



Providing NHS care of the highest quality

Independent Health Group Quality Account April 2020/21

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INTRODUCTION

Welcome to the 2020/21 Independent Health Group Quality Account

A Quality Account is a report about the quality of the services offered by providers of NHS funded activity that includes the independent health sector. An organisations Quality Account is an important way for them to report quality and evidence improvements in the services they deliver to local communities and stakeholders.

The quality of the services provided to patients is measured by reviewing overall patient safety, effectiveness of treatments and direct patient feedback about care and experiences of the services provided.

Quality Accounts are published annually, and the Department of Health and Social Care requires providers to submit their final Quality Accounts to the Secretary of State by no later than the 30th of June each year. These requirements are set out in the Health Act 2009 and amendments made to include quality indicators according to the Health and Social Care Act 2012.

This annual Quality Account for Independent Health Group (IHG) is compiled from data for the reporting period **1st April 2020**, to **31st March 2021** and 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 the key Quality Priorities for 2020/21, as well as our Key Organisational Priorities for 2021/22.

IHG is a private organisation that only provides NHS services and does not offer any privately funded activity. IHG was founded in December 2004, by Dr Matthew Wordsworth, (IHG Chairman) 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 England. During 2020/2021 there were **3,461** initial patient consultations of which **1,616** patients went on to have surgery. This was a reduction on the previous reporting year where **2,270** operations were performed – this has been attributed to the global COVID-19 Pandemic.

IHG continues to grow as a business and has diversified extensively over the last 16 years. IHG regularly reviews and expands its services to best meet the needs of the local health economy. Further expansion of our clinical operations and facilities are developed and aligned to Business Development and growth strategy.

Over the last financial year (2020/21) IHG has continued to provide surgical procedures under the following five clinical services,

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

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

Devon



Newton Abbott
Kingskerswell Health Centre

Gloucestershire



Gloucester
Aspen Medical Centre

Leicestershire



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's income for 2020/2021 derives from our three 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 PCL) for the services provided by IHG;

- NHS Devon CCG
- NHS Bath and North East Somerset (BANES) CCG, Swindon and Wiltshire CCG (NHS Gloucestershire CCG is an associate on this contract)
- Leicester, Leicestershire and Rutland Provider Company Limited (LLR PCL)

IHG also received income for other non-contracted activity from the below CCG's during 2020/2021;

- National Commissioning Hub
- NHS Bristol, North Somerset & South Gloucestershire CCG
- NHS Dorset CCG
- NHS Oxfordshire CCG
- NHS North Hampshire CCG
- NHS West Hampshire CCG
- NHS Somerset CCG
- NHS North Lincolnshire 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:

Our Vision and Values

To be a leading provider of community based diagnostic and treatment services of the highest quality, where patients always come first.



Patients

always come first

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



Excellence through continuous improvement

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



Teamwork

underpins all we do

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

PART 1: STATEMENT OF ASSURANCE BY THE CHIEF EXECUTIVE OFFICER (CEO)

1.1 Chief Executive

Welcome to Independent Health Groups 2020/2021 Quality Account. Reflecting on the last year, it has been a year of significant and unprecedented challenge and change not only for IHG but across the world. The ongoing global COVID-19 pandemic has required extraordinary effort, energy, and hard work, but also skill, compassion, and sacrifice from the IHG team as a whole. I feel proud every day by what I see from our teams across our services and the significant lengths they have gone to, notwithstanding the current global position, to continue to provide compassionate high-quality care to our patients to ensure that they always do come first.

We are thankful that following the initial lockdown, we were able to return to delivering our Elective Services, but we are mindful that the pandemic has claimed many lives and has impacted on our staff delivering care in particular, those who were seconded to NHS services to support the front line to whom we remain proud and grateful. All our staff deserve a huge 'Thank You' for their flexibility and willingness to take on additional roles and be furloughed that significantly contributed to the wider fight against the COVID-19 pandemic, but also ensured the sustainability and continued growth and recovery of IHG both during and post COVID-19.

The quality of care that we provide to our patients remains of paramount importance to me and I'm delighted that throughout the Quality Account we continue to demonstrate that our services are safe, effective and of the highest quality. Additionally, we have returned to our excellent performance position in relation to short waiting times for almost all services.

Whilst we continue to manage COVID-19 in-line with National Guidance, ensuring the safety of all our staff and patients is of the upmost paramount importance, and while we are optimistic that there is now some light at the end of the tunnel, means we can now begin to look ahead to expand our services further to support the NHS and its recovery from the pandemic by providing, where possible, additional capacity within our Elective services to see patients who have been waiting for treatment in excess of 52 weeks, our cataract service has already expanded and provided treatment to patients who have waited in excess of 52 weeks.



Claire Damen - *Chief Executive Officer*

1.2 Medical Director

As Medical Director for Independent Health Group, it is my pleasure to comment on our 2020-21 Quality account which summarises how our teamwork continues to demonstrate how we always put patients first and how we have evidenced our pursuit of excellence through continuous improvement.

This report outlines our approach to quality improvement and the progress made in in 2020-21, despite the challenges of working within the restrictions of a global pandemic.

Our emphasis is on ensuring patients receive safe, efficient and effective care, that they feel valued, respected and involved in decisions about their care and are fully informed about their treatment on each step of the pathway. We ensure that our patients are treated in line with commissioner's guidance and policies for the relevant conditions.

I have been impressed by the dedication and adaptability of our staff who have learned to work from home and who have implemented new processes and protocols to enable patient care to continue after the first lock down.

Our staff have ensured that patient safety is paramount, and we have adopted and implemented policies to prevent any patients developing COVID-19 infection as a result of treatment with our excellent teams of nurses, consultants, podiatric surgeons and specialist General Practitioners.

I am proud of all of our services, which allow an increased number of patients to be treated close to home under a local anaesthetic.

We have a robust quality and assurance framework in place that ensures safety and accountability are at the heart of everything we do. Our governance team are embedded in the processes and running of every service so we can evidence our safe practice to our patients and stakeholders.

Our quarterly speciality clinical governance meetings are attended by our clinical staff and provides a forum for all staff to review their clinical outcomes and contribute to the improvement of patient care, safety and efficiency.

Our systems of recording pain scores and responding to patient feedback has been complimented by our partner organisations who have read our results. I have had very positive feedback from appraisers who have received our 'whole practice' summaries for our clinicians who have practice privileges.

We encourage our commissioners and all our partners, within the integrated care services, to recognise the advantages of a community based local anaesthetic service to patients, especially when the major hospital units are under intense pressure following the pandemic.



