



INDEPENDENT
HEALTH GROUP

*Providing NHS care of the
highest quality*

**IHG Quality Account
April 2017– March 2018**

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1. INTRODUCTION

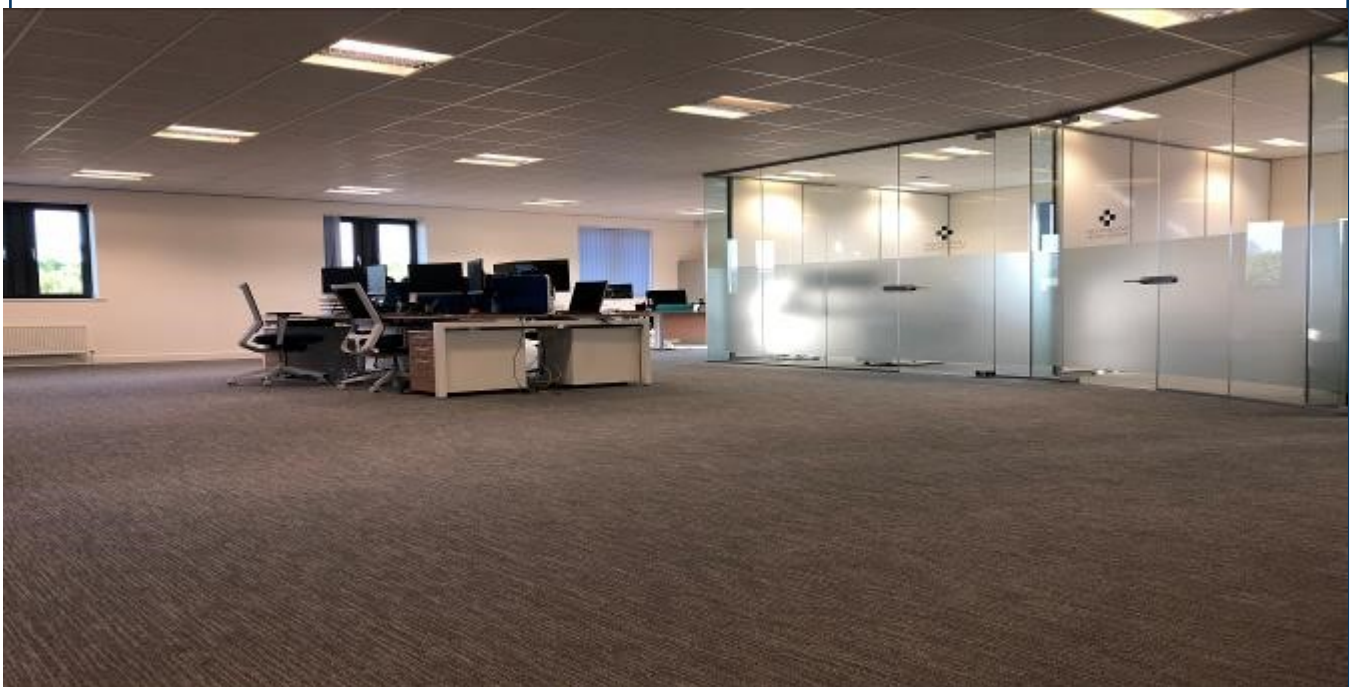
Welcome to the 2017/18 Independent Health Group (IHG) Quality Account

The Quality Report (also known as the Quality Account) is one of the key ways that the Organisation demonstrates to the public and its stakeholders that its services are safe, effective, caring, responsive and well led. The report is an open and honest assessment of the last year, its successes and its challenges. Each year, providers of healthcare are expected to outline their areas of quality improvement for the year ahead, and reflect on the areas from the past year. All activity is drawn together and is subject to considerable internal consultation shared with external stakeholders prior to incorporating their feedback in the published version. This will help you, as a patient, carer, family member, or other key stakeholder, to understand the key areas we have improved on as well as those areas that we have identified where quality or safety can be further improved and why. Within this document, you will find an update on last year's quality priorities, as well as the priority areas for 2018-19.

Independent Health Group (IHG) was founded in December 2004, by Dr Matthew Wordsworth, to provide NHS care of the highest quality, where patients always come first. The focus has always been the delivery of high quality services, interested in what patients say about their care and experience. IHG has grown and diversified over the last 12 years, with the range of procedures growing to include hernia repairs, podiatric surgery, vasectomy, cataract surgery and minor hand procedures - all still provided in community facilities, at the below locations:

- Chippenham
- Westbury
- Swindon
- Reading
- Gloucester
- Bristol
- Bath
- Newton Abbott
- Leicester

During 2017/18, the growth of the business has led to us relocating our head office to the Office Village, Peasedown St John.



IHG has a small number of values that direct the way everyone works:

Value 1 - Patients always come first

- Patient safety and excellent clinical outcomes are our top priority
- Patients are treated with the utmost respect and dignity; we will always be empathetic, honest and compassionate. We take the time to listen to patients' needs and respond to them
- Continuity of care is important to us. Patients will be seen by the same surgeon throughout their treatment. All staff are accessible and responsive to patients needs

Value 2 - Excellence through continuous improvement

- We continually look for ways to be better at what we do. This can be for better patient outcomes, a better experience for patients, better efficiencies, better communications - Excellence is our goal
- Our clinical staff are appointed for their record of excellence in patient care

Value 3 - Teamwork underpins all we achieve

- Teamwork is essential to excellent patient care
- We recognise the importance of clear and timely two-way communication, great team work and collaboration both within Independent Health Group and with our stakeholders
- We value the contribution of everyone who works in Independent Health Group and want everyone to feel that they are respected and valued

I am proud of IHG performance over the last quality year and, to the best of my knowledge, the information contained in this report is a true and accurate reflection of the services and outcomes that we have delivered. I would like to thank all IHG staff for their dedicated hard work throughout the year.

Dr Matthew Wordsworth MBChB MRCOG MRCGP
Chief Executive/Medical Director





2. PRIORITIES FOR IMPROVEMENT

2.1 Update on quality priorities 2017/18

Twelve months ago, IHG identified 7 quality priorities where we wanted to see improvements in 2017/18. A progress report is set out below, which includes an overall 'RAG' rating of the extent to which we achieved each priority.

PRIORITY 1

Electronic ordering of pathology and radiological tests

Past Performance

Our current process of receiving test results involves a paper request sent from our clinician to the nearest hospital providing the testing facilities and a paper report being returned by the hospital. Both steps can introduce error and delay. Our priority is to introduce an electronic ordering system to run alongside our current electronic patient records system.

Rationale

All podiatric patients requiring surgery are routinely swabbed for MRSA and to proceed to surgery the surgeon requires confirmation that the patient has a negative test result. The majority of our podiatric patients will also require X rays and a small number of patients in our hernia service will require ultrasound scans. An electronic system to order and receive test results will reduce the time taken for results to reach our clinicians, therefore preventing delays to patients' pathways and help prevent administrative and clinical errors.

Measurable target

We plan to have 95% of all pathology tests recorded electronically by December 2017. We will monitor uptake of the electronic system monthly and provide training to staff to improve uptake. The only exception to this will be semen analysis, following vasectomy

Achievement

- All radiology requests are now being sent electronically and results received electronically
- All MRSA test results are being received electronically. As per standard best practice when requested, MRSA swabs are sent with a physical form

Rag Rating

Green : Priority met

PRIORITY 2

Improving, by reduction, the level of pain experienced by patients following hernia repair surgery

Past Performance

5% of patients are still advising us that their levels of pain at home following hernia surgery are not acceptable and therefore improvements are needed. We will review and seek to make further improvements to our post-operative pain relief protocol.

