Bromley Healthcare Update
CQC inspection - March 2022

About Bromley Healthcare

Patient satisfaction:
98.1%

Population:
330,000

KPI Achievement

Workforce:
1,100
Bank 250-300

Bromley Healthcare Charity
a helping hand

Income: £60m

Groups supported: 6

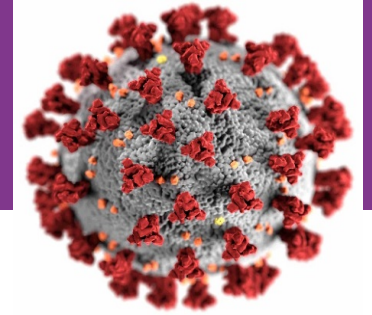**KPI Achievement:**
Adults: 92%
Children: 88%

Patient interventions:
600,000

Boroughs:
Bexley, Bromley,
Greenwich, Lewisham
(25 locations)

Number of services: 36 Services
Urgent community response // Neighbourhood // Children's

CQC Inspection Backdrop

- **Two years of Covid, two waves, during which:**

  - ❑ Higher than usual sickness/absence levels:

  - ❑ 150 staff members were redeployed &

  - ❑ then returned to their services

  - ❑ At the height of the pandemic

    - ❑ 100 colleagues were homeworking

    - ❑ 108 colleagues were vulnerable/shielding

    - ❑ 3 colleagues seconded to Nightingale

  - ❑ All staff were risk assessed:

    - ❑ In mid July 2021, 30 colleagues had restrictions on their practice following a risk assessment

  - ❑ In the months of July and August 489 days or 0.9% of capacity were lost to COVID alone.

  - ❑ Following national guidance a large number of entire services, or elements of services were stood down and then stood back up, many of those who continued throughout the pandemic had altered ways of working to take account of social distancing, PPE and efforts to reduce F2F contact with patients if risks outweighed benefits.

- **Vacancies in key services:**

  - ❑ District Nursing &

  - ❑ Health Visiting (both reflective of national issues)

  - ❑ Children Therapies
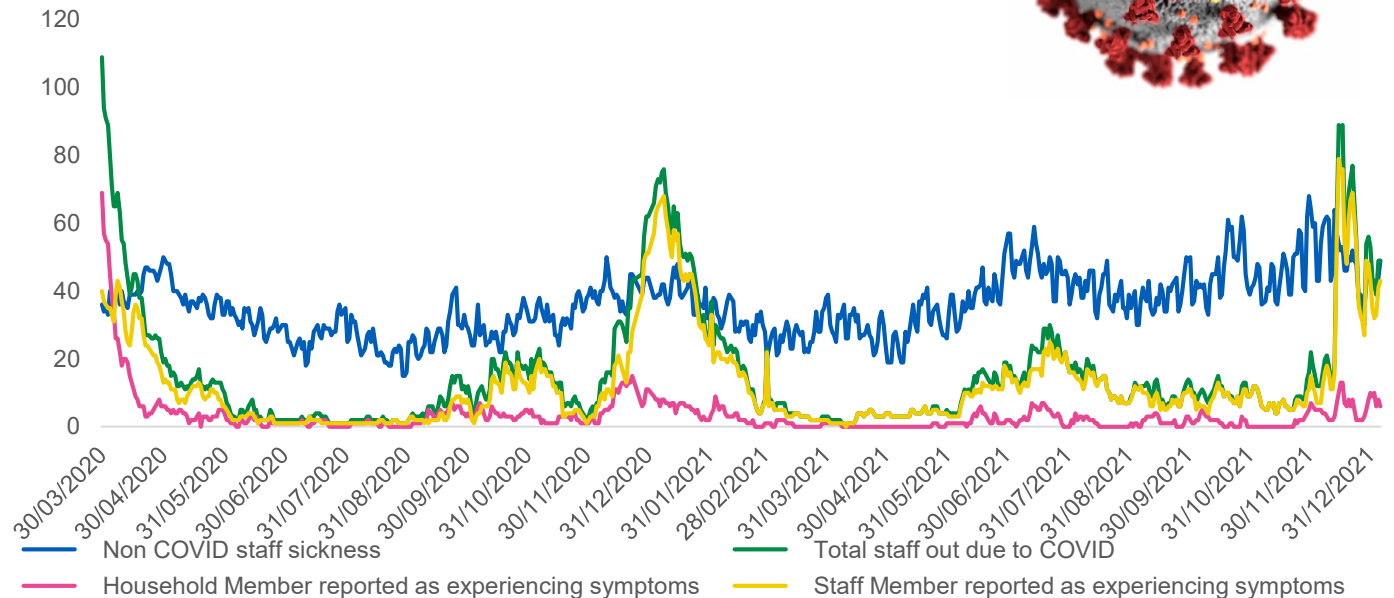
CQC Inspection Backdrop cont.

