

Quality Report

Quarter 3

October-December 2015

Patient Experience

Patient Safety

Clinical Effectiveness

Natalie Warman

Director of Nursing, Therapies and Quality Assurance

Patient Experience

Quarter Q3

October 2015 - December 2016

Introduction

Every so often we know something might go wrong with the service that patients and carers receive from Bromley Healthcare and Patient Experience feedback continues to play a fundamental part in planning and reshaping Bromley Healthcare's clinical services.

As well as the mandatory Family and Friends Test (FFT) and the Patient Opinion Website, Bromley Healthcare staff continue to ensure that there is a variety of opportunities for patients, their families and carers to feedback on the quality of their care they receive.

Quality Governance Restructure

As part of the remodelling of the Quality Governance structure a new group, entitled the 'Patient Experience Group' will be launched in February 2016. This group will consist of membership from across all levels of Bromley Healthcare and will be chaired by a member of the Executive team. The group will report to the Quality Governance Committee which in turn reports to the Board.

The terms of reference for this Group (Appendix 1) are yet to be finalised but the agenda will include a review and strengthening of the patient engagement strategy across Bromley Healthcare.

Apart from the on-going Patient Opinion and the Family and Friends test, already on offer to patients, there are numerous other initiatives taking place in services where there is a genuine interest in obtaining patient opinion and in using those opinions to develop systems and pathways of care in order to improve patient experience.

The Group will seek to understand and strengthen these initiatives, particularly how we use different methodologies from technology to groups ensuring that we provide a range of approaches for all age groups as well as people with disabilities.

As Emis Phase 2 system is being rolled out across the organisation, there is an opportunity for the group to monitor the Emis Care Plan template in order to ensure that it is person centred and that the family /carers voice forms a central element of patient care, so that they are person centred and reflects what matters to them.

The group will also review lessons learnt from complaints and encourage service presentations to demonstrate their commitment in improving how we listen to patients as well as learn from other services both internally and externally to Bromley Healthcare from the children's, carer's and adult voices.

1. NHS England Family and Friends (FFT) test

This National Patient 'FFT' feedback survey has been mandatory since January 1st 2015 and Bromley Healthcare continues to perform strongly nationally.

The survey provides patients with the opportunity to feedback on their experience at any stage of their treatment. In order to obtain the maximum feedback the essential element of the survey is that it should be simple and quick and for this reason the favoured method of collection to date has been using the freepost postcard.

For clients who prefer there is the option to use an A4 sized questionnaire which can easily be adapted to accommodate those with sight difficulties.

The freepost postcards are used by children often under the guidance of parents in order to collect data on the children's services, and there are currently excellent initiatives by services such as Holly bank Children's Respite service who have set up a Child specific survey.

Results of the FFT Survey

The results below demonstrate that Bromley Healthcare continue to perform strongly nationally.

National FFT Results January-December 2015

Trust Name												Excel
	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Average
YARBOROUGH CLEE CARE LIMITED	100%	100%	93%	100%	100%	100%	100%	100%	100%	100%	100%	99%
WYE VALLEY NHS TRUST	97%	100%	98%	100%	100%	99%	100%	99%	100%	99%	99%	99%
SOUTH STAFFORDSHIRE AND SHROPSHIRE HEALTHCARE NHS FOU	100%	100%	100%	100%	100%	96%	94%	98%	100%	100%	100%	99%
PLYMOUTH COMMUNITY HEALTHCARE (CIC)	99%	99%	99%	99%	99%	98%	98%	99%	100%	99%	99%	99%
NORTHERN LINCOLNSHIRE AND GOOLE NHS FOUNDATION TRUST	98%	98%	99%	98%	99%	99%	98%	98%	99%	99%	99%	99%
NORTHUMBRIA HEALTHCARE NHS FOUNDATION TRUST	99%	99%	98%	98%	99%	99%	99%	99%	99%	99%	99%	99%
NORTH SOMERSET COMMUNITY PARTNERSHIP COMMUNITY INTE	98%	98%	99%	99%	98%	100%	99%	97%	99%	98%	99%	99%
CUMBRIA PARTNERSHIP NHS FOUNDATION TRUST	99%	99%	98%	99%	98%	99%	97%	100%	98%	98%	97%	98%
DERBYSHIRE COMMUNITY HEALTH SERVICES NHS FOUNDATION TR	98%	99%	98%	98%	98%	98%	98%	98%	99%	98%	98%	98%
LANCASHIRE CARE NHS FOUNDATION TRUST	99%	100%	96%	99%	99%	96%	100%	99%	99%	98%	97%	98%
NORFOLK COMMUNITY HEALTH AND CARE NHS TRUST	98%	98%	97%	98%	99%	98%	98%	98%	98%	99%	98%	98%
EAST COAST COMMUNITY HEALTHCARE C.I.C	99%	98%	98%	98%	99%	99%	98%	98%	98%	98%	98%	98%
SOUTH WEST YORKSHIRE PARTNERSHIP NHS FOUNDATION TRUST	97%	99%	99%	98%	99%	98%	99%	99%	98%	98%	96%	98%
BROMLEY HEALTHCARE	100%	97%	98%	98%	97%	98%	99%	98%	98%	98%	97%	98%

London FFT Results January-December 2015

Trust Name												Excel
	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Average
BROMLEY HEALTHCARE	100%	97%	98%	98%	97%	98%	99%	98%	98%	98%	97%	98%
CITY HEALTH CARE PARTNERSHIP CIC	97%	98%	97%	99%	98%	97%	97%	97%	97%	97%	94%	97%
OXLEAS NHS FOUNDATION TRUST	98%	98%	94%	96%	97%	97%	97%	98%	97%	97%	98%	97%
CROYDON HEALTH SERVICES NHS TRUST	98%	95%	98%	95%	95%	98%	97%	97%	96%	97%	98%	97%
LONDON NORTH WEST HEALTHCARE NHS TRUST	98%	95%	95%	96%	96%	98%	97%	96%	96%	95%	97%	96%
THE WHITTINGTON HOSPITAL NHS TRUST	96%	95%	95%	95%	95%	96%	94%	96%	98%	97%	98%	96%
BARTS HEALTH NHS TRUST	96%	98%	88%	95%	98%	97%	96%	97%	97%	95%	98%	96%
BARNET, ENFIELD AND HARINGEY MENTAL HEALTH NHS TRU	84%	92%	94%	98%	98%	95%	98%	98%	98%	98%	99%	96%

Board Meeting 27.01.16

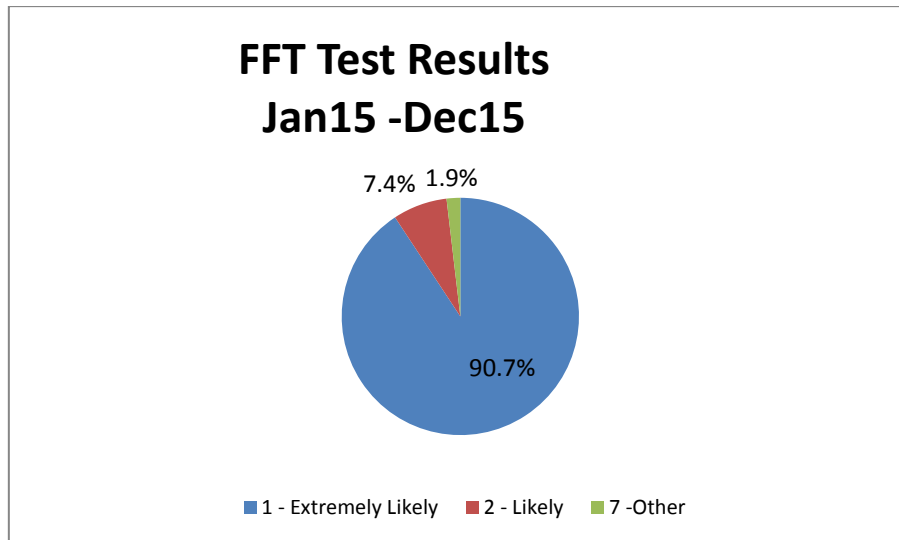
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Local FFT Results January-December 2015-

Trust Name	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Averag	Excel
BROMLEY HEALTHCARE	100%	97%	98%	98%	97%	98%	99%	98%	98%	98%	97%	98%	
OXLEAS NHS FOUNDATION TRUST	98%	98%	94%	96%	97%	97%	97%	98%	97%	97%	98%	97%	
CROYDON HEALTH SERVICES NHS TRUST	98%	95%	98%	95%	95%	98%	97%	97%	96%	97%	98%	97%	
KENT COMMUNITY HEALTH NHS FOUNDATION TRUST	97%	97%	97%	96%	97%	97%	96%	97%	97%	97%	96%	97%	
GUY'S AND ST THOMAS' NHS FOUNDATION TRUST	95%	93%	88%	95%	95%	96%	95%	97%	95%	96%	97%	95%	
LEWISHAM AND GREENWICH NHS TRUST	95%	95%	99%	96%	0%	0%	96%	95%	95%	97%	95%	78%	

The total responses received during the period January to December 2015 were excellent, and show that of the 2952 98.1% are either likely or extremely likely to recommend our services to friends and family if they needed similar care or treatment.

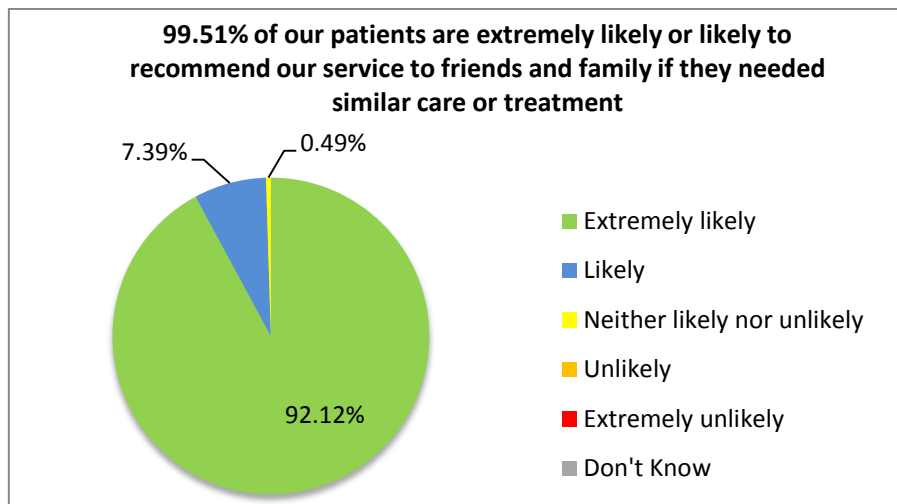


Results and action Plans for individual services continue to be published on the Bromley Healthcare Website.

A snapshot of recent service specific results is shown below.

Community Paediatrics April- November 2015

52 Responses



Name of Service: Community Paediatric Team

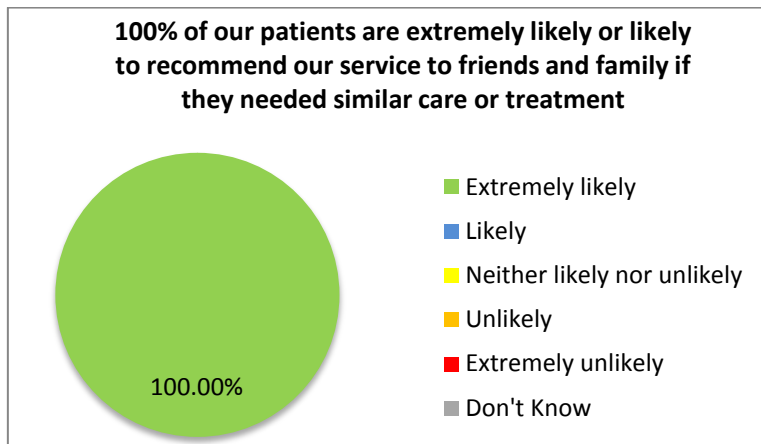
Question / Questionnaire Comment	A snap shot of Comments
What was good about your visit?	Dr Adeoye was extremely professional
What was good about your visit?	In depth consultation but ran late
What was good about your visit?	Good Nurses
What was good about your visit?	Very polite seen straight away
What was good about your visit?	Comprehensive discussion
What was good about your visit?	On time and I was able to discuss my concerns
What was good about your visit?	The ladies even help me if I forget to come they call me and thank you for helping my child.
What was less good about your visit?	Waiting Area too hot
What was less good about your visit?	No time to discuss additional concerns
What was less good about your visit?	Hot drinks machine in the waiting room

Action plan for satisfaction survey 2015-16

You told us this	As a result
That we sometimes run late in clinics	We will inform you if we are running more than 15 minutes late and keep you informed of how long you are going to have to wait.
Waiting times for appointments can be long.	We aim to see most patients within 3 months of their referral being accepted by our service.
That you would like hot or cold drinks whilst waiting for the appointment.	It is not possible to serve hot drinks in case a drink gets spilt and a child gets burnt. Cold water is available by the reception area.
That you wanted Air-conditioning in the building.	We now have air conditioning in the main waiting area and Dyson fans in the clinic rooms. We are exploring whether we can get air conditioning in the clinic rooms.

