



Providing NHS care of the highest quality

Independent Health Group Quality Account April 2018/19

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INTRODUCTION

Welcome to the 2018/19 Independent Health Group Quality Account

This Annual Quality Account for Independent Health Group is compiled from data for the period 1st April 2018 to 31st March 2019. This Report has been produced by the Head of Quality and Governance with the support of the Senior Management Team. It also draws information that has been gathered in the production of other annual reports and audits.

Within this document, you will find an update on last year's quality priorities, as well as the priority areas for 2019-20.

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 which is reflected in our core values which are:

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, taking 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

- Excellence is our primary goal
- Clinical Governance and improvement are an important part of our strategy, to ensure we continuously look for better ways of providing the services and care that we do.
- Audit and feedback allow assessment and implementation of better services for our patients, more efficient ways of working and communicate more effectively both internally and externally.
- Our clinical staff are appointed for their record of excellence in patient care

Value 3 – Teamwork underpins all we achieve

- Teamwork is recognized across Independent Health Group as being essential to excellent patient care
- We value the contribution of everyone who works in Independent Health Group
- We actively promote a culture of value, respect and recognition within the team
- We recognize the importance of clear and timely two-way communication and collaboration both internally and with our stakeholders.

Independent Health Group has grown and diversified extensively over the last 12 years and this year we celebrated the 1st anniversary of our move into our new head office in the Office Village, Peasedown St John. This has allowed us to consolidate our administration and business functions and expand our clinical operations and facilities.

Over the last year Independent Health Group has provided procedures under five clinical specialities, which are:

- hernia repair surgery
- podiatric surgery
- vasectomy
- cataract surgery
- minor hand surgery

The centres where we provided our range of procedures can be found at the following locations:

- Chippenham
- Westbury
- Swindon
- Gloucester
- Newton Abbott
- Salisbury
- Leicester
- Bristol (now closed)
- Reading (now closed)

We were funded by the following organisations:

- NHS BANES
- Leicester, Leicestershire and Rutland Provider Company Limited
- NHS South Devon and Torbay
- NHS Swindon
- NHS Wiltshire
- NHS Berkshire West
- NHS Berkshire East
- NHS Oxfordshire



PART 1: STATEMENT OF ASSURANCE BY THE CHIEF EXECUTIVE AND THE HEAD OF NURSING, OPERATIONS AND REGISTERED CQC MANAGER

1.1 Chief Executive

This past year the NHS had its 70th Birthday and we were delighted in this year of celebration that we were invited to take part in showcasing our work at The Parliamentary Review (<https://www.theparliamentaryreview.co.uk/organisations/independent-health-group>).

All the team at Independent Health Group are proud to be part of the NHS 'family' and a trusted provider of high-quality NHS services. This past year has seen Independent Health Group mature as a growing healthcare organisation. I am proud of the excellent care and treatment we provide to our patients and of every member of our great team.

As part of our strategy, and in line with our values as an organisation Independent Health Group has set out our ambitions for the year and what we would like to achieve in response to the ever-changing environment of healthcare, and in particular surgical service provision. This is partly reflected in our priorities for improvement in Part 2 of this report.

Our strategy for 2019-20 concentrates on the following three key areas:

1. Sustainability and growth

Identify and deliver an increased range of services, premises and partners through which to deliver sustainability in the company.

2. Stakeholder engagement and communication

Identify, analyse and plan actions to communicate with and influence stakeholders; and allow Independent Health Group to be informed and able to respond to changing customer need.

3. Delivering high quality care through continuous improvement and compliance.

High quality care is effective, safe and ensures a positive patient experience.



Independent Health Group will put quality at the heart of everything we do, and our aim will be to create a culture of continuous improvement and learning which is patient-centred, evidence based and safety-focused.

Dr Matthew Wordsworth MBChB MRCOG
Chief Executive/Medical Director

1.2 Head of Nursing, Operations and Registered CQC Manager

I'm really proud to work for Independent Health Group an organisation that really lives its values by:

- Putting patients at the heart of what we do
- Always striving to do things better
- Working as a great team to deliver great outcomes

We continue to review our patient experience and outcomes to a level of detail that assures me and the Senior management Team that every patient matters to us.

We've had some great feedback from clinicians this year about how we monitor our clinical outcomes (please see quote below):

'It is very helpful to be able to see accurate information and feedback about outcomes.

This is something Independent Health Group does better than any other organisation that I am involved with. I enjoy working with the excellent team at Independent Health Group, I believe that we offer an excellent service to patients''



Our patient's experience continues to be excellent and when things don't quite go to plan, we are quick to act in the patient's best interest and learn from what has occurred.

Claire Damen
Head of Nursing, Operations, and Registered CQC Manager

PART 2: PRIORITIES FOR SERVICE QUALITY IMPROVEMENT AND STATEMENTS OF ASSURANCE FROM THE SENIOR MANAGEMENT TEAM

2.1 Priorities for Service Quality Improvement 2018/19

2.1.1 Quality within the Organisation

At the heart of care and services Independent Health Group provides are our values which underpin the care patients have access to and receive. We have a well-deserved reputation for high quality, patient centred care and a determination to place the patient at the centre of our decision making and service planning. Performance against this aim is monitored and reviewed on a regular basis not only at Senior Management Team level but throughout the organisation. With this in mind, the following tables set out our achievements on the priorities set in the last financial year and look forward to the priorities for clinical quality improvements in the coming financial year, why they have been identified and how they will be achieved, monitored and reported. They span the key areas of *Patient Safety, Clinical Effectiveness, Patient Experience and Staff Wellbeing*.

2.1.2 Achievements on Priorities for Improvement for 2018/19

Twelve months ago, at the start of 2018/19 as part of our 2017/18 Quality account and annual review, Independent Health Group identified 4 new priorities and extended the remit of a 5th priority from 2017/18 where improvements were still required. A progress report is set out in the table below, which includes an overall 'RAG' rating of the extent to which the identified priorities have been achieved.

Priority Area	Achievements to date	RAG Rating
Priority 1 - Patient experience Improving by reduction the level of pain experience by patients following hernia Repair surgery	This priority was carried on from the 2017/18 report. Independent Health Group actively reviews and records the level of pain experienced by our Hernia patients at various points throughout the surgery and post operatively. Reduction in post-operative pain continued to be a priority in 2018/19 and implementation of strategies to enable this including the continued review of post-operative analgesia data by the quarterly Hernia Clinical Review meeting and improvements in communications with patients regarding analgesia has led to the reduction in post-operative pain with less than 2% of Hernia Patients advising that their levels of pain at home are not acceptable. While we will continue to look to make further improvements in this area as part of our standard on-going review processes the priority has now been achieved.	Green
Priority 2 – Information Technology – Safe Care To drive more efficient and effective IT processes and	During 2018/19 the following areas and achievements have been identified as helping to meet the priorities for Information Technology – Safe Care: <ul style="list-style-type: none"> Develop a robust services-based enterprise architecture to increase the agility of Independent Health Group IT Systems During 2018/19 Independent Health Group have reviewed and implemented our IT Strategy to reflect our 	Green

<p>systems for our staff to help deliver excellent care for our patients</p>	<p>aims for a safe and secure IT environment for our patients and staff. We employ ‘Best of Breed’ IT solutions ratified by NHS Digital. Our data network is fully managed by an NHS accredited Aggregator who is responsible for securing our DSCN(N3) network connections and is ISO27001 certified.</p> <ul style="list-style-type: none"> Identify and manage the adoption of innovative technologies whilst ensuring we control both delivery and reputational risk We have implemented technology that both improves secure access to all systems whilst making the systems easily available in many environments ensuring that Information Governance and Data Protection is always to the fore. Develop an Independent Health Group Information Technology Steering Group (ITSG) to implement the Business Strategy Agenda Independent Health Group have implemented an ITSG which is tasked with ensuring that we use the best quality systems and process to make good efficient use of our IT infrastructure Develop Key Performance Indicators (KPI’s) with core systems and applications providers, to allow Independent Health Group a mechanism for monitoring compliance. This will be reported to the ITSG. All IT providers to Independent Health Group are governed by SLA’s with strict KPI’s that are reviewed on a regular basis as the ITSG meets 	
<p>Priority 3 – Staff engagement Improve the mechanisms for staff engagement, specifically around regular planned communications and involving staff members in decisions that impact on their work</p>	<p>During the reporting period we have introduced a regular staff newsletter to update staff on organisation and team news. Overall staff engagement as measured in the NHS staff survey remains high at 8.3/10. Considerable improvements have been seen around involving staff in decisions:</p> <ul style="list-style-type: none"> 83% of staff agreed they were involved in deciding on changes introduced in their area – this is an 18%-point improvement on the previous year’s results. 90% of staff agree their team often meets to discuss the team’s effectiveness (a 19%-point improvement) 83% agree they are asked for their opinion before decisions are made that affect their work (28% point improvement) <p>Our communication between senior managers and staff has also improved with:</p> <ul style="list-style-type: none"> 60% of staff believe it is effective (up from 35% last year). 	<p>Green</p>

	<ul style="list-style-type: none"> • 60% of staff agree that senior managers try to involve staff in important decisions. • We have also reduced the negative response to both questions from 24% to 13% and from 35% to 10% respectively. 	
Priority 4 – Patient Engagement Deliver what matters most, work in partnership with patients, carers and families to meet all their needs and understand what concerns them most	<p>During the reporting period, Independent Health Group has continued to seek feedback from our patients in order to identify areas of improvement. In order to achieve this, Independent Health Group have:</p> <ul style="list-style-type: none"> • Reviewed current feedback mechanisms. • Implemented a patient experience questionnaire (as part of the Always Event CQUIN 2018-19 – (fully achieved) in order to actively monitor patient information provided throughout the patient’s pathway. • Revised and re-issued the Hernia Patient Information Leaflet. • Patient feedback reviewed on a weekly basis by the Quality and Governance Team who actively engage with patients in order to gain further assurance regarding the quality of care being offered to our patients and to address any concerns raised. <p>Independent Health Group actively engaged with service users in order to set up a focus group to identify service improvements. The overwhelming feedback from service users was that the overall experience was extremely positive, and they had no constructive suggestions for further improvements. Therefore, the decision was made to postpone the set-up of a patient focus group.</p>	Green
Priority 5 – Patient Safety Increase the reporting of incidents and learning from reports	<p>During the reporting period, in order to increase the reporting of incidents and shared learning, Independent Health Group have implemented the following:</p> <ul style="list-style-type: none"> • All clinical and non-clinical staff have received support and guidance in order to identify and report patient safety related incidents. • All administrative and clinical concerns are raised and openly discussed within team meetings which has also led to a greater understanding of reporting requirements. • A number of quality improvements projects have been undertaken within 2018/19 in relation to reported incidents. These included : <ul style="list-style-type: none"> ➢ A review of and improvement to emergency response and resuscitation standards, ➢ A review of and improvement to infection prevention and control practices, ➢ A review of and improvement to information technology support at all sites. 	Green

	<ul style="list-style-type: none"> ➤ A review of and improvement to induction of Consultant staff. • Incident reporting is discussed within departmental team meetings, Clinical Review Specialty Meetings and the Integrated Governance and Risk Management committee (IGC) meeting. • The total number of incidents (including category and theme) is reported on within the monthly Integrated Performance Report and reviewed by the IGC committee as well as being shared with all staff. • During 2018/19, Independent Health Group have seen an increase of reported incidents of 265% compared to 2017/18 despite no associated increase of clinical activity. 	
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Summary:

The Independent Health Group has actively monitored all quality priorities throughout the reporting year of 2018/19. Independent Health Group are extremely proud of their achievement and will continue to drive quality ensuring our patients receive the very best of care.