Bruce Braithwaite – *Medical Director*

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 2020/21

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 (2020/21) and a look forward to the priorities for quality improvements in the coming financial year (2021/22), 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 2020/2021

As part of our 2019/20 Quality Accounts and annual review, IHG identified 5 new quality priorities that were to be completed during 2020/2021. 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 for this period.

| Priority | Measurements | RAG Rating |
|---|---|--|
| 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 | The following data submissions will be used as part of the analysis of our clinical effectiveness: <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 Surgical Site infection analysis by clinician and by service 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. | Priority Achieved Priority Achieved Priority Achieved Priority Achieved Priority Achieved |

| | | |
|--|---|--|
| Priority 2 Patient feedback To use patient feedback to influence patient care & service improvements | The following measurements will be used/introduced: <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> Analysis of these measurements will be used to provide evidence at the ALL relevant Committees meeting to demonstrate improvement in care / service provision. | Priority Not Achieved |
| | | Priority Achieved |
| | | Priority Achieved |
| Priority 3 Staff Engagement | The Following Measures will be used/introduced. <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 Not Achieved Priority Not Achieved |
| Priority 4 Patient safety and Staff Wellbeing | The following measurements will be used/introduced: <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> | Priority Achieved |
| | | Priority Achieved |

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| | <ul style="list-style-type: none"> <i>Staff feedback sessions to share experience of overall management of COVID-19 by IHG.</i> | <i>Priority Achieved</i> |
| | <ul style="list-style-type: none"> <i>Risk Assessment and Risk Management relating to COVID-19.</i> | <i>Priority Achieved</i> |
| | <ul style="list-style-type: none"> <i>Staff Support offered to all staff who may require it.</i> | <i>Priority Achieved</i> |
| Priority 5 Patient Safety Continue to drive reporting culture and ensure that the key learning from incidents is shared across IHG. | The following measurements will be used/introduced: <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> | <i>Priority Achieved</i> <i>Priority Achieved</i> <i>Priority Achieved</i> |

Summary:

The Independent Health Group has actively monitored all Quality Priorities throughout the reporting year of 2020/2021 to ensure timely completion of Quality Priorities and Independent Health Group are extremely proud of the achievements made considering the Global Pandemic, suspension of services and periods where staff had been seconded to the NHS or Furloughed, and while we acknowledge that 3 key measures were not achieved due to these operational constraints, we are pleased that out of a total of 18 measures, under 5 key Priorities **83.3%** (15) were achieved meaning that **16.6%** (3) were not.

Of the **16.6%** of measures that were not achieved in 2020/2021 have been included or incorporated within the 2021/2022 key priorities, so that we are able to, and will continue to drive quality improvement across all our services, ensuring our patients really do receive the very best of care.

2.1.3 Quality Priorities for 2021/22

| 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> <ol style="list-style-type: none"> 1) Cataract - National Ophthalmology Database. Undertake gap analysis and consider benefits of supporting both, and or removal of CATPROM5 in favour of NOD considering Value Added. 2) Comparative Analysis of each individual clinical service provided by IHG at both local, national, and international level for assurance and gap analysis. 3) Comparative Analysis of LA Conversion to GA or GA to LA for IHG Hernia Services to provide evidence of Quality, Safety and Financial Benefits of service. <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 | <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> <ol style="list-style-type: none"> 1) Development of a wider IHG Quality, Assurance and Patient Engagement Strategy with clear definitions, measurements and outputs and individual roles and responsibilities. <p>Analysis of these measurements will be used to provide evidence at ALL relevant Committees meeting to demonstrate improvement in care / service provision.</p> |

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| Priority 3 Staff Engagement | <p>Evidence shows a strong link between staff engagement and the quality of patient experience. An element of engagement is the alignment of the organisations 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> | <p>The Following Measures will be used/introduced.</p> <ol style="list-style-type: none"> 1) Introduction of regular staff forums across IHG - through this we will share plans and invite feedback on decisions and invite staff to share ‘how it is’ to further develop our commitment to meaningful staff engagement. 2) Improve our visible leadership by continuing to undertake site visits by the Executive and Senior Management Team, to improve our understanding of the patient experience and hear first-hand from staff in their normal place of work. |
| Priority 4 Staff Retention, Development and Training | <p>Aligned to IHG values, patients and their wellbeing are always at the centre of all we do as an 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> | <p>The following measurements will be used/introduced:</p> <ol style="list-style-type: none"> 1) Assess staff individual and personal development needs via appraisals. 2) Develop a revised training strategy which will include competency profiles for roles and consideration for further opportunities such as apprenticeship and extended roles. |
| 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, needed 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> <ol style="list-style-type: none"> 1) Procure and implement an Electronic Risk Management and Governance system within IHG. 2) Continue to strengthen internal incident reporting processes and systems to ensure that they as good as they can be, and in a steady state to allow transition to an electronic system. 3) Improve the feedback process (Through existing communication Infrastructure) so staff are informed of actions taken in response to incidents and that learning is shared widely. |

| | | |
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| | | <p>4) Quality Improvement Activity directly linked to Learning from Incidents with evidence of change.</p> <p>5) Develop a Safety Culture data collection and reporting process for IHG to collect baseline data for 2021/2022.</p> |
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2.2 Operational Statements of Assurance from Head of Operations

2.2.1 Review of Services

During the reporting period (2020/21) Independent Health Group provided relevant health services via the five clinical specialties. Independent Health Group has reviewed data available to gain assurance of the care provided. The quality of the care provided is addressed in part 3 of this report.

Due to the COVID-19 pandemic, IHG suspended all clinical services from the 24th March 2020 for a period of 3-5 months. During this period a small operational team continued to support patients remotely, providing reassurance and advice for patient's part way through their clinical pathway and for new patients being referred during this challenging time.

With the support and guidance from Clinical Commissioning Groups, IHG pulled together a resumption of services plan to ensure that services could recommence under safe circumstances for both patients and staff alike following National NHS guidelines. Service line resumption was considered firstly based on clinical need, with the Hernia and Hand services recommencing first at the end of June 2020 followed by Cataract, Podiatric and Vasectomy Services from September 2020.

IHG undertook clinical prioritisation of all patients on waiting lists to establish if patients were fit, willing and able to proceed, and escalate their treatment if clinically appropriate. This process also helped identify and support those patients wishing to defer their treatment due to concerns regarding the COVID-19 pandemic.

Under the expanding capacity framework, IHG started to support Salisbury Foundation Trust with their backlog of Cataract activity by seeing and treating patients at its new site, Millstream House in Salisbury. Most of these patients had already been waiting more than 52 weeks.

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 2020/21 there have been 3900 patient referrals. A breakdown of the CCG referral numbers can be seen in ([appendix 2](#)).

During 2020/21 for the 3461 patients who underwent an initial consultation there was an average of 1.75 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. This figure is lower than that recorded for 2019/20 due to the impact of the COVID-19 pandemic, and to reduce the risk of transmission between patients and staff, patients were offered the choice of a telephone appointment if clinically appropriate instead. Of the 3461 patients seen, 1616 patients had surgery with IHG, and aligned to our vision that all patients see the same clinician during their episode of care. Any deviation from this would be because of another clinician covering a colleague who was sick on the day and unable to cover their clinical commitments.

