



*Providing NHS Care
of the highest quality*

Independent Health Group Quality Account 2023/2024

**If you require a more accessible
version of these Quality Accounts such
as large print, please contact us
directly or via our website**

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Introduction to our Quality Account

Our Quality Account is a report that evidences the quality of the services we offer as providers of NHS funded activity. Our Quality Account is an important way for us to report Quality and evidence our improvements in the services we deliver to our local communities and stakeholders.

Who are Independent Health Group?

Independent Health Group was founded in December 2004, by Dr Matthew Wordsworth to provide safe care of the highest quality, where patients always come first. Although we are a private company, we only provide NHS funded elective, routine, day case surgery under local anaesthetic (LA) across multiple sites within England. We do not offer any privately funded activity. Our Head Office is located just outside Bath.

We provide surgical procedures under the following five clinical services: -

- **Trauma and Orthopaedics – Hands (carpal tunnel surgery & trigger finger release)**
- **Trauma and Orthopaedics – Podiatric surgery**
- **Ophthalmology – Cataract surgery**
- **General Surgery – Abdominal wall hernias**
- **Urology – Vasectomy surgery**

Our Values



Patients always come first

- Patient safety and excellent clinical outcomes
- Patients are treated with the utmost respect and dignity; we will always be empathetic, honest and compassionate. We take time to listen to patients' needs and respond to them
- We believe continuity of care is important, therefore we strive to ensure that Patients are seen by the same surgeon throughout their treatment. All staff are accessible and responsible to patients' needs



Excellence through continuous improvement

- We continually look for ways to be better and more sustainable at what we do. This can be for better patient outcomes, better efficiencies, better communications. Excellence is our goal.
- We invest in people to achieve excellence in patient care.



Teamwork Underpins all we do

- We promote a culture of Teamwork, recognising that it is essential for excellent patient care
- We recognise the importance of clear and timely two-way communication, great teamwork and collaboration both within IHG and with our stakeholders
- We value the contribution of everyone who works in IHG and want everyone to feel that they are respected and valued



Part – 1 Statement on Quality from Independent Health Group Chief Executive Officer

I am so proud to be the Chief Executive of Independent Health Group, we are a values driven organisation, consistently ensuring that we 'do the right thing' for patients, staff, and the business and I am pleased to be able to present to you our Annual Quality account.

Our values continue to underpin all that we do building on our Care Quality Commission **outstanding** rating.

In this year we have again benchmarked higher than our peers in every category of the NHS annual staff survey.

We are extremely pleased to see that as our business grows, we continue to have excellent patient feedback with over 99% of our patients recommending our care. We continue to see exceptionally low rate of complaints, having only received two complaints in the year 2023-24.

We have significantly improved the timeliness of communication with our patients through our clinic letters.

This year we have implemented the new National Patient Safety Framework strengthening our focus on learning and ways to improve and implemented a new electronic incident and risk reporting system.

I am pleased to say in year we have not had any never events and only one serious incident impacting two patients, we have ensured the learning from this has been embedded across the organisation.

We have reviewed our objectives for last year and set further objectives for the coming year, progress of which will be monitored throughout the year.

You will see we continue to report low infection rates across all our services as well as good reports back from our patients on pain experienced both during and after their operations.

We continue to provide patients with timely care with most patients being treated within 18 weeks with a very short wait for outpatients in all services.

As Chief Executive I am proud of the care our teams deliver and as we continue to grow, we will be able to offer timely high-quality care to more NHS patients in new geographical areas; with NHS waiting lists at over 6 million and too many patients waiting well over 18 weeks for a first routine appointment, I know that we can support the NHS capacity.

We look forward to another successful year delivering outstanding care to you, our patients.



Claire Damen - *Chief Executive Officer*

Care Quality Commission



Independent Health Group is registered with the Care Quality Commission (CQC) to provide diagnostic, screening, surgical procedures and treatment of disease, disorder, or injury.

In April 2022, we were inspected by the CQC as part of their routine inspection program where we are very proud to have received our current registration status as being **Outstanding** overall.

The tables below show the breakdown of ratings across all Key Lines of Enquiry framework (KLOE).

| Overall rating for this location | | Outstanding | ☆ |
|--|--|-------------|---|
| Are services safe? | | Good | ● |
| Are services effective? | | Good | ● |
| Are services caring? | | Outstanding | ☆ |
| Are services responsive to people's needs? | | Good | ● |
| Are services well-led? | | Outstanding | ☆ |

Overview of ratings

Our ratings for this location are:

| | Safe | Effective | Caring | Responsive | Well-led | Overall |
|-------------|------|-------------------------|------------------|------------|------------------|------------------|
| Outpatients | Good | Inspected but not rated | ☆ Outstanding | Good | ☆ Outstanding | ☆ Outstanding |
| Surgery | Good | Good | ☆ Outstanding | Good | ☆ Outstanding | ☆ Outstanding |
| Overall | Good | Good | ☆ Outstanding | Good | ☆ Outstanding | ☆ Outstanding |

We received two actions following our inspection and these were: -

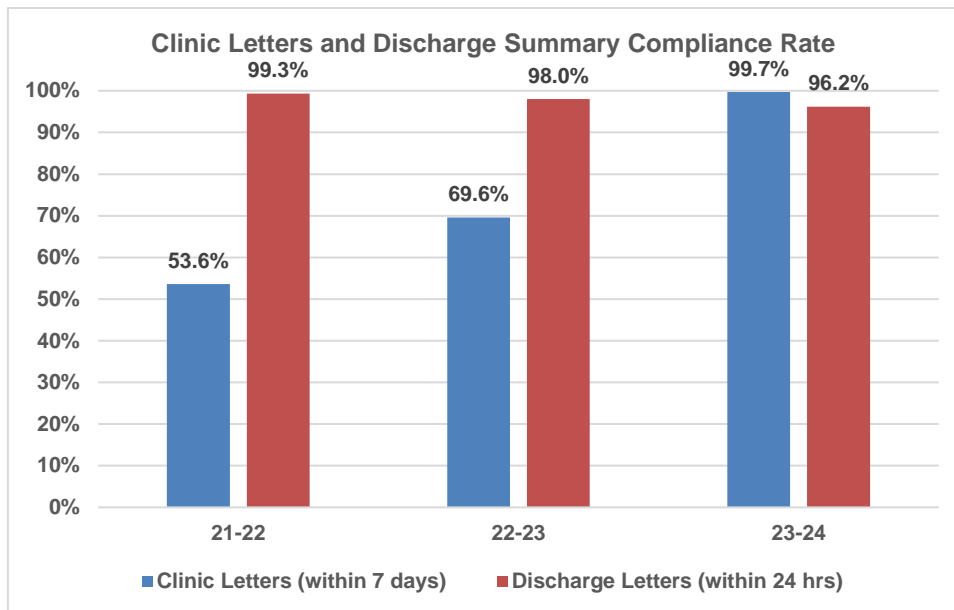
- The service should continue to improve clinic outcome letter times in outpatients
- The service should establish more frequent opportunities for staff to meet each other for developmental and professional purposes.