- **New Services:**
  - ❑ Bromley 0 to 19 Service transferred to Bromley Healthcare mid pandemic in Oct 20
  - ❑ Greenwich 0 to 4 transferred to Bromley Healthcare in Jun 21 (8 weeks pre-inspection)
  - ❑ Hospital @ Home for CYP established in Jan 21 as a response to COVID & Winter pressures & in conjunction with KCH
  - ❑ Bromley Healthcare led on the SEL Urgent Community Response Accelerator site programme (data) throughout the period

- **COVID Response Innovations:**
  - ❑ Bromley Covid Monitoring Service established in Mar 20 to safety net patients with COVID in the community
  - ❑ Rapid Access Therapy Team (RATT): Mobilised in Jan 20 and in Mar 20 was expanded as part of Bromley Healthcare's COVID response. Provides rapid therapy to patients discharged from hospital or in need of urgent therapy input; patients seen within 2 days (most same day)
  - ❑ Single Point of Access (SPA): a single point of access for all hospital discharges was established in Mar 20 (part of OneBromley)
  - ❑ Reablement transferred to Bromley Healthcare between May - Sept 20 as part of the COVID response (returned to LBB in Nov 21)
  - ❑ Clinical Triage Team - set up in x 2020 to complete all triage across Bromley Healthcare therapies. Centralising & integrating it with the RATT and SPA to give a quick and uniform approach to triage within Bromley Healthcare
  - ❑ Wearable Devices: Allow clinicians to monitor high risk patients in more depth and react more quickly if they are feeling unwell, plus provide improved data on patient vitals
  - ❑ A task force was established to accelerate the rollout during March 2020, of an automated scheduling tool (Malinko) to alleviate the impact of demands upon the District Nursing service, working with an increasing caseload, above average referrals per 100k of population, outer London weighting and staffing vacancies/increased sickness. Extended to Adult OT, Rehab Home & RATT in 2021

CQC Inspection Result

Ratings for the whole trust

Safe	Effective	Caring	Responsive	Well-led	Overall
Requires Improvement Feb 2022	Requires Improvement Feb 2022	Good Feb 2022	Requires Improvement Feb 2022	Requires Improvement Feb 2022	Requires Improvement Feb 2022

The rating for well-led is based on our inspection at trust level, taking into account what we found in individual services. Ratings for other key questions are from combining ratings for services and using our professional judgement.

Rating for community health services

	Safe	Effective	Caring	Responsive	Well-led	Overall
Community health services for children and young people	Requires Improvement Feb 2022	Good Feb 2022	Good Feb 2022	Good Feb 2022	Requires Improvement Feb 2022	Requires Improvement Feb 2022
Community health inpatient services	Requires Improvement Feb 2022	Good Feb 2022	Good Feb 2022	Good Feb 2022	Good Feb 2022	Good Feb 2022
Community health services for adults	Requires Improvement Feb 2022	Requires Improvement Feb 2022	Good Feb 2022	Requires Improvement Feb 2022	Requires Improvement Feb 2022	Requires Improvement Feb 2022

Overall ratings for community health services are from combining ratings for services. Our decisions on overall ratings take into account the relative size of services. We use our professional judgement to reach fair and balanced ratings.

About the CQC Inspection

❑ The Inspection ran from July to September 2021.

❑ The inspection team included 8 inspectors, an inspector manager, 3 specialist advisors and 3 experts by experience.

