



THE LONDON BOROUGH  
www.bromley.gov.uk

BROMLEY CIVIC CENTRE, STOCKWELL CLOSE, BROMLEY BRI 3UH

TELEPHONE: 020 8464 3333

CONTACT: Jo Partridge  
Joanne.Partridge@bromley.gov.uk

DIRECT LINE: 020 8461 7694

FAX: 020 8290 0608

DATE: 30 September 2019

To: Members of the  
**HEALTH SCRUTINY SUB-COMMITTEE**

Councillor Mary Cooke (Chairman)  
Councillor Robert Mcilveen (Vice-Chairman)  
Councillors Gareth Allatt, Ian Dunn, Judi Ellis, Robert Evans, David Jefferys and  
Keith Onslow

Non-Voting Co-opted Members

Roger Chant, Bromley Carer  
Justine Jones, Bromley Experts by Experience  
Lynn Sellwood, Bromley Safeguarding Adults Board and Voluntary Sector Strategic  
Network  
Vacancy, Healthwatch Bromley

A meeting of the Health Scrutiny Sub-Committee will be held at Bromley Civic Centre  
on **TUESDAY 8 OCTOBER 2019 AT 5.30 PM**

MARK BOWEN  
Director of Corporate Services

**\* PLEASE NOTE THE START TIME \***

*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 that are not specific to reports on the agenda must have been received in writing 10 working days before the date of the meeting.

Questions specifically relating to reports on the agenda should be received within two working days of the normal publication date of the agenda. Please ensure that questions specifically on reports on the agenda are received by the Democratic Services Team by **5pm on Wednesday 2<sup>nd</sup> October 2019.**

- 4 **MINUTES OF THE MEETING OF HEALTH SCRUTINY SUB-COMMITTEE HELD ON 2ND JULY 2019** (Pages 3 - 10)
- 5 **PRESENTATION BY THE CHARTWELL CANCER TRUST**
- 6 **UPDATE FROM KING'S COLLEGE HOSPITAL NHS FOUNDATION TRUST: IMPROVEMENT PLAN**  
*Notice is given that part of this item may be heard under Part 2.*
- 7 **PLANNING OF WINTER SERVICES (CCG)**  
*To follow.*
- 8 **BROMLEY HEALTHCARE QUALITY ACCOUNT 2018/19 (BROMLEY HEALTHCARE)** (Pages 11 - 68)
- 9 **PERINATAL MENTAL HEALTH SERVICE UPDATE (OXLEAS)**
- 10 **JOINT HEALTH SCRUTINY COMMITTEE VERBAL UPDATE (REPRESENTATIVES)**  
*The minutes from this meeting will be circulated once available.*
- 11 **WORK PROGRAMME 2019/20** (Pages 69 - 72)
- 12 **ANY OTHER BUSINESS**
- 13 **FUTURE MEETING DATES**  
4.00pm, Tuesday 28<sup>th</sup> January 2020  
4.00pm, Thursday 23<sup>rd</sup> April 2020

## **PART 2**

- 14 **LOCAL GOVERNMENT ACT 1972 AS AMENDED BY THE LOCAL GOVERNMENT (ACCESS TO INFORMATION) (VARIATION) ORDER 2006 AND THE FREEDOM OF INFORMATION ACT 2000**

The Chairman to move that the Press and public be excluded during consideration of the items of business listed below as it is likely in view of the nature of the business to be transacted or the nature of the proceedings that if members of the Press and public were present there would be disclosure to them of exempt information.

### **Items of Business**

### **Schedule 12A Description**

- |    |   |   |
|----|---|---|
| 15 | <b>UPDATE FROM KING'S COLLEGE HOSPITAL NHS FOUNDATION TRUST: IMPROVEMENT PLAN</b> | Information relating to the financial or business affairs of any particular person (including the authority holding that information) |
|----|---|---|

## HEALTH SCRUTINY SUB-COMMITTEE

Minutes of the meeting held at 4.00 pm on 2 July 2019

### Present:

Councillor Mary Cooke (Chairman)  
Councillor Robert Mcilveen (Vice-Chairman)  
Councillors Gareth Allatt, Ian Dunn, Robert Evans,  
David Jefferys and Keith Onslow

Roger Chant

### Also Present:

Councillor Diane Smith, Portfolio Holder for Adult Care and Health

#### **1 APOLOGIES FOR ABSENCE AND NOTIFICATION OF SUBSTITUTE MEMBERS**

Apologies for absence were received from Councillor Judi Ellis and Lynn Sellwood.

#### **2 DECLARATIONS OF INTEREST**

Councillor Robert Evans declared that he was a Governor on the Council of Governors at King's, and Councillor David Jefferys declared that he was an elected Lay Governor on the Council of Governors at King's.

#### **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 3RD APRIL 2019**

**RESOLVED** that the minutes of the meeting held on 3<sup>rd</sup> April 2019 be agreed.

#### **5 UPDATE FROM KING'S COLLEGE HOSPITAL NHS FOUNDATION TRUST: CQC INSPECTION**

Dr Clive Kay, Chief Executive – King's College Hospital NHS Foundation Trust ("Chief Executive"), Bernie Bluhm, Chief Operating Officer – King's

College Hospital NHS Foundation Trust (“Chief Operating Officer”) and Dr Angela Bhan, Managing Director – Bromley Clinical Commissioning Group (CCG) provided an update in relation to the outcome of the CQC Inspection Report of the King’s College Hospital NHS Foundation Trust.

At the invitation of the Chairman, Councillor David Jefferys provided a brief overview of the Committee’s role in the scrutiny of health services.

The Chief Executive informed Members that he had been in post for three months, and the Chief Operating Officer for four months. As the Acting Executive Managing Director – Princess Royal University Hospital and South Sites was currently on sick leave, the Chief Operating Officer had been covering this substantive role. It had been a tough few months, and a challenging start, but partners at the CCG had been very supportive and it was hoped that there would be further opportunities for development and collaborative work in the coming months. They had terrific staff at the Trust who were desperate to put patients first, and care for them in the appropriate manner. However, the Trust was in a dire financial position, having reported the largest deficit in NHS history, and there were some major operational issues.

The Chief Operating Officer informed Members that the target for the Emergency Care Standard was 95%. For the week ending 14<sup>th</sup> April 2019, the performance of the Princess Royal University Hospital (PRUH) stood at 76.46%, and the Trust at 73.96%. There had been a slight improvement on these figures during May, however the performance during March to June 2019 had seen deterioration from the figures for the same period in the previous year. It was noted that the Trust reported the combined figure, but the PRUH presented very different challenges to Denmark Hill and a bespoke plan would be developed to manage performance. The Chief Operating Officer gave assurance that in her role she would be providing support across the organisation. The ‘Inadequate’ rating of the Emergency Department (ED) had a clear impact on patients, partners and staff. This was being taken very seriously by the Trust and was a key priority on the work programme of clinicians and managers of all systems. The staff in the department had found it hard to read the analysis in the Inspection Report.

The Chief Operating Officer advised Members that the Urgent Care Centre (UCC) at the PRUH was run by an independent provider, Greenbrook Healthcare, and offered primary care walk-in services. In response to a question from a Member, the Chief Operating Officer confirmed that Greenbrook Healthcare employed the GP’s and nurses in the UCC. It was noted that the staff morale issues mentioned in the CQC Inspection Report were not related to the UCC, they were specific to the ED. The UCC was co-located with the ED, which meant that lesser, acute services were divided and this allowed the ED to focus on serious emergencies. The UCC was performing well, and contributed to the overall performance of the Trust. This was a national choice, and it was important to note that without the contribution of the UCC, the Emergency Care Standard figure would be significantly less than 76.46%. In response to a question from a Member, the

Chief Operating Officer said that the stand alone Emergency Care Standard figure for the ED would be approximately 65%. Members asked if future performance figures presented to the Health Scrutiny Sub-Committee could be broken down into 'UCC' and 'ED'. The Chief Executive and Chief Operating Officer confirmed that this would be possible.

The Chairman queried the plans that had been put in place to improve arrangements in the ED and admission arrangements onto wards, and how these would help to reduce lengthy waits for patients. The Chief Operating Officer advised that this was an issue with flow. Drawing parallels with hotel reservations, the Chief Operating Officer explained that new patients were effectively "checking in" before other patients had "checked out". As a result of this, there was a need for greater capacity to get patients in and out, whilst avoiding overcrowding in the ED. A Member questioned how the operational side of this would be managed for patients to be referred to specialists. The Chief Operating Officer said that the Clinical Director had previously worked as an Acute Physician and in the Medical Assessment Unit. However, it would not be as smooth for surgical admissions. The movement to assessment worked quite well at the PRUH, but the next steps would be to stop delays, reduce waiting times for results and referrals to other specialities, which would help aid a quicker flow.

The Chief Operating Officer informed Members that the cancer 62-Days performance was generally a positive story for the PRUH, which was due to the staff's level of tracking and diligence in relation to the waiting list. Performance as at March 2019 for the 62-Days from GP Referral stood at 86.1%, which was above the 85% target, and the 62-Days from Screening at 81.5%, compared to a target of 90%. The 62-Day figures were variable, and it was acknowledged that there was still some work to do. It was felt to be more of a challenge at Denmark Hill, and the Board would discuss how to better provide these services and the use of clinicians at the sites. The Chairman noted that feedback received from her constituents was that the cancer care at the PRUH was very well received.

The Chief Operating Officer advised the Committee that Diagnostics performance stood at 87.5% as at March 2019, compared to the 100% target. This was almost entirely due to endoscopy at the PRUH, where over a period of months a significant backlog had been created. A Member questioned if more could be done in Health Centres and GP Practices in relation to endoscopies. The Chief Operating Officer responded that a piece of work looking at capacity across London, and local sustainability and transformation partnership's (STP), was being undertaken. Alternative models for the service were needed, as the NHS could not keep up with the demand. There needed to be a system wide approach and a long-term, sustainable solution.

In relation to the PRUH's performance for referral to treatment, as at March 2019, 75.07% of patients were referred within 18 weeks, which was lower than the figure of 76.37% recorded for February 2019. However, as there were still a number of patients waiting over 52 weeks for referrals this was to be expected, and it would otherwise mean that patients were being seen "out

of order". Therefore the percentage of 18 week referrals would not fall whilst there were still patients waiting over 52 weeks.

Vacancy rates at the Trust were a fairly mixed picture with the PRUH's generally less challenging at 9.21%, compared to Denmark Hill at 11.36%, as at May 2019. There was generally a sense within the Trust of local people wanting to work for a local organisation, which was a positive picture. They were mindful of the staff survey results, and were looking at how to better engage with staff, listen more and respond to feedback.

The Chief Executive reported that the Trust's financial problems had been well documented, with an in-year deficit of £189m for 2018-19. It was noted that the reporting of this deficit was extremely damaging for the Trust, and had a knock-on effect with the recruitment and retention of staff. This year the Trust had agreed a control total deficit of £167.9m, a Financial Improvement Plan of £50m and a System Improvement Plan of £10m. Changes would be put in place around transformation, improvement and investment to become more innovative. Staff engagement would help to realise the solution to deliver better healthcare in a different financial climate – staff would be encouraged to own issues and solve them. There needed to be a change in culture, behaviours and how they worked within the system. The fundamental message was that the Trust needed to put things right, and do what they could to be efficient and productive, without affecting patient care. They needed to reduce the number of outpatient visits and reduce waiting times.

The Trust was starting to deliver what was stated in its plans. At month two (May 2019) the Trust was reporting a Year-to-Date deficit of £31.7m, which was £0.218m favourable to the plan overall. However it was noted that it was still very early in the financial year. In response to a question, the Chief Executive said that no other Trust had been able to deliver a balanced budget. The costs of delivering healthcare were greater than the tariff for each procedure, and they had to keep treating patients. The vast majority of Trusts had also been unable to deliver the 95% four hour ED target for many years. The Trust spent more money per month than it was earning, and they had to maintain a grip on this whilst ensuring that systems and processes were efficient and productive. A Member asked if a contribution to the Trust's financial problems was that they did not receive enough from the block contract with the CCG, and if a reasonable income stream could be for NHS hospitals to treat private patients. The Chief Executive responded that the block contract had been decided before he was in post, but that he supported the decision. The reality was that the Trust needed to make the best use of Bromley's money, spending it as wisely as they could, and for providers and commissioners to work together. In relation to treating private patients, in other parts of the country insurance companies had different prices agreed with different providers, and this may be the case in Bromley. This would need to be looked at internally and considered very carefully – how much income could be brought in would need to be countered against the bed availability for NHS and Urgent Care patients.

The Chairman said that there was a need to change the culture and behaviour of staff, as reflected in the comments of the CQC Inspection Report, and asked if the Trust's leadership believed they would be able to do this and how it would be addressed. The Chief Executive said that if he did not believe it was possible, he would not be there – categorically, they can and they would. Plans could be written, but they would not count for anything if staff did not own them and buy into them. A Member noted that the morale of the staff was low before the publication of the Report, and asked how it was planned to raise it. The Chief Executive said that the CQC issued the ratings and their processes had determined that the Trust required improvement. The Trust needed to boost staff and performance, however the publication of the Report had the dramatically opposite effect, and staff had been very upset. The Trust's response would not be to coach the staff on what they should say, but to create an environment in which staff wanted to come to work and tell everyone what a good job they were doing. The Chief Operating Officer said that they would support the staff in the ED to interpret and understand the marks and ratings from the CQC, and consider what could be done to improve them. This would help staff to feel they had the ability to make changes themselves.

The Chief Executive noted that there had been a significant amount of fluctuation in the King's leadership team over the past five years. It was notable that for organisations rated as 'Outstanding', there was a clear correlation between higher ratings and a long-standing senior leadership team. Fluctuations in the senior leadership team resulted in uncertainty. A senior leadership event had recently been held, which was the first that had taken place at King's in over two years. In addition there was an increased visibility of Executives on site through walk-rounds. Staff engagement was a priority for Executives this year, and they were already investing in improving morale.

The Chairman noted that there were some quick, but impactful changes that could be made at the PRUH, such as communication and the length of time patients waited in the ED for results, which could be addressed immediately. Complaints received from constituents often related to administration, and communication (for example using email to communicate rather than a letter). The Chief Executive agreed that there were some "quick wins" and changes must be made as to how they communicated patient's results. However, any changes made needed to be sustainable and not just "sticking plaster" solutions.

A Member said that the CQC Inspection Report's 'Inadequate' rating of the ED had highlighted issues that were not within the staff's control. These included 'staffing levels and skills mix were not sufficient to meet the needs of patients', 'the layout of the emergency department was not suitable for the number of admissions the service received' and 'there was not the leadership capacity and capability to deliver high-quality, sustainable care'. It was noted that the 'caring' element of the ED had been rated as 'Good' earlier in the year and the reasons for it now dropping to 'Requires Improvement' were queried. The Chief Operating Officer said that the CQC visit to the ED had taken place

on an exceptionally busy day – the busiest day of the year, up to that point. At times, two patients were nursed in cubicles designed for only one person, and the Chief Nurse had been supporting the team due to concerns of overcrowding. From previous experience at another hospital, a visit had taken place on a busy day, but they had been rated as ‘Good’ across all areas. This had been because staff were able to articulate how to keep patients safe, communicate and minimise risks. They had told a positive story in a single voice, which is what staff had been unable to do at the PRUH. It was not just about being busy, it was about how leaders and doctors on the day had described and evidenced that they were doing the right thing. They needed to get staff to look beneath the comments of the Report. In relation to the layout of the ED, the Chief Operating Officer said that building a bigger department was not the answer, it was about improving the flow of patients to more appropriate care centres. The Chief Executive noted that there was an importance attached to the four hour ED target, as it reflected the overall system and was indicative of how well a hospital was run.

