

Report on actions you plan to take to meet Health and Social Care Act 2008, its associated regulations, or any other relevant legislation.

Please see the covering letter for the date by when you must send your report to us and where to send it. **Failure to send a report may lead to enforcement action.**

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| Account number | 1-6738855368 |
| Our reference | INS2-9855367381 |
| Location name | ADHD 360 - admin centre |

| Regulated activity | Regulation |
|---|---|
| Treatment of disease, disorder or injury | Regulation 12 Safe care and treatment |
| | How the regulation was not being met: |
| | <p><i>The provider did not have accurate physical health measurement prior to prescribing medication.</i></p> <p><i>The provider did not ensure ligature assessments were undertaken in locations where patients are seen.</i></p> <p><i>This was a breach of Regulation 12 HSCA Regulations 2014 Safe care and treatment (2) (f) Physical Health Monitoring. (2) (a) (b) Assessing and mitigating risks to the health and safety of people using the services.</i></p> |

Please describe clearly the action you are going to take to meet the regulation and what you intend to achieve

Physical health measurement:

We have:

- Re-enforced our position of physical obs etc for ALL patients and the supply of relevant blood pressure machines at our expense to ALL patients.
 - **Document 1** in the attachment bundle, our Policy 5 Patient Pathway refers
- We have undertaken staff training across the teams to ensure that everyone fully understands the policy that we **MUST** have parity between NHS and private patients and that medically if we do not have BP and pulse etc we cannot prescribe or alter medication
- We have produced a document ‘Statutory and Mandated Workbook’ in which all relevant policies are discussed with worksheets. This document has been issued to

all staff as a hard copy workbook. This will be revised and issued annually on the anniversary of it being issued.

- **Document 2** in the bundle is a PDF version of this Workbook
- We have structured the activity of completing the 'Statutory and Mandatory Workbook' into both the weekly Tactical meeting and the appraisal process to ensure that this is completed
 - The Agenda for the tactical meeting is included in the bundle as **Document 3**
 - The relevant appraisal document is also in the bundle as **Document 4**
- We have built this policy into staff induction as a mandated policy read.
 - The mandated reading list for new joiners in the document bundle as **Document 5**
- We have added two additional questions around the policy of recording physical obs' and distributing BP machines to all patients into the 'New Starters Exam'.
 - The exam attached to this submission as **Document 6**.
- All policies are regularly Quality Assured and reviewed in the full team Operations meeting held each Thursday on a rolling programme.
 - **Document 10** is the agenda for the Thursday Operations meeting demonstrating responsibility as a standing agenda item for policy QA and review
 - **Document 11** demonstrates the allocation of policies across the organisation and details the dates of their QA / review.

Ligature assessments

We have built ligature assessments into our clinical room assessment document. Additionally, when we recommence physical assessments in clinical settings all rooms will be re-assessed.

Document 7 of the bundle is the amended clinical room assessment.

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| Who is responsible for the action? | Registered Manager |
|---|--------------------|

How are you going to ensure that the improvements have been made and are sustainable? What measures are going to put in place to check this?

- Statutory and Mandatory Workbook embedded as described in day-to-day business across the organisation
- Statutory and Mandatory Workbook issued in hard copy 19 February 2021 for 22 February 'launch'
- Statutory and Mandatory Workbook embedded in new appraisal process and reviewed in monthly appraisal meetings
- Appraisals audited monthly for compliance and quality
- New dedicated (non-transactional) role for Medical Secretary of Audit and QA with

specific responsibilities constrained to detailed role description

- New processes for Policy QA and Policy Review with ownership of sections delegated to appropriate staff
- Policy QA and review process embedded in new appraisal system which is audited as discussed
- Governance of new processes embedded in day-to-day business, reflected in agendas of Tactical and Operational meetings
- New role of Secretariat Supervisor includes ownership of Statutory and Mandatory Workbook agenda and is also the Chair of the weekly Tactical Meeting
- All line managers required to embed Policy and Statutory and Mandatory Workbook Governance in appraisal (undertaken monthly)
- New role created (Medical Secretary) for Audit and QA including items such as appraisal process compliance
- Expanded role of Secretariat for maintaining and delivering the Action Log (agenda item on both tactical and operational meetings), i.e. Action Log formally visited twice weekly
- Enhanced Patient Pathway policy and Statutory and Mandatory Workbook included in induction reading list for New Joiners (mandated on day 1 of joining)
- Augmented exam for new joiners completing week 1 induction includes relevant matters arising from inspection
- Policy and process revision to ensure that ALL clinical rooms will be revalidated against revised criteria once face to face clinics resume post CV-19, this responsibility sitting with Directors only.

