

Quality Report  
Quarter 1 and 2  
April - September 2015

(External)

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# Patient Feedback Report

## Introduction

Patient Experience feedback plays a fundamental part in planning and reshaping Bromley Healthcare (BHC) clinical services.

BHC continues to ensure that there are opportunities for patients, their family and carers to feedback on the quality of their care.

A brief outline of these opportunities and a snap shot of the results for Quarter 2 are described below.

### 1. NHS England Family and Friends (FFT) test

This Patient feedback survey has been mandatory since January 1<sup>st</sup> 2015

As described in detail in the Quarter 1 Patient feedback report, 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.

Currently the favoured response route is completion of a freepost postcard which can either be filled in at the clinic or posted in a collection box, or, the card can be taken home and posted back at the patient convenience.

Bromley Healthcare staff across all services are consistently working to encourage participation using different methods of data collection as although very successful the freepost postcard method is not suitable for all clients.

Staff were reminded at the start of this process, of the need to facilitate feedback by offering support to those clients that have special needs and the option of a pictorial feedback postcard is available which has been used by a number of children.

As a direct result of patient feedback from the residents in Lauriston House and on the Home Pathway a large print A4 paper version of the postcard is now available.

## Results of the FFT Survey

### National FFT results January 2015- August 2015

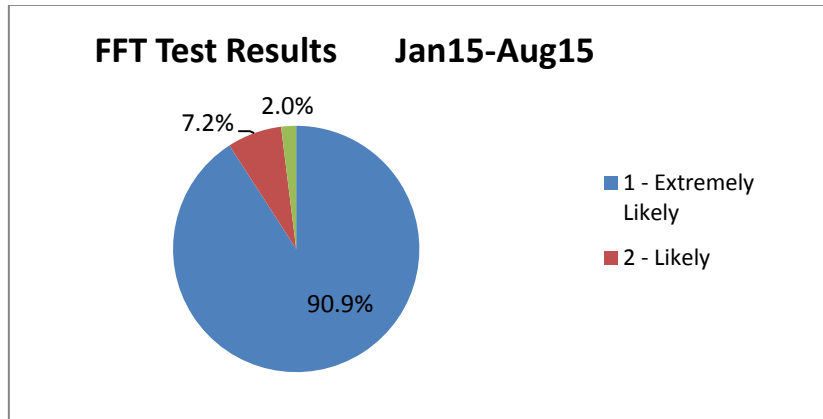
Trust Name	Excel								
	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Average
YARBOROUGH CLEE CARE LIMITED	100%	100%	93%	100%	100%	100%	100%	100%	99%
WYE VALLEY NHS TRUST	97%	100%	98%	100%	100%	99%	100%	99%	99%
NORTHUMBRIA HEALTHCARE NHS FOUNDATION TRUST	99%	99%	98%	98%	99%	99%	99%	99%	99%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

### London FFT results January 2015-August 2015

Trust Name	Excel								
	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Average
<b>BROMLEY HEALTHCARE</b>	<b>100%</b>	<b>97%</b>	<b>98%</b>	<b>98%</b>	<b>97%</b>	<b>98%</b>	<b>99%</b>	<b>98%</b>	<b>98%</b>
CITY HEALTH CARE PARTNERSHIP CIC	97%	98%	97%	99%	98%	97%	97%	97%	97%
OXLEAS NHS FOUNDATION TRUST	98%	98%	94%	96%	97%	97%	97%	98%	97%
CROYDON HEALTH SERVICES NHS TRUST	98%	95%	98%	95%	95%	98%	97%	97%	97%
LONDON NORTH WEST HEALTHCARE NHS TRUST	98%	95%	95%	96%	96%	98%	97%	96%	96%
BARTS HEALTH NHS TRUST	96%	98%	88%	95%	98%	97%	96%	97%	96%
THE WHITTINGTON HOSPITAL NHS TRUST	96%	95%	95%	95%	95%	96%	94%	96%	95%
NORTH EAST LONDON NHS FOUNDATION TRUST	96%	95%	94%	93%	97%	95%	95%	97%	95%
HOMERTON UNIVERSITY HOSPITAL NHS FOUNDATION TRUST	98%	95%	92%	96%	96%	95%	94%	93%	95%
BARNET, ENFIELD AND HARINGEY MENTAL HEALTH NHS TRUST	84%	92%	94%	98%	98%	95%	98%	98%	94%
GUY'S AND ST THOMAS' NHS FOUNDATION TRUST	95%	93%	88%	95%	95%	96%	95%	97%	94%

As shown in the tables above Bromley Healthcare continue to perform well nationally in the Family and Friends Test.

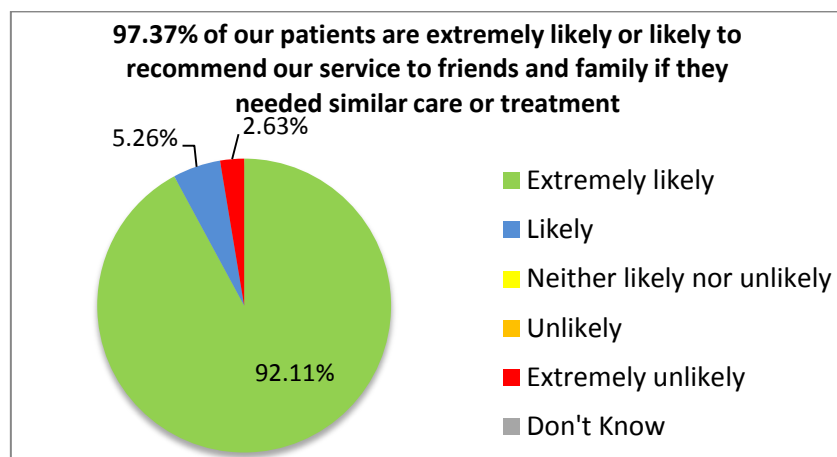
The total responses received during the period January to September 2015 were excellent, and show that of the 1,732 service users 98% are either likely or extremely likely to recommend our services to friends and family if they needed similar care or treatment.



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

Below are examples of two service reports:

#### Children's Physiotherapy

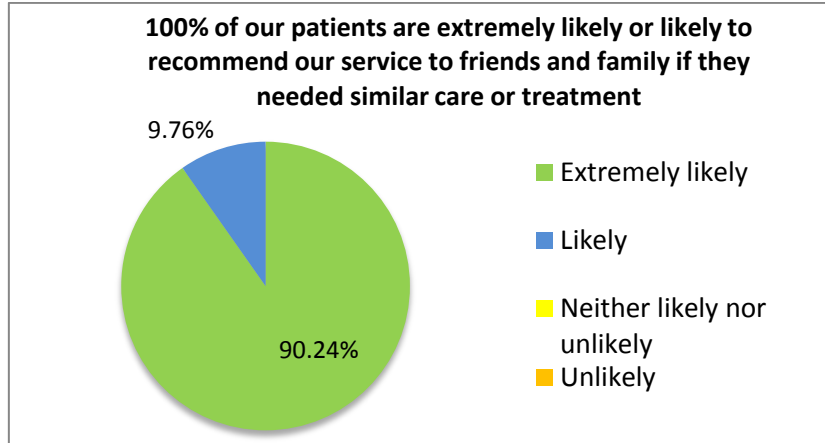


Question	Comments
What was good about your visit?	Nice staff
What was good about your visit?	staff were very warm and welcoming
What would have made your visit better?	Nothing everything was lovely
What was good about your visit?	The Physio was very thorough He took time to listen he was friendly and approachable
What would have made your visit better?	Everything was perfect
What was good about your visit?	The visit was fantastic my baby thoroughly examined and I got to learn ways to help my baby develop better and faster.
What was good about your visit?	the Physio was really smiley and informative
What was good about your visit?	Physio friendly and informative

### Children's Physiotherapy Action plan

You told us this	As a result
You would like baby changing facilities downstairs.	This has been highlighted to the centre manager and estates department.
You do not receive clear directions on where to go for your appointment once in the building.	This has been highlighted to the centre manager to ensure all reception staff and those who cover reception know where to go for the various services.
You think very highly of the service and the experience of children's Physiotherapy	To maintain this high level of child and family experience and proactively seek feedback from children, young people and their families to ensure the experience remains positive one.

