Practice Plus Group

Quality Account

2020-2021

Contents

Introduction

Part 1 is a statement on quality from our chief executive,

In Part 2 we have included details of priorities for improvement that we intend to deliver during 2021/22.

There are also a number of statements of assurance from the board

Part 3 describes how we performed against the quality priorities we set for ourselves during 2020/21, together with performance against key national priorities for organisations delivering NHS care.

Due to Practice Plus Group supporting the NHS during the Covid 19 pandemic and the suspension of the Quality priorities this Quality account has not been shared with the key stakeholders prior to production.

Part 1
Statement on quality from the Chief Executive

The last time I wrote this foreword we had only just entered the first stages of the pandemic. I remember clearly thinking, as we finalised the report, how these unprecedented times might affect our people, our patients and our services, as well as the priorities we had set.

I think our ability not just to weather the storm but to offer support to the wider NHS – as well as our own patients – is a suitable tribute to our remarkable staff, who should take great credit for what was achieved.

Covid-19

Colleagues took on additional training to offer support to specialist services, including giving back-up to several trusts breast surgery teams. They participated in specialised weeks with trusts to reduce joint replacement waiting lists. And our nurses volunteered to move from their hospitals and surgical centres to support hard-pressed teams in local NHS services.

Whilst elective surgery was at times suspended, we worked to maintain our services where possible – and in line with our agreements with NHSE and government guidelines – and we have also maintained our high standard of quality.

Drive-in Covid testing stations for patients were set up at our services and routes around buildings were clearly marked out, allowing us to maintain Covid-secure pathways.

Through investment in training and technology and by encouraging flexibility we were able to tackle the continually changing environment. For example, by creating more nurse-led clinics and introducing some virtual initial assessments, we have been able to re-open services for elective surgery, making an excellent start to a re-introduction of a new normal.

These strategies have enabled us to maintain our financial stability which, given that we offer healthcare support to more than 18 million people across our services, is of great importance.

This Quality Account

This Quality Account sets out our performance on a range of key measures for our patients, the wider public, partners and commissioners.

It demonstrates what we have achieved in this most unusual of years and what we plan to do in the coming year with our secondary care services that currently cover:

- Six hospitals
- Three surgical centres
- Two urgent treatment centres and walk-in centres
- The North West Ophthalmology Service and its three mobile units
- Two county-wide multi-location musculoskeletal services

In the year from April 2020 to March 2021 we carried out:

26565 day case procedures;

5563 inpatient procedures;

143858 outpatient consultations, including telephone consultations.

Achievements

In October 2020 Care UK Health Care officially became Practice Plus Group. Our commitment to providing excellent healthcare to our patients and for our commissioners has not changed, yet we have all welcomed the opportunity that solely concentrating on healthcare services has brought.

During this year we have begun a process of bringing our commitment to treating wet AMD within 72 hours of referral into our hospital settings. The protocol was established by our CQC Outstanding-rated North West Ophthalmology Service. The year also saw us investing in a new mobile unit for the service, which now delivers its sight-saving service from Manchester to York.

Our commitment to sharing best practice and innovation has also seen us roll out our day case hip and knee replacement surgery across our hospitals. Patient feedback is excellent, and this day surgery technique will be important in the drive to help us reduce the national waiting lists that grew during lockdown.

Priorities

Practice Plus Group's priorities for 2021-22 reflect the five key lines of enquiry set by the Care Quality Commission:

- Safe
- Caring
- Responsive
- Effective
- Well-led

Post-pandemic we are committed to returning to these priorities while also capturing the innovations and best practice that evolved during the last year.

Looking to the future, I am confident that we have the necessary priorities, processes and plans in place to drive further improvements in patient care as we continue to strive for excellence.

I am sure that, as we continue to listen and respond to our patients and commissioners, invest in our staff and keep quality at the heart of all we do, we will recover from the pandemic and help to move the healthcare sector landscape forward.

To the best of my knowledge, the information in this report is accurate.

Jim Easton
Managing Director

Part 2
Priorities for improvement and
statements of assurance from the board

2.1
Priorities for improvement 2021/22

Due to all services being redeployed to support the NHS during the Covid 19 pandemic and the ceasing of all elective surgery quality priorities identified last year were to be suspended.

Practice Plus Group are committed to returning to these priorities in addition to identifying best practice captured during the pandemic.

Safe - Priority
Serious Incident (SI) Review Panel

What are we trying to improve?
The mechanism for sharing learning following incidents of a similar nature to reduce the risk of recurrence and the approach to incident investigation and report-writing.

What will success look like?
A Serious Incident Review Panel will be established and audit identified to measure the impact of resultant changes.

Shared learning will be generated and implemented across the organisation as applicable for all serious incidents.

No recurrence of serious incidents of a similar nature that could have been prevented had the learning from previous incidents been implemented. Consistently robust incident investigations and high quality final investigation reports.

How will we monitor progress?
Progress against all of the priorities identified here will be monitored via a centralised system to ensure improvements are on track. This system will inform quarterly summarised reporting of progress to the Secondary Care Quality and Governance Assurance Committee.

Caring - Priority
Increase mechanisms for gathering patient feedback

What are we trying to improve?
Patient feedback is integral to identification of improving services. There is a need to look to additional mechanisms for gathering and capturing patient feedback. This will allow triangulation with existing mechanisms.

What will success look like?
Alternative mechanisms identified and tested with at least one mechanism used across all services

How will we monitor progress?
Via the patient experience forum, in addition to the Secondary Care Quality and Governance Assurance Committee.

Responsive - Priority
To expand enhanced recovery (PRO recover) programme

What are we trying to improve?
The PRO recover pathway represents the best evidence based approach to achieve maximal benefit for patients, ensuring their most rapid recovery, and is key to early mobilisation and discharge. All patients are eligible to be considered for PRO recover day case surgery - stable patients with stable co morbidities are not excluded.

What will success look like?
50% of our joint surgeons shall be trained to deliver day case surgery. 200 day case arthroplasty in the year. Less than 5% readmission or failure to discharge, mean LOS below 48 hours for hips and knees for 50% of months across practice Plus Group.

How will we monitor progress?
Monthly performance reviews, in addition to the Secondary Care Quality and Governance Assurance Committee.

Effective - Priority

Development and introduction of a quality academy within each Secondary Care service

What are we trying to improve?

The primary aim of the Practice Plus Group Quality Academy is to be build and support the understanding of the staff in aspects of quality, planning, improvement and control of processes relating to our patients' care pathways. This is building on the existing quality projects already in place within services.

The Quality Academy will allow a structured approach to quality improvement and consistent reporting of the impact of quality initiatives. The introduction of CPD will also allow recognition and personal development of individual staff members undertaking quality projects.

What will success look like?

All services will have Quality Academy in place
Replication of QI projects across services

How will we monitor progress?

Via the Clinical Audit and Effectiveness Group and Secondary Care Quality and Governance Assurance Committee.

Well led - Priority

The introduction of wellbeing champions for staff in each Secondary Care service

What are we trying to improve?

Staff welfare and wellbeing is of paramount importance.

We need to ensure that staff are provided with an environment and opportunities that encourage and enable them to lead healthy lives and make choices that support their wellbeing. It is more important than ever that workplaces become environments that support staff to do this.

What will success look like?

All services will have wellbeing champions in place with appropriate training to support them in their role. The development of a Staff Health and Wellbeing strategy to include training staff as Mental Health first aiders/Champions which is linked to the Employee Value Proposition (EVP) project

How will we monitor progress?

Monitored via governance meetings, in addition to the Secondary Care Quality and Governance Assurance Committee.

