that her husband becomes agitated and has no recollection of the visit. He is also unaware of the need to lock the door when the nurse has left, leaving him at risk.</p>	<p>The wife met with member of the nursing team and asked that in future the visits are not made until after midday. The staff met with the wife apologised and have resolved the issue to her satisfaction and ensured that there is an alert on the patients' record to prevent recurrence.</p>
<p>Agency District nurses were without basic equipment. An agency Nurse arrived at a patient's house without basic equipment and she was unable to take the clients blood pressure.</p>	<p>As a result of this complaint all bases have now been provided with a supply of 'Grab bags' which are available for Agency Nurse to use and have the essentials for staff to be able to complete a full set of observations and include some spare dressings.</p>



Part 4 - Statements from Stakeholders

The following section provides statements from various stakeholder organisations with their view on Bromley Healthcare.

Healthwatch Bromley

This report is a response from Healthwatch Bromley reflecting on the work and achievements of Bromley Healthcare CIC during 2017-2018. Healthwatch Bromley appreciates the opportunity to comment on the services delivered by Bromley Healthcare within the London Borough of Bromley.

The quality account showcases the wide range of work within the organisation, and pays particular attention to learning from service users in order to innovate and improve the range and quality of services provided by Bromley Healthcare.

Healthwatch Bromley would like to highlight the following:

- Healthwatch is pleased to see that Bromley Healthcare has achieved a 58% reduction in avoidable pressure ulcers.
- Healthwatch notes that Hollybank continues to be well regarded by service users, with positive comments and feedback from both children and their families.
- Healthwatch is glad to see a section on complaints and responses within the quality account and understands that work has been carried out to improve patient information and communications around the complaints process.
- Healthwatch welcomes the development of the Care Coordination Centre within the organisation to improve patient access and communication and is pleased to note the subsequent reduced waiting times across services.
- Healthwatch applauds the involvement of local residents and service users, for example Bromley Youth Council, and the organisation's commitment to the development of an internal Patient Reference Group.
- Further work and information around the reduction of falls whilst patients are under Bromley Healthcare's care would be welcomed.
- Healthwatch Bromley notes that within the Crisis Response Service, 47% of the staff budget is currently being spent on agency and bank staff. Whilst Healthwatch understands recruitment and retention of staff is a challenge across NHS providers, further work and comment around this would be welcomed.

Stephanie Wood
Operations Manager, Healthwatch Bromley
June 2018

NHS Bromley CCG

Bromley Clinical Commissioning Group is pleased to have the opportunity to comment on Bromley Healthcare's Quality Account for 2017/18.

Bromley CCG acknowledges that this has been a challenging year for Bromley Healthcare CIC with considerable change and uncertainty as a result of re-procurement of contracts and we appreciate the on-going commitment of staff during this difficult period. Following a rigorous procurement process Bromley CCG were pleased to award Bromley Healthcare the CCG's community services contracts for Adults, Children, Rehabilitation and Out of Hours services.

Despite the challenging environment, Bromley Healthcare are to be congratulated on achieving an overall rating of 'Good' following the CQC inspection with an 'Outstanding' for the Effective rating and also on achieving an assessment of 'Good' for Hollybank's Ofsted inspection.

Bromley Healthcare has been pivotal this year in delivery of Partnership Working in relation to the CCG's Integrated Care Programme; the Proactive Care Pathway for Out of Hours Services and collaborative working on the Bromley Local Shared Care Record. We also applaud BHC's proactive work with partners across the system to deliver a single point of access for GPs and patients via the newly formed Care Co-ordination Centre which is already delivering more integrated care for our patients. This work has been reflected in the very positive outcomes against the National Audit of Integrated Care Outcomes.

BCCG note the continued improvement in reduction in avoidable Pressure ulcers and improved leg ulcer healing rates and welcomes the organisation's focus on falls which is a key issue for our population and fits with quality priorities of our acute provider.

Bromley Healthcare receives excellent patient feedback and, this year, the organisation has particularly focussed on communicating with Children and Young People and those affected by Dementia.

We are pleased to see that BHC intends to widen patient engagement and increase the numbers of patients providing feedback across the organisation.