❑ The inspection consisted of on-site visits across community bases and the bedded rehabilitation unit; staff, senior leaders, patients and families were spoken to; records and feedback cards were reviewed, along with a range of documents, policies and procedures; adult and child consultations were observed, along with handovers, clinics and MDT meetings. An online staff survey across BHC was also conducted.

❑ It was BHC's first inspection conducted under the NHS Trust regime.

High level themes feedback - Good practice

Areas of good practice identified:

❑ Stable and full leadership team with capability in their roles.

❑ Open organisational culture.

❑ Leaders visible and approachable.

❑ Responsive approach to delivery of health and care services e.g. Greenwich, Covid Monitoring Service (CMS).

❑ Very positive relationships with health and care stakeholders.

❑ Integrated working across community, hospital, and primary care to provide improved services for patients.

❑ Clear oversight of incidents, safeguarding, complaints and risks.

❑ Robust safeguarding procedures - working well with other agencies to protect adults and children from abuse.

High level themes feedback - Good practice

Areas of good practice cont:

❑ Effective infection control systems in place.

❑ Committed to developing staff and encouraging their involvement.

❑ Robust and integrated processes to manage and learn from incidents, safeguarding and complaints.

❑ Performance dashboards in place with clear information.

❑ High quality IT support provided to the local health and care system.

❑ New staff and well-being initiatives valued.

❑ Good financial stability and tendering.

❑ Good patient and staff feedback during the inspection.

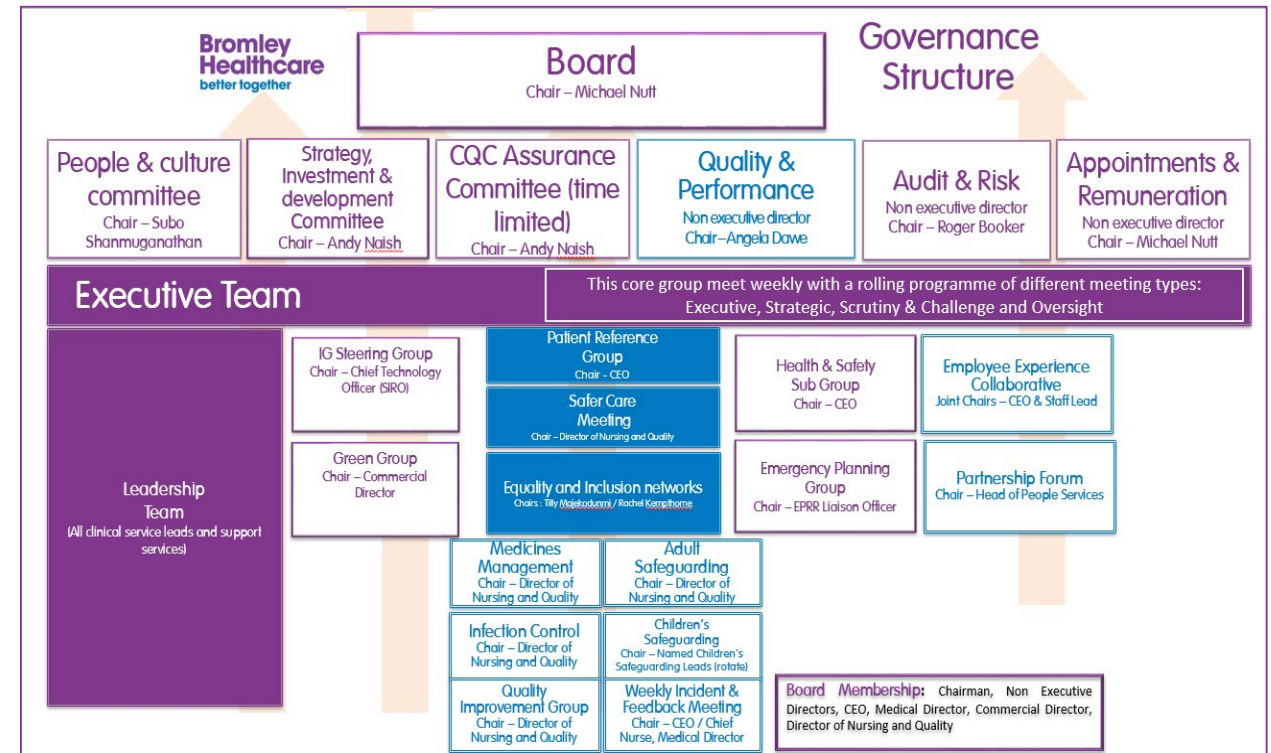❑ Many examples of good practice across services.