2.2
Statements of assurance from the board

2.2.1 Quality of services

During 2020/21 Practice Plus Group Secondary Care provided and/or subcontracted relevant health services. Practice Plus Group has reviewed all the data available to them on the quality of care in all of these relevant health services.

The income generated by the relevant health services reviewed in 2020/21 represents 32% of the total income generated from the provision of relevant health services by Practice Plus Group for 2020/21.

2.2.2 Clinical audit

During 2020/21 ten national clinical audits and zero national confidential enquiries covered relevant health services that Practice Plus Group provides.

During that period Practice Plus Group participated in 50% (i.e. 5/10) national clinical audits of the national clinical audits which it was eligible to participate in. Of these, Practice Plus Group participated in 5/7 audits for which there were qualifying cases, i.e. 71%.

The national clinical audits that Practice Plus Group was eligible to participate in during 2020/21 are identified in table 1.

The national clinical audits that Practice Plus Group participated in, and for which data collection was completed during 2020/21 are listed in table 1.

Table 1 : Participation in national clinical audits and National Confidential Enquiries

National Clinical Audit	Eligible to participate	Participated	Comments
Assessing Cognitive Impairment in Older People / Care in ED	No	-	Practice Plus Group does not provide these services
BAUS Urology Audit- Cystectomy	No	-	Practice Plus Group does not provide these services
BAUS Urology Audit - Female Stress Urinary Incontinence	Yes		Limited cases due to NHS Contract during pandemic
BAUS Urology Audit - Nephrectomy	No	-	Practice Plus Group does not provide these services
BAUS Urology Audit - Percutaneous Nephrolithotomy	No	-	Practice Plus Group does not provide these services
BAUS Urology Audit - Radical Prostatectomy	No	-	Practice Plus Group does not provide these services
Care of Children in Emergency Departments	No	-	Practice Plus Group does not provide these services
Case Mix Programme	No	-	Practice Plus Group does not provide these services
Elective Surgery - National PROMs Programme	Yes	✓	See section 2.3.1 Patient-Reported Outcome Measures (PROMs)
Endocrine and Thyroid National Audit	No	-	Practice Plus Group does not provide these services
Falls and Fragility Fractures Audit programme (FFFAP)	Yes	-	No qualifying patients during the reporting period
Inflammatory Bowel Disease (IBD) Registry, Biological Therapies Audit	No	-	Practice Plus Group does not provide these services
Major Trauma Audit	No	-	Practice Plus Group does not provide these services
Mandatory surveillance of bloodstream infections and clostridium difficile infection	Yes	✓	See section 2.3.6 C. difficile infection
Mental Health - Care in Emergency Departments	No	-	Practice Plus Group does not provide these services

Table 1: Participation in national clinical audits and National Confidential Enquiries

National Clinical Audit	Eligible to participate	Participated	Comments
Mental Health Care Pathway - CYP Urgent & Emergency Mental Health Care and Intensive Care	No	-	Practice Plus Group does not provide these services
National Asthma and Chronic Obstructive Pulmonary Disease (COPD) Audit Programme	No	-	Practice Plus Group does not provide these services
National Audit of Breast Cancer in Older People (NABCOP)	No	-	Practice Plus Group does not provide these services
National Audit of Cardiac Rehabilitation (NACR)	No	-	Practice Plus Group does not provide these services
National Audit of Care at the End of Life (NACEL)	No	-	Practice Plus Group does not provide these services
National Audit of Dementia (Care in general hospitals)	No	-	Practice Plus Group does not provide these services
National Audit of Pulmonary Hypertension (NAPH)	No	-	Practice Plus Group does not provide these services
National Audit of Seizure Management in Hospitals (NASH3)	No	-	Practice Plus Group does not provide these services
National Audit of Seizures and Epilepsies in Children and Young People (Epilepsy12)	No	-	Practice Plus Group does not provide these services
National Bariatric Surgery Registry (NBSR)	No	-	Practice Plus Group does not provide these services
British Obesity and Metabolic Surgery Society (BOMSS)	No	-	Practice Plus Group does not provide these services
National Cardiac Arrest Audit (NCAA)	Yes		Qualifying numbers too small to warrant submission to NCAA. All arrests reviewed against NCAA criteria.
National Cardiac Audit Programme (NCAP)	No	-	Practice Plus Group does not provide these services
National Clinical Audit of Anxiety and Depression	No	-	Practice Plus Group does not provide these services
National Clinical Audit of Psychosis	No	-	Practice Plus Group does not provide these services
National Diabetes Audit – Adults	No	-	Practice Plus Group does not provide these services
National Early Inflammatory Arthritis Audit (NEIAA)	No	-	Practice Plus Group does not provide these services
National Emergency Laparotomy Audit (NELA)	No	-	Practice Plus Group does not provide these services
National Gastro-intestinal Cancer Programme	No	-	Practice Plus Group does not provide these services
National Joint Registry (NJR)	Yes	✓	See Part 4: Local quality updates
National Lung Cancer Audit (NLCA)	No	-	Practice Plus Group does not provide these services
National Maternity and Perinatal Audit (NMPA)	No	-	Practice Plus Group does not provide these services
National Neonatal Audit Programme - Neonatal Intensive and Special Care (NNAP)	No	-	Practice Plus Group does not provide these services
National Ophthalmology Audit (NOD)	Yes	✓	All cases with consent submitted. Data for this reporting period not available yet.

Table 1: Participation in national clinical audits and National Confidential Enquiries

National Clinical Audit	Eligible to participate	Participated	Comments
National Paediatric Diabetes Audit (NPDA)	No	-	Practice Plus Group does not provide these services
National Prostate Cancer Audit	No	-	Practice Plus Group does not provide these services
National Smoking Cessation Audit British Thoracic Society (BTS)	Yes		Practice Plus Group chose not to participate but data relating to tobacco use is covered by a CQUIN
National Vascular Registry	No	-	Practice Plus Group does not provide these services
Neurosurgical National Audit Programme	No	-	Practice Plus Group does not provide these services
Paediatric Intensive Care Audit Network (PICANet)	No	-	Practice Plus Group does not provide these services
Perioperative Quality Improvement Programme (PQIP)	No	-	Practice Plus Group does not provide these services
Prescribing Observatory for Mental Health (POMHUK)	No	-	Practice Plus Group does not provide these services
Sentinel Stroke National Audit programme (SSNAP)	No	-	Practice Plus Group does not provide these services
Serious Hazards of Transfusion: UK National Haemovigilance Scheme	Yes	N/A	There were no qualifying incidents during the reporting period
Society for Acute Medicine's Benchmarking Audit (SAMBA)	No	-	Practice Plus Group does not provide these services
Surgical Site Infection Surveillance Service	Yes	✓	
UK Cystic Fibrosis Registry Cystic Fibrosis Trust	No	-	Practice Plus Group does not provide these services
UK Parkinson's Audit	No	-	Practice Plus Group does not provide these services
Child Health Clinical Outcome Review Programme	No	-	Practice Plus Group does not provide these services
Maternal, Newborn and Infant Clinical Outcome Review Programme	No	-	Practice Plus Group does not provide these services
Medical and Surgical Clinical Outcome Review Programme	No	-	Practice Plus Group does not provide these services
Mental Health Clinical Outcome Review Programme	No	-	Practice Plus Group does not provide these services

2.2.3 Research

The number of patients receiving relevant health services provided or subcontracted by Practice Plus Group in 2020/21 that were recruited during that period to participate in research approved by a research ethics committee was zero.

2.2.4 CQUIN framework

Practice Plus Group's income in 2020/21 was not conditional on achieving quality improvement and innovation goals through the Commissioning for Quality and Innovation payment framework because of the delivery of services via the NHSE national contract.