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 several areas of performance (see Link [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 2020/21 an average RTT performance of 66.1% was attained against the national standard of 92%. The suspension of IHG's clinical services for 3-5 months severely impacted RTT performance overall for the year. However, the RTT position for March 2021 had improved to 88.3% from 26.8% in July 2020. IHG remains committed to supporting patients with their choice to defer their treatment due to any concerns they may have relating to the COVID-19 pandemic.

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 achieved on average 67.8% of letters going out within 7 days. The slip in performance this year was due to the pressure of resuming services post COVID lockdown and the additional work this created, causing delays during the months of October through to December. However, the restructure of the department, including recruiting additional staff members, meant that by January 2021 we achieved 100% compliance in this area. Regarding 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. IHG audit against these standards monthly.

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 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 – linked here - [eDischarge-Summary-Maintenance-Release-Implementation-Guidance-Report-v2.1-23.1.19.pdf](#) ([theprsb.org](#)) 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 99.2%

- 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 2020/21 there were 14 patients cancelled and all received a date within 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 2020/21 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 several 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 2020/21, 100% of this is spent by Independent Health Group in delivering 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.

A table of CCG's and number of patients referred during 2020/2021 can be seen in [Appendix 2](#).

2.2.3 CQUIN Framework

A proportion of Independent Health Groups income is normally conditional upon achieving Quality Improvement and Innovation Goals agreed between IHG and Swindon and Wiltshire Clinical Commissioning Group (CCG), through the Commissioning for Quality and Innovation payment framework. Normally, CQUIN goals are agreed to reflect national priorities for example, Annual Flu Vaccinations however, due to COVID-19 there were no CQUIN's set or agreed for 2020/2021.

2.2.4 Participation in Clinical Audits

During 2020/21 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 NHS staff survey in the autumn. As an independent provider this is something, we choose to do so we can compare the experience of our staff with that of the wider NHS workforce. Our response rate was down to 60% this year. We have looked at our results for this year and compared them with previous years and results for other organisations providing NHS services. We have shared the results with staff through briefings and newsletters. Although overall our results

remain favorable and generally better than the results for other NHS organisations, we have seen a drop in scores for employee engagement and patient safety. We are using the feedback sessions with staff to understand why these scores have changed and what we might do to further improve the experience of our staff at work.

2.2.7 Response to Freedom to Speak Up Initiative

We encourage staff to speak up through supervision, the staff newsletter and team meetings. This year we have introduced group meetings for all staff. 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 tells us that all staff feel safe and confident to raise concerns, and 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 2020/21, it is anticipated that once the inspection regime recommences following COVID19 that IHG will be inspected

The registered manager for IHG during 2020/21 was our Chief Operating Officer. IHG 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 and IG group have continued to improve the infrastructure and safety of Independent Health Group's data and information technology frameworks. Independent Health Group has a 'Standards Exceeded' rating under the NHS digital data security and protection toolkit (DSPT) submission.

During the reporting period there were no breaches in data security requiring reporting to the Information Commissioners Office.

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 2020/21.

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

Compliance with statutory and mandatory training was not a priority this year, whilst the organisation managed the impact of the pandemic. We have extended the period for staff to refresh their training to reflect this, however compliance has remained good since services resumed in the late Summer.

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 potential patient harm in line with Candour.

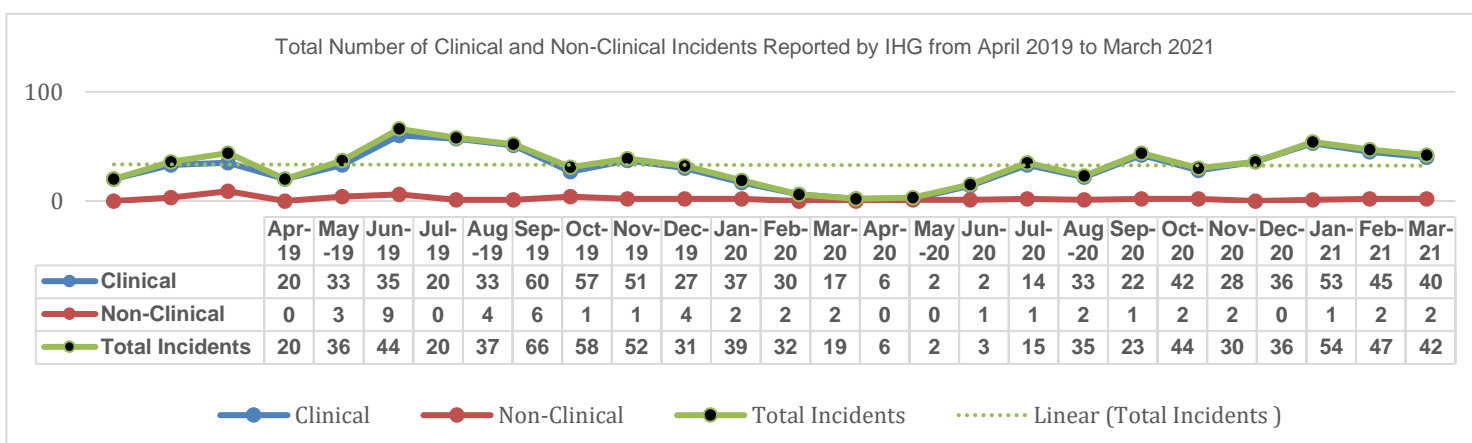
When Moderate Harm or above occurs to our patients, we ensure that a genuine apology is delivered along with a clear overview of 'what went wrong' as well as any learning identified as a result of our investigations. All staff within Independent Health Group have access to the 'Being Open and Duty of Candour Policy' and can seek advice from the Chief Executive 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 wider organisation of key teams and trends of incidents to ensure learning is shared across the organisation.

Total Clinical and Non-Clinical Incidents reported April 2019 to March 2021



Total reported (2019/2020) – 454 incidents
Total reported (2020/2021) – 337 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.

IHG continues to see normal statistical variation of incident reporting data except for the significant decrease in incident reporting from March 2020 to June 2020. This was as a direct result of the COVID-19 Pandemic and near complete ceasing of all clinical and operational activity during this period.

3.1.2.2 Staff Survey Responses Relating to Incident Reporting

Staff agree they are encouraged to report incidents, staff raising incidents are treated fairly and feel the organisation take actions in response to incidents raised, however there has been a drop in staff confidence in how the organisations shares post incident investigation outcomes and direct actions to mitigate risk of re-occurrence following an incident. 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. This work has been delayed this year due to the pandemic.

| | IHG 2017 | IHG 2018 | IHG 2019 | IHG 2020 | NHS 2020 |
|--|-------------|-------------|-------------|-------------|-------------|
| Organisation treats staff involved in incidents fairly | 77% | 96% | 88% | 76% | 69% |
| Organisation encourages staff to report incidents | 88% | 100% | 100% | 91% | 93% |
| Organisation takes action to prevent reoccurrence | 94% | 97% | 97% | 84% | 80% |
| Organisation gives feedback on actions taken | 93% | 90% | 74% | 60% | 69% |

3.1.3 Serious Incidents Requiring Investigation (SIRI's)

During the reporting period of 2020/2021, Independent Health Group reported **0** Serious Incidents within the required timeframe in line with the current Serious Incident Framework. Serious Incidents are fully investigated, and a comprehensive Root Cause Analysis (RCA) report would be produced with a detailed organisational improvement plan if required.

