Bromley Healthcare Update

CQC Improvement Plan
Update to Health Scrutiny Sub Committee
April 2023

Bromley Healthcare better together

NHS

Update report

- This report provides an update on Bromley Healthcare's CQC improvement plan. Following completion of the plan, the Board Sub-Committee established with the purpose of monitoring the programme has been closed down. The full closedown report is attached for information only at Appendix 1.
- The report is focused on three key areas from the CQC improvement plan:
  - Publication of the Bromley Healthcare Strategy
  - External Assurance received in respect of key areas
  - Working with our communities
- A slide providing a general Bromley Healthcare update has been included.

Summary update on CQC Improvement plan

- The Bromley Healthcare PMO system is the central repository for all projects and programmes within the organisation. All CQC related projects are identified within the tool and monitored weekly internally and monthly via the CQC sub committee. Progress at a programme, project and task level is visible and transparent, along with all project risks and issues. The tool works on a linear basis, tracking percentage completion vs target deadlines at a task level, so flags very early any tasks potentially at risk, so that remedial action can be taken if required.

- All projects, with the exclusion of Clinical Competencies, have now been completed. The risk around notification of all deaths under the CQC Tactical Project is on the strategic risk register.

	Name	Deadline	% Comp	Schedule Health	Manager	Workspace	State
☑							
☐	Freedom to Speak Up	31-Mar-2023	100%	Not Active	Charles Beardsley	People & Development	Completed
☐	Clinical Supervision	31-Mar-2023	100%	Not Active	Pippa Marks	Quality & Safer Care	Completed
☐	Development of Strategy 2022+	31-Mar-2023	100%	Not Active	Jacqui Scott	Corporate	Completed
☐	Audit Programme	31-Mar-2023	100%	Not Active	Samantha Tomlinson	Performance & Audit	Completed
☐	Governance balancing oversight and strategy	30-Sep-2022	100%	Not Active	Jacqui Scott	Default	Completed
☐	PMO roll out for Strategic priorities	31-Mar-2023	100%	Not Active	Wendy Wyvern	Performance & Audit	Completed
☐	Record Keeping	31-Mar-2023	100%	Not Active	Sharon Smith	Quality & Safer Care	Completed
☐	Patient Public Engagement Experience & co-production	28-Apr-2023	100%	Completed	Sophie Collier	Commercial	Implementation
☐	Lone Working	21-Nov-2022	100%	Not Active	Heather Wragg	People & Development	Completed
☐	CQC Tactical Project	23-Nov-2023	100%	Not Active	Wendy Wyvern	Quality & Safer Care	Completed
☐	Clinical Competencies	31-Mar-2023	66%	At Risk	Sharon Smith	Quality & Safer Care	Active

CQC response : Programme update cont.

Clinical Competencies

- Competencies are written for each profession and service, substantially completed; Recording of signed off competencies against staff & storage in shared drive ongoing.
- Next steps: Finalise short term solution work regarding a central repository.   Commence Long term solution once completed.

Projects Completed

- Governance Balancing Oversight & Strategy
- PMO Rollout for Strategic priorities
- Freedom to Speak Up
- Audit Programme
- Development of Strategy
- CQC Tactical Project

Projects Completed - now business as usual

- Mock Audit Programme
- Development & Delivery of Belonging
- CQC Audit Programme (supporting assurance)
- Lone Working Programme
- Patient Public Engagement
- Exemplar Record Keeping
- Clinical Supervision

- **Accessible Information Standard:** Revised training rolled out to all staff across the organisation; updated intranet and internet pages to ensure that staff and patients know what is available to them, in order to meet patient communication needs; updated materials for clinicians & service users & clinical record templates updated to ensure any service user with an AIS requirement has it identified, recorded, flagged, shared and met.

Bromley Healthcare Strategy

In November 2022, we launched a new strategy development process to ascertain our long-term vision for Bromley Healthcare - a plan that will shape what we do and how do it for the next 5 years and beyond.