2.2.5 Care Quality Commission

Practice Plus Group is required to register with the Care Quality Commission and its current registration status is unconditional.

The Care Quality Commission has not taken enforcement action against Practice Plus Group during 2020/21.

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

2.2.6 Secondary Uses Service

Practice Plus Group submitted records during 2020/21 to the Secondary Uses Service for inclusion in the Hospital Episode Statistics which are included in the latest published data.

The percentage of records in the published data which included the patient's valid NHS number was:

for admitted patient care;

for outpatient care;

and for accident and emergency care;

which included the patient's valid General Medical Practice Code was:

for admitted patient care;

for outpatient care;

and for accident and emergency care;

NTP11 – 4263 – 23 without NHS numbers

NTPAD – 4981 – 32 without NHS numbers

NTPH1 – 1237 – 1 without NHS numbers

which included the patient's valid General Medical Practice Code was:

for admitted patient care; - 36081 – 376 national default code used

for outpatient care; 196607 – 941 national default code used and

for accident and emergency care.

NTP11 – 4263 – 118 with national default code of V81999

NTPAD– 4981 – 94 with national default code of V81999

NTPH1 – 1237 – 1 with national default code of V81999

2.2.7 Information Governance

We understand the need to protect and maintain the confidentiality of patient information, and take our responsibilities in this important area very seriously. We pride ourselves on our accountability and transparency.

The Caldicott Guardian, who is responsible for the security of patient information, leads this work and is ably supported by the Senior Information Risk Owner and Data Protection Officer.

The past year 2020 has seen the organisation engage its Business Continuity plans to enable all support staff to work remotely and continue to support the frontline staff in our Business As Usual compliance under the transformed Covid 19 Pandemic work model.

We continued our historic focus on accountability, audit and with transparency; this meant that we were well placed to continually improve our compliance under the new work model and transformed environment.

During this time we launched 10 new role based data protection training modules and we deployed new information technology resources and tools to enable colleagues to maintain the same levels of service delivery, we updated internal policies and patient privacy notices to match and address the Pandemic work model changes for all services.

We have continued to encourage staff to report incidents when they do take place.

We have had a total of:

- 14 internal IT security incidents,
- 64 Internal Confidentiality breaches, with 1 being a SIRI Level ICO reportable incident, which the ICO has closed with no enforcement actions taken against us. In all cases no harm was found to have come to any data subjects.

We continued our compliance commitments with the mandatory ISO27001 Certification framework of externally audited continual assessment visits

(CAVs) by the British Standards Institute (BSI) where there were no non-conformances raised in the most recent CAV conducted in March 2021.

Our 2019/20 annual Data Security and Protection (DSP) toolkit submission maintained our 100% Standards Met Compliance status and we are pleased to report that we have now achieved the 'Standards Exceeded' level of compliance from our submission in June 2021. This has been facilitated by our achievement of the Cyber Essentials Plus certification, a demonstration of the importance we put on maintaining strong cyber security procedures.

We completed an independent external audit review of our DSP Toolkit submission using the NHS DSP Toolkit Independent Assessment Framework guidelines in September 2020 and the Teamwork IMS, an Independent assessor found the our self-assessment against the Toolkit does not differ or deviates only minimally from the Independent Assessment.

The National Data Guidance Mean score achieved was: 1.35

The score means the organisation's self-assessment against the Toolkit differs somewhat from the Independent Assessment. For example, the independent assessor has exercised professional judgement in comparing the self-assessment to their independent assessment and there is a non-trivial deviation or discord between the two.

- There were no standards rated as 'Unsatisfactory', and none were rated as 'Limited'. However, not all standards are rated as 'Substantial'.
- Therefore the results achieved a DSP Toolkit rating of Moderate assurance level for all the National Data Guidance Standards used to measure the DSP Toolkit submission.

2.2.8 Payment by Results

Practice Plus Group was not subject to the Payment by Results clinical coding audit during 2020/21 by the Audit Commission.

Within Practice Plus Group Hospitals and Surgical Centres there is a programme of clinical coding audits focused on data quality, in accordance with Data Security Standard 1, Data Quality Clinical Coding Audit Guidance – Acute and Mental Health Trusts, H&SCIC, NHS Digital 2020/21. The audits are conducted in line with The NHS Digital Clinical Coding Methodology version 15, 2021/22.

As the requirement of the level of attainment provided by the Terminology and Classifications Delivery Service within Data Security Standard 1 the 2020/21, audit results demonstrated that Practice Plus Group Hospitals and Surgical Centres level of attainment was "standards met", with the majority of the Hospitals and Surgical Centres level of attainment being "standards exceeded".

Practice Plus Group clinical coders receive ongoing training in line with Data Security Standard 3 Staff Training, Clinical Coding Specialist Training Guidance – Acute and Mental Health Trusts, H&SCIC, NHS Digital, 2020/21.

2.2.9 Data quality

Practice Plus Group will be taking the following actions to improve data quality

- PPG has embarked on a Records Management and Archiving review project of all existing paper records in held by third party archiving vendors to ensure all records adhere to stipulated Data Retention times. We have also transformed all records archiving from paper to electronic archiving for existing and all new records going forward.
- We have enhanced email security controls through additional Data Loss Prevention filters for emails
- Introduced a more robust operational self-assessments program that feeds into the overall governance continual improvement plan
- Enhanced the threshold for Datix Reporting of any potential data breaches
- Introduced centralised Data Subject Access Requests portal with web based submission forms to improve access and speed of returns for data subjects as well as centralised quality management oversight of all Subject Access Requests processed.

2.2.10 Learning from deaths

During 2020/21 three Practice Plus Group patients died within 30 days of treatment. This comprised the following number of deaths which occurred in each quarter of that reporting period:

2 in the first quarter;
0 in the second quarter;
1 in the third quarter;
0 in the fourth quarter.

By 05 May 2021, three case record reviews and three investigations have been carried out in relation to all three of the deaths included above.

In 100% cases a death was subjected to both a case record review and an investigation.

The number of deaths in each quarter for which a case record review or an investigation was carried out was:

2 in the first quarter;
0 in the second quarter;
1 in the third quarter;
0 in the fourth quarter.

Three representing 100% of the patient deaths during the reporting period are judged not to have been due to problems in the care provided to the patient. Full case record review and investigations showed that the three deaths within 30 days of receiving treatment were not attributable to any aspect of care provided by Practice Plus Group.

One representing 20% of the patient deaths before the reporting period (i.e. during 2019/20), is judged to be more likely than not to have been due to problems in the care provided to the patient. This case was still under review at the time of the previous Quality Account.

2.3
Reporting against core indicators

2.3.1 Patient-Reported Outcome Measures (PROMs)

PROMs assess the quality of care from the patient's perspective. PROMs calculate the health gains from surgery using pre- and post-operative questionnaires.

The procedures measured include:

- Hip replacements;
- Knee replacements.

Participation rates						
	2017/18		2018/19		2019/20	
	Hips	Knees	Hips	Knees	Hips	Knees
Practice Plus Group	89%	96%	79%	77%		
Best performance nationally	100%	100%	100%	100%		
National average	84%	84%	71%	67%		
Worst performance nationally	0%	0%	33%	27%		

Health Gains						
	2017/18		2018/19		2019/20	
	Hips	Knees	Hips	Knees	Hips	Knees
Practice Plus Group			22.69	17.41		
Best performance nationally			25.4	20.0		
National average	22.21	17.10	22.3	17.2		
Worst performance nationally			18.7	13.6		

Practice Plus Group considers that due to the Covid-19 pandemic data is not available at the time of publishing .