Members highlighted that there were a number of reoccurring issues that came up throughout the CQC Inspection Report. These included training, patient’s safety, lessons learned not being applied, the maintenance of equipment, and incomplete ‘do not attempt cardio pulmonary resuscitation’ documentation which needed urgent attention. The Chief Executive said that the Trust had an extensive Action Plan which was being overseen by the Board and the CQC. They needed to ensure that they were practicing in the right way all of the time, and this was what they would aspire to do. A Member noted that there were clear requirements for the checking of medication and equipment, and asked for reassurance that these were being followed. The Chief Operating Officer said that they were, and they were required to evidence this. If it was found not to be the case, conversations would take place with the owners of those services. The Chief Executive noted that there could sometimes be confusion between being busy and being disorganised. Staff should know what they should be doing, and how it was to be reported and monitored themselves, without the CQC telling them.

A Member suggested that the CQC’s findings that some staff ‘displayed an apathy towards patients and visitors’ and ‘did not always provided emotional support to relatives’ were signs of them being over stretched. The Chief Operating Officer said that some issues had been raised prior to the publication of the CQC Inspection Report, and work to address this was being led by Dr Shelley Dolan. They would need to do some tough things – they could not be positive and create changes without having some difficult conversations. This reflected the comments on the struggle of the leadership and lack of direction. They needed to stop seeing what was abnormal as “the norm”, as this was unacceptable. It was stressed that they did not accept staff being busy as mitigation for not being caring, as this was a fundamental expectation of their roles. The comments made in the Report had been difficult to read, and individuals needed to understand why they were made. The Trust had put in place a heightened amount of daily Executive support and coaching of staff, and an Organisational Development Plan would focus on relationships and team working. The Chairman enquired if any differences



had been observed since the publication of the CQC Inspection Report. The Chief Operating Officer said that due to her time post, it was difficult for her to personally comment, but that the feedback from the Senior Nurse and Director of Operations at the PRUH was a sense of a shift, and nursing staff understanding what the CQC Inspection Report meant. The Chief Operating Officer had visited the ED herself, carrying out quiet observations and had seen some things that did not make sense. During her visits, the ED had not been overly busy, and she would like to see how the staff responded when it was overcrowded.

A Member noted the Chief Executive's reference to the Trust's Action Plan earlier in the meeting, and asked if a version could be provided to the Health Scrutiny Sub-Committee. The Chief Executive and Chief Operating Officer agreed that they would be happy to provide a copy of the Action Plan, and advised Members that it was very extensive. In response to a question, the Chief Operating Officer said that they were able to get on and do some of the actions, whilst others had complicated pathways. Actions could take anything from a week to twelve months, and it would be a "living" document with the Trust continuing to strive to do better. It provided a system-wide oversight and an extra layer of support, as well as questioning and scrutiny.

A Member said that their impression was that the creation of the Trust had not worked. Board agendas highlighted that the PRUH had received less attention. Reassurance was sought that a focus would remain on the PRUH as it was a very different hospital, and the staff felt they were "poor relations" to King's. The Chief Executive said that they could provide reassurance, but that they also had to deliver. They were committed to providing high quality care across the Trust, and at different sites. It was fair to say that at Denmark Hill it was perceived that staff were treated differently in specialist areas. They had to provide services of the highest quality at the PRUH and South Sites and Denmark Hill, and the proof would be seen in the results. The review of care across the spectrum would be included in future Board papers.

The Chairman asked if the Chief Executive and Chief Operating Officer personally believed that the CQC Inspection Report was a fair and balanced view of the Trust, on the day of the visit. The Chief Operating Officer said that although she had not been part of the organisation when the visit took place, as hard as it was, they could not challenge the rating of the ED as it was what the CQC had seen and been told by the team on that day. They had however been disappointed by the rating received for end of life care.

In response to a question from the Chairman, the Chief Operating Officer said that she was now on a fixed term contract in the post, and was 110% committed to the organisation. The Chief Executive said that his had been a substantive appointment, and that he was committed to building a strong Executive team and strong working relationships with partners.

The Chairman thanked Dr Clive Kay, Bernie Bluhm and Dr Angela Bhan for attending the meeting of the Health Scrutiny Sub-Committee and providing an

update on the outcome of the CQC Inspection Report of the King's College Hospital NHS Foundation Trust.

*Following this item, Dr Clive Kay, Chief Executive – King's College Hospital NHS Foundation Trust and Bernie Bluhm, Chief Operating Officer – King's College Hospital NHS Foundation Trust, left the meeting.*

## **6 MATTERS OUTSTANDING and WORK PROGRAMME 2019/20**

Members considered the forward rolling work programme for the Health Scrutiny Sub-Committee.

Members requested that Dr Kay, Ms Bluhm and Sir Hugh Taylor be invited to attend a meeting of the Health Scrutiny Sub-Committee during the autumn, to provide an update on what actions had been taken in relation to the Trust's Improvement Plan, thus far and whether the "quick wins" that were referred to in the meeting had been achieved.

## **7 FUTURE MEETING DATES**

5.30pm, Tuesday 8<sup>th</sup> October 2019  
4.00pm, Tuesday 28<sup>th</sup> January 2020  
4.00pm, Thursday 23<sup>rd</sup> April 2020

The Meeting ended at 6.02 pm

Chairman

# Quality Account 2018-19

Delivering high quality services in the community



# Bromley Healthcare at a glance

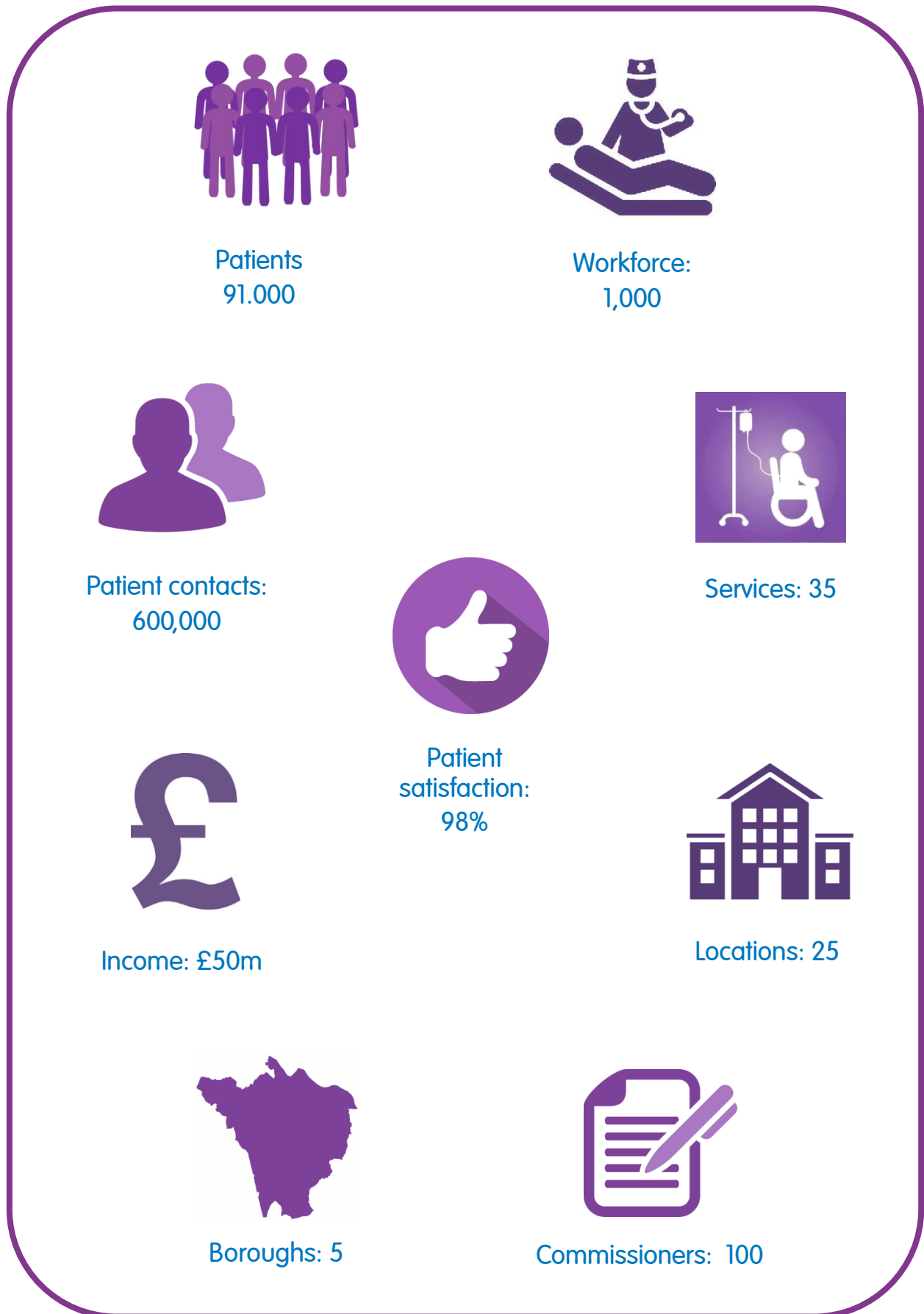


Figure 1.0: Bromley Healthcare 2018-19 at a Glance

# Contents

## Introduction

### Part 1

Chairman's statement - Raoul Pinnell 6

Chief Executive's statement –Jacqueline Scott 7

### Part 2

Bromley Healthcare quality priorities for 2018/19 10

Statements relating to the quality of the services we provide 11

Participation in clinical audits 11

Statements from the Care Quality Commission 14

Data Quality 15

Participation in CQUIN 16

### Part 3

Our achievements for 2018 – 2019 22

Success stories 49

### Part 4

Statements from stakeholders 54

# Introduction

Welcome to Bromley Healthcare's 9th 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 healthcare 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. The NHS Long Term Plan, published in January 2019, sets out an ambition for services to be working closely together to provide joined up care for patients. We are committed to working in partnership with patients and carers, other health and social care colleagues and voluntary sector services to ensure that our local community receives the best care for themselves and their families. We are an active partner in the One Bromley network, where health and social care services are working together with the voluntary sector to provide more joined up and improved care for people who live in Bromley.

## 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 2019/20 as well as looking back on 2018/19. 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 2019/20, 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 2018/19, and examples to illustrate ongoing improvement in our services.

### Part four

Statements from our Commissioners, Healthwatch and the Patient Reference Group.





## Part One

### Chairman's statement – Raoul Pinnell



I hope that we will never ever be fully satisfied. Achieving quality is an objective that is both a destination and a journey, which does not end. We should continue to expect more of ourselves as we acknowledge that those whom we serve expect ever higher standards.

Joining up care has become a mantra for the health and social care sector. One of our responses has been to develop and launch our Care Coordination Centre. This is emerging as a critical enabler to improving our contacts with patients and how we continue to manage their appointments and respond to their needs.

There is much comment in the press about the need for suitably qualified staff in the NHS. We acknowledge our responsibility to respond to this issue by 'growing and developing' our staff. We have launched new programmes to train and develop staff and introduced new roles. We have also gained new entrants to our sector by embracing and employing new people with the support of the government's Apprenticeship scheme.

We have reflected on the state of our premises to ensure that they are in line with the needs of both our staff and patients. This has led us to relocate some of our clinics and our rehabilitation unit. We are now planning a move to change some of our office premises, which should help us to further improve our Care Coordination Centre.

All of the above requires behind the scenes skills to introduce new IT in the form of equipment such as iPads for nurses. The latter offers improvements in the efficiency with which we can capture patient information and offers the potential to do it with greater accuracy. Much of this produces data and information which, when applied skilfully, should also help to make further improvements in care.

The NHS Long Term Plan places a spotlight on the future role that 'social prescribing' will be able to play in supporting patients to manage conditions. Our work in supporting the Bromley Healthcare Charity and a closer relationship with the Voluntary Sector in Bromley should help us to make a further step on the road to both integrating and improving care in our community.

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

**Raoul Pinnell**  
Chairman

## CEO's Statement – Jacqui Scott



Our aspiration is to provide the best care possible to enable patients and carers to live healthier, happier lives and receive their care and support closer to home. I have great pleasure in welcoming you to our 2018/19 Quality Account which charts our progress over the last year and the quality initiatives we will be working towards during 2019/20. Every opportunity is taken to encourage feedback from patients and carers to help improve our care; the National Friends and Family Test, is one such modality, with 98% of patients responding as either likely or extremely likely to recommend our services. (This was top in London and in the joint second nationally.)

Our committed Patient Reference Group participated in a number of initiatives including 'mystery shopping' of our care coordination centre as well as reviewing our leaflets and website to drive improvements.

The good patient outcomes and high satisfaction levels achieved are due entirely to the outstanding commitment from our team. The quality objective building a 'culture for growth' places a continued focus on 'growing, developing and improving the experience of our team. The entire staff journey has been mapped with a number of specific initiatives put in place to support every step of the journey. A focus on attraction and recruitment has reduced the vacancy rate from 12.8% to 7% with more permanent and internal bank staff in teams; starting to reduce the reliance on agency. A Staff Forum has been set up to provide a direct communication channel between team representatives and the senior management team.

Our patient centric Care Coordination Centre plays a significant supporting role in ensuring continuity and consistency of patient care. The centre is the first point of contact for our 35 services; looking after 12,000 patients and answering 26,000 calls a month. Over the next year, the continued evolution of the centre will focus on best practice pathways and quality assurance facilitated by the use of our 'near live' safety dashboards to proactively promote safety and prevent incidents.

Some of the key highlights over the last year are:

- Introduction of the bespoke Nursing Band 5 Development Programme for newly registered nurses. The intensive programme provides a focussed target on clinical skills, immediately followed by clinical practice with tailored lists of patients. At the end of the programme the nurses were fully competent in the essential competencies for their roles.
- Hollybank, our short break service, received a 'good' rating in all three domains following an unannounced Ofsted inspection in November 2018.

- Our Talk Together Bromley service improves access to psychological therapies with satisfaction rates remaining at over 97% and the service exceeded the national targets in access, waiting times and recovery rates.
- In the first full delivery year of our new 'outcome based' contracts our Key Performance Indicator has been achieved for both the Adult and Children's contracts.
- Outcome measures developed for every service to demonstrate improved outcomes for patients following their care; in the leg ulcer service 88% of simple venous leg ulcers were healed within 12 weeks and 100% of complex venous leg ulcers were healed within 18 weeks.
- Introduction of the 'daily safety huddle' using our 'near live' safety dashboard to drive improvement resulting in a reduction of missed visits.
- The successful relocation of the rehabilitation beds to the Foxbury unit with positive patient feedback received about the move and the new location. The National Audit of Intermediate Care also found the service to demonstrate exceptional (positively deviance) performance in outcomes, despite facing the same constraints as others.
- Our Bexley 0 to 19 service has continued to go from strength to strength over the last year with the majority of Key Performance Indicators either being delivered above the target of 90% or close to it with 97% satisfaction from families.
- The Charity Ball and Awards evening was a wonderful event attended by over 220 staff and volunteers to celebrate their many achievements.