Scoping: defining the specific questions this strategy process will help us to answer

- Interviews with board and exec members
- Identified 8 research areas

Engagement: listening to external and internal stakeholders

Today + ongoing

- External engagement (14/19 partners engaged)
- Internal engagement
  - Interviews (15/19 interviewees engaged)
  - Better Together Group ongoing
  - Digital events (>100 engagements)
- Desk research ongoing

Synthesis: drawing together and testing insights

January

- Better Together Group report
- 2 x board workshops (10th & 19th Jan)

A. Operating model
B. Culture of innovation
C. Digital strategy
D. People
E. Environmental impact
F. Partnerships and system role
G. Commercial strategy
H. Brand, identity and org form

Bromley Healthcare Strategy

The Better Together Group:

- A representative group of 11 people

- Based at sites all over Bromley, Bexley and Greenwich

- They combined a varied mix of roles services, skills and experience

- They role was to reach out across Bromley Healthcare to speak to people individually and in groups to find out about how Bromley Healthcare can enable their staff to feel that their ideas and sills matter.

- They undertook a total of 256 interactions with 64% Bromley colleagues, 23% Bexley colleagues and 6% Greenwich colleagues with 7% working across the boroughs

- Following all their individual conversations, the group had 2 workshops to synthesize all their rich insight into the six key themes

The group used their research to produce a report that has played a really important part of our Bromley Healthcare Strategy for the next 5 years

Our strategy renews our focus on what matters, and draws our attention to working with colleagues, our partners and communities to bring people the best healthcare and experience.

Community First

Empowering people to live their fullest lives at the heart of their communities

Belonging   Health and Wellbeing   Continuous Learning and Innovation

Grow
Build a culture of growth and opportunity for our people

Lead
Become a leader in integrated care

Invest
Invest in our communities

Compassion

Bromley Healthcare
better together

Our vision for community healthcare

We want to empower people to live their fullest lives in the heart of their communities.
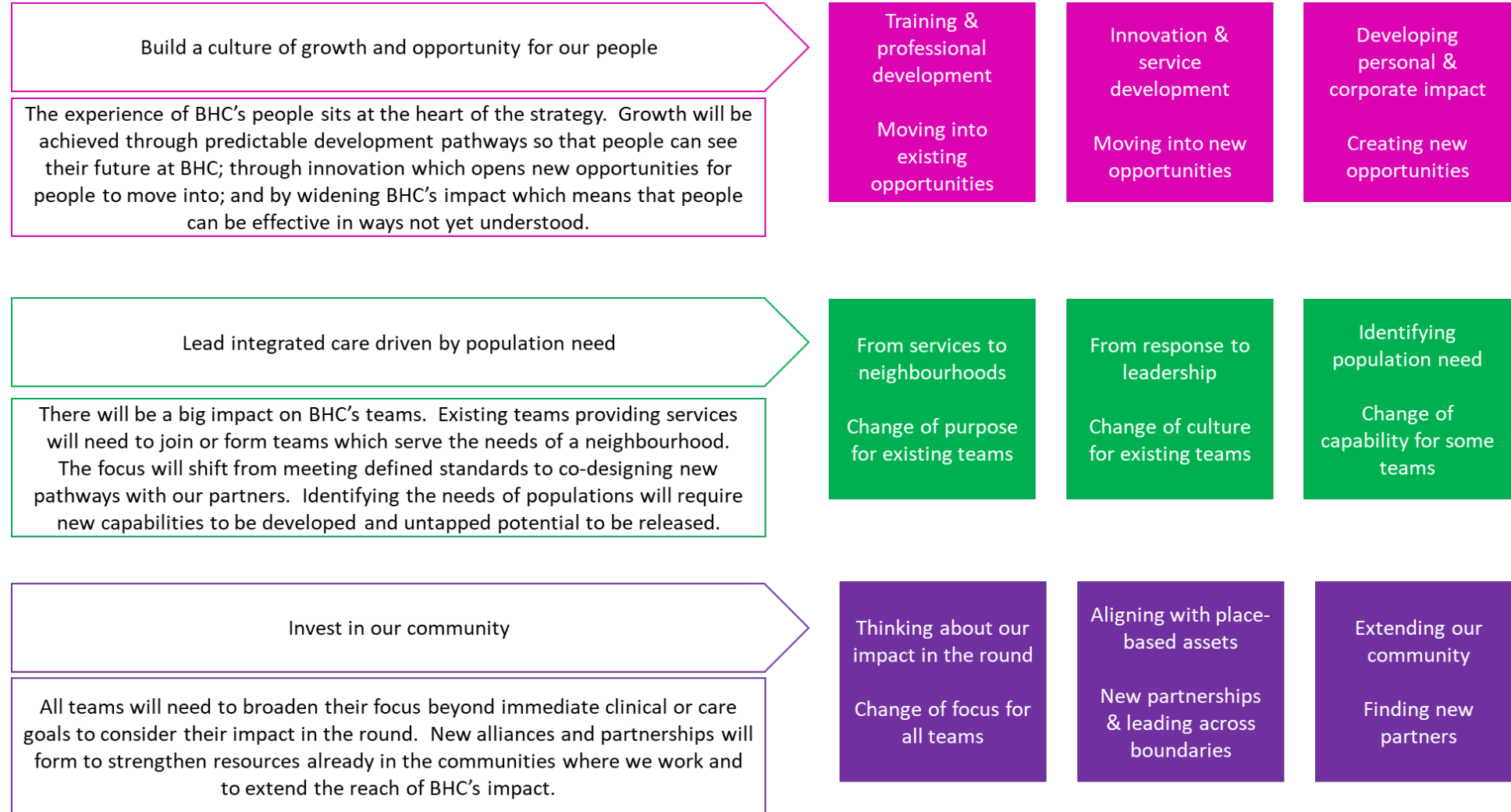
Our values