### Bladder and Bowel service



Question / Questionnaire Comment	Comments
What was good about your visit?	Being able to talk about my bowel problem and getting helpful advice
What was good about your visit?	Helpful and informative friendly and efficient
What was good about your visit?	Running on time Good advice given which I will take on board
What was good about your visit?	Kind understanding and knowledgeable staff
What was good about your visit?	Lovely Nurse
What was good about your visit?	Calm and unrushed
What was good about your visit?	Professional Kindness and understanding
What was good about your visit?	Lovely Nurse
What was good about your visit?	Helpful efficient Supportive and kind Everything so helpful

### Action plan Bladder and Bowel Service

You told us this	As a result
You wanted information about where to wait before your appointment at Addington road	We have put a sign up in the reception area
Waiting times for first appointment was too long	We have now implemented our new computer system and staff training which means we can revert to more clinics held per month

## 2. Feedback via 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.

### Usage

In the period July- September 2015 there were 12 postings in total.

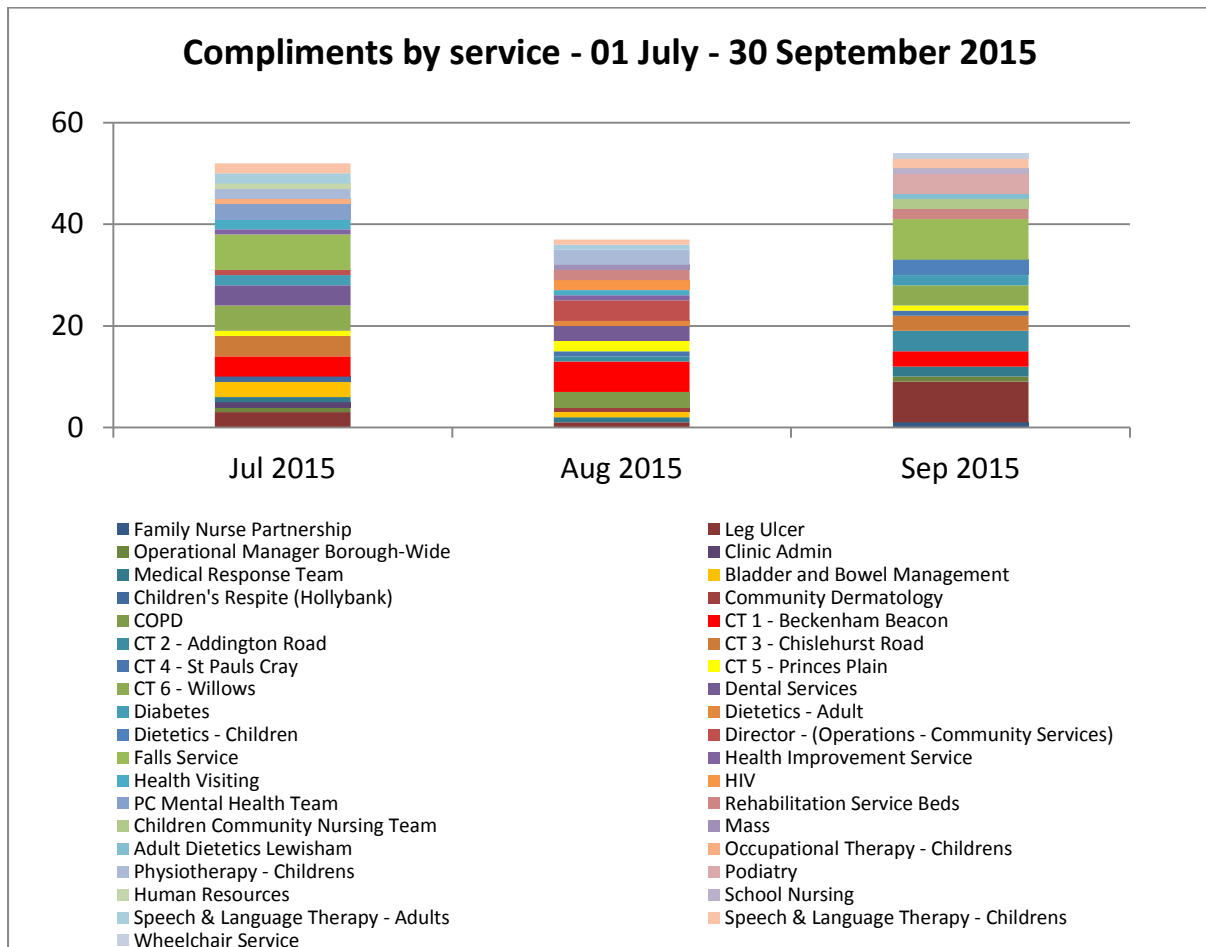
The detail of the postings continue to be monitored and they included in the Monthly Accident and Incident Report which is widely discussed including to the BCCG Quality meeting. All postings were acknowledged either by the Chief Executive, or the Head of Nursing always with the option provided for the client to contact a senior member of staff for more advice and support.

### Examples of Patient Opinion feedback:-

Other services that received positive responses include the contraceptive service, rehabilitation beds unit, Bladder and Bowel, Falls and the Health Promotion service.

- The School Nursing Team received the following accolade: 'Due to the wonderful support of Dawn, our school was supported to secure the Bronze tier of Healthy School Awards. This is leading to healthier lives for profoundly vulnerable young people based at a school for children with social and mental health challenges. Thank you ever so much!'
- Community Dietetics service: 'I would not be exaggerating by saying that the care and professionalism demonstrated to us by 'M' was nothing short of amazing'.
- Two postings regarding the Podiatry service were less favourable with poor communication, including poor telephone manner and lengthy waiting times the issues.
- A distressed patient with a blocked catheter complained about the poor communication between the 111 service and MRT, however when the BHC Nurses arrived they were described as angels.

## Compliments



A large number of compliments are received weekly below is a small sample:

Speech & Language Therapy - Adults	Hi Keith Spoke to L this morning to book VF. She wanted me to pass on to you her thanks with the way you treated her at the appointment. She said you could not have done more and she could not praise you enough . I asked if she would mind filling in a feedback card and have put one in the post to her. Regards Linda Young Speech & Language Department Beckenham Beacon
Bladder and Bowel Management	patient brought in box of biscuits for nurses as a thankyou for our help
Physiotherapy - Childrens	After taking part in Bromley Buzz Bike Day in conjunction with the borough road safety team I received an email which said the following "great to have you there and the event wouldn't be the same without you. Please come again next year".
Dental Services	NB & JK received bracelets from a grateful patient
CT 3 - Chislehurst Road	Patient was thanking Annique Simpson for how thorough and professional she was.
PC Mental Health Team	Thank you card
Dental Services	NB JK KA CMC received bracelets from a grateful patient
Health Visiting	thank you card received with a box of chocolates, saying a big thank you and 'we really appreciate all you have done for us'
CT 1 - Beckenham Beacon	My daughters and i would like to thank you for the care you gave to C, it was much appreciated.
Leg Ulcer	Large box of luxury biscuits as a thank you for care and attention given throughout an episode of bilateral leg ulceration



## Complaints

Bromley Healthcare staff value client feedback on the services that are provided. 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.