Finally and most importantly, I wish to thank our amazing Bromley Healthcare team who continually demonstrate their resilience, compassion and passion in the care and support they provide.



**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 2019-20

In this part of the report we will focus on 2019-20. 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 2019/20. Our quality objectives for 2019-20 are illustrated in figure 2.1:

Aspiration	Initiatives	How we will measure success
Patient care delivered at best value  <b>(Effective and Responsive)</b>	<ul style="list-style-type: none"> <li>• Phase two development of our Care Co-ordination Centre (CCC) Introduction of E-community system</li> <li>• Introduction of Proactive Care Management pathway</li> <li>• Introduction of telehealth technology</li> </ul>	<ul style="list-style-type: none"> <li>• New CCC model in place working with partner organisations</li> <li>• Reduction in waiting lists by 10%</li> <li>• Reduction in DNAs/WNB by 1%</li> <li>• District nursing patients provided with timeframe for their visit in advance</li> <li>• Improved outcomes for Patients for the Stock Hill Practice pilot</li> </ul>
Patient at the centre of their care  <b>(Safe and Caring)</b>	<ul style="list-style-type: none"> <li>• Utilise patient feedback to drive service improvements</li> <li>• Introduction of preventative (near-live) patient safety dashboard</li> </ul>	<ul style="list-style-type: none"> <li>• Patient satisfaction greater than 90%</li> <li>• Patient engagement greater than 3%</li> <li>• Zero 'never events' (preventable incidents) for 2019/20</li> <li>• Zero missed insulin visits</li> </ul>
Culture for growth  <b>(Caring and Well Led)</b>	<ul style="list-style-type: none"> <li>• Expansion of our Health and well-being offer – mental health and well being and cancer support</li> <li>• Delivery of staff survey action plan</li> <li>• Delivery of bespoke community nursing programmes</li> <li>• Talent Management programme in place</li> </ul>	<ul style="list-style-type: none"> <li>• Expand the health and wellbeing initiatives successfully launched in 17/18</li> <li>• Improvement in staff satisfaction survey results (by 5%)</li> <li>• Reduce Vacancy rate (to 5%)</li> <li>• Reduction in Community Nursing vacancies by 10%</li> <li>• Recruitment of school leaver apprentices</li> <li>• Talent Management programme launched and evaluated</li> <li>• Internal Promotion</li> </ul>

Figure 2.1: Quality Objectives 2019-20

## 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 2018/19 Bromley Healthcare provided a range of community health services across Bromley, Bexley, Lewisham, Greenwich and Croydon providing some 600,000 patient contacts.

During 2018/19 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 2018/19.

### 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.

#### Examples of key learning from the audits include:

#### Bladder and Bowel service Catheter Audit Programme

Our Bladder and Bowel service routinely monitors and audits its patient cohort to identify patients who have a urinary catheter for more than 28 days as part of our current contract. To achieve this the service receive a weekly report from our Emis clinical information system on long term catheter care which lists all those patients over 28 days.

Based on the findings of patient numbers the service decided to standardise referrals from the District Nursing (DN) service to the Bladder and Bowel service for patients with "troublesome" catheters that cause stress for patients, repeated DN visits and unnecessary visits to A&E.

The DNs have been given Catheter troubleshooting information and this is actioned before a referral is made. If the catheter continues to cause problems the DN can now request a joint visit with a member of the Bladder and Bowel team.

This process has been developed involving the Bladder and Bowel service, Emis Team, the Care Co-ordination Centre and District Nurse service Leads.

This approach was established in March 2018 and will assist in reducing the number of referrals needed for specialist intervention through the support provided to DNs to manage catheter issues at the earliest opportunity. A Catheter link group has also been established and has been running since August 2018. The group meets bi monthly, with 1 or 2 DNs from each team in attendance to support information sharing, education and support.

## Management of Pressure Ulcers

There were 9 serious incidents reported in 2018/19 of these 5 related to pressure ulcers. Following a review of these individual cases there is now a policy in place for staff to follow. Additionally processes have been reviewed to guide staff on reporting. A further audit on pressure ulcers was carried out in May 2019.

## Contribution to national audits

Of the national clinical audits and national confidential enquiries published on the Healthcare Quality Improvement Partnership's website, Bromley Healthcare participated in the National Audit of Intermediate Care (NAIC) during 2018/19.

The NAIC found Bromley Healthcare rehabilitation beds service to be positively deviant. Positive Deviance focuses on those health care services who demonstrate exceptional (or positively deviant) performance in a particular area, despite facing the same constraints as others.

The Benchmarking process classed teams who had a larger mean percentage increase in the standardised clinical outcome measure (the Modified Barthel Index) as being high performing i.e. positively deviant.

There were 124 service providers who took part in the NAIC survey in 2018, providing data for 226 bed based services.

The findings are detailed in Figure 2.2. overleaf.

Title of audit	Findings	% cases required
<p><b>National Audit of Intermediate Care (NAIC) 2018</b></p>	<p><b>Crisis response services (Rapid Response Team)</b></p> <ul style="list-style-type: none"> <li>• Bromley had the ninth largest number of referrals of 73 providers.</li> <li>• Service user’s time waiting for the service was within the interquartile range</li> <li>• Bromley healthcare’s service provides a shorter length of stay than average suggesting the service operates differently to other providers in the audit</li> <li>• The team completed more assessments per head than any other service highlighting the team’s efficiency</li> </ul> <p><b>Home based rehabilitation services</b></p> <ul style="list-style-type: none"> <li>• On average Bromley’s service users have a much shorter wait time from referral to receiving care than those of other providers</li> <li>• Service duration is below the mean, indicating that service users are ready to be discharged sooner</li> <li>• Dependency levels show that for Bromley Healthcare’s service users have similar dependency level (13.7) to other providers to the mean (13.9)</li> <li>• On discharge the average dependency score for Bromley (7.2) is better than the mean (9.8) meaning on average greater improvements are being made in a shorter time</li> <li>• The number of contacts per whole time equivalent clinician is in the upper quartile. This indicates that the members of the team are each seeing a higher number of service users than other providers</li> <li>• The number of staff in post is in line with the interquartile range and above average</li> </ul> <p><b>Bed based rehabilitation services (Foxbury Unit)</b></p> <ul style="list-style-type: none"> <li>• Intermediate care aims to support older people to stay out of hospital. The service has a higher than average proportion of users discharged to their own home</li> <li>• The service was at the top end of the interquartile range for accepted referrals</li> <li>• The service has a lower average length of stay than other providers. This is despite the average Modified Barthel score for the service’s patient being lower at 50.5 than the average of 54.5, indicating patients had a lower than average level on independence and greater needs</li> <li>• Patients admitted to the service had a greater level of need on average but had a greater improvement in their independence, with a mean score on discharge of 80.0, better than the average mean of 73.5</li> <li>• Patients rating of their experience with the service was within the interquartile range</li> </ul>	<p>N/A</p>

Figure 2.2: National Audit of Intermediate Care



## Statements from the Care Quality Commission (CQC) and the Office for Standards in Education, Children's Services and Skills (Ofsted)

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 2018/19. 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 including our Board meeting as well as regularly meeting with the Chief Executive Officer and Operations and Safer Care Director. During our most recent visit in 2016/17, the CQC published reports on the following services we provide:

### CQC Beckenham Beacon inspection result

In November 2016 (our last inspection date), 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.'**

**'We saw positive local leadership within the service and staff reflected this in their conversations with us. Staff were supported in their role and had opportunities for training and development. There was a positive culture in the service and members of staff said they could raise concerns with the leadership team.'**

## Ofsted inspections at Hollybank Children's Respite Service

Hollybank, our short break service for children and young people with complex needs had a full Ofsted inspection in December 2018. The service received a good rating in the 3 assessed categories:

Overall experiences and progress of children and young people	Good
How well children and young people are helped and protected	Good
The effectiveness of leaders and managers	Good

Comments from the Inspector noted that the children and young people benefit from positive relationships with a stable staff team that knows them well. The Inspector went on to note that staff display genuine warmth and care towards the children and young people which helps children and young people feel safe, secure and able to enjoy their stays in the home. Staff provide high levels of supervision and the provider works in partnership with the professional network to respond to any safeguarding concerns and leaves no stone unturned to ensure that any incidents that are rare are thoroughly and independently investigated. Any learning is used to improve practice.

Hollybank routinely receives positive feedback from parents and service users. Some examples of feedback received are detailed below:

**“Thank you so much for everything you did with me over the years. You made my stays at Hollybank fun and made me feel safe and the staff were like a family.”**

**“You guys do such an outstanding service, I cannot stress what a difference it makes for us to know that our child is in safe hands.”**

**“Thumbs up to all the staff for making my children welcome and happy in their first night away from home. Thank you very much.”**

**“I no longer worry - sometimes I even forget to call and check in - it's like he is with family. Staff are brilliant-involves family in care and communicate well with me. It is a great service and was a lifeline when my son was at his worst-appreciated this support so much.”**

## 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

## Data Security and Protection Toolkit attainment levels

The year 2018/19 was the first year of use for the new toolkit as it replaced the older version of the Information Governance Toolkit. The new Data and Security Protection Toolkit (DSPT) is based on the National Data Guardian's 10 Data Standards. This new toolkit focuses heavily on 'Information and Cyber Security' and will start introducing new requirements within the next few years.

Unlike the previous toolkit, which had 3 levels of achievement, the new toolkit simply has mandatory or non-mandatory requirements, with organisations being required to meet ALL the mandatory requirements in order to pass. Therefore, unlike previous years, there is no scoring to compare against. Bromley Healthcare met all the mandatory requirements except training, where we achieved a 90% compliance against the 95% requirement.

The DSPT was reviewed by the Commercial Director (Senior Information Risk Owner) and signed off by the Chief Executive prior to submission.

## 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 2018-19 was developed and agreed by Bromley Healthcare and our commissioners, Bromley Clinical Commissioning Group, based on data intelligence from varying sources and stakeholders.

Bromley Healthcare's new community contract came into effect in December 2017. As such the first year of the contract was exempt from the delivery of CQUIN schemes. As a result the local schemes for the last year were delivered in the period December 2018 – March 2019.

The indicator goals for the local programme were agreed with the Commissioners to address areas identified for improvement. Progress against CQUIN's is shared internally with the Executive and Quality and Performance Committees. All CQUINs are reported to local commissioners on a quarterly basis as part of CQUIN monitoring.

Further information on each CQUIN indicator can be found below.

## CQUIN: Falls Prevention System Review

### Background

London Borough of Bromley's Public Health Department undertook a Bromley falls prevention system review in 2018 and as a result, made recommendations on how the system could become more integrated and falls prevention strengthened across the various organisations involved. The CQUIN was to help to advance integrated working and provide savings in the form of reduced hospital admissions and the impact on social services.

### CQUIN Proposal

There are significant benefits to promoting falls prevention in the community, in terms of both quality and patient care.

Bromley Healthcare already provides a Falls and Fracture Prevention Service and by enhancing joint working with other providers, developing a common approach to identify and provide interventions in the community, it will thus avoid duplication, raise awareness of what is already available in the borough and provide the foundations of more joined up care for patients and promote the benefits of an Integrated Care System.

### Results

The CQUIN was achieved with through stakeholder meetings and communications. Services across all providers were mapped and a draft proposal document developed to enhance integrated working. A training plan was created across key stakeholders to carry out falls prevention training. National reporting was maintained and reviewed to ensure Bromley Healthcare were reporting correctly. We also looked at how we could identify regular fallers and themes across the patient group and from the acute setting (Princess Royal University Hospital) to enhance prevention for high risk patients.

## CQUIN: Introduction of a preventative (near live) patient safety dashboard

The successful implementation of this CQUIN is detailed in Section 3 Our achievements in 2018/19 on page 41.

## CQUIN: Adult Equipment

### Background

Currently the provision of community equipment is included within a local authority contract with the provider, Medequip. This arrangement is part of a London Consortium where a number of other London boroughs have contracts with this provider. Equipment is ordered via an on-line portal called TCES, to which local organisation staff including Bromley Healthcare clinicians have been given rights to access and order community equipment for patients.

Over the last few years the equipment spend has risen significantly above expectations and both London Borough of Bromley (LBB) & Bromley CCG have worked with organisations who now have in place control measures:

- a) On-line training for all prescribers
- b) Separate Teams set up on TCES to help identify who is prescribing
- c) Nominated authorisers responsible for checking their staff orders.
- d) Increasing equipment collections where equipment is no longer required.
- e) Organisations nominating representatives to attend 'equipment', 'operational' and 'budget' meetings.

However whilst the Bromley Clinical Commissioning Group and the London Borough of Bromley are putting measures in place to review the equipment available to ensure this meets the increasing acuity of patients in the community, they are also seeking assurance from organisations that they have clear oversight on the prescribing practice of their staff and have developed internal protocols to manage equipment provision.

### CQUIN Proposal

Bromley Clinical Commissioning Group is aware that Bromley Healthcare has the highest number of teams and prescribers who have access to the system currently. Over recent years there have been reviews of equipment provision which has led to organisations in the system (including Bromley Healthcare) taking responsibility for prescribing which has led to a drop in provision from 71% to 48%. Bromley Healthcare remains the organisation with the highest demand and consequently spend, mainly in our Community Nursing teams. There is an increasing demand to maintain patients in the community, prevent unnecessary hospital admissions and support hospital discharge. Increasingly complex and elderly patients means an increase in patient need which has an impact on the overall equipment provision requirement.

London Borough of Bromley carry out regular audits of equipment prescribing, however this does not extend to 'health' teams. The CQUIN aimed to provide assurance around the prescribing of equipment by Bromley Healthcare.

This CQUIN was formed of three parts:

**Part 1) Management of Equipment:** We reviewed the internal management of equipment including developing an **Equipment Protocol** which included:

- prescriber/authorisers
  - clarification around the role and responsibilities
  - monitoring numbers within each team to ensure adequate cover
- budget accountability – senior responsibility for monitoring team spend
- clinical practice & equipment training
- definition of role of Equipment Leads or Champions from various professional groups

**Part 2) System wide Review of Equipment Provision** - As part of an overall CCG/LBB review into equipment Bromley Healthcare:

- ensured appropriate specialist staff are available to assist with reviewing the current equipment catalogue, providing advice on alternative equipment for example pressure care & therapy equipment, as well as attendance at Equipment Operational Group to ensure input into operational issues.
- nominated senior staff to attend Budget review meetings to provide accountability for prescribing practice and spend against the overall budget.
- be party to discussions around future provision of equipment to support hospital discharge and maintain patients in the community/avoiding hospital admission.