2.1.3 Quality Priorities for 2019/20

Independent Health Group Senior Management Team has reviewed the quality of the services delivered in 2018/19 and the targets set out in our annual strategy document and have identified 5 areas of care or enablers of quality care that it wishes to focus quality improvement activities on in the coming year for the benefit of patients using the services.

Priority	Rationale	Measurements
Priority 1 – Clinical Effectiveness To ensure that Internal reporting for outcome measurements across all specialties are analysed to identify areas of improvement	Outcome measures provide a valuable benchmark to the effective provision of services. Independent Health Group has identified that there is a need for more analysis of our results against these standards in order to identify improvement priorities for the year ahead.	The following data submissions will be used as part of the analysis of our clinical effectiveness: <ul style="list-style-type: none"> • Podiatry – PASCOM (MOX/PSQ10) • Hernia - Patient satisfaction questionnaire • Cataract - CATPROM5 (launch) • Hand Surgery – ASPC patient satisfaction questionnaire • Vasectomies – ASPC patient satisfaction questionnaire It is envisaged that we will be able to show that we are showing a comparable standard of care to other similar providers as well as improvements in Independent Health Group outcome scores.

<p>Priority 2 – Patient feedback To use patient feedback to influence patient care & service improvements</p>	<p>Patient feedback is a useful indicator for service provision and it has been identified that Independent Health Group needs to more fully incorporate this into our practice and use it to inform governance and strategy discussions including providing assurance that we meet the needs of all patients.</p>	<p>The following measurements will be used/introduced:</p> <ul style="list-style-type: none"> ● Friends and Family Test ● Patient Feedback - patient satisfaction questionnaires (all specialties) ● Clinical Review Meetings - evidence improvements (all specialties) ● SMT Walkabout - Feedback following site visits <p>Analysis of these measurements will be used to provide evidence at the Integrated Governance and Risk Management Committee meeting to demonstrate improvement in care / service provision.</p>
<p>Priority 3 – Staff Engagement To improve the annual performance and development review process to support staff engagement and continuous learning</p>	<p>Staff engagement is a key driver of patient care. We will improve the performance development and review process to ensure staff find it more valuable and rewarding, opportunities for learning and development are identified and staff understand and align to the Organisational values.</p>	<p>We will seek an improvement in the response to staff survey questions 19 a – g as measured by an improvement in the consolidated Theme score for Quality of Appraisal to <7 (out of 10) and question 20 (undertaken learning and development activity in last 12 months) Overall performance and development review completion rate (target >90%)</p>
<p>Priority 4 – Patient safety and Staff Wellbeing To meet the NHS CQUIN for 2019/20 of all NHS providers with frontline staff having 60-80% uptake of the flu vaccine.</p>	<p>The National CQUIN states: Staff flu vaccinations are a crucial lever for reducing the spread of flu during winter months, where it can have a significant impact on the health of patients, staff, their families and the overall safe running of NHS services.</p>	<p>This will be actively monitored and measured by the Head of Nursing and Quality and Governance Team.</p>
<p>Priority 5 –Patient Safety Continue to drive reporting culture and share the learning from incidents.</p>	<p>Independent Health Group has identified that the incident reporting and analysis system needs improvement and will review the current process in order to improve the quality of reported incidents ensuring learning in disseminated within the clinical and administrative teams.</p>	<p>Measurement of the number of open/closed incidents will be compared to previous years data. Themes will be discussed at all relevant committee meetings. Communication regarding reported incidents and the learning will be included in the staff newsletter.</p>

2.2 Operational Statements of Assurance from the Senior Management Team

2.2.1 Review of Services

During the reporting period Independent Health Group provided relevant health services via the five clinical specialties. Independent Health Group has reviewed all the data available to gain assurance of the care provided. The quality of the care provided is addressed in part 3 of this report.

In terms of activity the table in [Appendix 1](#) provides details of the numbers of patients seen at various stages of the patient care pathway.

In 2018/19 there have been 3669 patient referrals. A breakdown of the CCG referral numbers can be seen in [Appendix 2](#).

During 2018/19 for patients who underwent an initial consultation (2807) there was an average of 2.5 direct face to face patient episode contacts per patient, this does not include telephone contacts at referral and as part of the follow up process.

Performance is a vital area of audit in assuring that the organisation that it is meeting the relevant standards as set out not only in contracts but under the legislation underpinning health care services. Independent Health Group monitors a number of areas of performance (see [appendix 3](#)) these include:

- **Refer to Treat Standards** - In England, under the [NHS Constitution](#), patients 'have the right to access certain services commissioned by NHS bodies within maximum waiting times, or for the NHS to take all reasonable steps to offer a range of suitable alternative providers if this is not possible'.
With regard to the referrals received by Independent Health Group which are classed as non-urgent the maximum waiting time is 18 weeks from the day the appointment is booked through the NHS e-Referral Service, or when Independent Health Group received the referral letter. As part of Independent Health Group's commitment to meeting this standard during 2018/19 Independent Health Group ensured that the referral and booking processes were as efficient as possible and this enabled us to consistently meet the RTT standard (set at 92% or above).
- **Out Patient clinic letters** - To support care integration, under the NHS standard contract the requirements for the production and transmission to GPs of letters (where clinically required) following clinic attendance is 7 days there is also a new requirement for electronic transmission of clinic letters, as structured messages using standardised clinical headings, which took effect from 1 October 2018. Under the first standard Independent Health Group has performed well with 100% of letters going out within 7 days. With regard to the use of standardised clinical headings and electronic transmission of letters, Independent Health Group is conforming to this process. Our clinic letters are sent electronically to S1 practices and via NHS.net email to others. We do currently audit against these standards. Independent Health Group is looking at technology that could support a more efficient electronic transmission of letters to non S1 practices.
- **Discharge Summaries** - The [Professional Record Standards Body \(PRSB\)](#) has published the [PRSB Standards for the Structure and Content of Health and Care Records](#). The PRSB standards have been updated to reflect current professional practice and incorporate new or changed structured content resulting from the development of detailed transfer of care standards. They reflect what information is essential to share in order to provide timely, high-quality care efficiently that is well-coordinated and meets an individual's needs. The NHS Contract requirements on Transfer of Care

documentation place a key requirement on the provider to issue a Discharge Summary to the patient's GP within 24 hours. This came into effect on the 1st October 2018 and during the whole of the reporting period for Independent Health Group this was at 95.55%.

- **Cancellation of operations due to non-clinical reasons** - The standard set by [NHS England](#) with regard to cancellation of an operating procedure is that “when a patient's operation is cancelled by the hospital at the last minute for non-clinical reasons, the hospital will have to offer another binding date within a maximum of the next 28 days or fund the patient's treatment at the time and hospital of the patient's choice.” During 2018/19 there were 30 patients cancelled and all received a date with the 28 days. Therefore, Independent Health Group has met this standard by 100%.
- **Diagnostic test waiting times** – Under the [NHS constitution](#) (see handbook pg.33) the standard for waiting times for diagnostic tests is set at 6 weeks from referral. During 2018/19 Independent Health Group achieved a 100% for all patients who required diagnostic testing, this was specifically for nerve conduction testing.

As well as the performance based on activity there are a number of audits undertaken to ascertain and assess the quality of the services provided. These form part of the annual quality schedule and are detailed in part 3 of this report, audits are discussed regularly as part of the governance framework and scheduled monthly meetings.

2.2.2 Funding of Services

From the income generated from the contracting of services to the NHS in 2018/19, 100% of this has been spent by Independent Health Group in providing those NHS services.

Independent Health Group is a leading provider of high quality surgical and diagnostic services for the NHS, conveniently located in communities rather than hospitals and with a patient first approach. Independent Health Group is funded from contracts with NHS CCG's and other organisations and is based on the services provided for those patients who are referred for assessment and the surgical treatments that Independent Health Group offer as a provider. Payments are based on national and local tariffs

Table of CCG's and number of patients referred during 2018 can be seen in [Appendix 2](#).

2.2.3 CQUIN Framework

A proportion of Independent Health Group income in 2018/19 was conditional upon achieving quality improvement and innovation goals agreed between Independent Health Group and Wiltshire Clinical Commissioning Group (CCG), through the Commissioning for Quality and Innovation payment framework. The CQUIN goals agreed to reflect national priorities was around Always Event and this was fully achieved.

2.2.4 Participation in Clinical Audits

During 2018/19 Independent Health Group was ineligible to participate in the national clinical audit and national confidential enquiries. This is because there were none that related to community surgical service provision. Historically, Independent Health Group participated in Hernia Patient Reported Outcome Measures (PROMS), but these were discontinued in 2017.

2.2.5 Commitment to Research

Audit is integral to quality and as part of our commitment to research Independent Health Group continue to monitor PROMs for each specialty. The data is reviewed by the Medical

Director and actions taken in response to patient’s comments where necessary. Please see [section 3.3.3](#) for further detail.