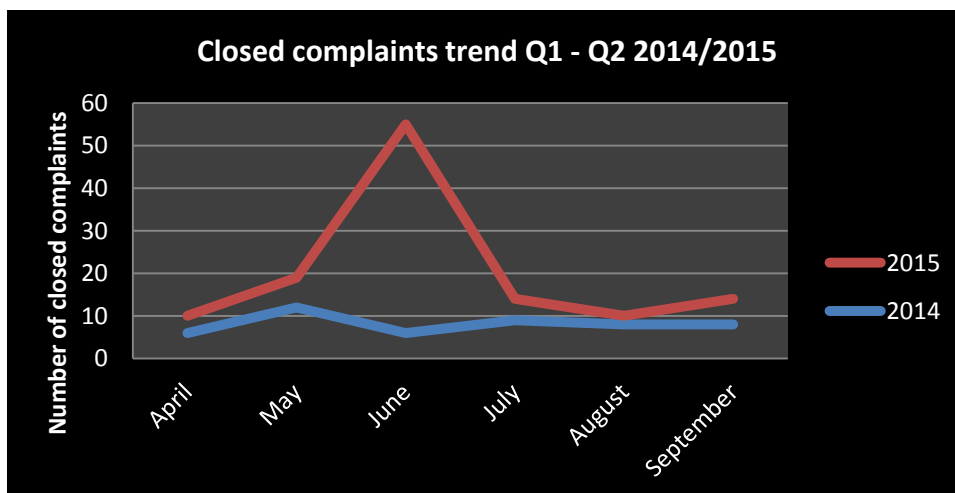
Clients can complain using the feedback options described above, namely the Family and Friends Test and Patient Opinion. However if a client wishes to make a more formal complaint then this can be done verbally by telephone , in person, or in writing by letter or email.

Bromley Healthcare has produced a leaflet entitled 'Comments, Concerns, Complaints, Compliments' which describes this process in detail. There is an 'easy read' version of the leaflet available. A translating service is also available if required.

Complaints are monitored monthly by the risk team and monthly reports are presented at Executive and Board level and considered carefully. 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.

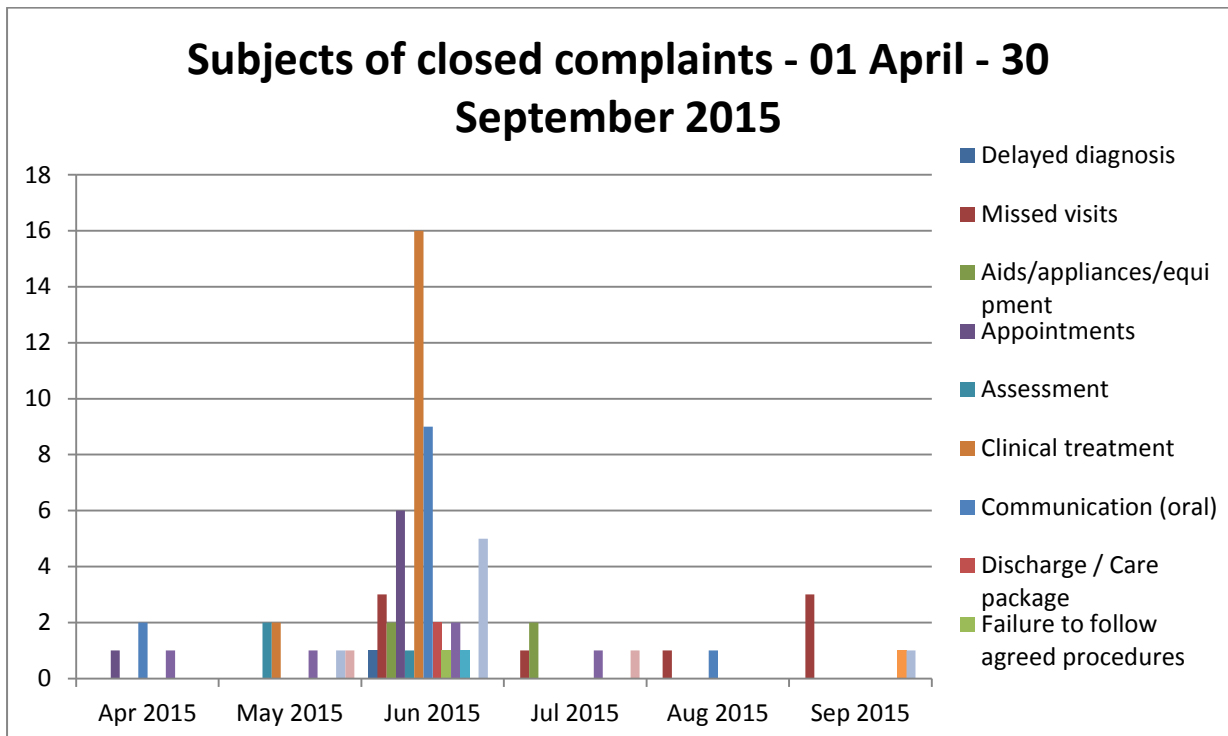
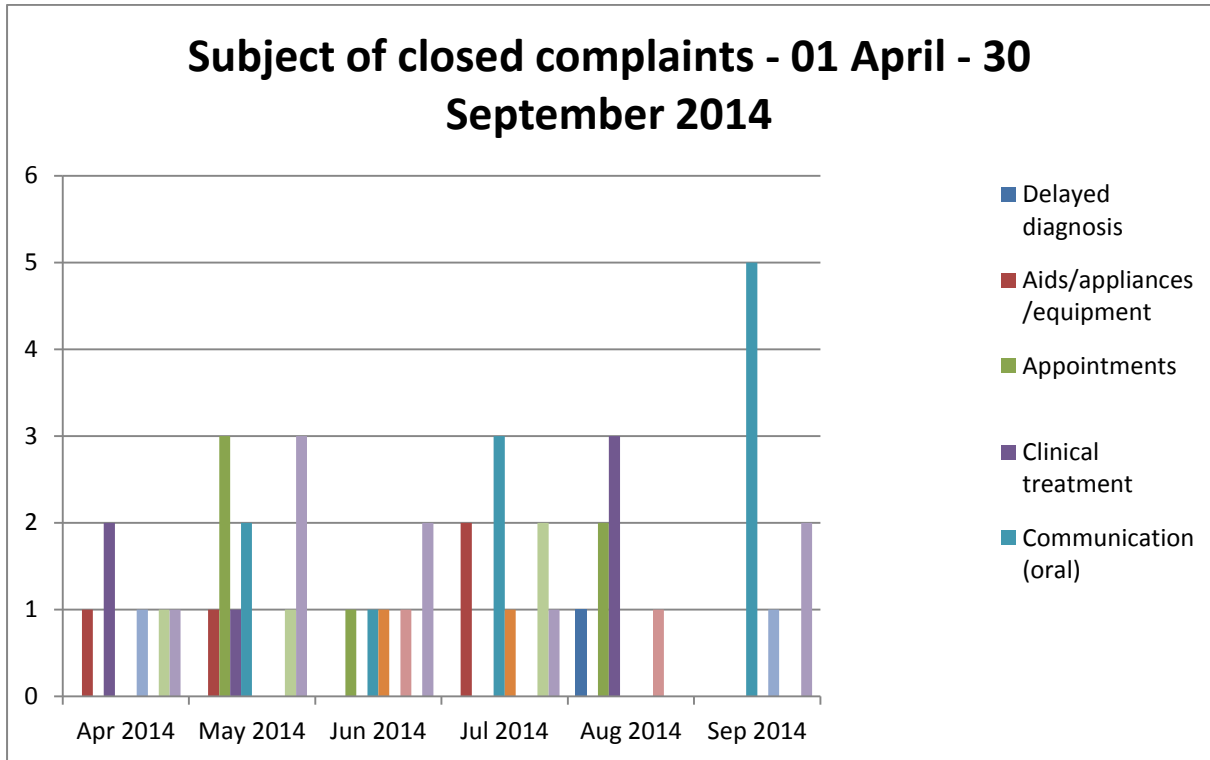
Services should, and generally do ensure that patients are aware of the process if they want to complain. At a recent CGC inspection at Lauriston House it was commented that there was no such notice displayed. This oversight has now been rectified.

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



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

The chart shows that there has been a slight increase in the number of complaints that have been made. This is due to an increased awareness by staff regarding reporting issues, including a leadership presentation reinforcing the need to ensure robust and open and transparant incident reporting ( including complaints ) across the organisation.