You can review our full CQC Inspection Report via our website,

or by scanning this QR code



Improvements following CQC 'Should Take' actions

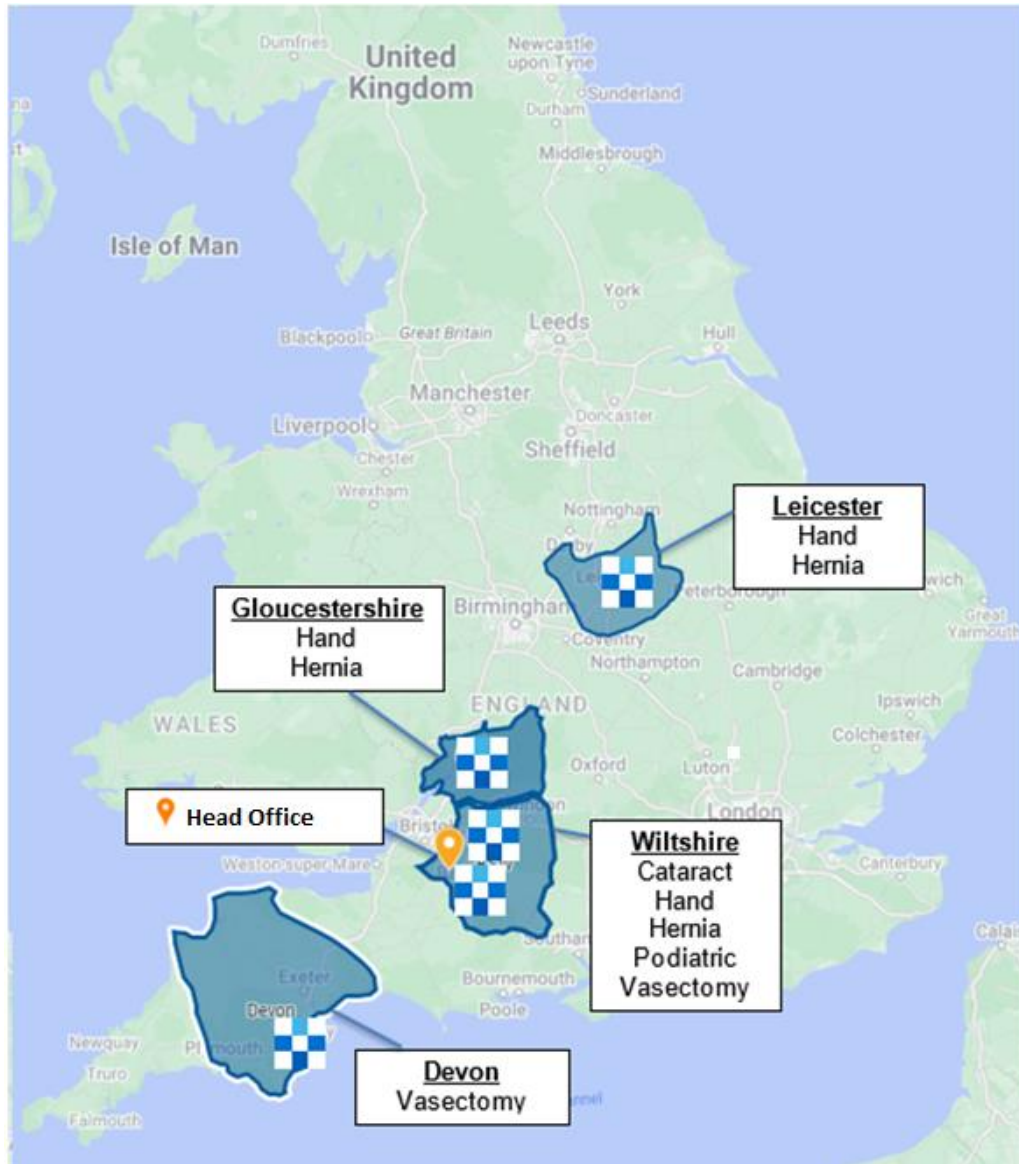


- Overall improvement of clinic letters being sent within 7 days with noted increase of 30% on 22-23 figures, and a 66% improvement since 21-22.



- We have continued to strengthen the opportunities for staff to meet
- Continued holding an annual company meeting
- Quarterly clinical teams' meetings are organised with clinical activity cancelled and locations chosen to allow for as many staff to attend as possible.

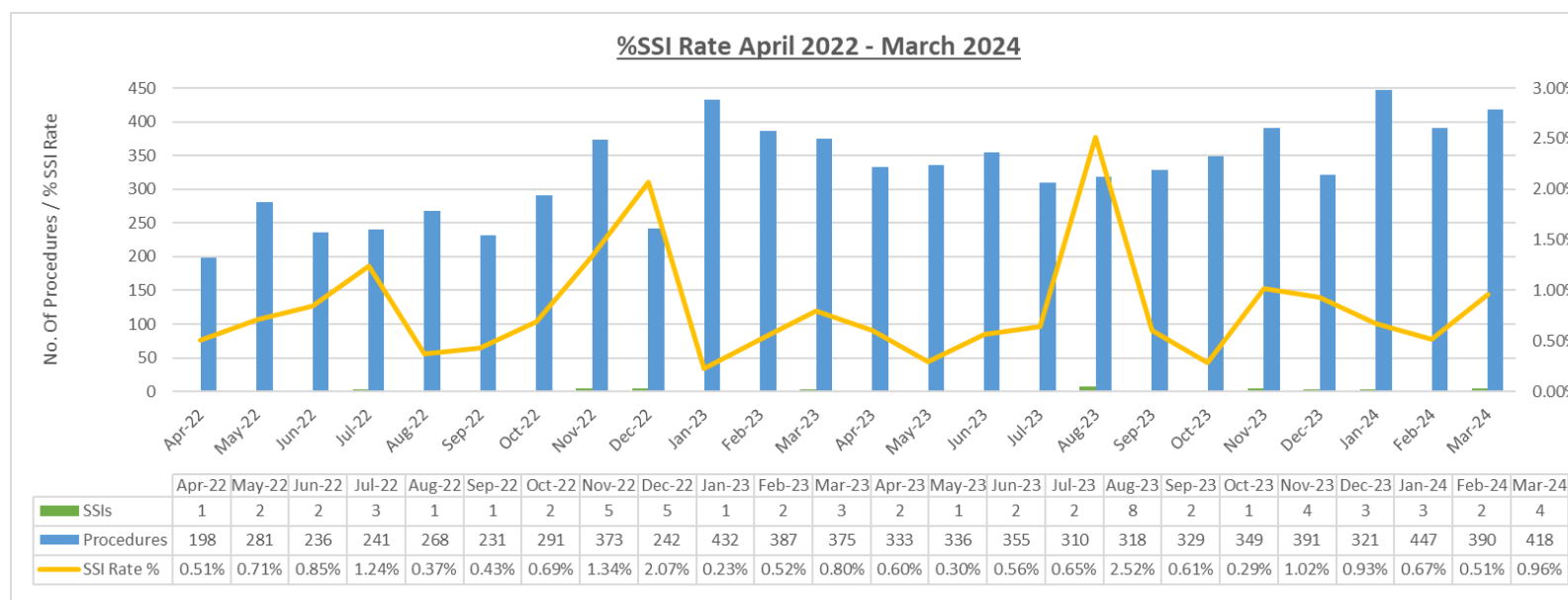
Geographical Independent Health Group Site Locations



Infection Prevent and Control

| MRSA | MSSA | C.Diff | SSIs 0-7 Days post-op | SSIs 8-30 Days post-op | SSIs 31-365 Days post-op | Total SSIs | SSI Rate % Per total number of Surgical Procedures Undertaken |
|------|------|--------|--------------------------|---------------------------|-----------------------------|------------|--|
| 0 | 0 | 0 | 2 | 27 | 5 | 34 | 0.8% |

Independent Health Group's Journey for the years 2022-2024



Quality Highlights:

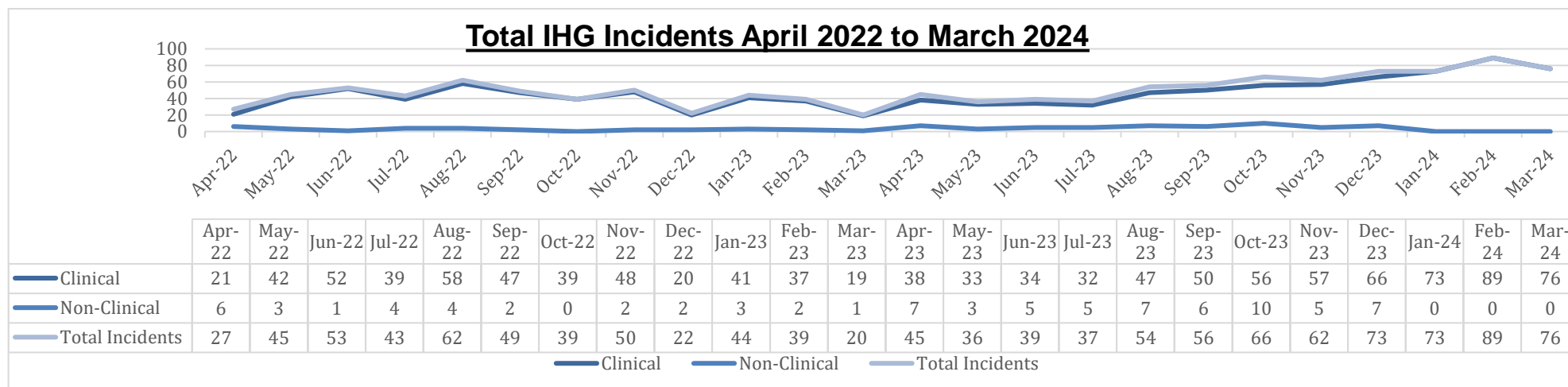
- All identified and known surgical site infections were reviewed against national criteria and a post-infection review undertaken for all cases that met the definition of an SSI
- Of the 4297 surgical procedures carried out during 2023/2024 there were 34 surgical site infections (SSI's) reported. This suggests a risk of acquiring an SSI following surgery at IHG as being **0.80%**. During the last 12-months there was a slight increase on the previous reporting year rate of **0.79%** but this is not a statistically significant increase in SSI rate despite an increase in activity.