2.3.2 Emergency readmissions

	2017/18	2018/19	2019/20
Practice Plus Group (local data)	0.12%	1.11% (82/7370)	0.002% (12/5004)
Best performance nationally	11.30%	11.7	
National average	14.30%	13.25	
Worst performance nationally	17.80%	17.2	

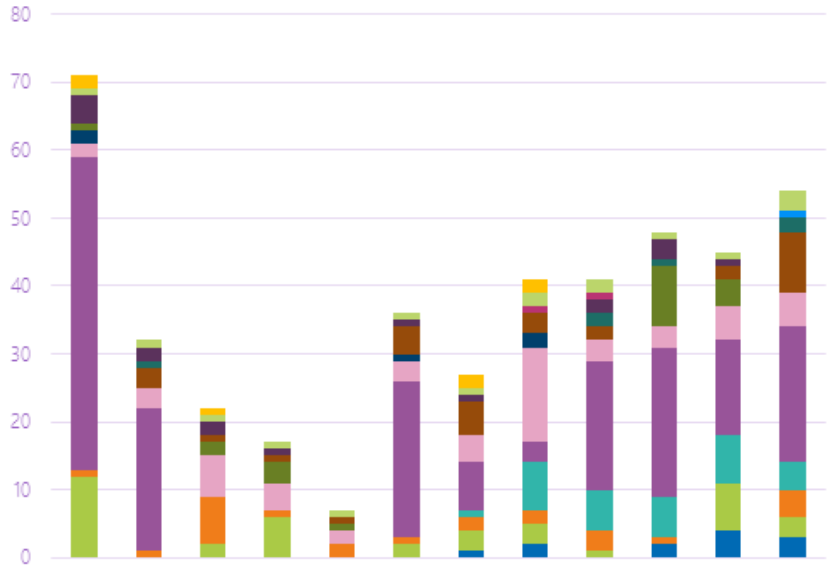
Data source: www.digital.nhs.uk/data-and-information/publications/clinical-indicators/nhs-outcomes-framework/current

This indicator looks at the number of patients who have been readmitted to our Hospitals within 30 days of surgery. Reasons for readmission can include infection, pain or other complications arising from their surgery. Practice Plus Group considers that these data are as described for the following reasons:

- It is taken from local data that is submitted to the Department of Health.
- Practice Plus Group has taken and will continue to take the following actions to improve our scores and so the quality of its services:
- Emergency readmission rates are tracked monthly for each Hospital and reported to the senior leadership team and board
- Each month the senior leadership team examines every instance of emergency readmission that occurred and discusses the causes and what can be done to avoid similar readmissions in the future.

2.3.3 Responsiveness to the personal needs of patients

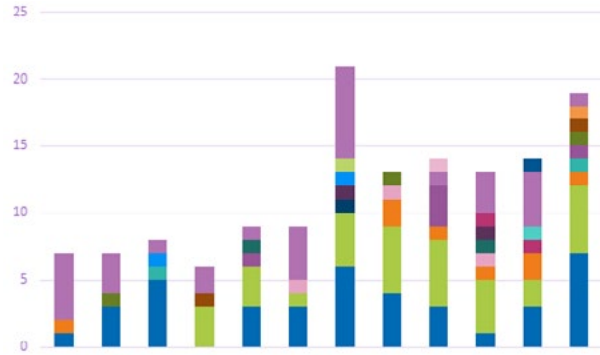
Number of compliments received by each site



	2020									2021		
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Barlborough Hospital	0	0	0	0	0	0	1	2	0	2	4	3
Emerson's Green Hospital	12	0	2	6	0	2	3	3	1	0	7	3
Ilford Hospital	1	1	7	1	2	1	2	2	3	1	0	4
Plymouth Hospital	0	0	0	0	0	0	1	7	6	6	7	4
Shepton Mallet Hospital	46	21	0	0	0	23	7	3	19	22	14	20
Southampton Hospital	2	3	6	4	2	3	4	14	3	3	5	5
Devizes Surgical Centre	2	0	0	0	0	1	0	2	0	0	0	0
Gillingham Surgical Centre	1	0	2	3	1	0	0	0	0	9	4	0
St Mary's Surgical Centre	0	3	1	1	1	4	5	3	2	0	2	9
Southampton UTC	0	1	0	0	0	0	0	0	2	1	0	2
St Mary's Portsmouth UTC	4	2	2	1	0	1	1	0	2	3	1	0
Ophthalmology	0	0	0	0	0	0	0	1	1	0	0	0
MSK & Spinal Service, Lincs	0	0	0	0	0	0	0	0	0	0	0	1
MSK, High Wycombe	1	1	1	1	1	1	1	2	2	1	1	3
Diagnostics, High Wycombe	2	0	1	0	0	0	2	2	0	0	0	0

A total of 140 complaints were received during the reporting period, 137 of which provided the complainant with a satisfactory resolution from the initial investigation and response at stage 1. Three complaints (i.e. 2% of complaints made) were escalated to stage 2, whereby the complaint was not resolved to the complainant's satisfaction at stage 1 and a review of the complaint was requested by the Managing Director. None of the complaints during the reporting period were escalated to the Parliamentary and Health Service Ombudsman as stage 3 complaints.

Number of complaints received according to category



	2020									2021		
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Clinical treatment	1	3	5	0	3	3	6	4	3	1	3	7
Communication (oral)	0	0	0	3	3	1	4	5	5	4	2	5
Communication (written)	1	0	0	0	0	0	0	2	1	1	2	1
Consent to treatment	0	0	1	0	0	0	0	0	0	0	0	1
Date for appointment	0	0	0	0	1	0	0	0	3	0	0	1
Date of admission/attendance	0	0	0	0	0	1	0	1	0	1	0	0
Failure to follow procedures	0	0	0	0	0	0	1	0	0	0	0	0
IUC - Appointments	0	1	0	0	0	0	0	1	0	0	0	1
IUC - Clinical	0	0	0	1	0	0	0	0	0	0	0	1
IUC - Pathway	0	0	0	0	1	0	0	0	0	1	0	0
IUC - Patient perception	0	0	0	0	0	0	1	0	0	1	0	0
IUC - Staff	0	0	0	0	0	0	0	0	0	1	1	0
Patient privacy/dignity	0	0	1	0	0	0	1	0	0	0	0	0
Personal records	0	0	0	0	0	0	1	0	0	0	0	0
Policy & commercial decisions	0	0	0	0	0	0	0	0	0	0	0	1
Premises	0	0	0	0	0	0	0	0	0	0	1	0
Staff attitude/behaviour	5	3	1	2	1	4	7	0	1	3	4	1
Staff competence	0	0	0	0	0	0	0	0	1	0	0	0
Test results	0	0	0	0	0	0	0	0	0	0	1	0

2.3.4 Percentage of staff who would recommend Practice Plus Group

	2017/18	2019/20	2020/21
Practice Plus Group	87%*	56%	64%

Data source: Practice Plus Group Over to You survey, The Survey Initiative

*Please note that the 2017/18 score was calculated on a percentage positive response rate, whereas the subsequent survey responses were calculated on a Net Promoter Score basis. The survey was not undertaken during 2018/19.

Practice Plus Group considers that this data is as described for the following reasons:

- It is taken from the annual staff survey, Over to You, which is administered and analysed by an independent, external agency.

Practice Plus Group has developed action plans in response to the survey findings and intends to take the following actions to improve this percentage and so the quality of its services:

- Continuing and enhancing internal communication processes;
- Progress Quality Improvement Academy to promote service improvement, encourage greater teamwork, provide opportunity for both sharing and communicating success and to further establish the link between individual contribution and team, departmental, and unit based improvement;
- Devising wellbeing approach and articulate in a wellbeing policy or standard operating procedure.