3.1.4 Infection Control

Evidence suggests that patients via health and social care environments or in direct receipt of treatment 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, COVID-19 update 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 IHG 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 Executive Officer is the Organisational Lead for safeguarding and is supported by the Matrons to fulfil the requirements.

3.1.5.1 Safeguarding Incidents

In 2020/2021 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, the leads are at level- 3. The impact of COVID-19 meant the IHG ceased the provision of services and during this period mandatory training was deprioritised leading to a dip in the performance relating to safeguarding training as per the data below.

| Indicator | Standard | Apr-20 | May-20 | Jun-20 | Jul-20 | Aug-20 | Sep-20 | Oct-20 | Nov-20 | Dec-20 | Jan-21 | Feb-21 | Mar-21 | YTD |
|--|----------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|------|
| % staff safeguarding training - Adult level 1 | 90% | 91% | 91% | 91% | 96% | 91% | 90% | 92% | 96% | 100% | 96% | 97% | 88% | 93% |
| % staff safeguarding training - Adult level 2 | 90% | 90% | 90% | 88% | 88% | 86% | 91% | 96% | 91% | 93% | 91% | 91% | 91% | 91% |
| % staff safeguarding training - Adult level 3 | | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% |
| % staff safeguarding training - Children level 1 | 90% | 91% | 91% | 96% | 96% | 86% | 86% | 88% | 96% | 100% | 96% | 96% | 88% | 93% |
| % staff safeguarding training - Children level 2 | 90% | 87% | 87% | 86% | 86% | 84% | 91% | 86% | 91% | 89% | 82% | 81% | 80% | 86% |
| % staff safeguarding training - Children level 3 | | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A |

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 wider 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 2020/21 there was 1 formal complaint raised. The complaint was dealt with in line with the IHG Complaints Policy framework and timeframes. There was 1 concern raised in this period,

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, **98%** 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](#). It should also be noted that only 11 responses indicated that they would not recommend IHG services, however the accompanying comments were positive, suggesting that the patient ticked the box in error.

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:

| | |
|--|--|
| <p><i>“Staff very helpful - felt very at ease given all information I needed”</i></p> <p><i>Podiatric Services – January 2020</i></p> | <p><i>“Very friendly, punctual, efficient”</i></p> <p><i>Cataract Services – January 2020</i></p> |
| <p><i>“All staff reassuring made me feel at ease - very nervous”</i></p> <p><i>Hernia Service – August 2020</i></p> | <p><i>“The phone response from the admin team was excellent”</i></p> <p><i>Carpal Tunnel Services – August 2020</i></p> |
| <p><i>“Local, friendly, prompt, clear communication”</i></p> <p><i>Vasectomy Services – February 2021</i></p> | <p><i>“Dealt with from initial enquiry to having procedure done within 8 weeks! Everyone I came into contact with treated me with utmost reassurance and in a very professional manner. Cannot praise highly enough”</i></p> <p><i>Carpal Tunnel Services – February 2021</i></p> |

3.2.2 Friends and Family Test Audit

During 2020/2021 IHG undertook **1,616** surgical procedures, whereby each patient was provided with a FFT a total of **1,374** F&F Test responses were received meaning an **85%** response rate in year. Of these responses, **98%** of patients were Extremely, or Likely to recommend IHG Services.

Of the 4 patients whose responses suggested that they were Extremely Unlikely to Recommend IHG services, on further review, 3 of the patients had provided very positive feedback, suggesting that the incorrect box within the F&F test may have been selected. The remaining patient left no comment.

| All F&F returns for IHG Apr-20 - Mar-21 | Extremely likely | Likely | Neither Likely nor Unlikely | Unlikely | Extremely unlikely | Unsure | Comment but no Response Given |
|---|------------------|--------|-----------------------------|----------|--------------------|--------|-------------------------------|
| Aspen Centre | 36 | 2 | 0 | 0 | 0 | 0 | 1 |
| Hathaway Medical Centre | 350 | 12 | 0 | 0 | 0 | 0 | 1 |
| Kingskerswell Health Centre | 140 | 5 | 0 | 0 | 0 | 0 | 4 |
| Lawn Medical Centre | 46 | 0 | 0 | 0 | 0 | 0 | 0 |
| Old Town Surgery | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Salisbury (Millstream House) | 82 | 4 | 0 | 0 | 1 | 0 | 1 |
| The County Practice, Syston | 303 | 13 | 1 | 0 | 2 | 0 | 0 |
| White Horse Medical Centre | 349 | 11 | 0 | 0 | 1 | 0 | 9 |
| Totals | 1306 | 47 | 1 | 0 | 4 | 0 | 16 |

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 2020/21 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:

*IHG really do put patients first. They ensure that it is absolutely the right place for the patient to have the right surgery. The staff are incredibly flexible, and the organisation is very understanding. It is like an extended family. Patients are so grateful to be receiving treatment so locally, within their community. This is reflected in the fact we have very few complaints – **IHG Matron***

*I like working for IHG. The quality of the service we provide is wonderful. IHG is a safe, responsive, caring company. The nursing team is fantastic, providing care in local settings. I am really proud to work for IHG – **IHG Matron***

*IHG is a lovely place to work. As an apprentice, I have received great support from everyone involved to learn my new role. Within my current role I process the PROMS and Friends and Family questionnaires, and I am constantly seeing the lovely feedback that patients give regarding their care with IHG. I am proud to be part of such a great organisation – **IHG Apprentice***

*I am still quite new to the IHG team, but I cannot praise it enough. The admin team are fantastic – and we all work so well together. From my very first day, I have been made to feel so welcome, and it has been lovely. It is a pleasure to be a part of the admin team, and to work for IHG – **IHG Patient Pathway Coordinator***

3.2.4 Equality and Diversity Standards and Access to Services

IHG are supporting the Chartered Institute of Personal and Development's (CIPD) 'Flex From 1st' campaign, which calls on employers to support flexible working for all and to enable the right to request flexible working from day one of employment.

The staff survey results confirm that staff feel treated fairly at work and have enjoyed a work environment free of unfair discrimination.

In the year ahead we will be undertaking a fresh review of our practices against the Equality Delivery Standard (EDS2), to identify any areas for improvement in both the delivery of care and as an employer.