Patient Safety

This year we have transitioned from the Serious Incident Framework to PSIRF, however we have kept the serious incident terminology for clarity

| Total Incidents | Serious Incidents | Never Events | Total Falls | Medication Incidents with Harm |
|--------------------------------|--|-------------------------------------|---------------------------------|--------------------------------|
| 703 | 1 | 0 | 0 | 0 |
| Total <u>No Harm</u> Incidents | Total Low Harm Incidents | Total Moderate Harm Incidents | Total Severe Harm Incidents | Total Deaths |
| 687 | 23 | 2 | 0 | 0 |
| Duty of Candour Breaches | Reportable Information Governance Breaches | Clinical Negligence Claims received | Safeguarding Referrals/Concerns | Number of PREVENT Referrals |
| 0 | 0 | 0 | 0 | 0 |

Independent Health Group's Journey for the years 2022-2024



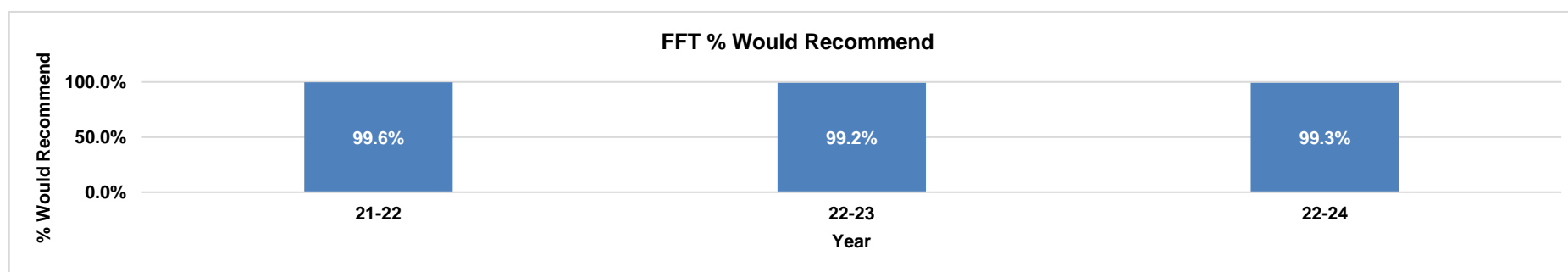
Quality Highlights:

- Independent Health Group implemented an electronic reporting system in Q4, which has been embraced by staff.
- The system is being co-produced with staff and as such some reporting requirements are yet to be included. For example all incidents have been classified as clinical. This will be addressed
- Reporting has increased month on month to almost double what it was last year, which shows there is a strong reporting culture.
- The majority of incidents are no or low harm
- 98% of staff survey respondents stated they feel safe to raise a concern about clinical practice. An increase from 93% last year and the highest since 2017

Patient Experience

| | | | |
|--|--|--|---------------------------------------|
| Friends and Family Test % of patients would recommend Independent Health Group | Friends and Family Test % of patients would not recommend Independent Health Group | Total Number of Friends and Family Test Forms Completed/returned | Friends and Family Response Rate by % |
| 99.3% | 0.3% | 3,900 | 90.76% |
| Complaints | Complaint Response Rate | | Concerns |
| 2 | 100% | | 0 |

Independent Health Group's Journey for the years 2021-2024



Quality Highlights:

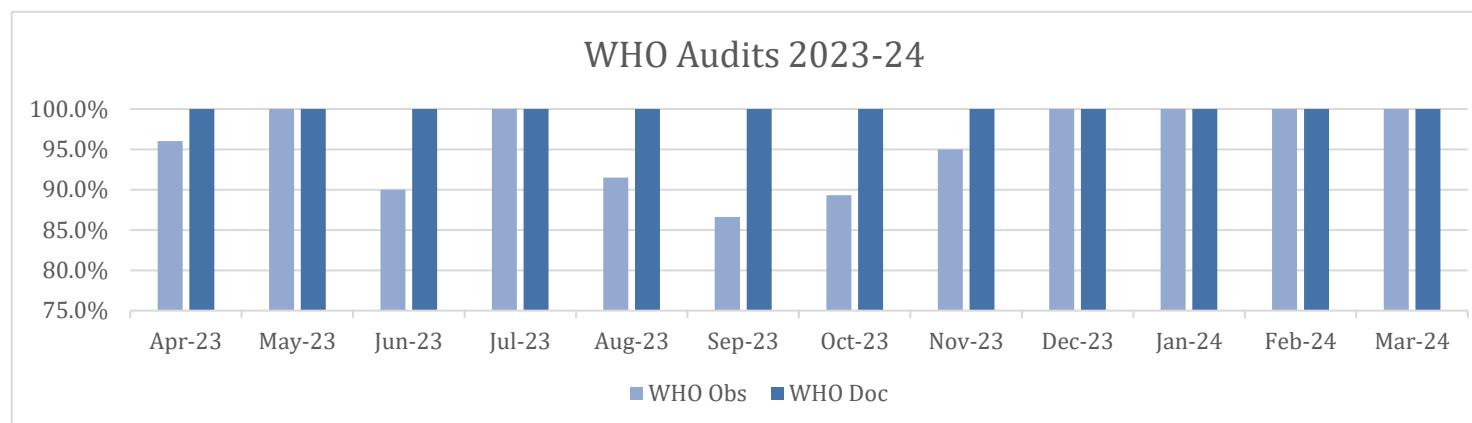


- From the 4,297 surgical procedures undertaken during 2023/2024, our friends and family (FFT) response rate was 90.76%, whereby 99.3% of our patients were extremely likely or likely to recommend our services. Of the 0.3% (13 in total) who ticked that they would not recommend Independent Health Group, all provided positive feedback suggesting that the incorrect box has been selected.
- IHG have consistently achieved over 99% positive FFT results.
- Complaints and concerns remain significantly low and no key or material themes and/or trends have been identified following robust reviews and investigations. Independent Health Group welcomes all feedback so we can ensure that we are meeting the needs of those who use our services.

Audit and Clinical Effectiveness

| VTE Pre-Op Assessment [Number of Patients] | VTE Pre-Op Assessments Complete | Organisation Acquired Thrombosis | WHO Checklist completed (audit) OBSERVATIONAL | WHO Checklist completed (audit) DOCUMENTATIONAL |
|---|---------------------------------|----------------------------------|--|--|
| 193 | 100% | 0 | 95.7% | 100% |

Independent Health Group's Journey for the years 2023-2024



Quality Highlights:

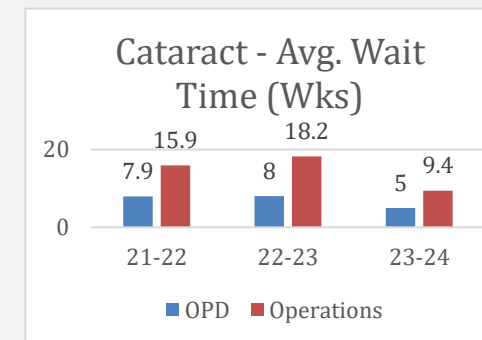
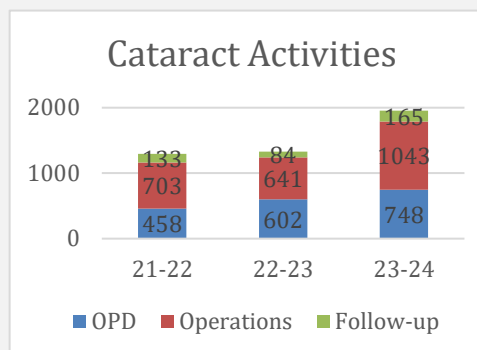
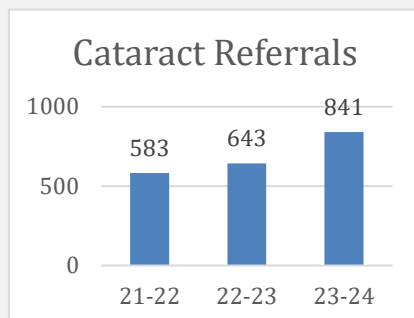
- 100% of our patients had a World Health Organisation (WHO) Surgical Safety Checklist completed. The observational audit process was updated but took a while to embed, therefore consistent results were not seen until the end of Q3/Q4. There were no concerns regarding patient safety as it was the administration not the process which required addressing.
- We continue to monitor all National Audit requirements to ensure we are compliant.
- We have an internal audit program to ensure oversight of key metrics and to provide key date to ensure we can evidence high levels of clinical effectiveness across the organisation.
- Patient Recorded Outcome Measures (PROMs) for all surgical specialities are in place and all returns and feedback are discussed on a quarterly basis with all speciality clinicians via our Clinical Review Meetings.
- All NICE and CQUIN requirements are reviewed monthly and reported via the organisation's clinical governance structure.
- Venous thromboembolism (VTE) is an umbrella term for deep vein thrombosis and pulmonary embolism. Deep vein thrombosis (DVT) occurs when a blood clot forms in a deep vein, usually in the lower leg, thigh, or pelvis. The risk of developing VTE is highest after major surgery, a major injury or periods of immobility following hospitalisation. NHR also suggests that 1 in 20 patients will have a VTE at some point in their lives and up to 50-60% of patients who undergo major Trauma and Orthopaedic surgery develop a DVT. IHG only undertake minor surgery and complete 100% of VTE Risk Assessments for all patients who required them, and mitigating actions taken, even with these mitigating actions patients can still suffer a DVT.

Quality and Performance Overview

All Surgical Services provided by IHG 2023-2024

Cataract Service – Performance and Quality

Independent Health Group performance highlights for previous three years:



Over the year, Independent Health Group received an increase of 30.7% referrals against 2022/23. OPD consultations increased by 24.2% and operations increased by 62.7% against 2022/23 (which includes 1st and 2nd eyes). A new optometrist service model was implemented in September to expand the service and additional Consultant Ophthalmologists and new Optometrists were recruited. This enables first consultations to be delivered by the optometrists and operations performed by the Consultant Ophthalmologist and has increased capacity to ensure very short waiting times. A partnership with Sarum Vision / Medcentres, Salisbury also commenced in November to offer increased patient choice.