Colleagues across the organisation have worked together to choose four core values that will be our guiding principles, driving us towards our goals and vision. We will use these four guiding lights to inform everything we do at Bromley Healthcare: the decisions we make as an organisation, how we grow and nurture our culture, and crucially, how we work together and provide the best healthcare and experience for the people we serve every day.

- **Belonging**
  - **Our people:** We empower our colleagues to flourish and feel safe in a place where equity is embedded and inclusivity is recognised and celebrated.
  - **Our communities:** We provide accessible, equitable and inclusive healthcare for all, and work with local people and communities to focus on their needs.

- **Health and Wellbeing**
  - **Our people:** We maintain a work/life balance and encourage others to do the same, and prioritise workplace wellness that helps colleagues to feel at their physical and mental best.
  - **Our communities:** We see the whole picture of someone's health and do everything we can provide care around people's wider health and wellbeing

- **Continuous Learning and Innovation**
  - **Our people:** we embrace learning, quality improvement and innovation in aspiring to be the best that we can be.
  - **Our communities:** we aim to be at the forefront of care innovation, bringing the best quality care to our communities.

- **Compassion**
  - Compassion wraps around everything. We put people first and act with empathy and kindness in everything that we do.

Bromley Healthcare Strategy

What does this mean in practice

Build a culture of growth and opportunity for our people

The experience of BHC's people sits at the heart of the strategy. Growth will be achieved through predictable development pathways so that people can see their future at BHC; through innovation which opens new opportunities for people to move into; and by widening BHC's impact which means that people can be effective in ways not yet understood.

Training & professional development	Innovation & service development	Developing personal & corporate impact
Moving into existing opportunities	Moving into new opportunities	Creating new opportunities

Lead integrated care driven by population need

There will be a big impact on BHC's teams. Existing teams providing services will need to join or form teams which serve the needs of a neighbourhood. The focus will shift from meeting defined standards to co-designing new pathways with our partners. Identifying the needs of populations will require new capabilities to be developed and untapped potential to be released.

From services to neighbourhoods	From response to leadership	Identifying population need
Change of purpose for existing teams	Change of culture for existing teams	Change of capability for some teams

Invest in our community

All teams will need to broaden their focus beyond immediate clinical or care goals to consider their impact in the round. New alliances and partnerships will form to strengthen resources already in the communities where we work and to extend the reach of BHC's impact.

