



Providing NHS care of the highest quality

Independent Health Group Quality Account April 2019/20

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INTRODUCTION

Welcome to the 2019/20 Independent Health Group Quality Account

This annual Quality Account for Independent Health Group (IHG) is compiled from data for the reporting period 1st April 2019, to 31st March 2020. The annual IHG Quality Account has been produced by the Head of Quality and Governance with the support of the Senior Management, and Executive Teams. The IHG Quality Account also incorporates data and information that has been previously produced for other internal and external reports during the same period.

Within this document, you will find an update on last year's Quality Priorities, as well as our Key Organisational Priorities for 2020/21.

IHG was founded in December 2004, by Dr Matthew Wordsworth, (Chief Executive) to provide safe NHS care of the highest quality, where patients always come first. IHG provides elective, routine day case surgery under local Anaesthetic (LA) across multiple sites within the UK. IHG undertook some 8,318 care episodes of which 2,270 were operations in 2019/20.

Independent Health Group has grown and diversified extensively over the last 15 years and this year we celebrated the opening of a new hernia service in Leicestershire. This is a further expansion of our clinical operations and facilities in line with our strategy.

Over the last year (2019/20) IHG has provided surgical procedures under five clinical services, which are for:

- Carpal Tunnel Syndrome
- Cataracts
- Abdominal wall Hernia
- Podiatric Surgery
- Vasectomy

IHG Head Office is in Peasedown St John, near Bath, Somerset. IHG do not undertake any surgical or outpatient activity at our Head Offices, and all surgical and outpatient activity is conducted within third party sites across the country. Some of our main sites by geographical locations are;

<u>Devon</u>	<u>Gloucestershire</u>	<u>Leicestershire</u>
		
Newton Abbott Kingskerswell Health Centre	Gloucester Aspen Medical Centre	Leicester Syston Medical Centre

Wiltshire



Chippenham
Hathaway Medical Centre



Westbury
White Horse Medical Centre



Swindon
Old Town/Lawn Medical Centres



Salisbury
Millstream Medical Practice

The majority of IHG financial income 2019/2020 derives from our four main contracts that we hold with the following National Health Service (NHS) Clinical Commissioning Groups (CCG) and the Leicester, Leicestershire and Rutland Provider Company (LLR) for the services provided by IHG;

- NHS Devon CCG
- NHS Swindon CCG
- NHS Wiltshire CCG
- Leicester, Leicestershire and Rutland Provider Company Limited

We also received income for other non-contract activity from the below CCG's during 2019/2020;

- National Commissioning Hub
- NHS Berkshire West CCG
- NHS Dorset CCG
- NHS Herefordshire CCG
- NHS North Hampshire CCG
- NHS Portsmouth CCG
- NHS South Worcestershire CCG
- NHS Bath and North East Somerset CCG
- NHS Bristol, North Somerset & South Gloucestershire CCG
- NHS Gloucestershire CCG
- NHS Isle of Wight CCG
- NHS Oxfordshire CCG
- NHS Somerset CCG
- NHS West Hampshire CCG

A strategic focus and key driver for IHG has always been that IHG delivers high-quality services which is reflected in the core values of the organisation, 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 goal and we continually look for ways to be better at what we do
- 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 recognised 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 recognise the importance of clear and timely two-way communication and collaboration both internally and with our stakeholders.

PART 1: STATEMENT OF ASSURANCE BY THE CHIEF EXECUTIVE AND CHIEF OPERATING OFFICER / CQC REGISTERED MANAGER

1.1 Chief Executive

I am delighted to present this year's Quality Account on behalf of our team at Independent Health Group, we are all very proud of our achievements over this past year. We have seen 8,318 patients and undertaken 2,270 operations in 2019/20 and our friends and family feedback tell us that overall that 99% of patients treated would recommend our services.

I am assured from the feedback we get from patients, from what I and others observe and because of the great people we have chosen to work with us, that we are delivering care of the highest quality and always putting patients first.

In September 2019 we launched a new community-based hernia surgery service covering Leicestershire, with the theatre's hub based at Syston in Leicester, and three Outpatients Sites across the county. This service has been a significant success and has proven we can replicate services while maintaining the high quality of care we provide.

While I am pleased that we achieved the majority of our priorities in 2018/19, the priorities that have been partially met, will be rolled over to 2019/20 and will be the key focus for the business, as well as understanding why these were not met, and addressing areas of underperformance.

Finally, Covid-19 began to impact all services at the end of 2019/2020 leading to cessation of all services on the 23rd March 2020. I felt it was important to make comment here, within this quality account, that IHG as always, will work closely with our Commissioners and within Government Guidelines to resume services safely.



Dr Matthew Wordsworth MBChB, MRCOG – Chief Executive

1.2 Chief Operating Officer and Registered CQC Manager

In the last year I have been promoted to the role of Chief Operating Officer and I continue to be very 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 myself, and the IHG Executive Management Team that every patient matters to us. We have further strengthened our governance reporting structure to support the expansion of the business.

Our patient's experiences continue 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 - *Chief Operating Office and CQC Registered Manager*

PART 2: Priorities for Service Quality Improvement and Statements of Assurance from the Senior Management and Executive Teams

2.1 Priorities for Service Quality Improvement 2019/20

2.1.1 Quality within the Organisation

At the heart of the care and services Independent Health Group provides are our values. We have a well-deserved reputation for high quality, patient centered care and a determination to always place the patient at the centre of our decision making and service planning. Performance against this aim is monitored and reviewed on a regular basis at Executive Level. With this in mind, the following tables set out our achievements against our key priorities set in the last financial year (2019/20) and look forward to the priorities for clinical quality improvements in the coming financial year (2020/21), 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 2019/2020

As part of our 2018//19 Quality Accounts and annual review, IHG identified 5 new quality priorities that were to be completed during 2019/2020. A progress report is set out in the table below, which includes an overall Red, Amber and Green 'RAG' rating of the extent to which the identified priorities have been achieved or completed in 2019/2020.