## Trends and analysis for the Period July 1st –September 31<sup>st</sup> 2015 (Quarter 2)

Type	Total number	Upheld	Partially upheld	Not upheld
<b>Jul-15</b>				
Complaints	5	20%	60%	20%
Concerns	6	33.30%	16.70%	50%
<b>Aug-15</b>				
Complaints	2	100%	0%	0%
Concerns	12	33.30%	50%	16.70%
<b>Sep-15</b>				
Complaints	6	50%	16.70%	33.30%
Concerns	11	27.30%	27.30%	45.40%
<b>Total Jul-Sep 15</b>				
Complaints	13	46%	30.70%	23.10%
Concerns	29	31.03%	34.48%	34.48%

There have been a total of 13 complaints during Quarter 2. One of the closed complaints changed reverted status and was reopened for further enquiry.

Five of these complaints related to missed visits as a result of poor communication either via IT information system, or as a result of human error.

The use of the new mobile 'tablet' devices by community staff going out to patients homes will reduce the likelihood of missed visits in the future as staff will have access to current information regarding the status of individual patient care.

### Learning from feedback

Bromley Healthcare aims to respond quickly and positively to feedback including complaints to ensure that lessons are learnt and so improve the quality of our services and promote a safer environment for all. Listed below are some examples of processes which have been strengthened or changed as a direct result of learning from client feedback.

- A client was unhappy with the venue for his podiatry appointment. After discussion with a senior staff member the appointment was changed to suit the client's needs.
- Staff arranged a successful planning meeting with a patient who was finding her bandage treatment difficult to tolerate.
- A client raised her concern that staff were following a script rather than approaching clients as individuals with regard to infant feeding. In response the head of Health visiting arranged an immediate training session with BFI 'Conversations with parents'
- District Nurses worked with a carer to resolve the supply of sufficient continence pads for a client.

**Conclusion**

There is only benefit in obtaining patient feedback if an organisation is willing to listen to the criticism as well as the plaudits.

The plaudits for BHC staff are many; however there are areas within the organisation where patient and carers have felt let down by the service.

This report is evidence that Bromley Healthcare senior management and staff have listen to those criticisms and where possible act upon them.

## Completed Clinical Audits

### 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. BHC 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 be added to the Risk Register.

ID	Service	Audit title	Audit Key findings	Action Plan/ Feedback
410	Children's Dietetics	Audit of Outcome Measure for Children with Faltering Growth Referred to Children's Dietetic Services	<p>The outcome measures that were assessed include:</p> <ul style="list-style-type: none"> <li>• Appropriate weight gain and growth</li> <li>• Healthy BMI centile (children over 2 years of age)</li> <li>• Food fortification implementation</li> <li>• ONS taken appropriately</li> </ul> <ul style="list-style-type: none"> <li>• Percentage of patient meeting all the outcome measures at their review appointment 57.1% - Fully met 38.1% - Partially met 4.8% - Not at all met</li> <li>• Percentage of patients fully or partially meeting their outcomes at their review appointment 95.2% - Fully and Partially met</li> <li>• Percentage of patient meeting the all the outcome measures at their discharge appointment 100% - Fully met</li> </ul>	No action(s) identified in this audit

			<ul style="list-style-type: none"> <li>Percentage of patients meeting the individual outcomes at their review appointment 76.2% - Appropriate weight gain and growth 57.1% - Health BMI 71.4% - Adequate dietary intake 90.5% - Food fortification implemented 88.9% - ONS taken appropriately</li> <li>Percentage of patients meeting the individual outcomes at their discharge appointment 100% - Appropriate weight gain and growth 100% - Health BMI 100% - Adequate dietary intake</li> </ul>	
564	Bladder and Bowel Service	(Re audit) Bladder and Bowel Home delivery service audit 2015	<p><b>Customer Services</b></p> <ul style="list-style-type: none"> <li>Have you been assessed by a Nurse in the last year, in relation to your bladder/bowel symptoms and pad order? (Original audit) Yes: 71% (Re-audit) Yes: 64.9%</li> <li>Do you know how to contact your Nurse if you need a reassessment or products changed? (Original audit) Yes: 81% (Re-audit) Yes: 81.2%</li> </ul> <p><b>Delivery Performance</b></p> <ul style="list-style-type: none"> <li>Have you received a delivery in the last 16 weeks? (Original audit) Yes: 87.4% (Re-audit) Yes: 89.7%</li> <li>Are you on a ring back service (have to call prior to your products being delivered)? (Original audit) Yes: 67.4% (Re-audit) Yes: 64.1%</li> </ul>	<ol style="list-style-type: none"> <li>Training session booked at District Nurse forum for October to highlight issues around assessments and ordering</li> <li>Discussed findings with Ontex business manager, who will organise more training for nurses</li> </ol>

			<ul style="list-style-type: none"> <li>• Was the delivery made on the correct day? (Original audit) Yes: 93.0% (Re-audit) Yes: 91.2%</li> <li>• If requested by yourself, was the product left in a particular place within your home for you? (Original audit) Yes: 84.7% (Re-audit) Yes: 81.9%</li> <li>• Was the delivery person courteous? (Original audit) Yes: 91.1% (Re-audit) Yes: 89.7%</li> <li>• Did you receive the correct order as stated on your delivery note? (Original audit) Yes: 93.4% (Re-audit) Yes: 93.8%</li> <li>• Were the products packets in discreet unmarked packaging? (Original audit) Yes: 91% (Re-audit) Yes: 96.3%</li> <li>• If you were out, did the delivery driver redelivery the next day as organised? (Original audit) Yes: 56.5% (Re-audit) Yes: 28.2%</li> <li>• If you were out, did the delivery driver leave the goods in a satisfactory place? (Original audit) Yes: 75.4% (Re-audit) Yes: 68.3%</li> </ul> <p><b>Product Performance</b></p> <ul style="list-style-type: none"> <li>• How would you rate the absorbency of your pads? (Original audit) Good: 70.3%</li> </ul>	
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			<p>(Re-audit) Good: 70.3%</p> <p><b>Customer Service Performance</b></p> <ul style="list-style-type: none"> <li>Have you ever needed to make contact with the delivery customer services? (Original audit) Yes: 55.2% (Re-audit) Yes: 54.1%</li> </ul> <p><b>Overall Performance</b></p> <ul style="list-style-type: none"> <li>How do you rate the overall service?</li> </ul> <p>(Original audit) Very good: 71% (Re-audit) Very good: 66.3%</p> <p>(Original audit) Good: 27.4% (Re-audit) Good: 29.1%</p> <p>(Original audit) Fair: 0% (Re-audit) Fair: 3.6%</p> <p>(Original audit) Poor: 1.5% (Re-audit) Poor: 1.0%</p>	
523	Community Paediatricians	(Re- audit) Is our initial diagnosis and management of Attention deficit hyperactivity disorder (ADHD) in children in keeping with current NICE guidelines?	<p>Numerical benchmark of 90% achievement in all domains NICE guideline ref 1.3.1.3</p> <ul style="list-style-type: none"> <li>Criterion 1 - For diagnosis ADHD, symptoms must: <ul style="list-style-type: none"> <li>Meet diagnostic criteria in DSM-IV or ICD-10</li> <li>Be associated with moderate psychological, social and/or educational significance based on interview and/or direct observation in multiple settings</li> <li>Be pervasive, occurring in 2 or more settings</li> </ul> </li> </ul> <p>Original audit: 2013 100% Re-audit: 2015 -100%</p>	<ol style="list-style-type: none"> <li>Encourage clinicians to their comprehensive patient assessment, particularly parents' mental health in records.</li> <li>All parents/carers of children diagnosed with ADHD regardless of the severity should be offered a parenting course and this should be documented. We could also consider a therapy programme for the children themselves.</li> </ol>