Rationale

There are very few centres providing hernia surgery outside of hospitals in England; IHG can lead on the standardisation of collection of such data across providers of care and this will enable best practice to be recognised and implemented more widely.

Measurable target

By August we will have assessed and implemented any changes identified to the post-operative analgesic regime for hernia surgery.

By August we will have standardised the collection of data across at least three community providers of hernia surgery to enable benchmarking of performance.

Achievement

The Independent Health Group actively reviews and records the level of pain experienced by our Hernia Patients (post operatively). The following action has been implemented and monitored closely by our Quality and Governance Team:

Pain Questionnaire - Each patient receives a telephone call the following day (post operatively) from a member of our Nursing Team and asked whether their pain level at home was acceptable.

The level of pain is graded from 1 to 10 (1 low / 10 high). Once the pain score has been captured and recorded, this is saved within the patient's electronic record and reviewed by our Quality and Governance Team on a monthly basis. The data and findings are presented to the Clinicians and Nursing Team at the quarterly Hernia Clinical Review Meeting.

The Quality and Governance Team has recently reviewed all Hernia pain scores captured between April 2017 to March 2018 which identified the following:

- From April 2017 to March 2018, there has been a 2% decrease of pain experienced the following day at home.

The following actions have been taken throughout 2017/18 to improve the management and reduce the level of post-operative pain for our patients:

- Review of post-operative Analgesia.
- Patient Information Leaflet under review (due to be re-published Summer 2018).
- Mapping of patient pathway undertaken (May 2018).
- Quarterly Clinical Review Meetings attended by Hernia Clinicians, Nursing Team, Medical Director, Quality and Governance Team and the Patient Referrals Manager.

Rag Rating

Amber : Priority partially met. The Quality and Governance Team will continue to monitor the above priority and undertake a repeat audit in order to continuously monitor improvement providing a further update within the 2018/19 Quality Account.

PRIORITY 3

Improving, by reducing, the incidence of post-operative surgical site infections

Past Performance

Our post- operative infection rate for vasectomy is 8% in 2016/17 compared to 1% in the Association of Surgeons in Primary Care annual audit. IHG is not aware of any patients treated in a hospital setting for infection after a vasectomy.

Our post- operative infection rate for Podiatric Surgery is 6% (6 patients in total) compared to 2.6% reported on the PASCOR (Podiatric and Surgical Clinical Outcome Measurement, College of Podiatry) database.

Rationale

Data collected by IHG in 2016/17 highlighted that our infection rates following vasectomy and podiatric surgery were higher than that reported in other comparable services.

Measurable target

For vasectomy IHG will review all available data for any variance between clinicians and between centres, review the surgical practice of its clinicians, and come together as a team to share and agree on best practice. By September 2017 IHG will have standardised post- operative wound care after a vasectomy. We will then review what difference these changes have made in a continuous audit process 'loop'.

For podiatric surgery, we will review the clinical records of all six patients who had a surgical site infection in 2016/17 to fully assess if we could have done anything differently for these patients and to see if we need to change our practice in the future. We will continue to monitor infection rates on an on- going basis.

Achievement

The organisation collects infection data either from internal monitoring reporting following the patient being followed up post procedure or by patient feedback as part of the Patient Related Outcome Measurement form, which is received 3-6 months post procedure.

This data is now routinely analysed by the Quality and Governance team and discussed at the Podiatric/Vasectomy quarterly clinical review meetings. We found that for vasectomy procedures, IHG were analysing and presenting the data differently to other providers. Adjusting our data so that we can benchmark our infection rates against other providers showed that our infection rates for vasectomy procedures were in line with other providers, approximately 1%.

In relation to Podiatric services, as described the 6 patients clinical records were reviewed and no concerns could be ascertained. A decision was taken that no changes to practice were needed. For 2017/2018 the reported infection rate for Podiatric services (taken from our Patient Administration System) was 2.92%, in line with the national average.

Current work being undertaken includes:

- For each infection reported, a timeline of the patient's care is undertaken and sent to the Podiatric Surgeon for review
- This data will now be routinely discussed at the quarterly Podiatric clinical review meeting to identify any themes/trends

Rag Rating

Green : Priority met

PRIORITY 4

Improving the health and well- being of staff

Past Performance

IHG received very good feedback from its staff following the recent staff satisfaction survey. Nevertheless, senior management want to continually improve the health and well- being of its staff.

Rationale

Staff sickness and absence impacts adversely on patient care, whereas staff that are happy and satisfied have a positive impact on patient care. A satisfied workforce also has lower turnover rates and less reliance on temporary staff all of which contributes to a safer environment for patient care.

Measurable target

IHG will undertake a self- assessment of its current performance against the standards in the 'Well-being Charter' and based on the results develop an action plan to improve performance.

Achievement

IHG value the employees that deliver care to patients and recognise that a happy and satisfied workforce has a positive impact on the care delivered to patients. To help achieve this goal, the following has been undertaken:

To improve communication with staff:

- Clinical/ Administration meetings continue to be held regularly
- Quarterly clinical review meetings held for all specialties

- Introduction of a monthly newsletter, keeping staff updated with current information
- Introduction of a quarterly quality newsletter

Sickness:

- Sickness patterns are continually monitored by HR and Senior Managers, with return to work interviews undertaken to monitor staff well-being. Any reasonable adjustments to working conditions/patterns undertaken.
- A 'stress' risk assessment tool has been implemented

Health and Safety:

- All staff have been completing all aspects of mandatory training (as of end of March 2018 overall compliance with training was 90%)

Mental Health:

- A 'stress' risk assessment tool has been implemented
- Occupational Health referral service available for all staff
- Staff are empowered to share issues with managers and promote a supportive environment.

Smoking/Tobacco/Alcohol:

- Employee handbook has been updated with information for staff members

Health Eating:

- Healthy Eating encouraged internally and HR currently reviewing 'Staff Wellbeing'
- A staff lounge area is available at the Peasedown St John offices

Rag Rating

Green : Priority met

PRIORITY 5

Improving access to clinical information

Past Performance

Currently, all changes to internal policies and procedures are communicated to our teams via email. We are improving our computer systems by introducing a way that remote workers can log in directly to our computer servers. This will ensure that we have a single, continuously updated location for all files and information

Rationale

Consistency of data is key for safe and effective care. In this case, policies and procedures are our focus. By centralising the servers and allowing a single point of access, we help to reduce risk of outdated policies or procedures being shared. We also provide a far more efficient, effective and secure means for remote workers to access company information. This will benefit the patient by ensuring that the best possible procedures are adopted and that improvements to the way we work are efficiently communicated with our teams.

Measurable target

By October 2017 all remote workers will be able to directly and securely access the central computer system. This will preserve the confidentiality, integrity and availability of patient and staff information. We will continuously monitor on-going access and ensure that communication is to the highest standard. Any issues will be reviewed internally and taken up with our Internet Service Provider (ISP)

Achievement

- Central servers have been successfully installed and are working at our Head Offices.
- Testing is under way for staff to have remote access to the central IHG servers (through a fully secure network) allowing staff access to all relevant areas of the servers.