2.3.5 Venous thromboembolism risk assessment

	2018/19	2019/20	2020/21
Practice Plus Group (local data)		99.41%	98.9%
Best performance nationally		100%	
National average		95.47%	
Worst performance nationally		58.7%	

Data source: https://improvement.nhs.uk/resources/vte/

People who undergo operations may have a risk of developing a potentially harmful blood clot or VTE. This indicator looks at how efficiently Practice Plus Group assesses their risk of developing a VTE.

Practice Plus Group considers that these data are as described for the following reasons:

- It is taken from a national information provider.
- Practice Plus Group has taken and will continue to take the following actions to improve our scores and so the quality of its services:
- VTE risk assessment rates are tracked monthly for each Hospital and reported to the senior leadership team and board.
- We set ourselves a target of 100% for this indicator and compare ourselves in this area against the independent sector (average 99.0%) and the NHS every three months.
- Reasons for not achieving 100% are examined each month by the senior leadership team and explained to the board with actions to remedy.

Within Practice Plus Group secondary sites, the iAuditor platform is being utilised to help record, audit and up load information for this national survey. Medical, Pharmacy, Nursing and Governance teams at each site are engaged to work in a multi-disciplinary way to help identify patients and capture the data needed on a monthly basis.

At Practice Plus Group we believe that the great care we give in terms of VTE prevention will help to improve the quality of the data collected and thus benefit a wider range of patients across the entire health care sector.

2.3.6 C. difficile infection

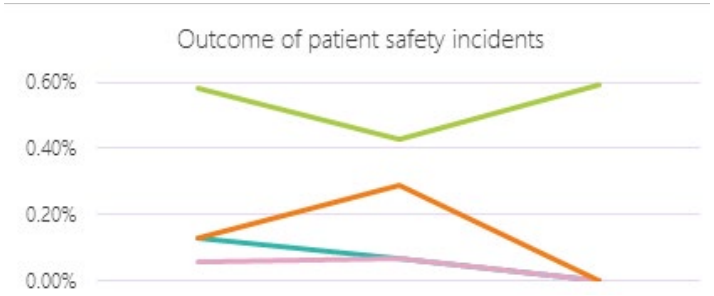
	2018/19	2019/20	2020/21
Practice Plus Group (local data)	0	0	0
Best performance nationally			
National average			
Worst performance nationally			

PHE Annual Epidemiological Commentary, 2019. Ref: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/843870/Annual_epidemiological_commentary_April_2018-March_2019.pdf

Practice Plus Group are pleased to report the continued zero rate for C. difficile infection within services.

2.3.7 Patient safety incidents

Patient safety incidents that...	2018/19		2019/20		2020/21	
	#	%	#	%	#	%
...resulted in severe harm	2	0.13%	1	0.07%	0	-
...resulted in death	1	0.06%	1	0.07%	0	-
...were classified as never events	2	0.13%	4	0.29%	0	-
...were classified as serious incidents requiring external reporting	9	0.58%	6	0.43%	5	0.59%
Total number of incidents reported	1,556	1,392	854			



Practice Plus Group considers that this data is as described for the following reasons:

- Incidents are reviewed by a senior member of staff on each site within three days of reporting to ensure that the severity of harm and categorisation are recorded accurately;
- All potentially serious incidents/never events are reviewed by a panel led by the Medical Director and Chief Nurse within 48 hours of occurrence.

Practice Plus Group intends to take the following actions to improve these data, and so the quality of its services, by:

- Undertaking a Patient Safety Culture Survey across all Secondary Care services during June 2021;
- Holding an incident reporting promotional event throughout July 2021;
- Offering a four-module e-learning package on Human Factors to augment the face-to-face training already provided.

2.3.8 Friends and Family test

	2018/19	2019/20	2020/21
Practice Plus Group (local data)			95.7%
Best performance nationally			100%
National average			95%
Worst performance nationally			84%

The Friends and Family Test is the government's preferred measure of patient satisfaction that is applied across the NHS and the independent sector. Around 99% of NHS inpatients would be "extremely likely" or "likely" to recommend independent providers compared with a national average of around 95%. Practice Plus Group's equivalent results of 95.7% compare favourably.

2.3.9 Seven day services

As part of the requirements of the quality accounts NHSI have indicated that providers of acute services are asked to include a statement regarding progress in implementing the priority clinical standards for seven day hospital services.

Ten clinical standards for seven day services in hospitals were developed in 2013 through the Seven Day Services Forum, chaired by Sir Bruce Keogh and involving a range of clinicians and patients.

The standards were founded on published evidence and on the position of the Academy of Medical Royal Colleges (AoMRC) on consultant-delivered acute care. These standards define what seven day services should achieve, no matter when or where patients are admitted.

These standards relate to emergency admissions and as such are not applicable to Practice Plus Group Hospitals who only undertake elective care services.

2.3.10 Freedom to Speak Up

The Directors of Practice Plus Group are committed to running the organisation in the best way possible and creating a safe culture and environment in which everyone feels able to highlight potential problems and make suggestions for improvement.

As part of the framework that enables us to do that, a Whistleblowing policy is in place which is designed to reassure everyone at practice Plus Group that it is safe and acceptable to speak up and raise any concern at an early stage and in the right way.

Rather than waiting for proof, our preference is that matters are raised when they are still a concern. These could be to do with alleged physical abuse or neglect, criminal activity, health and safety, fraud, any possible failure to comply with a legal, professional, or regulatory requirement, or any attempt to conceal such matters.

The Secondary Care Human Resources Director acts as our Freedom to Speak up Guardian and, along with the Chief Nurse, he ensures the policy and its associated content is routinely and widely communicated across the organisation.

This on-going communication assures everyone at Practice Plus Group that if in any doubt the issue should be raised and, provided that it relates to a genuine concern, it does not matter if an individual is mistaken. Anyone who raises an issue in good faith will not suffer any form of reprisal as a result.

In addition, we would not tolerate the harassment or victimisation of anyone raising a genuine concern and we would consider it a disciplinary matter to victimise anyone who has raised a genuine concern.

Whilst formal complaints are relatively few and far between, our exit interview data consistently conveys that staff at Practice Plus Group know how to make a complaint if it was felt necessary and are confident that it would be taken seriously and acted upon.

There have been no cases reported relating to whistleblowing in the past year.

Part 3
Other information

3.1 Performance against the priorities set for 2020/21

3.1.1 Implementation of Serious Incident Review Panel

We said we would:

- Establish a Serious Incident Review Panel and identify audit to measure the impact of resultant changes;
- Shared learning will be generated and implemented across the organisation as applicable for all serious incidents;
- There will be no recurrence of serious incidents of a similar nature that could have been prevented had the learning from previous incidents been implemented;
- We will produce consistently robust incident investigations and high quality final investigation reports.

What we have achieved:

The terms of reference for a Serious Incident Review Panel have been agreed but the group is yet to be fully established. Meetings to review potential serious incidents are held online and investigation reports are reviewed electronically. An investigation to explore the commonalities between a "cluster" of incidents associated with appointment bookings is underway.

The process for sharing lessons learned from incident investigations has been revised and implemented successfully. Learning is shared from both the comprehensive investigations undertaken in response to serious incidents and those incidents that require a less in-depth, concise investigation.

A shared learning tool is completed for all comprehensive investigations and this is disseminated across all Secondary Care services for discussion at local governance meetings. Each site will determine the need for local action in response to shared learning, and monthly updates on progress with implementation reported to the Chief Nurse.