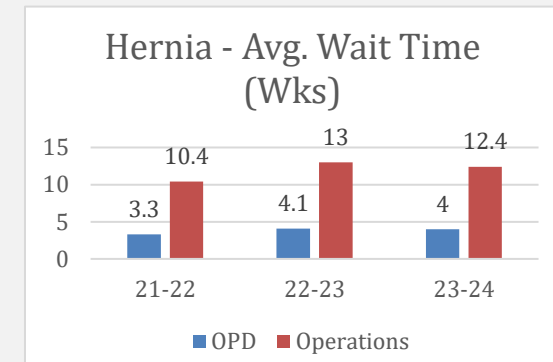
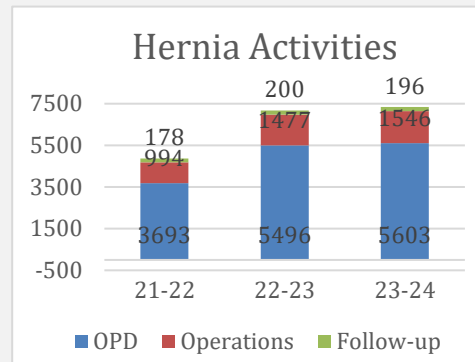
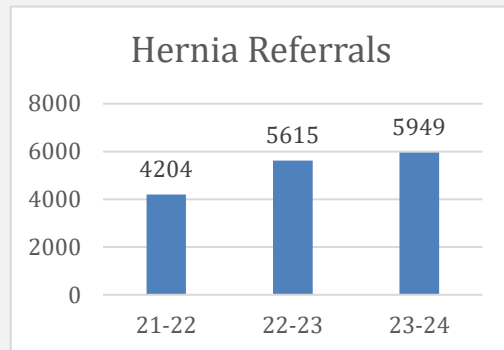
Service quality highlights for previous three years:

Quality and Clinical Effectiveness for Cataract:

| Year | SSI 0-7 Days | SSI 8-30 Days | SSI 31-365 Days | SSI Total | SSI % Rate | Serious Incidents | Never Events | Claims | Complaints | Concerns | Deaths | Emergency Re-admissions within 30 days | Emergency Transfer to Another Provider | Intra-operative Pain Acceptable | Pain Relief at Home Acceptable |
|-------|--------------|---------------|-----------------|-----------|------------|-------------------|--------------|--------|------------|----------|--------|--|--|---------------------------------|--------------------------------|
| 21/22 | - | - | - | 0 | 0% | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 100% | 99.3% |
| 22/23 | - | - | - | 0 | 0% | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 99.8% | 99.5% |
| 23/24 | 0 | 0 | 0 | 0 | 0% | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 99.66% | 99.65% |

Hernia Service – Performance and Quality

Independent Health Group performance highlights for previous three years:



Total Hernia referrals increased by 5.9% against 2022/2023. There was an increase of 1.9% for OPD consultations, and operations increased by 4.6% against 2022/2023. Waiting times for completed pathways remain consistent and within the 18 weeks RTT (referral to treatment) time mandated by the NHS constitution and includes delays in treatment due to patient choice. We average 12.4 weeks from GP referral date to treatment date.

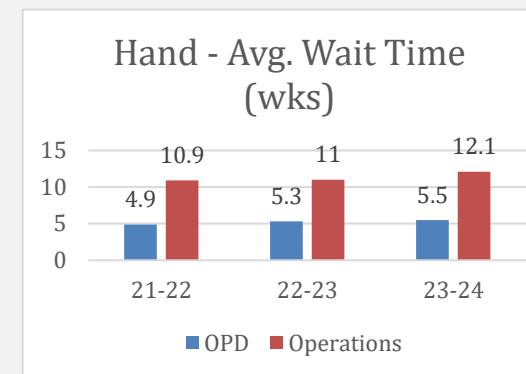
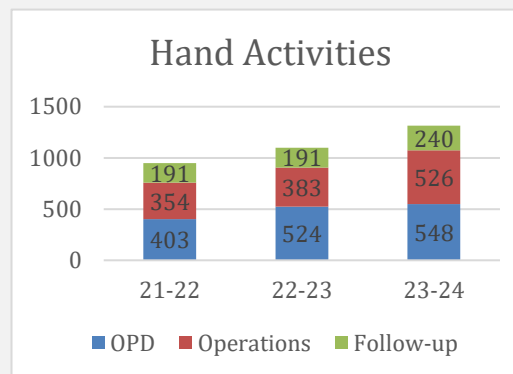
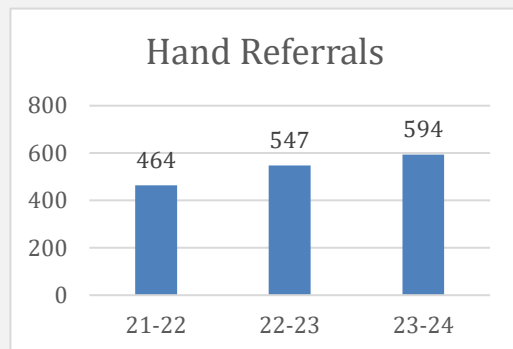
Service quality highlights for previous three years:

Quality and Clinical Effectiveness for Hernia:

| Year | SSI 0-7 Days | SSI 8-30 Days | SSI 31-365 Days | SSI Total | SSI % Rate | Serious Incidents | Never Events | Claims | Complaints | Concerns | Deaths | Emergency Re-admissions within 30 days | Emergency Transfer to Another Provider | Intra-operative Pain Acceptable | Pain Relief at Home Acceptable |
|-------|--------------|---------------|-----------------|-----------|------------|-------------------|--------------|--------|------------|----------|--------|--|--|---------------------------------|--------------------------------|
| 21/22 | - | - | - | 12 | 1.21% | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 99.8% | 97.6% |
| 22/23 | - | - | - | 16 | 1.08% | 0 | 1 | 0 | 1 | 0 | 0 | 9 | 1 | 99.5% | 97.6% |
| 23/24 | 1 | 16 | 4 | 21 | 1.35% | 2 | 0 | 0 | 2 | 0 | 0 | 11 | 2 | 99.38% | 97.2% |

Hand Service – Performance and Quality

Independent Health Group performance highlights for previous three years:



There was an increase of 8.5% against 2022/2023. OPD consultations increased by 4.5% and operations increased by 37.3% against 2022/2023 (which includes 1st and 2nd hands). Average waiting times for completed pathways have remained consistent (12.1 weeks) and takes into consideration patient choice. An additional hand surgeon has been recruited for Gloucester referrals and to cover the regular surgeon during periods of leave to ensure consistency to the service and waiting times.

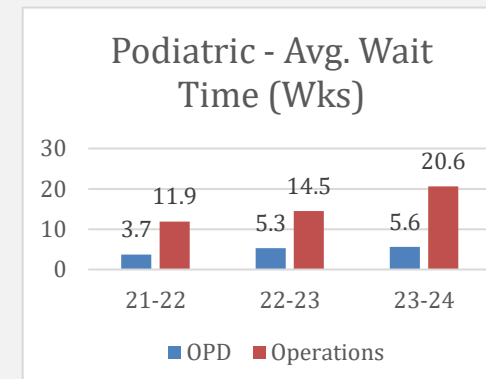
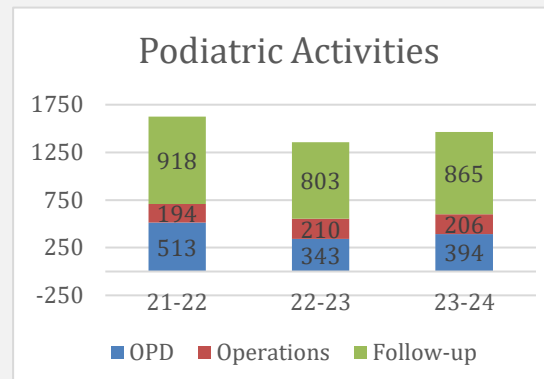
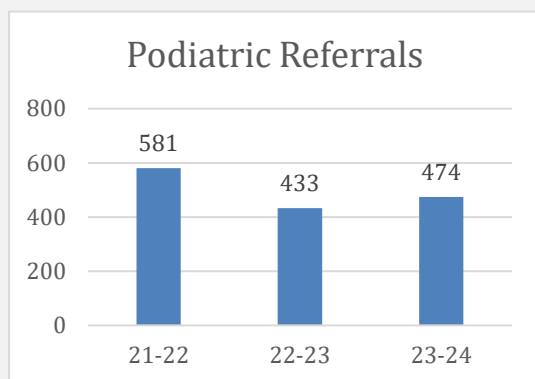
Service quality highlights for previous three years:

Quality and Clinical Effectiveness for Hand:

| Year | SSI 0-7 Days | SSI 8-30 Days | SSI 31-365 Days | SSI Total | SSI % Rate | Serious Incidents | Never Events | Claims | Complaints | Concerns | Deaths | Emergency Re-admissions within 30 days | Emergency Transfer to Another Provider | Intra-operative Pain Acceptable | Pain Relief at Home Acceptable |
|-------|--------------|---------------|-----------------|-----------|------------|-------------------|--------------|--------|------------|----------|--------|--|--|---------------------------------|--------------------------------|
| 21/22 | - | - | - | 2 | 0.56% | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 99.7% | N/A |
| 22/23 | - | - | - | 2 | 0.52% | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 100% | N/A |
| 23/24 | 0 | 2 | 0 | 2 | 0.38% | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 100% | N/A |

Podiatric Service – Performance and Quality

Independent Health Group performance highlights for previous three years:



Podiatry referrals increased 9.4% against 2022/2023. OPD consultations increased 14.8%, but operations remained at similar levels against 2022/2023. Average waiting times have increased to 20.6 weeks over the 18 weeks RTT (referral to treatment) due to limited surgeon capacity and the increasing complexity of procedures performed but also includes patient choice. This has been addressed for 2024/25 to reduced waiting times.