NB all the above actions and responsibilities have been completed prior to the submission of this return. Those practices that form part of our day-to-day business are fully documented, audited and form part of our relevant quality checks to ensure compliance.

Who is responsible?

- Registered Manager - Policy revision and dissemination of Policy 5 Patient Pathway (complete)
- Registered Manager training all staff on provision of BP machines and the requirement for physical obs before prescribing (complete)
- Registered Manager revising policy (complete)
- Secretariat Supervisor for Statutory and Mandatory Workbook agenda and chair of tactical Meeting
- All line managers for appraisal (undertaken monthly)
- Medical Secretary for audit and reporting of appraisal process compliance

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| | <ul style="list-style-type: none"> ○ Secretariat for maintaining and delivering the Action Log (agenda item on both tactical and operational meetings), i.e. formerly visited twice weekly ○ Registered Manager for New Joiners reading list ○ Registered Manager for new joiners' exam ○ Registered Manager for ensuring ALL clinical rooms revalidated against revised criteria once face to face clinics resume post CV-19. |
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What resources (if any) are needed to implement the change(s) and are these resources available?

Revised role created for medical Secretary to focus on 'Audit and Quality assurance' commencing 2nd February 2021.

- **Document 8** in the bundle is the new Role Description for the Medical Secretary
- **Document 9** in the bundle is the Roles and Responsibilities document that highlights the audit and QA roles of the Medical Secretary and other secretariat staff.

Role expansion for Secretary to accommodate management of Action Log

Creation of 2 new secretariat roles to accommodate changes and roles expansions. Both roles filled 1) 5/1/21 and 2) 5/2/21 both full time on payroll.

Date actions will be completed:

Completed 9 February 2021

How will people who use the service(s) be affected by you not meeting this regulation until this date?

Given the importance of safe prescribing and reduction of opportunities for self-harm in our premises we have prioritised the corrective actions required to address these useful observations from the Inspection team.

We are delighted to confirm that all actions were completed on 9th February 2021.

- New post holders are in place and functioning against role descriptions
- New policies have been signed off and embedded
- New processes have been validated and are now in operation across the organisation
- New policies, processes of relevance to this submission are subject to new augmented Audit and QA processes, themselves embedded across the organisation
- Statutory and Mandatory Workbook has been issued to all staff and is embedded in systems and processes to ensure compliance
- Relevant Governance is in place.

Completed by:

(please print name(s) in full)

Phil Anderton

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|---------------------|--|
| | |
| Position(s): | Managing Director / Registered Manager |
| Date: | 18 th February 2021 |

| Regulated activity | Regulation |
|---|---|
| Treatment of disease, disorder or injury | Regulation 17 Good governance |
| | How the regulation was not being met: |
| | <p><i>The provider did not have robust governance systems in place including, complaints procedure and oversight, incident reporting, recording of clinical supervision, actions from audits and data breaches.</i></p> <p><i>This was a breach of Regulation 17 HSCA Regulations 2014 Good governance (1) (2) (a) (b)(c)(e)(f)</i></p> |

Please describe clearly the action you are going to take to meet the regulation and what you intend to achieve

Complaints

- We have revised the policy and processes for investigating complaints. New documentation is provided that brings greater clarity to the process. This new process has been tested 'live' by the Secretariat Supervisor and found to be effective.
 - Revised Complaints and Compliments Policy and Complaints Process workflow at **Document 12** in the attached bundle
- All complaints are reviewed by a Director immediately upon receipt and also at completion of investigation
- The Secretariat Supervisor has been specifically trained in investigating complaints.
- Auditing complaints and incidents has been built into the new role for the Medical Secretary and specifically included in roles and responsibilities - **Document 9** in the bundle.
- Audits are diarised as a workflow prompt
- Learning outcomes are built into the refined process and managed at Director level until fully implemented
- ADHD 360's external (non-clinical) investigator has been consulted throughout the revision process
 - The Duty of Candour is emphasised in new Complaints and Compliments' policy