Wheelchair Service October- December 2015

13 Responses



Name of Service Wheelchair Service

Question / Questionnaire Comment	A snap shot of Comments
What was good about your visit?	Great Professional Service
What was good about your visit?	Very Helpful
What was good about your visit?	Extremely helpful and understanding
What was good about your visit?	Helpful and the item was very good
What was good about your visit?	Courteous sometimes amusing
What was good about your visit?	Friendly helpful service
What was good about your visit?	Jock was very friendly and sympathetic to my needs
What was less good about your visit?	They knew how to handle me after a major operation.
What was less good about your visit?	Item was rather slow to be delivered
What was less good about your visit?	I felt a bit woozy during the visit and wanted to feel better.

Action plan for satisfaction survey Wheelchair Service 2015-16

You told us this	As a result
That you'd like to have access to hot refreshments when you visit our clinic.	We are planning to install a hot drinks machine when we move. Until then staff will offer a drink for patients who have long appointments.
You are very happy with your experience with the Wheelchair Service.	We will continue to listen to you and act on any concerns you have.

The Voice of the Child

It is very important to Bromley Healthcare staff that the voice of the child is heard.

There are examples of feedback aimed specifically at Children in a number of services including:

Hollybank, Children's Physiotherapy Service, Community Paediatrics,

Below is an example of a survey specially adapted to obtain the feedback from Children who use the Speech and Language service.

Patient Experience Feedback from children in SEN provisions

1. Background

The PPI form was set up to get feedback on Bromley Healthcare's **speech and language** provision from children with considerable difficulties with comprehension of language. The questions were designed to be as simple as possible and had Widget Literacy Symbols above the words to help comprehension of the questions and the possible responses.

2. Method

A total of 30 children (8 children from Marjorie McClure, 2 children from Riverside Orpington, 10 children from Riverside Beckenham and 4 children from Poverest ASD unit and 6 children from Princes Plain Unit) responded to the questions in the left hand column following a speech and language session with the speech and language therapist in the autumn term 2014. The questions were presented one at a time. The form took between 1 -2 minutes to administer per child.

	No response	yes	mostly	A bit	no	Don't know
1. Did you like coming to see the speech therapist?	1 3%	24 80%	0	1 3%	2 7%	2 7%
2. Did you like the games?	0	26 87%	1 3%	2 7%	1 3%	0
3. Are you happy with your talking?	0	24 80%	2 7%	0	1 3%	3 10%
4. Does speech therapy help you?	7 23%	16 54%	1 3%	3 10%	1 3%	2 7%
5. Do you want to come again?	1 3%	26 88%	1 3%	0	1 3%	1 3%

Raw results are in black and percentages ($x/31 * 100$) are in red

Results

2.

The responses to the questions indicate that more than 80% of children perceive their experience with the speech and language therapist as positive (questions 1,2 and 5). Questions 3 and 4 asked whether the children were happy with their talking (and whether speech and language therapy was helpful, responses require the child to make an evaluation which is a higher level thinking skill and can be difficult for younger children to answer.

4. Discussion on format

Although these results are pleasing in terms of the children's' responses, therapists were unsure in all cases whether the children were able to make informed responses to all the questions due to their comprehension levels and to the complexity of the question's intention e.g. 'Does SLT help your talking?'. There is a tendency for some children in these settings to 'please' adults or to overuse 'yes' as a response. It is therefore important to be aware of these limitations, and to consider the results accordingly. The intrinsic difficulty with getting these cognitively young children to comment on the service is that their comprehension is low and therefore we are cannot be sure what they understand with these questions.

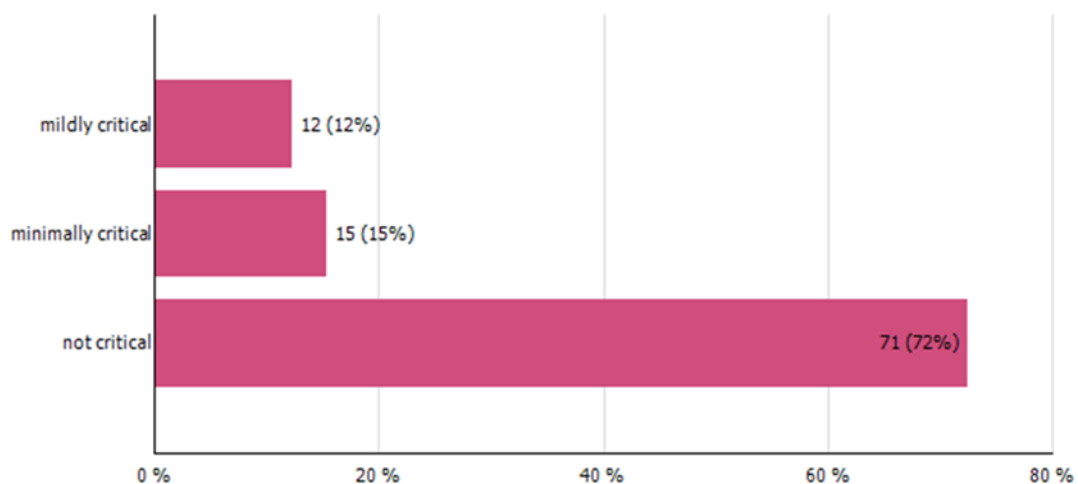
Patient Opinion

Patient Opinion allows service users to share their experience of using health services, staff learn from the service users postings about what was good and what was not so good and the organisation is able to make a public posting about what they are going to do to improve services

Service users can go on line to make their postings, ring Patient Opinion directly or provide written feedback.

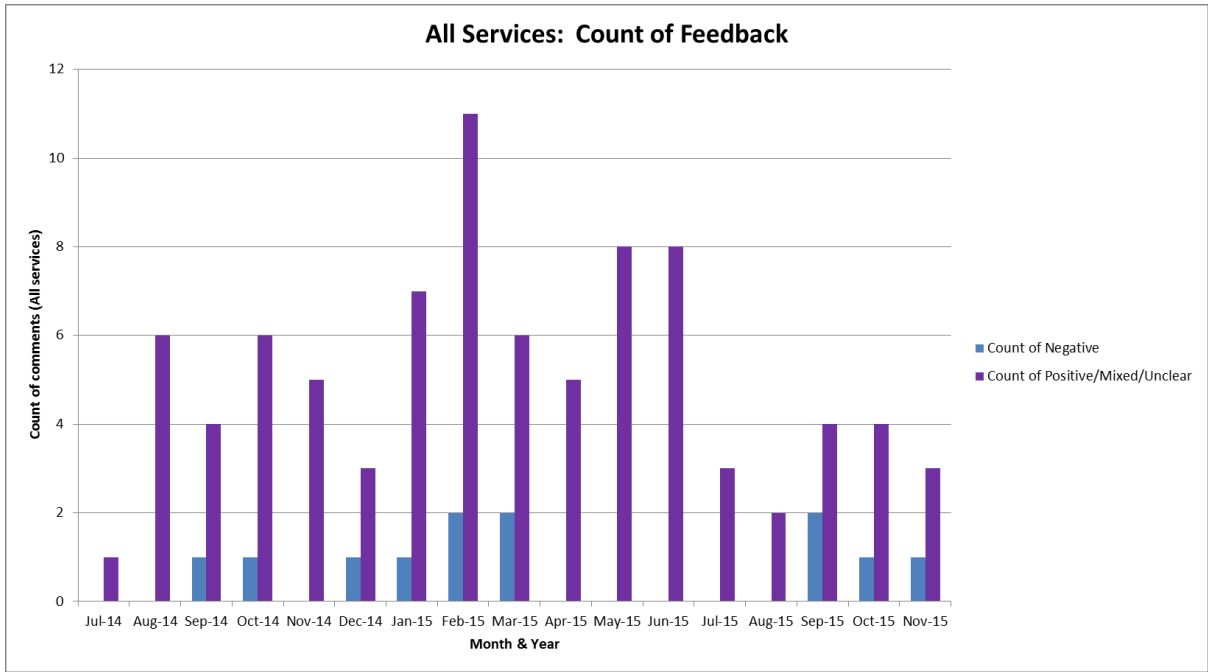
Since July 2014, there have been 98 comments raised on Patient Opinion and 128 responses made to these stories.

How moderators have rated the criticality of these stories



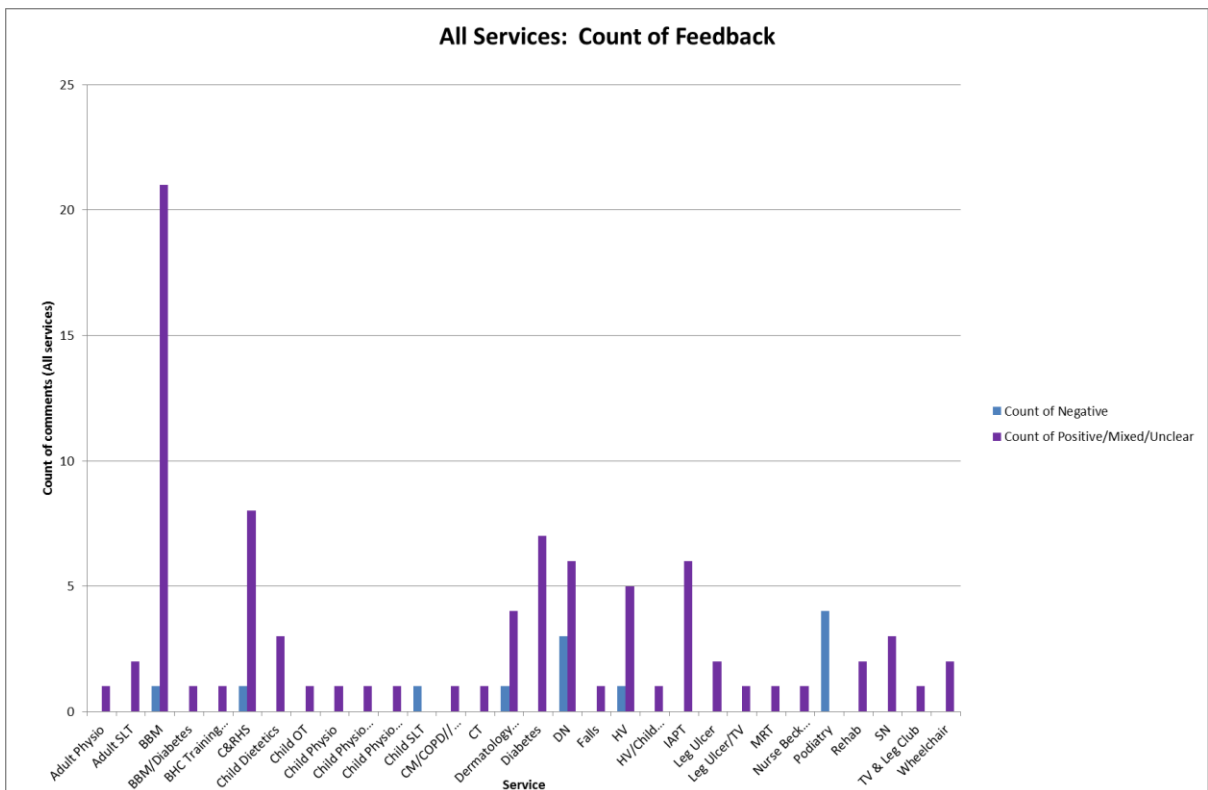
Positive/Negative Opinions

Of the 98 opinions expressed, 79 were positive, 12 negative, 7 mixed or unclear (containing both positive and negative). Positive & mixed feedback accounts for 88% of feedback.