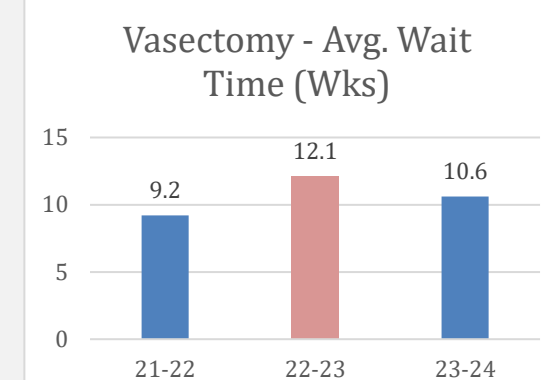
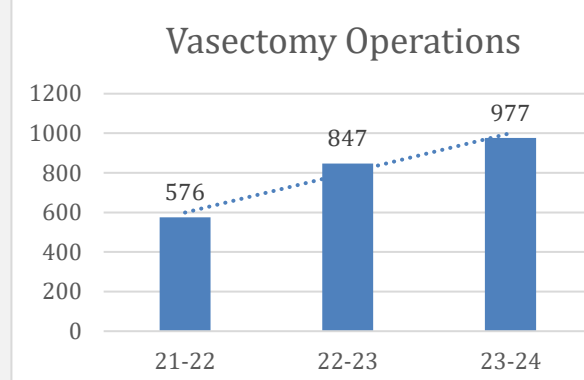
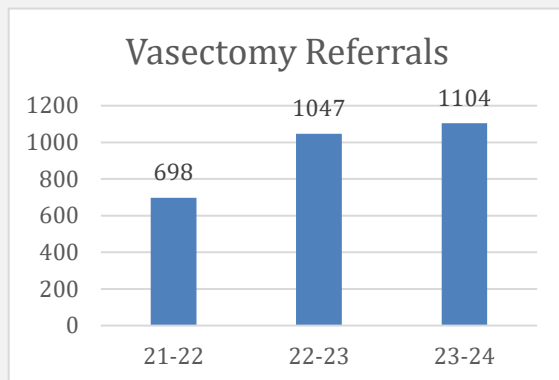
Service quality highlights for previous three years:

Quality and Clinical Effectiveness for Podiatric:

| Year | SSI 0-7 Days | SSI 8-30 Days | SSI 31-365 Days | SSI Total | SSI % Rate | Serious Incidents | Never Events | Claims | Complaints | Concerns | Deaths | Emergency Re-admissions within 30 days | Emergency Transfer to Another Provider | Intra-operative Pain Acceptable | Pain Relief at Home Acceptable |
|-------|--------------|---------------|-----------------|-----------|------------|-------------------|--------------|--------|------------|----------|--------|--|--|---------------------------------|--------------------------------|
| 21/22 | - | - | - | 3 | 1.55% | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 100% | 93.5% |
| 22/23 | - | - | - | 3 | 1.43% | 0 | 0 | 0 | 0 | 0 | 0 | 3 | 0 | 100% | 91.6% |
| 23/24 | 0 | 2 | 0 | 2 | 0.97% | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 100% | 92.5% |

Vasectomy Service – Performance and Quality

Independent Health Group performance highlights for previous three years:



There was a slight increase of 5.4% for Vasectomy referrals but a 15.3% increase of procedures performed during the year against 2022/2023. Planned activity has been reduced at the Westbury site to one day per month to allow for the Cataract service's expansion. An alternative site in Swindon has been identified and plans to mobilise has commenced and will be complete 2024/25. Patients are offered the Chippenham site if preferred. The average waiting time for 2022/2023 decreased slightly, remained within 18 weeks, and includes patient choice. We have noted an increase of non-contracted activity for the vasectomy service mainly from the Somerset ICB area.

Service quality highlights for previous three years:

Quality and Clinical Effectiveness for Vasectomy:

| Year | SSI 0-7 Days | SSI 8-30 Days | SSI 31-365 Days | SSI Total | SSI % Rate | Serious Incidents | Never Events | Claims | Complaints | Concerns | Deaths | Emergency Re-admissions within 30 days | Emergency Transfer to Another Provider | Intra-operative Pain Acceptable | Pain Relief at Home Acceptable |
|-------|--------------|---------------|-----------------|-----------|------------|-------------------|--------------|--------|------------|----------|--------|--|--|---------------------------------|--------------------------------|
| 21/22 | - | - | - | 3 | 0.52% | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | N/A | N/A |
| 22/23 | - | - | - | 7 | 0.83% | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | N/A | N/A |
| 23/24 | 1 | 7 | 1 | 9 | 0.92% | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | N/A | N/A |

Priorities for improvement

Quality within Independent Health Group:

At the heart of the care and services we provide are our values. We have a well-deserved reputation for delivering high quality, patient centered care and a determination to always place the patient at the centre of our decision making and service planning. Performance against these aims is monitored and reviewed regularly at Senior Management and Executive Level.

The following tables set out our achievements against our key Quality Priorities set at the end of 2022/2023 to be achieved in 2023/2024 indicated by a Red, Amber and Green 'RAG' rating as well as our priorities for quality improvement to be delivered in 2024/25, and why they have been identified and how they will be achieved, monitored, and reported.

Achievements on Independent Health Group Priorities for Improvement during 2023/2024:

| Priority 1 – Pathway and documentation review for Hernia and Cataract Services from point of referral to discharge from our service | |
|--|---|
| <p>IHG want to ensure patient information, organisational documentation, and overall patient pathways both clinical and non-clinical for Hernia and Cataract services are quality assured, aligned, and reflective of national best practice/standards and best meet the needs of our patients.</p> <p>Improvement in patient pathways, patient literature supports information sharing that helps ensure our patients are fully informed and that our pathways are person centred and remove potential barriers and improve overall patient experience and access to treatment and services.</p> <p>Complete a process review and gap analysis that will incorporate the patients' voice and identifies areas for improvement. An organisational delivery plan with designated project leads will be operationally managed via the designated task and finish group leads, with overall assurance of delivery provided via the IHG Integrated Governance and Business Committee monthly and quarterly via IHG Board. 90% of the overall agreed and ratified project plan will determine delivery of overall priority.</p> | |
| To achieve Priority 1, we needed to implement the following during 2023/2024 | |
| ➤ Review of Day of Surgery Printouts | |
| ➤ Review of Patient Information Leaflets and Patient letter templates for Hernia and Cataract | |
| ➤ Review of Directory of Services for Hernia and Cataract | |
| ➤ Review of Consent Forms | |
| How we know if we were successful in meeting our targets of achievement against Priority 1: | Achievement of Quality Priority - |
| ✓ Completed review of Day of Surgery Printouts | Quality Objective Met – <ul style="list-style-type: none"> Hernia and Cataract Day of Surgery Printouts reviewed by clinical and non-clinical staff 2023/24. Hernia Day of Surgery Printouts reviewed, and post operative script developed to be discussed with the patient on the day of surgery |
| ✓ Review of Patient Information Leaflets and Patient letter templates for Hernia and Cataract | Quality Objective Met – <ul style="list-style-type: none"> Clinical and Admin team reviewed Hernia and Cataract patient information leaflets and changes reflected in revised leaflets. A review of clinic letters provided to patients having cataract surgery have been reviewed and updated to reflect pathway changes. |
| ✓ Directory of Services for Hernia and Cataract updated | Quality Objective Met – <ul style="list-style-type: none"> Directory of Services reviewed by Medical Director and incorporated into electronic patient referral portal. |