Thinking about our impact in the round	Aligning with place-based assets	Extending our community
Change of focus for all teams	New partnerships & leading across boundaries	Finding new partners

External assurance : Audit programme summary

In 2022/23 the following KPMG audits were completed:

- Divisional Governance Review, presented to ARC February 2023. Rated as Significant Assurance with minor improvement opportunities.
- Record Keeping rated as Significant Assurance with minor improvement opportunities. The final report will be presented to ARC in May.
- Accessible Information Standard has a management forecast of Significant Assurance with minor improvement opportunities with the final report due to be presented to ARC in May.
- Follow up actions – the fieldwork is being completed and the final report is due to be presented to ARC in May.

In excess of 30 clinical audits have been completed across BHC services in 2022/23 as well as monthly MAR chart, Nursing Metric, Hand Hygiene & Record Keeping Audits. To date almost 250 monthly Record Keeping Audits have been completed across services.

All audits, associated risks, issues and actions are monitored via the PMO platform, with progress discussed at Divisional Performance meetings. This provides high level oversight and granular control across the programme.

For 23/24 the following KPMG draft audits are planned:

- Record Keeping Audit Hotspots
- Previous recommendations re-audit
- Cyber security
- Speaking up
- Workforce

Working with Local People and Communities

Hospital at Home: Co-designing holistic patient-focussed care

The project team has now completed a co-design process to help shape the service as it is implemented.

Between January – April 2023, around 15 people with lived experience who have or could benefit from Hospital at Home, healthcare colleagues and voluntary sector partners who support these groups have come together online to shape priorities that will make sure that the Hospital at Home service meet the needs of local people. The Health Innovation Network has also been involved in this process.

This has included creating a vision of where we are trying to get to, drawing out key themes, and mapping out the patient journey, focusing on user experience (see below examples).

A set of recommendations for key actions to take forward has now been developed and agreed by the group. The members of the co-design worked to prioritise these actions. These will be used to shape and inform the Hospital at Home service going forward. A report will be ready to share by the end of April 2023.
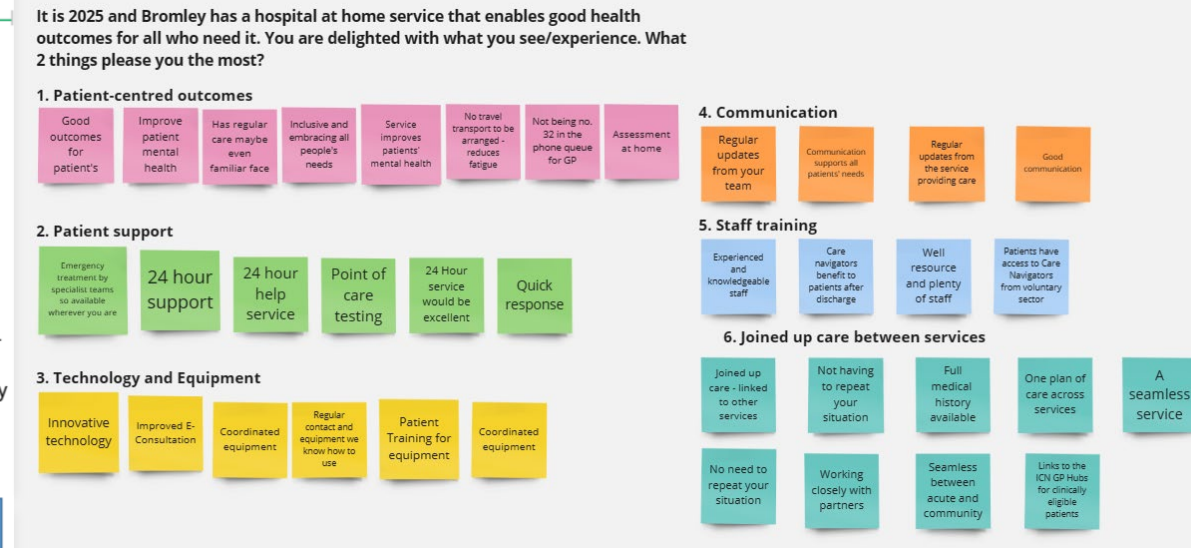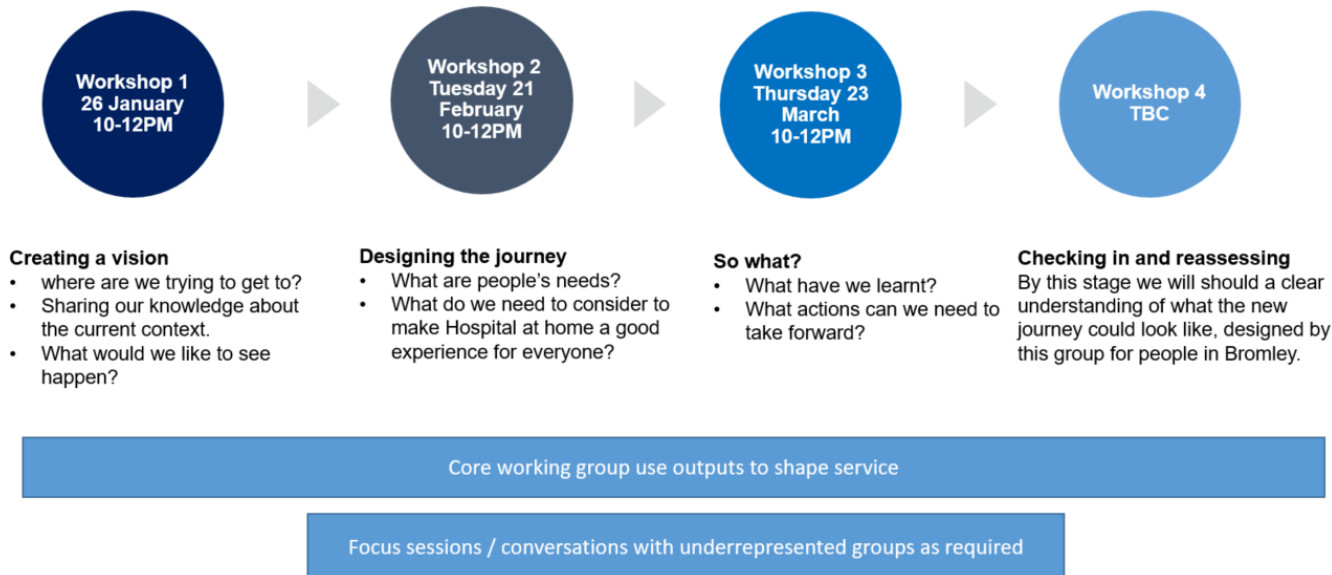
Working with Local People and Communities