Rag Rating

Green : Priority met

PRIORITY 6

Encouraging behaviour change in patients use of alcohol and tobacco

Past Performance

Smoking is estimated to cost £13.8bn to society (£2bn to the NHS through hospital admissions, £7.5bn through lost productivity, £1.1bn in social care). Smoking is England's biggest killer, causing nearly 80,000 premature deaths a year and a heavy toll of illness.

In England, 25% of the adult population (33% of men and 16% of women) consume alcohol at levels above the UK CMOs' lower- risk guideline and increase their risk of alcohol- related ill health. Alcohol misuse contributes (wholly or partially) to 60 health conditions leading to hospital admission, due either to acute alcohol intoxication or to the toxic effect of alcohol misuse over time.

Rationale

This activity, agreed with the Clinical Commissioning Group, contributes to delivering the objectives set out in the Government's Five Year Forward View (5YFV), particularly around the need for a 'radical upgrade in prevention' and to 'incentivising and supporting healthier behaviour'.

Measurement

The senior management team will oversee the introduction of the new system, ensuring that it is fit for purpose and is introduced in a timely way.

Achievement

In line with the 'Preventing Ill Health by Risky Behaviours' CQUIN (2017-19), the Independent Health Group has implemented processes in order to capture and provide brief advice and information in relation to the use of alcohol and tobacco to our patients.

Each quarter, an audit has been undertaken by the Quality and Governance Team to monitor the number of patients screened for their smoking/alcohol status. The audit results and action planner/tracker have been submitted (as per contract) on a quarterly basis to the relevant Clinical Commissioning Groups (CCGs).

The audit results identified missed opportunities to capture the required information, therefore, a number of actions were generated which have all been completed (please see below):

- Electronic Data Collection – The 'Brief Intervention Template' was launched on Systm1 (Patient Administration System) on the 15th of December 2017. This tool was created to capture the required smoking and alcohol information directly from the patient and ascertain whether they would like to receive further support/information regarding reducing/stopping usage. The tool also allows the medical secretaries to capture and log smoking/alcohol information captured within the Health Questionnaire (returned to IHG's Head Office) and input directly into the patient's electronic medical record.
- All Nursing Staff/HCA's have completed NCSCT Training Module on Very Brief Advice on Smoking (100% compliance).
- Letter template (Smoking Support Information) has been created and sent to all patients who have requested to receive further information regarding local smoking support services. The letter includes information and links to local services.
- The Health Questionnaire has been amended (page 4) and reprinted to include the following questions:
 - ◊ Do you drink alcohol?
 - ◊ Would you like help reducing your alcohol usage?
 - ◊ Would you like our staff to discuss getting help with reducing/stopping alcohol intake?
- Letter template (Alcohol Support Information) has been created which includes further links/information in relation to local alcohol support services.
- A Healthy Living Support Information Sheet has been created and circulated to the Nursing Team. This information sheet provides patients wishing to stop smoking, reduce/stop alcohol consumption with information and links to local services.

Throughout the year, the results of the quarterly audit(s) have revealed a rise in the number of patients who smoke/consume alcohol provided with brief advice as well as an increase of patients wishing to receive further information and support in relation to reducing/stop the usage of both tobacco and alcohol.

The Independent Health Group will continue to screen, support and provide further information to all patients wishing to stop/reduce the use of alcohol and tobacco.

Rag Rating

Green : Priority met

PRIORITY 7

Introducing organisational dashboards

Past Performance

The aim of this quality priority is to provide staff with near time, meaningful information on reported clinical indicators. This will better inform staff to make daily decisions on the quality and delivery of patient care. The same system will enable IHG to manage employee compliance with training and development more efficiently and effectively.

Rationale

It is essential that IHG can not only have information to support its day to day decision making but a system that will support the review of the quality of services and support its assurance systems demonstrating that quality is good. This will enhance the governance of the organisation and provide information to many parts of the organisation that need to review performance and evaluate quality.

Measurable target

The senior management team will oversee the introduction of the new system, ensuring that it is fit for purpose and is introduced in a timely way.

Achievement

At the beginning of the reporting period, IHG developed a preliminary system for dashboard reporting on key performance and quality metrics, which was being monitored at the monthly Clinical Governance committee. Identifying that this newly developed system would be iterative, IHG have recently undertaken considerable work on developing the internal dashboard system to provide assurance to the Medical Director and the Senior Management team around the quality and performance of services being delivered.

Recently a new Integrated Performance report has been developed which pulls together the Key Performance Indicators for the organisations Quality and Safety, Performance and Workforce activities, showing achievement against agreed national/local targets in comparison to previous months and as a trend.

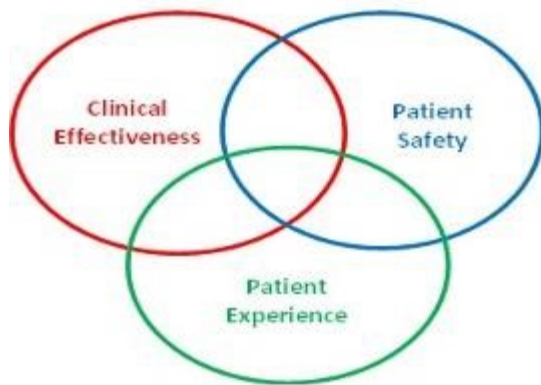
The report also identifies additional information and remedial action plans for those key performance indicators that are falling short of target and requiring improvement and provides trend graphs to better illustrate any changes in performance.

Rag Rating

Green : Priority met



The Key to Quality



2.2 Quality priorities 2018/19

IHG has reviewed the quality of the services delivered in the period April 1 2017 to March 31 2018 and has identified 4 areas of care or enablers of quality care that it wishes to focus its improvement activities on in the coming year for the benefit of the patients using its services.

PRIORITY 1

To drive more efficient and effective IT processes and systems for our staff to help deliver excellent care for our patients

Rationale

Due to expansion of IHG, Information Technology needs to grow to deliver business objectives

Measurements

- Develop a robust services-based enterprise architecture to increase the agility of IHG IT systems
- Identify and manage the adoption of innovative technologies whilst ensuring we control both delivery and reputational risk
- Develop an IHG Information Technology Steering Group (ITSG) to implement the Business Strategy Agenda
- Develop Key Performance Indicators (KPI's) with core systems and applications providers, to allow IHG a mechanism for monitoring compliance. This will be reported to the ITSG



PRIORITY 2

Improve mechanisms for staff engagement, specifically around regular planned communication and involving staff members in decisions that impact on their work

Rationale

Whilst in general IHG staff survey results were encouraging there were areas identified in questions 4c, 7d, 8b and c, where a high percentage of staff reported they neither agreed or disagreed.

4c – I am involved in deciding on changes introduced that affect my work area/ team/ department

Positive score	74%
Negative score	3%
Neither agree or disagree	23%

7d – Manager asks for my opinion before making decisions that affect my work

Positive score	69%
Negative score	14%
Neither agree or disagree	17%

8b – Communication between senior management and staff is effective

Positive score	53%
Negative score	17%
Neither agree or disagree	30%

8c – Senior managers here try to involve staff in important decisions

Positive score	64%
Negative score	23%
Neither agree or disagree	13%

Measurements

- Improvement in NHS staff survey results for the above questions
- Undertake a 6 month review with staff to gain feedback on whether internal communication tools are meeting their needs

PRIORITY 3

Deliver what matters most: work in partnership with patients, carers and families to meet all their needs and understand what concerns them most

Rationale

IHG values the opinions of its patients and seeks feedback in many ways including surveys, Patient Reported Outcome Measures (PROMs) Friends and Family reviews, NHS Choices, Concerns and formal Complaints. The Organisation continues to demonstrate that, not only, are the concerns of patients and carers taken seriously, but that care matches up to the Organisations core value, patients always come first, and will achieve this through actively seeking views of the people served by the Organisation.