| | |
|--|--|
| ✓ Clinical Review of Consent Forms | Quality Objective Met – <ul style="list-style-type: none"> Review of consent forms conducted to be assured of their appropriateness for use, consent form 4 made available. |
| Priority 2 – Patient recorded outcome information measures: <p>IHG always strives to ensure outstanding clinical outcomes for all our patients and adhere to national and local Patient Recorded Outcome programs of work but wish to ensure there is a golden thread that standardizes our internal outcomes from delivery of service to the board.</p> <p>Clear understanding of key clinical outcomes for all our patients evidence improvements and wider health benefits or highlights areas for improvement to ensure any learning or theme/s identified can be improved to ensure the best possible clinical outcome and experiences for all our patients.</p> <p>The key focus will be on Hernia and Cataract services, that will include, but not limited to, overall review of Pain, PROMS, PREMS, See and treat by same surgeon and other national audit benchmark data. Overall review and clear recommendations will evidence overall completion of priority, supported by an overall project plan with assurance provided monthly via IHG Integrated Governance and Business Committee and quarterly via IHG Board. Agreed and ratified plan with 90% completion of project infrastructure delivered will determine delivery of overall priority.</p> | |
| To achieve Priority 2, we needed to implement the following: | |
| ➤ Review of PROMs and PREMs questions for Hernia patients | |
| ➤ Review of Friends and Family Questionnaire | |
| How we know if we have been successful in meeting our targets in Priority 2: | Achievement of Quality Priority - |
| ✓ Completed review of PROMS and PREMs process | Quality Objective Met – <ul style="list-style-type: none"> PROMs questions have been reviewed and checked against reporting requirements and desired outputs. The timeframe for sending PROMs forms were agreed to align with national standards to ensure we have comparable datasets. The next step is to digitalise the process to support paper-light processes and improve reporting. |
| ✓ Friends and Family Test reviewed as part of Digital Plan | Quality Objective Met – <ul style="list-style-type: none"> The friends and family test process has been mapped from collection at sites to data submission to NHS England FFT has been made a digital priority to ensure we comply with NHS Guidelines of allowing friends, family, and staff to submit responses at any point during their journey with Independent Health Group. Independent Health Group has this as a priority in the digital strategy and as a Quality Priority for 24/25 |
| Priority 3 – Workforce, Learning and Development: <p>IHG wishes to ensure identified areas for improvement from the organisation's NHS Staff Survey have supporting improvement actions to support learning and improvement for our staff.</p> <p>Ensuring our workforce are equipped with all the tools they need to succeed in their roles with not only have an improved outcome for the staff member, but also that of our patients.</p> <p>Key staff survey outputs will inform a wider organisational improvement plan where a survey or test of change will be used to indicate and evidence improvement. Monthly and Quarterly assurance will be provided via the organisation's integrated Governance and Business Committee. 90% delivery of project plan will determine quality priority achievement.</p> | |
| To achieve Priority 3, we need to implement the following: | |
| ➤ Publish Competency Framework for Clinical Roles | |
| ➤ Complete Individual Competency Reviews for Clinical Staff | |
| ➤ Agree IHG Appraisal Improvement and Mandatory Training Plans with agreed measures of success | |
| How we know if we have been successful in meeting our targets in Priority 3: | Achievement of Quality Priority - |
| ✓ Development of Clinical Competencies | Partially Met – |

| | |
|---|---|
| | <ul style="list-style-type: none"> Work commenced to develop the clinical competencies required for the Nurse and OPD workforce. Further work is required. This will be incorporated into Quality Priorities for the year ahead. |
| ✓ Completion of Individual Competency Review. | Partially Met - <ul style="list-style-type: none"> An initial learning Needs Assessment (LNA) was commenced November 2023 for Registered Staff and Health Care Assistants. This will be a key focus and quality priority for 24/25 |
| ✓ Established Appraisal Improvement and Mandatory Training Plans with agreed measure of success | Quality Objective Met – <ul style="list-style-type: none"> Mandatory training compliance overall for all staff 2024, was at an average of 91% across the year, against a target of 90% Appraisals as of March 2024 were at 96% against a target of 90% |
| Priority 4 – Learning from key quality and safety indicators: <p>IHG will evidence the full delivery of our new integrated Electronic Risk and Incident Management System and to evidence that key identified learning is sustained, and improvement is evidenced across the business.</p> <p>Clear and identified learning from patient quality indicators improves overall quality, patient safety, and experience of our patients.</p> <p>Clear thematic outputs of key Incident, complaint and clinical litigation are to be clearly identified on a quarterly basis, as to direct Quality Improvement activities to support improvement will be identified. Overall project plan to be created and monthly and quarterly updates to be provided via the organisation's Integrated Governance and Business Committee. 90% delivery of project plan will determine quality priority achievement.</p> | |
| To achieve Priority 4, we need to implement the following: | |
| ➤ Implementation of the electronic risk management system | |
| ➤ Patient Safety Incident Response Plan (PSIRP) | |
| ➤ Thematic outputs of key incidents, complaints and clinical litigation reported through the Integrated Governance Business Committee (IGBC) monthly and to the Board | |
| ➤ Staff Quality Improvement Training | |
| How we know if we have been successful in meeting our targets in Priority 4: | Achievement of Quality Priority - |
| ✓ Successful implantation of Radar Incident Reporting | Quality Objective Met – <ul style="list-style-type: none"> Radar incident reporting successfully implemented January 2024. Reporting has not decreased due to this implementation. Visual how-to guides have been produced Staff encouraged to co-produce and suggest improvements Feedback from staff has been positive Contacts have been made with other organisations implementing Radar to share learning and experiences. Radar Excellence Plan being developed to drive maturity of approach |
| ✓ Incident Management and Investigation Training for Leads aligned to PSIRP | Partially Met – <ul style="list-style-type: none"> Specific training for investigation leads is in development. This will be a quality priority for the year ahead. Systems Engineering for Improving Patient Safety (SEIPS) training has been undertaken by Quality & Governance team, to be shared with team leads. |
| ✓ Successful implementation of PSIRP | Quality Objective Met – <ul style="list-style-type: none"> PSIRP training has been undertaken by the Quality Team, The PSIRF plan was ratified by the BSW Integrated Care Board (ICB) in March 2024 Application of PSIRF methodology standardised to ensure learning from adverse events as identified and embedded in practice. |

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|---|--|
| | <ul style="list-style-type: none"> Monthly attendance by the Quality Team to the BSW Community of Practice – PSIRF forums. Links with similar organisations have been established to share learnings and experiences in relation to PSIRF |
| ✓ Monthly and quarterly reporting of key incidents, complaints, and clinical litigation to IGBC and the Board | Quality Objective Met – <ul style="list-style-type: none"> Report monthly on key incident, complaint, and clinical litigation in the form of the Integrated Performance Report (IPR) to the Clinical Review Meetings (CRMs), IGBC (Integrated Governance and Business Committee) and the Board |
| ✓ Staff attendance at Quality Improvement Training | Quality Objective Met – <ul style="list-style-type: none"> External quality improvement training has been attended by a cohort of staff. Further Quality improvement training to be identified or developed internally. |

Summary:

The Independent Health Group is extremely proud to continue to provide Outstanding Care to our patients, evidenced by Friends and Family responses that indicate 99.3% of our patients are extremely likely or likely to recommend our services. This is achieved thanks to the hard work, commitment and dedication provided by our clinical and operational teams.

We were able to achieve all key quality delivery actions in two out of four 2022/2023 Quality Priorities designed to support the provision of Outstanding Care. The remaining Quality Priorities that were Partially Met were impacted by the implementation of new reporting systems and ongoing training processes. The learnings and remaining key quality areas are incorporated into the 2024/2025 Quality Priorities to ensure, learning is sustained, and this improvement is embedded across the organisation.

Achievement of the 2023/2024 Quality Priorities will be evidenced in the 2024/2025 Independent Health Group Annual Quality Account

Quality Priorities for 2024/25

| Quality Priority 1 | | Quality Priority 2 | |
|---|--|---|---|
| Patient Safety - Continue to promote a learning culture through embedding the National Patient Safety Incident Response Framework (PSIRF) | | Clinical Effectiveness – Demonstrate the best possible outcomes for patients. | |
| Executive Lead - Chief Nurse | | Executive Lead – Medical Director / Chief Nurse | |
| Why have we chosen this priority? | How will we improve? | Why have we chosen this priority? | How will we improve? |
| <p><i>Patients always come first</i> is a key value for the Independent Health Group.</p> <p>In embedding PSIRF we will further enhance effective systems and processes for responding to patient safety incidents to promote learning and improvements to patient care and experience.</p> | <p>We will</p> <ul style="list-style-type: none"> Implement a weekly safety huddle across clinical and non-clinical teams. Patient safety learning will be included in weekly newsletter. Engagement of at least 1 Patient Safety Partner. Patient stories a standing agenda item for key meetings. | <p><i>Continuous improvement</i> is a key value for the Independent Health Group.</p> <p>Reviewing how we capture and use patient outcome information to identify opportunities to improve care is fundamental to this.</p> | <p>We will</p> <ul style="list-style-type: none"> Review our clinical audit programme. Conduct Clinical audit training for key clinical staff. Implementing an electronic infection monitoring system. Review opportunity to strengthen our outcome reporting and benchmark with other healthcare providers. |
| How will we report and monitor our progress? | | How will we report and monitor our progress? | |
| Quarterly Report on progress with Quality Priorities will be presented to our Integrated Governance and Business Committee. | | Quarterly Report on progress with Quality Priorities will be presented to our Integrated Governance and Business Committee. | |

| Quality Priority 3 | | Quality Priority 4 | |
|---|--|---|--|
| Digital - To adopt digital technology to improve patient and staff experience. Executive Lead – Chief Operating Officer | | Workforce – Ensure our staff have opportunity to learn and develop as our business grows. Executive Lead – Head of HR / Chief Nurse | |
| Why have we chosen this priority? | How will we improve? | Why have we chosen this priority? | How will we improve? |
| <p>Our Digital Strategy sets out our future vision.</p> <p>Using technology to help our teams to communicate with patients more easily and enable patients to access the information and care they need quickly and easily, and when it suits them, will allow us to capture information that can influence how we evaluate and improve our services.</p> | <p>We will</p> <ul style="list-style-type: none"> Implement a digital process to capture Friends and Family test results. Implement a digital process to capture patient reported outcome measures. Introduce a digital platform for patients to view and manage their information leaflets and letters. | <p><i>Teamwork underpins all that we do at Independent Health Group.</i></p> <p>Our staff have told us through the staff survey that they would like greater opportunity to learn. Developing our staff is fundamental to developing our services.</p> <p>Improving staff learning opportunities and professional development will improve staff satisfaction and patient care.</p> | <p>We will</p> <ul style="list-style-type: none"> Develop a Nursing and ODP strategy. Develop standardised leadership and development training for our staff who have line management accountability. Review opportunities for introduction of new roles. Roll out a suite of role specific competencies for Nursing and ODP staff. |
| How will IHG report and monitor our progress? | | How will IHG report and monitor our progress? | |
| Quarterly Report on progress with Quality Priorities presented to our Integrated Governance and Business Committee. | | Quarterly Report on progress with Quality Priorities presented to our Integrated Governance and Business Committee. | |