**Part 3) Peripheral Stores** - ensuring access to local stock supplies is essential to ensure timely provision of smaller items of equipment & reduce spend on delivery (due to the location of the Medequip depot in Woolwich). We were asked to:

- ensure an adequate number of peripheral stores to support community teams
- put in place a stock management – protocol and stock take

## Results

All of the CQUIN actions were completed and the process did identify some key areas for improvement. Senior operations and clinical staff were identified for the management and champion roles as well as the list of prescribers and authorisers being brought fully up to date. Prescribing practice and stock audit were the main issues identified and will be part of a plan to implement in the coming year. These changes will likely make small improvements to the contract spend but will also allow us to complete a more in depth analysis of the way we prescribe in future and will help us to make efficiencies in the years to come.

## CQUIN: Children's Equipment

### Background

There are significant challenges within the system for occupational therapists working in health for Bromley Healthcare and for social care in the Local Authority (London Borough of Bromley) in providing equipment to their patients. The separation between health and social care caused by national commissioning boundaries can create confusion. It was highlighted that there was a lack of clear local guidelines agreed by Bromley CCG and London Borough of Bromley in addition to national guidance. The funding routes and ordering processes are diverse and were identified as on occasions creating delays. Stock control and visibility could be improved as well as better communication and clarity between prescriber organisations.

### Proposal

The CQUIN was a programme to map and work towards resolution of the equipment challenges in the system. The project manager worked with health and local authority service leads, managers and staff as well as commissioners to compile a catalogue of challenges for both health and social care. The project manager worked in close collaboration with the CCG and LBB and ensure open communication lines. Although, the project identified the challenges for health and social care, the aim was to ultimately benefit Bromley Healthcare pathways and processes to be clarified and the system to work in a smoother way, reducing the burden of equipment challenges on health staff. The outcomes of the CQUIN were intended to reduce the period of time for which children and parents / carers are waiting for equipment, or are waiting for a decision on specialist equipment. It was also intended to reduce clinical time spent on navigating equipment ordering processes by clarifying the protocols for equipment, and therefore increase clinical quality of services after the conclusion of the project.

### Results

The CQUIN actions were completed with a new policy for equipment developed within Bromley Healthcare. The policy sets out responsibilities, processes and escalation across the relevant services and organisations to form a basis for all parties to work from. Clear reference to national guidance including the Care Act 2014 and the NHS Act 2006 is provided, linked back to local processes. Prescribing practice reviews were carried out and a full issues and solutions paper created which will form the basis for future improvements to the service. These improvements will be implemented in the year 2019/20.





## Part 3 our achievements for 2017-18

This section reflects on our performance against the quality priorities set in 2017-18. These priorities were set in line with our commitments to defining quality against the against the 5 CQC core standards:

- Safe
- Caring
- Responsive
- Effective
- Well Led

### Effective and Responsive – Patient Care will be delivered at best value

Our Aim	Achievement
<b>Optimisation of the Care Co-ordination Centre</b>	<b>Complete</b>

The Care Co-ordination Centre (CCC) was launched in January 2018, following a pilot in 2017. Services were migrated across during the rest of the year. Currently the CCC provides the first point of contact to patients across 35 services. The drivers for change were based around ‘doing things in the right way.’

As well as Patient / Carer communications, the CCC team’s focus is to manage waiting lists, Did Not Attends/Unable to Attends and adherence to patient pathways through the use of live dashboards to provide a consistent patient journey. The aim is to use this process to innovate to ensure that Bromley Healthcare, as part of the wider health economy is ‘doing the right things’ with proactive care coordination and development of patient pathways that reflect best practice and positive outcomes.

The CCC ensures that our patients receive our services in the right place at the right time.

An overview of the CCC activity during 2018/19 is detailed below:



Figure 3.1 Care Co-ordination Centre summary

## Achievement of Key Performance Indicators

A key benefit of the creation of the CCC was the standardisation of all of the administrative support provided to clinical services across Bromley Healthcare. This enabled us to evaluate guidelines and procedures to implement the most effective processes. This includes, but is not limited to, the management of waiting lists, booking of appointments, management of DNAs and cancelled appointments as well as triage outcomes and priorities given to patients. This links into the reporting element of the CCC where we use dashboards and EMIS (our clinical Information system) reporting to proactively manage wait lists. The impact of this on the KPIs has been significant, helping us to increase the KPI %s around waiting times and communications.

As a result this has had a positive effect of our performance:

- 90.70 % of KPIs were achieved in Adults' Services and 84.60% in Children's Services at end of February 2019 (against 70% target)
- Adult's Services overall achieved higher activity than planned in the first year of the contract: December 2017 – November 2018 with +0.4% above baseline.
- Children's Services overall achieved higher activity than planned in the first year of the Community Services contract: December 2017 – November 2018 with +21.7% above baseline.

## Reducing Did Not Attends (DNA) and Unable to Attends (UTA)

In the recent National Community Benchmarking, our Adult services had a DNA rate lower than the mean benchmarking rate for 12 out of 14 services, whilst the Children’s services had a Was Not Brought (WNB) rate lower than the mean benchmarking rate for all 6 services.

The impact of the CCC in reducing DNA and WNB for our adult and children services is shown below in figures 3.2 and 3.3.

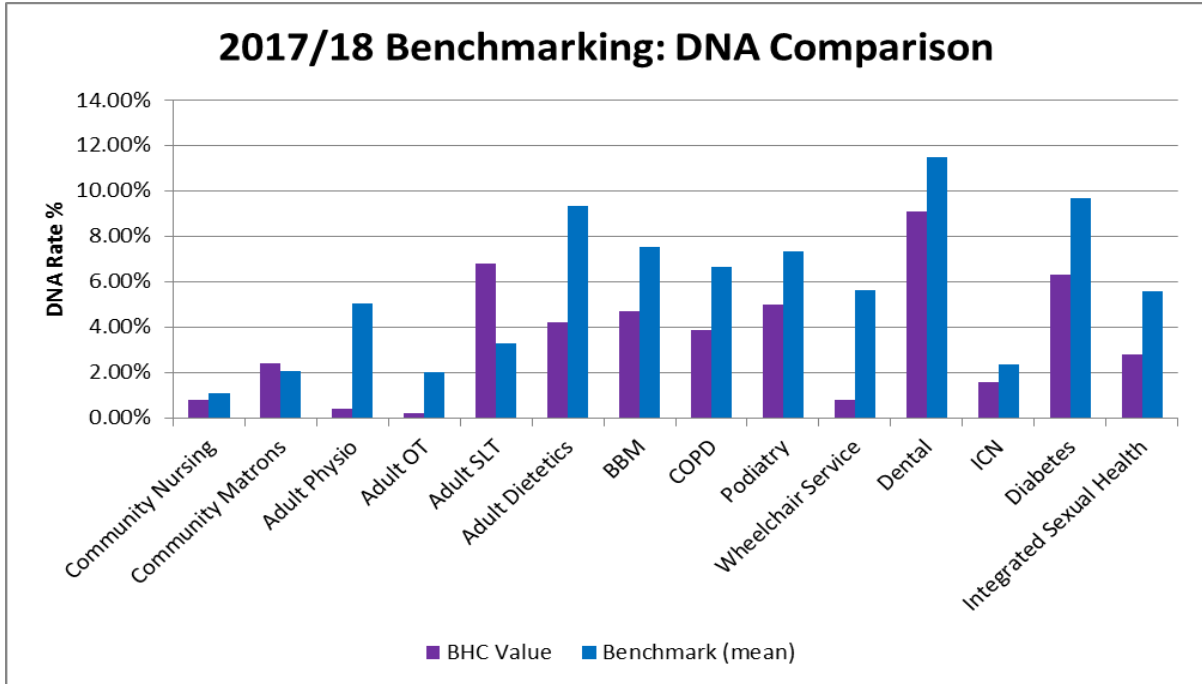


Figure 3.2 Benchmarking DNA Comparison

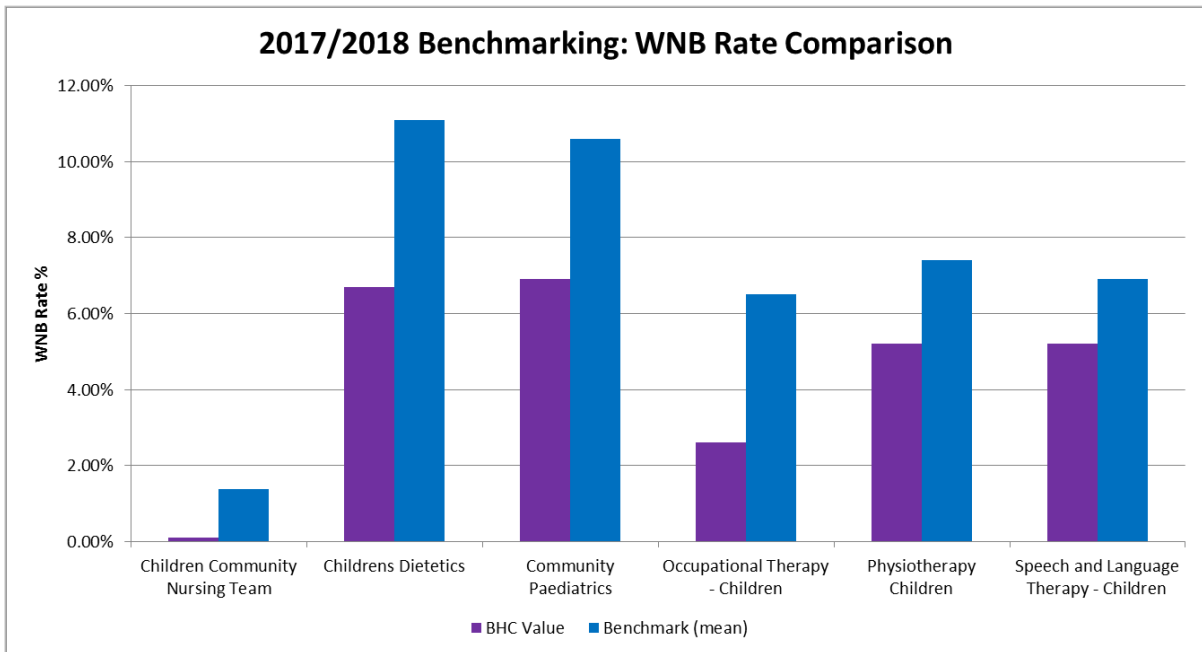


Figure 3.3 Benchmarking WNB comparison

## Reduced Waiting Times

The focus of the CCC of ensuring appointments are filled has delivered significant improvement in reducing waiting times.

The impact on our Podiatry Children’s Physiotherapy services are illustrated below in figures 3.4 and 3.5

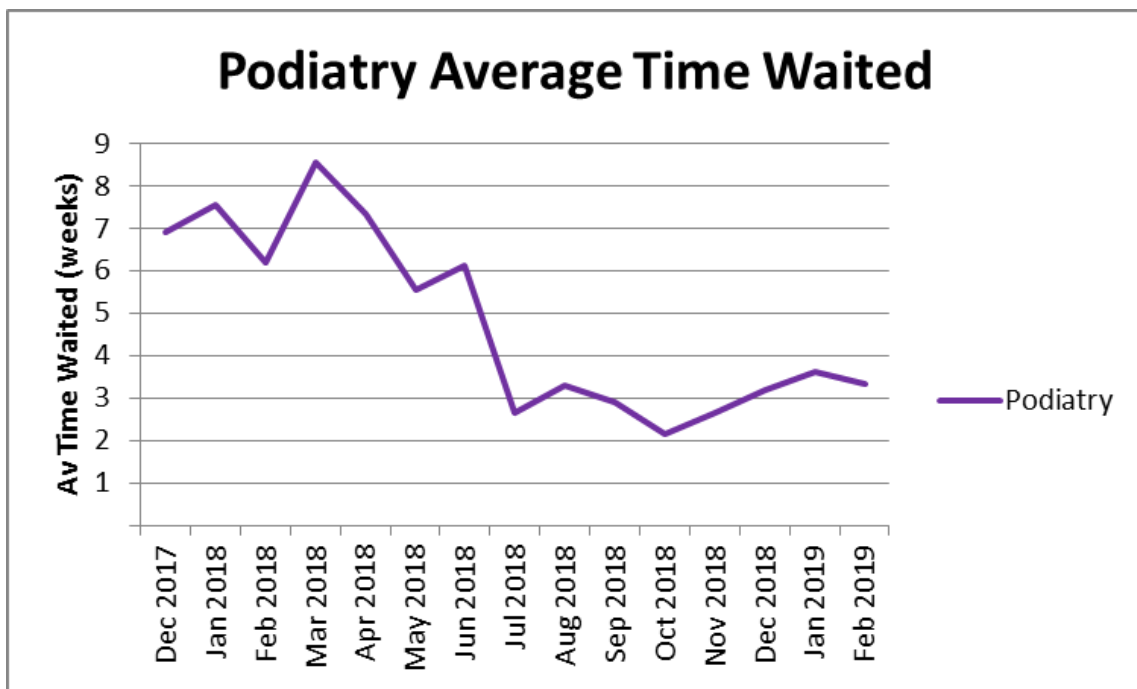


Figure 3.4 Podiatry average waiting time

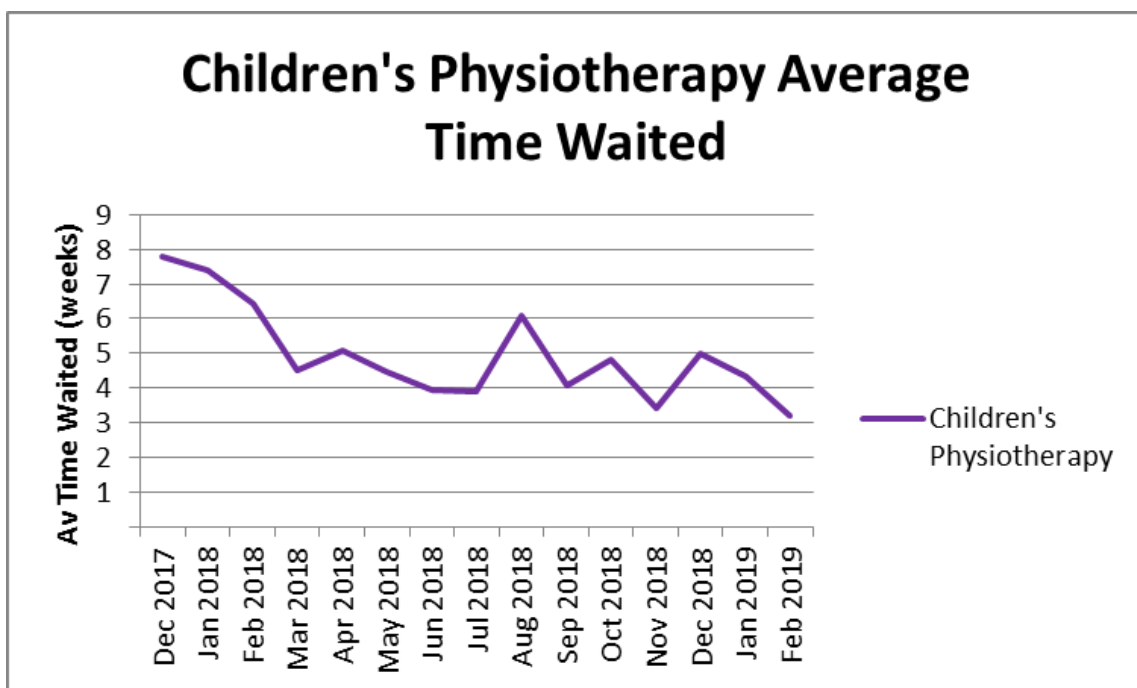


Figure 3.5 Physiotherapy average waiting time

Our Aim	Achievement
<b>Focus on delivery of service standards through strategic review meetings and increased staff led quality improvement initiatives</b>	<b>Complete</b>

Bromley Healthcare recognises that continuous review is fundamental to the development, delivery and monitoring of our services. Systematic review of all clinical and corporate services has therefore been a key focus in the last year with named leadership roles to drive through resulting actions. The strategic review process has been based on the principles of

- Staff motivation and engagement
- Transformational leadership and accountability
- Organisational collaboration

The initial reviews of our services were completed in between March 2018 and December 2018. With follow up scheduled 3 - 6 months post the initial reviews to monitor progress against actions identified. To ensure a consistent approach reviews were structured to include the following areas:

- Achievement of operational performance
- Achievement of service standards
- Achievement of outcomes
- Patient satisfaction
- Delivery of financial targets
- Implementation of new systems
- Other key issues for resolution

Examples of key issues for resolution are provided in the table below:

Service	Issues raised	Solution/action
Children Speech and Language Therapy	Remote working solution (Laptops) to be put in place	A number of lap-tops have been provided to enable staff to work remotely.
District Nursing	Review establishment to factor in Nursing Associate posts	2 Nursing Associates have commenced in this role with 2 further undergoing their training programme.
Hollybank	Introduction of a forum for Healthcare Assistants	Monthly meetings have been scheduled and a survey issued to staff to inform the subjects for the meetings.