Fuller Pilot Project: Developing the Orpington Wellbeing Café into an Integrated Health Hub

Joint initiative working with Orpington and the Crays PCNs and local people to develop an integrated health hub for people over 65 linked to the Orpington Wellbeing Café.

The aim of this is to ensure the hub meets the needs of local people, particularly those who are vulnerable, and that it supports the reduction of health inequalities. Bromley Healthcare and the two PCNs are working together to host workshops. A mix of 45 health and care professionals, local people and colleagues from the voluntary and community sector joined a 2-hour workshop in February, which helped programme leads to understand people's needs and provide steer on what the hub will offer. Non-Healthcare participants included:

- People aged 65+ with a long-term health condition or require complex care, their carers and families
- People who currently look after for someone aged 65+ who is vulnerable or has a long-term health condition
- Voluntary and third-sector organisations who support vulnerable older people and people with long-term health conditions to stay well

The team will also undertake outreach with seldom-heard and underserved communities. These groups include the traveller population in Orpington and the Crays, people over 65 experiencing homelessness, and people with physical and learning disabilities over 65 and their carers.

General update

Case Management in Orpington: The Community Matron team is working with Orpington PCN to pilot holding certain patients decided by an MDT on a caseload and following them up where they need a longer period of input than just a one-off visit. This builds on a single practice pilot done at the Stock Hill Medical Practice.

New Integrated Care Programmes: two new projects have been launched. This includes a diabetes hub in Penge PCN, which will incorporate a Podiatrist, Dietitian, and a Nurse Associate, and an anticipatory care hub for people over 65 with complex health needs for Orpington and Crays PCN. The pilot is progressing well and we are looking at new ways we can work with PCNs on similar projects.

Health Innovation Network (HIN) Lower Limb National Wound Care Strategy Test and Evaluation Site (TES) - Bromley Healthcare were successful with a project looking at becoming a TES with the HIN. This will involve working closely with the ICB and GPs across the borough to improve our wound care for lower limbs.