Priority:	Achievement to Date:	(RAG) Rating:
Priority 1 (Clinical Effectiveness) <p>To ensure that Internal reporting for outcome measurements across all specialties are analysed to identify areas of improvement</p>	Podiatric Surgery – PASCOM (MOX/PSQ10) data collection is fully embedded in process.	Priority Achieved
	Carpal Tunnel Surgery, Vasectomies and Hernia - Patient satisfaction questionnaires are sent to all patients who have used our Hand, Vasectomy and Hernia Services. The information provided allows IHG to review comparable standards of care as well as implement key Quality Improvements across the business.	Priority Achieved
	Cataract - CATPROM5 has not been fully completed or embedded in process due to internal operational pressures. This priority has been moved to 2020/2021.	Partially Met
Priority 2 Patient feedback <p>To use patient feedback to influence patient care & service improvements</p>	Friends and Family Test - Friends and Family Tests are currently embedded in practice and data outcomes shared across the organisation.	Priority Achieved
	Patient Feedback - patient satisfaction questionnaires are used across all specialties	Priority Achieved
	Clinical Review Meetings - Quarterly Clinical Review meetings are conducted for all surgical specialties where key patient feedback and Quality Improvements are key agenda items.	Priority Achieved
	SMT Walkabout – IHG Senior Teams have undertaken walkabouts and quality visits within 2019/2020. However, this has only been partially met due to staff vacancies at SMT level and internal operational pressures. IHG have completed a fully successful recruitment program and have recruited a full establishment of senior managers. This priority will be moved to 2020/2021.	Partially Met
Priority 3 Staff Engagement <p>To improve the annual performance and development review process to support staff engagement and continuous learning</p>	Staff Engagement - IHG staff survey results show a marked improvement in the quality of the performance and development review experience with results above NHS benchmarks, however the overall number of staff undertaking an appraisal in the preceding 12 months remains below target at 84% (target of 90%). Staff undertaking training and development in the preceding 12 months remains on an upward trajectory with a small increase to 65% however this remains lower than the NHS wide benchmark of 75%.	Priority Achieved
Priority 4		Priority Achieved

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.	Patient safety and Staff Wellbeing - Of the total number of IHG front facing clinical staff who were identified as requiring a flu Vaccination during 2019/2020 IHG achieved 80% meeting the national CQUIN target.	
Priority 5 Patient Safety Continue to drive reporting culture and share the learning from incidents.	Patient Safety- The overall number of open Incidents has significantly decreased through 2019/2020. IHG continues to ensure that key Incident themes and trends are identified, and that learning from incidents is shared across the organisation. Key Quality Improvements are delivered, in order that the risk of reoccurrence of incidents is mitigated.	Priority Achieved

Summary:

The Independent Health Group has actively monitored all quality priorities throughout the reporting year of 2019/20. Independent Health Group are extremely proud of their achievements, and while we acknowledge that not all priorities have been met in full, this was due in part, to the expansion of our hernia services.

Those priorities that were partially met, have been included within the 2020/21 key priorities so that we are able to and will continue to drive quality improvement across all our services, ensuring our patients receive the very best of care.

2.1.3 Quality Priorities for 2020/21

Priority	Rationale	Measurements
Priority 1 Clinical Effectiveness To ensure that Internal reporting for outcome measurements across all specialties is robustly analysed to identify key areas of Quality Improvement	<p>Patient outcome measures provides valuable data so that IHG can benchmark the effective provisions of our services against local and national benchmarks of care.</p> <p>Independent Health Group has identified a need for more robust and in-depth analysis of our results against these standards/benchmarks in order to identify key quality improvement priorities for the year ahead.</p>	<p>The following data submissions will be used as part of the analysis of our clinical effectiveness:</p> <ul style="list-style-type: none"> • Cataract - CATPROM5 • Intra and Post op Patient Pain Scores • Benchmarking of each individual IHG clinical service either nationally or locally. • Surgical Site Infections analysis

		<ul style="list-style-type: none"> • <i>Surgical Site infection analysis by clinician and by service</i> <p>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	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>The following measurements will be used/introduced:</p> <ul style="list-style-type: none"> • <i>Executive and SMT Walkabouts/Quality Visits to all IHG Sites</i> • <i>IHG to fully utilise Friends and Family and PROMS patient narrative to support quality improvements across IHG</i> • <i>Review and develop existing IHG PROMS process as to streamline and ensure that process is embedded in practice.</i> <p>Analysis of these measurements will be used to provide evidence at the ALL relevant Committees meeting to demonstrate improvement in care / service provision.</p>
Priority 3 Staff Engagement	Evidence shows a strong link between staff engagement and the quality of patient experience. An element of engagement is the alignment of the organisation's values and personal values: One of our core values is about continuous improvements – feedback from staff has identified learning and development as an area we can improve on.	<p>The Following Measures will be used/introduced.</p> <ul style="list-style-type: none"> • <i>Complete Training Needs Analysis for all IHG Clinical Staff</i> • <i>Create Training Delivery plan following output of review.</i>
Priority 4	Aligned to IHG values, patients and their wellbeing are always at the centre of all we do as an	<p>The following measurements will be used/introduced:</p>

Patient safety and Staff Wellbeing	<p>organisation, and this is no exception when it comes to employees. Ensuring that the organisation listens to both patients and staff, is key in ensuring that our practices are correct, are staff and patients are supported and that their Health, Safety and Wellbeing needs are being addressed and fully met.</p>	<ul style="list-style-type: none"> • <i>Ensuring the organisation responds in a timely and appropriate manner to national and local guidance pertaining to Covid-19 to ensure that safety of all IHG employees and Patients who use our services.</i> • <i>Reasonable adjustments to normal daily working to ensure compliance of covid-19 guidance and promote safety of staff.</i> • <i>Staff feedback sessions to share experience of overall management of Covid-19 by IHG.</i> • <i>Risk Assessment and Risk Management relating to Covid-19.</i> • <i>Staff Support offered to all staff who may require it.</i>
Priority 5 Patient Safety <p>Continue to drive reporting culture and ensure that the key learning from incidents is shared across IHG.</p>	<p>Independent Health Group identified that the incident reporting and analysis systems currently in place, need to be improved and following a review of the current process, in order to improve the quality of reporting, management, storage and sharing of key thematic trends and learning from incidents is to explore Electronic Solutions so that the overall system can be digitalised.</p>	<p>The following measurements will be used/introduced:</p> <ul style="list-style-type: none"> • <i>Review potential Electronic Risk Management and Governance systems and identify suitability of systems for IHG.</i> • <i>Present a Business Case to IHG Executive Team providing overview and recommendations of chosen system.</i> • <i>Review and develop internal incident reporting processes and systems to ensure that they are robust as they can be and in a steady state to allow transition to electronic system.</i>

2.2 Operational Statements of Assurance from Head of Operations

2.2.1 Review of Services

During the reporting period (2019/20) 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 2019/20 there have been 5044 patient referrals. A breakdown of the CCG referral numbers can be seen in [Appendix 2](#).