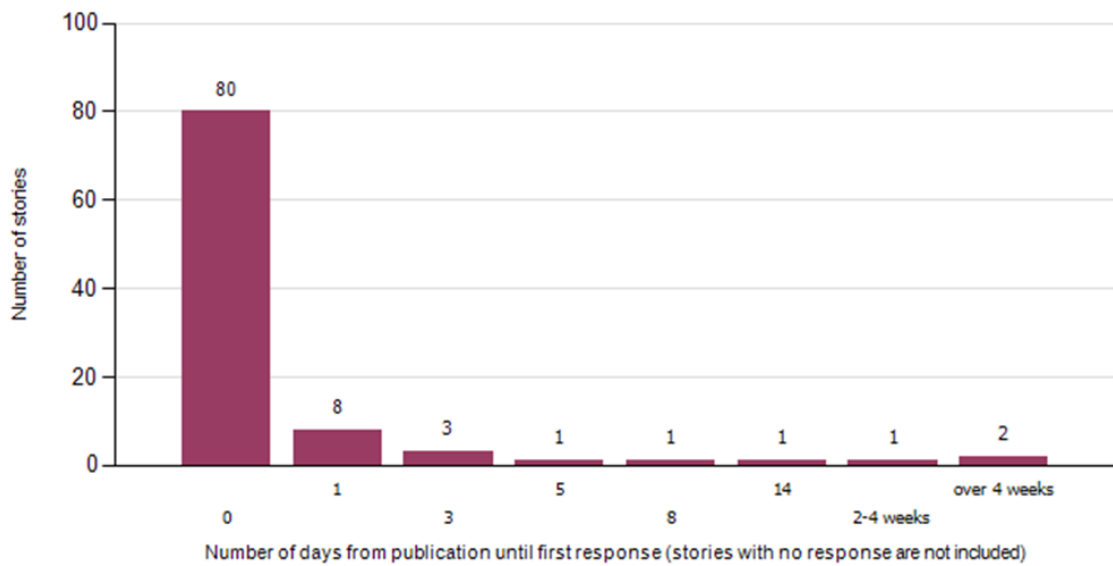


Positive feedback has been received for many of BHC services. BBM in particular has been praised highly. 6 changes have been made or have been planned as a result of the positive and the mixed feedback. Negative feedback has been addressed in each case and for 4 out of the 12 instances a change has been implemented or is being planned.

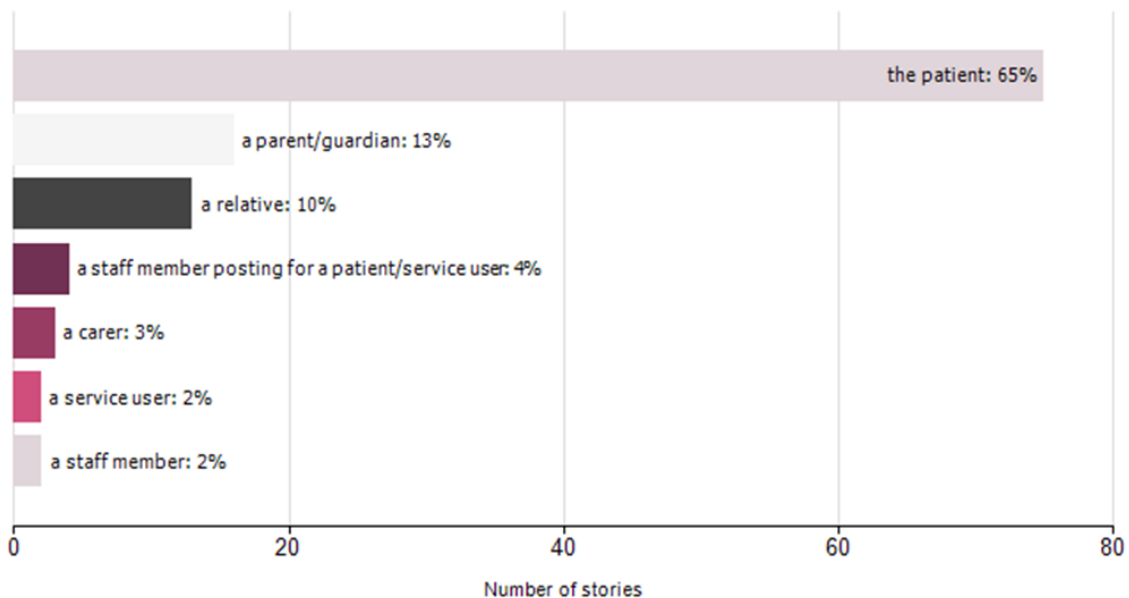
This feedback has been centred around waiting times in services with known issues in this area.



The number of days from publication until the first response to these stories



How the authors of these stories identify themselves



In the period October–December 2015 there were 13 postings on Patient Opinion. The postings continue to be acknowledged either by the Chief Executive, or the Head of Nursing.

Examples of Patient Opinion feedback:-

C&RH: “Excellent service”

Bladder and Bowel: “Specialist advice regarding incontinence pads ‘has made a huge difference to my mother”

Adult Speech and Language: “Superb treatment” “Appalling waiting times”- Since this posting the CCG have confirmed funding for additional therapists which will significantly reduce the waiting times.

IAPT: “Best counsellor that I could have asked for I cannot recommend the Bromley Working for Wellbeing service more highly enough”

Health Visitor: Poor attitude by Health visitor –appeared disinterested.

Despite Bromley Healthcare staff invitation to the patient to contact the service so that this could be investigated further, no contact was received.

Tissue Viability Service: This service have had several comments all very positive including the following posting from a client dated 16/12/2015

“For several years we have been seeing numerous consultants at various hospitals because my right leg and in particular my right ankle had holes in it described as ulcers.

Every time we saw a consultant, and it was seldom the same man twice, we were told that it did not look as bad as it had the last time we came and that we would be seen again in 6-8 weeks. But in the meantime the practice nurse at our local doctors would treat us once a week to change the dressings and check on our prescribed medicines.

Then in the spring of this year, we were apparently given the wrong operation and the wrong follow up treatment which resulted in the senior consultant stepping in and dealing with it himself. But there was no real change and the ulcers still wept and stayed open.

In July we were transferred to the charge of Nurse Teresa at the Bromley Leg Ulcer clinic and she was a complete Godsend. In just over a month she has managed to get the holes sealed and the swelling in my legs go down to a normal size. We are so grateful to her that we can never repay her.

I am left wondering why the devil all those patients that we saw week after week, visit after visit, at both Kings College, Lewisham, Beckenham, and the PRUH at Farnborough, were not also transferred to this unit. Their suffering could be terminated in a matter of weeks, instead of going on for years and causing the patient continual suffering, not to mention the waste of NHS money

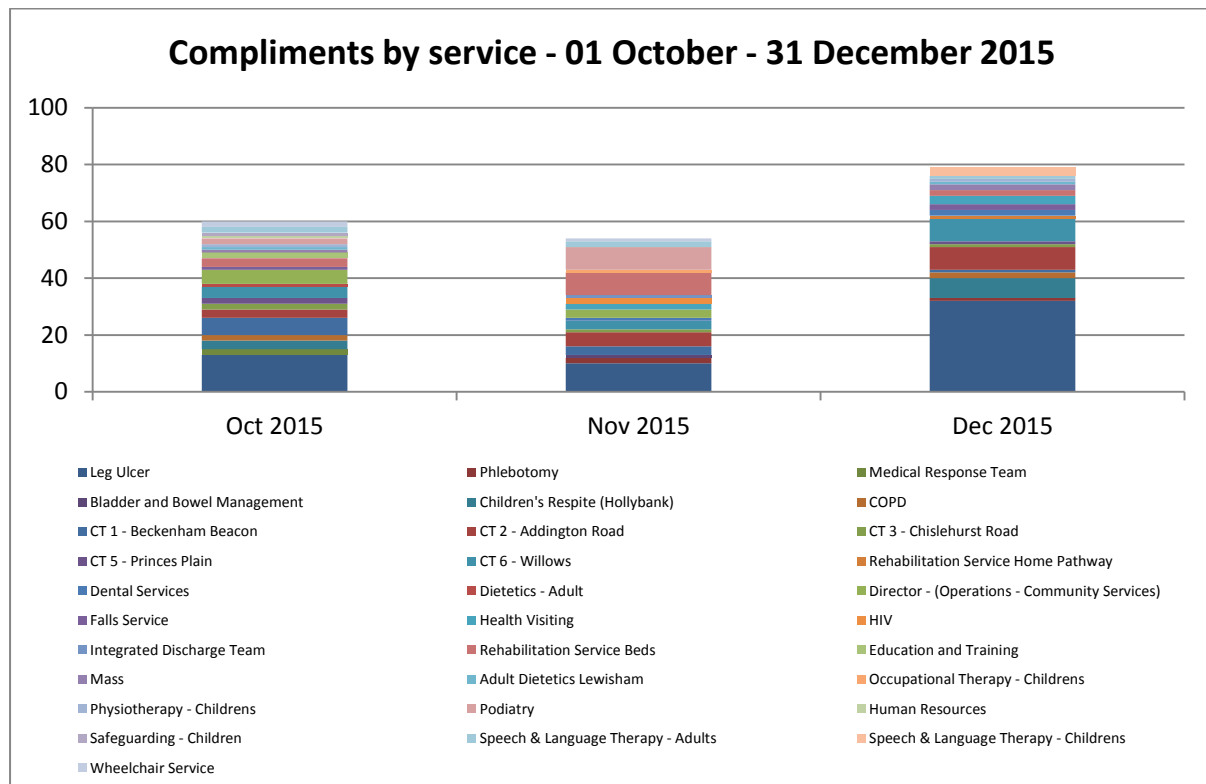
Why see the consultants and get no further, when this nurse as good as cured them in a matter of weeks, with her love and tenderness as she treated them.”

School Nursing: Healthy Schools Gold Award We could not have asked for more support from Dawn (Head of the Health Schools initiative Bromley) through every stage she was on hand with advice and suggestions to help us achieve our target.

Compliments

Patient feedback on the whole is very positive, and Bromley Healthcare staff encourage patients to contact the service and let them know if they thought that staff have provided a good service. It's good to be able to thank the team and let people know they're doing a good job.

In the period October-December a total of 193 Compliments were received.



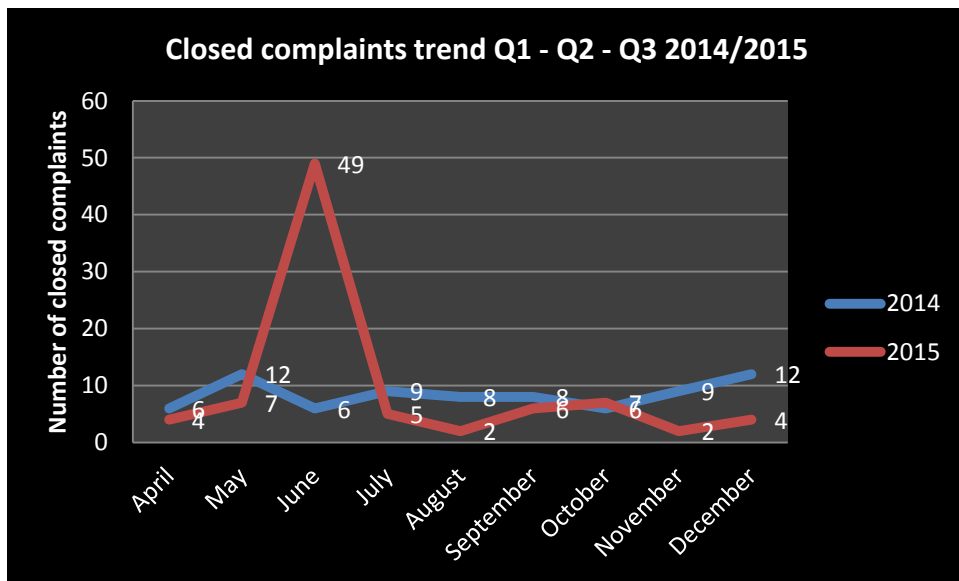
Complaints If clients are not happy with their treatment, or any other matter connected with a service that Bromley Healthcare provide, clients can make a complaint or make a suggestion on how to improve the services.