The learning from comprehensive and concise investigations is shared with a wider audience by means of the quarterly risk and audit newsletter. The learning from comprehensive investigations is also made available to all staff on the Practice Plus Group intranet.

The templates for incident investigation reports have been revised, with guidance for completion and training provided to support their use. A checklist has been introduced to guide investigators and ensure key elements are considered during an incident investigation and recorded in the report.

3.1.2 Increase mechanisms for gathering patient feedback

We said we would:

Identify alternative mechanisms and test, with at least one mechanism used across all services.

What we have achieved:

Due to services being redeployed to support the NHS during the Covid 19 pandemic this quality priority was suspended and will be reinstated for the coming year.

3.1.3 Expand enhanced recovery (PRO recover) programme

We said we would:
- Train 50% of our joint surgeons to deliver day case surgery;
- Undertake 200 day case arthroplasty in the year;
- Have less than 5% readmission or failure to discharge;
- Achieve mean length of stay (LOS) below 48 hours for hips and knees for 50% of months across Practice Plus Group.

What we have achieved:
Due to services being redeployed to support the NHS during the Covid 19 pandemic and elective surgery ceasing this quality priority was suspended and will be reinstated for the coming year.

3.1.4 Development and introduction of a Quality Academy within each Secondary Care service

We said we would:
- All services will have a Quality Academy in place;
- Replication of Quality Improvement projects across services.

What we have achieved:
Due to services being redeployed to support the NHS during the Covid 19 pandemic this quality priority was suspended and will be reinstated for the coming year.

3.1.5 Introduction of wellbeing champions for staff in each Secondary Care service

We said we would:
- All services will have wellbeing champions in place with appropriate training to support them in their role;
- The development of a Staff Health and Wellbeing strategy to include training staff as Mental Health first aiders/ Champions which is linked to the Employee Value Proposition (EVP) project.

What we have achieved:
Well-being is an on-going strategic priority for the Practice Plus Group. Currently a network of affiliated Well-Being Champions are in place in each of our services co-ordinated by our Governance Team.

Each Well-Being champion has access to an agreed set of resources, and with oversight from the wider PPG group, promotes well-being initiatives within their localities with the full sponsorship and support of the site based Hospital/ Service Director.

All our Well-Being champions have been provided with the appropriate level of education to enable them to approach their roles in a meaningful and informed way which, in the year moving forward, we aim to supplement with accredited Mental Health first aider training.

We also intend to more adopt a more formalised written well-being strategy to dovetail with the feedback from a recent Employee Value Proposition exercise conducted within our business which indicated that well-being support was valued and something of which our colleagues would like to see more.

This is in tandem with our re-emergence from the pandemic and correlates to the positive feedback we received in our 2020/2021 Staff Attitude survey regarding our management response and associated support during such a challenging period. It is our intention to draw up a standard operating procedure which will detail what we will do, how we will do it, who will do it, when it will be done, how it will be evaluated, and how we intend to set our well-being priorities moving forward.

This will involve better leverage of some of our existing provisions, such as our Employee Assistance Programme, provided by Health Assured as well as procuring out sourced confidential support regarding individual health planning and the generation of data sets that will guide us to, and underpin, our future organisational well-being interventions.

3.2
Quality Priority Commitments

To improve the uptake of the winter flu vaccination and immunisation of all clinical employees across hospitals/hospitals.

How we conducted the flu vaccination in 2020/2021 within Secondary Care:

Flu (influenza) is a common infectious viral illness spread by coughs and sneezes. It can be very unpleasant, but you'll usually begin to feel better within about a week. You can catch flu all year round, but it's especially common in winter, which is why it's also known as seasonal flu. Flu isn't the same as the common cold. Flu is caused by a different group of viruses and the symptoms tend to start more suddenly, be more severe and last longer. Some of the main symptoms of flu include:

- high temperature (fever)
- tiredness and weakness
- headache
- general aches and pains
- dry, chesty cough

Cold-like symptoms, such as a blocked or runny nose, sneezing, and a sore throat, can also be caused by flu, but they tend to be less severe than the other symptoms you have. Flu can make you feel so exhausted and unwell that you have to stay in bed and rest until you feel better.

Within this imminent flu season, at Practice Plus Group Secondary Care service lines and hospitals, substantial work has gone into designed a delivery programme of vaccination for our staff across sites.

Our Flu programme this year featured the complexity of the COVID19 pandemic. Influenza (Flu) and COVID-19 are both contagious respiratory illnesses, but they are caused by different viruses. COVID-19 is caused by infection with a new coronavirus (called SARS-CoV-2), and flu is caused by infection with influenza viruses.

COVID-19 seems to spread more easily than flu and causes more serious illnesses in some people. It can also take longer before people show symptoms and people can be contagious for longer. Because some of the symptoms of flu and COVID-19 are similar, it may be hard to tell the difference between them based on symptoms alone, and testing is needed to help confirm a diagnosis. Both COVID-19 and flu can have varying degrees of signs and symptoms, ranging from no symptoms (asymptomatic) to severe symptoms and can share similar clinical presentations.

While more is learned every day about COVID-19 and the virus that causes it, there is still a lot that is unknown.

Launch days

Due to changes in Government guidelines on COVID19 and in particularly social distanced, all launch events were conducted virtually. Working with a dedicated small team, we have devised a series of launch days which engaged with local sites and nominated flu champions. This virtual day focussed at providing local champions and sites with the relevant tools and knowledge to help deliver a vaccination to staff on the front line. It covered some key topics including:

- Patient Group Directives and Written Instruction frameworks, which allow us to prescribe vaccinations and antiviral medications on a greater scale without delay
- National and global Public Health priorities
- general flu myth busting
- outbreak management
- Appropriate data analysisData management
- Differences between Flu and COVID19

This year we focused on a number of key themes with a dedicated approach to increasing the numbers of staff taking up the offered vaccination. These were:

- staff engagement and education so they are equipped to educate their patients and others
- positive and accurate information on the content of the flu jab
- the benefits to the workplace, colleagues and family of having the free vaccination (herd immunity)
- how to access the jab
- Displaying myths of any Flu vs COVID19 vaccinations
- Empowering staff to become vaccinated through 1-2-1 and group based discussions

The launch days and the additional supporting documents, allowed key staff within the service lines to become up skilled and informed in the rationale for the flu vaccination need. They were then able to take this knowledge to their teams at their respective bases and cascade this new information to a larger audience.

Educating and informing staff, on the benefits of flu vaccination remains a difficult yet crucial part of the flu season. Many have misconceptions or ill formed judgements that flu jabs are ineffective or actual cause flu. Within Practice Plus Group, each service has now a dedicated and fully informed 'Flu Champion' which allowed for local and regional discussion to be had to expel some of this preconceived myths.

We are aiming to vaccinate all staff, with initial priority going to patient-facing staff. It is imperative to staff to remember, getting a flu jab does not cause the flu and all staff should engage with their local flu champions to get the most up to date information on flu.

We focused the key message of flu and being vaccinated as the professional responsibility of all staff to help protect themselves, their families, the staff around them and the patients that they care for.