People and Workforce (April 2023 – March 2024)

| No of Staff Employed (average over year) | Agency Staff Usage | Mandatory Training compliance | Staff DBS Rate |
|---|--------------------|-------------------------------|----------------|
| 90 | 0% | 91% | 100% |

Quality Highlights:

NHS Staff Survey:

Once again, we completed the NHS staff survey, capturing responses between September and November '23. As an Independent Provider, this is optional but is something we choose to do as it is important to us to receive feedback from our staff and patients. NHS staff can only complete one survey, usually for their main NHS employer. Therefore, only 80 of the 90 Independent Health Group's staff were eligible. Of that 80, 58 completed the survey, which equates to 72%, compared with our benchmark group whose response rate was 60%. Our results once again compare favorably with other organisations. The survey captured how our staff felt about working for Independent Health Group. The Benchmark Reports provide a huge amount of data for us to understand what we continue to do well as highlighting areas for improvement. We are pleased to report that our staff continue to feel positive about working for Independent Health Group. The staff feel supported and can do their job to a standard they are pleased with and over 98% of staff would be happy with the standard of care provided by our organisation should a friend or relative need treatment. Although we continue to be enormously proud of our results, we are not complacent and have identified a few themes to explore with staff, including "We are recognised and rewarded" and "We are always Learning" where we believe improvements can be made.

Communication remains key within Independent Health Group. Having a dispersed workforce means it is vital to have clear and accessible communication channels. We are exploring ways to communicate in an employee friendly manner knowing that not all staff have immediate access to their e-mails during the working day. As a result, we are exploring Apps to promote sharing news and information and continuing our regular monthly newsletter. The SMT (Senior Management Team) send out weekly headline news topics and the all-staff general meeting is scheduled for July 2024.

Learning and Development:

Mandatory training compliance overall for all staff averages 91%. Learning and development have been identified as an area for improvement previously through our staff survey results and other feedback. Work commenced in year to develop and review clinical competencies for Nursing OPD and Health Care Support Workers and moving into 2024-25, we will be focusing on providing more structure for learning. This will include developing our offer relating to the Care Certificate to HCAs.

We have successfully introduced apprenticeships for patient administration and support roles, and we have retained 100% of the apprentices on completion of their qualifications, offering them permanent roles within Independent Health Group.

We have recognised that there is a need to support continuous professional development covering some core entry level management techniques and processes and as a result a series of training and knowledge sharing sessions is being developed.

Professional Feedback and Comments

As well as feedback from our patients, Independent Health Group also receives feedback from our staff, both clinical and non-clinical who work across all our services. During 2023/24 the feedback was mostly complimentary and where areas for improvement were noted, constructive feedback was provided.

"I have been very happy during my first [number removed] months with Independent Health Group. Only areas for improvement are around communication within my team and between teams."

"Great organisation to work for. Would be lovely to have more staff benefits such as blue light card."

"I really enjoy my role, feel supported and respect my managers and the organisation and its values."

Equality and Diversity

Under the NHS standard contract, we are required to adhere to the NHS equality and diversity initiatives in relation to patients and workforce. These include the Equality Delivery System (EDS22), the Workforce Race Equality Standard (WRES), and the Workforce Disability Equality Standard (WDES). During 2023/24 a Focus Group was formed to bring together key stakeholders to provide the required level of leadership on this wide-reaching topic. The EDS assessment was carried out and an action plan created. As of 31st March 2024, Independent Health Group is making great progress with these actions with the expectation that we will be able to evidence compliance by half year 2024/25.

The staff survey includes questions relating to fair and equal treatment, and we fair well on these. As part of our commitment to ensure our workforce represents our local communities we work to the Disability Confident standard, a government initiative to encourage employers to think differently about disability and take action to improve recruitment, retention and develop individuals with a disability.

Workforce

Independent Health Group continually reviews its workforce requirements throughout the year. A Workforce Group, under the leadership of the Head of Human Resources, ensures that we have sufficient and suitably registered and trained staff to ensure the delivery of safe care across all our services.

During 2024/25 we are planning to explore Theatre Assistant Practitioner roles within the organisation to provide flexibility within our clinical workforce.

Freedom to Speak Up:

During 2023/2024 IHG received 0 Freedom to Speak up referrals – the staff survey indicates that our staff feel supported and able to speak up when and if required.

Information Governance:

Information Technology and Information Governance Steering Group have continued to improve the infrastructure and safety of Independent Health Group data and information technology frameworks. IHG has a 'Standards Met' rating under the NHS digital data security and protection toolkit (DSPT) submission. During the reporting period there were no breaches in data security requiring reporting to the Information Commissioners Office.

PART 4: Statement of Assurance by The Medical Director

In 2023 we further helped the wider NHS by repairing, under local anaesthetic, the hernias of 1546 patients. This means that we have continued to help the NHS backlog by making available a considerable number of operating hours in acute Trusts. This meant that patients, who required operations under General Anaesthesia, could be treated sooner, so helping them and the prolonged waiting times many have recently experienced.

We continued to provide community services to patients who required Cataract procedures (1043), Carpal Tunnel Surgery (526), Podiatric Surgery (206), and Vasectomies (977). Our results, patient feedback and low number of clinical incidents reflect the quality of care we, as a team provide our patients.

We have contributed to the surgeons of the future by helping the training of a podiatric surgeon. We have plans to do the same for trainees in General Surgery and Ophthalmology, pending the outcome of discussions with training programme directors and Health Education England.

We have strengthened our governance process further and are assured of the care we provide patients by our monthly integrated Clinical Governance Meetings and our quarterly clinical review meetings which are well attended by our front-line clinicians. These meetings continue to be valued by our clinicians as they provide a forum for dissemination and discussion of their personal outcomes measured against their peers. The meetings also help the nursing and administrative staff to understand the variation in clinical opinion over various matters. The close working relationship between all areas of the business is, no doubt, one of the reasons that Independent Health Group continues to provide outstanding care with excellent staff feedback.

We hope our partners in the Southwest and Midlands are satisfied with the service we provide them, and we look forward to working with other commissioners now that we have been awarded AQP status.



Bruce Braithwaite – *Medical Director*

PART 5: STATEMENTS FROM COMMISSIONERS

Statement from Bath and Northeast Somerset, Swindon, and Wiltshire Integrated Care Board on the Independent Health Groups Annual Quality Account:



**Bath and North East Somerset,
Swindon and Wiltshire**
Integrated Care Board

Statement from Bath and North East Somerset, Swindon and Wiltshire Integrated Care Board on Independent Health Group 2023-24 Quality Account

NHS Bath and North East Somerset, Swindon and Wiltshire Integrated Care Board (ICB) welcome the opportunity to review and comment on the Independent Health Group Quality Account for 2023/ 2024. In so far as the ICB has been able to check the factual details, the view is that the Quality Account is materially accurate in line with information presented to the ICB via contractual monitoring and quality visits and is presented in the format required by NHSE/ presentation guidance.

It is the view of the ICB that the Quality Account reflects the Independent Health Group on-going commitment to quality improvement and addressing key issues in a focused and innovative way. Independent Health Group has been able to make achievements against most of their priorities for 2023/24 including:

- 1. Pathway and documentation review for Hernia and Cataract Services from point of referral to discharge from our service** – All documentation was reviewed, and a hernia post operative script was developed to aid discussion with patients on the day of surgery. All patient leaflets and consent forms were reviewed and updated to ensure they reflect the pathway and are appropriate for use.
- 2. Patient recorded outcome information measures** – The Patient Recorded Outcome Measures (PROMs) process and its associated questions have been reviewed and checked against reporting requirements and desired outputs. Similarly, the Friends and Family Test (FFT) process has been mapped from collection at sites to data submission to NHS England. The FFT has been made a digital priority to ensure compliance with NHS Guidelines of allowing friends, family, and staff to submit responses at any point during their journey.
- 3. Workforce, Learning and Development** – Mandatory training compliance overall for all staff 2024, was at an average of 91% across the year (against a target of 90%) and appraisals as of March 2024 were at 96% (against a target of 90%).
- 4. Learning from key quality and safety indicators** – The Radar incident reporting system has been successfully implemented with no reduction in reporting due to this implementation, staff are encouraged to co-produce and suggest improvements, Patient Safety Incident Response Plan has been produced and training has been undertaken by the Quality Team and the PSIRF methodology has been standardised to ensure learning from adverse events as identified and embedded in practice.