In line with statutory guidance all formal complaints are acknowledged by the Chief Executive

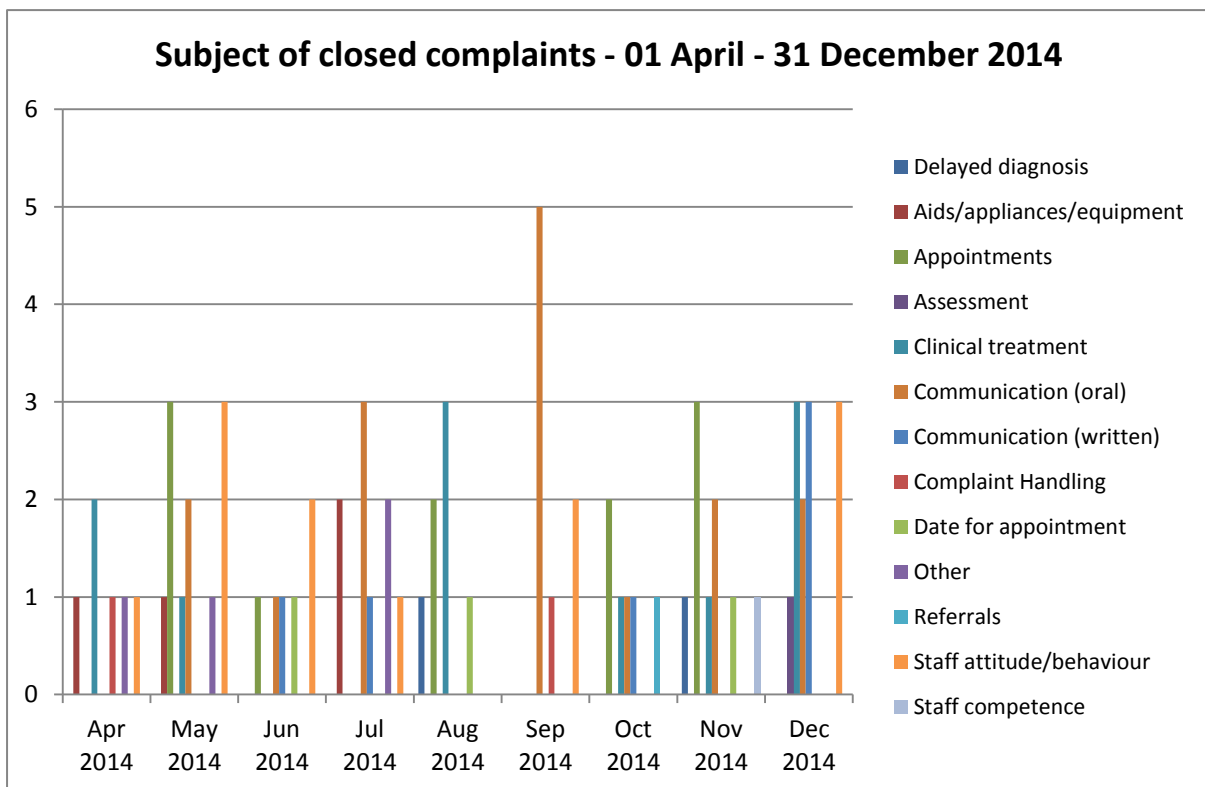
Complaints are monitored daily by the risk team and the Director of Nursing, Therapies and Quality Assurance. This scrutiny enables the Board and staff at all levels to identify any themes and to consider implementing any changes within the organisation that may help to improve client's experience.

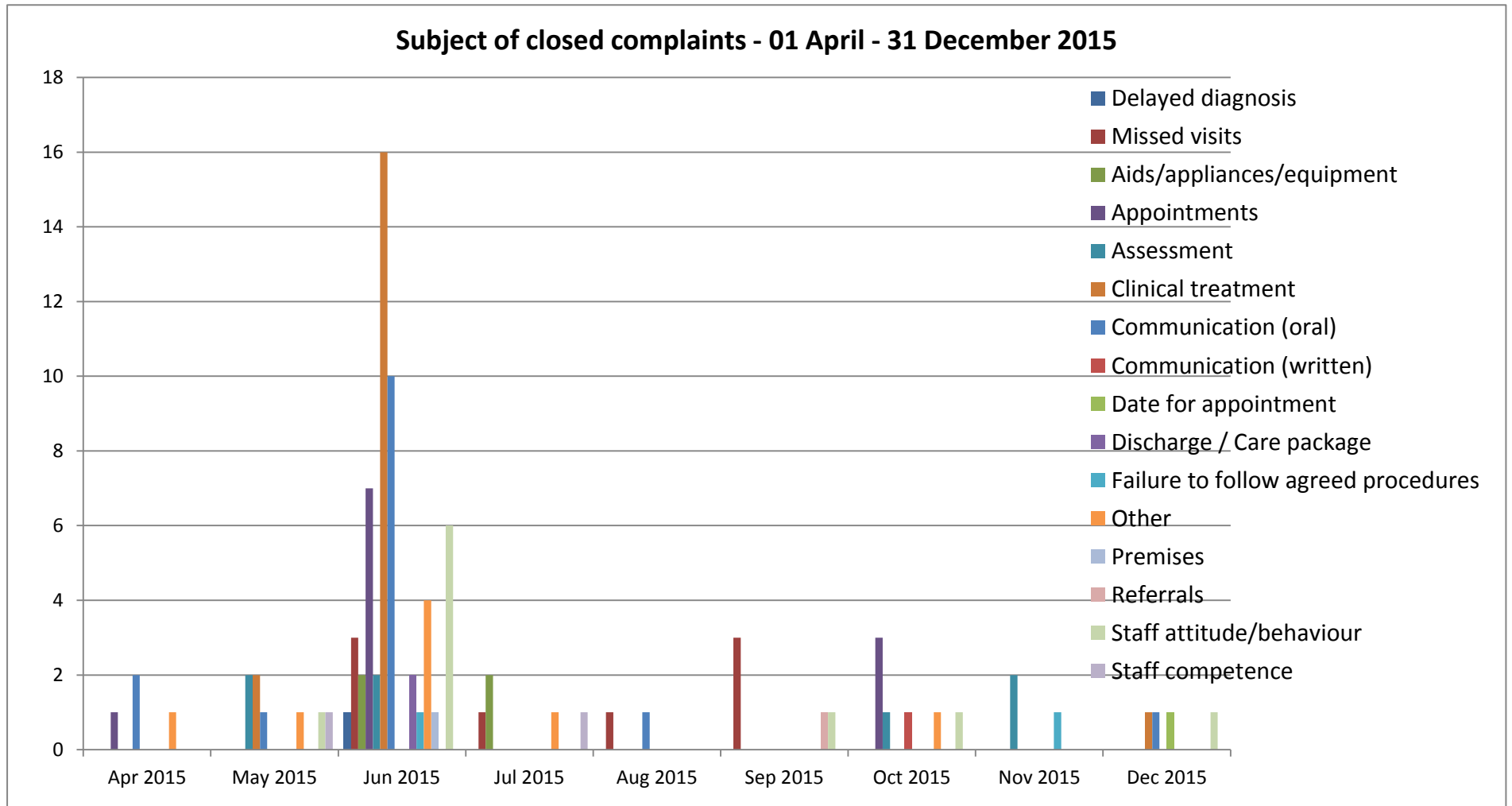
Services should, and generally do ensure that patients are aware of the process if they want to complain. This awareness by services will be checked as part of the planned Quality Assurance visits due to take place in February 2016.

The chart below compares the number of complaints that have been dealt with in the corresponding period April - December in 2014 and 2015.



Note: The reason for the sharp spike in the trend in June 2015 is that the risk team cleansed the data as it was clear that a number of services had actioned but failed to close their complaints.





Trends and analysis for the Period (01 October – 31 December 2015 (Quarter 3))

Closed complaints and concerns upheld - 01 October - 31 December 2015 -
Correct as of 13 January 2015

Type	Total number	Upheld	Partially upheld	Not upheld	Closed unable to gain consent
Oct-15					
Complaints	7	28.6%	57.2%	14.2%	0%
Concerns	5	40%	20%	20%	20%
Nov-15					
Complaints	2	100%	0%	0%	0%
Concerns	10	20%	50%	30%	0%
Dec-15					
Complaints	4	25%	25%	50%	0%
Concerns	9	55.5%	22.2%	22.2%	0%
Total Oct-Dec 15					
Complaints	13	38.45%	38.45%	23.10%	0%
Concerns	24	37.5%	33.3%	25%	4.2%

There have been a total of 13 closed complaints during Quarter 3.

The closed complaints for this quarter have been reviewed and there were no hot spots noted.

Learning from feedback

Listed below are some examples of processes which have been strengthened or changed as a direct result of learning from client feedback.

- A client said staff at a GP practice where a diabetes clinic is held did not seem to be expecting them. The practice staff have been reminded to welcome clients and sign post them. Additional signs have been displayed and the invite letter now includes the location of the clinic within the practice.
- A client was unhappy about how patients are assessed for eligibility for home visits. The department has subsequently developed a questionnaire which will be used to ask questions about eligibility, to ensure that there is a consistent approach to these difficult conversations.

Conclusion

In the next few months the Patient Experience Group will be reviewing the Patient Experience across the organisation. The outcomes from these meetings will be brought to the CQRG Quality Group.

Patient Safety

Quality Report

Quarter Q3

October 2015 - December 2016

Natalie Warman

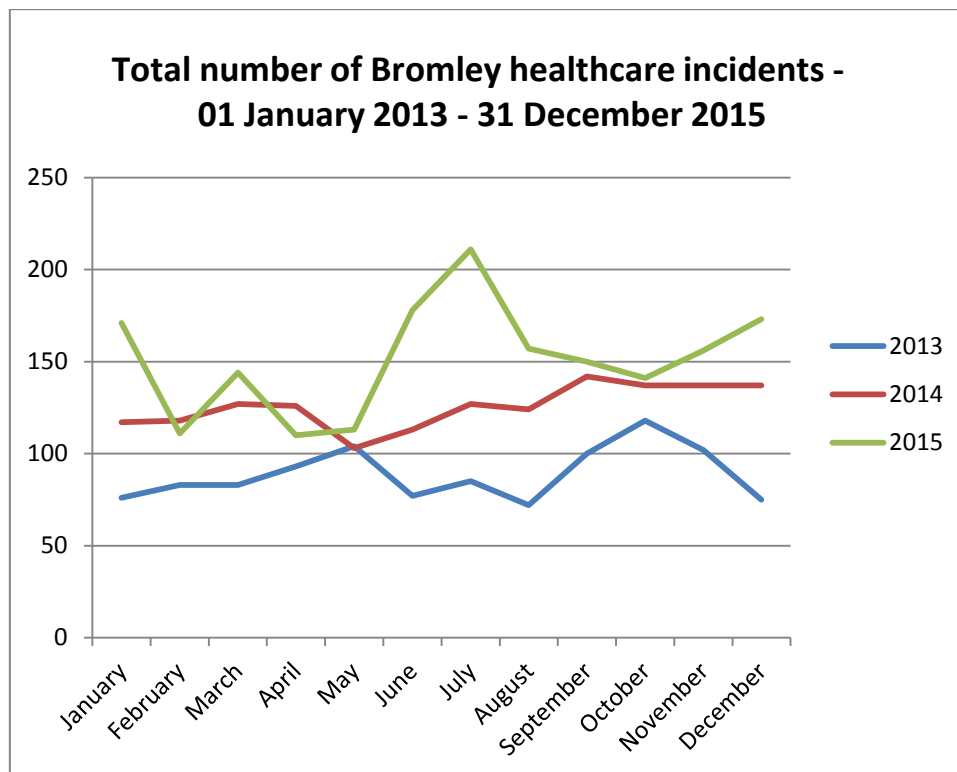
Director of Nursing, Therapies and Quality Assurance

Total number of Bromley Healthcare incidents since 2013

Incidents, improvements in safety and safeguarding strategic plans are monitored and developed through the improving safer care group, which had their first meeting in December.