During 2019/20 for patients who underwent an initial consultation (3900) there was an average of 2.1 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. Of the 3900 patients seen, 1607 patients had surgery with IHG, and aligned to our vision that all patients see the same clinician during their episode of care. For 2019/2020 94.15% of patients saw the same clinician. The remaining 5.85% who did not see the same clinician, was due in part to when lists had to be covered by another due to sickness.

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 referral to treatment (RTT) from the day the appointment is booked through the NHS e-Referral Service, As part of Independent Health Group's commitment to meeting this standard during 2019/20 and average RTT performance of 99.48% was attained against the national standard of 92%.

Outpatient 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 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 reasonably well with on average 98% 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 as part of the upgrade of the patient administration system being carried out during 2020.

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 99.8%

- 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 2019/20 there were 16 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 2019/20 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 2019/20, 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 2019/2020 can be seen in [Appendix 2](#).

2.2.3 CQUIN Framework

A proportion of Independent Health Groups income in 2019/20 was conditional upon achieving Quality Improvement and Innovation Goals agreed between IHG and Wiltshire Clinical Commissioning Group (CCG), through the Commissioning for Quality and Innovation payment framework. The CQUIN goals agreed to reflect national priorities were around a Podiatric Surgery Always Event relating to Patient Information Leaflets and Annual Flu Vaccinations. Both CQUINs were fully achieved.

2.2.4 Participation in Clinical Audits

During 2019/20 IHG are 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 National NHS England 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, notwithstanding the fact that the Department of Health (DoH) Hernia PROMS were discontinued in 2017, IHG continue to use PROMS for each specialty as best practice. Any PROMS whereby data submitted by patients are

outside of our accepted set tolerances are reviewed by the IHG Medical Director and Chief Operating Officer, and immediate 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 82%. We compared our results to our results last year, and results for other organisation 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.

2.2.7 Response to Freedom to Speak Up Initiative

We encourage staff to speak up through supervision, the staff newsletter and team meetings. A number of staff escalated matters of concerns through their line managers during the year, none were formally escalated through our Speaking Up process. The staff survey assures us that all staff feel safe and confident to raise concerns. All staff state they know how to report incidents and are encouraged to do so by the organisation. Staff strongly agree that staff reporting incidents or concerns are treated fairly.

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 2019/20, it is anticipated that once the inspection regime recommences following Covid19 that IHG will be inspected in the first wave.

Currently the registered manager is the Chief Operating Officer. 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

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 Learning from Deaths

The NHS Improvement, 2017 Learning from Deaths National Guidance specifically relates to NHS providers working with bereaved families and carers to ensure openness and transparency following the death of a loved as a result of any omissions in care.

There were no deaths attributed to any surgical, or care activity provided by IHG during the reporting period of 2019/20.

2.2.11 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.

2.2.12 Mandatory Training and Staff Development

Overall compliance with statutory and mandatory training has remained good throughout the year. A record of statutory and mandatory training is maintained centrally, and reminders are sent to staff when training is about to 'expire'. A review of individual compliance with statutory and mandatory training is an element of our annual performance and development process with each member of staff.

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 remain open, honest and transparent with our approach to all events which have caused any patient harm in line with Candour.

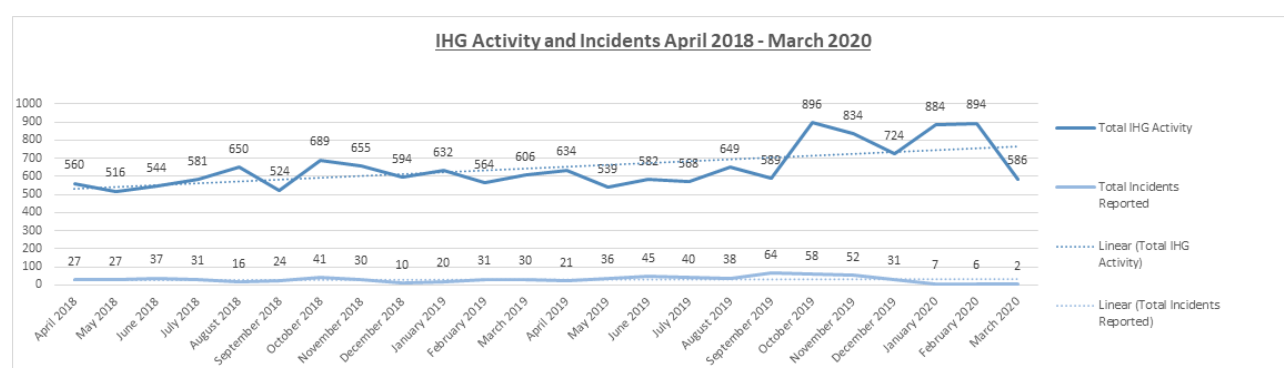
When Moderate Harm or above occurs to our patients, we ensure that a genuine apology is delivered along with a clear overview of 'what went wrong' as well as any learning. All staff within Independent Health Group have access to the 'Being Open and Duty of Candour Policy' and can seek advice from the Chief Operating Officer, 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 culture. IHG staff receive training and guidance to confidently recognise and report Patient Safety related, and Non-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 key teams and trends of incidents to ensure shared learning across the Organisation.