Through the attention given to services in these meetings, we have been able to focus on ensuring they deliver high quality services and continue to improve. Detailed examples of two of these services: Talk together Bromley and Bexley 0 to 19 Public Health Service are detailed overleaf.

## Talk together Bromley

Talk together Bromley: Improving Access to Psychological Therapies (IAPT) provides a free, NHS evidence-based, talking therapy service for people aged 18 years and over, who are anxious, stressed, have low mood or suffer from depression.

The service provides a range of treatment programmes including one-to-one therapy, counselling and group work. The team is made up of psychological therapists, counsellors and psychological wellbeing practitioners and deliver a stepped care approach.

This service is commissioned by NHS England. Nationally the Five Year Forward View for Mental Health commits to expanding services further, alongside improving quality. This expansion means that services nationally are moving from seeing 15% of those recorded with anxiety and depression at the end of March 2017, to 25% at the end of March 2021. This increase in access is a real challenge for services across the country.

However, in Bromley in 2018/19, the service not only hit but exceeded all its targets which was a huge achievement and our staff should be applauded for it. Between January and March 2019 (Quarter 4) the service has delivered the following results

### Waiting Times

National standards require 75% of people referred to IAPT services should start treatment within 8 weeks of referral and 95% should start treatment within 18 weeks of referral. The table below illustrates how the service routinely sees over 90% of patients within 8 weeks of referral.

Patients Ended Treatment	06/01/2019	13/01/2019	20/01/2019	27/01/2019	03/02/2019	10/02/2019	17/02/2019	24/02/2019	03/03/2019	10/03/2019	17/03/2019	24/03/2019	31/03/2019
Patients Ended Treatment - First Appointment within 6 weeks of Referral (Target 75%)	96%	95%	98%	98%	95%	98%	96%	98%	98%	98%	94%	96%	94%
Patients Ended Treatment - First Appointment within 18 weeks of Referral (Target 95%)	100%	100%	100%	98%	100%	98%	100%	98%	100%	100%	100%	100%	100%

### Access

The service achieved 270 over the target for new assessments at the end of Quarter 4 which was a significant achievement. This was achieved by increasing the capacity of the team, reducing cancellations and DNAs by text reminders, delivering building resilience workshops and delivering workshops to patients attending Walking Away From Diabetes workshops.

The excellent performance of the service has been recognised and South East London STP Task and Finish Group would also like to learn from the Bromley Healthcare service on how to reduce DNAs and cancellations.

### Recovery Rates

The national standard for recovery rates is that at least 50% who complete treatment should recover. The rolling recovery rate at the end of Quarter 4, 2018/19 was 56%. This was achieved by a focussed approach including reminding staff how to record recovery rates properly, scrutiny of individual therapist outcomes and reviewing at supervision patients who did not recover.

### Long term conditions

Bromley has been recognised for its achievement for increasing accessing to patient with long terms conditions at the SEL STP Task and Finish Group and members of this group have asked to visit Bromley to learn from our success. In addition, NHS England have fed back from the peer review visits they did in 18/19 that the services delivered by community providers such as Bromley Healthcare have had the most success in increasing access to psychological therapies to patients with Long term conditions.

### Bexley 0 to 19 Children’s Public Health Service

Bromley Healthcare commenced delivering the Bexley 0 to 19 Children’s Public Health Service in June 2017 and feedback on the service is very positive. At handover the service had been performing sub optimally and many of the KPIs in place were not being delivered. Since taking over the service the majority of KPIs are either being delivered above the target of 90% or close to it.

No additional resource was added to the service at inception, but delivery of the service was reviewed with a focus on ensuring that all families were offered a face to face universal contact to deliver the mandated checks, commencing within the antenatal period. These contacts ensure that a ‘Family Health Needs Assessment’ is done on all families seen either in the ‘Antenatal’ period or at the ‘New Birth’ visit at 10-14 days, which helps identify those families who require additional support from the service.

Where indicated targeted support is offered using evidence based interventions through a whole family approach ensuring appropriate support such as Portage or the Wellbeing service. Where there is a concern that there is a risk of significant harm, families are referred to Children’s Social Care through the Multi-Agency Safeguarding Hub. Whenever possible, this referral is always discussed with the family first.

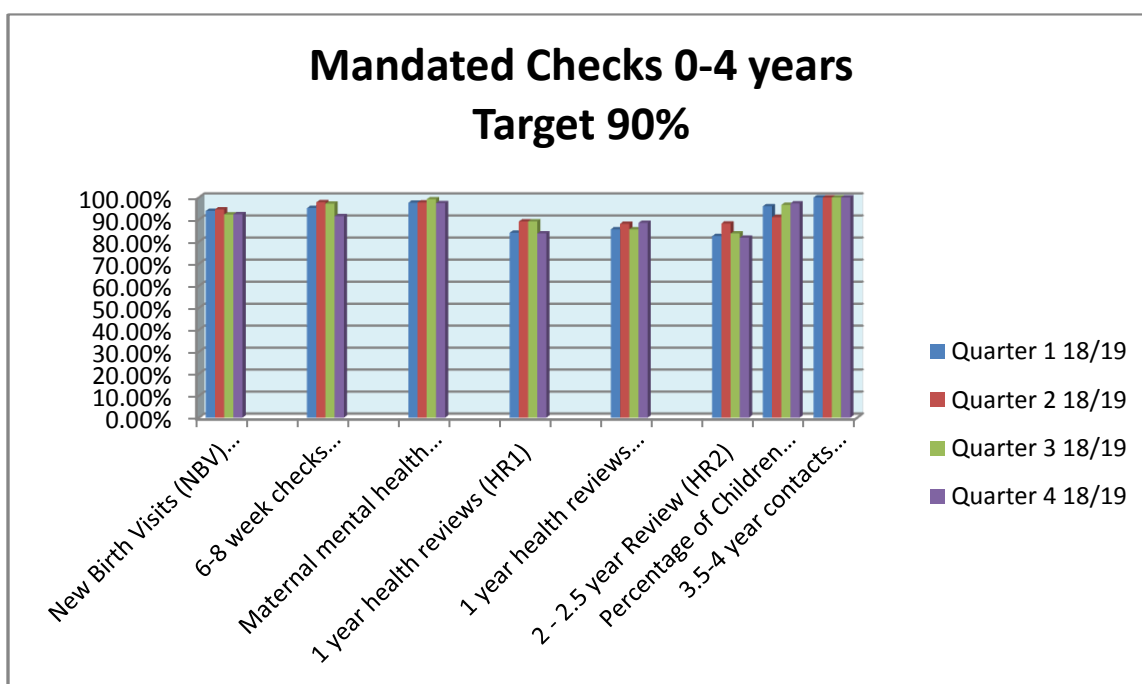


Figure 3.6 Mandated Checks 0-4

In addition to the universal offer where mandated checks are routinely delivered at 90% or above (see figure 3.6), staff work hard to support mothers with breast feeding and there has been a significant increase in the breast feeding rates at 6-8 weeks (see figure 3.7).

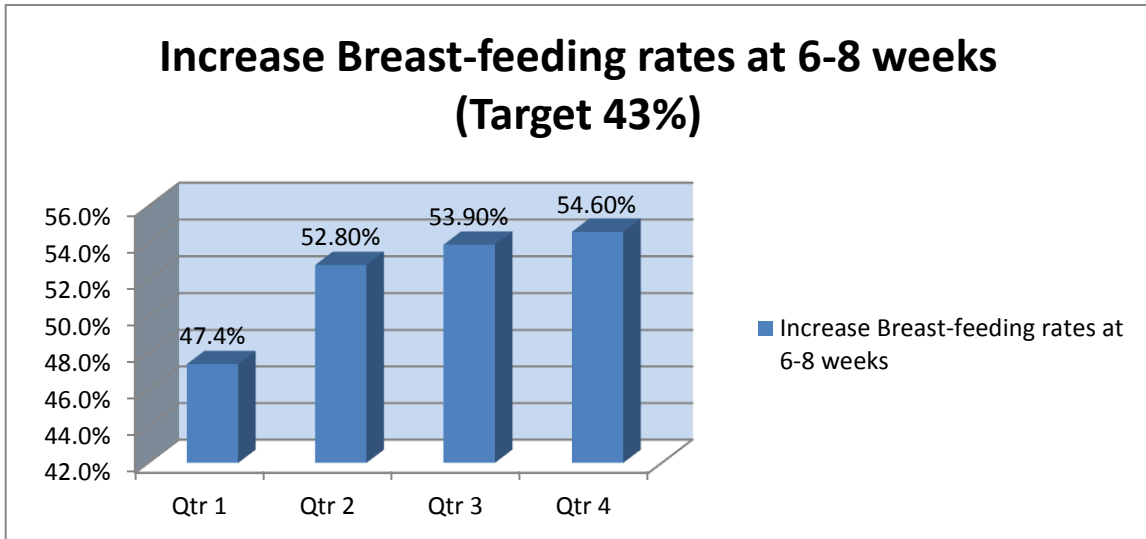


Figure 3.7 Increase in breast feeding rates at 6-8 weeks

In order to achieve this increased uptake of the mandated checks, the service reviewed the number of child health clinics being delivered and freed up health visitor capacity by closing the clinics with poor attendance. In order to ensure families were happy with the new clinic provision, an audit was done in all clinics in February 2018 and the results from this were available in April 2018. 586 parents completed the audit form. This highlighted that 96% of respondents were very satisfied or satisfied with the changes.

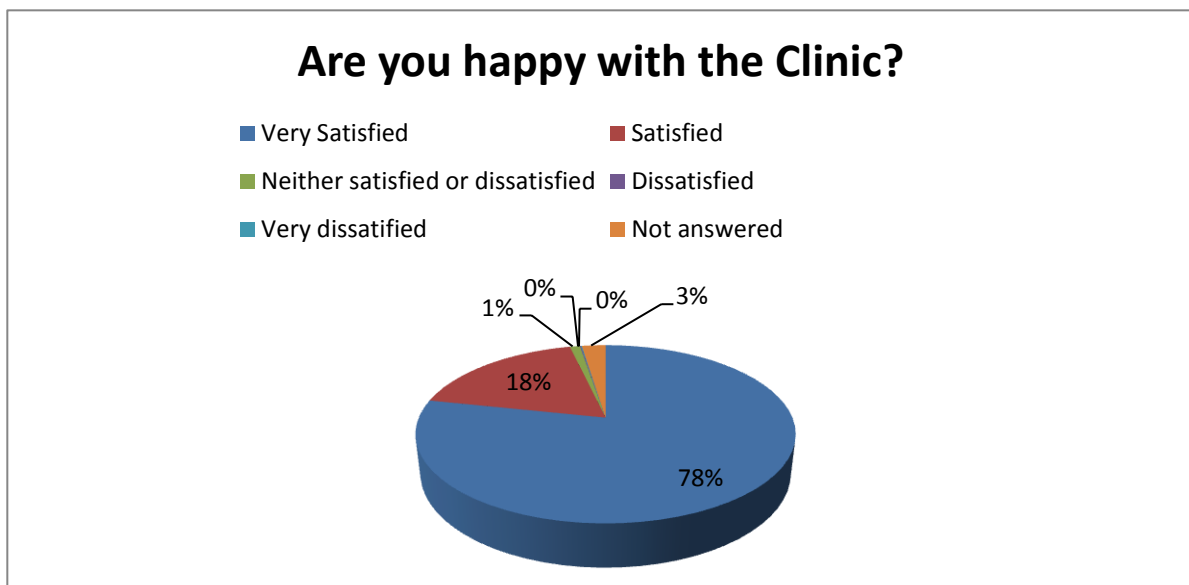


Figure 3.8 Satisfaction with clinic setting



There were 230 comments written on the feedback forms. 87% of these comments were only positive, 5.65% gave positive and negative feedback and 7.4% gave constructive feedback where changes could be made for the better. Comments included the following:

**“I have never had to wait longer than 10 minutes. Staff always happy and very helpful.”**

**“Very nice Health Visitor, helpful and kind. Nice staff, clean place, warm and lovely.”**

**“No wait at all. Very happy.”**

**“Lovely clinic.”**

**“My baby clinic closed in November so I have been coming here since. I like coming here. It is clean, very friendly staff, the professionals are very useful.”**

**“Very through discussion with the Health Visitor. She listened and gave good advice. I did not feel rushed.”**

**“Service is excellent.”**

**“Amazing service, very friendly and helpful”**

More challenging was the mobilisation of the School Nurse element of the service. When Bromley Healthcare took over the service, there was only one School Nurse employed by the previous provider in Bexley and it has taken time to recruit to these vacancies due to a national shortage of School Nurses.

The School Nurse team deliver the National Child Measurement Programme (NCMP) measurements and vision and hearing checks in primary schools and at the end of the academic year in July 2018 the service had exceeded the target in all areas.

The School Nurses engage with schools in terms of the Year 7 and Year 11 contact and work in close partnership with schools and Social Care to help ensure that children and young people are safeguarded from harm. This includes completing an “It’s All About Me questionnaire” with all children and young people referred to Social Care thus ensuring the voice of the child is heard.

The service has a well-developed website at [bexley0to19.co.uk](http://bexley0to19.co.uk) with resources for parents, children and young people, as well as offering a virtual service through the Live Chat function between 9am to 5pm, Monday to Friday. See screenshots from the website in figure 3.9 overleaf.