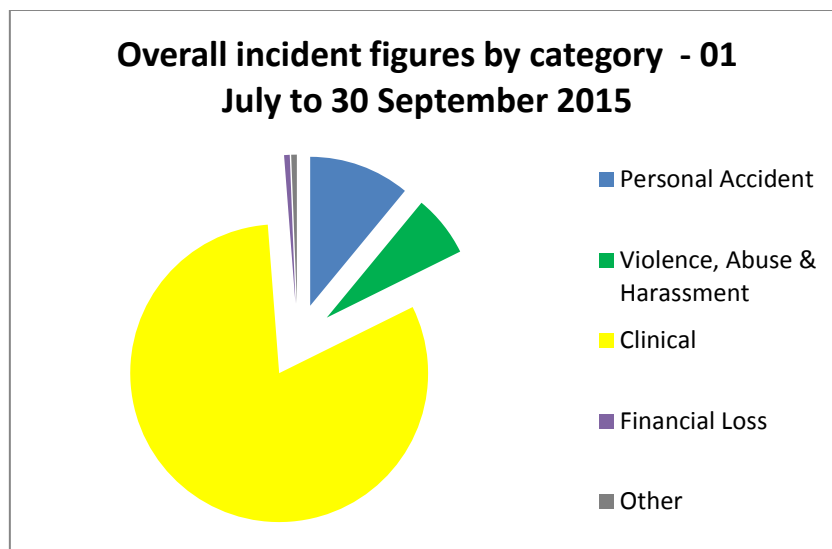
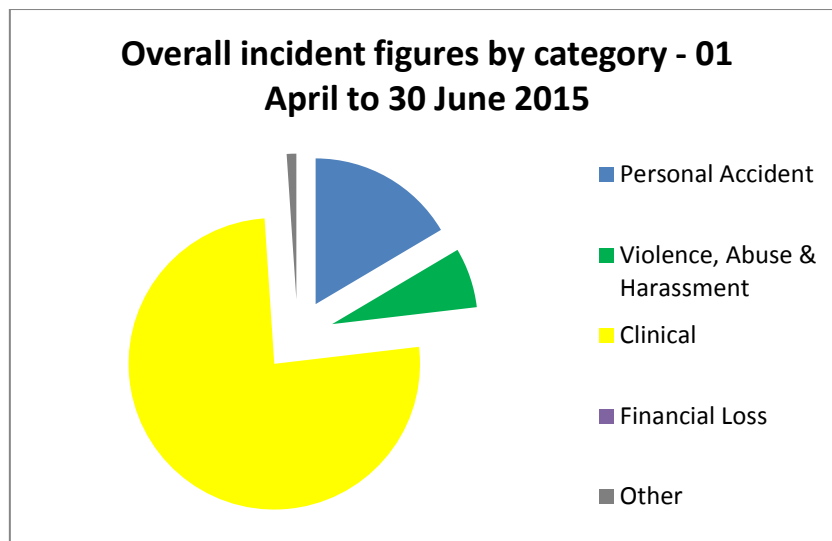
The trend towards a higher number of incidents being reported monthly continues. It is felt there is a strong culture of incident reporting in the organisation embedded over time through training at induction and line managers reinforcing this practice. The hot spots and trends remain the same over time.

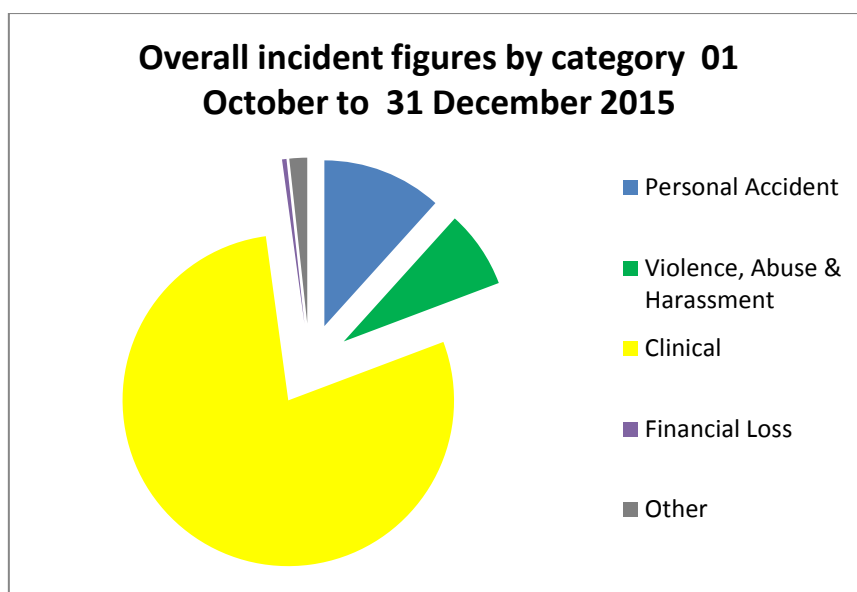
Total number of BHC incidents			
	2013	2014	2015
January	76	117	171
February	83	118	111
March	83	127	144
April	93	126	110
May	104	103	113
June	77	113	178
July	85	127	211
August	72	124	157
September	100	142	150
October	118	137	141
November	102	137	156
December	75	137	173
Total	1068	1508	1815



Incident figures by category - 01 April to 31 December 2015

	Apr-15	May-15	Jun-15	Total Q1	Jul-15	Aug-15	Sep-15	Total Q2	Oct-15	Nov-15	Dec-15	Total Q3
Personal Accident	21	20	21	62	17	24	13	54	17	24	13	54
Violence, Abuse & Harassment	6	5	14	25	12	11	10	33	10	11	14	35
Clinical	72	75	138	285	171	109	119	399	112	118	133	363
Financial Loss	0	0	0	0	2	0	1	3	1	0	1	2
Other	0	3	1	4	2	1	0	3	1	3	4	8
Total	99	103	174	376	204	145	143	492	141	156	165	462





Hotspots breakdown for Bromley Healthcare from April-December 2015

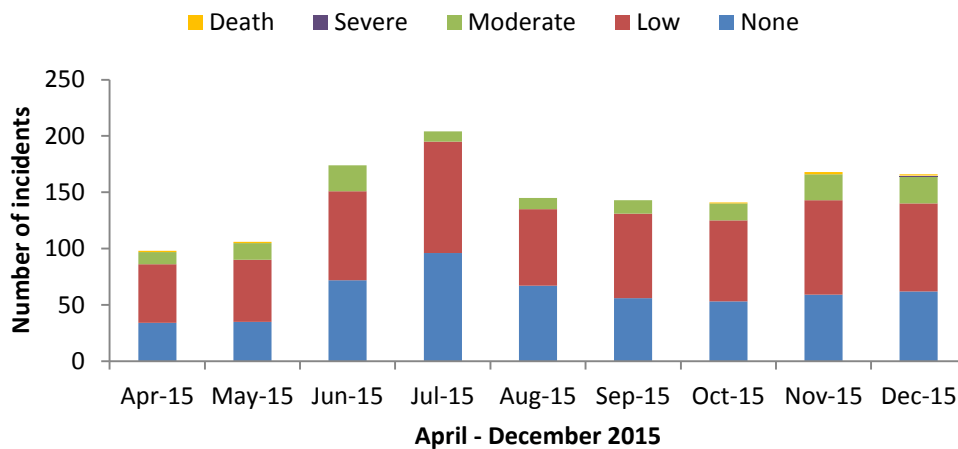
	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Total
Personal Accident										
Collision / Contact with an object / vehicle	3	1	3	2	7	1	2	0	2	21
Needle stick injury or other incident connected with Sharps	1	5	1	1	0	0	2	5	0	15
Slips, Trips and Falls	15	10	10	10	14	9	11	11	8	98
Violence, Abuse & Harassment										
Physical - Abuse etc of staff by patients	3	1	7	2	1	1	3	4	3	25
Verbal - Abuse etc of staff by patient	0	0	2	6	6	2	5	4	4	29
Clinical										
Access, admission, transfer, discharge	2	5	2	8	5	1	6	2	7	31
Consent, Communication, Confidentiality	2	0	3	7	4	9	8	9	5	42
Documentation	2	7	11	8	3	4	3	3	5	41
Implementation of care / ongoing monitoring/review - pressure ulcers	39	42	67	77	45	63	55	63	70	521
Implementation of care / ongoing monitoring/review - other	9	9	18	17	14	11	20	12	16	126
Infection Control	5	1	1	1	1	2	0	2	2	15
Infrastructure (staffing, facilities, environment)	3	1	16	22	11	9	6	11	12	91
Treatment / Procedure	2	0	1	7	3	0	0	0	1	14
Medication	6	8	14	18	18	17	9	10	10	110

During this quarter it should be noted that a hot spot arising from quality alerts, incidents and complaints appear to be concerning, missed visits, delayed appointments and missed doses of medication, however not all these have completed the investigation process so we are unable to come to any concrete conclusion.

- 6 incidents - visits were missed or delayed) which teams
- 3 complaints/concerns re alleged missed or delayed visits (teams)

- 3 Quality alerts re alleged missed or delayed visits or appointments (teams)

Degree of harm



Lessons learnt and what have we done differently

Bromley Healthcare aims to respond quickly and positively to incidents and feedback to ensure that we learn lessons and so improve the quality of our services and promote a safer environment for all.

Bromley Healthcare acknowledges that untoward events usually reflect a breakdown in systems within the organisation and that the majority of people are trying their best to do their job safely and well. Bromley Healthcare is committed to investigating how these system failures occurred and how they can be improved using root cause analysis techniques.

Datix incident 7502 CT5	Following a medication error a poster has been displayed reminding health care professional of calculations and an e-mail sent to all registered nurses with a link to drug calculation samples.
Datix incident 7998 HIS	A new process has been developed by the Health Improvement Service for checking material with patient identifiable data before it is sent to other agencies.
Datix incident 7717 MRT	New stock of sharps bins ordered with lids that will accommodate all types of needles and holders.

October

Service	Examples of processes which have been strengthened or changed in the Bromley Healthcare as a result of learning from incidents
7955 Estates	All sites have asbestos surveys and management plans. As a result of a low grade incident the management plans are being reviewed, sites will be visited to ensure the plan is easily accessible on site and staff are aware of the locations where asbestos is presumed.

8051 Estates	<p>An independent review of security at the CRC was carried out on in September. One of the early recommendations discussed was ensuring all staff make use of the safe when money needs to be stored and protocols are followed with regard to access to the safe.</p> <p>Report has been provided, highlighting a number of recommendations and an action plan which has been forwarded to the centre manager for implementation.</p>
8417 SLT adult	<p>EMIS has been updated so all requests for urgent prescriptions contain the following - THIS REPORT CONTAINS AN URGENT PRESCRIPTOIN REQUEST and if it contains GP action should state - THIS REPORT CONTAINS URGENT GP ACTION. .</p>

November

Service	Examples of processes which have been strengthened or changed in the Bromley healthcare as a result of learning from incidents
8492 Rehab beds	A training issue was identified and all registered nurses were given a teaching session on how to use a specific type of insulin pen
8504 Estates	The reminder email that goes out to all staff to remind them of fixed wire testing works has been amended to ensure it clearly states the length of time the power is going off at each base. This should avoid any future issues with vaccine fridges when power is turned off for long periods.
8661 SLT adults / rehab beds	A training issue regarding patients with swallowing difficulties was identified and the SLT are planning 2 training sessions on the rehab unit to raise awareness.

December

Service	Examples of processes which have been strengthened or changed in the Bromley Healthcare as a result of learning from incidents
8767 Croydon diabetes	Following a delay in receiving results the process has been clarified by the Croydon Biochemistry Department
8859 Phlebotomy	Following a mistake with labelling a specimen the EMIS template has been reduced in size for phlebotomy patients which means that the phlebotomists are less pushed for time. In conjunction with this, the service are exploring with the relevant companies the idea of T-Quest in the community. This would enable us to print off the labels which are barcoded and creates a complete chain of custody for the blood test from GP request to lab receipt and processing.
8965 Health Visiting	There was a delay in a baby receiving their 14 day visit. The EMIS team are attending the January team meeting to demonstrate how EMIS can be used to support caseload management and avoid this happening again.