Measurements

The Organisation aim to further develop its responsiveness, and care provision, by:

- Continue and develop accessible mechanisms through which service users can provide feedback and voice their opinions in order to inform service improvement, including the delivery of a patient focus group
- Further develop visibility and transparency of actions taken in response to patient experience, with a visibility of a “you said – we did” approach
- Delivery of an always even that our patients expect to happen all the time

PRIORITY 4

Increase the reporting of incidents and learning from reports

Rationale

IHG encourages a culture of openness and reporting of incidents. The Organisation wants a culture of high incident reporting and zero harm. An increase in incident reporting should not be taken as an indication of worsening patient safety, but rather an increasing level of awareness of safety issues amongst staff across the organisation. Incident data does not provide everything an organisation needs to know about the risks to patient safety, but when combined with other sources it can be a powerful tool to identify key risks.

Measurements

In selecting this priority, we will focus on:

- Making it simpler for staff to report incidents by improving the training and support offered to staff around the types of incidents to be reported
- Increase the number of incidents/near misses reported for the year by 15%
- Undertake at least 1 improvement programme as a result of incident and near miss analysis
- Introduce additional feedback mechanisms for the dissemination of learning from incidents
- Monthly reports to internal meetings to enable the Organisation to track improvements in incident reporting and key performance

3. STATEMENTS OF ASSURANCE

3.1 Review of Services 2017/18

During the reporting period April 1 2017 and March 31 2018 Independent Health Group provided relevant health services via five clinical specialties (hand surgery, hernia repair surgery, vasectomy, cataract surgery and podiatric surgery). IHG has reviewed all the data available to them on the quality of care in these relevant health services.

3.2 Participation in national clinical audit and national confidential enquiries

For the purpose of the Quality Account, the Department of Health published an annual list of national audits and confidential enquiries, participation in which is seen as a measure of quality of any organisation providing NHS services, clinical audit programme. This list is not exhaustive, but rather aims to provide a baseline for organisations in terms of percentage participation.

During 2017/18, 1 national clinical audit and no national confidential enquiries covered relevant health services that IHG provides. During that period, IHG participated in 100 per cent (1/1) national clinical audits and none of the national confidential enquiries of which it was eligible to participate in.

The national clinical audit that IHG was eligible to participate in during 2017/18 and did participate in is as follows:

- Elective Surgery – National PROMs Programme Hernia surgery

IHG, as noted in other sections of this report, is fully committed to the use of outcome measures to improve the quality of care for patients. With this motivation it has been submitting data to the National PROMs Programme for hernia surgery, however when staff wanted to review the results it was found that because data is not submitted to the central activity database for hospitals (the Hospital Episode Statistics data set), results and comparison with other providers was not possible.

In October 2017, NHS England took the decision to stop mandatory collection of Hernia PROM data. Due to this decision and the inability to compare IHG data with other NHS services, IHG stopped participation in February 2018, however we continue to collect data pre and post surgery for all our services to help identify any improvements

Nil patients receiving relevant health services provided or sub-contracted by IHG in 2017/18 were recruited during that period to participate in research approved by a research ethics committee.

3.3 CQUIN framework (Commissioning for Quality and Innovation)

A proportion of IHG income in 2017/18 was conditional upon achieving quality improvement and innovation goals agreed between IHG and Wiltshire Clinical Commission Group (CCG), through the Commissioning for Quality and Innovation payment framework. The below CQUIN goals were chosen to reflect national priorities: and shows IHG achievement:

- Staff health and well-being : Full achievement
- Preventing ill health by risky behaviours (tobacco and alcohol) : Partial achievement

3.4 NHS Staff Survey

IHG staff participated in the NHS staff survey. All doctors, nurses and administrative staff were invited to take part and 75% (15 out of 20) staff took up this opportunity, which is a decline from the previous year where 90% of staff participated.



97% of staff would recommend IHG as a place to work



3% staff reported that they had been bullied/harassed by another member of staff in the last 12 months



97% of staff would recommend IHG if a friend or family member needed surgery



95% staff believe that IHG offers equal opportunities



3.5 Registration with the Care Quality Commission

IHG is required to register with the Care Quality Commission and its registration status for 2017/18 was approved for the provision of diagnostic and screening procedures, surgical procedures and treatment of disease, disorder or injury.

IHG does not operate on anyone under the age of 18 but we take our responsibilities to children and young people accompanying patients very seriously.

IHG has the following conditions on registration:

- Its services are for the treatment of adults over 18 years of age only

3.5.1 Care Quality Commission Reviews

IHG has not been inspected by the Care Quality Commission during this reporting period.

3.5.2 Care Quality Commission special review

IHG has not participated in any special reviews or investigations by the CQC during the reporting period.



3.6 Data and Information Governance

Independent Health Group submitted records during April 2017 – March 2018 to the Secondary Uses Service for inclusion in the Hospital Episode Statistics which are included in the latest published data. The percentage of records in the published data:

- a) Which included the patient's valid NHS number was:
- 100% for admitted patient care
 - 100% for outpatient care
 - not applicable for accident and emergency care
- b) Which included the patient's valid General Medical Practice Code was:
- 100% for admitted patient care
 - 100% for outpatient care
 - not applicable for accident and emergency care

IHG's Information Governance Assessment Report overall score for 2017/18 was 66% and was graded satisfactory /green.

During 2017/18 work continued to ensure there was a comprehensive and robust evidence assurance programme, underpinning the work of the Information Governance Toolkit (IG).

IHG can confirm that no Serious Information Governance Incidents Requiring Investigation (SIRI) were recorded during the reporting period 2017/18.

During 2017/18 IHG have been reviewing its internal systems and procedures to ensure compliance with the new General Data Protection Regulations, which came into force on 25th May 2018.



4. PATIENT SAFETY

The safety of our patients is central to everything we want to achieve as a provider of healthcare. We are committed to providing excellence through continuously improving the safety of our services and will focus on avoiding and preventing harm to patients from the care, treatment and support that is intended to help them.

4.1 Patient Safety Improvement programme

IHG signed up to the 'Sign up to Safety' campaign in 2016 inspired by its aim to make the NHS the safest healthcare system in the world through continuous learning and improvement.