2.2.6 NHS Staff Survey

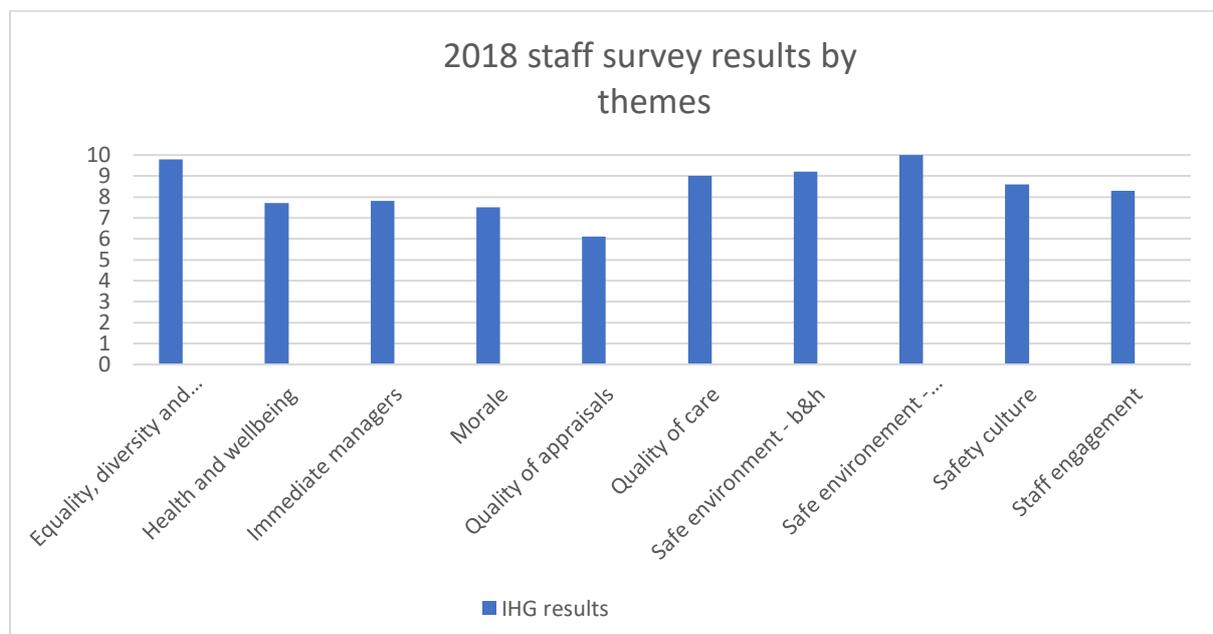
We completed the survey in the autumn. The survey comprised 85 questions grouped into topics, and our response rate was 77%.

We compared our results to our results last year, and results for other organisations providing NHS services, and have shared the results with staff through briefings and newsletters.

We have used these staff sessions to identify other things we could do to improve the experience of our staff in the workplace.

Learning and development is a theme we will be focusing on for the year ahead.

The detailed results of the staff survey have been grouped into themes by the survey provider: responses to individual questions are consolidated to give a score of between 1 and 10 (with 10 being the highest score). These are shown in the table below:



2.2.7 Response to Freedom to speak up initiative.

The Head of HR is Independent Health Group’s speaking up champion and has attended a Freedom to Speak up guardian training during the reporting period. As part of the training, she undertook a review of the policy to ensure it met the good practice guidance provided.

Independent Health Group has not had any incidents, actions or omissions raised under the Speaking Up and Raising Concern policy in the reporting period. This is supported by staff survey results which show:

- 100% reported any errors, near misses or incidents they saw.
- Staff feel secure in raising concerns about unsafe clinical practice and are confident that Independent Health Group would address the concern. (0% negative response).

2.2.8 Care Quality Commission Registration

Independent Health Group is required to register with the Care Quality Commission (CQC) and its current registration status is unconditional.

The CQC has not inspected or taken any enforcement action against Independent Health Group during 2018/19.

Currently the registered manager is the Head of Nursing and Operations. Independent Health Group is registered under the Acute Services (ACS) category for service type and is registered to conduct the following regulated activities:

- Treatment of disease, disorder or injury
- Surgical procedures
- Diagnostic and screening procedures

During 2018 there was a change in the registration to reflect the move to the new head office facility at Peasedown St John. During the change in registration to this new location and under the advice and guidance of CQC all other registered locations were removed, and the service type was also updated to Acute Services, these changes have been incorporated into the statement of purpose. Under this reconfiguration of registration Independent Health Group is awaiting a CQC inspection.

2.2.9 Data and information governance

Independent Health Group's IT team and strategy group have made significant progress over the reporting period in improving the infrastructure and safety of Independent Health Group's data and information technology frameworks. Independent Health Group attained a 'Standards Exceeded' rating with 100 of 100 mandatory evidence items provided and 40 of 40 assertions confirmed for the NHS digital data security and protection toolkit (DSPT) submission. This was submitted on 28/03/2019.

During the reporting period there were no breaches in data security recorded.

During the 2018/19 reporting period Independent Health Group submitted records to the Secondary Users Service (SUS) for inclusion in the Hospital Episode Statistics (HES) which are included in the latest nationally published data. 100% of the records in the published data included both a valid NHS number and a valid GMC practice code. This was for both admitted and outpatient care, Independent Health Group does not provide accident and emergency care so there is no SUS data submitted for this group.

2.2.10 Clinical Coding Error Rate

Independent Health Group codes its activity in line with the "Payment by Results" (PbR) regime and is paid via this mechanism except where a local price has been negotiated for our services. A Clinical Coding Audit was performed as part of the Data Security and Protection Toolkit Standard 1 attainment level – Independent Health Group showed:

Expected Levels of Attainment – percentage accuracy targets (NHSDSPS)

Area	Levels of Attainment	
	Mandatory	Advisory
Primary diagnosis	>=90%	>=95%
Secondary diagnosis	>=80%	>=90%
Primary procedure	>=90%	>=95%
Secondary procedure	>=80%	>=90%

Levels of Attainment – Independent Health Group

Area	Levels of Attainment	
	Mandatory	Advisory
Primary diagnosis	✓	99.5%
Secondary diagnosis	✓	96.8%
Primary procedure	✓	100%
Secondary procedure	✓	97.8%

1. Independent Health Group is currently at NHS Digital’s DSPT Standard 1 Advisory attainment level overall and should be commended on this good result.
2. None of the errors found in this audit led to an HRG change.
3. At present, the target for completion of coding is 95% by the first working day of the next month and 100% by the third working day
4. The clinical coding at Independent Health Group is of excellent quality. The auditor noted that the clinical coder demonstrated great extraction and code assignment skills across all the procedures undertaken at Independent Health Group. The coding function has been set up and run very well. The local policies allow for the standardisation of coding with some complex procedures.

2.2.11 Learning from Deaths

The learning from deaths national guidance is for NHS providers on working with bereaved families and carers. It advises on how they should support, communicate and engage with families following a death of someone in their care. There were no deaths attributable to surgery within the reporting period of 2018/19. Independent Health Group received notification from a Local Acute Trust regarding one patient death following surgery at Independent Health Group. Independent Health Group worked with the Local Acute Trust who undertook a review of the death and confirmed that this was not attributable to the surgery undertaken within Independent Health Group and therefore, there was no learning to be shared. Although there was no learning to be shared, this incident was reported internally and discussed within the Integrated Governance and Risk Management Committee.

2.2.12 Priority Clinical Standards for Seven Day Hospital Services.

Independent Health Group is not subject to the audit program for seven-day services in the NHS as we do not provide services for emergency admissions. However, Independent Health Group is committed to high quality consistent care for all patients regardless of which day they are admitted for planned surgical intervention.

2.2.13 Mandatory Training and Staff Development

We have reviewed our mandatory training framework and as a result revised the safeguarding training levels in light of the latest guidance.

Overall Compliance for all mandatory training is being maintained over the reporting period at 93%. The compliance level is overseen by HR and in terms of assurance is a standing item on the Governance agenda.

Learning and development was identified as an area for improvement in the 2018/19 staff survey: A new staff performance and development policy will be rolled out in quarter 1 2019/20 encompassing supervision, learning, development and performance management.

Further detail on workforce governance can be found in [Appendix 4](#) – Annual Workforce Report 2018/19.

PART 3: REVIEW OF QUALITY PERFORMANCE

3.1 Patient Safety

3.1.1 Duty of Candour

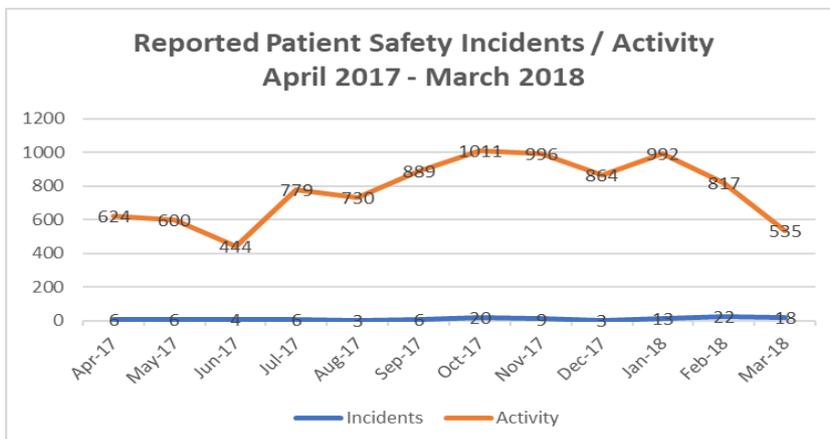
In line with one of Independent Health Group’s core values ‘Patients Always Come First’, we remained open and honest with our approach to all events which caused harm to our patients. Independent Health Group ensured that a genuine apology was delivered along with a clear overview of ‘what went wrong’ as well as any learning. All staff within Independent Health Group have access to the Being Open and Duty of Candour Policy and can seek advice from the Head of Nursing, Medical Director or Head of Quality and Governance for further support.

3.1.2 Accident Incident and Near Miss Reporting (AINMS)

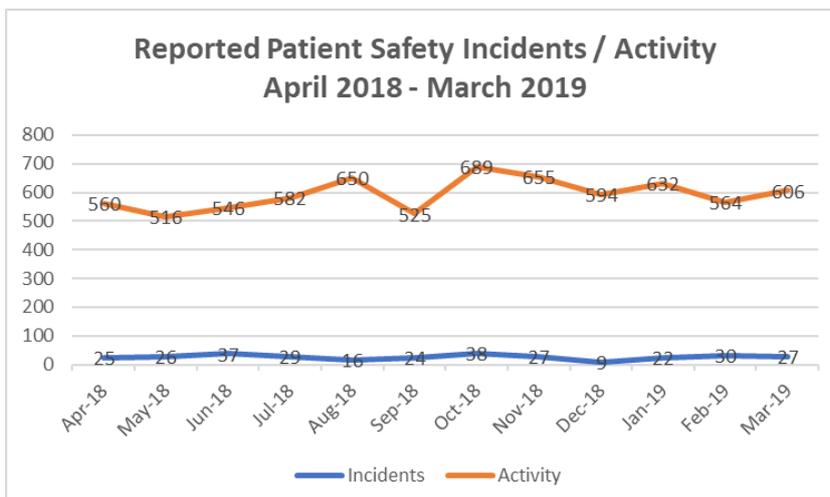
3.1.2.1 Patient Safety Reported Incidents

Independent Health Group recognises patient safety as a vital element of all clinical care and our culture. All staff have received training and guidance to confidently recognise and report patient safety related incidents in line with Independent Health Group’s Management of Incidents Policy.