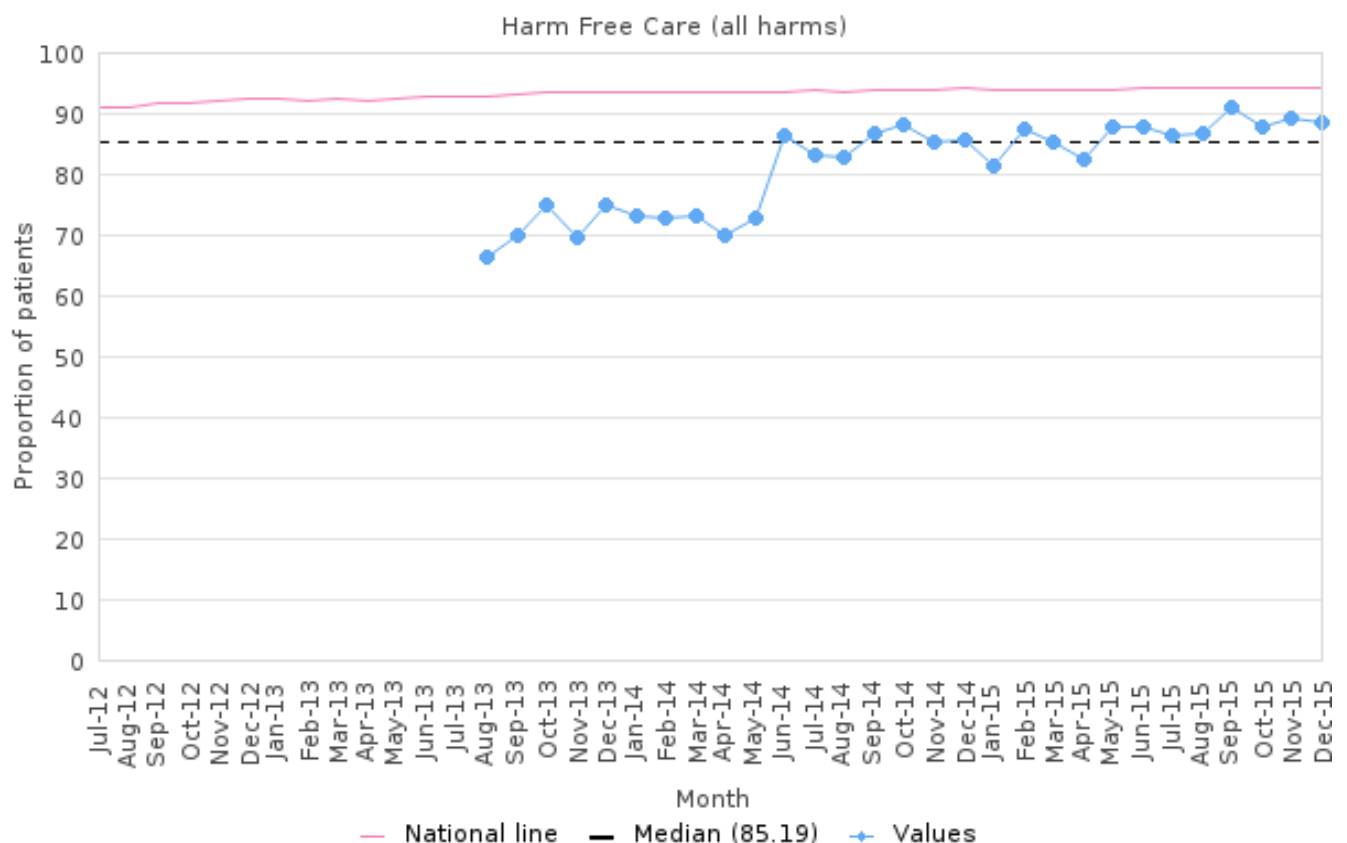
Safety Thermometer

Data from below demonstrates Bromley Healthcare’s performance against the safety thermometer. The total number of Bromley Healthcare patients who were harm free for December is 88.69%

- Of these 1,248 patients, 1,058 patients were harm free
- The percentage of BHC patients who had new harms was 3.32%
- 142 patients experienced a harm, 29 of whom experienced new harms
- No of patients with one harm = 135
- No of patients with 2 or more harms = 7
- No of patients with 3 or more harms = none

Data from 1,248 patient contacts was collected for Quarter 3.

QUARTER 3	October 2015	November 2015	December 2015
Harm Free	87.83%	89.35%	88.69%
Mean	86.41%	86.41%	86.41%
Patients	452	460	336



Pressure ulcer graph to show trajectory

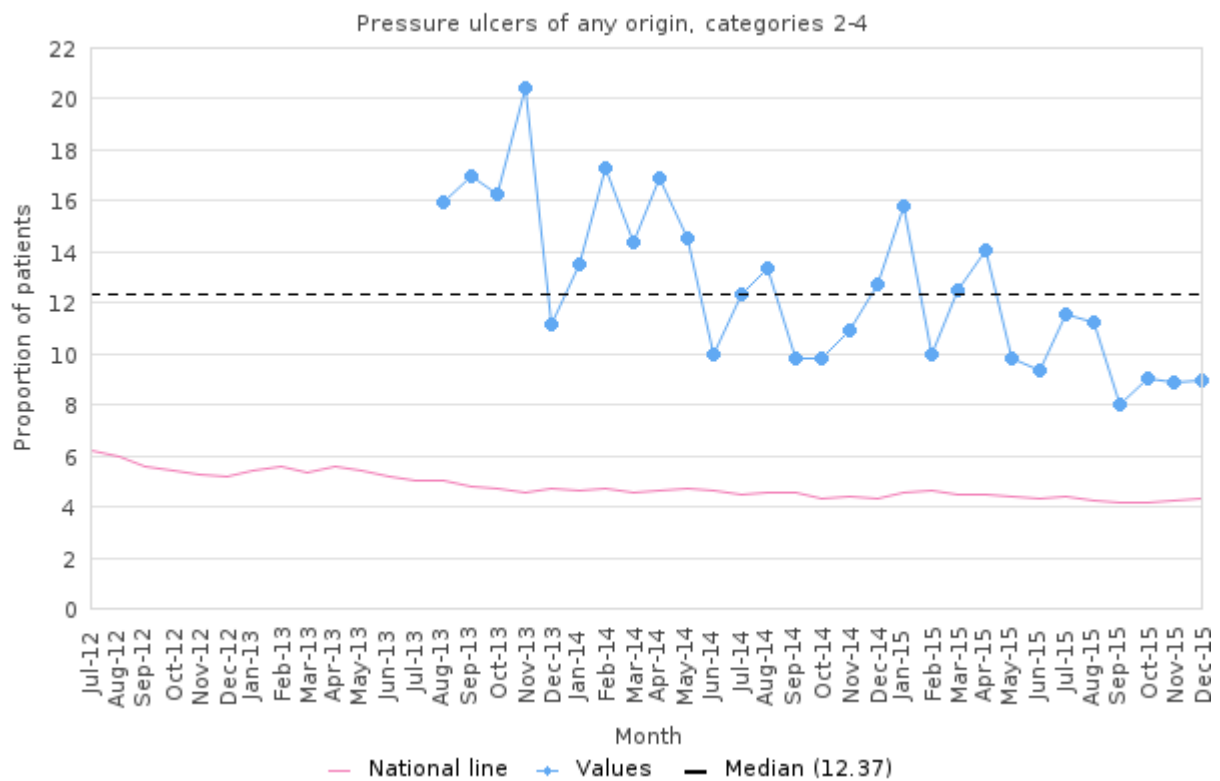
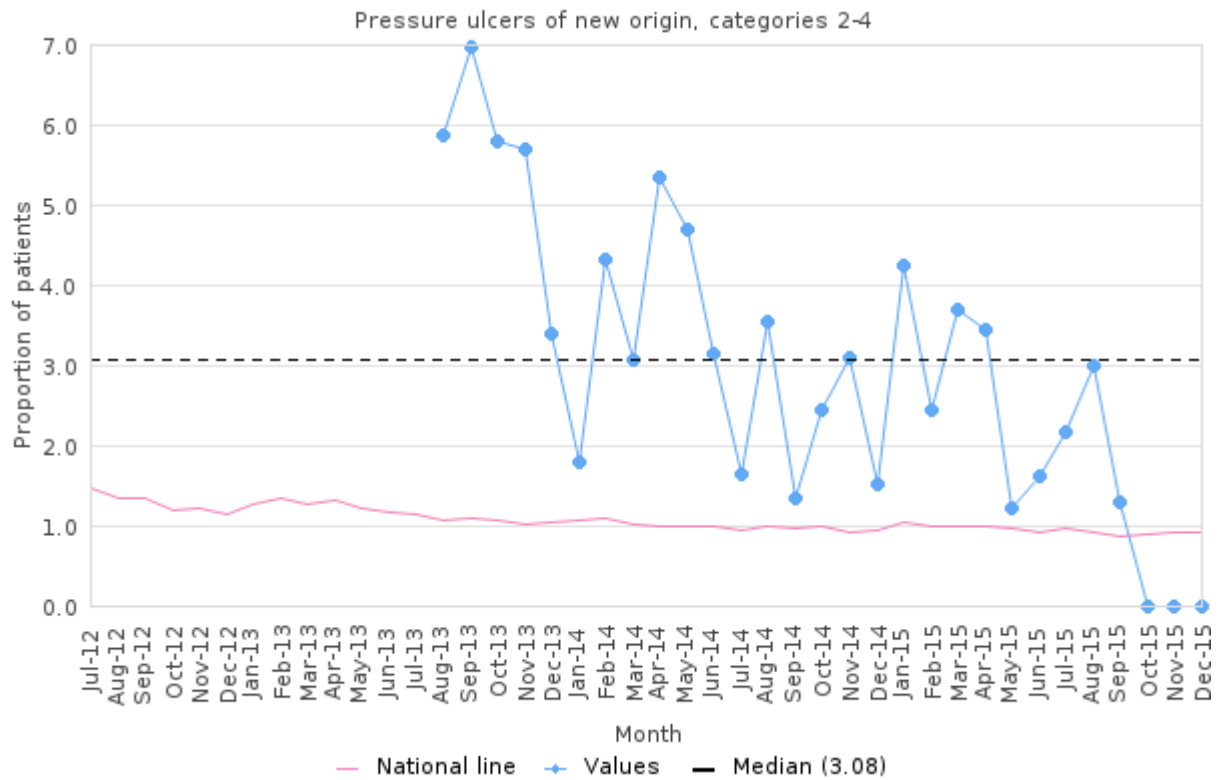


Chart 1 Pressure Ulcers declared as serious incidents - Q1 Q2 Q3 2015

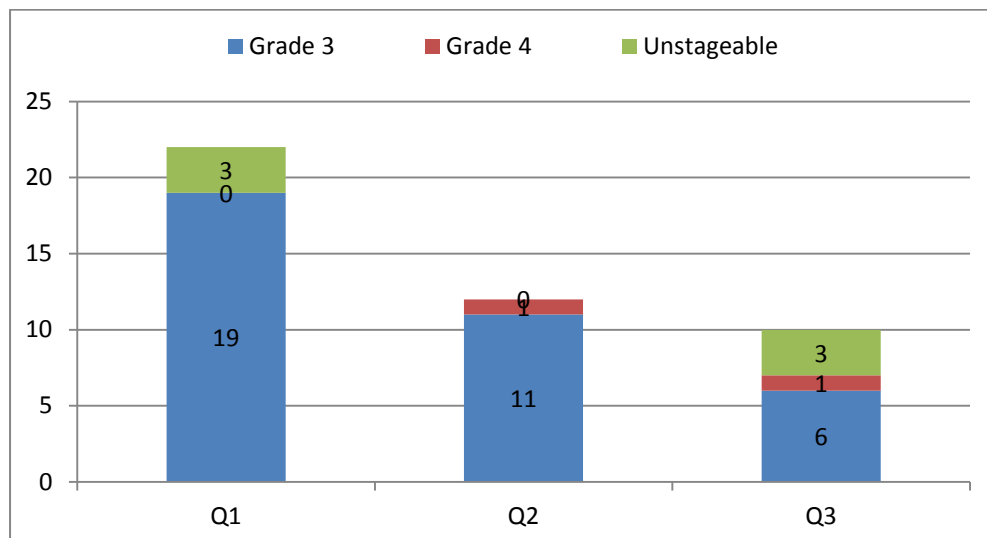


Chart 2 Comparison between avoidable and unavoidable for closed pressure ulcers

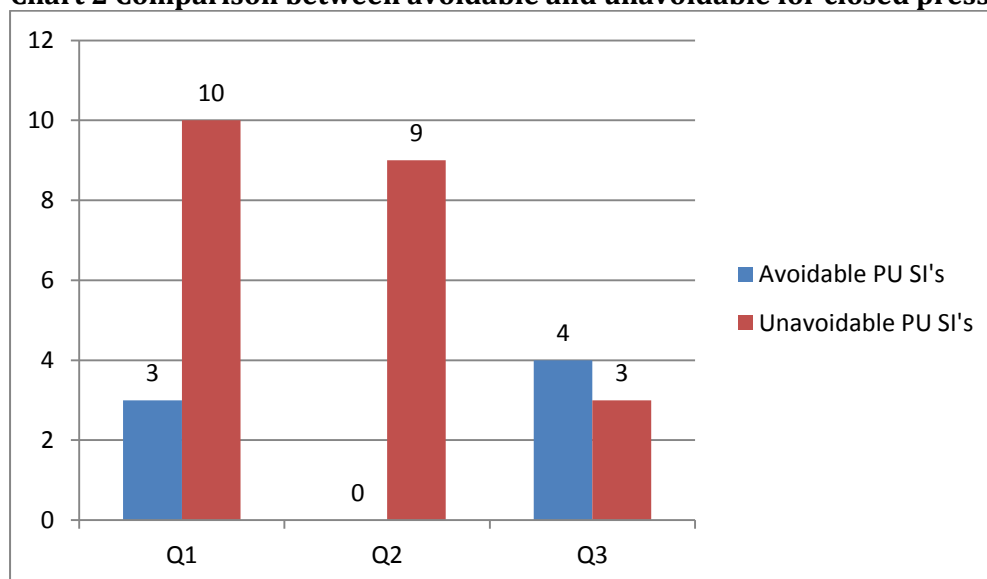


Chart 1 re pressure ulcers shows the total number of pressure ulcers declared as serious incidents. The second chart shows the outcome of the investigations into these incidents following the panel held to review the root cause analysis reports. If the incidents are declared unavoidable a request is made to BCCG asking for de-escalation. It is not possible to show comparison data for the year 2014 / 2015 with regard to avoidable and unavoidable pressure ulcers as this information was not collected at this time.