CQC Response - Strengthened governance across the organisation

Strengthened Board and senior management

Strengthened governance process
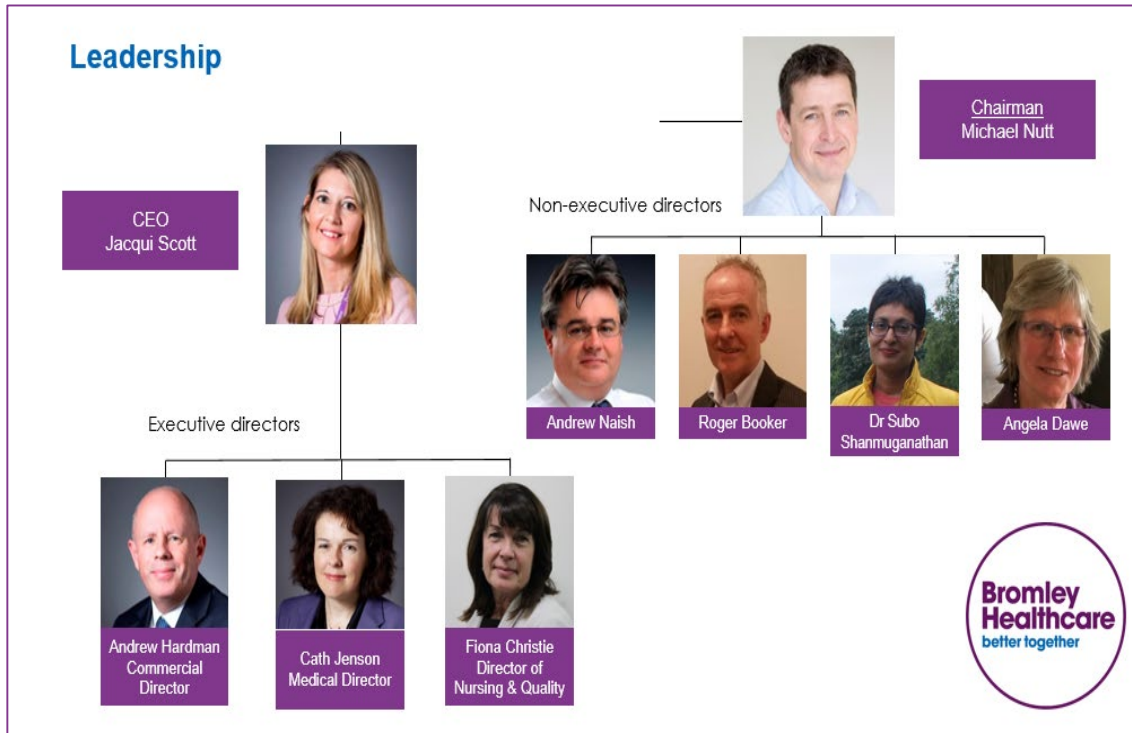
- Two new non-executive directors with backgrounds in community services integration and Clinical Immunovirology appointed.
- Chief Technology Officer appointed to lead on Digital agenda