3.3 Clinical Effectiveness/Reviews of Practice

Independent Health Group recognises the importance of ensuring practices are safe and effective to avoid harm and promote positive outcomes and experiences for patients. In 2020/2021 due to the Global Pandemic, IHG were unable to undertake any in-depth review of a service, or services and have initiated and scheduled for reviews to take place during 2021/2022 as the Global Pandemic allows.

3.3.1 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 IHG Matron Team and the Head of Quality and Governance, reported on a monthly basis via the organisations Clinical Governance 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 table on the next page 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.

| IHG Quality & Performance Dashboard 2020-2021 | 2020/21 | | | | | | | | | | | | | |
|--|-----------|-----------|--------|--------|-----------|--------|--------|-----------|--------|--------|-----------|--------|--------|-----|
| | Quarter 1 | Quarter 1 | | | Quarter 2 | | | Quarter 3 | | | Quarter 4 | | | YTD |
| Indicator | Standard | Apr-20 | May-20 | Jun-20 | Jul-20 | Aug-20 | Sep-20 | Oct-20 | Nov-20 | Dec-20 | Jan-21 | Feb-21 | Mar-21 | |
| Incidents | N/A | 6 | 2 | 3 | 15 | 35 | 23 | 44 | 30 | 36 | 54 | 47 | 42 | 337 |
| Incidents - serious incidents | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Never events | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Falls - number of incidents | 0 | 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 | 0 |
| Medication - number of incidents | 0 | 0 | 0 | 0 | 1 | 0 | 2 | 2 | 1 | 2 | 2 | 0 | 0 | 10 |
| Medication - number of incidents with harm | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Duty of candour breaches | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Information Governance - number of incidents | 0 | 1 | 1 | 1 | 0 | 2 | 0 | 3 | 3 | 1 | 2 | 0 | 2 | 16 |
| Mixed-sex accommodation breaches | 0 | 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 | 0 |
| Claims raised | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 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 Executive 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 (CCG) on Independent Health Group 2020/21 Quality Account.

NHS Bath and North East Somerset, Swindon and Wiltshire CCG welcome the opportunity to review and comment on the Independent Health Group Quality Account for 2020/2021. 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 quality visits and is presented in the format required by NHS Improvement 2019/2020 presentation guidance. The CCG supports the provider's identified quality priorities for 2021/22.

It is the view of the CCG that the Quality Account reflects the providers 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 2020/21 quality priorities. The provider's priorities for 2020/21 have outlined achievement in:

- Clinical effectiveness - ensuring internal reporting for outcome measures across all specialties to identify areas for Quality Improvement
- Patient feedback - full utilisation of Friends and Family and PROMS patient narrative to support quality improvements
- Patient safety - review of electronic risk and governance systems and continuous development of internal incident reporting processes and systems to ensure that they are robust.

The CCG welcomes continued focus on:

- Clinical effectiveness – robust and in-depth analysis of results in order to identify key quality improvement priorities for the year ahead
- Patient feedback – development of a wider IHG Quality, Assurance and Patient Engagement Strategy with clear definitions, measurements and outputs
- Staff retention, development and training – revision of IHG's training strategy to include competency profiles and additional opportunities (apprenticeships and extended roles)
- Patient safety – procurement/implementation of an electronic risk management and governance system to strengthen incident reporting processes, systems and feedback

In addition, the CCG would like to highlight the continued work of the provider in relation to its response to and recovery from the Covid-19 pandemic and the impact this has had on staff, including feedback sessions, staff support and risk management.

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

LLR PCL support IHG's achievements outlined within the 2020/21 Quality Account which demonstrate the resilience of IHG as an organisation amidst the challenges faced as a result of the pandemic. PCL remain thankful to IHG staff for sustaining high-quality care within COVID-19 safe environments which aided LLR with its system recovery plans. PCL require its providers to continue to demonstrate maintenance of COVID-19 secure environments and practices in 2021-22, for both patients and staff, ensuring that the most up to date government guidance is followed for all services as we hopefully emerge from the pandemic.

We note the measure of clinic letters being sent within 7 days was not met due to a backlog caused following the break in service provision and are content IHG had an action plan and resolved this issue within 3 months.

We support the Key priorities outlined for 2021-22 and welcome the focus on clinical effectiveness in relation to LA hernia outcomes and review of possible improvements to the current Hernia pathway. A focus on patient engagement is in line with LLR PCL's 2021-22 Quality schedule as we require demonstration from our providers that sources of feedback are triangulated, and organisations are listening to and acting upon feedback in order to make quality and performance improvements.

LLR PCL is dedicated to working closely with IHG to understand in-year progress on their quality priorities and ensuring patients within LLR receive care, which is safe, effective and of the highest quality.

Danah Cadman, Chief Executive of LLR PCL

APPENDICES

Appendix 1 – Patient Activity 2020/2021

| IHG Quality & Performance Dashboard 2020-2021 | | | 2020/21 | | | | | | | | | | | | |
|---|-----------------------------|----------|-----------|---------|---------|-----------|---------|---------|-----------|---------|---------|-----------|---------|---------|--------------|
| | | | Quarter 1 | | | Quarter 2 | | | Quarter 3 | | | Quarter 4 | | | Year To Date |
| Indicator | | Standard | Apr -20 | May -20 | Jun -20 | Jul -20 | Aug -20 | Sep -20 | Oct -20 | Nov -20 | Dec -20 | Jan -21 | Feb -21 | Mar -21 | |
| Activity | Initial consultation | NA | 0 | 0 | 174 | 436 | 324 | 354 | 419 | 413 | 339 | 321 | 283 | 398 | 3461 |
| | Procedures undertaken | NA | 0 | 0 | 0 | 101 | 120 | 203 | 202 | 205 | 184 | 204 | 199 | 198 | 1616 |
| | Ultrasound guided injection | N/A | 0 | 0 | 0 | 0 | 0 | 14 | 23 | 26 | 21 | 32 | 10 | 19 | 145 |
| | Nerve conduction study | NA | 0 | 0 | 0 | 6 | 5 | 5 | 5 | 7 | 5 | 4 | 5 | 12 | 54 |
| | Follow up (Face to Face) | NA | 8 | 0 | 23 | 12 | 30 | 94 | 167 | 148 | 113 | 103 | 131 | 110 | 939 |
| | Total Patient Care Episodes | NA | 8 | 0 | 197 | 555 | 479 | 670 | 816 | 799 | 662 | 664 | 628 | 737 | 6215 |

Appendix 2 - Number of Patients Referred by CCG

The highlighted CCG's are those with whom Independent Health Group currently (as of April 1st, 2020) has a specific contract for the services provided.