A theme arising from pressure ulcer panel has identified that there appears to be a further guidance and accountability embedded for patients who are complex, end of life and have multiple carers. This includes instigating a Bromley healthcare wide nutritional and hydration charts as well as repositioning charts. An embedding learning event is planned for March with external partners to explore how we can collectively learn from these incidents and make improvements in patient care. Outcomes and actions arising from the embedding learning event will contribute to the pressure ulcer reduction action plan.

Serious Incidents (non-pressure ulcers) declared between 1 October 2015 and 31st December 2015

ID	Incident Date	Description	Service	Steis number	Date reported to STEIS	Final STEIS report due	Actual Date of final STEIS report	Current Status
8758	20/10/2015	A high risk patient requested an early appointment for wound care following an injury to his foot. No appointment was given. The patient was admitted to hospital with an infection.	Podiatry	2015/36196	19/11/2015	16/02/2016		Investigation being completed and RCA meeting planned for 27
8804	23/11/2015	A patient committed suicide prior to their appointment.	PC Mental Health Team	2015/36692	25/11/2015	22/02/2016		Investigation being completed and RCA meeting planned for 26

Safeguarding Children Dashboard

Safeguarding children supervision of staff continues to remain high, however our criteria for mandatory training level 1 changed in October to include additional non clinical staff affecting our overall performance (52%) in October, by the end of the quarter we achieved a performance of 93%. There are currently 224 children on child protection plans. 14 medicals were requested and 100% were undertaken within 24 hours.

Ref.	Children subject to a Child Protection Plan	2015-2016			Comments	
		Target	Quarter 1	Quarter 2		Quarter 3
			Apr-Jun	Jul-Sept	Oct -Dec	
Basic Statistics						
a	No. of children subject to CPP		218	222	224	LBB figures sent to us weekly as of 8/01/16
b	No. of children looked after (LAC)		274	N/A	N/A	
c	No. of children privately fostered		N/A	N/A	N/A	
d	Child Protection Plans lasting 2 years or more		12	7	10	Stats taken from LBB weekly list as of 8/01/16
e	Children becoming the subject of a Child Protection Plan for a second or a subsequent time		N/A	7	N/A	
f	Number of CP medicals requested		14	14	14	
g	Acute CP medicals undertaken within 24hrs		71%	86%	100%	This includes Sexual abuse medicals which have a longer time frame. 11 for physical completed in 24hours. 3 sexual abuse medicals completed within timescale of 10 days

		2015-2016			
		Target	Quarter 1	Quarter 2	Quarter 3
			Apr-Jun	Jul-Sept	Oct -Dec
Supervision (Safeguarding Supervision)					
a	No. of Health Visitors requiring quarterly supervision		54	57	57
b	No. of Health Visitors supervised		100%	100%	100%
c	No. of School Nurses requiring termly supervision		21	21	21
d	No. of School Nurses supervised		100%	100%	100%
e	No. of Named Nurses requiring quarterly supervision		1	1	1
f	No. of Named Nurses supervised		1	1	1
g	No. of Community Nurses requiring quarterly supervision				6
h	No. of Community Nurses supervised		93%		100%
i	No. of PAMs requiring quarterly supervision		N/A	N/A	N/A
j	No. of PAMs supervised		N/A		N/A
k	No. of Nursery Nurses requiring quarterly supervision		12	14	13
l	No. of Nursery Nurses supervised		93%	80%	100%
Safeguarding Children Training					
a	No. eligible staff require Safeguarding Children training - Level 1		N/A	N/A	N/A
b	90% eligible staff up to date with training -Level 1		92%	92%	93%
c	No. eligible staff require Safeguarding Children training - Level 2		N/A	N/A	n/a
d	80% eligible staff up to date with training - Level 2		77%	80%	81%
e	No. eligible staff require Safeguarding Children training - Level 3		N/A	N/A	n/a
f	80% eligible staff up to date with training - Level 3		93%	89%	83%
g	No. staff attended inter-agency safeguarding children training e.g LSCB (at any level)		N/A	N/A	N/A

Safeguarding Adults Dashboard (please see Appendix 1 attached)

For Quarter 3 we are above our performance for training in safeguarding adults. The Mental Capacity Assessment template has been revised for EMIS, therefore assurances of assessment of capacity have been strengthened. This will be monitored through the quality assurance visits in February. The Quality team will begin work on the EMIS safeguarding adults template in Quarter 4.

Infection Control

Outbreaks

QUARTER 3	October 2015	November 2015	December 2015
C.Difficile	0	0	0
MRSA/MSSA bacteraemia	0	0	0
Outbreaks	0	0	0

Hand Hygiene Audit

20 (48%) of Bromley Healthcare services were compliant with hand hygiene audit in Quarter 3. Below are the results for compliant services

2015-16	Quarter 1	Quarter 2	Quarter 3
	April-June 2015	July-September 2015	October-December 2015
	%	%	%
Before patient contact	97	96	94
Before aseptic task	83	100	88
After body fluid exposure	100	98	92
After patient contact	97	96	97
After contact with patients surrounding/environment	80	95	85
Additional Observations			
Before cooking/food preparation	100	71	100
After cooking/food preparation	97	100	100
Compliance to BHC Uniform Policy prior to hand decontamination			
By being bare below elbow (patient contact)	91	92	95
No nail varnish, extensions, false nails	95	88	94
No jewellery wristwatches or rings except plain wedding bands	79	80	85
Any cuts and grazes are covered with a waterproof dressing	100	97	98
Hands are visibly clean if applying alcohol gel	95	100	99
Hands are decontaminated using the correct technique	94	99	98
Staff member knows when alcohol gel is not effective	90	97	93
Staff member understands when to decontaminate hands	96	100	95

Mattress policy

The Mattress Policy has been written and is waiting for ratification by the Improving Safer Care Group. The Infection Control Nurse has worked with the information analyst to create an excel database to record mattress audits.

Training

Training

Percentage of staff who have completed on-line Infection Prevention and Control mandatory Training

Quarter 3	October 2015	November 2015	December 2015
Target	90%	90%	90%
Achieved	83%	83%	85%

Clinical Effectiveness

Quality Report

Quarter Q3

October 2015 - December 2016

Natalie Warman

Director of Nursing, Therapies and Quality Assurance

As part of the new Quality Governance Structure the first meeting of the Clinical effectiveness Group was held on 14th December 2015.

Outcome measurements

Currently the quality team is working with services to establish which outcome measures are in use, across services. Many of the specialist and therapy services collect very specific clinical measures that determine improvement or deterioration in relation to clinical function.

Therapy Outcome Measures (TOMs) and Emis Project Phase 2

Therapy Outcome measures is a four rating scale that unlike other clinical measures uses four dimensions of an individual in line with the International Classification of Functioning, Disability and Health (WHO 2007), 1) impairment, 2) activity, 3) participation and 4) wellbeing, they can be employed alongside other measures or diagnostic assessments which therapists will choose to use with the framework.

Each of the four dimensions is rated by the therapist (preferably in consultation with the individual and/or family) on an 11-point ordinal scale with six defined descriptors, ranging from 0 (worst case scenario), to 5 (best possible presentation).

Impairment describes the severity of the presenting difficulty/condition (from 0 – the most severe, up to 5 – no impairment).

This does not look at functioning per se, but can show the impact of intervention on improving, reducing or maintaining the difficulty.

Activity looks at the impact of the difficulty on the individual's level of independence (from 0 – totally dependent unable to function, to 5 – able to function independently).

Participation looks at the impact on social engagement and autonomy, in recreation and education (from 0 – isolated, to 5 – fully integrated).

Wellbeing looks at the impact of the difficulty on the individual's emotional wellbeing (from 0 – high and constant levels of concern/anger/severe depression unable to express or control emotions appropriately, to 5 – well adjusted, stable and able to cope with most

Some specialist services are using TOMS alongside their existing measure (SLT) and the children's therapy services will be using these as well. The clinical effectiveness group is working with services to identify is the TOMS model will be the chosen and preferred outcomes tool.

Clinical Audit

All services are required to complete a clinical audit within the year. In Quarter 3, 5 audits were completed, which are detailed below.

For 2015/16 to date 9/36 audits have been completed and submitted
22 audits in progress and
5 services yet to submit

Completed Clinical Audits Quarter3 October- December 2015

Introduction:

Clinical Audit is a systematic way of measuring the quality of care and services against agreed standards making improvements at both a service and individual level. BROMLEY HEALTHCARE has an expectation for all clinical services to do at least one clinical audit every year. The Quality Team provides support with the audit proposal and writing up the report. Audits are uploaded to Datix, which allows effective monitoring of the implementation of recommendations and action plans. A prompt has been added to Datix for services to consider if audit results indicate significant clinical risk that needs to

ID	Service	Audit title	Audit Key findings	Action Plan/ Feedback
Reviewed October 2015:				
266	Safeguarding Children	(Re- audit) Timeliness of Health Visitor response to maternity cause for concerns	<p>The aims, benchmarks and the method has not changed since the original audit</p> <p>Original Audit 2013</p> <ul style="list-style-type: none"> • Sample Size - 76 • Acknowledged the maternity concern referral form and indicated a plan of action - 51 (67.1%) • Total number not seen - 25 (32.9%) <p>Re-audit 2014 (2nd Cycle)</p> <ul style="list-style-type: none"> • Sample Size - 42 • Acknowledged the maternity concern referral form and indicated a plan of action - 40 (95.2%) • Total number not seen - 2 (4.8%) 	<ol style="list-style-type: none"> 1. Ensure that the Midwifery service has up to date contact details for Bromley Healthcare Health Visiting teams. 2. Discuss feasibility of adding template or similar with EMIS team 3. Share the results of the 3rd cycle audit with manager (Lorraine Thomas) and senior managers. With a view to appropriate information being added to the Health Visitor Guidelines currently being reviewed and updated. 4. The results of the 3rd cycle audit to be cascaded down to the HV teams. 5. Request that the findings are shared at the

			<p>Re-audit 2015 (3rd Cycle)</p> <ul style="list-style-type: none"> • Sample Size - 16 • Acknowledged the maternity concern referral form and indicated a plan of action - 9 (56.3%) • Total number not seen - 7 (43.7%) 	<p>next District-wide meeting on 9/12/15.</p> <p>6. Share findings with Safeguarding midwife for the Princess Royal University Hospital.</p> <p>7. The Paediatric Liaison Specialist Nurse to monitor evidence of recording of maternity concerns on client electronic records by the Health Visitor, when reviewing records prior to the monthly maternity concerns meetings, where clients previously flagged via the maternity concern process may be discussed.</p>
579	Community Paediatrics	A survey of parental perception of school medical reviews at Riverside and Marjorie McClure School	<p>Benchmark 80%</p> <ul style="list-style-type: none"> • 87.5% felt that the medical was useful for addressing / reviewing the health care needs of their children. • 25% felt that the clinic added very little towards their children's long term care 50% were undecided 25% felt that this review added towards their child's care. • 100% All the parents felt they were given enough time, and the information, they were given was clear and informative. • 81.25% felt that they were appropriately involved in 	<p>1. A similar survey to be conducted again prospectively aiming to capture more parents with appropriate amendments in questionnaire.</p>

			<p>decision making and respected for their preferences</p> <ul style="list-style-type: none"> • 18.75% felt that there was no scope for preferences or specific decision making. • All felt that they would like to have future medical reviews at school but 25% also said that they would not mind coming to Phoenix CRC either for future reviews. 	
Reviewed November 2015:				
360	MASS	Compliance to Medicine Reported After MASS Intervention	<p>50 patients were randomly sampled from the July 2014 referrals.</p> <p>Due to client demographics, results show that 34% of patients referred last July (2014) had passed away within the year.</p> <ul style="list-style-type: none"> • Compliant with MASS intervention Original audit – 46% Re-audit – 54% • Non-compliant Original audit – 7% Re-audit – 0% • Deceased Original audit – 30% Re-audit – 34% 	<ol style="list-style-type: none"> 1. Review and agree a new service specification, ensuring that all factors are carefully considered when following up patients within a year of intervention. 2. Survey patients to see what their understanding of the MASS pathway is, and collect data to know what they would like our service to provide, and consider these with the commissioners 3. Develop plans for training days where members of other departments come out to see how we can help each other pinpoint patient's needs and requirements.