- Three Clinical Directors being recruited.
- Three divisions established (UCR, Adults and Children) with triumvirate leadership teams in place (Clinical, Nursing and General Management) - delegation of decision making to divisions.
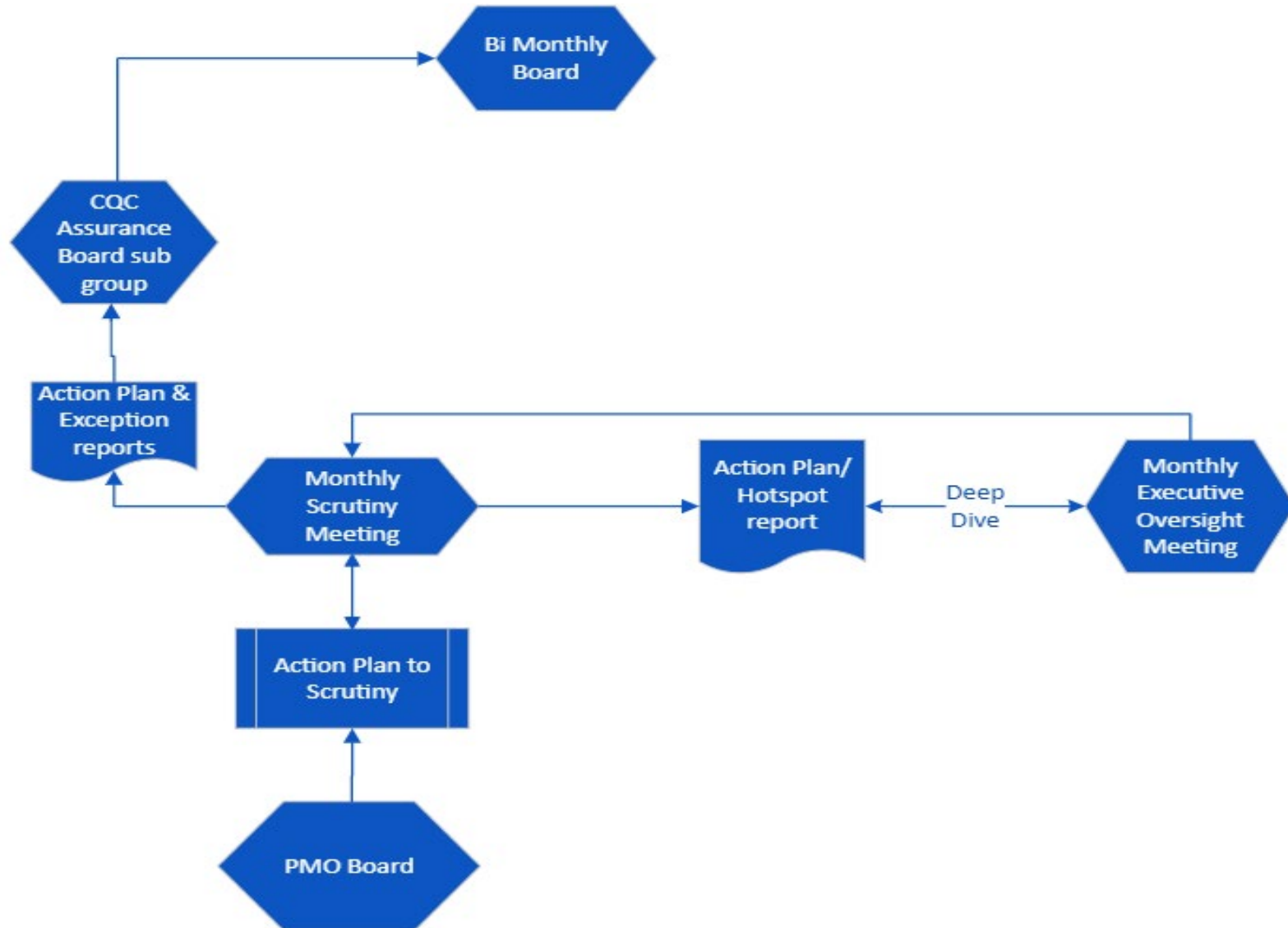- Appointed a Head of Safeguarding (combining adults and childrens)