Total Clinical and Non-Clinical Incidents reported April 2018 to March 2020;



Total reported (2018/2019) – 345 incidents

Total reported (2019/2020) – 400 incidents

IHG recognises that Organisations with an embedded safety culture have high reporting levels and greater staff engagement in reporting any incidents they witness. Independent Health Group continues to work hard to learn from all incidents raised 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

In the staff survey, 100% of staff agree they have reported any incidents they have witnessed. Staff strongly agree they are encouraged to report incidents (100%), staff raising incidents are treated fairly (88%) and feel the organisation take actions in response to incidents raised (97%). In the year ahead, we aim to improve our feedback mechanisms to ensure staff get feedback on incident investigation outcomes from the incidents they have raised.

	IHG 2017	IHG 2018	IHG 2019	NHS 2019
Organisation treats staff involved in incidents fairly	77%	96%	88%	64%
Organisation encourages staff to report incidents	88%	100%	100%	92%
Organisation takes action to prevent reoccurrence	94%	97%	97%	77%
Organisation gives feedback on actions taken	93%	90%	74%*	67%

*Due to the significant increase in reported incidents, it has proved more challenging to provide robust feedback which we have addressed within the priorities set for 2019/20 by means of an Electronic Risk and Incident Management System (see priority 5).

3.1.3 Serious Incidents Requiring Investigation (SIRI's)

During the reporting period of 2019/20, Independent Health Group reported 1 Serious Incident 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 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 ensure the safe passage of patients through Independent Health Group's care and treatment provisions. More detailed information can be found in [Appendix 5](#) – 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 Chief Operating Officer is the Organisational Lead for safeguarding and is supported by the matrons to fulfil the requirements.

3.1.5.1 Safeguarding Incidents

In 2019/2020 there have been no incidents reported relating to safeguarding; Independent Health Group recognises that this could be viewed as not recognising and reporting safeguarding issues or concerns, 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 IHG Integrated Governance 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 2019/20 mandatory training for both safeguarding adults and children at the 3 levels was at 90%

3.2 Patient Experience and Satisfaction

3.2.1 Compliments, Complaints and Concerns

The monitoring of "Compliments, Complaints and Concerns" is a central way in which Independent Health Group learns how we are performing, and if the care we provide is in line with the patient, and their families expectations or not. 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 2019/20 there were 1 formal complaint raised, a reduction on the previous year, and 100% were dealt with in line with the complaints policy framework and timeframes. There were 4 concerns raised in this period, that was an increase on the previous year

From the 1 complaint raised in 2019/20 the complaint was not upheld.

The learning from complaints are disseminated across the organisation. The Complaint and Patient Experience Annual Report can be found in [Appendix 4](#) and details these and the learning from them more fully.

Compliments are received from patients in several 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.

In terms of satisfaction with the service provided, overall, 2076 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 using 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 4](#).

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:

“Everything associated with my treatment has been excellent”

Podiatric Services – April 2019

“Everything from booking the appointment through to the operation has been absolutely straightforward, quick & pain free!”

Hernia Services – April 2019

“Doctor and the team made me feel at ease. Very clear information, made me feel that I was in safe hands.”

Vasectomy Services – April 2019

“Short waiting time, friendly doctors and nurse, accessible location”

Carpel Tunnel Services – April 2019

3.2.2 Friends and Family Test Audit

During 2019/2020 IHG undertook 2270 surgical procedures, whereby each patient was provided with a FFT, 2082 responses were received giving us a 92% response rate in year. Of the 2082 responses, 99% of patients were Extremely, or Likely to recommend IHG Services. 0.7 % of patients were Neither Likely, unlikely, Extremely Unlikely or unsure if they would recommend IHG services. Of the 7 patients who were Extremely unlikely to recommend IHG services, 6 responses provided positive feedback, and provided no suggested changes for improvement. It is felt on balance, that the incorrect box may have been completed.

IHG F&FT Response and Satisfaction Score Results

April 2019 - March 2020

Month	Extremely Likely to Recommend IHG	Percentage Extremely Likely to Recommend IHG	Likely to Recommend IHG	Percentage Likely to Recommend IHG	Neither Likely or Unlikely to Recommend IHG	Percentage Neither Likely or Unlikely to Recommend IHG	Unlikely to Recommend IHG	Percentage Unlikely to Recommend IHG	Extremely unlikely to Recommend IHG	Percentage Extremely unlikely to Recommend IHG	Unsure if They Would Recommend IHG	Percentage Unsure if They Would Recommend IHG	Total Responses Received Each Month	Total Procedures Performed in month	Percentage FFT Response Rate
April-2019	166	98.81%	1	0.60%		0.00%		0.00%	1	0.60%		0.00%	168	185	91%
May-2019	146	96.05%	6	3.95%		0.00%		0.00%		0.00%		0.00%	152	178	85%
June-2019	140	89.74%	13	8.33%	1	0.64%		0.00%	1	0.64%	1	0.64%	156	180	87%
July-2019	135	91.84%	12	8.16%		0.00%		0.00%		0.00%		0.00%	147	163	90%
August-2019	151	92.07%	8	4.88%	3	1.83%		0.00%	2	1.22%		0.00%	164	180	91%
September-2019	164	97.04%	5	2.96%		0.00%		0.00%		0.00%		0.00%	169	186	91%
October-2019	141	93.38%	8	5.30%	1	0.66%		0.00%	1	0.66%		0.00%	151	163	93%
November-2019	190	95.96%	7	3.54%		0.00%		0.00%	1	0.51%		0.00%	198	210	94%
December-2019	149	91.41%	14	8.59%		0.00%		0.00%		0.00%		0.00%	163	178	92%
January-2020	204	92.31%	16	7.24%		0.00%		0.00%	1	0.45%		0.00%	221	233	95%
February-2020	228	97.02%	6	2.55%	1	0.43%		0.00%		0.00%		0.00%	235	245	96%
March-2020	148	93.67%	9	5.70%		0.00%	1	0.63%		0.00%		0.00%	158	169	93%
Grand Total	1962	94.24%	105	5.04%	6	0.29%	1	0.05%	7	0.34%	1	0.05%	2082	2270	

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 2019/20 the feedback was all complimentary and it is a great reflection on the ethos of teamwork at Independent Health Group. Comments that are typical of those received include:

“I like working for IHG. It's a good team of people. The most impressive thing they do is to have an attention to detail when it comes to outcome metrics. The detail they gather gives me the confidence to know I'm performing well and helps highlight any variations in performance so we can reflect on whether we need to change practice or not”.