IHG has set five pledges to be met by 2019:

	Safety Pledge	Supporting statements
1	Put Safety First (Commit to reduce avoidable harm in the NHS by half and make public our locally developed goals and plans)	<ul style="list-style-type: none"> • Work collaboratively with our local commissioning groups and key stakeholders on quality initiatives intended to improve patient safety and reduce harm. Our first three- year improvement plan will focus on reducing rates of intra operative pain in Hernia repair. • Ensure that our 'patient centred' approach is embedded in everything we do • Actively promote a culture that is committed to continuous learning, improvement and focused on the reduction of harm • Maintain safe staffing levels, using nationally recognised staffing ratios • Publish our 'Sign up to safety' pledges on our website and regularly update with progress
2	Continually learn (Make our organisation more resilient to risks, by acting on the feedback from patients and staff and by constantly measuring and monitoring how safe our services are)	<ul style="list-style-type: none"> • Continually seek the view of patients / their family / carers and the public in the design, re-development and delivery of the services we provide. • Monitor the quality of our service through information obtained from early warning systems to identify areas of concern. • Monitor and regularly review serious incidents and complaints to identify any emerging trends and themes.
3	Honesty (Be transparent with people about our progress to tackle patient safety issues and support staff to be candid with patients and their families if something goes wrong)	<ul style="list-style-type: none"> • Provide a complaints service in line with NHS guidance and ensure that details of how to access the service is published on our website. • Actively promote the involvement of patients in decisions about their care and treatment. • Support our staff to promote a culture of openness and transparency • Support our staff to ensure the 'Duty of Candour' is fulfilled in a sensitive, honest and open way that allows patients / their families / carers to be involved in investigations as much as they wish
4	Collaborate (Take a lead role in supporting local collaborative learning, so that improvements are made across all the local services that patients use)	<ul style="list-style-type: none"> • Promote and support a culture of continuous learning and improvement to reduce harm. • Actively seek and share organisational learning from patient safety incidents and complaints with our local commissioning groups and key stakeholders.
5	Support (Help our people understand why things go wrong and how to put them right. Give them the time and support to improve and celebrate progress)	<ul style="list-style-type: none"> • Have an annual programme of quality visits to our centres, talking to staff and identifying and sharing examples of good practice • Celebrate success through shared learning and award programmes • Create an open culture where staff can raise concerns within the company.

4.2 Patient Safety Improvement programme progress

1. Put Safety First

What have we achieved:

- Developed an organisational dashboard to measure national/local performance indicators for both quality and performance
- Introduced a monthly Integrated Governance committee to monitor and assure the organisation on all quality aspects and help share learning

Future plans 2018/19:

- Set out the organisational quality priorities for 3 years by developing a Quality Strategy
- Strengthen the process for managing (including identifying lessons learned) organisational adverse events (including incidents, near misses, concerns and complaints)

2. Continually learn

What have we achieved:

- Regular review of patient feedback from Friends and Family and Patient Related Outcome Measures to deliver improvements to the care given to patients
- Developed a quarterly newsletter, titled "Quality Matters" to help deliver key quality/safety messages to organisational staff

Future plans 2018/19:

- Undertake investigations using root cause analysis sharing learning across the organisation
- Strengthen the process for analysing clinical audit data to help drive forward improvements to the services offered by IHG
- Develop a patient leaflet on how feedback can be provided on IHG services

3. Honesty

What have we achieved:

- Duty of Candour policy embedded and expectations adhered to for all serious or moderate incidents
- Integrated performance report developed to ensure reliable quality data is available to identify where improvements are required

Future plans 2018/19:

- Continue to review all incidents, comments and complaints with honesty and transparency
- Publish safety related performance information on our Organisation website

4. Collaboration

What have we achieved:

- Facilitation of CCG quality assurance visits, working with commissioners to ensure safe, high quality care

Future plans 2018/19:

- Introduce Always Events to the organisation
- Develop links with the local health care network to share learning

5. Support

What have we achieved:

- As per the 2017 staff survey, 90% of responders reported that the organisation takes action when errors/near misses or incidents are reported

Future plans 2018/19:

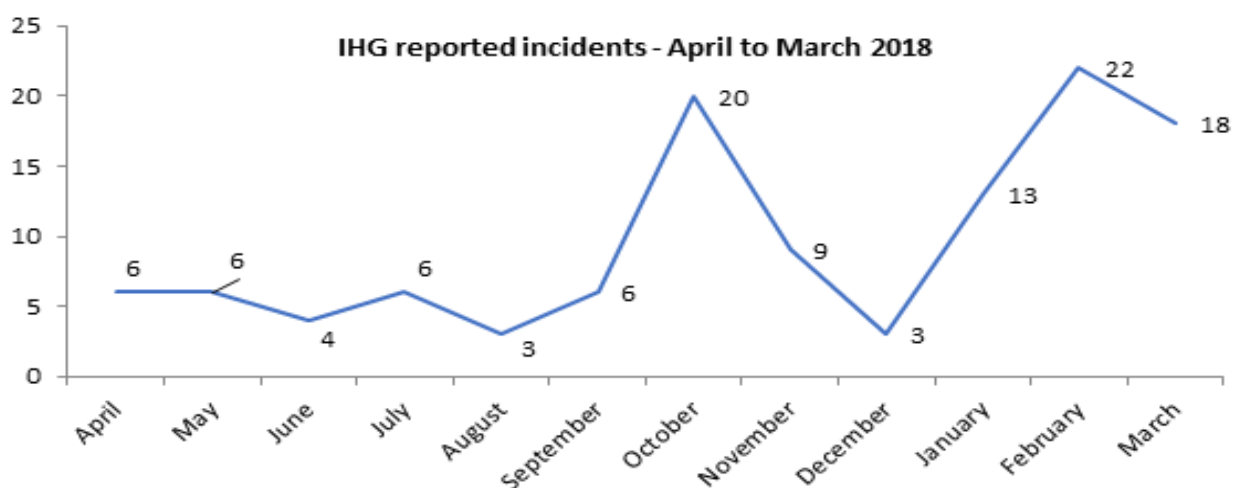
- Have an annual safety culture event to celebrate achievements in safety
- Develop and embed processes for systematic review of the quality and safety of the services we provide including Senior Management Quality Walk Rounds

4.3 Incidents and Serious Incidents

Independent Health Group (IHG) sees incident reporting as a fundamental tool of risk management, the aim of which is to collect information about incidents, including near misses and hazards. If incidents are not properly identified and managed, they result in risks remaining to the safety of patients, staff and visitors. IHG will ensure that incidents are managed so that the outcomes of such incidents provide a framework for learning across the organisation to the benefit of patients, staff and visitors.

IHG actively encourages the reporting of all incidents by members of staff and acknowledges that organisations that report higher numbers of no/low harm incidents are safer organisations. Towards the end of last year/beginning of this year IHG underwent a refresh of the incident reporting procedure to help improve the number of incidents being reported. This helps the Organisation manage patient safety and minimise the chances of harm affecting patients and staff. Incident reporting is important as it helps the Organisation:

- learn from incidents and near misses (whether we need to change our processes to improve patient safety)
- identify where we need to focus resources, such as training and finances
- measure performance against our aims to reduce harm from incidents
- understand gaps and vulnerabilities which can help populate risk registers



Throughout 2017/18, the Organisation reported:

- 117 incidents
- 2 Serious Incidents
- 0 never events

4.3.1 Serious Incidents

The purpose of identifying and investigating serious incidents, as with all incidents, is to understand what happened, learn and share lessons, and take action to reduce the risk of a recurrence. The decision that an event should be categorised as a serious incident is usually made by the Medical Director. The total number of serious incidents reported for the year was 2.

All serious incident investigations have robust action plans, which are implemented to reduce the risk of recurrence. Learning from the serious incidents reported in 2017/18 includes:

- Surgeon changing operative technique
- Better communication between IHG and manufacturers of equipment used by IHG

4.4 Duty of Candour

Being open and honest when things go wrong has been an integral part of incident management and patient safety culture development since the advent of the Being Open Framework developed by the National Patient Safety Agency in 2009. The reports by Robert Francis QC (2010 and 2013) and Professor Don Berwick (2013), following the events which took place at Mid Staffordshire NHS Foundation Trust, led to a statutory obligation for duty of candour (in 2014). Last year we reported that IHG had developed a policy to direct staffs' actions to ensure compliance with the Duty of Candour, which has been shared with all staff and expectations have been adhered to for all serious or moderate incidents

We know that this is an iterative process and in 2018/19 we will be further developing our communications and systems for being open for patients and families to be involved in investigations and solutions.