| Number of Patients Referred By CCG April 2020 - March 2021 | | | | | | |
|--|------------|-------------|-------------|------------|------------|-------------|
| Registered CCG | Hand | Podiatric | Hernia | Cataract | Vasectomy | Total |
| National Commissioning Hub 1 | 0 | 0 | 2 | 0 | 1 | 3 |
| NHS Bristol, North Somerset & South Gloucestershire CCG | 0 | 0 | 3 | 0 | 3 | 6 |
| NHS Devon CCG | 0 | 0 | 0 | 0 | 172 | 172 |
| NHS Dorset CCG | 1 | 6 | 7 | 10 | 1 | 25 |
| NHS East Leicestershire and Rutland CCG | 66 | 0 | 718 | 0 | 0 | 784 |
| NHS Gloucestershire CCG | 101 | 0 | 3 | 1 | 2 | 107 |
| NHS Leicester City CCG | 25 | 0 | 537 | 0 | 0 | 562 |
| NHS North Hampshire CCG | 0 | 1 | 0 | 0 | 0 | 1 |
| NHS Oxfordshire CCG | 12 | 0 | 8 | 0 | 0 | 20 |
| NHS Somerset CCG | 0 | 0 | 16 | 3 | 5 | 24 |
| NHS West Hampshire CCG | 0 | 4 | 0 | 5 | 0 | 9 |
| NHS West Leicestershire CCG | 39 | 0 | 772 | 0 | 0 | 811 |
| NHS BaNES, Swindon and Wiltshire CCG | 553 | 1016 | 1301 | 523 | 176 | 3569 |
| NHS North Lincolnshire CCG | 0 | 0 | 2 | 0 | 0 | 2 |
| Total | 797 | 1027 | 3369 | 542 | 360 | 6095 |

*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 2020/2021

| IHG Quality & Performance Dashboard 2020-2021 | | | 2020/21 | | | | | | | | | | | | | |
|--|--|----------|-----------|--------|--------|-----------|--------|--------|-----------|--------|--------|-----------|--------|--------|--------|------|
| | | | Quarter 1 | | | Quarter 2 | | | Quarter 3 | | | Quarter 4 | | | YTD | |
| Indicator | | Standard | Apr-20 | May-20 | Jun-20 | Jul-20 | Aug-20 | Sep-20 | Oct-20 | Nov-20 | Dec-20 | Jan-21 | Feb-21 | Mar-21 | | |
| Activity | RTT ongoing pathway (number over 52 weeks) | | 0 | 0% | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 26 | 27 | |
| | 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% | 0.0% | 0.0% | 0.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 75% | |
| | Procedures cancelled on the day – non-clinical | | N/A | 0 | 0 | 0 | 0 | 0 | 4 | 4 | 5 | 1 | 0 | 0 | 0 | 14 |
| | Cancelled Procedures rebooked within 28 days | | 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% | 100% |
| | Clinic letters within 7 days of outpatient appt. | | 100% | 100.0% | N/A | 99.8% | 75.0% | 100.0% | 24.0% | 6.0% | 6.0% | 67.6% | 100.0% | 100.0% | 100.0% | 71% |
| | 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% | 100% |
| | Discharge summaries within 24 hours (audit) | | 100% > | N/A | N/A | N/A | 100.0% | 100.0% | 100.0% | 96.6% | 99.5% | 100.0% | 98.9% | 98.5% | 100.0% | 99% |
| | Admission to another health provider | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 2 | 0 | 2 |
| | Emergency readmissions | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 1 |
| | Emergency transfers | | 0 | 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 | 0 |

Appendix 4 – Annual Report 2020/2021 – Complaints and Patient Experience

| Appendix 4 - Annual Report (2020/21) | | | |
|--|---|-------------|---|
| Independent Health Group | | | |
| Subject | Complaints and Patient Experience | | |
| Prepared by | Daniel Boden – Head of Quality and Governance | | |
| Approved by | Claire Damen – Chief Executive Officer | | |
| Presented by | Daniel Boden – Head of Quality and Governance | | |
| Purpose | | | |
| To provide an overview of all complaints and Patient Experience during the reporting period of 1 st April 2020 – 31 st March 2021. | | 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 2020, to 31 st March 2021 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

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 organisations aims to resolve/respond to the concern within 15 working days.

Complaints/Concerns are important to the Organisations 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 Organisations 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 Organisations complaints system means that the individual making the complaint will receive a written response from the individual assigned to investigate the response within 30 working day of receipt of complaint and the option to meet and discuss their concerns in the first instance. If the complainant does not feel that they have been listened and or the outcome of the investigation answers the key concerns raised then they can escalate their concerns to the Head of Quality and Governance and then the organisations Medical Director/Chief Executive for fur resolution and support.

The complaints legislation indicates that ‘the Organisations 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 Organisations always 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

IHG received a total of **1** formal complaint for 2020/2021 relating to our Vasectomy Service. (Table 1). The total number of patient encounters in the period 1st April 2020 to 31st March 2021 was **3,461** (not including telephone follow ups) meaning our overall complaint rate as a percentage is **0.02%** the year.

Table 1 – Number of Complaints Received

1.4 Number of complaints resolved within an agreed timescale

The **1** complaint that had to be responded to during 2020/2021 was responded to within 30 working days meaning and overall response rate was 100%.

| Indicator | Standard | 2020/2021 | | | | | | | | | | | |
|------------------------------|----------|-----------|--------|--------|-----------|--------|--------|-----------|--------|--------|-----------|--------|--------|
| | | Quarter 1 | | | Quarter 2 | | | Quarter 3 | | | Quarter 4 | | |
| | | Apr-20 | May-20 | Jun-20 | Jul-20 | Aug-20 | Sep-20 | Oct-20 | Nov-20 | Dec-20 | Jan-21 | Feb-21 | Mar-21 |
| Complaints - number received | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 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% |
| Concerns - number received | 0% | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

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 2020/2021 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 the low levels of complaints received by IHG we are unable to identify any significant key thematic trends and themes derived from our incidents. However, the one complaint received in year identified some areas of improvement relating to communication.

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 and continue to maintain and or reduce complaints wherever possible. The Organisation will again, aim to maintain our current levels of complaints 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

During 2020/2021 IHG undertook **1,616** surgical procedures, whereby each patient was provided with a FFT a total of **1,374** F&F Test responses were received meaning an **85%** response rate in year. Of these responses, **98%** of patients were Extremely, or Likely to recommend IHG Services.

Of the **4** patients whose responses suggested that they were Extremely Unlikely to Recommend IHG services, on further review, **3** of the patients had provided very positive feedback, suggesting that the incorrect box within the F&F test may have been selected. The last patient left no comment.