IHG Surgeon Colleague

“I enjoy working for IHG as I feel that my opinion is respected and we are able to give patients individualised, high standards of care. Patient's often give us feedback about how great it is that they can have their surgery in the community, close to home”.

IHG Nurse Colleague

“Patients frequently check that we are NHS as the service they are receiving is such that they think they are in the wrong place and are going to be charged as a private patient. I feel this is something we should all be very proud of and know that the staff aspire to giving their patients the best possible service’.

IHG Nursing Support Colleague

“During my employment with IHG I am always amazed at how IHG really does live and breathe its values and that patients really are at the centre of all the organisation does. As an employee, I feel very much able to speak up, and that my views are truly listened too and respected. IHG really is an amazing place to work”.

IHG Non-Clinical Manager Colleague

3.2.4 Equality and Diversity Standards and Access to Services

IHG completed the NHS Workplace Race Equality Standard in 2017. The small cohort meant we could not draw conclusions from the data; however, we have started to gather data on our recruitment activity to enable us to assess our approaches from an equality perspective. We will review and report on this data as part of our 20/21 Equality, Diversity and Inclusion report. We also signed up to the Positive about Disability standard, ahead of undertaking the NHS Workplace Disability Equality Standard in 2021. The staff survey results affirm that staff feel treated fairly at work and have enjoyed a work environment free of unfair discrimination. Staff feel supported and see we have made reasonable adjustments to support staff with a disability.

In September 2019 we opened a new hernia service in Leicestershire. An equality impact statement was undertaken prior to the service commencing, which has been reviewed and updated now the service is operational.

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 2019/2020 one review of our new service that was opened within the previous year as completed. This review supported changes to overarching assurance processes adopted at the time by IHG in relation to safer recruitment practice and infection, prevent and control action plan.

3.3.1 Reviews of Practice

3.3.1.1 Lessons Learned from Review of Service

Key Finding: IHG will continue to monitor hernia recurrence rates across the organisation and propose that this is included as a local requirement within our monthly CCG quality schedule. Although IHG's approach is robust, we have identified an area for further improvement relating to post induction assurance.

Action: Plans are now in place to introduce a documented 'sign-off' post induction which will commence in September 2019.

Key Finding: Readmissions; IHG have responded to all readmission data challenges sent by Wiltshire CCG however have identified two readmissions not included within the data challenge report.

Lessons Learned: Query – does the data challenge report capture all readmissions?

Action: Wiltshire CCG to review data challenges for December 2018 and January 2019 to identify why the readmissions were not included within the dataset.

3.3.1.2 NICE Quality Standards and Guidance

NICE Quality Standards are a concise set of statements designed to improve quality within 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. The below table provides a summary of quality KPI's not covered by other sections within this report:

The Quality and Performance is reviewed by the Integrated Governance Committee for assurance purposes. All KPI's are within or exceed the agreed standard therefore Independent Health Group continues to maintain its excellent performance in all the above domains.

		2019/20											
		Quarter 1			Quarter 2			Quarter 3			Quarter 4		
Indicator	Standard	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
Falls - number of incidents	0	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 accommodation 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	N/A	16	15	11	20	15	15	20	14	10	24	22	11
VTE pre op assesment completed	95%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Organisation acquired thrombosis	0	0	0	0	0	0	0	0	0	0	0	0	0
WHO Checklist completed (audit)	100%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

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 Chief Operating Officer or Medical Director, shared with the Clinician treating the patient 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 meetings (which happen 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 surgical 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: STATEMENTS FROM COMMISSIONERS

Bath and North East Somerset, Swindon and Wiltshire CCG - Statement



Bath and North East Somerset, Swindon and Wiltshire CCG

Statement from Bath and North East Somerset, Swindon and Wiltshire Clinical Commissioning Group on Independent Health Group 2019/20 Quality Account

NHS Bath and North East Somerset, Swindon and Wiltshire Clinical Commissioning Group (CCG) welcome the opportunity to review and comment on the Independent Health Group (IHG) Quality Account for 2019/2020. In so far as the CCG has been able to check the factual details, the view is that the Quality Account is materially accurate in line with information presented to the CCG via contractual monitoring and is presented in the format required by NHS Improvement 2019/2020 presentation guidance. The CCG supports IHG's identified quality priorities for 2020/21.

It is the view of the CCG that the Quality Account reflects IHG's on-going commitment to quality improvement and addressing key issues in a focused and innovative way, as well as utilising the nationally set CQUIN schemes to support the achievement of many of the 2019/20 quality priorities.

IHG's priorities for 2019/20 have outlined achievement in:

- Patient engagement in the review of service improvement within carpal tunnel, vasectomy and hernia repair surgery leading to improvements in standards of care
- Reduction in overall number of open incidents with continued focus on identifying key incident themes and trends, sharing learning and delivering quality improvement to mitigate risk of reoccurrence.
- 80% of IHG front facing clinical staff identified as requiring a flu vaccination during 2019/2020 received one, thereby meeting the national CQUIN target.

The Cataract - CATPROM5 and IHG Senior Team walkabouts and quality visits have not been fully completed or embedded in process during 19/20 whilst IHG responded to operational pressures. The CCG look forward to the completion of these during 2020/21.

The CCG welcomes continued focus on:

- Clinical effectiveness and use of internal reporting for outcome measurements across all specialties to identify areas of improvement, benchmarking against local and national data
- Incorporation of patient feedback into practice and its use to inform governance and strategy discussions to ensure that the needs of all patients are met.
- Improving the results of the staff survey reflected in staff engagement and further improvements to learning and development through the completion of training needs analyses for all IHG clinical staff and creation of a training delivery plan

The CCG notes and commends IHG on the focus on infection prevention and control and for reporting no cases of acquired MRSA bacteraemia, Clostridium Difficile or MSSA during 2019/20.