- Transitioned to a Board and Committee Structure. All board committees are chaired by Non-executive directors.
- All Terms of reference of Board and Committees have been reviewed.
- Time limited chaired CQC Assurance Committee established : chaired by Deputy Chairman with representation from LBB and SEL CCG.
- Executive scrutiny & challenge strengthened with additional oversight meeting to 'deep dive' into areas off track.
- Commissioning external 'well led' review early summer
- Regular engagement meetings with the CQC

CQC Action Plan Assurance & Oversight Framework

- Board & Senior Exec
- BHC Deputy Chairman, CEO, Medical Director, Director of Nursing & Quality, Independent External stakeholders (LBB x2, SEL CCG), AD of Performance & Audit
- CEO & Exec, AD of Performance & Audit, Divisional Directors & Support Services
- PMO Lead, AD of Performance & Audit, Sponsors, Project Managers

Bi Monthly Board

CQC Assurance Board sub group

Action Plan & Exception reports

Monthly Scrutiny Meeting

Action Plan/ Hotspot report

Deep Dive

Monthly Executive Oversight Meeting

Action Plan to Scrutiny

PMO Board

CQC Response : Programme Management Office (PMO)

The Bromley Healthcare PMO ensures that there is a standardised, repeatable, defined and measurable process for all projects and programmes. As the sole repository of information relating to the projects being undertaken or considered within Bromley Healthcare it gives oversight, visibility and assurance that projects are being managed, delivered on time, on budget and achieve their goals.

CQC Action plan summary: High Level Themes: Must Do

CQC recommendation	Background to recommendation	Where we are now?
Record keeping: District Nursing & Health Visiting	Clear plans of care to be incorporated in all care records; care plans need to be person centred and agreed. HV records to include all parents/adult figures/carers in a child's life	Emis templates being reviewed. District Nursing and Health Visiting Record Keeping task and finish groups set up to address the CQC recommendations. Governance Reviewed & updated. SOP's being updated. BHC-wide record keeping audit completed in February 2022 and being written up.
Medicines	MAR charts were not always completed clearly, and the rotation of medicine patches was not always clearly documented. Medicine fridge temperatures outside of the recommended range were not always escalated in line with policy. Some out-of-date medicines, although not being used for patient, were not disposed of promptly, and blue-lidded medicines disposal bins were not available.	Twice-daily fridge temperature monitoring as part of handovers and escalation to Head of Medicines Management as per policy in place since 17.12.21. Medicines disposal process updated & completed, and blue-lidded bins in place. Monthly stock check in place to ensure out-of-date medicines are discarded. Periodic spot checks & assurance checks have commenced. Monthly audits are in place in the form of nursing metrics. The Productive Ward Medicines module is in progress. A contract is being put in place for an external pharmacist to support the inpatient unit.
Mental Capacity Act (2005)	Although staff understood how and when to assess a patient's capacity to give consent, and the outcome of capacity assessments were documented, staff did not always complete the EMIS template to record the capacity assessment process.	MCA audit carried out in February 2022, and the results are being written up. Staff training in the MCA EMIS templates has been delivered to most services; training to remaining staff is ongoing. MCA Level 2 training made mandatory for registered staff working clinically- training on trajectory to meet the BHC 85% target by 31 January 2023.
CQC statutory notifications	As a non-NHS body, BHC are required to notify CQC of all Category 3 and above pressure ulcers acquired under our care, as well as deaths where a patient was receiving a CQC regulated activity at the time of deaths, in line with the CQC Registration Regulations (2009). At the time of inspection, only unexpected deaths and pressure ulcers where there were potential lapses in care were being notified.	A process is now in place, with records kept to demonstrate that all BHC-acquired Cat 3 pressure ulcers and above are notified to CQC. A process for reporting expected deaths has been written, and the resource needed to implement the process is under discussion. The relevant policies have been updated to reflect the new processes and these will be presented at Exec on 24/03/2022.
Foxbury pressure ulcers	The number of pressure ulcers acquired on Foxbury Ward rose during the first wave of the COVID-19 pandemic due to the admission of higher acuity patients to support the local NHS trust. The number has subsequently reduced. However, numbers remained better than the national average for bedded units throughout this period. The CQC report also deemed that incident investigation reports for pressure ulcers acquired on Foxbury Ward did not always contain a sufficient level of detail.	PUs acquired on Foxbury will be monitored by Pressure Ulcer Working Group as part of the 2022-23 measures, and rates remain better than the national average for bedded units. Datix investigation reports are reviewed by the Chief Nurse or Head of Safer Care and are only given final approval once the full investigation is documented in sufficient detail.