Independent Health Group actively encourages the reporting of all incidents by all members of staff and continues to provide feedback to the teams to ensure shared learning across the Organisation. During 2018/19, there has been an increase of reported incidents compared to 2017/18 which reflects the growing awareness of staff around reporting incidents (see below):



Total reported (2017/18) – 117 incidents



Total reported (2018/19) – 310 incidents

It is recognised that an Organisation with an embedded safety culture has high reporting levels and greater staff engagement in reporting any incidents they witness. Independent Health Group continues to work hard to learn from all these incidents and to introduce change and improvement to enhance the safety and quality of care we offer.

3.1.2.2 Staff survey responses relating to incident reporting

As clearly demonstrated, Independent Health Group has evidently improved its culture of incident reporting in 2018/19. The staff survey results also provide clear indication of a culture where staff feel safe to report incidents and are actively encouraged to do so. Please see summary of results in table below:

My organisation treats staff who are involved in an error, near miss or incident fairly.	2017	2018	Comparator
Positive score	77%	96%	61%
Negative score	0%	0%	7%

My organisation encourages us to report near misses or incidents.	2017	2018	Comparator
Positive score	88%	100%	91%
Negative score	6%	0%	2%

When errors, near misses or incidents are reported, my organisation takes action to ensure that they do not happen again.	2017	2018	Comparator
Positive score	94%	97%	74%
Negative score	0%	0%	5%

We are given feedback about changes made in response to reported errors, near misses and incidents.	2017	2018	Comparator
Positive score	93%	90%	63%
Negative score	0%	3%	14%

*Due to the significant increase in reported incidents, this has proved more challenging to provide robust feedback which we have addressed within the priorities set for 2019/20 (see priority 5)

3.1.3 Serious Incidents Requiring Investigation (SIRI's)

During the reporting period of 2018/19, Independent Health Group reported all serious incidents within the required timeframe in line with the current Serious Incident Framework. All Serious Incidents were fully investigated, and comprehensive Root Cause Analysis reports were produced as well as detailed organisational action plans.

3.1.4 Infection Control

Patients receiving health and social care are at risk of developing infection as a result of their compromised state of health, underlying medical conditions, or as a result of contact with health care interventions such as surgery, diagnostic testing or invasive devices. In addition, health and social care settings can provide ideal conditions for micro-organisms to be transmitted between those who receive and give care. The close proximity and contact between each party and the

continuous contact in a shared working and living environment all contribute to transmission. Independent Health Group has a fully functioning Infection Prevention and Control programme which provides staff with the training and strategies to insure the safe passage of patients through Independent Health Group's care and treatment provisions. More detailed information can be found in [Appendix 6](#) – The Annual Infection Prevention and Control Report and includes the following:

Infection Control Incidents, Hand Hygiene Audit, Infection Control Audits and Infection control Training

3.1.5 Safeguarding

Independent Health Group takes its responsibilities regarding Safeguarding seriously in line with the Care Act 2014, as such the Safeguarding policy was updated in April 2018 and widely disseminated to staff. Independent Health Group has also put in place the Safeguarding Adults booklet produced by NHS England on all sites and encouraged staff to download the Safeguarding app.

The Head of Nursing is the Organisational Lead for safeguarding and as part of continuous professional development attended multiagency safeguarding training in September 2018.

3.1.5.1 Safeguarding Incidents

In 2018/2019 there have been no incidents relating to safeguarding, Independent Health Group recognises that this could be viewed that we are not recognising and reporting safeguarding, however in an organisation that is able to demonstrate that staff are willing to report all incidents, we are confident that the zero reporting relates to the fact that the population accessing the types of services provided by Independent Health Group are low risk. Despite this, safeguarding is a standing agenda item on the Nursing team meeting and the Integrated Governance and Risk Management Committee.

3.1.5.2 Safeguarding Training Data Report

Safeguarding training for both Adults and children is mandatory for all staff at Independent Health Group at level one, level two is mandatory for all patient facing staff and at level four for the Safeguarding Lead.

Compliance with staff training is high at the end of 2018/19 mandatory training for both safeguarding adults and children at the 3 levels was at 100%.

3.2 Patient Experience and Satisfaction

3.2.1 Compliments, Complaints and Concerns

The monitoring of “Compliments, Complaints and Concerns” is central to the way in which Independent Health Group learns from our patients about how we are performing to their expectations. Complaints and concerns are formally audited and discussed as part of the governance agenda. Independent Health Group is fortunate not to have many formal complaints and it is inherent in the model of care that complaints are often dealt with proactively at the concern stage as part of our ongoing engagement with patients.

During 2018/19 we had 4 Formal complaints and 100% were dealt with within the complaints policy framework and timeframes. There were no consistent themes in the concerns and complaints raised.

Learning from these incidents has been disseminated across the organisation. Discussion has also been entered into as part of the governance meeting agenda. The Complaint and Patient Experience Annual Report can be found in [Appendix 5](#) and details these and the learning from them more fully.

Compliments are received from patients in a number of ways. Perhaps one of the most consistent ways is via the NHS Friends and Family Test (FFT). The FFT was created to help service providers and commissioners understand whether their patients are happy/satisfied with the service provided, or where improvements are needed. It is a quick and anonymous way for users to give their views after receiving care or treatment across the NHS. Compliments are often received through this format and Independent Health Group is lucky to have a significantly high response rate for the FFT. See section 3.2.2. In terms of satisfaction with the service provided, overall, 99% of patients reported they would be extremely likely or likely to recommend Independent Health Group to friends and family if they needed similar care or treatment. This is backed up by some of the compliments we have received from patients. Satisfaction is also measured by the use of Patient Reported Outcome Measures (PROMS) and although the formal collection by the NHS for these has now ceased Independent Health Group continues to use them as an invaluable source of feedback. Again, both FFT and PROMs are included in the annual report which can be found in [Appendix 5](#).

Other ways in which compliments are received are via thankyou cards and e-mails and directly from verbal interactions with the patients, staff are actively encouraged to share these with the team although ways in which to capture these more effectively are part of the quality agenda. The following examples are typical of the compliments received by Independent Health Group via the FFT for various Independent Health Group centres during the reporting period:

- *“Helpful and considerate staff - excellent facilities - full briefing and debriefing - no discomfort. Very pleasant atmosphere.”*
(Hathaway Medical Centre)– **11th April 2018**
- *“Everything has run very smoothly. Staff have been friendly and approachable. Information provided has been very clear.”*
(Litfield House Medical Centre) – **04th June 2018**
- *“Because the facilities and medical personnel were excellent, and I felt very reassured and confident that I had been given the best possible treatment.”*
(Kingskerswell Health Centre) - **01st August 2018**

- *“I found Dr B very friendly and professional. He explained my operation very thoroughly with a very clear and precise voice, particularly as I had of hearing. My impression was that he was really interested in my case and me. On the day of the operation he gave me the same confidence and talking to me at the same time, likewise the nurse in attendance gave me the same confidence.”*

(Lawn Medical Centre) - **19th February 2019**

- *“Everyone was so kind thoughtful and caring.”*

(Millstream House) - **28th February 2019**

- *“I felt relaxed and well looked after throughout the procedure. Everyone was very caring. Thank you.”*

(Aspen) - **21st March 2019**

- *“Friendly staff, professional, caring, clean and efficient. Could not fault the service.”*

(The County Practice, Syston) - **26th March 2019**

3.2.2 Friends and Family Test Audit

The FFT was created to help service providers and commissioners understand whether their patients are happy/satisfied with the service provided, or where improvements are needed. It is a quick and anonymous way for users to give their views after receiving care or treatment across the NHS. Overall, 99% 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 below):

	Extremely likely	Likely	Neither likely or unlikely	Unlikely	Extremely Unlikely	Unsure	TOTAL
Apr 18	123	5	1	0	0	0	129
May 18	157	4	1	0	0	0	162
June 18	150	5	0	0	0	0	155
July 18	147	11	0	0	0	1	147
Aug 18	129	14	1	0	0	0	144
Sept 18	155	5	0	0	0	0	160
Oct 18	196	4	0	0	0	0	200
Nov 18	162	17	0	0	1*	1	181
Dec 18	143	7	1	0	2*	0	153
Jan 19	115	2	1	0	0	2	120
Feb 19	125	3	0	0	1*	0	129
Mar 19	168	8	0	0	0	0	176

*Three of the four patients who answered extremely unlikely made very positive comments about the service they received, and the other patient made no comment. All four patients had had a vasectomy procedure, our interpretation of this feedback is that their responses represent a desire to not tell anyone about such a procedure.”

3.2.3 Professional Feedback and Comments

As well as the feedback from patients Independent Health Group also receives feedback from clinicians who refer into and work within the services provided. During 2018/19 the feedback was all complimentary and it is a great reflection on the ethos of teamwork that Independent Health Group has. Comments that are typical of those received include:

“I really enjoy my time with Independent Health Group. I’m continually impressed by the quality of governance, oversight and audit. The data gathered is really important to me as it helps me know I’m part of a great service delivering good care. Furthermore, the outcome data helps me inform patients at the time of consent as to personalised risk based on my own results and this is very useful for patients. Thanks to Matt and the wider Independent Health Group team”

3.2.4 Equality and Diversity standards and Access to services.

All patients have access to Independent Health Group services, in line with the 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 the Patient Administration Centre who will rebook a convenient time via the e-referral service.

Independent Health Group has guidelines to support the care of adult patients with dementia and patients who may be autistic or on the autistic spectrum. Waiting times are monitored weekly to ensure they remain within agreed performance indicators (KPI’s) and contractual obligations.

Independent Health Group holds a short notice cancellation list for any patients who would like an earlier appointment. All patients are treated within the 18- week referral to treatment (RTT) time frame, unless patients request, for personal patient choice reasons, to delay their treatment within a reasonable period post 18 weeks. Analysis of RTT data confirms that currently Independent Health Group treats the majority of patients within nine weeks from referral.

3.3 Clinical Effectiveness

Independent Health Group recognises the importance of ensuring practices are safe and effective to avoid harm and promote positive outcomes and experiences for our patients. In 2018/19 two reviews of practice have been undertaken and organisational action plans developed and delivered as outlined below.

3.3.1 Reviews of Practice

3.3.1.1 Prevention of Surgical Site Infection

As outlined in the Infection prevention and control report ([Appendix 6](#)), a self-assessment was conducted in relation to NICE Guidance (NG125) and the One Together tool kit. An organisational action plan was developed and shared widely with all staff, this has led to clinical practice review and more stringent application of the NICE guidance in some areas e.g. maintenance of a core body temperature of 36° or above in theatre.