2.2 FFT Response Rate/ Satisfaction Score (April 2020 – March 2021)

All F&F returns for IHG

Apr-20 - Mar-21

| | Extremely likely | Likely | Neither Likely nor Unlikely | Unlikely | Extremely unlikely | Unsure | Comment but no Response Given |
|------------------------------|------------------|--------|-----------------------------|----------|--------------------|--------|-------------------------------|
| Aspen Centre | 36 | 2 | 0 | 0 | 0 | 0 | 1 |
| Hathaway Medical Centre | 350 | 12 | 0 | 0 | 0 | 0 | 1 |
| Kingskerswell Health Centre | 140 | 5 | 0 | 0 | 0 | 0 | 4 |
| Lawn Medical Centre | 46 | 0 | 0 | 0 | 0 | 0 | 0 |
| Old Town Surgery | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Salisbury (Millstream House) | 82 | 4 | 0 | 0 | 1 | 0 | 1 |
| The County Practice, Syston | 303 | 13 | 1 | 0 | 2 | 0 | 0 |
| White Horse Medical Centre | 349 | 11 | 0 | 0 | 1 | 0 | 9 |
| Totals | 1306 | 47 | 1 | 0 | 4 | 0 | 16 |

3. PROMS

The Head of Quality and Governance continues to monitor PROMs (Patient Reported Outcome Measures) for each specialty. All PROM's 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 Report 2020/2021 - Infection Prevention and Control

Appendix 4 - Annual Report (2020/21) – Infection, Prevention and Control

Independent Health Group

| | |
|---------------------|--|
| Subject | Infection, Prevention and Control |
| Prepared by | Claire Damen – Chief Executive Officer |
| Approved by | Mr Bruce Braithwaite – Medical Director |
| Presented by | Claire Damen – Chief Executive Officer |

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

This report provides an overview of Infection, Prevention and Control activities and Quality Metrics across the organisation from the 1st April 2020, to 31st March 2021 relating to IHG services, and outlines next steps following investigations from key learning obtained.

Key Recommendations

- 1) 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 2021/2022
- The IHG Infection, Prevention and Control Group meets monthly to provide oversight and scrutiny and assurance to the Clinical Governance Committee meeting.

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 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 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 year the programme has included a review of COVID19 related guidance which has been implemented where relevant as issued by the Department of Health.

2. INFECTION CONTROL ARRANGEMENTS

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 adapted for IHG. In addition, the infection prevention and control committee meet quarterly to review delivery and provide assurance relating to all IPC measures.

Compliance with Mandatory training for Infection Prevention and Control (IPC), during the COVID-19 pandemic mandatory training was deprioritised to allow front line delivery

| Indicator | | Standard | Apr-20 | May-20 | Jun-20 | Jul-20 | Aug-20 | Sep-20 | Oct-20 | Nov-20 | Dec-20 | Jan-21 | Feb-21 | Mar-21 |
|------------------------------|--|----------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| Infection Prevention Control | % staff IPC training compliant - level 1 | 90% ≥ | 78% | 78% | 82% | 82% | 91% | 90% | 88% | 96% | 100% | 88% | 83% | 88% |
| | % staff IPC training compliant - level 2 | 90% ≥ | 26% | 26% | 33% | 33% | 43% | 52% | 64% | 71% | 62% | 62% | 72% | 69% |

1. INFECTION CONTROL DATA

The COVID-19 pandemic led to a cessation of all services between April and June, with services gradually resuming with COVID-19 compliant processes in July. Overall, this year there has been over 6000 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 very low risk in terms of COVID-19 transmission.

| IHG Quality & Performance Dashboard 2020-2021 | 2020/21 | | | | | | | | | | | | | YTD |
|---|-----------|-----------|--------|--------|-----------|--------|--------|-----------|--------|--------|-----------|--------|--------|-----|
| | Quarter 1 | Quarter 1 | | | Quarter 2 | | | Quarter 3 | | | Quarter 4 | | | |
| | Indicator | Standard | Apr-20 | May-20 | Jun-20 | Jul-20 | Aug-20 | Sep-20 | Oct-20 | Nov-20 | Dec-20 | Jan-21 | Feb-21 | |
| MRSA | 0 | 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 | 0 |
| C.Diff | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Surgical Site Infections | 0 | 0 | 0 | 0 | 0 | 0 | 4 | 1 | 0 | 2 | 0 | 5 | 0 | 12 |

MRSA/MSSA - There were Nil cases reported between April 2020 - March 2021

C. Diff - There were Nil cases reported between April 2020 - March 2021

Surgical Site Infections - There were 11 cases of infection reported once services resumed between July 2020 - March 2021. More detail on SSI's is available in section 7.

COVID-19 -reportable outbreaks at IHG was zero

INFECTION CONTROL INCIDENTS.

During the reporting period there was 1 incident reported as a result of a potential breakdown in infection control standards and is detailed in the below table:

| IPC Incident Table April 20 – March 21 | | | | |
|--|---------------|-------------------|----------------------|-------------|
| | Incident Area | | | |
| Centre | Cleaning | Air Handling Unit | Theatre Temperatures | Environment |
| Hathaway Medical Centre | 1 | 0 | 0 | 0 |
| White Horse Medical Centre | 0 | 0 | 0 | 0 |
| Millstream | 0 | 0 | 0 | 0 |
| Kingskerswell | 0 | N/A | N/A | 0 |
| Old Town | 0 | N/A | N/A | 0 |
| Syston | 0 | 0 | 0 | 0 |
| All other sites | 0 | 0 | 0 | 0 |

1.1 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

The one cleaning incident was an isolated event relating to the cleaning rota which was rectified immediately with no further incident.

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

THEATRE TEMPERATURE - There have been no incident relating to theatre temperature

2. HAND HYGIENE

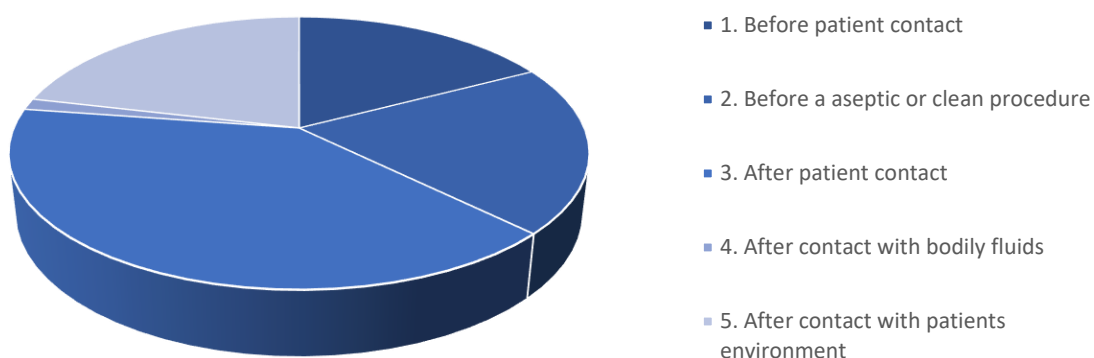
The transfer of organisms between humans can occur directly via hands, or indirectly via an environmental source (e.g. clinical equipment or sinks) (Loveday et al, 2014). It is universally acknowledged that the hands are the principal route by which cross-infection occurs and that hand hygiene is the 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.