CQC Response : Action plan summary

Project Status (Gantt)

Name	Schedule Health	% Comp	2021		2022				2023
			Q4	Q1	Q2	Q3	Q4		Q1
Clinical Supervision and Com...									
CQC Tactical Project									
Continuing recruitment to Dis...									
CQC Plan Oversight									
Equality and Inclusion									
Exemplar Record Keeping									
Lone Working									
Mental Capacity Assessments									
Patient Public Engagement Ex...									
Quality Improvement Approach									
PMO roll out for Strategic prio...									
Freedom to Speak Up									
HV Staffing									
Audit Programme									

CQC Action plan summary: High Level Themes: Must Do

CQC recommendation	Background to recommendation	Where we are now?
Accessible Information Standard	Not all staff were aware of the Accessible Information Standard, or their responsibilities in relation to this. No AIS audits had been carried out by BHC.	A working group has been set up to ensure the AIS is fully implemented by BHC. Staff made aware of current provision through weekly update. EMIS templates under review to capture relevant information.
Lone Working	Not all staff followed the lone working policy in full, and staff compliance with the use of People Safe (Skyguard) devices was low.	Additional devices purchased & being distributed. Service SOPs being updated with Lone Working process
Health Visitor staffing mix	BHC should review the skill mix in Health Visiting teams to ensure non-health visitor staff are utilised to their full potential to support with delivery of the Healthy Child Programme.	Demand & Capacity complete. Recruitment continuing. Career pathway being developed. Band 5 posts being recruited to.
DBS Checks for Non-Executive Directors	DBS checks were not completed for NEDs due to the nature of roles that are eligible for a DBS check on the Trac system	Basic DBS checks have now been completed for all NEDs
Competency records	Although all staff had completed the required competencies for their roles, and service leads had evidence of this, assurance of competencies was not available in a central repository.	Process to be updated & staff trained . Measure to be added to dashboards
Oversight of supervision	Although clinical supervision was competed, assurance of supervision rates was not available centrally	Review of policy. Dashboards to be updated to include supervision
Oversight of 2-year checks and deferred visits	A dashboard was not available to provide the Exec team with oversight of the volume or impact of reprioritised visits in the District Nursing Service. A small number of two-year development checks were missed due to a data issue at the time the Bromley Health Visiting Service transferred to BHC.	Deferred visits escalation process signed off which includes daily safety huddles. Deferred visits report created and being incorporated on the ceo dashboard. HV safety netting dashboard in place which shows compliance against KPIs and status of all mandated checks. Please see dashboard on next slide.

CQC Response : 0 to 4 Mandated checks dashboard

Bromley Healthcare better together

Bromley Health Visiting - Mandated Checks Dashboard v2.0

New Birth Visit Checks

249
NBV Cohort

NBV visits within 14 days	245
NBV visits over 14 days	3
NBV not completed	1
NBV declined	3

Missing Infant Feeding Checks at New Birth — 0

Visits achieved (90%) **98.4%**

6-8 Week Checks

181
6-8wk Cohort

6-8 wk visits completed within 8 wks	171
6-8 wk visits completed over 8 wks	2
6-8 wk not completed	8
6-8 wk visits declined	6

Missing Infant Feeding Checks at 6-8 weeks — 8

Visits achieved (90%) **95.4%**

Health Review 1

277
HR1 Cohort

HR1 reviews completed	270
HR1 not completed	11
HR1 declined	4

Reviews achieved (90%) **96.1%**

Health Review 2

261
HR2 Cohort

HR2 reviews completed	247
HR2 not completed	17
HR2 declined	3

Reviews achieved (90%) **93.6%**

CQC Action plan summary: High Level Themes: Should Do

CQC recommendation	Background to recommendation	Where we are now?
Continue to recruit to vacancies in District Nursing	A national shortage of RNs; outer London weighting.	Demand & capacity review of the teams; career pathways being strengthened; recruitment processes being reviewed. Band 5 readiness programme.
Public and patient engagement strategy	BHC subscribes to FFT, Patient Opinion and had commenced a pilot with two services for text message responses. Although FFT recommendation rates are better than the national average, response rates are slightly below the England average. BHC has an active patient reference group, although it is recommended that an overarching patient engagement strategy encompasses engagement with harder to reach groups.