Launch of Institute of Health Visiting Report
BHC service featured on Channel 5 news
https://instituteofhealthvisiting.cmail20.com/t/y-l-nklljtt-itltedkhl-q/

Talk Together Bromley: New Advertisement Campaign developed - targeted & tailored to specific groups, locations and people based on analysis of borough insight and demographic data where take-up is low. Includes social media adverts, postcards delivered to homes in specifically targeted areas of Bromley, bus advertisements and physical & digital print in local newspapers, reaching more than 100k Bromley residents. Running initially from December 2022 to June 2023, initial results have shown an 8.7% increase in referrals for Jan 2023 vs Jan 2022 & a 2% increase in over 65s referrals, from Dec 2022 to Mar 2023. Fuller evaluation & review is planned for April & July 2023.

Care Co-ordination centre: New Contact Centre (Storm) Platform - New platform is being deployed in the CCC delivering a more scalable and reliable cloud based telephony platform with remote telephony, SMS, email and chat contact channel plus improved real-time & historic reporting capability. Pilot started in March with full telephony go-live planned in May with additional channels to be deployed later in 2023.

Ofsted Inspection: Hollybank

Ofsted completed a full 2 day inspection of Hollybank on 24th and 25th January

The inspection is judged in 3 areas & the Overall rating was given as GOOD:

- Overall experiences and progress of children and young people (Rated Good)

- How well children and young people are helped and protected (Rated Good)

- The effectiveness of leaders and managers (Rated Good)

Inspectors gave one requirement and one recommendation:

- The requirement related to medication. This was due by 15th April 2023. An action plan was devised and has been completed.

- The recommendation is to expand the training for colleagues working within Hollybank in respect of Makaton.

Comments included in the report:

- "It is a lovely place to stay with lots of things to see and do"

- "The staff know you well and the children we met had lots of smiles and laughter on their faces"

Appendix 1 : CQC oversight committee close down

- The CQC Oversight committee had its last meeting in March 23 and the attached close down report was presented.
- It was agreed, that as all actions had either been closed or are being monitored as part of the business as usual of Bromley Healthcare, that the Committee had accomplished its objectives.
- It was agreed that the Committee would recommend to the Board, that it is dissolved and disbanded.

Project - Sub Project Name	Description of Success Measure	Status	How compliance is ensured	Internal Governance Meetings	Responsible Board Committee
Record Keeping	Improved compliance from internal approach. Positive rating received from KPMG for Record Keeping Audit	Completed	Record Keeping Audit (RKA) process monitors compliance via review of records in 1:1 s; Weekly record (electronic & paper) spot checks & monthly audit programme. Actions recorded for non compliant questions in the service monthly RKA are recorded in Celoxis. Compliance with monthly audits & action completion monitored by the Performance & Audit team and communicated in Divisional & Scrutiny & Challenge meetings. Annual KPMG Record Keeping Audit programme	Record Keeping review and assurance group Executive Scrutiny & Challenge Group Divisional Triumvirate Meetings	Quality Improvement & Safety Committee
Governance Balancing Oversight & Strategy	Strategy launched by 1st April 2023	Completed	Workstream closed on publication of strategy. Implementation of priorities will be picked up through business as usual.	NA	NA
PMO roll out for strategic priorities	PMO system set up, communicated & adopted	Completed	Business as usual monitoring by the PMO team & Project Management Board.	NA	NA
Freedom to speak up	Improved awareness of Freedom to Speak Up guardians & role	Completed	Part of annual KPMG programme for 23/24 Annual Staff Survey CEO dashboard metric: P12 Bi-annual Freedom to Speak up Guardian report to People & Culture	Executive	People & Culture Committee
Lone Working	Relevant staff provided with a Peoplesafe device 70% of relevant staff using the Peoplesafe device (stretch target, short term incremental improvement expected)	Completed	Monthly feedback on Peoplesafe device provision & usage in Divisional Performance Meeting Metric on CEO dashboard in development: O13	Health & Safety Group	Executive Scrutiny & Challenge
CQC Tactical Project - DBS checks	DBS checks in date metric = 100%	Completed	CEO & HR dashboard metric checks part of business as usual	NA	NA
CQC Tactical Project - KPMG External Data Review	100% of arising recommendations completed in line with target timescales	Completed	Completed	NA	NA
CQC Tactical Project - Assurance checks & oversight of 2 year checks	Mandated checks achieved to targets	Completed	HV safety netting dashboard created: compliance against KPIs and mandated checks part of business as usual.	NA	NA
CQC Tactical Project - Assurance checks & oversight of Deferred Visits	Oversight from Service to Exec and at a Service level.	Completed	Deferred visit process established and monitoring in place.	NA	NA
CQC Tactical Project - Clinical Supervision recording	Robust central repository and reporting for clinical supervision.	Completed	Clinical supervision recording app has been rolled out to all services. Adoption being monitored. Health roster report showing compliance using the new app has been developed & is being monitored as part of business as usual. Reporting dashboard on Information development roadmap.	Divisional Triumviirate Meeting	Executive Scrutiny & Challenge
CQC Tactical Project - Notifications	100% of unexpected deaths where patient in receipt of a regulated activity from BHC are notified to CQC	Expected deaths remain on the risk register. Unexpected deaths reported to CQC.	CEO dashboard metric showing number of deaths where patient in receipt of a regulated activity from BHC are notified to CQC: NQ12	Awaiting further information from CQC	Awaiting further information from CQC