4.5 Infection Control

A key component of patient safety is preventing infection and managing any infections that occur. We understand that all infections impact on patients and their families in some way and as such preventing infections is a crucial part of all our care pathways. Infection prevention training is vital and plays a key part in our mandatory training programme for all staff. Current policies and standard operating procedures ensure a consistent approach to managing infection prevention strategies. Screening for MRSA is carried out according to Department of Health guidelines.

All patients are risk assessed for MRSA and all podiatric patients are screened prior to surgery, being the only group of patients we treat that require screening.

During 2017/18, IHG reported:

- Nil cases of acquired MRSA
- Nil cases of acquired MSSA
- Nil cases of Clostridium Difficile
- 17* surgical site infections

(* These are the 17 surgical site infections IHG are aware of. There is a possibility that patients could have developed an infection and been treated elsewhere such as their GP. IHG would not be aware of these infections)

	Infections	Procedures	%
Hand	3	904	0.33
Hernia	6	500	1.20
Podiatric	8	274	2.92
Vasectomy	0	641	0.00
Cataract	0	278	0.00
Totals	17	2597	0.65

The continued monitoring of hand hygiene techniques and environmental cleanliness through regular audit assures a high level of care is provided and maintained. Our hand hygiene audit scored 100% correct technique in all centres.



5. PATIENT EXPERIENCE

"I felt very well cared for—before, during and after the operation. Thank you to all the team"
Hernia Service

"Staff very friendly and welcoming. I felt I was in safe hands"
Podiatric Service

"Excellent care and attention very friendly and made me feel at ease"
Hand Service

"Very friendly and informative staff. The whole process was quick, pain free and professional"
Vasectomy Service

"Everyone very helpful and friendly. Felt confident and relaxed in surgeons hands"
Cataract Service

Our most important guiding principle is patients always come first and wherever possible all patients are seen by the same clinician at every appointment. This makes Independent Health Group stand out amongst other NHS providers in the quality of care we deliver and we believe this is reflected not just in the our Friends and Family feedback but in what patients say about us in their own words.



5.1 Friends and Family

In 2017/18 we asked all patients having surgery the question "How likely are you to recommend our service to friends and family if the needed similar care or treatment?". Overall, IHG undertook 2597 procedures during 2017/18 and received feedback from 1899 (73%) of which 99.84% of patients reported they would be extremely likely or likely to recommend the Independent Health Group to friends and family if they needed similar care or treatment

FFT Would Recommend (April 2017 - March 2018)

Overall, 99.89% of patients reported they would be extremely likely or likely to recommend the Independent Health Group to friends and family if they needed similar care or treatment (see table/graph below):

	Extremely likely	Likely	Neither likely or unlikely	Unlikely	Extremely Unlikely	Unsure	TOTAL
April 17	108	3	0	0	0	0	111
May 17	153	3	0	0	0	0	156
June 17	154	3	0	0	0	0	157
July 17	173	3	0	0	0	0	176
Aug 17	116	4	1	0	0	0	121
Sept 17	204	2	0	0	0	0	206
Oct 17	184	8	1	0	1	0	193
Nov 17	159	6	0	0	0	0	165
Dec 17	157	3	0	0	0	0	160
Jan 18	156	4	0	0	0	0	160
Feb 18	158	6	0	0	0	0	164
Mar 18	125	4	0	0	0	0	129

“Everybody has been so reassuring all the way through. I’ve had no concerns at all. Timescales are fantastic, really quick”

Hand Service

“Excellent service throughout. A very friendly, thorough and efficient team. Very well informed and looked after. Many thanks

Podiatric Service

“A very welcoming and proficient team, at every stage, from consultation to operation and Post - Op explanations sessions most friendly and efficient”

Hernia Service

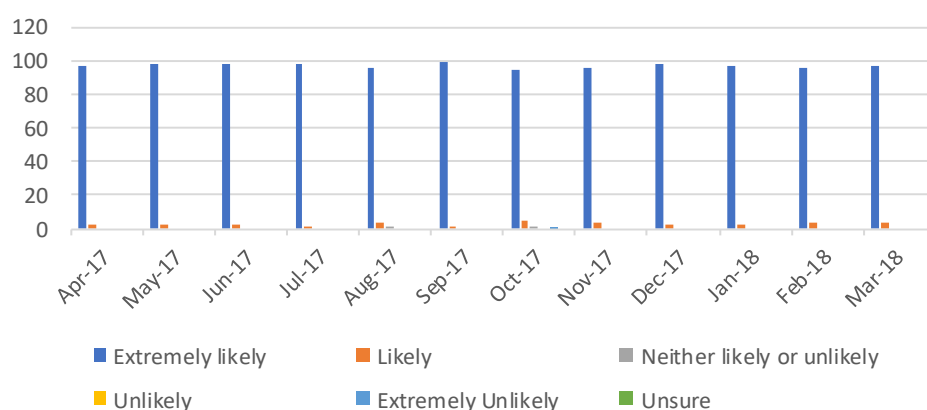
“Very friendly. Information was straight forward and easy to understand. Surgery was quick and pain free”

Vasectomy Service

“Very smooth and comfortable procedure. Staff friendly and very reassuring. Much appreciated.”

Cataract Service

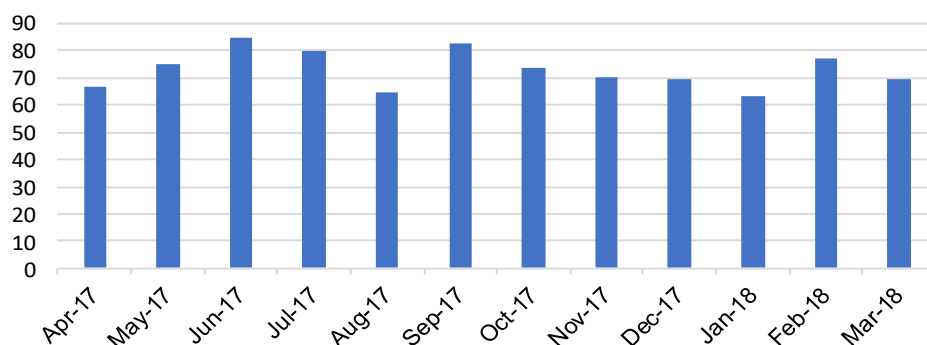
Friends and Family Test (April 2017 - March 2018)