BCCG welcome the opportunity to work with the organisation on developing and delivering quality outcomes for our patients via the new contractual arrangements and will continue to receive regular updates on quality priorities and quality improvements via the Clinical Quality Review Group in the next year.

Sonia Colwill
Director of Quality & Governance
June 2018

Statement from the London Borough of Bromley Scrutiny Committee

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Report No.
CSD18073

London Borough of Bromley

PART ONE - PUBLIC

Decision Maker: HEALTH SCRUTINY SUB-COMMITTEE

Date: Wednesday 11th July 2018

Decision Type: Non-Urgent Non-Executive Non-Key

Title: WORK PROGRAMME 2018/19

Contact Officer: Kerry Nicholls, Democratic Services Officer
Tel: 020 8313 4602 E-mail: kerry.nicholls@bromley.gov.uk

Chief Officer: Director of Corporate Services

Ward: N/A

1. Reason for report

1.1 The Health Scrutiny Sub-Committee is requested to consider its work programme for 2018/19.

2. **RECOMMENDATION**

2.1 **The Health Scrutiny Sub-Committee is requested to review its work programme and indicate any issues that it wishes to cover at forthcoming meetings.**

Impact on Vulnerable Adults and Children

1. Summary of Impact: Not Applicable
-

Corporate Policy

1. Policy Status: Existing Policy:
 2. BBB Priority: Excellent Council:
-

Financial

1. Cost of proposal: No Cost: Further Details
 2. Ongoing costs: Not Applicable:
 3. Budget head/performance centre: Democratic Services
 4. Total current budget for this head: £350,650
 5. Source of funding: 2018/19 revenue budget
-

Personnel

1. Number of staff (current and additional): 8 staff (6.87fte)
 2. If from existing staff resources, number of staff hours: N/A
-

Legal

1. Legal Requirement: None:
 2. Call-in: Not Applicable: This report does not require an executive decision.
-

Procurement

1. Summary of Procurement Implications: None
-

Customer Impact

1. Estimated number of users/beneficiaries (current and projected): This report is intended primarily for Members of this Sub-Committee to use in planning their on-going work.
-

Ward Councillor Views

1. Have Ward Councillors been asked for comments? Not Applicable
2. Summary of Ward Councillors comments: Not Applicable

3. COMMENTARY

3.1 The Sub-Committee is asked at each meeting to consider its work programme, review its workload and identify any issues that it wishes to scrutinise. The Sub-Committee's primary role is to undertake external scrutiny of local health services and in approving a work programme the Sub-Committee will need to ensure that priority issues are addressed.

3.2 The four scheduled meeting dates for the 2018/19 Council year as set out in the draft programme of meetings considered by General Purposes and Licensing Committee on 31st January 2018 are as follows:

4.00pm, Wednesday 11th July 2018

4.00pm, Wednesday 17th October 2018

4.00pm, Wednesday 16th January 2019

4.00pm, Wednesday 3rd April 2019

3.4 The work programme is set out in Appendix 1 below.

Non-Applicable Sections:	Impact on Vulnerable Adults and Children, Policy, Financial, Legal, Personnel and Procurement Implications.
Background Documents: (Access via Contact Officer)	Previous work programme reports

HEALTH SCRUTINY SUB-COMMITTEE WORK PROGRAMME

17th October 2018
PRUH Improvement Plan – Update from King’s Foundation NHS Trust (King’s)
Bromley Minor Eye Care Service Pilot Scheme Update (CCG)
Integrated Mental Health Strategy (LBB/CCG) (Paul Feven)
Joint Health Scrutiny Committee Verbal Update (JHOSC Members)
16th January 2019
PRUH Improvement Plan – Update from King’s Foundation NHS Trust (King’s)
Joint Health Scrutiny Committee Verbal Update (JHOSC Members)
3rd April 2019
PRUH Improvement Plan – Update from King’s Foundation NHS Trust (King’s)
Joint Health Scrutiny Committee Verbal Update (JHOSC Members)
Not Programmed
Presentation from Debbie Hutchinson, Director of Nursing (PRUH) (King’s)
King’s Productivity Improvement Programme Update (King’s)