NHS Bath and North East Somerset, Swindon and Wiltshire CCG is committed to ensuring collaborative working with IHG to achieve continuous improvement for patients in both their experience of care, safety and outcomes.

Yours sincerely



Gill May Director of Nursing and Quality

Leicester, Leicestershire and Rutland Provider Company Limited CCG - Statement

IHG have continued to work closely with LLR PCL in 2019-20 to deliver a high-quality care with excellent patient satisfaction received for existing and new services that were introduced during the year. LLR PCL are assured that IHG is committed to delivering care of a high standard due to the responsive attitude and core values displayed by the team. LLR PCL look forward to working with IHG in the next financial year to best serve the needs of the LLR population.

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 2019/2020

	Patient Activity - 2019/20												
	Quarter 1			Quarter 2			Quarter 3			Quarter 4			
Activities	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	YTD
Initial consultation	250	203	223	227	284	219	516	444	373	426	454	281	3900
Procedures undertaken	187	179	181	163	180	186	163	210	178	233	245	169	2274
Ultrasound guided injection	33	28	22	31	37	20	26	24	21	28	29	13	312
Nerve conduction study	11	9	9	10	10	5	6	6	6	6	9	5	92
Follow up (Face to Face)	131	120	109	137	137	159	185	150	146	191	157	118	1740
Total Patient Care Episodes	612	539	544	568	648	589	896	834	724	884	894	586	8318

Appendix 2 - Number of Patients Referred by CCG

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.

Number of Patients Referred by CCG - April 2019 - March 2020						
Registered CCG	Cataract	Hand	Hernia	Podiatric	Vasectomy	total
National Commissioning Hub 1	0	2	1	1	2	6
NHS Bath and North East Somerset CCG	0	5	8	0	14	27
NHS Bristol, North Somerset and South Gloucestershire CCG	0	1	1	0	4	6
NHS Coventry and Rugby CCG	0	0	1	0	0	1
NHS Derby and Derbyshire CCG	0	0	1	0	0	1
NHS Devon CCG	0	0	1	0	354	355
NHS Dorset CCG	5	1	4	2	8	20
NHS East Leicestershire and Rutland CCG	0	102	430	0	0	532
NHS Gloucestershire CCG	0	61	4	0	12	77
NHS Herefordshire CCG	0	1	0	0	1	2
NHS Isle Of Wight CCG	0	0	1	0	0	1
NHS Leicester City CCG	0	58	434	0	0	492
NHS Newbury and District CCG	0	1	0	0	8	9
NHS North Hampshire CCG	0	0	0	1	0	1
NHS Oxfordshire CCG	1	6	3	0	0	10
NHS Somerset CCG	7	0	1	0	5	13
NHS South West Lincolnshire CCG	0	2	0	0	0	2
NHS South Worcestershire CCG	0	0	1	0	0	1
NHS Swindon CCG	0	87	54	126	5	272
NHS West Hampshire CCG	0	0	1	1	0	2
NHS West Leicestershire CCG	0	66	467	0	0	533
NHS Wiltshire CCG	317	277	1267	494	326	2681
Total	330	670	2680	625	739	5044

*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 2019/20

Indicator		Standard	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
Performance	RTT % performance (under 18 weeks) - 1A	92%	100.0%	100.0%	100.0%	98.0%	100.0%	100.0%	100.0%	97.5%	100.0%	100.0%	98.2%	100.0%
	RTT ongoing pathway (number over 18 weeks) - 2	0	3	2	3	1	5	4	4	1	5	2	9	2
	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%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
	6 week diagnostic testing (NCS)	100%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
	Procedures cancelled on the day - non clinical	N/A	1	0	0	2	0	3	7	0	0	3	0	0
	Cancelled Procedures rebooked within 28 days	100%	100.0%	N/A	N/A	100.0%	N/A	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
	Clinic letters within 7 days of outpatient appt.	100%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	86.7%	87.0%
	Valid NHS number data set submitted to SUS	99% ≥	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
	Discharge summaries within 24 hours (audit)	100% >	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	97.5%	100.0%	100.0%	100.0%
	Admission to another health provider	0	1	0	0	2	0	2	2	0	0	0	0	0
	Emergency readmissions	0	0	0	0	0	0	0	0	0	2	0	0	0
	Emergency transfers	0	0	0	0	0	0	0	0	0	0	0	0	0
	Unplanned return to theatre	0	0	0	0	0	0	0	0	0	0	0	0	0

Appendix 4 – Annual Report 2019/20 – Complaints and Patient Experience

Appendix 4 - Annual Report (2019/20)					
Independent Health Group					
Subject	Complaints and Patient Experience				
Prepared by	Daniel Boden – Head of Quality and Governance				
Approved by	Claire Damen – IHG Chief Operating Officer				
Presented by					
Purpose					
To provide an overview of all complaints and patient experience during the reporting period of 1 st April 2019 – 31 st March 2020.				Discussion	
				Approval	
				Information	●
				Other	
Organisation Objectives					
Safety	Quality	Efficiency	Workforce	Finance	Governance
●	●				●
Executive Summary					
This report provides an overview of all Complaints, Concerns and Patient Experience feedback received from the 1 st April 2019, to 31 st March 20 relating to IHG services, and outlines next steps following investigations from key learning obtained.					
Key Recommendations					
Review options to procure and embed an Electronic Risk and Governance Management System as to improve the overall management of Complaints and Patients Experience.					
Next Steps					
Further updates to be provided within quarterly quality reports.					

1.1 Introduction

A complaint is described in the IHG ‘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 individual experience may fall 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 organisational 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 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 1 formal complaints for 2019/20. (Table 1). The total number of patient encounters in the period 1st April 2019 to 31st March 20 was 8,318 (not including telephone follow ups).

Table 1 – Number of Complaints Received

Indicator	Standard	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
Complaints - number received	0	0	0	1	0	0	0	0	0	0	0	0	0
Complaints - response rate	90% ≥	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

1.4 Number of complaints resolved within an agreed timescale

There was a total of 1 complaint that had to be responded to during 2019/20 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, that due to a failure for the organisation 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.