# Quality Account 2018 - 19

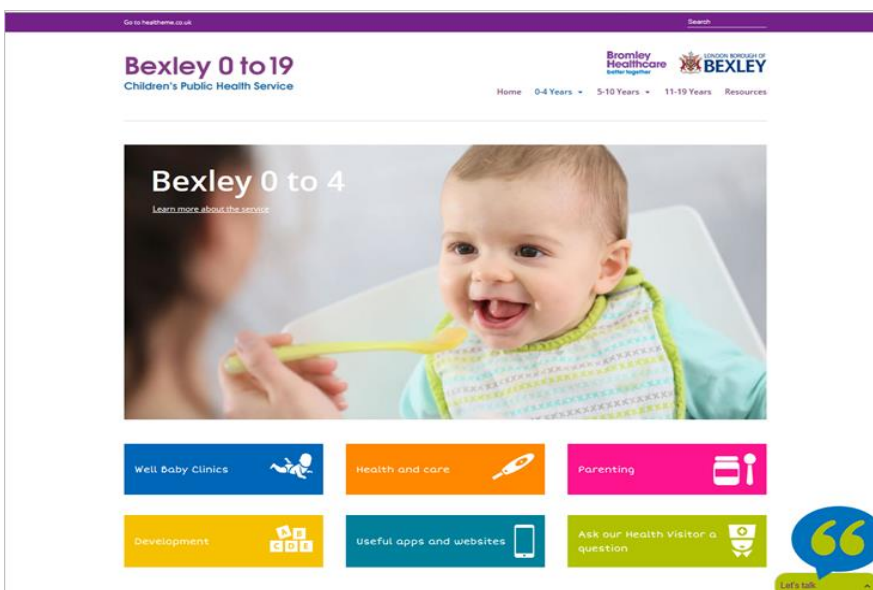


Figure 3.9 Website screen shots

784 Friends and Family Tests were completed by Bexley 0 to 19 service users in 18/19 with a response rate of 3.98%. From these responses 97.1% are extremely likely or likely to recommend the service.

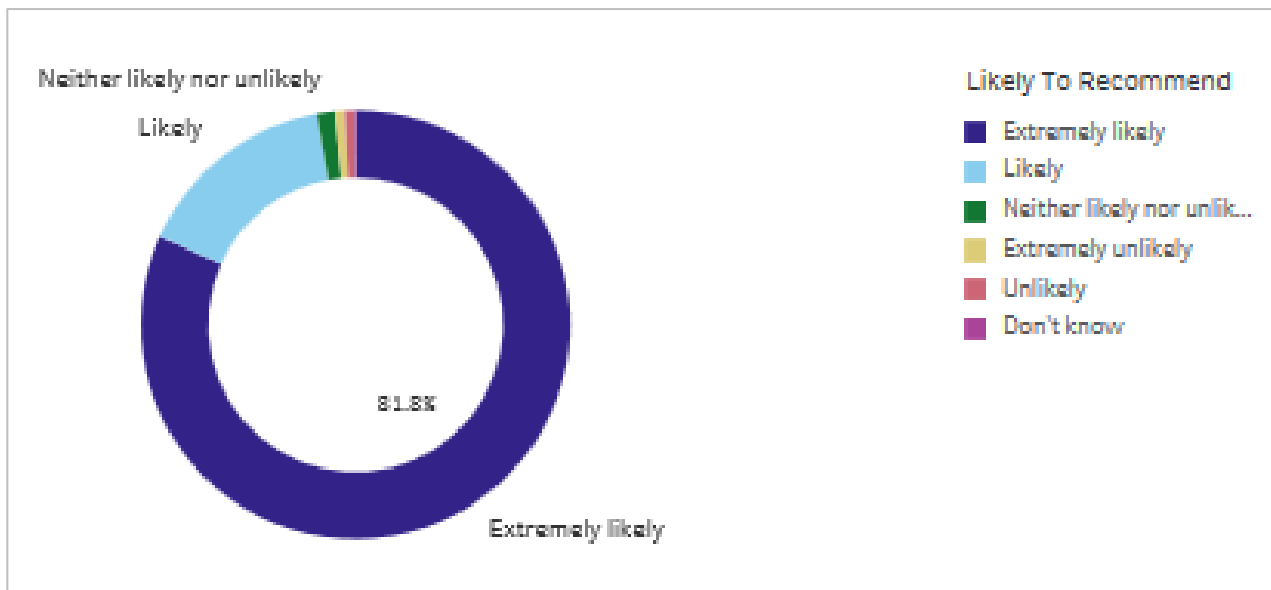


Figure 3.10 Bexley 0 to 19 service Friends and Family Test results 2018/19

Health Visiting comments received from parents include:

- “Really caring and helpful advice, extremely happy”
- “Kind supportive and gentle and loads of information”
- “Provided with good hints and tips regarding toilet training, speech and encouraging self spoon feeding”
- “Friendly and warm”
- “No waiting, a prompt service”

School Nursing comments received from young people include:

- “Sue was so kind, really helpful and informative. I really appreciate it thank you”
- “It was good because now I know what to do”
- “Learning that there are people to help me while I am at school”

The Bexley 0 to 19 Children’s Public Health Service has really flourished under Bromley Healthcare and all credit goes to the committed, hardworking staff.

Our Aim	Achievement
<b>Development and delivery of outcome measures</b>	<b>Complete</b>

Clinical outcomes are measurable changes in health, function or quality of life that result from our care. Constant review of our clinical outcomes establishes standards against which to continuously improve all aspects of our practice BHC has a clinical outcome measured contract with Bromley CCG and both adult and children's clinical services have developed and agreed clinical outcomes over the past year to measure and evidence that they are providing the best clinical care. This is a new way of monitoring the services that we provide consistently.

21 of our services now have these clinical outcomes measure in place which are routinely reported as part of contract and performance monitoring process. These are also monitored externally through our CCG contract monitoring meetings.

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.

Our Adult Physiotherapy, Occupational Therapy, Speech & Language Therapy, Falls, Wheelchair, Rehabilitation Beds and Home based services are all using TOMs to measure their outcomes. Our initial success with this nationally recognised outcome measure was reported in last year's Quality Account.

Two examples of our service outcomes are detailed below for our Tissue Viability and Children's Physiotherapy service.

## Tissue Viability (Leg Ulcer) service

The Tissue Viability service works to improve the quality and standards of care for all patients in the community who have recognised tissue viability needs. The service provides assessment, diagnosis and treatment of patients. The team act as experts educating practitioners involved in the care of patients to deliver best practice according to national and local guidelines and expert opinion, making referrals to secondary and tertiary care as appropriate.

Tissue Viability is a specialist service outside of hospital for patients with complex wounds and highly complex needs, the service incorporates telephone advice, home visits, and visits to GP surgeries, residential homes, nursing homes, intermediate care, special needs schools and clinics for people of all ages that are registered with a Bromley GP.

The Leg Ulcer service sits within the Tissue Viability service. This service is clinic based and provides assessment, diagnosis and treatment for mobile Bromley patients that present with a lower leg wound. The service has implemented two outcome measures:

- Simple leg ulcers aim to be healed within 12 weeks
- Complex leg ulcers aim to be healed within 18 weeks

The service began measurement of these outcomes in October 2018. Between October 2018 and March 2019 the service was able to demonstrate that 88% of simple venous leg ulcers were healed within 12 weeks and 100% of complex venous leg ulcers were healed within 18 weeks.

## Children's Physiotherapy

The service provides assessment, support, instruction and therapy to children and young people with physical difficulties or disabilities. Therapy may involve activity and exercise programmes, individual or group sessions or aquatic therapy.

The Physiotherapy team work collaboratively towards enabling children and young people and their families to manage their own physical health needs and maximise physical potential. Examples of when physiotherapy may be needed include delay in development, mobility problems, neuromuscular disorders, neurological conditions, balance and co-ordination difficulties, joint and muscle pain problems

At the beginning of a programme of treatment a series of goals are set and agreed with the child and family. On completion of treatment these are reviewed. The service began measurement of these outcomes in October 2018. Between October 2018 and March 2019 the service was able to demonstrate 93.5% of goals set and agreed have been achieved for children and families.

## Safe and Caring – Patient at the centre of care

Our Aim	Achievement
<b>Utilise patients feedback to drive service improvements</b>	<b>Complete</b>

### Patient Reference Group

In 2018/19 the Patient Reference Group was expanded and a focussed approach taken to use the forum to feedback on our services and recommend improvements.

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

The members provide feedback and engagement on our services, activities, communication tools and plans that Bromley Healthcare presents. These include suggestions on changes that we should make and on areas for further development.

The group this year supported a review of our service leaflets and standard letters to patients such as did not attend letters. The group has additionally carried out a review of our website. All these activities have led to recommendations on improvements to our communication channels to ensure they are patient public friendly and easy to understand.

The group has received range of presentations on our services allowing the group to ask question and provide input to how services could improve for patients and their families. The services who have presented include Diabetes, Talk Together Bromley, Community Paediatrics, Rehabilitation services, Tissue Viability and Lymphoedema services.

Our Care Co-ordination Centre (CCC) has been the subject of a mystery shopping exercise by members of the patient reference group. The group has provided feedback on their experience and advice on how the CCC can improve the experience of the service user.

Other topics reviewed this year at the group include our nursing associate programme, recruitment initiatives and our apprenticeship programme.

The group receives a regular update in the form of a “You Said, We Did” document which ensure the PRG members are kept fully up to date on the impact of their suggestions.

## 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.

An example of this is our **Children's Occupational Therapy** service which collected feedback from parents and achieved an 80% response rate. Parents attending an appointment in the main occupational therapy treatment room were asked to complete the **(Extended) Friends and Family Feedback questionnaire** at the end of the sessions. In order to support honest feedback from parents, parents were asked to place the questionnaire in the survey box in the room, and not to hand it personally to the therapists.

- **99.5% of parents said they were extremely likely or likely to recommend the service.**

A large proportion of feedback commented on **friendly, welcoming and professional staff**. A number of comments were made about parents **feeling understood** and that staff treated their concerns with **empathy and kindness**. Parents valued **staff's patience** and the **time the OTs took** to explain their recommendations.

A large proportion of parents reported feeling that their **concerns were listened to**.

A large proportion of feedback shows that parents valued having **clear advice** and **practical tips and strategies that they could implement immediately**. A number of comments refer to **valuing the advice given around making tasks that their child was struggling with easier** and appreciated it when information was **explained simply** to them.

A number of comments stated that parents felt the service was **child-centred** and the OTs had a **good way of interacting with their child**. The staff's **good communication skills** were noted by a number of parents.

A number of comments show parents felt that they had received a **thorough and detailed assessment** and that the assessment was **tailored** to their child's particular needs.

At the end of each month, action plans were put in place in response to the feedback obtained. Examples of service improvements following service user feedback include:

- Following comments around wanting advice sheets to take away immediately from the assessment, **advice sheet holders were placed in clinic room for parents to take away**.
- The writing resources were updated in the OT treatment rooms have been expanded to include a wider range of assessment stock for therapists to use with children.
- Due to comments around requesting advice clinics, advice sheets and therapy homework. **It is made clear to parents that they can bring their children to the advice clinic within two years of being seen for assessment**. The OT section on the Bromley Healthcare website has recently been updated to improve communication.

## 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). Information is used to drive improvements in our services. 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 2018/19 98% responded as either likely or extremely likely to recommend our services as illustrated in Figure 3.11.

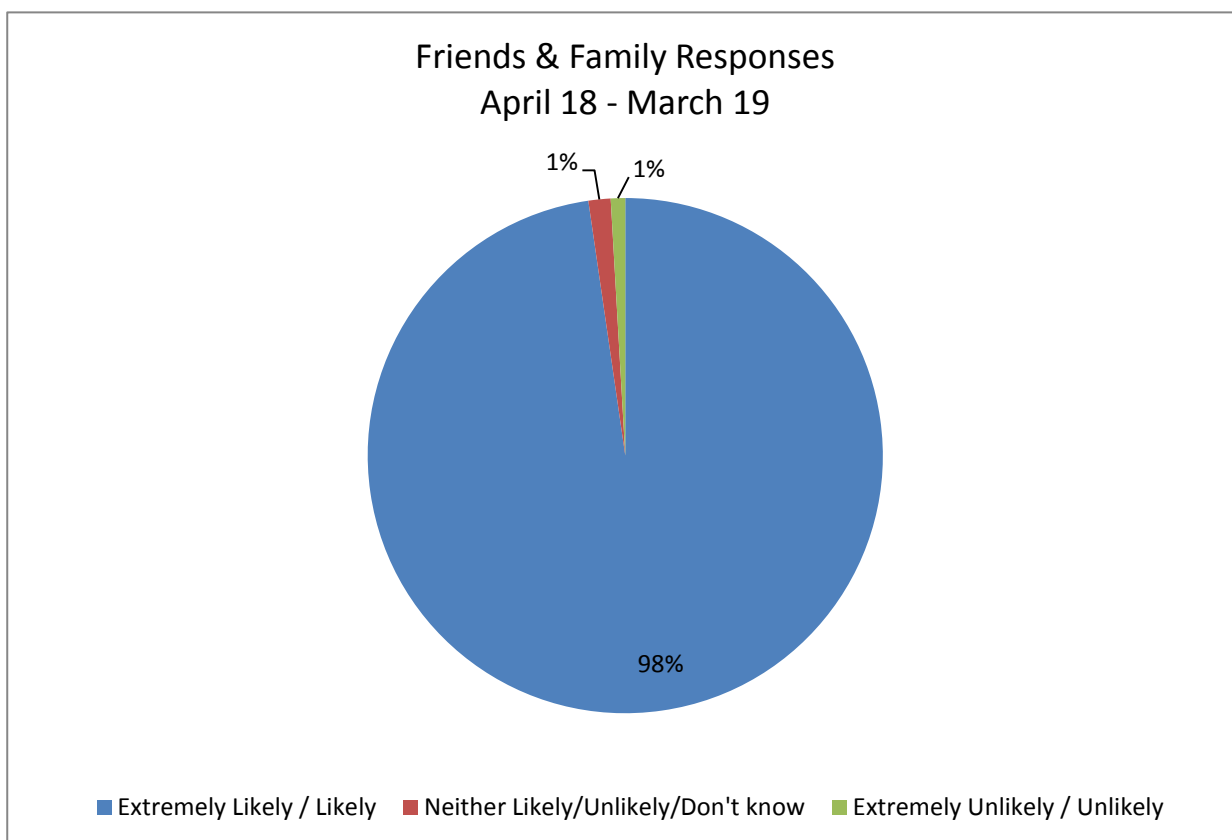


Figure 3.11: FFT results Bromley Healthcare

### 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.



“I went with my 86 year old husband to Biggin Hill Bladder and Bowel clinic this morning at 9.30. We saw a very nice young person who gave us lots of advice on how to manage the bladder problems my husband was experiencing. We were also told that my husband has a water infection; this may have been contributing to the problems and to his confusion, although he also has Alzheimer’s. He’s been given antibiotics and will have a follow up in 8 weeks time. This is very reassuring as I know that someone is monitoring what is happening and will be able to offer more help and advice.

My husband was treated with great care and dignity; I cannot be more appreciative of the way we were treated.”

“I developed PTSD after a serious car accident. 8 months after the accident my GP suggested I contact Talk Together Bromley and I was offered space in a small group. I had 4 sessions in the group.