3.3.1.2 Resuscitation Action Plan

Independent Health Group performs surgical procedures under local anaesthetic at a number of sites. The risk and incidence of any emergency is extremely low and not wanting to be complacent about this, Independent Health Group undertook a full review of the Resuscitation Council Guidelines. A risk assessment was undertaken which included a full review of current resuscitation arrangements and an organisational action plan was developed and monitored via the Integrated

Governance and Risk Management Committee. The key changes to practice made in line with our policy as a result of this action plan are as follows:

- A change to the required mandatory training levels –Intermediate Life Support (ILS) is now the standard for all staff working at sites where hernia, cataract and podiatric surgery are undertaken.
- Introduction of the Intraosseous device and associated training – this device enables appropriate access for the administration of medications, used in resuscitation, to be given rapidly in an emergency.

3.3.1.3 NICE Quality Standards and Guidance

NICE Quality Standards are a concise set of statements designed to improve quality within a particular area of health and social care. They promote standardisation and reduce variation of clinical care across the NHS.

All NICE Quality Standards and Guidance are assessed for their applicability to the Organisation and its services to patients. All gaps identified (linked to the published standard or guidance) are addressed and an action plan is developed. The whole process is managed by the Head of Nursing and the Quality and Governance Team on behalf of the Integrated Governance and Risk Management Committee.

Independent Health Group frequently review clinical practices to ensure that we are always delivering quality care and services.

3.3.2 Key Performance Indicators

Independent Health Group continues to review and report internally on a monthly basis and externally on a quarterly basis to our Commissioners. Below is a summary of quality KPI's not covered by other sections within this report:

The Quality and Performance is reviewed by the Integrated Governance and Risk Management Committee for assurance purposes. In May 2018, the WHO checklist compliance was reported at 96%. On further review, the WHO checklist compliance was 100% however was marked incorrectly at 96% due to another issue being identified. Independent Health Group continues to maintain its excellent performance in all the above domains.

Reportable KPI's 2018-19 (Q&G Dashboard)

	Standard	2018/19											
		Quarter 1			Quarter 2			Quarter 3			Quarter 4		
		Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
Falls - number of incidents	N/A	0	0	0	0	0	0	0	0	0	0	0	0
Falls - number of incidents with harm	0	0	0	0	0	0	0	0	0	0	0	0	0
Mixed sex accomodation breaches	0	0	0	0	0	0	0	0	0	0	0	0	0
NHSI Patient safety alerts outstanding	0	0	0	0	0	0	0	0	0	0	0	0	0
VTE pre op assesment - number of patients		25	14	15	18	16	9	29	27	19	32	26	19
VTE pre op assesment completed	95% ≥	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Organisation acquired thrombosis	0	0	0	0	0	0	0	0	0	0	0	0	0
WHO Checklist completed (audit)	100%	100%	96%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

3.3.3 Clinical Outcomes Reviews

Review, Audit and Analysis is integral to quality and as part of our commitment to this Independent Health Group continues to monitor PROMs for each specialty. The data is reviewed by the Medical Director and actions taken in response to patient's 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. PROM data is also fully reviewed, and actions taken at the Service Clinical Review meeting (which happens quarterly).

Independent Health Group also shows its commitment and support to its clinicians who wish to pursue research and audit opportunities. For example, the podiatric team are currently developing the use of the PSQ10 which is a validated tool for measuring patient satisfaction postoperatively and specifically on measurements of satisfaction with pain control. Also, as part of the information sharing sessions during the monthly governance meetings evidenced best practice, learning from independent and external research, learning from educational attendance and new and updated clinical guidance is shared and discussed.

Part 4: STATEMENT FROM COMMISSIONER

As Wiltshire Clinical Commissioning Group (CCG) has the responsibility for the largest number of persons to whom Independent Health Group has provided relevant health services during the reporting period – 1st April 2018 to 30th March 2019, this Quality Account was shared with them. Their quality manager provided us with some comments and questions which have been answered but at time of submission a statement has not yet been provided.

The intention is that this account will be shared with other commissioning groups as part of the contract review process as well as publicly publishing this on the NHS Choices site for Quality Accounts. [Click here for Link](#). All Quality Accounts for independent providers of health care are found at the bottom of the link page in alphabetical order.

This Quality account will also be available on the [Independent Health Group website](#). In the event of a statement being provided by Wiltshire CCG after the submission cut off point this will be included here.

APPENDICES

Appendix 1 – Patient Activity 2018/19

Indicator		Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	YTD
Activity	Initial consultation	188	161	204	257	294	236	279	258	238	236	237	219	2807
	Procedures undertaken	161	178	164	187	151	170	208	200	173	195	157	200	2144
	Ultrasound guided injection	16	22	12	6	45	8	29	24	28	38	18	19	265
	Nerve conduction study	7	10	11	9	8	12	9	10	7	8	5	13	109
	Follow up	188	145	153	122	152	98	164	163	148	155	147	155	1790
	Total Patient Care Episodes	560	516	544	581	650	524	689	655	594	632	564	606	7115

Appendix 2 - Number of patients referred by CCG

Registered CCG	Cataract	Hand	Hernia	Podiatric	Urology	Vasectomy	Total
National Commissioning Hub 1	0	1	2	3	0	3	9
NHS Bath and North East Somerset CCG	0	4	2	2	1	10	19
NHS Berkshire West CCG	0	10	0	0	0	0	10
NHS Bristol CCG	0	10	1	0	0	0	11
NHS Bristol, North Somerset and South Gloucestershire CCG	0	0	4	0	0	3	7
NHS Dorset CCG	2	0	1	0	0	11	14
NHS East Leicestershire and Rutland CCG	0	81	0	0	0	0	81
NHS Gloucestershire CCG	0	83	2	1	0	27	113
NHS Greenwich CCG	0	0	1	0	0	0	1
NHS Herefordshire CCG	0	0	0	0	0	1	1
NHS Kernow CCG	0	0	0	0	0	1	1
NHS Leicester City CCG	0	42	0	0	0	0	42
NHS Newbury and District CCG	0	0	0	0	0	7	7
NHS North and West Reading CCG	0	2	0	0	0	0	2
NHS North Somerset CCG	0	1	2	0	0	0	3
NHS Oxfordshire CCG	0	7	5	1	0	0	13

NHS Somerset CCG	10	0	4	0	0	11		25
NHS South Devon and Torbay CCG	0	0	0	0	0	226		226
NHS South Gloucestershire CCG	0	0	1	0	1	5		7
NHS South Reading CCG	0	3	0	0	0	0		3
NHS Swindon CCG	0	50	39	94	0	9		192
NHS West Hampshire CCG	0	0	1	1	0	0		2
NHS West Leicestershire CCG	0	113	0	0	0	0		113
NHS Wiltshire CCG	165	332	1257	675	0	335		2764
NHS Wokingham CCG	0	3	0	0	0	0		3

Total	177	742	1322	777	2	649		3669*
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The highlighted CCG's are those with whom Independent Health Group currently (as of April 1st, 2019) has a specific contract for the services provided.

*Note the number of referrals does not match with the consultations in [Appendix 1](#) due to the time delay between referral and first consultation at the beginning and end of the financial year. The processing data in [Appendix 3](#) gives a more accurate reflection of the turn round for patients in terms of "Refer to Treat" (RTT data).

Appendix 3 – Performance 2018/19

Indicator		Standard	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
Performance	RTT % performance (under 18 weeks) - 1A	92% ≥	100%	100%	100%	100%	100%	100%	100%	100%	97%	98%	98%	99%
	RTT ongoing pathway (number over 18 weeks) - 2	0	0	0	0	0	0	0	0	4	3	4	2	6
	RTT ongoing pathway (number over 52 weeks)	0	0	0	0	0	0	0	0	0	0	0	0	0
	New outpatients - Number waiting 12 + weeks	N/A	0	0	0	0	0	0	0	0	0	0	0	0
	6 week diagnostic testing (NCS)	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
	Procedures cancelled on the day - non clinical		1	0	0	0	1	0	12	1	0	5	9	1
	Cancelled Procedures rebooked within 28 days	100%	100%	N/A	N/A	N/A	100%	N/A	100%	100%	N/A	100%	100%	100%
	Clinic letters within 7 days of outpatient appt.		100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
	Valid NHS number data set submitted to SUS	99% ≥	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
	Discharge summaries within 24 hours (audit)	100%	100%	100%	100%	97%	100%	100%	100%	100%	100%	98%	99.60%	100%

Appendix 4 – ANNUAL WORKFORCE REPORT – 2018/19

Independent Health Group – Senior Management team report

Subject	Annual workforce report 2018/19
Prepared by	Liz Richards

Purpose

To provide an overview of the Independent Health Group workforce, assuring we have adequate controls in place covering the appointment of new staff and for the on-going management, development and engagement of staff

Discussion	
Approval	
Information	●
Other	

Organisation Objectives

Safety	Quality	Efficiency	Workforce	Finance	Governance
			●		●

Executive Summary

Resourcing

Independent Health Group staffing model is based on a core of permanent workers, supported by a pool of hourly paid staff. This model gives us flexibility to meet changing demands but also ensures continuity and consistency of care. Agency and temporary staff are only used in exceptional circumstances to meet short term or specialist need for workers. The spend on agency staff was less than 0.1% of total expenditure on staff.

It remains a difficult recruitment market with shortages of nursing and medical staff. Our overall vacancy levels are better than the sector at 2%. Our main recruitment medium is the NHS jobs website, but we also make use of personal networks and referrals and use generic recruitment websites for corporate and administration posts.

During the year we opened a new service in Salisbury and have recruited hourly paid nursing and HCA staff to staff this facility.

Pre-employment checks including the appropriate level of DBS check were undertaken on all new starters to ensure compliance with the NHS safer recruitment standards.

Independent Health Group Staff - as at 31st March 2019	31/03/2019	%	31/03/2018	%
Headcount				
Permanent staff	28	47%	26	50%
Hourly paid staff	19	32%	13	25%
Contractors (including Clinicians on Practising Privileges)	13	22%	13	25%
Total Headcount	60	100%	52	100%
Full time equivalent of permanent staff	24.88		21.97	

Learning and development

We have reviewed our mandatory training framework and revised the safeguarding levels in light of the latest guidance. Compliance is being maintained at over 90%

Learning and development was identified as an area for improvement in the 2018/19 staff survey: A new staff performance and development policy will be rolled out in quarter 1 2019/20 encompassing supervision, learning, development and performance management.