1.6 Parliamentary and Health Service Ombudsman

During 2019/20 there were 0 complaints referred to the Ombudsman.

1.7 Learning by Experience

Below highlights a selection of some of the lessons learned from our one complaint over the past year:

Due to our very low level of complaints, and whereby evidence suggests that the overall number and key theme of complaints received by NHS providers, is due to poor communication. However, due the below national level of complaints IHG received, we can evidence good communication and overall high levels of patient's satisfaction with the services that we provide.

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 aims for 2019/20 as to further improve the IHG complaint process and management by:

- Continuing to maintain our 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 – this was achieved.
- Continue to ensure that 100% of new complainants will be contacted within 2 working days of receipt by telephone when contact details are available.
- Continue to ensure that 100% of complainants will be acknowledged within 3 working days.
- Continue to ensure that 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, from the 1st April 2019 to the 31st March 20, 99% of patients of the 92% who responded, were Extremely Likely or Likely to recommend our services to their Friends and Family.

Of the 7 patients who were Extremely Unlikely to Recommend IHG services, on further review, 6 of the 7 patients had provided very positive feedback, suggesting that the incorrect box within the F&F test may have had been completed.

2.2 FFT Response Rate/ Satisfaction Score (April 2019 – March 2020)

IHG F&FT Response and Satisfaction Score Results April 2019 - March 2020															
Month	Extremely Likely to Recommend IHG	Percentage Extremely Likely to Recommend IHG	Likely to Recommend IHG	Percentage Likely to Recommend IHG	Neither Likely or Unlikely to Recommend IHG	Percentage Neither Likely or Unlikely to Recommend IHG	Unlikely to Recommend IHG	Percentage Unlikely to Recommend IHG	Extremely unlikely to Recommend IHG	Percentage Extremely unlikely to Recommend IHG	Unsure if They Would Recommend IHG	Percentage Unsure if They Would Recommend IHG	Total Responses Received Each Month	Total Procedures Performed in month	Percentage FFT Response Rate
April-2019	166	98.81%	1	0.60%		0.00%		0.00%	1	0.60%		0.00%	168	185	91%
May-2019	146	96.05%	6	3.95%		0.00%		0.00%		0.00%		0.00%	152	178	85%
June-2019	140	89.74%	13	8.33%	1	0.64%		0.00%	1	0.64%	1	0.64%	156	180	87%
July-2019	135	91.84%	12	8.16%		0.00%		0.00%		0.00%		0.00%	147	163	90%
August-2019	151	92.07%	8	4.88%	3	1.83%		0.00%	2	1.22%		0.00%	164	180	91%
September-2019	164	97.04%	5	2.96%		0.00%		0.00%		0.00%		0.00%	169	186	91%
October-2019	141	93.38%	8	5.30%	1	0.66%		0.00%	1	0.66%		0.00%	151	163	93%
November-2019	190	95.96%	7	3.54%		0.00%		0.00%	1	0.51%		0.00%	198	210	94%
December-2019	149	91.41%	14	8.59%		0.00%		0.00%		0.00%		0.00%	163	178	92%
January-2020	204	92.31%	16	7.24%		0.00%		0.00%	1	0.45%		0.00%	221	233	95%
February-2020	228	97.02%	6	2.55%	1	0.43%		0.00%		0.00%		0.00%	235	245	96%
March-2020	148	93.67%	9	5.70%		0.00%	1	0.63%		0.00%		0.00%	158	169	93%
Grand Total	1962	94.24%	105	5.04%	6	0.29%	1	0.05%	7	0.34%	1	0.05%	2082	2270	

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 5 – Annual Infection Prevention and Control Report 2019/20

Appendix 5 – Annual Infection Prevention and Control Report 2019/20						
Subject		Infection Prevention and Control				
Prepared by		Claire Damen				
Approved by						
Presented by						
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						
<p>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 proximity and contact between each party and the continuous contact in a shared working and living environment all contribute to transmission.</p> <p>Independent Health Group has an 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 in line with the expected standards outlined in the Health and Social Care Act and relevant NICE guidance. This programme includes a review of Covid19 related guidance which has been implemented where relevant as issued by the Department of Health.</p>						
2. INFECTION CONTROL ARRANGEMENTS						
<p>Independent Health Group contracts with the Royal United Hospital Trust Infection control department for access to expert Infection Prevention and Control (IPC) advice from the specialist nurse. Relevant policies are shared, and site assurance visits have been undertaken to White Horse Westbury and Hathaway Medical Centre Chippenham in 2019. IPC sites assurance visits have also taken place at all sites in Leicestershire to support the delivery of the new hernia service.</p> <p>Compliance with Mandatory training for Infection Prevention and Control (IPC) was maintained at a high level until January to March 2020, the drop in performance was in part due to Covid-19 activities taking priority and the ceasing of all mandatory training.</p>						

Month	No of staff compliant with IPC training	Total no of staff	% compliant
Apr-19	44	45	97.8%
May-19	39	44	88.6%
Jun-19	40	45	88.9%
Jul-19	40	43	93.0%
Aug-19	43	47	91.5%
Sep-19	48	53	90.6%
Oct-19	48	53	90.6%
Nov-19	50	54	92.6%
Dec-19	54	57	94.7%
Jan-20	52	62	83.9%
Feb-20	46	65	70.8%
Mar-20	40	63	63.5%
Overall for year			86.2%

3. INFECTION CONTROL DATA

Overall, this year there have been over 8000 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 provide individualised patient care within a clean safe environment and with clean well-maintained equipment. The care delivery model at IHG avoids contacts with other patients throughout the whole pathway and therefore is low risk in terms of Covid19 transmission.

Indicator		Standard	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
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	1	0	3	1	3	2	1	1	1	1	2	4

MRSA/MSSA - There were Nil cases reported between April 2019 - March 2020

C. Diff - There were Nil cases reported between April 2019 - March 2020

Surgical Site Infections - There were 21 cases of infection reported between April 2019 - March 2020. More detail on SSI's is available in section 7.

INFECTION CONTROL INCIDENTS.