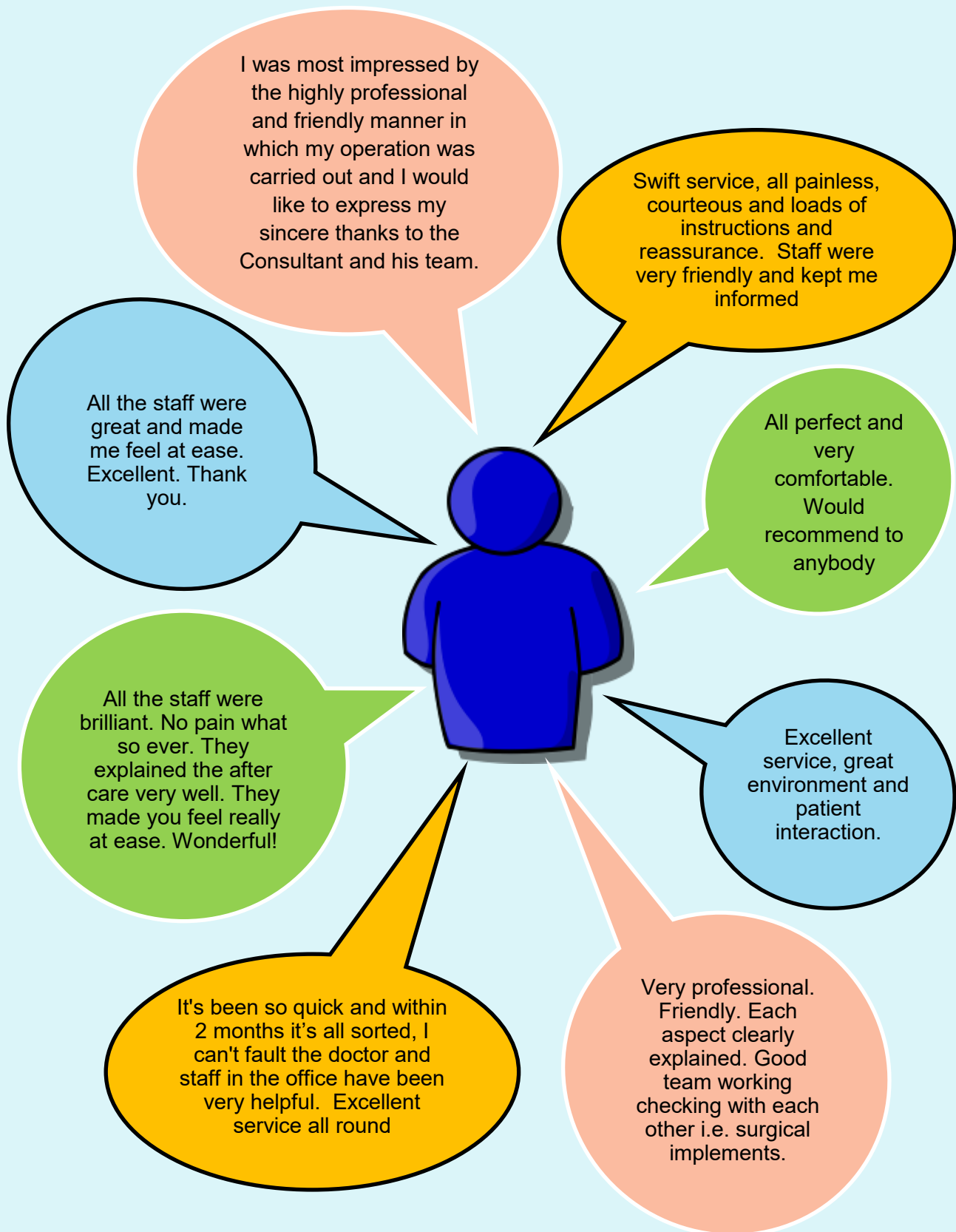
FFT Response Rate (April 2017 – March 2018)

	Number of Procedures	Friends and Family cards returned	Response rate
April 2017	166	111	66.87%
May 2017	208	156	75.00%
June 2017	186	157	84.41%
July 2017	221	176	79.64%
August 2017	187	121	64.71%
September 2017	249	206	82.73%
October 2017	263	193	73.38%
November 2017	236	165	69.92%
December 2017	231	160	69.26%
January 2018	252	160	63.49%
February 2018	213	164	76.99%
March 2018	185	129	69.73%

FFT Response Rate (%)
April 2017 to March 2018



5.2 Friends and Family feedback



5.3 Complaints

A complaint is described in the IHG Complaint Policy as ‘an expression of dissatisfaction requiring a response, communicated verbally, electronically, or in writing’. Complaints are important to IHG as they can act as an early indicator that a system is not functioning effectively and can provide valuable insight into where service improvements may be required.

In responding to complaints, IHG aims to remedy the situation as quickly as possible and ensure the individual is satisfied with the response. It is important that individuals feel that they have been fairly listened to, treated with respect and any issues raised have been satisfactorily resolved within agreed timescales.

The Organisation received a total of 5 formal complaints for 2017/18 (Table 1).

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Complaints	0	0	0	0	1	2	1	0	0	0	0	1

- 100% responded to within agreed timescale with complainant
- 0 complaints referred to the Ombudsman for further resolution

5.3.1 Complaints Future development

IHG will continue to be proactive in its management of complaints. IHG aim for 2018/19 is to further improve the complaint process and management by:

- Maintain response rate of 100% for complainants that receive their responses within the agree timeframes
- Continue negotiating the method by which the complaint will be handled and responded with the complainant during the acknowledgement process. Options to resolve these complaints may include: Resolution meeting, Telephone conversation with a senior member of staff or written letter.
- Implement a proactive process in managing and responding to patients/families concerns, including:
 - ◊ Nurse in charge to approach families during recovery to ensure they have no concerns and address any queries they may have

5.4 Patient Related Outcome Measure's (PROMS)

The Quality and Governance Manager continues to monitor PROMs (Patient Reported Outcome Measures) for each specialty. All forms are logged internally and actions are taken in response to patients comments where necessary. This can include investigating the feedback given by patients where this relates to dissatisfaction with the service, arranging a further follow up appointment or liaison with the patients GP.

Each specialty meets on a quarterly basis for a Clinical Review Meeting where patient feedback received through PROMs is discussed.

6. CLINICAL EFFECTIVENESS

6.1 Clinical Audit

Each month there are a number of mandatory audits that are required to be undertaken by each department, organisation wide. When carried out in accordance with best practice standards, clinical audit provides assurance of compliance with clinical standards, identifies and minimises risk, waste and inefficiencies and improves the quality of care and patient outcomes.

Each clinical site within the Independent Health Group are responsible for completing the set audits. All collated data is submitted to the Quality and Governance Team. The data is then reviewed and shared within the Integrated Governance meeting as well as all sub-committees. Should the audits reveal a low compliance rate within a department, actions are assigned and monitored within the relevant committee meetings to ensure that best practice is followed at all times.

7. PERFORMANCE AGAINST ACCESS STANDARDS

7.1 Access to services

All patients have access to our services, in line with our Access Policy, to ensure a fair and equitable approach for any patient. Patients can choose appointment times with flexibility to suit them via the choose and book service, if patients would like to change their appointment they are able to call our Patient Administration Centre who will rebook a convenient time via the e-referral service.

We have guidelines to support the care of adult patients with dementia and patients who may be autistic or who are on the autistic spectrum. Waiting times are monitored weekly to ensure they remain within our KPI's and contractual obligations and we hold a short notice cancellation list for any patients who would like an earlier appointment. We always treat patients within the 18- week referral to treatment time frame and usually treat patients within nine weeks from referral.

Statement from Wiltshire Clinical Commissioning Group and Swindon Clinical Commissioning Group on Independent Health Group Quality Account 2017-2018

NHS Wiltshire Clinical Commissioning Group (WCCG) has reviewed Independent Health Group's (IHG) Quality Account 2017-2018. In doing so, WCCG has reviewed the Account collaboratively with NHS Swindon CCG in line with the contractual coordinating commissioner arrangement, utilising key intelligence indicators and the assurances sought and given in the quarterly Contract Review Meetings attended by IHG and Commissioners. The CCG supports IHG's identified quality priorities for 2018-19. To the best of our knowledge, the report appears to be factually correct.

It is the view of the CCGs that the Quality Account reflects IHG's on-going commitment to quality improvement and addressing key issues in a focused and innovative way, as well as utilising the nationally set CQUIN schemes to support the achievement of many of the 2017-18 quality priorities.