Performance management and registration

There were no performance management (grievance, disciplinary or capability) issues raised under formal processes. One clinician made us aware that he was in a process of remediation with his substantive employer. The consequences of this on his work with Independent Health Group was closely managed by the Medical Director and Head of HR. The clinician resigned his practising privileges to enable him to focus on the remediation.

There were no incidents of registered staff having lapsed registration. If a registered member of staff had a lapse in registration we would require them to work at a lower level until their registration was renewed.

All staff have an annual review with their line manager which looks at performance and development. At year end our staff appraisal rate was 96%.

A new annual performance and development review format was trialled in quarter 4 for roll-out in 2019/20. The new format references mandatory training and our organisational values, as well as performance objectives and learning and development needs. Feedback on management and organisational support is invited from the staff member.

Staff engagement

We completed the NHS National Staff Survey 2018 and our results once again compare favourably with other organisations. We are pleased to report that our staff feel positive about working for Independent Health Group. The staff feel supported and able to do their job to a standard they are pleased with. The headline results are being shared with staff, including areas for improvement.

Having a dispersed workforce means it is vital to have clear and accessible communication channels. We are producing a monthly staff newsletter which contains key messages, organisational updates and team news. All staff are encouraged to include content.

We updated the staff handbook, which was re-issued to staff in September

Staff health and wellbeing

One measure of staff engagement is short term absence. Our average absence (including long term) is 2%, which has reduced from 2019/20 and is favourable compared to the sector.

To promote staff wellbeing, we have included a number of health and wellbeing messages in our monthly staff newsletter. We also launched a 'holiday purchase' scheme, offering staff the opportunity to buy additional annual leave. This offer was taken up by nine people.

Equality, diversity and inclusion

As part of our commitment to ensure our workforce represents our local communities we have adopted the Disability Confident standard.

We have introduced a new policy on work placements and have had two placements this year.

The composition of the workforce by certain protected characteristics is detailed below:

Independent Health Group Staff - as at 31st March 2019	31/03/20		31/03/20	
	19	%	18	%
Workforce summary (headcount)				
By Age -				
Under 20	0	0%	0	0%
21 - 30	5	8%	3	6%
31 - 40	12	20%	12	23%
41 - 50	17	28%	14	27%
51 - 60	23	38%	19	37%
61 - 70	3	5%	4	8%
Over 70	0	0%	0	0%
By Gender				
Male	17	28%	15	29%
Female	43	72%	37	71%
Not disclosed/unknown	0	0%	0	0%
By ethnicity				
Any other white background	1	2%	2	4%
Asian or Asian British - Indian	2	3%	5	10%
Asian or Asian British - Pakistani	1	2%	1	2%
Not declared	23	38%	9	17%
White British	33	55%	35	67%
By disability				
Disabled	3	5%	2	4%
Not disabled	30	50%	36	69%
Not disclosed/unknown	27	45%	14	27%

Leadership

The new management structure has been in place one year. Changes in senior posts have led to further revisions of that structure and reporting lines. We have invested in operational management with the creation of a Deputy Head of Nursing role to sit alongside the Deputy Head of Operations and Head of Quality and Governance roles.

We believe visible and accessible leadership is vital for staff engagement and have a series of planned visits by senior managers to all our sites during the year.

The Head of Nursing and Operations has reviewed the roles and responsibilities of the senior nurses with the staff to ensure there is clear accountability and support for our nursing and health care staff.

Key Recommendations

The SMT are asked to:

- Confirm they have adequate assurance on workforce quality.

Next Steps

The next report will be produced at the end of 2019/20

Appendix 5 - Annual Report (2018/19)

Independent Health Group

Subject	Complaints and Patient Experience
Prepared by	Holly Beange – Head of Quality and Governance
Approved by	Matthew Wordsworth – Medical Director
Presented by	

Purpose

To provide an overview of all complaints and patient experience during the reporting period of April 2018 – March 2019.

Discussion	
Approval	
Information	●
Other	

Organisation Objectives

Safety	Quality	Efficiency	Workforce	Finance	Governance
●	●				●

Executive Summary

This report reviews the complaints and all patient experience received by the Organisation for the reporting period of 1st April 2018 to 31st March 2019 and describes how these complaints have been managed.

Key Recommendations

Independent Health Group to continue to respond to all complainants within the agreed timeframe.

Next Steps

Further updates to be provided within quarterly quality reports.

1. COMPLAINTS

1.1 Introduction

A complaint is described in the Management of Complaints and Concerns Policy as ‘an expression of dissatisfaction requiring a response, communicated verbally, electronically, or in writing’

A concern can be defined as a matter of interest, importance or anxiety. Independent Health Group aim to resolve/respond to concerns to the complainant’s satisfaction by the end of the next working day.

These are not reported as complaints and fall outside the complaint’s arrangements. However, all concerns, whether resolved by the next working day or not, will be recorded and reported and are reviewed, collated and analysed along with the data recorded from complaints. On receipt of a concern raised via a Patient Related Outcome Measure (PROM) form, the organisation aims to resolve/respond to the concern within 15 working days.

Complaints/Concerns are important to the Organisation 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, the Organisation 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.

1.2 Complaints process

Independent Health Group aims to provide the highest quality services, ensuring the experience individuals have whilst using the services is the best that can be offered. However, for some their experience falls short of this aim. The Organisation is always sorry when this is the case and welcomes the feedback individuals provide about what went wrong so that improvements can be made. The Organisation's aim is to provide local resolution to all complaints and maintain an approach where we are open, honest and transparent in our responses. The Organisation's complaints system is led by the individual making the complaint and they have the options to either receive a written response from the Medical Director or meet with relevant staff to ensure their concerns are listened to, heard and acted upon. If this is still not satisfactory the complainant has the option to meet with Medical Director to discuss their complaint and possible resolution.

The complaints legislation indicates that 'the Organisation must investigate the complaint in a manner appropriate to resolve it speedily and efficiently and keep the complainant informed'. When a response is not possible within the agreed timescale, a new completion date is agreed with the complainant, who, in addition, must be kept informed of progress throughout the investigation.

Although the legislation allows flexibility, the Organisation aims to provide a response in as timely a manner as possible, setting an internal target of 30 working days.

1.3 Number of complaints received

The Organisation received a total of 4 formal complaints for 2018/19. (Table 1).

The total number of patient encounters in the period 1st April 2018 to 31st March 2019 was 7115 (not including telephone follow ups).

Table 1 – Number of complaints received

	Apr 18	May 18	Jun 18	Jul 18	Aug 18	Sep 18	Oct 18	Nov 18	Dec 18	Jan 19	Feb 19	Mar 19
Patient Care Episodes	560	516	544	581	650	524	689	655	594	632	564	606
Complaints	1	0	0	0	0	0	0	0	2	1	0	0
Total Rate % (per month)	0.18	0	0	0	0	0	0	0	0.33	0.16	0	0
Total Rate %	0.06%											

1.4 Number of complaints resolved within an agreed timescale

There was a total of 4 complaints that had to be responded to during 2018/19 and the Organisation achieved 100%, achieving above the 90% threshold.

1.5 Number of complaints upheld/partially upheld

The decision to uphold or partially uphold a complaint is made following an investigation. If the complaint is found to be justified due to a failure to deliver an appropriate standard of care, then the complaint will be upheld. If most elements are found not to be justified when a complaint has several issues raised, it is recorded as partially upheld, even if one element is upheld.

Across all areas a total of 50% (2/4) of the complaints received were upheld following an investigation. Of the 2 complaints upheld, the first was in relation to the management of a post-operative infection and the learning was incorporated into the organisation infection prevention and control action plan. The second upheld complaint is subject to a further investigation and therefore learning points will be identified and adopted on its conclusion.

1.6 Parliamentary and Health Service Ombudsman

During 2018/19 there were 0 complaints referred to the Ombudsman.

1.7 Learning by experience

Below highlights a selection of some of the lessons learned from complaints over the past year:

- A complaint was received and responded to in relation to the podiatric specialty regarding post-operative care at home and recovery timeframes. A resolution meeting was arranged between the Medical Director, complainant and The Head of Quality and Governance. All concerns were addressed during the meeting and the patient was reimbursed for all return taxi journeys (from home address to medical centre). A formal complaint response letter following the resolution meeting was sent to the patient.

The Podiatric patient pathway has been reviewed however no further changes have been made in relation to the post-operative management of patients.

- A complaint was received relating to choose and book (choice of provider) and the repair of an inguinal hernia (under Local Anaesthetic). This complaint was sent to Independent Health Group on behalf of the patient by Wiltshire Clinical Commissioning Group (CCG).

All concerns raised by the patient were investigated and a thorough response provide to Wiltshire CCG.

Following receipt of the complaint, Independent Health Group have updated the following process:

- If a joint decision has been made between the patient and Consultant that a Local Anaesthetic (and therefore 'open') operation is the preferred surgical opinion, we now explicitly advise all patients that they can choose to go to another provider for their LA surgery.

1.8 Policy

The Organisations Management of Complaints and Concerns Policy continues to be in line with the National NHS complaints regulations.

1.9 Future Plans

The Organisation will continue to be proactive in its management of complaints. The Organisation aim for 2019/20 is to further improve the complaint process and management by:

- Maintain response rate of 100% for complainants that receive their responses within the agreed timeframes
- Continue negotiating the method by which the complaint will be handled and responded with the complainant during the acknowledgement process.

In 2019/20, the performance targets set to measure the Organisations performance in complaint management are:

- 100% of new complainants will be contacted within 2 working days of receipt by telephone when contact details are available.
- 100% of complainants will be acknowledged within 3 working days
- 100% of complaints will receive a response within the agreed target date

2. FRIENDS AND FAMILY TEST (FFT)

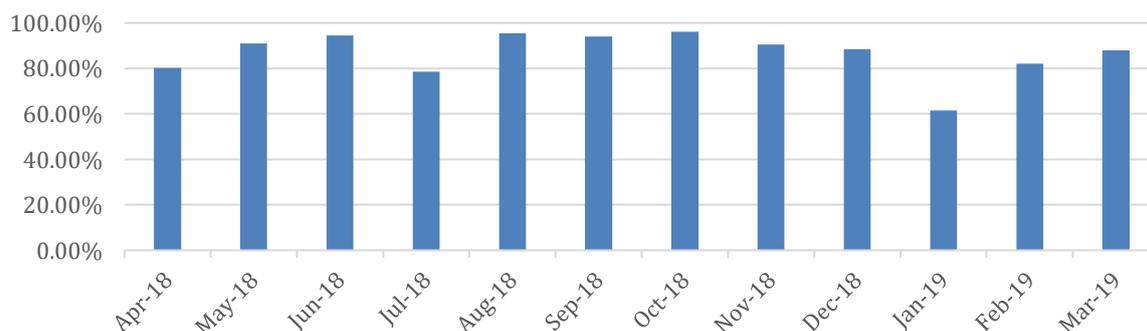
2.1 Introduction

The Friends and Family question continues to provide evidence of the excellent experience that patients receive when using an Independent Health Group service. To summarise the results for April 2018 – March 2019, most patients were extremely likely or likely to recommend our services to their Friends and Family. The response rate has fluctuated throughout the year; however, this is now being closely monitored by the Quality and Governance Team and work is ongoing with the teams to improve responses received.