**Hand Hygiene Audits 2020-21 -
Times Staff were Challenged Over Hand Hygiene During
Observations**



**Hand Hygiene Audits 2020-21 -
Breakdown of Moments When Observations Occurred**



| Site | Number of Audits Performed |
|-------------|----------------------------|
| Hathaway | 10 |
| Salisbury | 5 |
| Syston | 40 |
| Westbury | 20 |
| Grand Total | 75 |

| Data | Number of Audits Performed |
|-------------|----------------------------|
| Dec-2020 | 10 |
| Feb-2021 | 10 |
| Jan-2021 | 35 |
| Mar-2021 | 20 |
| Grand Total | 75 |

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

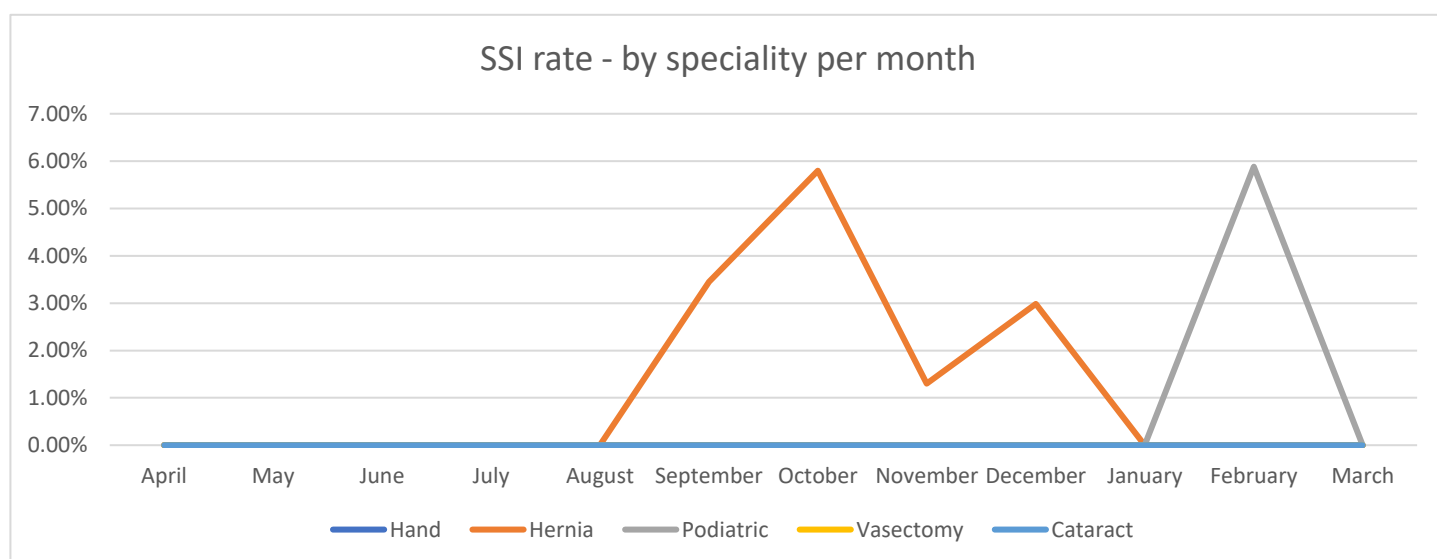
In total there have been **1616** surgical procedures carried out with **11** surgical site infections (SSI's) reported. This means that the reported risk of acquiring an SSI is running at **0.68%** over the 12-month reporting period. This is a further reduction of **0.2%** on the previous year rate of **0.88%** and represent a halving of the infection rate since 2018-2019.

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

Surgical Site Infection by Site and Speciality (April 2020 – March 2021)

| | IHG Chippenham | | | IHG Westbury | | | IHG Salisbury (Millstream House) | | | IHG Swindon (Lawn) | | | IHG Leicester (Syston) | | |
|-----------|----------------|-----------|-------|--------------|-----------|-------|----------------------------------|-----------|-------|--------------------|-----------|-------|------------------------|-----------|-------|
| | infection | procedure | %age | infection | procedure | %age | infection | procedure | %age | infection | procedure | %age | infection | procedure | %age |
| April | 0 | 0 | | 0 | 0 | | 0 | 0 | | 0 | 0 | | 0 | 0 | |
| May | 0 | 0 | | 0 | 0 | | 0 | 0 | | 0 | 0 | | 0 | 0 | |
| June | 0 | 0 | | 0 | 0 | | 0 | 0 | | 0 | 0 | | 0 | 0 | |
| July | 0 | 34 | 0.00% | 0 | 26 | 0.00% | 0 | 10 | 0.00% | 0 | 6 | 0.00% | 0 | 21 | 0.00% |
| August | 0 | 17 | 0.00% | 0 | 34 | 0.00% | 0 | 13 | 0.00% | 0 | 6 | 0.00% | 0 | 48 | 0.00% |
| September | 0 | 48 | 0.00% | 0 | 44 | 0.00% | 0 | 12 | 0.00% | 0 | 7 | 0.00% | 3 | 67 | 4.48% |
| October | 0 | 59 | 0.00% | 0 | 34 | 0.00% | 1 | 17 | 5.88% | 0 | 6 | 0.00% | 3 | 55 | 5.45% |
| November | 0 | 57 | 0.00% | 0 | 39 | 0.00% | 0 | 16 | 0.00% | 0 | 8 | 0.00% | 1 | 54 | 1.85% |
| December | 0 | 39 | 0.00% | 0 | 52 | 0.00% | 0 | 9 | 0.00% | 0 | 9 | 0.00% | 2 | 43 | 4.65% |
| January | 0 | 54 | 0.00% | 0 | 56 | 0.00% | 0 | 16 | 0.00% | 0 | 5 | 0.00% | 0 | 44 | 0.00% |
| February | 0 | 42 | 0.00% | 1 | 72 | 1.39% | 0 | 7 | 0.00% | 0 | 3 | 0.00% | 0 | 51 | 0.00% |
| March | 0 | 51 | 0.00% | 0 | 52 | 0.00% | 0 | 16 | 0.00% | 0 | 1 | 0.00% | 0 | 48 | 0.00% |

SSI Percentage by Service, Month and Centre (April 2020- March 2021)



3. NICE guidance

IHG conducts regular self-assessments against required standards to ensure practice is in line with the latest guidance. In the last year the focus has been on COVID-19 guidelines. A self-assessment against the NICE guidelines for COVID-19 was completed demonstrating compliance with all relevant standards.

Key Recommendations

- The IHG Senior Management and Executive teams have been asked to confirm they feel they have adequate assurance on IPC activities and action plans.

Next Steps

- The next Annual Report will be produced at the end of the financial year 2021/2022
- The IHG Infection, Prevention and Control Group meets monthly to provide oversight and scrutiny and assurance to the Clinical Governance Committee 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. |



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