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Project - Sub Project Name	Description of Success Measure	Status	How compliance is ensured	Internal Governance Meetings	Responsible Board Committee
CQC Tactical Project - Accessible Information standard	Improved compliance from internal approach. Positive rating received from KPMG for Accessible Information Standard Audit	To be closed following ARC report in May 23	Accessible Information Standard Audit completed by KPMG. Report to be finalised and presented in May 23. Monitored via Celoxis. Record Keeping Audit (RKA) process monitors Accessible Information Standard compliance via review of records in 1:1 s; Weekly record (electronic & paper) spot checks & monthly audit programme. Compliance with monthly audits & action completion monitored by the Performance & Audit team and communicated in Divisional & Scrutiny & Challenge meetings.	NA	NA
CQC Tactical Project - Sepsis and Moving & Handling Training Foxbury	85% of Moving & Handling Training completed on time; 85% of NEWS2 training completed on time	Completed	CEO dashboard / HR dashboard metrics reflect mandatory training achievement by subject, service & staff member. Moving & Handling training now offered face to face wherever possible and is now offered as 4 different courses, tailored to roles & responsibilities. As at Mar 23 - above 85% for all 4 courses. NEWS2 training is monitored via Dev+/ Qliksense via Safer Care Group.	Divisional Perfromance Meeting	Executive Scrutiny & Challenge
CQC Tactical Project - Medicine administration records	Monthly audit of MAR charts shows continuous improvement re completeness & accuracy of records, recording of medicine patch placement & rotation & that ongoing learning applied (Foxbury).	Completed	Monthly audits in place & showing continuous improvements. Progress of audits and actions monitored via Celoxis	Medicines Management Group	Audit & Research Approval Panel
CQC Tactical Project - Drugs Fridges	90% of twice daily drug fridge checks completed. 100% of issues escalated to Head of Medicines Mmt	Completed	Fridge logs evidence checks and issues.	NA	NA
CQC Tactical Project - Oxygen Cylinders	100% of oxygen cylinders at Foxbury are secured	Completed	Monthly pharmacy audit evidences checks of O2 cylinders	NA	NA
CQC Tactical Project - Foxbury Pressure Ulcers	Ensure that the number of patients with BHC acquired Pressure ulcers continues to reduce.	Completed	CEO dashboard metric: NQ1. Downwards trend seen for Foxbury Pressure Ulcers between 01.04.22 & 28.02.23. Incidents discussed at internal performance & scrutiny meetings.	Pressure Ulcer Working Group	Quality Improvement & Safety Committee
CQC Tactical Project - Ensure clear plans in place to address delays in completion of EHCP within 6 weeks	Improvement in EHCP compliance	Completed	Actions taken to improve processes internally & externally have shown impact. April 22: 25.6%, increase seen MOM to Feb 23 flex: 44.4%. Will continue to be monitored as business as usual: CEO dashboard metric: SUS13	Divisional Performance Meeting	Executive Scrutiny & Challenge
Patient Public Engagement Experience & co-production	85% of FFT responses are positive Incremental increase of FFT response rates seen. (3%)	Completed	Actions taken have improved response rate across services: YTD 2.8% - close to 3% target. Positive FFT responses regularly above 95%. YTD rate 22/23 = 95.9%. Will continue to be monitored as business as usual: CEO dashboard metrics: PE1 & PE2; Friends & Family Dashboard metrics	Executive	People & Culture Committee
Development and delivery of belonging sessions	Completed and factored into ongoing training & development programmes	Completed	Training sessions delivered & ongoing. Inclusion added as a question set in Staff Survey. This is now a business as usual,ongoing programme of work for the organisation. Annual Equality & Diversity conference Annual Equality & Diversity awards Annual staff survey	Executive	People & Culture Committee