			<ul style="list-style-type: none"> <li>• Criterion 2 - Evidence that diagnosis included assessment of: <ul style="list-style-type: none"> <li>○ The person's needs</li> <li>○ Coexisting conditions</li> <li>○ Social circumstances</li> <li>○ Family circumstances</li> <li>○ Educational circumstances</li> <li>○ Physical health</li> <li>○ Assessment of parents/carers mental health</li> </ul> </li> </ul> <p>Original audit(2013): 16% Re-audit(2015): 72%</p> <ul style="list-style-type: none"> <li>• Criterion 3 - If pre-school age, have the parents/cares been offered referral to parent-training/education programme? <ul style="list-style-type: none"> <li>○ No pre-school aged children</li> </ul> </li> </ul> <ul style="list-style-type: none"> <li>• Criterion 4 - Parents of children with moderate impairment should be offered referral to a group parent-training/education programme <ul style="list-style-type: none"> <li>○ Offered parental training</li> </ul> </li> </ul> <p>Original audit(2013): 61% Re-audit(2015): 90%</p> <ul style="list-style-type: none"> <li>• Criterion 5 - School aged children with severe ADHD should be offered drug-treatment as the first line <p>Original audit(2013): 100% Re-audit(2015): 100%</p> </li> </ul> <ul style="list-style-type: none"> <li>• Criterion 6 - Parents of school-aged children with severe ADHD should be offered a group-based parent-training/education programme <p>Original audit(2013): 68% Re-audit(2015): 79%</p> </li> </ul>	<p>3. Both parents and patients should be given suitable written information about ADHD – resource boxes in clinic rooms include material for children (Full of Beans, The Special Brain etc.).</p> <p>4. Assessment of cardiovascular risk in the child and in the family should be specifically documented in records.</p>
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			<ul style="list-style-type: none"> <li>• Criterion 7 - Drug treatment for children with ADHD should form part of a comprehensive treatment plan that includes psychological, behavioural and educational advice and interventions Original audit(2013): 95% Re-audit(2015): 83%</li> <li>• Criterion 11 - The patient should be offered written information about ADHD Original audit(2013): 18% Re-audit(2015): 88%</li> <li>• Criterion 12 - The parents/carers should be offered written information about ADHD Original audit(2013): 89% Re-audit(2015): 95%</li> </ul>	
470	Diabetes	<p>Re- audit</p> <p>A total of 68 Contour Blood Glucose meters were audited over 8 clinical areas:- The 6 community Teams and the Diabetic Specialist Nurse centres at Orpington Hospital and Croydon.</p>	<p><b>Quality Control</b></p> <ul style="list-style-type: none"> <li>• Meters were being checked in a satisfactory manner (Original Audit) 2014 – 5% (Re-audit) 2015 – 75%</li> <li>• Failed the audit due to documentation inconsistencies/errors/no documentation being completed (Original Audit) 2014 – 54% (Re-audit) 2015 – 25%</li> </ul> <p><b>Finger Pricking and Disposal of Sharps</b></p> <ul style="list-style-type: none"> <li>• Unistix lancets are in use throughout.</li> <li>• Only 1 used sharp was found.</li> </ul> <p><b>Overall Comment:</b></p> <ul style="list-style-type: none"> <li>• Most meters were found to be in good, clean condition and functioning correctly</li> </ul>	<p>Further staff training will be carried out regarding:-</p> <ul style="list-style-type: none"> <li>• Meter checks and maintenance</li> <li>• Accurate documentation</li> </ul>

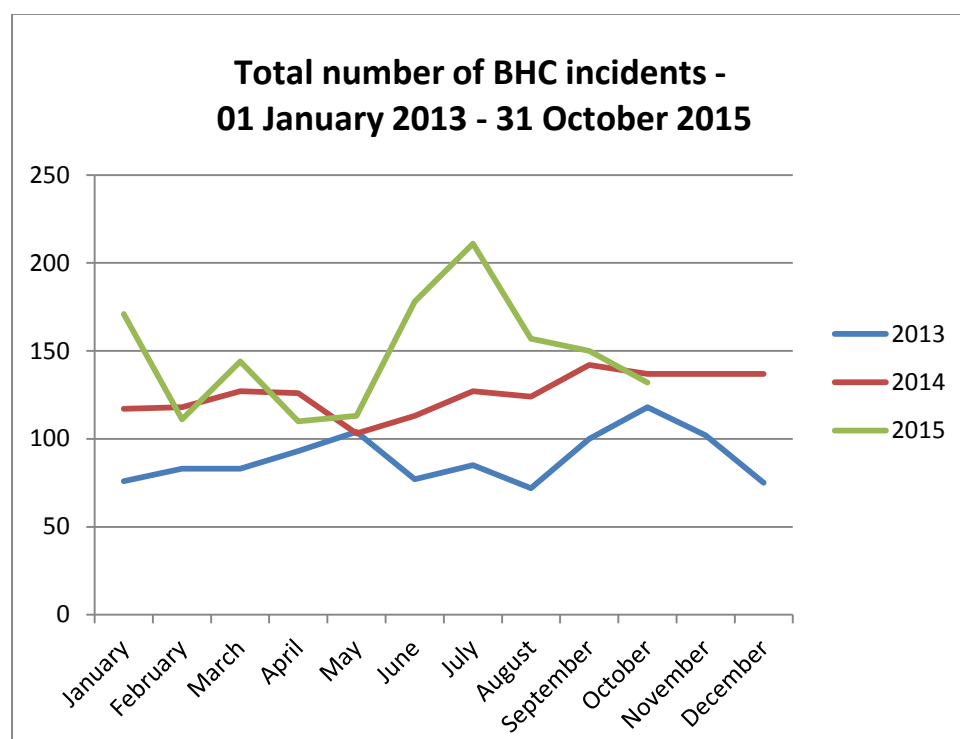
			<ul style="list-style-type: none"><li>• A good standard of adherence to infection control, and sharps disposal policies was observed in all bases.</li><li>• 1 Contour XT meter was found and staff were asked to remove it from use.</li></ul> <p>This audit is a huge improvement on previous years and some excellent practice was found. Nurses and team leaders are making a real effort to adhere to Trust policy.</p>	
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## Patient Safety Report

### Total number of BHC incidents since 2013

The total number of incidents has been rising, with a particular increase in June 2015. It is believed that this is a result of embedding datix reporting throughout BHC and in particular for 2015 the number of safeguarding concerns. This has been influenced by a number of leadership events on reporting concerns, including training to meet the requirements of the Care Act 2015.

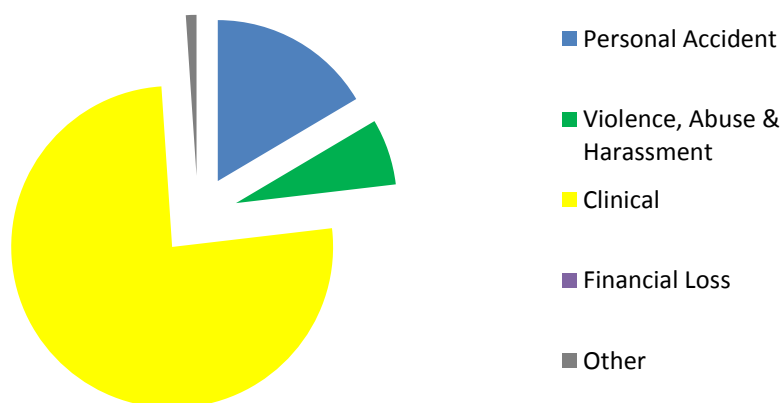
Total number of BHC incidents			
	2013	2014	2015
<b>January</b>	76	117	171
<b>February</b>	83	118	111
<b>March</b>	83	127	144
<b>April</b>	93	126	110
<b>May</b>	104	103	113
<b>June</b>	77	113	178
<b>July</b>	85	127	211
<b>August</b>	72	124	157
<b>September</b>	100	142	150
<b>October</b>	118	137	132
<b>November</b>	102	137	
<b>December</b>	75	137	
<b>Total</b>	<b>1068</b>	<b>1508</b>	<b>1477</b>



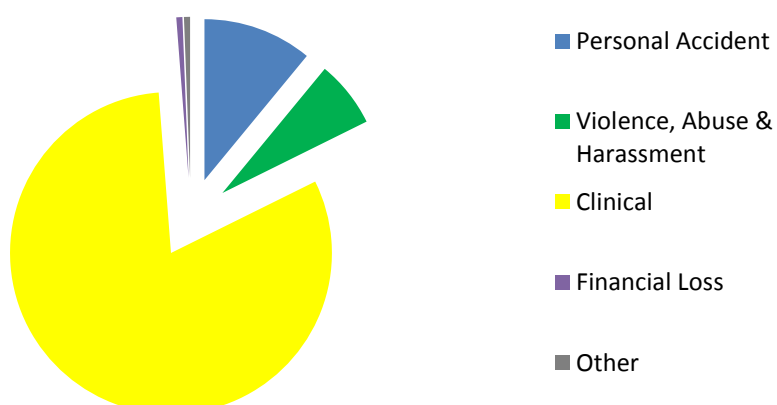
### Incident figures by category - 01 April to 30 September 2015