2.2 FFT Response Rate (April 2018 – March 2019)

	Number of Procedures	Friends and Family cards returned	Response rate
April 2018	161	129	80.12%
May 2018	178	162	91.01%
June 2018	164	155	94.51%
July 2018	187	147	78.61%
August 2018	151	144	95.36%
September 2018	170	160	94.12%
October 2018	208	200	96.15%
November 2018	200	181	90.50%
December 2018	173	153	88.44%
January 2019	195	120	61.54%
February 2019	157	129	82.17%
March 2019	200	176	88%

FFT Response Rate
(April 2018 - March 2019)



2.3 FFT Would Recommend (April 2018 - March 2019)

Overall, 99% 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 below):

	Extremely likely	Likely	Neither likely or unlikely	Unlikely	Extremely Unlikely	Unsure	TOTAL
April 18	123	5	1	0	0	0	129
May 18	157	4	1	0	0	0	162
June 18	150	5	0	0	0	0	155
July 18	147	11	0	0	0	1	147
Aug 18	129	14	1	0	0	0	144
Sept 18	155	5	0	0	0	0	160
Oct 18	196	4	0	0	0	0	200
Nov 18	162	17	0	0	1*	1	181
Dec 18	143	7	1	0	2*	0	153
Jan 19	115	2	1	0	0	2	120
Feb 19	125	3	0	0	1*	0	129
Mar 19	168	8	0	0	0	0	176

*Three of the four patients who answered extremely unlikely made very positive comments about the service they received, and the other patient made no comment. All four patients had had a vasectomy procedure, our interpretation of this feedback is that their responses represent a desire to not tell anyone about such a procedure.”

2.4 Friends and Family feedback comments received:

“The staff were very friendly and professional. Excellent service and very happy.”

“Staff are brilliant, made me feel special, no pain, calm, relaxed, everything explained - 5-star service.”

“Very friendly, informative and efficient from start to finish. Excellent.”

3. PROMS

The Head of Quality and Governance 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.

Appendix 6 – Annual Infection Prevention and Control Report 2018/19
Independent Health Group – Senior Management Team Report

Subject	Infection Prevention and Control
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Prepared by	Claire Damen
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Approved by	
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Presented by	
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Purpose

To provide an overview of Independent Health Group’s Infection Prevention and Control (IPC) activities, assuring we have adequate controls in place to ensure the safety of patients referred for treatment and for the on-going management, development and engagement of staff activities within the IPC arena.

Discussion	●
Approval	
Information	●
Other	

Organisation Objectives

Safety	Quality	Efficiency	Workforce	Finance	Governance
●	●				●

Executive Summary
1. INTRODUCTION

Patients receiving health and social care are at risk of developing infection as a result of their compromised state of health, underlying medical conditions, or as a result of contact with health care interventions such as surgery, diagnostic testing or invasive devices. In addition, health and social care settings can provide ideal conditions for micro-organisms to be transmitted between those who receive and give care. The close proximity and contact between each party and the continuous contact in a shared working and living environment all contribute to transmission. Independent Health Group has a fully functioning Infection Prevention and Control programme which provides staff with the strategies to ensure a safe journey through Independent Health Group’s care and treatment provisions.

2. INFECTION CONTROL ARRANGEMENTS

In 2018, Independent Health Group contracted with the Royal United Hospital Trust Infection control, department for access to expert IPC advice from the specialist nurse. To date policies have been shared and an IPC visit to the new site at Millstream House, Salisbury was conducted for sign off prior to opening the suite.

An IPC visit to the Syston site, Leicester was undertaken in November 2018, compliance with core standards was achieved and no remedial action plan was required.

A programme of visits to all sites in Wiltshire is planned for 2019.

3. MANDATORY INFECTION CONTROL TRAINING

Compliance with Mandatory training for Infection Prevention and Control (IPC) was maintained at a high level. The compliance rate was 100% for all months except September to October (6 staff in Sept then 3 in Oct and Nov), this was for active clinical staff only, as up to January 2019

only clinical staff IPC training was being monitored. From January 2019 clinical and non-clinical staff training has been monitored and has been maintained at 100% from this point up to the end of the reporting period and on into the current year (2019/20).

Indicator		Standard	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
Infection Training	Clinical Staff	>90%	100	100	100	100	100	80	90	90	100	100	100	100
	Non Clinical Staff	>90%	N/A	100	100	100								

4. INFECTION CONTROL DATA

Overall this year there have been over 7000 episodes of patient care (including surgical procedures) with no evidence of cross infection or colonisation with MRSA, MSSA or C.Difficile. As these organisms are the main recognised avoidable causes of infection, these results highlight Independent Health Group's commitment to providing care within a clean safe environment and with clean well maintained equipment.

Indicator		Standard	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
Infection	MRSA	0	0	0	0	0	0	0	0	0	0	0	0	0
	MSSA	0	0	0	0	0	0	0	0	0	0	0	0	0
	C.Diff	0	0	0	0	0	0	0	0	0	0	0	0	0
	Surgical Site Infections	0	3	3	3	1	4	3	2	1	3	2	1	2

MRSA/MSSA - There were Nil cases reported between April 2018 - March 2019

C. Diff - There were Nil cases reported between April 2018 - March 2019

Surgical Site Infections - There were 28 cases of infection reported between April 2018 - March 2019. More detail on SSI's is available in section 7.

5. INFECTION CONTROL INCIDENTS.

During the reporting period there have been 16 incidents which have included a breakdown in infection control standards these are detailed in the table below:

IPC Incident Table April 18 – March 19				
Centre	Incident Area			
	Cleaning	Air Handling Unit	Theatre Temperatures	Environment
Hathaway Medical Centre	5	3	1	2
White Horse Medical Centre	0	0	1	0
Millstream	1	0	0	0
Kingskerswell	1	N/A	N/A	1
Old Town	1	N/A	N/A	0
All other sites	0	0	0	0

3.1 Actions Taken

As detailed above the following areas have been the focus of IPC standards falling below acceptable levels and actions have been taken to rectify these as follows:

CLEANING

Independent Health Group take the standard of cleanliness seriously and expect a high standard of cleaning.

- **Hathaway Medical Centre (HMC)**

There have been several incidents at HMC where cleaning has not been completed or done to the appropriate standard. On each occasion the nursing staff rectified the situation to ensure no patient harm occurred.

Cleaning audits were undertaken with the external cleaning contractor to improve the levels of compliance with the required standard. Independent Health Group have since served notice on this cleaning contract and are now employing their own cleaner at HMC and since this there have been zero incidents relating to cleaning.

- **Millstream House/Kingskerswell/Old Town**

Each of these sites had an isolated incident each relating to cleaning standards which was rectified immediately with no further incidents

AIR HANDLING UNIT - The theatres at HMC/WHC/Millstream House and Leicester have air handling units with a philosophy of compliance to HTM. Air handling verification was undertaken for all sites in July 2018.

- **Hathaway Medical Centre (HMC)**

There have been 3 reported incidents whereby the AHU needed adjusting prior to surgery.

THEATRE TEMPERATURE - All staff are aware of the need to operate in an environment where the temperature remains between 18-25 C and recognise that core patient temperature being maintained at 36 or above is a recognised standard for reducing avoidable SSI.

- **Hathaway Medical Centre (HMC) and White Horse Medical Centre (WHC)**

There have been 2 incidents (1 at each site) where the temperature was outside of these limits, on both occasions appropriate action was taken to rectify the situation.

ENVIRONMENT - Independent Health Group undertake regular environmental audits and staff are aware of the need for the environment to in line with our standards.

- **Hathaway Medical Centre (HMC)**

There have been 2 incidents at HMC relating to the fact that HMC has been identified this year as requiring maintenance work. This has been commenced with the higher risk areas being completed first and further work now planned.

- **Kingskerswell**

There was 1 incident at Kingskerswell which was rectified immediately by the practice manager.

6. HAND HYGIENE

The transfer of organisms between humans can occur directly via hands, or indirectly via an environmental source (e.g. clinical equipment or sinks) (Loveday et al, 2014). It is universally acknowledged that the hands are the principal route by which cross-infection occurs and that hand hygiene is the single most important factor in the control of infection (Weston, 2013). However, studies on hand hygiene compliance among healthcare workers have repeatedly shown poor compliance with hand hygiene (Damani, 2012).

Independent Health Group is committed to increasing and maintaining a high level of hand hygiene compliance and actively promotes education and good practice in hand hygiene. As part of the governance assurance agenda hand hygiene audit is used as an integral part of IPC surveillance and spot check audits have been undertaken. These are undertaken reliably at sites where hernia, podiatry and cataract surgery are undertaken and a 99.8% level of compliance has been achieved. At our sites where vasectomy and carpal tunnel surgery is undertaken with only 2 staff, the audits are more ad hoc. However, all staff work across multiple sites and so are captured in the main site audits.