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Project - Sub Project Name	Description of Success Measure	Status	How compliance is ensured	Internal Governance Meetings	Responsible Board Committee
BHC CQC Audit Programme	Review of audit processes; 100% of audits migrated to revised process; 100% clinical audit proposals to be reviewed and approved at appropriate sub group.	Completed	All audits are on Celoxis and are being updated and monitored there, along with actions & audit status once approved. All clinical audit proposals are reviewed and approved at the Audit & Research Approval Panel. Reporting to Board, Executive & Sub Board Committees	NA	NA
Clinical Competencies	Review of clinical competency recording; creation of a centralised system. (saved in central repository)	Partially complete & ongoing.	Competencies recorded centrally. Business as usual work for 23/24 to focus on standardisation of role competencies across professions and an electronic repository.	Project delivery being monitored in Executive	On finalisation, the project will be reported to Quality Improvement & Safety committee for closedown
Mental Capacity Act	Staff training on then MCA EMIS templates. MCA Level 2 training mandatory for registered staff working clinically. 85% compliance to be achieved by Jan 23 & monitored ongoing.	MCA training to be completed by 31/3.	On track to delivery - Jan 23 achieved 77.7%; 14/3 achieved 82.2% CEO dashboard / HR dashboard metrics reflect mandatory training achievement by subject, service & staff member.	Adult Safeguarding Group	Executive Scrutiny & Challenge
Health visiting - skill mix & recruitment	NA	NA	CEO dashboard / HR dashboard metrics reflect all services, including Health Visiting vacancy rates. Impact of recruitment & retention initiatives monitored via dashboards, action plans & focussed Executive Oversight Groups	Divisional Business Meeting	Scrutiny & Challenge Oversight Group
Oversight of Performance - using to drive improvements in care	New Performance Framework inc Divisional structure in place. Positive rating received from KPMG for review of Governance - Change to Divisional Structure Audit	Completed	Performance Framework Policy published on intranet. KPMG review of Governance - change to Divisional Structure audit completed and rated as 'Significant Assurance with minor improvement opporitunities'. Minor improvements completed	NA	NA
District Nursing Recruitment	NA	NA	CEO dashboard / HR dashboard metrics reflect all services, including District Nursing vacancy rates. Impact of recruitment & retention initiatives monitored via dashboards, action plans & focussed Executive Oversight Groups	Divisional Business Meeting	Scrutiny & Challenge Oversight Group
Quality Improvement Approach	Quality Improvement Champions Identified & trained across services	Partially complete & ongoing.	Quality Improvement Champions trained across BHC. Network being established.	Quality Improvement Group	Quality Improvement & Safety Committee
End of Life / Frailty	Staff involved in EOL care understood the 5 priorities - improved training & EMIS templates	Completed	End of Life audits undertaken to ensure training & templates embedded. Updated training to be rolled out in 23/24. End of Life Audits / Audit Actions & the Frailty Project monitored to completion via Celoxis PMO system. Compliance with training to be monitored via Dev+/Qliksense	NA	NA
CCNT base	CCNT base identified as part of the Estates review - due July 22	Completed	Permanent base establshed and risk removed from risk register Aug 22	NA	NA