- All staff have been trained in the application of the Duty of Candour
- Policy changes have been brought to the attention of existing staff and built into the Statutory and Mandatory Workbook (copy in bundle)
- Policies are reviewed and governed through the Policy QA process
- Policy review process evidenced in meeting agenda's as Standing Items **Document 3** in bundle
- Complaints and Compliments Policy included in mandated reading list for new starters (**Document 5** in the attachment bundle)
- We have revised the Complaints Register to show more of the detail that is contained in the Complaint form.
 - Example complaint log attached as **Document 13** in the bundle
 - Example complaint form (blank) is attached to this bundle as **Document 14**
 - Learning points arising from complaints and subsequent actions are now captured with clarity, reviewed at the closing of a complaint and fed into the action log, or team meeting agenda
 - Managing complaints is specifically mentioned in the Statutory and Mandatory Workbook – **Document 2** in the document bundle (above).

Incident reporting

- We have amended our Management of Incidents Policy to be more robust and included specific reference to the Duty of Candour in terms of defining 'notifiable safety incidents' and 'serious harm'
 - Our Management of Incidents Policy is submitted in the bundle as **Document 15**
 - Incident Reporting Form has been amended to improve the clarity of reporting and guidelines on the Duty of Candour
- Policy changes have been brought to attention of key staff by Registered Manager in meeting 13th February 2021
- Incident reporting is specifically built into the Statutory and Mandatory Workbook and subjected to the rigour of QA and review as discussed earlier in this submission.

Recording of clinical supervision

- We have built a new file storage format and put this into place to make access to supervision records easier
- We have given guidance to all supervisors on recording and storing supervision records

- The log of Supervision activities has been edited to make outcomes clearer and to facilitate more thorough Audit
 - Supervision log is submitted with this bundle as **Document 37**
- The audit of supervision logs is built into new role for the Medical Secretary and subject to the discipline of reporting into the Operations meeting as demonstrated earlier
- A meeting was held with the external supervisor to improve format of supervision notes and records, this taking place informally on 3rd February 2021
- We have put in place manual systems as described above, however, we intend to go beyond this and have included Clinical Supervision in the specification for Chrysalis HR, the expansion of our records management platform. All transactional and document storage requirements are being built into Chrysalis HR, work commencing 19th February 2021
 - The High-level Spec for Chrysalis HR is submitted with this bundle as **Document 16**

Actions from audits / data breaches

- We have created a dedicated 'Medical Secretary QA and Audit' role, a specific resource occupying a senior position. The relevant Role Specification can be found at **Document 8** attached in the bundle
- We have increased the frequency of the Prescribing Audit increased to twice weekly. The back office Roles and Responsibilities have been amended to reflect this change - **Document 9** in the attachments.
- Specific tasks emerging from the Prescribing Audit are managed through a new Chrysalis feature 'Task List'. Clinicians 'landing page' in Chrysalis has been amended to now show their task list upon opening the platform. The frequency of being automatically logged out has been increased to heighten the knowledge of the Task List. All staff have the ability to Task a clinician, and tasks are organised on a Red Amber Green (RAG chart) basis. Each clinician has a dedicated secretary, and they assist the clinician to manage their Task List.
 - A screenshot of a clinical Task List (redacted) is submitted as **Document 17** in this bundle
- Actions from all audits (back office, prescribing, data compliance, supervision logs and appraisal) all feed into new style Action Log, with dedicated staff member managing the Action Log
- All Audit results are discussed as Standing Agenda items in our Operations meeting, the agenda has been submitted in this bundle. All actions discussed at twice weekly team meetings and logged, and the log is fully maintained by a dedicated staff member.

- The template for the Action Log is submitted in this bundle as **Document 18**
- Actions not completed are carried over until completed and signed off
- Individual learning points from audit fed to relevant team member on the same day by email and responses logged
- Matters arising from audits circulated across the team and circulation logged – agenda item at Operations Meeting
- Patterns emerging from QA of letters to GPs collated and fed back to team in weekly Operations Meeting, actions fed into Action Log as appropriate
- All audit dates are planned, and the programme fixed for the year ahead
- New Data Security Policy developed including specific references to Data Breaches and necessary actions
 - Document 30, our document 92 incident report template sets out our approach to reporting incidents
- Data Security is also included in the Statutory and Mandatory Workbook – **Document 2** in the attachment bundle.
 - The Data Security Policy is attached to this submission as **Document 19**
- Data Breaches are also included in Incident Policy and progressed through the Incident management process.
- ADHD 360 is NHS DPST compliant as of January 2021.