The group surpassed all my expectations, the therapists were so down to earth and made me feel comfortable. The group sessions taught me why we develop PTSD which really helped me understand my trauma. I then received about 13 one to one sessions with one of the CBT Therapists who had run the group. I had no idea how life changing these sessions would be. I felt like no stone was left unturned. It was a challenging course but Claire was there every step of the way supporting me through reliving the trauma until it was properly processed. By the end of the therapy I felt entirely different to how I was at the start. I can talk about the accident now and things that remind me of it. I feel like it’s not waiting to come back and bite me anymore because it’s all worked through. I will keep referring to all I learned and worked through in years to come and I am so grateful for this therapy.”

Today I visited the Phoenix Centre Contraceptive Clinic and had the most amazing experience. I was greeted by the Health Care Assistant who was very friendly and very efficiently checked me in. Then had the most wonderful appointment to get an implant fitted with the nurse. She was incredibly diligent, friendly and caring. It felt like meeting a friend. They made me feel very comfortable.

## Compliments, complaints, comments and concerns (4Cs)

The following table provides a summary of the 4Cs received by services this year in Figure 3.12

		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
18/19	complaint	36	22	33	8
	concern	64	61	55	42
	compliment	184	580	164	106

Figure 3.12 4 C's summary

### 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.

The number of complaints that have been dealt with in the period 2018/19 remains steady. However there has been a significant increase in the number of concerns. This is due to the fact that staff have been better at contacting clients directly and dealing with issues at an early stage thus preventing escalation to a formal complaint.

Even though the number of compliments received has more than doubled in the last year it does not reflect the true figure as many staff find it hard to accept that they should document personal positive feedback. We continue to actively encourage our staff to record all compliments.

This year has seen the establishment and implementation of a weekly Incidents and Complaints meeting. This meeting is chaired by the Chief Executive and attendees include the Medical Director, the deputy Director of Nursing and Safer Care and Head of Safer Care. All new incidents and complaints are discussed and actions put in place for improvement where possible.

**Examples where services have shown learning from complaints**

<p><b>Misleading or lack of information on the service website</b></p>	<p>As a result of a number of complaints the Patient Reference Group have played an integral role in reviewing and commenting upon service websites and service leaflets. Changes have been made to the website accordingly.</p>
<p><b>Domiciliary Visit: Inability to access a client's home</b></p>	<p>The protocol for staff in the event that they are unable to access a client's home was updated , discussed at our clinical Leadership meeting and circulated to all patient facing staff across the organisation</p>
<p><b>Complaints regarding delays in communication early on in the establishment of a centralised Care Coordination Centre</b></p>	<p>The Manager audited the response times to telephone calls, and voice mails, as well as feedback. As a result the options for patients to choose when they dial in were reviewed and simplified all as a result of feedback from patients and clinical staff. A 'mystery shopping exercise undertaken by members of the Patient Reference Group also provided feedback enabling improvement in the system. As a result the number of concerns relating to this service has reduced dramatically.</p>
<p><b>Complaints regarding the quality of clinical care</b></p>	<p>All staff involved in these concerns are interviewed by senior clinicians and their competency to deliver that particular element of care re assessed. If necessary training is put in place.</p>
<p><b>Talk Together Bromley: Complaint from client experiencing deterioration in symptoms while on waiting list</b></p>	<p>A process change was implemented, whereby, in future the service will routinely invite patients into the service for a further detailed face to face assessment where there has been a change or deterioration in functioning/circumstances for patients on a waiting list for therapy. Previously this has been done by telephone.</p>

Figure 3.13 Examples of learning from complaints 2018/19

Our Aim	Achievement
<b>Introduction of a preventative (near live) patient safety dashboard</b>	<b>Complete</b>

Bromley Healthcare has been developing a range of near live service and organisation performance dashboards during 2018/19. As our commissioners Bromley CCG benefit from the improved level of data collection through routine contract reporting and the ability to support deep dives. This work has expanded its remit to place a specific focus on the development of safety dashboards. In the first instance this has focussed on the completion of insulin injections by the District Nursing (DN) service.

This initiative as well as being a Bromley Healthcare Quality objective for 2018/19 was adopted by Bromley CCG as one of our CQUIN schemes.

We have invested significant time, expertise and resource to develop its existing near live dashboards. Our first step towards a live safety dashboard was in the form of a pilot with one of the DN teams to establish one aspect of a safety dashboard focusing on the provision of housebound insulin injections. This pilot allowed us to identify in near real time the completion of the insulin injections and ensure any potentially missed injections were picked up and completed on the same day through a clear escalation process. The dashboard is now being used on a daily basis. The insulin audit is run daily at 2.15pm. If the report highlights any injections which have not been given these are followed up through the Care Co-ordination Centre. If necessary the twilight nursing team will pick up any outstanding injections ensuring on a daily basis that all patients receive their required insulin injection

This forms the basis of a wider reaching dashboard as part of future work.

## Caring and Well Led – Culture for Growth

Our Aim	Achievement
<b>Grow our own team strategy</b>	<b>Complete</b>

### Appraisal

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'.

Appraisals are a fundamental tool which supports individual development within their role and through promotion within the organisation. Our organisational aim is that a minimum of 85% of staff achieve a regular annual appraisal. For all months in 2018 /19 we were above our target of 85% for all staff having an appraisal.

### Reducing time to recruit

To support our active recruitment campaigns to reduce our vacancies for clinical and non clinical posts we have reduced our time to recruit to posts from 50 to 34 days.

### Reducing vacancies

Our overall vacancy rate has reduced from 12.8% to 7.07%. Our focus on our District Nursing workforce has seen vacancies reduce from 20% to 11.9% and as we have optimised the Care Coordination Centre vacancies have reduced from 30% to 11.5 %, see figure 3.14 below.

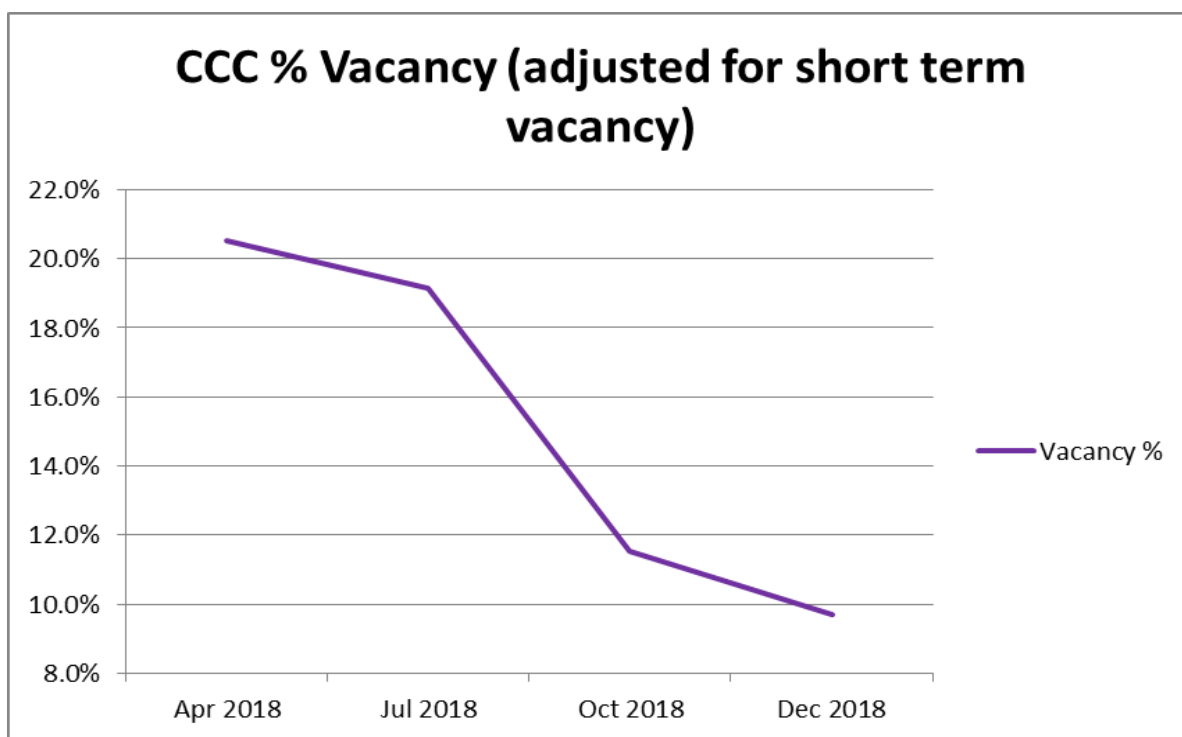


Figure 3.14 Care Co-ordination Centre vacancies

### Internal Promotion

We encourage the development of our staff. During 2018-19 we supported 46 people to achieve internal promotions

Our Aim	Achievement
New Programme in Place for District Nursing	Complete

## Introduced a Band 5 Development Programme

District Nursing is the largest workforce group employed by Bromley Healthcare. The nature of nursing in community healthcare requires staff to work remotely with limited supervision compared to other healthcare environments. This can be particularly challenging for less experienced nurses and can have a negative impact on both recruitment and staff retention.

Our organisation is also challenged with ensuring a District Nursing workforce, providing the wide range of skills and competencies required with staff able to operate independently, where possible.

To address these issues Marie-Louise Muir, Community Clinical Educator (Nursing) with her team, proposed and developed an intensive course that would revolutionise the way Bromley Healthcare train nursing staff. The Band 5 Development Programme (10 weeks duration) was designed for newly registered nurses and provided focussed targeting of clinical skills, immediately followed by clinical practice with tailored lists of patients e.g. practical application of catheterisation within 3 days of training in the competency. The course ensured that by the end of the 10 week period community nursing staff were fully competent in the essential skills for their roles. Great care was then taken to seamlessly transition the nurses into the preceptorship programme.

Marie-Louise sourced experienced supernumerary clinical supervisors/trainers, employed on Bank, to provide intensive support, without affecting service delivery for patients. This required meticulous planning and organisation across multiple teams and an investment in time which was intensive for the Learning and Development Team and Marie-Louise in particular. Financial impact and benefit papers were presented to our Executive Team for approval and to gain confidence to take the project forward.

No projects locally offered a similar level of intensive training to new community nurses at the scale that we required. The whole programme had to be devised by adapting existing courses underpinned by our detailed knowledge of nursing development. Project management and engagement with other teams was critical to the success of the project, as well as in depth knowledge of what was required for these staff and could only truly be achieved by someone with skill in both areas, which Marie-Louise provided.

By working in partnership with Universities, local organisations i.e. St Christopher's Hospice and Bromley Healthcare teams, Marie-Louise ensured that these new Band 5 nurses had a seamless initiation into the organisation and aligned services from all aspects. This included basics from uniform and equipment right the way through to individual clinical supervision and activity allocation.

The inaugural programme was delivered from 3<sup>rd</sup> September 2018 to 9<sup>th</sup> November 2018. We intend to complete further evaluation in terms of the effects on staff retention and patient experience and health outcomes over the coming year. We do know on evaluation that the staff that were part of the programme were very satisfied with the course delivery and the benefits they gained from the programme with increased confidence in their role.

Lessons learned have been shared throughout Bromley Healthcare and will inform future programmes for learning and development. Our next Band 5 Development programme is scheduled for September 2019

### **Introduced Nursing Associate roles to our workforce**

2018/19 saw the establishment of our Nursing associates programme. The programme will start to deliver results over the coming year

Nursing associates are new members of the nursing team providing care and support for patients and carers; they bridge the gap in skills and knowledge between healthcare assistants and registered nurses. Across the country, Nursing Associates have started to work in general medical and surgical wards, care of the elderly and community services like ours.

Nursing associates undertake a two year training course, leading to a foundation degree. The training enables them to work with people of all ages and in a variety of settings in health and social care. They have attended a number of practical placements in different settings; in hospital, close to home and at home. We have a cohort of Apprentice Nursing Associates starting their training in 2019 and two Nursing Associates graduated in April and began working in the Rehabilitation Service in Foxbury and in the Beckenham Community team.

Nursing Associates training covers the following areas of proficiency:

1. Be an accountable professional
2. Promoting health and preventing ill health
3. Provide and monitor care
4. Working in teams
5. Improving safety and quality of care
6. Contributing to integrated care

Nursing Associates are regulated by the Nursing and Midwifery Council and so their registration will have to be revalidated every three years, providing additional quality assurance and protection for patients and carers.

Employers like Bromley Healthcare are responsible for assuring that practicing Nursing Associates have the qualifications, competence, skills and experience to undertake the activities required of them, including medicines management.

Nursing Associates are educated to understand medicine management, but have to be signed off as competent and work within our local policies and guidelines to administer prescribed medicines safely and appropriately.

Although they work autonomously, Nursing Associates work under the supervision of a registered nurse on a delegated caseload, providing a wide range of hands on care and interventions. This lets our registered nurses focus on more complex cases.

As with all of our nurses, they follow our code of conduct and adhere to the 6Cs; care, compassion, competence, communication, courage and commitment.

There are 6 new nursing associates scheduled to take up roles in the organisation in the coming year.

### **Production of recruitment films**

During 2018 to support our priority to recruit to nursing vacancies a number of our nurses contributed to the production of a District Nursing recruitment film and also a Day in the life of a District nurse film.

These films are hosted on the Bromley Healthcare You Tube channel and are available to prospective employees via our website, social media accounts and NHS jobs.