The ICB supports Independent Health Group's identified Quality Priorities for 2024/2025. It is recognised that several of the priorities described in this Quality Account align to the NHS priorities set out in the NHS Long Term Plan and Operational Planning Guidance with a crucial

focus on reducing inequalities. The ICB welcomes continued engagement in the agreed service improvement plan and focus on:

1. Continue to promote a learning culture through embedding the National Patient Safety Incident Response Framework (PSIRF) – this will be through implementing weekly safety huddles, patient safety learning being included in weekly newsletters and engaging a Patient Safety Partner.

2. Demonstrate the best possible outcomes for patients – There will be a review of the clinical audit programme including training for all key clinical staff and implementing an electronic infection monitoring system.

3. To adopt digital technology to improve patient and staff experience - Implement a digital process to capture Friends and Family Test results, capture patient reported outcome measures and for patients to view and manage their information leaflets and letters.

4. Ensure our staff have opportunity to learn and develop as our business grows - Develop a Nursing and Operating Department Practitioner (ODP) strategy, develop standardised leadership and development training for those who have line management accountability and roll out a suite of role specific competencies for Nursing and ODP staff.

We look forward to seeing progress with quality priorities identified in this Quality Account in conjunction with the continued transition to PSIRF and the implementation of the organisations Patient Safety Incident Response Plans (PSIRPs).

NHS Bath and North East Somerset, Swindon and Wiltshire ICB are committed to sustaining strong working relationships with Independent Health Group, and together with wider stakeholders, will continue to work collaboratively to achieve our shared priorities as the Integrated Care System further develops in 2024/25.

Yours sincerely



Gill May

Chief Nurse Officer

BSW ICB

Statement from LLR PLC Board on the Independent Health Groups Annual Quality Account:

Below is a statement from Danah Cadman, LLR PCL's CEO:

On behalf of LLR PCL, I'd like to congratulate Claire and the IHG team on their Outstanding CQC rating. This really reflects IHG's commitment to quality and patient safety. Well done all!

The service IHG provide to Leicester, Leicestershire and Rutland goes from strength to strength with excellent patient feedback. The growing number of patients being seen

each year, means that less people are waiting for treatment at the local trust and patients are receiving the right care, at the right time in the right place. This reflects the values of LLR PCL.

Our teams have honest conversations with each other, the value of this is a high level of trust and assurance between organisations. We look forward to IHG being one of our provider partners for many years to come.

Independent Health Group Safeguarding Statement:

Independent Healthcare Group takes its responsibilities regarding Safeguarding extremely seriously in line with The Care Act 2014.

Our Safeguarding Policy is widely disseminated to staff. And we have also put in place the Safeguarding Adults' booklet produced by NHS England so that they are accessible at all sites and staff are encouraged to download and use the NHS Safeguarding app.

The Chief Executive Officer is the overall responsible appointed person for Safeguarding and overall operational ownership and oversight is delegated to the one of our Senior Nurses who is supported by the wider SMT and Executive Teams including CQC Registered Manager. We have introduced and appointed to a new Chief Nurse Role who be overall responsible appointed person for Safeguarding going forward.

The designated safeguarding lead or nominated representative attends the BSW Wider Provider Safeguarding quarterly meetings. Where best practice and information with stakeholders and other providers is shared.

An Annual Safeguarding Report is produced alongside this Quality Account.

Glossary of Terms:

| Term / Word / Acronym | Definition |
|---|--|
| 18 weeks RTT | Referral to treatment - The NHS Constitution sets out that patients should wait no longer than 18 weeks from GP referral to treatment. |
| Agency Staff | Temporary staff employed through a third party |
| BSW | Bath and North-East Somerset, Swindon, and Wiltshire Integrated Care Board |
| C Diff | Clostridium difficile, also known as C. difficile or C. diff, is a bacterium that can infect the bowel and cause diarrhoea. The infection most commonly affect people who have recently been treated with antibiotics but can spread easily to others. |
| Clinical Negligence Claims | A breach of duty of care by members of the health and care profession employed by NHS bodies which could be negligent via a legal process |
| Complaints | A process whereby patients can formally complain about the quality of treatment received. |
| Concerns | A process whereby patients can express concerns about the quality of treatment received. |
| CQUIN | Commissioning for Quality and Innovation – a framework for supporting improvements in the quality of services and the creation of new, improved patterns of care. |
| DBS | Disclosure and Barring Service - Employers can check the criminal record of someone applying for a role. This is known as getting a Disclosure and Barring Service (DBS) check |
| Deaths by Patient Safety Incidents | An event where death occurred as a direct or possible result of care provided by an organisation |
| Duty of Candour | The duty of Candour is a general duty to be open and transparent with people receiving care from you. It applies to every health and social care provider CQC regulates. |
| DVT | Deep vein thrombosis (DVT) is a blood clot that develops within a deep vein in the body, usually in the leg. Blood clots that develop in a vein are also known as venous thrombosis. DVT usually occurs in a deep leg vein, a larger vein that runs through the muscles of the calf and the thigh. |
| Emergency Readmissions within 30 days | All known patients, who following surgical intervention with IHG have been re-admitted to an emergency setting within 30 days of surgery. Admission involves an overnight stay |
| Emergency Transfer to another provider | Any IHG patient who has had to be transferred to another provider in an emergency setting during surgery. |
| Follow-Ups | Clinic (non-surgical) appointments which occur after the first initial appointment. These can take place before or after surgery. |

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| Freedom to speak up | Freedom to Speak Up is about encouraging a positive culture where people feel they can speak up and their voices will be heard, and their suggestions acted upon. |
| Friends and family test (FFT) | A feedback tool to enable patients to indicate how likely they would be to recommend services to their friends and family. |
| Incidents considered a near miss | A patient safety incident that did not cause harm but had the potential to do so |
| Incidents with harm | A patient safety incident that resulted in harm to a patient, including harm resulting when a patient did not receive their planned or expected treatment |
| Incidents with low harm | any unexpected or unintended incident that required extra. observation or minor treatment and caused minimal harm to one or more. persons |
| Incidents with moderate Harm | An incident that results in the patient requiring a moderate increase in treatment and significant, but not permanent, harm |
| Incidents with no Harm | A patient safety incident occurs but does not result in patient harm |
| Incidents with severe harm | Any unexpected or unintended incident that appears to have resulted in permanent harm to one or more persons. |
| Intraoperative pain acceptable | Are patients' pain scores during surgery under Local Anaesthetic acceptable to them. |
| Mandatory Training | Mandatory training is compulsory training that is determined essential by an organisation for the safe and efficient delivery of services. |
| MRSA | Methicillin-resistant Staphylococcus aureus (MRSA) is a bacteria that causes infections in different parts of the body. It's tougher to treat than most strains of staphylococcus aureus – or staph – because it is resistant to some commonly used antibiotics |
| MSSA | Meticillin-sensitive Staphylococcus Aureus (MSSA) is a type of bacteria which lives harmlessly on the skin and in the nose, in approximately 30% of the population. People who have MSSA on their skin or in their nose are said to be colonised. |
| Never Events | Serious, preventable safety incidents that should not occur if relevant preventive measure and safe systems of work are in place. |
| NHSR | NHS Resolution is an arm's length body of the Department of Health and Social Care. We provide expertise to the NHS on resolving concerns and disputes fairly, sharing learning for improvement and preserving resources for patient care. |
| NICE | National Institute for Clinical Excellence |
| OPD | Outpatient Department |
| Pain Relief At Home Acceptable | Are patients' pain scores overnight following surgery under Local Anaesthetic acceptable to them. |
| PREVENT | Training to help identify and prevent radicalization which sits alongside long-established duties on professionals to safeguard vulnerable children, young people, and adults from exploitation from a range of other harms such as drugs, gangs and physical and sexual exploitation. |
| Safeguarding referral / concern | The act of reporting safeguarding concerns to the right people at the right time. |

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|---|---|
| Serious Incidents | Where the potential for learning is so great, or the consequence to patients, families, carers, staff, or organisation require a more comprehensive review. |
| Surgical Site Infection Rate | Total number of confirmed SSIs per specialty, based on total number of patients who have undergone a surgical procedure. |
| Surgical Site Infection Surveillance (SSI) | Surgical site infection is a type of healthcare-associated infection in which a surgical incision site becomes infected after a surgical procedure. |
| VTE | Venous thromboembolism (VTE), a term referring to blood clots in the veins, is an underdiagnosed and serious, yet preventable medical condition that can cause disability and death |
| WHO | World Health Organisation - The United Nations agency working to promote health, keep the world safe and serve the vulnerable. |

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