Who is responsible for the action?

Registered Manager (Governance)
 Medical Secretary (QA and Audit)
 Secretariat supervisor (Action log maintenance)
 Medical Director (Implementation of lessons learned)

How are you going to ensure that the improvements have been made and are sustainable? What measures are going to put in place to check this?

- Statutory and Mandatory Workbook embedded in day-to-day business across the organisation
- Statutory and Mandatory Workbook issued in hard copy 19 February 2021 for 22 February 'launch'
- Statutory and Mandatory Workbook embedded in new appraisal process and reviewed in monthly staff appraisal meetings
- Appraisals audited monthly for compliance and quality

- New dedicated (non-transactional) role for Medical Secretary of Audit and QA with specific responsibilities constrained to detailed role descriptions
- New processes introduced for Policy QA and Policy Review with ownership spread across the organisation
- Policy QA and review with individual members of staff embedded in new appraisal system
- Governance of new processes embedded in day-to-day business, reflected in agendas of Tactical and Operational meetings
- New role for Secretariat Supervisor includes ownership of Statutory and Mandatory Workbook agenda
- Medical Secretary Role created to manage Audit and QA including appraisal process, recording of clinical supervision and HR records compliance
- Specific Medical Audit training course purchased for Medical Secretary from external training provider, commences 23 February 2021
- Secretariat role expanded to include maintaining and delivering the Action Log (agenda item on both tactical and operational meetings), i.e. Action Log formally visited twice weekly
- Statutory and Mandatory Workbook included in reading list for New Joiners and understanding confirmed by line manager
- Exam for new joiners completing week 1 induction includes relevant matters arising from inspection

Who is responsible?

Registered Manager
 Medical Secretary (QA and Audit)
 Secretariat supervisor (Action log maintenance)
 Medical Director (Implementation of lessons learned)

What resources (if any) are needed to implement the change(s) and are these resources available?

Revised role created for Medical Secretary to focus on 'Audit and Quality assurance' commencing 2nd February 2021.

- **Document 8** in the bundle is the new Role Description for the Medical Secretary
- **Document 9** in the bundle is the roles and responsibilities document that highlights the audit and QA roles of the Medical Secretary and other secretariat staff.

Role expansion for Secretariat to accommodate management of Action Log,

Creation of 2 new secretariat roles to accommodate changes and roles expansions. Both roles filled 1) 5/1/21 and 2) 5/2/21 both full time on payroll.

We have also decided to go further than the changes needed for compliance and initiated expansion of our bespoke 'Chrysalis' data base and workflow functionality. This has been commissioned and funded in advance of activity commencing (19th February 2021). High Level Specification has been submitted to our developer and contract agreed.

- The High Level specification for Chrysalis HR is submitted in the document bundle as document 16

Chrysalis is shortlisted in the HSJ Awards for 2021 as a Health Innovation IT solution and we are confident in the additional functionality adding efficiency and greater effectiveness and governance to our newly augmented policies and processes relevant to this section of the submission.

Date actions will be completed:

Completed 9th February 2021

How will people who use the service(s) be affected by you not meeting this regulation until this date?

We immediately recognised the gaps in our governance systems and processes and initiated reviews, amendments and staff training to correct them. Additionally, we identified the need for additional resources to deliver and govern the revisions – both staff and upgrades of our supporting IT. Consequently, all compliance actions were completed on 9 February 2021.

- New post holders are in place and functioning against role descriptions
- New policies have been signed off and embedded as discussed
- New processes have been validated and are now in operation across the organisation
- New policies, processes of relevance to this submission are subject to new augmented Audit and QA processes, themselves embedded across the organisation
- Statutory and Mandatory Workbook - containing sections on complaints, oversight, incident reporting, recording of clinical supervision, actions from audits and data breaches – has been issued in hardcopy to all members of staff and is subject to rollout processes and governance as described earlier in this submission
- Relevant governance processes are in place and we have initiated work to automate these where possible.