CMS satisfaction and symptom survey completed to help inform the long covid service. Survey with parents on the impact of using virtual technology. | FFT text pilots in bladder & bowel and diabetes have improved the response rates in these services. Further roll out is planned. A wider patient engagement strategy is being developed.

Participated in Healthwatch survey. |
| Quality improvement approach | BHC uses PDSA as it's quality improvement methodology. Several successful quality improvement projects had taken place in the previous year, including pilots for Hospital @ Home and Diabetes, and COVID related innovations: SPA, RATT, CMS. However, it was recommended to embed a quality improvement approach across the organisation. | Work is planned to identify and train Quality Improvement champions in each service. |
| Ensure that work continues to address disparities | The Equality & Inclusion Network was in place & meeting regularly, and work should continue to fully implement the action plan | Network meetings ongoing, and work programme continues. Please see next slide for programme. |

CQC Response : E&I initiatives

BHC Equality & Inclusion network

BAME Lived Experience videos created in partnership with Bromley health & social care partners

BAME Mentoring programme established with One Bromley partners.
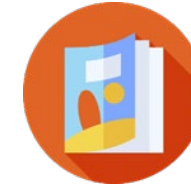
Bromley Healthcare Mentoring:
Participants trained: 17
Participants booked: 4
- 21 Mentors across One Bromley have volunteered and provided mentor bios.
- 17 Mentors and Mentees matched across One Bromley in the first phase.

LGBTQ+ Collective established and monthly meetings commenced

Together Magazine; CEO Update; Staff Forum; Screen savers- celebration of events & progress over the year

Flexible working taking many different forms including: part time; job sharing; staggered hours; fixed shifts; home working; term time working
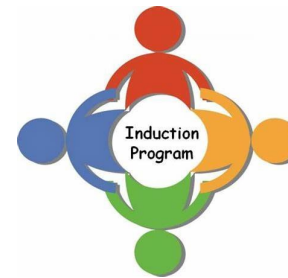

Implementation of online unconscious bias training

Freedom to Speak up Guardians (x2) appointed in Feb 2021

Job Evaluation nominees trained & have commenced evaluations

E&I Induction video produced

Live EQ&I dashboard: Q1 22/23

E&I virtual conference held Nov 2021 – a week of events featuring internal & external speakers across a range of topics

17

CQC Action plan summary: High Level Themes: Should Do

CQC recommendation	Background to recommendation	Where we are now?
Face to face moving and handling training	Requirement to improve moving and handling training had been suspended throughout the pandemic in line with NHSE guidance. This training can only be delivered face to face & the external provider was unable to deliver due to the pandemic.	Current compliance is 92.6% for moving and handling L1 & 79.9% for L2. Current compliance across all mandatory training is 89.6%.
Ensure staff involved in EOL care understand the Five Priorities for End of Life Care	Although staff were providing care in line with the five priorities, not all staff could list the priorities when asked.	EOL template being reviewed and staff training being planned as part of the Frailty/End of Life Care Working Group measures for 2022-23.
Audit construction and frequency	Programme of clinical and non-clinical audits in place, COVID had impacted the delivery of some. Two audits were designed without incorporating current policy, and therefore did not provide meaningful results.	Clinical audits are approved at Quality Improvement Group to ensure robust audit design. Audit programme agreed for 22/23. Strengthened audit team.
Clock in Foxbury	A bedroom had been converted from a store and did not have a clock in place (suited to patients with cognitive impairment)	Clock in place.
FTSU guardians more widely advertised	Although not mandatory for a non-NHS body, FTSU guardian roles had been appointed. However, further communication to increase awareness of the guardians was recommended	Completed
Central repository of clinical supervision	BHC professional reflection & clinical supervision policy states that all line managers to keep documented records of supervision meetings on the Health Roster system.	Policy recommunicated; Dashboard to provide assurance of compliance to be built.
Continue work towards medium to long term strategy	A refresh of values is underway with staff. Annual plan in place which focused on the recovery from covid 19 pandemic.	Review of strategies substantially completed; business plan for 22/23 drafted. Long-term strategy in progress.
Estate for the Children's Nursing team	The CCNT team did not have a permanent base, which was a concern for some staff	To be agreed as part of estates strategy : currently under review.