			<ul style="list-style-type: none"> • Other Original audit – 17% Re-audit – 12% 	
Reviewed December 2015:				
546	Rehab Home Pathway	The Identification of risks to pressure areas and management of patients within the Home Pathway	<ul style="list-style-type: none"> • 20/40 showed compliance against the benchmarks - (50%) • 32/40 had 'Meet & Greet' pressure ulcer question completed – (80%) • 6/32 patients identified at 'Meet & Greet' and in 'at risk' category – (18.75%) • 4 of these 6 patients not referred to a nurse for assessment – (66%) • 2 patients referred to nurse and had care plan implemented – (33%) • 24/40 had some form of risk assessment completed (Waterlow or Medley) – (60%) 	<ol style="list-style-type: none"> 1 Full completion of 'Meet & Greet' will be discussed at next team meeting. 2 Home Pathway local procedure to be updated to reflect recommendations from this audit.

			<ul style="list-style-type: none"> • 16 had no risk assessment completed – (40%) • 13 patients who had a risk assessment scored 10 and above- (54%) • Of these 13 patients, only 3 were referred for nurse to assess and had a care plan implemented – (23%) 	
	MRT	Audit of UTI prescribing in the medical response team	<p>Sample size -22 patients audited</p> <ul style="list-style-type: none"> • 100% - 22 Patients were prescribed with Broad spectrum- Co-amoxiclav tablets • 68.2% - Patients had UTI (15/22) <ul style="list-style-type: none"> • 73.3% - Patients with Complicated UTI (11/15) • 6.6% - Patient was allergic to trimethoprim (1/15) • 20% - UTI prescribed according to SLHT guidelines (3/15) • 18.2% - Did not have a UTI (4/22) • 13.6% - Did Not have a dipstick completed (3/22) • 	<ol style="list-style-type: none"> 1. All prescribers will be regularly reminded of their role in combating antibiotic resistance and the need to always have the SLHT guidelines and NICE recommendations in mind when prescribing.

	Rehab beds	Hospital Discharge into the Rehabilitation Unit	<p>Each issue is represented as a fraction of the number of datix incidents to give true representation of frequency. Some incidents contained 2-3 issues</p> <ul style="list-style-type: none"> ➤ Incomplete/ No medication on arrival - 36/44 ➤ Patient had missed previous medication dose on ward – 2/44 ➤ Wrong medication sent with patient / on MAR/ Discharge summary - 4/44 ➤ No discharge summary – 8/44 ➤ Incomplete discharge summary – 1/44 ➤ Discharge summary and TTOs do not tally – 5/44 ➤ No MAR chart - 3/6 incidents recorded from 1st Dec 2015 when this commenced 	<p>1. The discharging ward was contacted by Lauriston lead nurse immediately discrepancies were noticed in 100% of the cases. In all cases corrections were made within 24-48hours meaning that patients were left without some medication (sometimes CDs for pain relief) for this period. These poor discharge incidents are stated to have been fed back through King College Hospital (KCH) interlink meeting and intermediate discharge team (IDT) staff.</p>
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Bromley CCG visited the bed based rehabilitation unit at Lauriston House on 17th September 2015 and issued a draft action plan as a result of the findings

Areas of concern where immediate actions can be taken by Bromley Healthcare

	Issues highlighted	Person responsible	RAG	Date completed	Comments and actions
1	Lack of direction/signage to the Rehabilitation Unit	Amanda Mayo (now Paul Drury)		Completed as already in place- await feedback from internal quality assurance for any further actions	<p>There is a clear Bromley Healthcare sign on the wall and sign in book with BHC logo on each page. There are also written directions on the desk</p> <p>To include in patient information given at PRUH.</p> <p>Assessed during the next round of internal quality assurance visits in February 2016</p>
2	No-one at reception to greet the visit team on entering the building which is of concern	Paul Drury			<p>Discussed with the manager of Orchard care, included on BHC wide risk register.</p> <p>New management in place at nursing home. To be addressed in contract meeting.</p>

3	No physical barrier between the entrance and the Unit or the Unit and the Care Home causing security concerns	Amanda Mayo		Completed as already in place	On day of visit this door was open as an ambulance had just taken a patient out. There are locked doors between the reception and Lauriston unit where Lauriston staff sit. Visitors to Rehab unit are greeted when they step out of the lift
4	2 signing in books but it is not clear which book visitors should sign into	Paul Drury			BHC book present at reception, with logo. Will review how clearly identifiable at next quality Assurance visit, Review patient and carer leaflet information, to ensure how to sign in. and review signage to the unit
5	No handwash/alcohol gel available on entry.	Paul Drury		January 16	Hand gel present to the right of entrance, though will review signage and information leaflets to carers and visitors Paul checked NICE guidance: (There is hand gel in every room which gives the opportunity for hand hygiene prior to pt contact.)
6	Wheelchair access is currently poor	Amanda Mayo (now Paul Drury)		Completed as already in	There are two ramps up to the building and two lifts to the first floor.

				place	
7	Lack of stimulation for patients			January16	<p>Patients meet 3x per day at meal times, during their exercise sessions and are encouraged to sit in the dining room to socialise and to watch TV.</p> <p>Wifi available generally, we are progressing how patients can access this.</p> <p>7 day activity programme being developed. Purchase of devices for individual patient use, radio, TV, games and contacting relatives being explored..</p> <p>Book library to be developed by Emma.(Now in Place)</p> <p>Reviewed at Quality assurance visit in February</p>
8	No policies on chaperones / consent to treatment etc seen on display	Paul Drury		January16	<p>To display chaperone information in patient rooms.(Now in place)</p> <p>Essence of care benchmark for personal care and toileting to be</p>

					completed by 1 st March 16 (Emma has started work on this)
9	A plug and long lead was seen in the corridor. There seemed too much equipment in the corridor	Amanda Mayo (now Paul Drury)		07.11.15	Corridors cleared
10	The Unit is cluttered with storage being a significant issue. Equipment is stored in corridors which are quite narrow causing trip hazards and blocking hand rails.	Amanda Mayo (now Paul Drury)		07.11.15	Corridors cleared, BHC have approached Orchard care in relation to additional storage space, however this has been unsuccessful as Orchard care want to retain their own bed numbers.
11	No information was seen on how to make a complaint and staff were not able to provide this information verbally	Amanda Mayo and Paul Drury		10.11.15	Complaints leaflets are now available including Patient Opinion. Sign on complaint process displayed AM & PD reviewing information displayed "you said, we did" Assessed at internal quality assurance visit.
12	No apparent focus on nutrition	Paul Drury			Information on nutritional requirements are in the patients clinical folders and also in the kitchen where patients receive their meals.

					<p>Currently no available safe space for patient only servery</p> <p>Include meal and drink information in patient information.</p> <p>To display 7 day menu for patients,</p> <p>Complete essence of care benchmark for nutrition and hydration by March 2016</p> <p>To establish link nurse for nutrition.</p>
13	<p>The oxygen / drugs are on the main rehabilitation unit and need to be taken down in the lift if ever required on the ground floor unit. This is not ideal as involves a potential delay.</p>	Paul Drury			<p>Grab bag available on the ground floor and will review contents of grab bag.</p> <p>Oxygen and drugs within 2mins availability as recommended by the resuscitation council.</p> <p>Bi-annual emergency exercises managed by resus trainer to commence to explore using simulation suite at KCH.</p>
14	<p>The resuscitation equipment on the lower floor was incomplete. This was discussed in the immediate feedback to the Unit and was</p>	Amanda Mayo (now Paul Drury)		11.11.15	<p>Spot checks on checking of resus equipment have been happening daily by unit lead and these have been completed since a notice was placed on</p>

	advised that this was checked and signed off				upstairs resus trolley
15	Issues of falls was raised and the provider confirmed the number of falls documented. This number does not appear to match the figures provided by BHC at CQRG.	Natalie Warman		October 15	Falls data correlated, CCG have all falls, Lauriston figures were patient only.
16	The unit completed a falls audit in March 2015. Not viewed. It was agreed that this would be discussed further with BHC at the Clinical Quality Review Group. The times of the falls, number of staff on duty and ratio of agency staff at the time of the fall would be helpful information. In addition identification of the area of the fall i.e. on the main rehabilitation unit or the lower floor would be helpful.	Natalie Warman		October 15	BHC as part of sign up to safety will be reviewing all patterns and practices to reduce falls occurring. Improvement measures will be monitored via the safe care committee.
17	The patient's medication is kept in a locked cupboard by the patient's bed and controlled drugs are taken away and kept in the treatment room. There was concern regarding the lack of robust locks	Amanda Mayo (now Paul Drury)		January16	Orchard care have replaced locks but needs further review as concerns raised recently. Now resolved as CD lock repaired

	on the patient's bedside cupboards where medication was stored				
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2.0 Environmental issues

2.1	The dining room doubles as the staff room making it difficult for relatives and staff to have privacy. The staff room within the basement is dark and unwelcoming and there is no staff noticeboard	Landlord			On BHC risk register. Identified alternative staff room, which has a notice board. Staff take their breaks when patients are not in dining room.
2.2	There is no physical barrier to the kitchen area presenting a possible safety risk to vulnerable patients and increasing the heat in this area.	Landlord			Patients not presently unsupervised Vulnerable patients who are mobile are closely supervised.
2.3	Nurses and rehabilitation assistants have no nursing station on the floor below.	Landlord			As above BHC risk register, however will continue to explore alternative options.
2.4	The physiotherapy / occupational therapy room also doubles as a working staff room for nurses and doctors to write up notes.	Landlord			On BHC risk register

2.5	There is a barrier that is put in place when the physiotherapy session is happening. This is deemed to be inadequate and not enough privacy for the patient.	Paul Drury		<p>On BHC risk register</p> <p>Privacy and dignity essence of care to be completed by end of February</p> <p>Introduce timetable of MDT's and board rounds so physio sessions are not happening at same time.</p>
2.6	Poor observational points for staff with patients being isolated in rooms and on two levels	Paul Drury		<p>BHC risk register, as discussed contract specifically states single or double room requirement.</p> <p>Embed intentional rounding and escalation criteria by end of March 16</p> <p>For further discussion with CCG</p>
2.7	Open files were visible in the physiotherapy room and staff were writing up notes within the shared patient activity room. The patient notes are also kept in this room and not in a locked cupboard or office which could be openly accessed.	Paul Drury		<p>All old notes to be archived by Jan 2016 (old notes can only be sent when sufficient boxes due to cost of couriers, notes are kept in note trolley when not being used)</p> <p>Broadband increased therefore use of EMIS increased availability- completed</p> <p>Mobile devices to be rolled out by March 2016.</p>

3. Actions following safeguarding concern (note outcome of case conference January 16 was inconclusive)

	Issues highlighted	Person responsible	RAG	Date completed	Comments
3.1	Concern relating to care and compassion, particularly at night	Paul Drury			<p>All support worker staff to attend Care and Compassion training</p> <p>HR consultation to implement internal rotation in order that all staff undertake both day and night shifts by end of March 16</p> <p>Emma Davy, Lead nurse meets all patients individually on a weekly basis to provide an opportunity for any concerns to be raised relating to staff or other issues- implemented beginning January 2016.</p>