Completed by:
(please print name(s) in full)

Phil Anderton

| | |
|---------------------|--|
| Position(s): | Managing Director / Registered Manager |
| Date: | 18 th February 2021 |

| Regulated activity | Regulation |
|---|--|
| Treatment of disease, disorder or injury | Regulation 20 Duty of candour |
| | How the regulation was not being met: |
| | <p><i>The provider did not adhere to the principles and legal requirements of Duty of Candour. We were not assured that the provider had acted in an open and transparent way with relevant individuals whilst carrying out regulated activities.</i></p> <p><i>This was a breach of Regulation 20 HSCA Regulations 2014 Duty of Candour (2) (3)(4)(5)(6)(7)</i></p> |
| Please describe clearly the action you are going to take to meet the regulation and what you intend to achieve | |
| <ul style="list-style-type: none"> • Duty of Candour Training has been undertaken by Managing Director, evaluating two courses, 1) provided by the Royal College of Surgeons and 2) provided by an external private training provider • Royal College of Surgeons training was found to be lighter in content than that from the external provider and was deemed suitable for all non-medical staff. This training was completed by examination. 100% of the non-clinical staff have undertaken this training and passed by examination • The externally provided training was more substantial and was undertaken by all clinical staff, 100% of which have sat the training course and passed by examination. • All ADHD 360 staff have completed Duty of Candour training, passed exams and the results / certificates are held in their Personal File <ul style="list-style-type: none"> ○ Examples of Duty of Candour Certificates, those being for the Registered Manager are submitted in the attachment bundle as Document 20 (external provider) and Document 21 (RCS) • Duty of Candour Training is now mandated training for all new entrants <ul style="list-style-type: none"> ○ The Mandated Training requirements are listed in Document 22 attached. The ADHD 360 L&D Policy, Document 22 in the bundle. These documents both include sections on Customer Care and Duty of Candour • The Mandated Training record, now maintained in the ADHD 360 HR Portal, ahead of inclusion in Chrysalis HR, holds all mandated training records. <ul style="list-style-type: none"> ○ The up-to-date mandated training record is submitted with this bundle as Document 23 | |

- An example of an individual training log, (Secretariat Supervisor) detailing all training (as per policy) is submitted with this document bundle, as **Document 31**
- The Complaints and Compliments Policy has been reviewed to fully detail The Duty of Candour.
 - The policy is attached in the bundle as **Document 12**
- The Complaint form has been updated to draw specific attention to The Duty of Candour and includes a checklist to ensure high visibility throughout the complaints process
 - The complaint process / management form is submitted at **Document 14**
 - The Complaint Process flow chart is submitted as **Document 32**
- All back office staff have been trained in Customer Service, the training being provided by a reputable, CPD certified, external, provider. All training was completed by 16th February 2021.
 - An example Customer Service Training Certificate is submitted with this bundle, as **Document 24**
- All back office staff were collectively brought together to discuss Duty of Candour and Customer Service on 13th February as part of a Strategy and Policy Training Event.
 - The agenda for this event is submitted with this bundle as **Document 26**
- The Incident Reporting Policy has been amended to place the Duty of Candour, especially Notifiable Safety Incidents and Serious Harm at the forefront of Incident reporting
 - **Document 15** submitted as part of this submission outlines the new approach to incident reporting
- The Incident Report documentation has been amended to accommodate and draw specific attention to the Notifiable Safety Incidents and definitions of serious harm.
 - A redacted Incident Report is submitted as an example at **Document 25** in the attachment bundle
 - **Document 33**, Incidents Log examples our approach as the higher level record (log) of incidents.

Who is responsible for the action?

How are you going to ensure that the improvements have been made and are sustainable? What measures are going to put in place to check this?

- Statutory and Mandatory Workbook issued in hard copy 19 February 2021 for 22

February 'launch'

- Statutory and Mandatory Workbook embedded in new appraisal process and reviewed in monthly appraisal meetings and appraisals audited monthly for compliance and quality
- Policy QA and Review embedded in new appraisal system which is audited
- Complaints and incidents are all quality assured as due process by Registered Manager
- Appraisal system incorporates discussions about any complaints / incidents in the section 'What Went Well / Would be Better If' (WWW / WBI)
- Staff appraisals are held monthly for all salaried staff
- Staff appraisals audited and monitored for compliance and for completeness
- Learning points from Complaints / Incidents are discussed in weekly team meetings under agenda item WWW / WBI
- Actions emerging from investigation of complaints / incidents, or audits of same, are recorded and managed through the incident log.

Who is responsible?

Registered Manager (Governance)
Medical Secretary (QA and Audit)

What resources (if any) are needed to implement the change(s) and are these resources available?

New Medical Secretary role to focus on 'Audit and Quality assurance as from 2nd February 2021.