The recruitment films can be viewed at:

[youtube.com/channel/UCXqdJm17dcbXnfvh98qIJ0g](https://www.youtube.com/channel/UCXqdJm17dcbXnfvh98qIJ0g)

### **A dedicated focus on nursing recruitment**

Bromley Healthcare has undertaken a number of recruitment programmes that have had a focus on our district nursing workforce. 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 specific recruitment events such as open days and assessment days targeting district nurses and newly qualified nurses

### **Reduction in nursing vacancies**

The collective impact of the initiatives above has seen a reduction in our vacancies within the District Nursing service and is illustrated overleaf in Figure 3.15



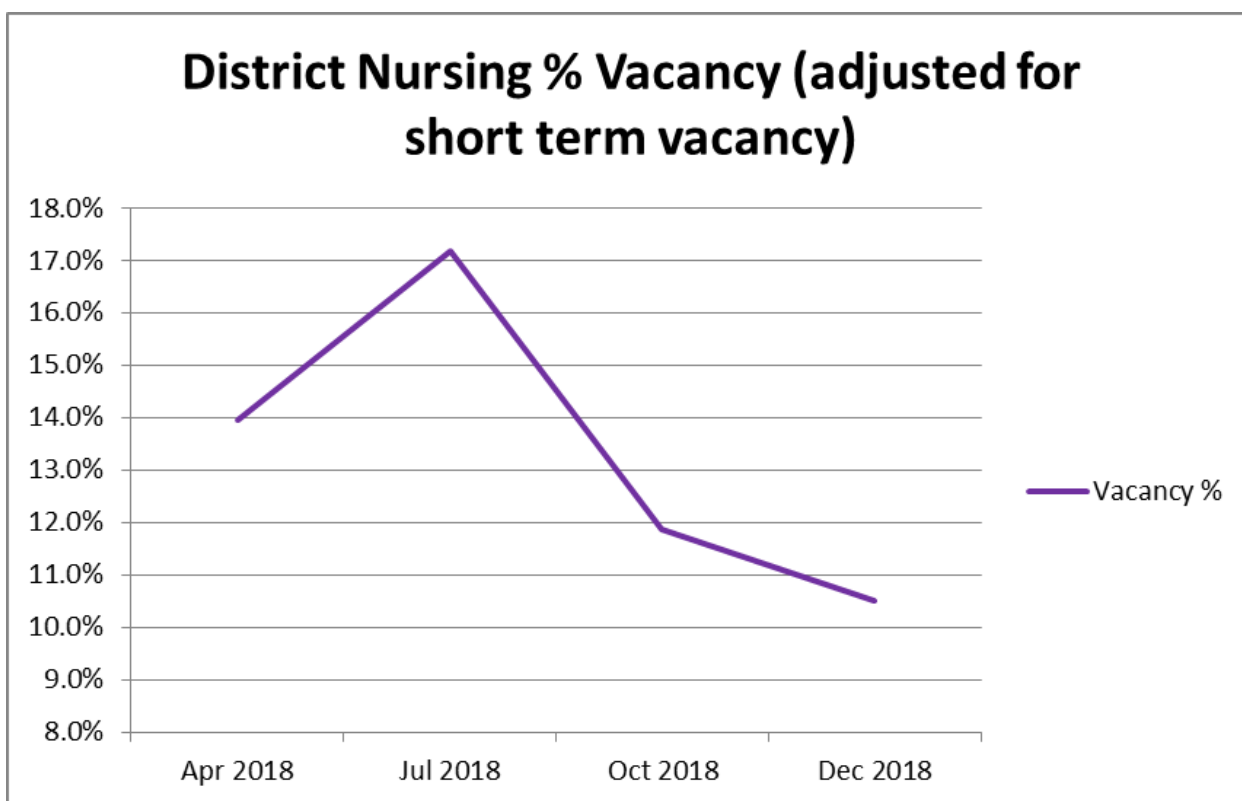


Figure 3.15 District Nursing Vacancies 2018

Our Aim	Achievement
<b>Apprenticeship programme in place within the Care Coordination Centre</b>	<b>Complete</b>

In last year’s Quality Account we detailed the start of our journey to embrace the benefits of supporting apprenticeship programmes. 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.

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. 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. Bromley Healthcare has appointed 7 apprentice roles into our Care Coordination Centre:

Apprenticeship	Service	Number of Apprenticeships
Customer Service Practitioner	Care Coordination Centre	6
Business Administration	Care Coordination Centre	1

In March 2019 Runway, the apprentice provider for these apprenticeships, had its annual awards.

Bromley Healthcare was nominated and some of our apprentices received individual nominations. Two of these apprentices deservedly won awards.

Paige Ansary was the winner of the Level 2 Apprentice of the Year Award and James Tucker also received an award as a finalist in the Level 2 Apprentice of the Year Awards. Bromley Healthcare was also a finalist in the Apprenticeship Employer of the Year Award category.



Feedback from our CCC apprentices and their manager:

"Doing the apprenticeship, everything we learn is relevant and useful to the work we do in the CCC and it was great all the apprentices starting together"

"I really appreciate the on the job training. I'm always learning something new and the apprenticeship has really taught me how to multi-task!"

"The Customer Care apprenticeship has been amazing, a great opportunity and working with patients and colleagues has really improved my confidence and ability to talk to people".

" The apprentices are keen and eager to learn and develop in their roles and have risen to the challenge of working in a busy environment like the CCC

## Success Stories

This section highlights any particular successes delivered in 2018-19 which are not picked up in the prior section.

### Relocation of our Rehabilitation Beds

The Bromley Healthcare bedded rehabilitation unit relocated to a newly renovated and bespoke setting at Queen Marys, Sidcup on 20 December 2018. This involved the safe transfer of our 28 patients between sites.



Patient safety was at the centre of our move planning. The unit had been fully pre-equipped in advance of the move to ensure a smooth transfer and continuity of service. On the move day, a Command Centre, staffed by a senior operational staff, directed the physical transfer process of patients and staff and ensured continuity of service provision during the transfer period. The physical transfer of the patients did not commence until the Command Centre were satisfied that all necessary arrangements were in place. Assurance was provided by completion of move checklists which included confirmation that the patients were fit to travel. On arrival at the unit all patients were provided with a meal and settled into their new accommodation.

Patients and their families had been involved in detailed discussions preparing them for the move and answering any questions. All our partner providers were fully briefed on the service change including hospital team which ensured we were able to admit patients to the unit on the day of transfer. Patient feedback about the move itself and the new location were uniformly positive:

“The transiting from Lauriston to Foxbury was excellent”

“The environment is clean and bright”

“The Food is very good and hot”

“Very happy with his care at Foxbury”

## Celebrating the 70<sup>th</sup> Birthday of the NHS

To celebrate the NHS' 70<sup>th</sup> birthday in July 2018, the Executive team undertook a roving tea party around to our bases to meet as many staff as possible, say thank you and celebrate the birthday. In addition to cupcakes\* and baskets containing healthy/vegan snacks were provided, each team was presented with a specially designed tea caddy containing various teas to mark the occasion. There was also an online quiz for a chance to win a prize, following a feature on the history of the NHS in our staff magazine 'Together'

\* The cupcakes were made by a local company who provide employment and support to people with learning disabilities.



## Bromley Healthcare Charity Ball and Awards Ceremony

On Friday 12 October 2018 220 staff and volunteers gathered at The Warren in Hayes to celebrate the work of Bromley Healthcare and its Charity.

The event was attended by the Mayor of Bromley, Councillor Kim Botting and her consort Councillor Mike Botting. The Mayor kindly assisted with the annual awards ceremony. Winners of our staff awards 2018 are detailed below:

### **A Team Award: Bexley 0 to 19 and Health Support for Schools**

Recognising a team that is tackling the productivity challenge and succeeding. (Below.)



### **CCC Superstar Award: Tina Bigley, Administrator (Pod 2)**

Recognising a significant contribution to the establishment and success of the Care Coordination Centre. (Below left.)

### **Charlotte Hails Unsung Hero Award: Hannah Quinney, Team Coordinator (Pod 3)**

Recognising non-clinical colleagues' commitment for their part in the smooth running of the organisation. (Below right.)



### **Commitment to Excellence Award: Carla Jefferson, Occupational Therapist**

Recognising commitment and excellence in healthcare practice.

**Massey Healthcare Assistant Award: Tracey Barker, HCA (Beckenham Hub)**

Recognising health care assistants who have gone above and beyond their duties. (Below left.)

**Pioneer Award: Cara Jordan, Therapy Lead (Bed-based Rehabilitation)**

Recognising those who have pushed the boundaries. (Below right.)



**New Technology Award: Mark Rozze and Jo Ryan**

Recognising a team or colleague who have/has made advances in their part of the organisation by implementing the use of new technology.

**Sue Chadwick Memorial Award: Sally Bilisland (Bromley DN), Sandra Firth (Orpington DN), Michelle Valentino (Biggin Hill DN) and Kate Breen (Beckenham DN)**

Recognising commitment and excellence in nursing. (Below.)



**Temporary Worker Award: Dr Tsui-ta Smith, Visiting Medical Officer (Bed-based Rehabilitation)** Recognising those staff who are employed on our bank, through an agency or on contract who made a unique contribution to our services.





## Part 4 - Statements from Stakeholders

The following section provides statements and from various stakeholder organisations and groups 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 2018-2019. 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 patient satisfaction at 97%.
- Healthwatch notes and it should be recognised that CQC have stated **"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."**
- Healthwatch is glad to see a ongoing section on monitoring patient experience within the quality account and understands that work has been carried out to improve complaints and concerns. We note that the number of concerns has increased but do applaud this if it is because staff are more proactive in the first instance and issues are dealt with early as stated. It is noted that compliments has doubled.
- Healthwatch welcomes the successful implementation of the Care Coordination Centre within the organisation to improve patient access and communication and is pleased to note the subsequent and continued reduced waiting times across services.
- Healthwatch is pleased to see that Bromley Healthcare has developed a clinical outcome measured contract with Bromley CCG and both adult and childrens clinical services have developed and agreed clinical outcomes to measure and evidence that they are providing the best clinical care. 21 services have these clinical outcomes measures in place which are routinely reported as part of contract and performance monitoring process. It will be interesting to see the impact of these in another 12 months.
- It is positive to see the overall vacancy rate has reduced from 12.8% to 7.07%. Particulary, District Nursing has seen vacancies reduce from 20% to 11.9% and the Care Coordination Centre vacancies have reduced from 30% to 11.5%. This will ultimately lower the spend on expensive agency staff across Bromley Healthcare.
- Details of the impact of the work carried out for the Quality and Innovation CQUIN on the reduction of falls would be welcomed for the year 2019/20.

**Tim Spilsbury**  
**Chief Executive, Healthwatch Bromley**  
**June 2019**

## NHS Bromley CCG

Bromley Clinical Commissioning Group is pleased to have the opportunity to comment on Bromley Healthcare's Quality Account for 2018/19.

This has been a year of consolidation for Bromley Healthcare with the embedding of the new community contracts and significant progress in developing clinical outcome measures; this is a significant step for Bromley Healthcare and Bromley Clinical Commissioning Group as we move towards measuring the impact of care on the patient's condition both physical and emotional.

In addition, the continued growth and development of the Care Coordination Centre as a single point of entry has not only streamlined booking for patients and referrers but has significantly reduced waiting times across many services by reducing non-attendance.

Bromley Healthcare has much to be justifiably proud of in 2018/19; achieving a 'Good' rating across all services from the Care Quality Commission's inspection of Beckenham Beacon and Ofsted's inspection of Hollybank Children's Respite Service. It is particularly heart-warming to understand from inspectors that Bromley Healthcare staff provide 'kind and compassionate care' and 'display genuine warmth towards those in their care'.

Bromley Healthcare is to be congratulated on the results of the National Audit of Intermediate Care, where they were identified as high performers.

The re-location of the bed-based rehabilitation unit to Foxbury in this year was challenging to ensure a safe transfer of patients between sites but, with detailed planning, this is now providing both patients and staff with a much improved environment.

Of particular note has been Bromley Healthcare's progress towards partnership working across Bromley with local health and social care providers; as demonstrated in the CQUIN achievements. This will be key to delivery of the NHS Long Term plan and the organisation's commitment to new ways of working is welcomed.

Bromley Healthcare has also worked to develop a robust proactive workforce strategy against a backdrop of staff shortages across the NHS but particularly in community nursing. The focus on retention, staff development and a 'grow your own team' culture means that the organisation is placing itself in a strong position to secure a motivated and high quality workforce going into 2020.

Bromley Healthcare has always been highly regarded by patients, however, response rates have not always been good across all services. BCCG therefore welcome a new focus on driving up response rates across all services to ensure the voice of a larger number of patients is being heard.

We look forward to working closely with Bromley Healthcare in the coming year and their inclusion in Bromley-wide integrated working as One Bromley develops.

**Sonia Colwill**  
**Director of Quality & Governance**  
**June 2019**

## Comments received from the Bromley Healthcare Patient Reference Group

The Patient Reference Group has reviewed and provided a helpful critique of the Quality Account 2018/19. They have assisted in making this year's Quality Account user friendly to our patients and the public. Additionally they have provided their thoughts on the document itself and these comments are included below:

**“The Quality Account is a very comprehensive report about Bromley Healthcare’s achievements.”**

**“The Patient Reference Group is a very well organised group, having the CEO chair the meetings, listening to the members views makes the group, who are representing Bromley residents, feel their ideas are valued.”**

**“The report shows that Bromley Healthcare does have patients at the heart of the service and they are treated as human beings not as a statistics.”**

**“It looks very good and makes me really proud to work with Bromley Healthcare.”**

**“The Quality Account is a good publication which shows the excellent work done by Bromley Healthcare.”**

## Statement from the London Borough of Bromley Scrutiny Committee

The Bromley Healthcare Quality Account 2018/19 will be reviewed by the Health Scrutiny Sub-Committee at their next meeting. Once issued, their statement will be added to the account which will be updated accordingly.

Bromley Healthcare Community Interest Company Ltd  
Company no: 06815987 Registered in England  
Registered office: Global House, 10 Station Approach, Hayes, Bromley, Kent BR2 7EH

**BHCQA062019**

Report No.  
CSD19150

London Borough of Bromley

PART ONE - PUBLIC

---

**Decision Maker:** HEALTH SCRUTINY SUB-COMMITTEE

**Date:** Tuesday 8<sup>th</sup> October 2019

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

**Title:** MATTERS OUTSTANDING AND WORK PROGRAMME 2019/20

**Contact Officer:** Jo Partridge, Democratic Services Officer  
Tel: 020 8461 7694    E-mail: joanne.partridge@bromley.gov.uk

**Chief Officer:** Director of Corporate Services

**Ward:** N/A

---

1. Reason for report

1.1 The Health Scrutiny Sub-Committee is asked to consider progress on matters outstanding from previous meetings of the Sub-Committee and to review its work programme for 2019/20.

---

2. **RECOMMENDATION**

2.1 **The Health Scrutiny Sub-Committee is requested to:**

- 1) **Consider matters outstanding from previous meetings; and,**
- 2) **Review its work programme, indicating 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: £ 358,740
  5. Source of funding: 2019/20 revenue budget
- 

### Personnel

1. Number of staff (current and additional): 8 staff (6.79 fte)
  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 There were currently no matters outstanding from previous meetings of the Health Scrutiny Sub-Committee.
- 3.2 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.
- 3.3 The four scheduled meeting dates for the 2019/20 Council year as set out in the draft programme of meetings agreed by General Purposes and Licensing Committee on 12<sup>th</sup> February 2019 are as follows:
- 4.00pm, Tuesday 2<sup>nd</sup> July 2019
  - 4.00pm, Tuesday 8<sup>th</sup> October 2019
  - 4.00pm, Tuesday 28<sup>th</sup> January 2020
  - 4.00pm, Thursday 23<sup>rd</sup> April 2020
- 3.4 The work programme is set out in [Appendix 1](#) below.

<b>Non-Applicable Sections:</b>	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

<b>28<sup>th</sup> January 2020</b>
Update from King's College Hospital Foundation Trust (King's)
General Update (Bromley Healthcare)
Health Based Place of Safety Update (Oxleas)
Joint Health Scrutiny Committee Verbal Update (Representatives)
<b>23<sup>rd</sup> April 2020</b>
Update from King's College Hospital Foundation Trust (King's)
Full Oxleas Mental Health Services Update (Oxleas)
Joint Health Scrutiny Committee Verbal Update (Representatives)
<b>To be programmed (2019-20)</b>
King's College Hospital Foundation Trust – Financial Summary (Chief Finance Officer)
Presentation by King's College Hospital Foundation Trust – Patient Flow

<b>To be programmed (from 2018-19)</b>
Presentation from Debbie Hutchinson, Director of Nursing (PRUH) (King's)
King's Productivity Improvement Programme Update (King's)
Impacted of the Integrated Care Model: Update (King's/CCG/LBB)