	Apr-15	May-15	Jun-15	Total Q1	Jul-15	Aug-15	Sep-15	Total Q2
<b>Personal Accident</b>	21	20	21	62	17	24	13	54
<b>Violence, Abuse &amp; Harassment</b>	6	5	14	25	12	11	10	33
<b>Clinical</b>	72	75	138	285	171	109	119	399
<b>Financial Loss</b>	0	0	0	0	2	0	1	3
<b>Other</b>	0	3	1	4	2	1	0	3
<b>Total</b>	<b>99</b>	<b>103</b>	<b>174</b>	<b>376</b>	<b>204</b>	<b>145</b>	<b>143</b>	<b>492</b>

**Overall incident figures by category - 01 April to 30 June 2015**



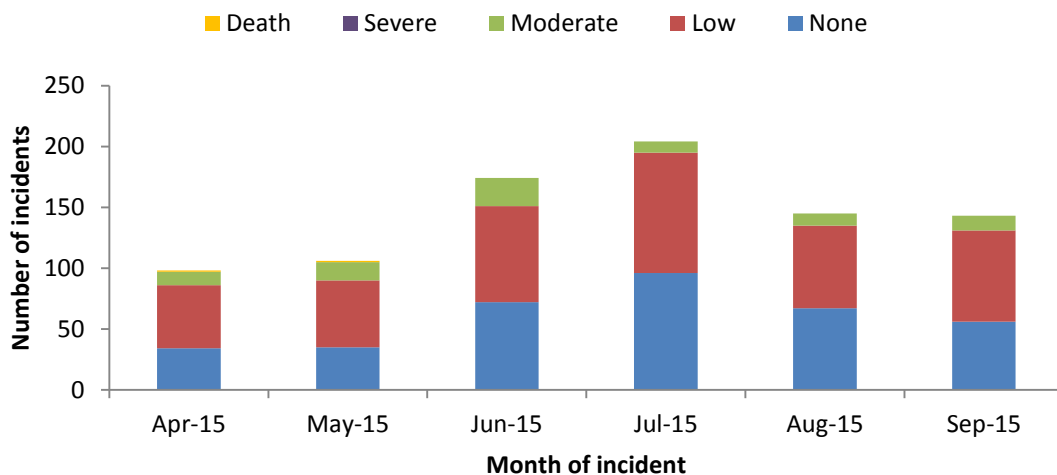
**Overall incident figures by category - 01 July to 30 September 2015**



### Hotspots breakdown for BHC from April-September 2015

	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Total
<b>Personal Accident</b>							
Collision / Contact with an object / vehicle	3	1	3	2	7	1	17
Needle stick injury or other incident connected with Sharps	1	5	1	1	0	0	8
Slips, Trips and Falls	15	10	10	10	14	9	68
<b>Violence, Abuse &amp; Harassment</b>							
Physical - Abuse etc. of staff by patients	3	1	7	2	1	1	15
Verbal - Abuse etc. of staff by patient	0	0	2	6	6	2	16
<b>Clinical</b>							
Access, admission, transfer, discharge	2	5	2	8	5	1	23
Consent, Communication, Confidentiality	2	0	3	7	4	9	25
Documentation	2	7	11	8	3	4	35
Implementation of care / ongoing monitoring/review - pressure ulcers	39	42	67	77	45	63	333
Implementation of care / ongoing monitoring/review - other	9	9	18	17	14	11	78
Infection Control	5	1	1	1	1	2	11
Infrastructure (staffing, facilities, environment)	3	1	16	22	11	9	62
Treatment / Procedure	2	0	1	7	3	0	13
Medication	6	8	14	18	18	17	81

### Degree of harm



### Lessons learnt and what have we done differently

BHC 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.

BHC 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. BHC is committed to investigating how these system failures occurred and how they can be improved using root cause analysis techniques.

#### July

Service	Examples of processes which have been strengthened or changed in the BHC as a result of learning from incidents
Datix incident 7561 Night nursing	A new system has been put in place for staff to ask the out of hours GP for an up to date prescription and medication in the event of charts and/or medication being found to be out of date.
Feedback 2900 MASS	In future discussions with the relevant care managers must take place before dosette boxes are removed from patients.
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.

#### August

Service	Examples of processes which have been strengthened or changed in the BHC as a result of learning from incidents
Datix incident 7622 Children's SLT	<p>Regular half-termly meetings will now take place in the special schools Riverside and Marjorie McClure between the health professionals involved in children with dysphagia i.e. SLTs, OTs, dietitians and school nurses. This is to ensure that any changes in children's health are shared and any changes to the care plans can be jointly agreed and shared with school staff.</p> <p>This should ensure that care is integrated and that there is no room for any loopholes to occur.</p>

Datix incident 7954 CHD	Following the service receiving, (but not taking action on) an e-mail a new process has been put in place to re-check all e-mails at the end of the day to ensure actions are completed.
Datix incident 7809 HIV service	HIV medication training is being delivered to staff at Green Parks House - particularly to the designated medication nurses for each ward. This follows a patient highlighting some issues within the service.
Datix incident 7719 PC Mental Health team	There was a delay in reporting a safeguarding issue. Clearer guidelines have been issues to staff.
Datix incident 7798 ICCNT	Following delays due to insufficient blood on blood spot samples a rep was called in to train staff on a new lancet recommended for heel pricks.  Order placed and new lancets in use and blood spots are being completed successfully.

### September

Service	Examples of processes which have been strengthened or changed in the BHC as a result of learning from incidents
Feedback comment 3056 Admin team	Following comments from several patients at the Willows re the adequacy of the disabled parking bay, the hedge has been trimmed to give more space and the bay is being reviewed to assess whether it would be better placed elsewhere in the car park.
Datix incident 7909 Hollybank	Policy has been changed and staff now measure liquid medications on a patient's admission when it is not obviously more than is required for the duration of a patients stay.
Datix incident 8161 ICT and Bladder and bowel	Following an incident where there were delays to pads being delivered to a patient, the bladder and bowel team plan to provide an update regarding the correct process, at the community nurse forum in October.
Datix incident 8092 Rehab beds	All grab rails have been removed from bathroom doors once it was identified that these rails should only be fitted to solid walls with masonry screws.
Datix incident 7536 SLT adults	A more streamlined booking system has been introduced for transport bookings. Admin ensure any booking are confirmed via email and that the booking confirmation is printed. Admin also call transport 30 minutes before the SLT group ends to reduce the waiting time for patients.