During the reporting period there have been 7 incidents which have included a breakdown in infection control standards these are detailed in the table below:

IPC Incident Table April 19 – March 20				
		Incident Area		
Centre		Cleaning	Air Handling Unit	Theatre Temperatures
Hathaway Medical Centre		1	0	0
White Horse Medical Centre		0	0	0
Millstream		0	0	1
Kingskerswell		0	N/A	N/A
Old Town		0	N/A	N/A
System		0	0	0
All other sites		1	0	0

3.1 Actions Taken

In every incident above all issues were rectified before any patients were treated.

CLEANING

Independent Health Group takes the standard of cleanliness seriously and expects a high standard of cleaning. Hathaway Medical Centre (HMC) /Other sites

These two cleaning incidents were isolated events relating to cleaning standards which were rectified immediately with no further incidents.

AIR HANDLING UNIT – There have been no incidents relating the to the AHU.

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.

Millstream House -this incident related to excessive temperatures during the heat wave in the rooms outside of the actual operating suite therefore presented no risk to patients.

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) - The incidents reporting in relation to environment did not impact on the standards of care in relation to Infection prevention and control but did lead to cancellations of lists to avoid harm to patients whilst the situation was rectified.

4. 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 100% level of compliance has been achieved on completed audits. 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

SURGICAL SITE INFECTIONS

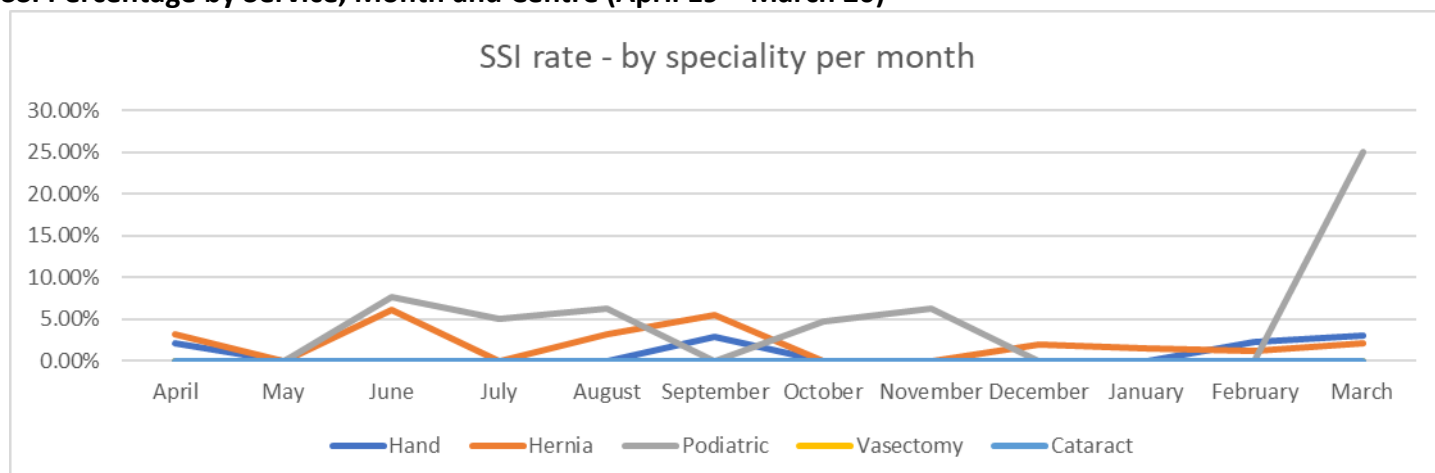
In total there have been 2274 surgical procedures carried out with 20 surgical site infections (SSI's) reported. This means that the reported risk of acquiring an SSI is running at 0.88% over the 12-month reporting period. This is a reduction of 0.52% on the overall rate of 1.4% as compared with 2018-2019. This is a significant improvement alongside the fact IHG have increased the number of operations more likely to develop a post-operative infection. 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 specialty and the site at which they were performed:

Surgical Site Infection by Site and Speciality (April 19 – March 20)

	Surgical Site Infection rate - April 2019 - March 2020																	
	IHG Chippenham			IHG Westbury			IHG Salisbury			IHG Swindon			IHG Leicester			Other		
	infection	Procedure	%age	infection	Procedure	%age	infection	Procedure	%age	infection	Procedure	%age	infection	Procedure	%age	infection	Procedure	%age
Hand	1	101	0.99%	0	91	0.00%	0	0		2	125	1.60%	1	161	0.62%	0	57	0.00%
Hernia	4	162	2.47%	2	128	1.56%	0	50	0.00%	0	0		2	140	1.43%	0	0	
Podiatric	4	125	3.20%	2	57	3.51%	2	27	7.41%	0	1	0.00%	0	0		0	0	
Vasectomy	0	214	0.00%	0	132	0.00%	0	0		0	0		0	0		0	321	0.00%
Cataract	0	0		0	382	0.00%	0	0		0	0		0	0		0	0	

SSI Percentage by Service, Month and Centre (April 19 – March 20)



It is of note that there was a spike in reported infections in March 2020. This has been analysed and represents one infection per month for the podiatric service between January and March that were all reported in March 2020 which is line with the norm.

5. One Together Self-assessment and NICE guidance

IHG conducts regular self-assessments against required standards to ensure practice is in line with the latest guidance. These include the One together self-assessment toolkit which assesses standards of Infection prevention practice across the surgical pathway and Nice guidance NG125 surgical site infections: prevention and treatment. As a result of these reviews we have taken a number of actions for example we have updated the organisational antibiotic policy and provided wound care training to staff.

Key Recommendations

The SMT and Executive are asked to:
Confirm they have adequate assurance on IPC activities and action plans

Next Steps

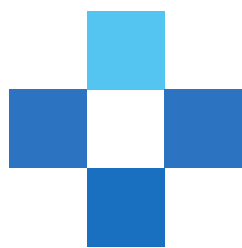
The next Annual Report will be produced at the end of 2020/21.
The Infection Prevention and Control group meets monthly to provide oversight, scrutiny and assurance to the Clinical Governance meeting.

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	<p>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.</p> <p>Symptoms include:</p> <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
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