- **Document 8** in the bundle is the new Role Description for the Medical Secretary
- **Document 9** in the bundle is the roles and responsibilities document that highlights the Audit and QA roles of the Medical Secretary and other secretariat staff.

Role expansion for Secretariat includes management of Action Log

Creation of 2 additional secretariat roles to provide capacity and capability to deliver improved support accommodate changes and roles expansions. Both roles filled 1) 5/1/21 and 2) 5/2/21 both full time on payroll

Procurement of Chrysalis HR, funded in advance, construction commenced 19th February 2021.

Date actions will be completed:

Completed 9th February 2021

How will people who use the service(s) be affected by you not meeting this regulation until this date?

Candour and humility are key indicators of an organisation dedicated to caring and patient focus. Consequently, we took urgent action to address the shortfalls identified by the Inspection Team.

We prioritised the work, and the actions to improve our approach to delivering our Duty of

Candour were completed by 9th February 2021.

- New post holders are in place and functioning against role descriptions
- New policies have been signed off and embedded as discussed
- New processes have been validated and are now in operation across the organisation
- New policies, processes of relevance to this submission are subject to new augmented Audit and QA processes, themselves embedded across the organisation
- Statutory and Mandatory Workbook has been released and is embedded in systems and processes to ensure compliance
- Improved governance is now in place.

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|--|---------------------------------------|
| Completed by: (please print name(s) in full) | Phil Anderton |
| Position(s): | Managing Director, Registered Manager |
| Date: | 18 th February 2021 |

Additional action plan responses to matters arising from the inspection

- Lack of an emergency planning policy
 - Policy written, disseminated and in place – Emergency Planning and Business continuity plan – data security
 - Attached as **Document 27** in this bundle
 - Policy embedded in QA and Review processes
 - Emergency Planning and Continuity built into Statutory and Mandatory Workbook
 - Statutory and Mandatory Workbook embedded in appraisal
 - Statutory and Mandatory Workbook submitted as **Document 2**
- Mandated training records
 - Working with the provider whose systems had failed at the time of the inspection we have recovered the lost data
 - All records are now kept in house and documented
 - Training records are built into the specification of our new HR management system, Chrysalis HR for which work has started
 - Mandated training record submitted as **Document 23**
- Deviation from national prescribing guidance
 - Mandated decision within Chrysalis in prescribing log Y / N on prescribing within licence / NICE / BNF and where answered 'N' justification MUST be recorded.
 - Justifications emailed to Registered Manager automatically for evaluation
 - Specific audit of None BNF / licence prescribing built into augmented Prescribing Audit and fed back to clinicians through Task Log.
 - Redacted example submitted as **Document 17**
 - Additional training given to all clinical staff on use and most commonly prescribed 'off licence' medication (Melatonin) – training event by Manufacturer of the 2 UK melatonin medications on January 26th 2021
- Annual appraisal
 - Annual appraisal introduced for all salaried staff
 - Appraisals carried out monthly
 - Appraisal quality and compliance audited as embedded as core business
 - Appraisal documentation submitted as **Document 4**
 - Audit record example of supervision, appraisal records and HR is submitted as **Document 34**
- Mental health appraisal of families for paediatric patients
 - Mandated questions investigating parent / advocate mental health built into ALL clinical risk assessments
 - Mandated questions built into the “reMarkable” device templates to ensure

questions are managed appropriately

- Example reMarkable 'Diva' document for assessing adults including advocate risk assessment submitted as **Document 28**
- Example reMarkable 'Young Diva' document for assessing children including advocate risk assessment submitted as **Document 29**
- All 'reMarkable' template documents QA'd by Secretariat Team for completeness when preparing GP letters

- *"We heard on inspection animated conversations with raised voices. We were concerned that a raised voice may lead to colleagues not voicing their views and opinions that could discourage an open and honest culture"*
- Whilst we struggled as an organisation to interpret and understand any aspect of this feedback, we have taken the opportunity to demonstrate our confidence in our culture by procuring an independent external advisor to survey all office-based staff.
 - Staff Survey, quarterly, throughout all office-based personnel, 100% participation
 - Initial external staff survey, Q1, submitted in this bundle as **Document 35**
- Accompanying the internal staff survey we have a regular programme, undertaken quarterly, as we believe we need to measure and respond to patient feedback regularly. This report takes place for a full week, whereby every patient who has a consultation that week is surveyed through Survey Monkey.
 - Patient survey, Q4 (delayed due to staff sickness) report attached.