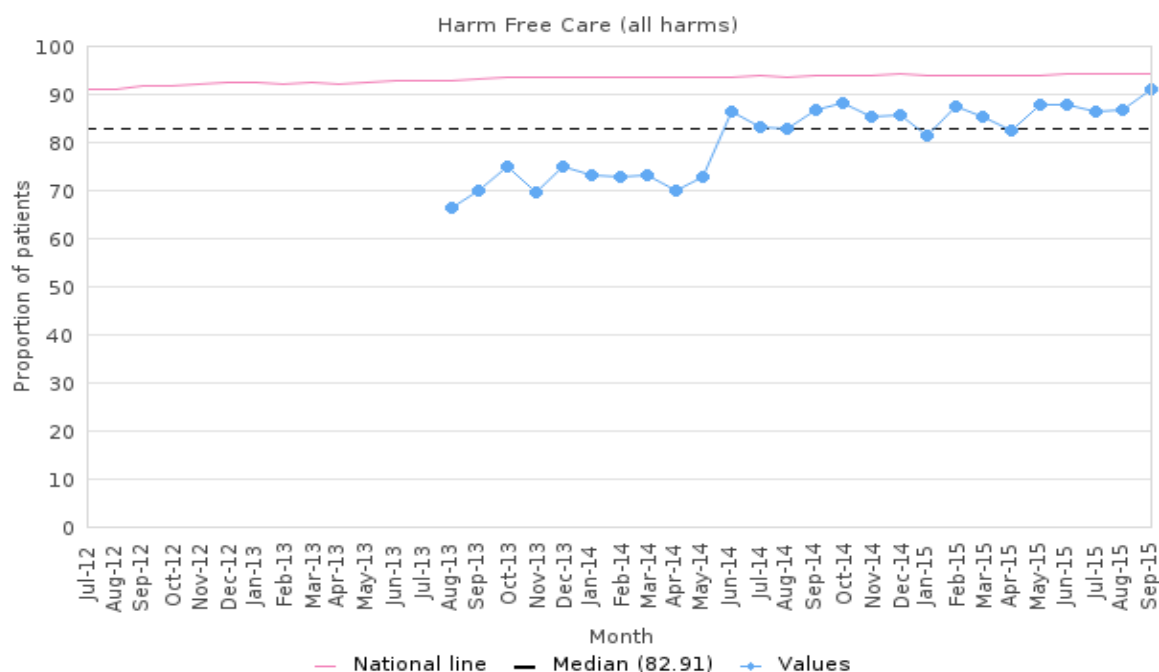
## Safety Thermometer

Data from below demonstrates BHC’s performance against the safety thermometer. The total number of BHC patients who were harm free for September is 90.96%

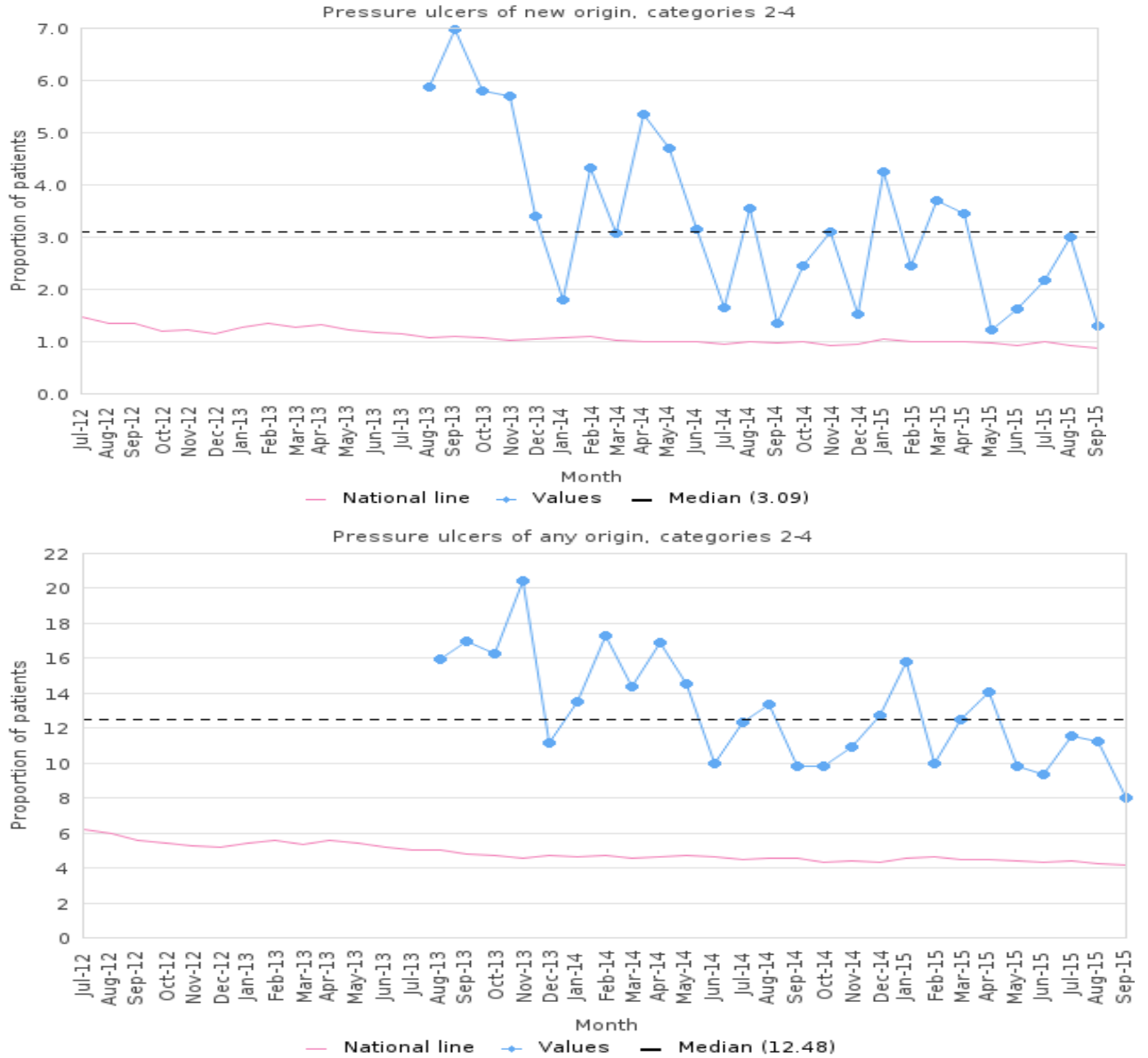
- Of these 1,203 patients, 1,058 patients were harm free
- The percentage of BHC patients who had new harms was 3.82%
- 145 patients experienced a harm, 46 of whom experienced new harms
- No of patients with one harm =143
- No of patients with 2 or more harms = 2
- No of patients with 3 or more harms = none

Data from 1,203 patient contacts was collected for Q2.

QUARTER 2	July 2015	August 2015	September 2015
Harm Free	86.27%	86.78%	90.96%
Mean	86.41%	86.41%	86.41%
Patients	415	401	387



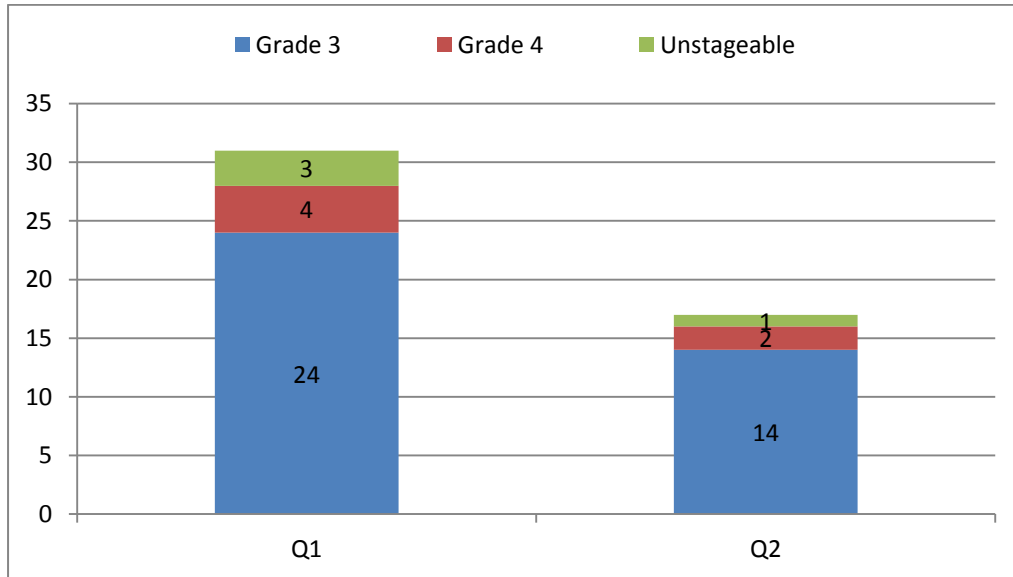
**Pressure ulcer graph to show trajectory**



**Serious incidents**

For quarter 2 there were 19, serious incident notifications, 17 of these were related to pressure ulcers.