IHG's priorities for 2017-18 have outlined achievements in 7 specific areas, such as; reduction in surgical site infections, improved access to clinical information, and implementation and achievement in line with the agreed national CQUINs. The CCGs welcome the quality priorities for 2018-19, which will drive and improve IT systems, further develop staff engagement and, improve incident reporting to enhance learning, which WCCG recognises and supports in consideration of the Serious Incidents which IHG reported for Wiltshire patients during 2017-18. Additionally, IHG will also continue to work on their five 'Sign up to Safety' safety pledges which the CCGs fully support.

The CCGs welcome the continued focus on improving patients' experience; and in particular the principle that patients always come first.

In future Quality Accounts, the CCGs would welcome local updates of specific outcomes and improvement made from areas such as; audits in relation to IHG's local audit programme for 2018-19.

Wiltshire CCG is committed to ensuring collaborative working with IHG to achieve continuous improvement for patients in both their experience of care and outcomes. The CCGs look forward to working with IHG on the 2018-19 local STP CQUIN which focuses on 'Always Events'.

Yours sincerely



Linda Prosser
Interim Chief Officer
NHS Wiltshire Clinical Commissioning Group

13th June 2018

Steven Kibble
Head of Quality and Governance
Independent Health Group Ltd
Bath Business Park
Peasedown St John
Bath
BA2 8SG

Dear Steven,

Quality Accounts 2017/18 for the Independent Health Group

NHS Bath and North East Somerset Clinical Commissioning Group (CCG) welcome the opportunity to review and respond to the Quality Accounts for 2017/18 for the Independent Health Group (IHG).

The CCG has reviewed the information provided by IHG in its 2017/18 Quality Account and as far as we have been able to check the factual details, our view is that the Quality Account is materially accurate.

The CCG is pleased to note the progress made against last year's seven quality priorities. Achievements include: successfully introducing an electronic ordering system so that all orders and receipt of test results are electronic and reducing the incidence of post-operative surgical site infections. Through the quality contract meetings in 2018/19 commissioners welcome the continued monitoring of Priority 2 – 'Improving, by reduction, the level of pain experienced by patients following hernia repair surgery' as the 2017/18 results have shown a 2% decrease of pain experienced by patients.

The CCG acknowledges the quality priorities planned for 2018/19. However, there is limited information provided within the Quality Accounts on how these will be achieved in 2018/19 and commissioners look forward to supporting the organisation in developing more definitive measures of what success will look like for these priority areas.

The National NHS Contract and Commissioning for Quality and Innovation (CQUIN) scheme provides us with additional processes and evidence that quality improvements are made. For 2017/18, IHG signed up to the locally agreed improvement scheme on 'Staff Health and Wellbeing' and implemented the national scheme on 'Preventing Ill Health by Risky Behaviours - Tobacco and Alcohol'. As outlined in the quality priorities, IHG have completed the Wellbeing Charter and made positive changes to further support the health and wellbeing of their workforce. IHG have also focussed on engaging with patients on their health and wellbeing through offering brief advice and information to patients on the use of tobacco and alcohol as part of the national CQUIN requirements. The CCG recognises the work undertaken with the CQUIN schemes for 2017-18 and we would welcome the inclusion of the overall outcome of the CQUINs in the Quality Account.

Clinical Chair: Dr Ian Orpen | Chief Officer: Tracey Cox
St Martin's Hospital, Clara Cross Lane, Bath BA2 5RP | Tel: 01225 831800 | Fax: 01225 840407 | www.banesccg.nhs.uk

IHG have continued their commitment to patient safety by being involved with the patient safety improvement programme. We recognise that further initiatives are planned for 2018/19 and we welcome the development of a quality strategy and introducing Always Events. Throughout the year, IHG have also strengthened their patient safety culture by refreshing their incident reporting procedure and this has supported the increase in the number of incidents being reported.

The CCG notes and commends IHG on the focus on infection prevention and control and for reporting no cases of acquired MRSA bacteraemia, Clostridium Difficile or MSSA during 2017/18.

The CCG recognises IHG's commitment to working in partnership with commissioners, the public and other key stakeholders to ensure the on-going safe provision of high quality services and we look forward to again working the organisation in the forthcoming year.

Yours sincerely,

Lisa Harvey



Director of Nursing and Quality
NHS Bath and North East Somerset Clinical Commissioning Group

cc Tracey Cox, Chief Officer, BaNES CCG

Healthwatch Wiltshire and Healthwatch Gloucestershire's joint response to Independent Health Group's 2017/18 Quality Account

This statement is provided on behalf of Healthwatch Wiltshire and Healthwatch Gloucestershire. The role of Healthwatch is to promote the voice of patients and the wider public in respect to health and social care services and we are pleased to have had the opportunity to review the Quality Accounts for 2017/18 for the Independent Health Group.

It is notable that the Independent Health Group's values are to provide NHS care of the highest quality, where patients come first. We are pleased that the Independent Health Group signed up to the 'Sign up to Safety' campaign in 2016 and have made a commitment to ensure that a patient centred approach is embedded in everything that they do by continually seeking the views of patients, their family, carers and the public in the design, re-development and delivery of the services they provide.

We are pleased to see that the Independent Health Group has made significant progress in 6 of the 7 quality improvement areas that they had identified, particularly in the area of infection rates post vasectomy and podiatric surgery which are now in line with the national average. It is also good to see that they are starting to see a decrease in the pain experienced at home following hernia surgery and that the Quality and Governance team will continue to monitor this priority area and undertake a repeat audit. It is important that patient feedback is taken seriously by Independent Health Group and that they use this feedback to improve the service.

In line with the 'Preventing Ill Health by Risky Behaviours' CQUIN (2017-19) we are pleased to see that Independent Health Group will continue to screen, support and provide further information to all patients in relation to reducing/stopping the usage of both tobacco and alcohol.

It is encouraging that Independent Health Group have identified that working in partnership with patients, carers and families in order to meet their needs and understand what concerns them the most will support the organisation to further develop its responsiveness and care provision. The planned introduction of a patient focus group in addition to the other methods of seeking feedback will strengthen Independent Health Group's commitment to 'putting patients first'.

Healthwatch Gloucestershire and Healthwatch Wiltshire look forward to developing the relationship with IHG over the coming year and supporting them to ensure that the experience of patients, their families and carers are heard in order to inform service improvement.

Comments from Healthwatch Swindon

Healthwatch Swindon welcome the opportunity to comment on the Independent Health Group's quality account for 2017/18. We exist to promote the voice of patients and the wider public with respect to health and social care services.

We are pleased to see the progress you have made across the seven quality priority areas identified in 2016/17. We look forward to monitoring the progress and improvements that you make in areas where you have not fully met the priority/standard expected.

Receiving feedback from patients, carers and family members is vital and we are pleased to see that you have various ways to gather this. You have the Friends and Family test which demonstrates a high rate of satisfaction. We encourage you to continue to seek feedback and act on suggestions made.

It would be good to gain a more rounded view from people who use your services. We would encourage people using your services to get in touch with their local Healthwatch to share views and experiences and help shape future care.

Healthwatch Swindon look forward to working with the Independent Health Group over the coming year to ensure that the experiences of patients, their families and carers are heard and all feedback is listened to and they have the opportunity to influence positive change and improve people's experiences of services received.

Healthwatch Swindon

June 2018



INDEPENDENT
HEALTH GROUP

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