Result

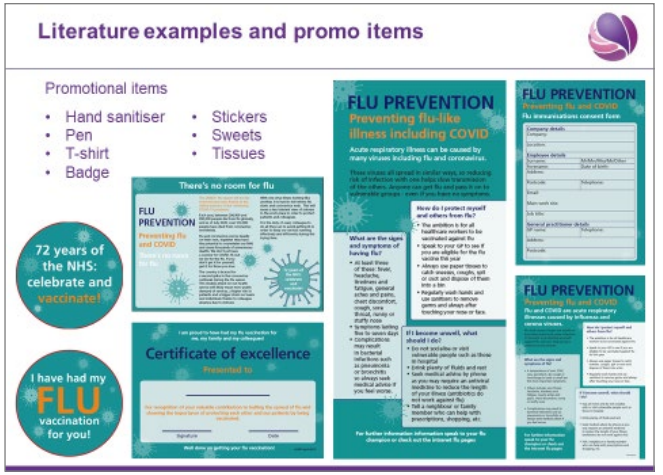
During the 2020/2021 flu vaccination season, we achieved the highest flu update than ever before, with sites across Secondary Care collectively reaching an all staff uptake of 85%, which is approximately 7% higher than the previous year and 10% higher than the equivalent NHS uptake rate.

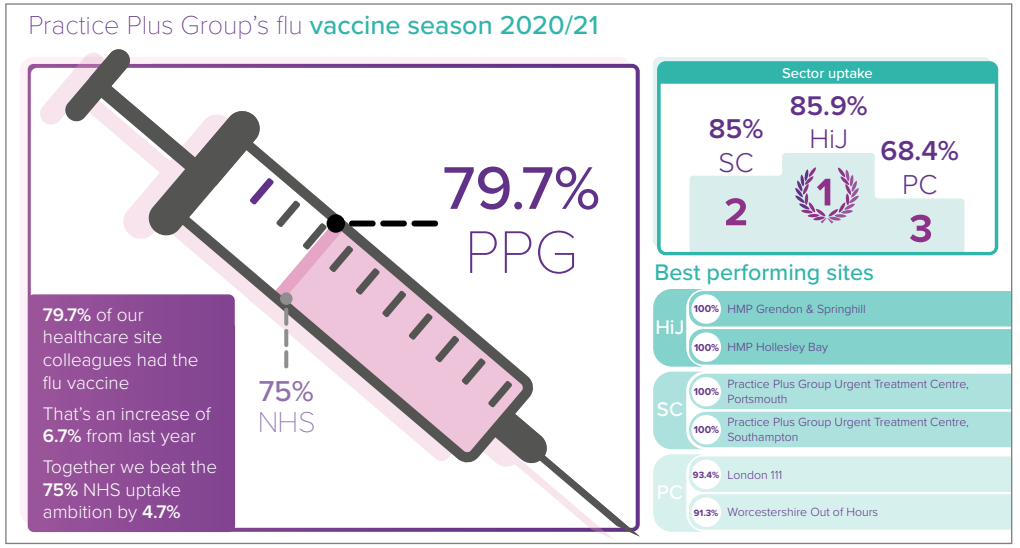
General Information

Our recording of the event - https://www.youtube.com/watch?v=_a1nYI9VrVI

Examples of flu material:

Resources - https://mypracticeplus.com/health-care/flu/flu-champion-resources





Duty of candour

Promoting a culture of openness is a prerequisite to improving patient safety and the quality of healthcare systems.

It involves explaining and apologising for what happened to patients who have been harmed or involved in an incident as a result of their healthcare treatment. It ensures communication is open, honest and occurs as soon as possible following an incident.

It encompasses communication between healthcare organisations, healthcare teams and patients and/ or their carers. Practice Plus Group have robust appropriate processes for communicating with a patient and/or family/carer following a reportable patient safety incident and these are followed in conjunction with Practice Plus Group Incident Reporting Policy and Procedure.

There is clear guidance for staff which outlines Practice Plus Group's policy on its duty of candour and the processes by which openness will be supported.

This support allows practice Plus Group to meet its obligations to patients, relatives and the public by being open and honest about any mistakes that are made whilst Practice Plus Group employees care for and treat patients.

Same sex accommodation

In line with Department of Health guidance on mixed sex accommodation, it is standard practice in Practice Plus Group facilities to provide separate accommodation for men and women throughout

the process of admission, treatment and discharge. Practice Plus Group can confirm that there have been no breaches of the Department of Health guidance during the past year and this has been reported to

the Health and Social Care Information Centre (HSCIC) every month. We are proud of this achievement and intend to maintain this standard in the future.

"Treating men and women separately enables us to maintain the appropriate standards of privacy and dignity"

Equality, diversity and inclusion

We carried on our important work in this area over the course of this year. Our Divisional Equality, Diversity, and Inclusion Steering Group continued to lead our progress with energy and enthusiasm, including representation from across all of our service lines, representing and celebrating our diverse workforce.

The group has led an active programme of communications and educational activities across the year.

Diagnostics

Practice Plus Group provides a range of diagnostic imaging services within its hospitals, Diagnostic Centres and Urgent Hospitals including: plain film X-ray; non- obstetric (NOUS), General and MSK ultrasound, Echocardiography and Magnetic Resonance Imaging (MRI).

These services are delivered using state of the art imaging systems at both fixed and mobile locations. Flexible opening hours, which include weekends and evenings, offer patients greater accessibility and convenience.

Our team of dedicated imaging staff, made up of consultant radiologists, radiographers, sonographers and support staff, are all highly experienced healthcare professionals, registered with their respective professional bodies where required.

We now have one qualified reporting radiographer and two undertaking their preceptorship who are reporting plain film x-ray cases in-house, with another reporting radiographer training in MRI reporting due to qualify in autumn 2021.

Referrals to our diagnostic imaging services come from a range of healthcare professionals including doctors, nurses and allied health professionals with the results of completed imaging examinations usually available within 48 hours of the patient's attendance.

Practice Plus Group has a robust quality governance framework for diagnostic imaging includes elements such as: clinical audit; use of latest evidence based policies, protocols and NICE guidance; competency assessment of staff and a Quality Assurance (QA) programme.

This framework ensures that services delivered by our operational teams are safe and clinically

effective. Service-based teams have been supported by an experienced divisional team which includes: a clinical director & advisor for Radiology; and a diagnostic imaging lead who oversees all diagnostic imaging services within Practice Plus Group's Health Care Division.

In addition support can be obtained from external providers, such as Alliance Medical, Cobalt, Hexarad Radiology, InHealth and the various NHS trusts we work in conjunction with.

Our QA programme comprises an enhanced quality improvement and audit tool that we use to review and evaluate the quality of three key components of the clinical pathway for imaging examinations, namely: referral; imaging; and reporting. We review a minimum of 5% of completed imaging cases, scoring each of the three key components against Royal College of Radiologists recommended reporting and discrepancy management standards which provides the basis for a 5 level quality assurance and discrepancy management guideline. We have our own in-house QA programme to include sonographer and reporting radiographer peer-review. To support this we also have three robust modality working groups which function to review protocols, share experiences and to provide a forum to discuss interesting cases, review discrepancies and any shared learning supporting our drive towards clinical excellence.

Our QA programme in combination with the modality working groups allows us to track any trends in reporting errors and to identify where additional training or education may be indicated. Our discrepancy/error rates for the reporting of imaging examinations remain at a very low rate and we are wholly assured that the quality of our reporting is well above any suggested threshold within the published evidence on this topic, and that we continue to provide a high standard imaging service to our patients. Any identified discrepancies are robustly investigated and learning shared amongst all teams and with external providers if appropriate.

The last year has seen significant investment in diagnostic imaging equipment with DR retrofits installed in five sites with a full equipment upgrade programme to follow.

The COVID pandemic had a significant impact on diagnostic imaging services as our radiographers have remained in the front line supporting urgent hospitals and direct access services as well as supporting all activity transferred from the NHS. Working closely with Infection Control and Prevention colleagues cleaning and disinfection protocols were reviewed to ensure maximum safety for staff and patients and pathways were developed with Primary Care to ensure direct access services were able to continue throughout.