### Pressure Ulcers declared as serious incidents – Q1 and Q2 2015



### Serious Incidents (non-pressure ulcers) declared between 1 April 2015 and 31st September 2015

ID	Incident Date	Description	Service	Steis number	Date reported to STEIS	Final STEIS report due	Actual Date of final STEIS report	Current Status
7223	23/04/2015	Allegation of psychological and emotional abuse to a patient by staff	Rehab beds	2015/16593	11/05/2015	14/10/2015 (agreed extension)	14/10/2015	Closure agreed by BCCG10/11/2015
7404	28/05/2015	A patient fell and dislocated their hip	Rehab beds	2015/18884	29/05/2015	21/08/2015	21/08/2015	Closure agreed by BCCG 10/09/2015
7478	05/06/2015	It was noted that some patient records were uncloaked on EMIS. This incident was also reported to the information commissioner	Contraception and Reproductive Health	2015/20091	09/06/2015	02/10/2015	28/09/2015	Closure agreed by BCCG 20/10/2015

7555	18/06/2015	As a result of the panel hearing the outcome of 3 pressure ulcers SIs on the 18th June 2015 concern was highlighted regarding the quality and performance of one case load within a community team.	Integrated community teams	2015/21415	19/06/2015	14/09/2015	14/09/2015	Awaiting closure by BCCG
7942 Complaint 2677	20/07/2015	A letter of complaint has been received by BHC alleging that the care provided by a podiatrist led to a hospital admission septicaemia and an operation to drain an infection.	Podiatry	2015/25520	30/07/2015	23/10/2015	23/10/2015	Awaiting closure by BCCG

### Safeguarding incidents

BHC raised 37 safeguarding incidents during quarter 2. All of these with two exceptions were related to staff identifying concerns within patients' homes or care homes. Of the two BHC safeguarding alerts one related to a patient with pressure ulcers and the other was raised by St. Christopher's concern that our DN service was not providing subcutaneous hydration for a patient. The DN team have been attending meetings to discuss how the service can progress with meeting this patient need.

### Safeguarding children Q2 update

#### Children's Safeguarding Supervision:

The sessions are facilitated by the Named Nurse or a Safeguarding Supervisor specialist. Supervision also provides a framework for ensuring high standards in child protection practice. Staff working predominately with children and families, receive a minimum of three-four monthly safeguarding supervision. Any member of staff can access ad hoc supervision or a consultation for cases that need more support at any time. A supervision audit is expected in December 2015.

Supervision	Q2
Health Visitor	100%
School Nurse	100%
Group	80%

Medical examinations for child protection concerns- target to achieve 80%, however not met in August with 66% in 24 hours and 100% in 48 hours.

The reason why the target for 24 hrs was not met in August was that the Child Protection requests came in on a Friday at 3pm. This did not allow enough time to organise and complete 2 CP medicals (each 1 hr long) for a sibling group before closing time at 5:00pm.

Due to clinic commitments and no SPR cover due to annual leave, the first opportunity to undertake the 2 CP medicals was Tuesday afternoon which was within 48 hours of the initial call (as the weekend is not taken into account).

### Child Protection Performance Indicator for Physical Abuse

Month	Number of children referred	Number of children seen within 24 hours	% children seen within 24 hours	% children seen within 48 hours
July 2015	2	2	100	100
August 2015	6	4	66	100
September 2015	6	6	100	100

### LAC health assessments

More children have been seen by Bromley LAC Health professionals since July onwards, with the aim of Community Paediatricians doing Initial Health Assessment (IHA) as much as possible and the LAC nurse completing Review Health Assessments for those in Borough aged over 10years. During July – September 2015, 71 health assessments were recorded in the LAC database. 3 of the offered appointments were not attended. Out of the 68 health assessments completed, the LAC Health team completed 44 (65%) of the total health assessment and GPs completed 24 (35%). This is a significant increase from April 2014- March 2015 when 63% of the total Health assessments were completed by GPs.

#### Initial Health Assessment (IHA) timescale:

Monitoring the Initial Health Assessment time frame remains a priority following on from the pilot period April –June 2015 (please refer to Q1 report on LAC). During July- September there were 25 children notified as taken into care. Out of these, 18 health assessments were completed within 20 day time scale (72%). Although this figure is lower than the percentage achieved in Quarter 1, scrutiny of the reasons for breach of IHA time frame shows that these were due to situations beyond control of LAC Health professionals. (See attached document for reasons for breach). Some of the reasons included non-attendance of offered appointments, delayed notification by local authority to the health professional that a child has been placed in care, or the young person in care refusing to be seen. Timely IHA's are a priority for the Bromley Healthcare LAC team.

### Reasons IHA's Breached 20 Day Timescale- July –September 2015 Q2

IHA appointment's made within 20 day timescale for 2 young people to attend the Phoenix Centre. However they both did not attend their IHA appointment's which caused both to breach the 20 day timescale.

Young person was an unaccompanied asylum seeker and could not be registered at the GP Surgery until identification was sorted out with the Home Office. This was not attainable within the 20 day IHA timescale.

Late Child Looked After notification received from Social Worker by Quality Assurance (QA). Notification received on the 06/08/15 and IHA due by the 18/08/15, therefore only 9 working days to arrange IHA appointment.
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Young person refused to stay in placement, and had left placement and not returned. Social Worker and Key Worker to liaise regarding IHA arrangement, to try and get it done within timescale.
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Late Child Looked After Notification. QA notification received on the 16/09/15, IHA was due on the 14/09/15. Notification received two days over 20 day timescale
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First IHA appointment made with GP within the 20 day timescale. However the young person refused to attend this first appointment. The next available appointment took the IHA 6 days over timescale. Young person returned home to mother on the date the IHA appointment was rebooked 23/09/15 (No longer a Child Looked After)
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### Sign up to safety

Sign up to Safety is a patient safety campaign. It is one of a set of national initiatives to help the NHS improve the safety of patient care by harnessing the commitment of staff to make patient care safer. Collectively and cumulatively these initiatives aim to reduce avoidable harm by 50% and support the ambition to save 6,000 lives.

Sign up to Safety is for everybody, in every part of the NHS whether you work in primary, secondary or tertiary care; whether you work in acute, mental health, learning disabilities, ambulance or community care settings; whether you work in a national body or a general practice. We are united by our common goal; to continually strive to make the care we give our patients as safe as possible.

All those who sign up are committing to not just believe in, but to embed and be an example of the values and beliefs that make us all proud to work in the NHS.

This is represented by the five safety pledges that every organisation and individual who signs up commits to:

- **Put safety first** – Committing to reduce avoidable harm in the NHS by half through taking a systematic approach to safety and making public your locally developed goals, plans and progress. Instill a preoccupation with failure so that systems are designed to prevent error and avoidable harm
- **Continually learn** – Reviewing your incident reporting and investigation processes to make sure that you are truly learning from them and using these lessons to make your organisation more resilient to risks. Listen, learn and act on the feedback from patients and staff and by constantly measuring and monitoring how safe your services are
- **Be honest** – Being open and transparent with people about your progress to tackle patient safety issues and support staff to be candid with patients and their families if something goes wrong

- **Collaborate** – Stepping up and actively collaborating with other organisations and teams; share your work, your ideas and your learning in order to create a truly national approach to safety. Work together with others, join forces and create partnerships that ensure a sustained approach to sharing and learning across the system
- **Be supportive** – Be kind to your staff, help them bring joy and pride to their work. Be thoughtful when things go wrong; help staff cope and create a positive just culture that asks why things go wrong in order to put them right. Give staff the time, resources and support to work safely and to work on improvements. Thank your staff, reward and recognise their efforts and celebrate your progress towards safer care.

Bromley healthcare surveyed the clinical service leads for their safety priorities and reviewed hotspots data for incidents, complaints and concerns. BHC has agreed that the sign up to safety priorities will be:

- Pressure ulcer prevention
- Safer use of medications
- Reducing the number of falls
- Embedding our safeguarding procedures
- Staffing to deliver safer care and promote safer working practices

Progress on the safety improvement priorities will have 90 day action plans that will be monitored through the safer care and workforce development committees, these will report to the Clinical governance committee and to the BHC Board.

#### **Proposed new governance structure for ensuring patient safety**

Bromley Healthcare has reviewed its quality governance structure and will be implementing a safer care committee, this will report to the quality governance committee