Refs:

- Damani N (2012) Manual of Infection Prevention and Control (3rd Edition) Oxford: University Press
- Loveday HP, Wilson JA, Pratt RJ, Golsorkhi M, Tingle A, Bak A, Browne J, Prieto J, Wilcox M. (2014) epic3: National Evidence-Based Guidelines for Preventing Healthcare-Associated Infections in NHS Hospitals in England. Journal of Hospital Infection 86S1 (2014) S1–S70
- Weston D (2013) Fundamentals of Infection Prevention and Control (2nd Edition) Oxford: Wiley Blackwell

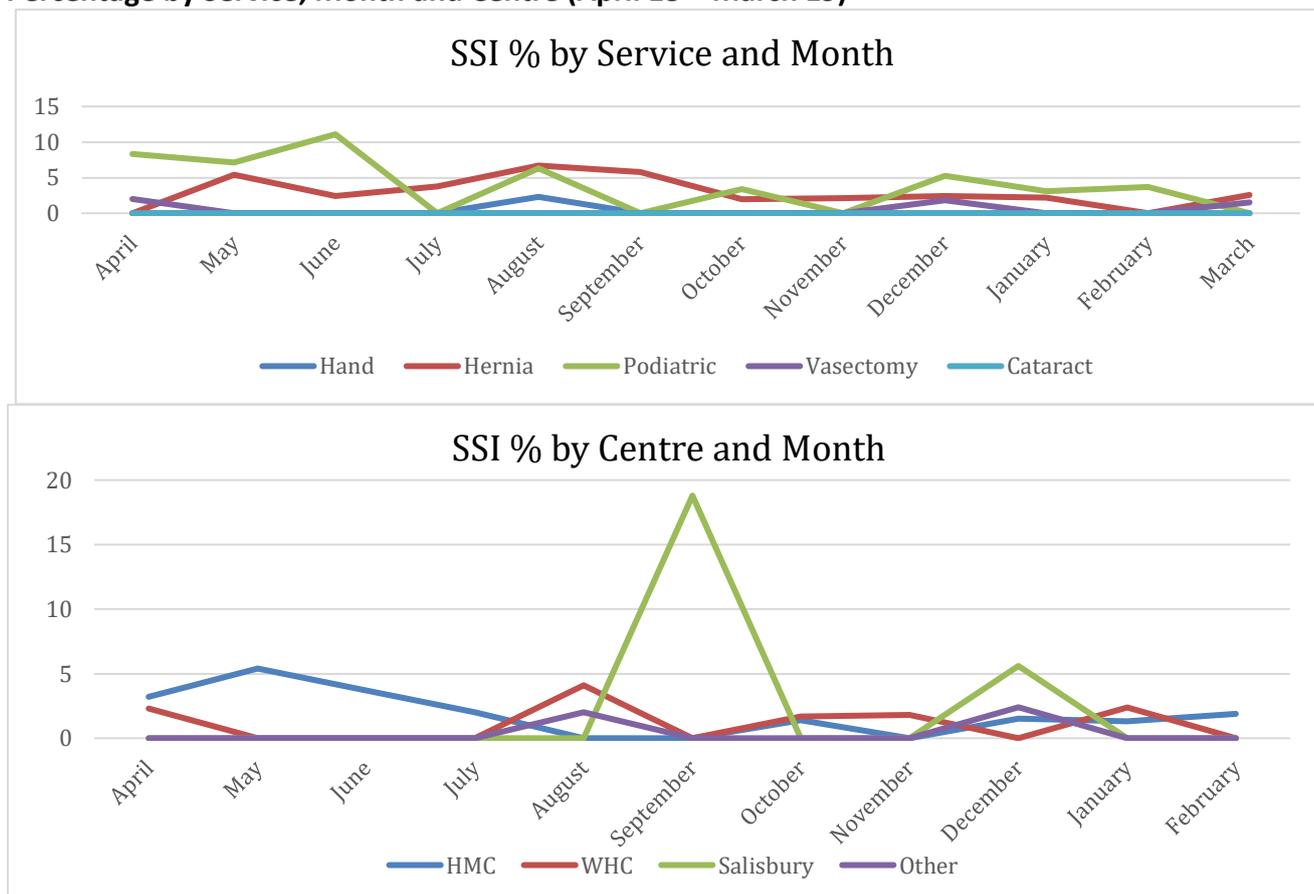
7. SURGICAL SITE INFECTIONS

In total there have been 2144 surgical procedures have been carried out with 28 surgical site infections (SSI's). This means that the risk of acquiring an SSI is running at 1.3% over the 12 month reporting period. Podiatric and Hernia surgery are the higher risk procedures at IHG in terms of contracting an SSI post-operatively.

The following tables detail SSI's by speciality and the site at which they were performed:

Surgical Site Infection by Site and Speciality (April 18 – March 19)

	Chippenham			Westbury			Salisbury			Other Sites			Totals		
	Infection	Procedure	%	Infection	Procedure	%	Infection	Procedure	%	Infection	Procedure	%	Infection	Procedure	%
Hand	0	113	0.0	0	105	0.0	N/A	N/A	N/A	1	297	0.3	1	367	0.3
Hernia	6	183	3.3	4	184	2.2	4	108	3.7	0	1	0.0	14	476	2.9
Podiatric	7	151	4.6	3	78	3.8	0	24	0.0	0	2	0.0	10	255	3.9
Vasectomy	1	256	0.4	1	102	1.0	N/A	N/A	N/A	1	333	0.3	3	462	0.6
Cataract	N/A	N/A	N/A	0	207	0.0	N/A	N/A	N/A	N/A	N/A	N/A	0	207	0.0
Totals	14	703	2.0	8	676	1.2	4	132	3.0	2	633	0.3	28	2144	1.3

SSI Percentage by Service, Month and Centre (April 18 – March 19)

7.1 SSI action plan

Independent Health Group have undertaken a review of all standards relating to the prevention of SSI this year, this work initially consisted of a review against NICE guidelines and the development of an organisational action plan in July 2018.

In November staffing levels were increased in Salisbury in response to the spike in infections, this enabled reduction of movement in and out of theatres which is recognised to increase infection risk.

Independent Health Group is aware that the NICE guidelines pertaining to SSI prevention are being updated and are planning to incorporate any changes into the organisational action plan. In Autumn 2018 the One Together assessment tool was launched and a self-assessment was completed, and the action plan revised to include additional items.

The organisational action plan has been worked through and updates reported through to a number of meetings including the Integrated Governance and Risk Management Committee that is monitoring progress.

Key Recommendations

The SMT are asked to:

- Confirm they have adequate assurance on IPC activities and action plans

Next Steps

The next Annual Report will be produced at the end of 2019/20.

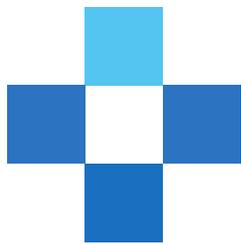
Monthly updates on IPC will continue to be a scheduled item in the Integrated performance Report and Clinical Governance Agenda.

GLOSSARY OF TERMS AND DEFINITIONS

AINMs	Accident, Incident and Near Misses (AINMs) Reporting – this is a reporting tool which recognises that all accidents are incidents. However, the definition of an incident is wider in that it also includes dangerous occurrences and near misses. A near miss is an unplanned event that did not result in injury, illness or damage but had the potential to do so.
CCG	Clinical Commissioning Group are NHS organisations set up by the Health and Social Care Act 2012 to organise the delivery of NHS services in England.
CQC	Care Quality Commission is the independent regulator of all health and social care services in England. Its job is to make sure that care provided by hospitals, dentists, ambulances, care homes and services in people's own homes and elsewhere meets government standards of quality and safety.
CQUIN	Commissioning for Quality and Innovation. The system was introduced in 2009 to make a proportion of healthcare providers' income conditional on demonstrating improvements in quality and innovation in specified areas of patient care.
Cyber Security	The body of technologies, processes and practices designed to protect networks, computers, programs and data from attack, damage or unauthorized access.
FFT	The NHS Friends and Family Test (FFT) – was created to help service providers and commissioners understand whether their patients are happy with the service provided, or where improvements are needed. It is a quick and anonymous way for patients to give views after receiving care or treatment across the NHS.
Gap Analysis	A technique that organisations use to determine what steps need to be taken in order to move from their current state to the desired, future state. Also called needs-gap analysis, needs analysis, and needs assessment. Gap analysis forces an organisation to reflect on who it is and ask who they want to be in the future.
GDPR	The General Data Protection Regulation (GDPR) is a legal framework that sets guidelines for the collection and processing of personal information of individuals.

IHG	Independent Health Group (IHG) is a leading provider of high quality surgical and diagnostic services for the NHS, conveniently located in communities rather than hospitals and with a patient first approach.
IG	Information Governance - is the set of multi-disciplinary structures, policies, procedures, processes and controls implemented to manage information.
IT	The study or use of systems (especially computers and telecommunications) for storing, retrieving and sending information.
MRSA	Methicillin-resistant Staphylococcus aureus infection is caused by a type of staph bacteria that's become resistant to many of the antibiotics used to treat ordinary staph infections.
NICE	<p>The National Institute for Health and Care Excellence (NICE) provides national guidance and advice to improve health and social care. NICE was originally set up in 1999 as the National Institute for Clinical Excellence, a special health authority, to reduce variation in the availability and quality of NHS treatments and care. In 2005, after merging with the Health Development Agency, they began developing public health guidance to help prevent ill health and promote healthier lifestyles. In April 2013 NICE was established in primary legislation, becoming a Non Departmental Public Body (NDPB) as set out in the Health and Social Care Act 2012. At this time, they took on responsibility for developing guidance and quality standards in social care, and the name changed once more.</p> <p>As an NDPB, they are accountable to the Department of Health and Social Care, but operationally are independent of government. Guidance and other recommendations are made by independent committees.</p>
NMDS	National Minimum Datasets – is a minimum set of data elements agreed for mandatory collection and reporting at a national level.
PROMs	Patient Reported Outcome Measures (PROMs) PROMs measure a patient's health status or health-related quality of life at a single point in time, and are collected through short, self-completed questionnaires. This health status information is collected before and after a procedure and provides an indication of the outcomes or quality of care delivered to NHS patients.

RCA	Root Cause Analysis (RCA) is a systematic problem-solving method which is used to pinpoint the exact cause of a problem or event. The root cause is the actual cause of a specific problem or set of problems, and when that cause is removed, it prevents the final undesirable effect from occurring. It is also used as an investigative tool when analysing incidents and accidents.
SIRI	Serious Incident Requiring Investigation (SIRI) – In the NHS there is guidance in the form of the Serious Incident framework which describes the process and procedures to help ensure serious incidents are identified correctly, investigated thoroughly and, most importantly, learned from to prevent the likelihood of similar incidents happening again.
SOP	Standard Operating Procedures – is a written procedure prescribed for repetitive use as a practice, in accordance with agreed upon specifications aimed at obtaining a desired outcome.
SSI	A surgical site infection (SSI) is an infection that occurs after surgery in the part of the body where the surgery took place. Surgical site infections can sometimes be superficial infections involving the skin only. Other surgical site infections are more serious and can involve tissues under the skin, organs, or implanted material. Symptoms include: <ul style="list-style-type: none"> • Redness and pain around the area where you had surgery • Drainage of cloudy fluid from your surgical wound • Fever
VTE	A venous thromboembolism (VTE) - A blood clot that forms in a vein and migrates to another location. Typically, the clot is a deep venous thrombosis that becomes a pulmonary embolism; it often has serious health consequences.
WHO	World Health Organization (WHO) – is an agency of the United Nations, established in 1948 to promote health and control communicable diseases. It assists in the efforts of member governments and pursues biomedical research through some 500 collaborating research centres throughout the world. Its headquarters are in Geneva.



INDEPENDENT HEALTH GROUP