In addition to this some of our radiographers undertook secondments to support NHS Trusts during surge status periods.

Part 4
Local quality updates

Barlborough Hospital

Performance against the priorities set for 2020/21

Priority 1

We said we would:
Achieve the Derbyshire Dignity award.

What we have achieved:
Barlborough Hospital received the Derbyshire Dignity award in 2020 Coverage in Derbyshire times and local press and award displayed in reception area at Barlborough.

Priority 2

We said we would:
Implement Always Events.

What we have achieved:
Ongoing due to COVID
Created a mini MARS chart for patients to take home. This was based on patient feedback around being unclear about take home medication. The MARS chart makes it easier for the patients to see clearly what medication is required and track it. This has resulted in fewer calls relating to medication and readmission for pain management.

FAQ sheet developed for patients based on feedback. This was to be produced in booklet form and displayed on the website.

Introduced a question sheet for inpatients where they could write down any concerns/queries. These are then answered in real time and kept in the patients file as a record. This reduced post op queries and complaints as issues were resolved whilst the patients were still here.

Priority 3

We said we would:
Change the format of CIRCLE.

What we have achieved:
We have not had any circle meetings due to COVID but staff have been encouraged to speak to managers on an informal basis about any concerns and managers have had a higher visibility and open door policy.

Staff are to receive training on clinical supervision (dates TBC) and this will introduced this year. This has a knock on effect to priority 4.

Priority 4

We said we would:
Provide health and wellbeing assessments for staff

What we have achieved:
- FLU Vaccination 86%
- COVID Vaccination for all staff 92% 1st jab, 86% 2nd jab
- LFT testing for all staff
- Celebrated World Mental Health Day – staff activities raised money for mental health charities.
- Mental health first aider training.
- Support staff through the COVID pandemic
- Celebrated World Smile Day 2/10/20
- Health & Wellbeing Assessments started but were suspended due to COVID.
- Support for staff shielding or isolating due to COVID
- Developed a Health & Wellbeing information board
- Staff walking groups set up – with social distances
- Several What's App support groups set up – pet updates, gardening tips, cooking.

Local outcomes

Barlborough		#	%	Comments
NJR submission			100	
PROMS submission	hips			
	knees			
PROMS health gain	hips			
	knees			
VTE risk assessment			100	
VTE incidents		1		PE following surgery – RCA underway
Complaints received				
Complaints upheld/partially upheld				
Incidents relating to patient harm		10		
Serious patient safety incidents		0		

Throughout the last year, due to the COVID pandemic we have been working alongside Chesterfield Royal Hospital, Derby Hospital and Kings Mill Hospital. Some of the incidents relate to patients that fall under these trusts.
9 of the 10 incidents relating to patient harm were minor incidents and resulted in no lasting damage. 1 incident was a patient death following transfer to Chesterfield Royal Hospital. A full RCA was completed and there were no lessons learned from Barlborough.

Priorities for 2021/22

Priority 1

What are we trying to improve?
Continue with Always events

What will success look like?
Deliver high quality patient centred care with excellent feedback in line with Practice Plus Values

How will we monitor progress?
Patient satisfaction – formal and informal i.e. discussions with patients on the ward
NHS Choices
Customer comment cards
Dignity do cards
CQC Feedback
NJR
PROMS
Complaints and concerns
Patient forum
PLACE Audit

Priority 2

What are we trying to improve?
Aspire to excellence – Build on our existing successes to ensure high quality patient centred care

What will success look like?
Improve patient experience
Successful CQC Visit with an outstanding rating
Keep in line with Practice Plus Group values
Patient safety
Reduce risk
Staff retention and resilience
Innovation
Keeping up to date with evidence based practice
Growing the business with new specialities
Learning from incidents and sharing good practice
Build on links with other PPG hospitals and other trusts/providers
Build on our success with Day case HIPS/KNEES and work with other PPG hospitals to achieve similar results
Continue to drive innovation – Universal Hip precautions

How will we monitor progress?
Patient feedback
Place results
NHS Choices
PROMS Data
NJR Data
CQC Feedback
Feedback from partners – OHG, STH, CRH, NM
Audits
Quality Visits
Staff retention
OTY Survey results

Priority 3
What are we trying to improve?
Staff Health & Wellbeing and Mental Health Awareness

What will success look like?
Excellent uptake of flu and COVID vaccination
Reduction in staff sickness
Reduction in staff turnover and no vacancies
Excellent OTY survey results
Excellent staff feedback
Mental Health First aiders trained staff and utilised
Improved resilience
Flexible working
Staff social events – summer party, departmental get togethers
Fish and Chip Fridays
Team Building

How will we monitor progress?
Over to you survey
Staff Sickness
Staff turnover
Feedback from departmental managers
Feedback from all staff

Patient stories

Emerson's Green Hospital and Devizes Surgical Centre

Performance against the priorities set for 2020/21

Priority 1 - Re-launch an Internal Quality Improvement Academy

In April 2019 - Emerson's Green & Devizes NHS Hospital launched our Quality Improvement Academy. Staff and patients have the opportunity to implement change improvements for patient safety and experience. Due to the covid-19 pandemic some of the 2020-2021 quality improvement initiatives needed to be paused.

Aim:
To re-launch the academy, continuing the projects implemented in 2020-2021 and introducing new quality initiatives.

Deaf awareness	AIM: To ensure that all patients, staff and visitors who experience hearing loss or deafness get equal access to excellent health care and have a positive and deaf aware experience. Make sure that staff are deaf aware, know how to treat a patient if an interpreter is in the room, know some simple sign language.
Endoscopy patients	AIM: To review why abandoned procedures occur, including patient feedback, implement changes where indicated, with the aim of reducing the number of abandoned procedures.
Dementia patients identification	AIM: To implement a sticker system/symbol that can be used on notes/whiteboards to identify the patient has dementia, therefore ensuring the staff communicate to the patient in a way that is understandable to them, ensuring that patients dignity and privacy are respected.
Recycling	AIM: To recycle damaged/torn sheets and blankets by donating them to a community animal shelter.
Simulation scenarios	AIM: To take learning points and scenarios to learn and train effectively together. To produce short scenario training videos.
Sleep promotion	AIM: To educate all knee surgery patients pre-operatively of the impact that sleep promotion can have post operatively.

How will we monitor progress?

Using improvement framework models enables staff to test out changes on a small scale, build on the learning from small test cycles in a structured way before whole scale implementation. This gives the opportunity to see if the proposed change will succeed and is a powerful tool for learning from ideas that do and don't work. This way, the process of change is safer and less disruptive for patients and staff.

Staff involved in quality improvement projects are mentored and coached via the quality team with bi-monthly weekly brief meetings to discuss progress/ challenges/results. This involves teaching sessions on quality improvement toolkit structure, mentoring and coaching.

It is recognised that improvements are regularly made throughout departments, the quality academy will bring structure to these improvements with a view to replicate, where possible and give the opportunity to staff to share their findings. The aim is that the quality improvement projects will not be time intensive for the staff or require any formal accredited submission or exam.

Once a year the sites will host a QI presentation evening where staff can showcase their projects, however large or small and present the improvements made. Patients, caregivers/partners, CCGS, Head Office Quality Team and staff will be invited to cascade the improvements made and celebrate the staff who have been involved. The staff will receive a recognition certificate.

Priority 2 - Flu vaccinations

We said we would:

We aim to achieve an 90% or more uptake of flu vaccinations for patient facing staff for 2021-22.

How we will monitor progress?

To build on the success of previous years. The recruitment of Flu Champions will aid to educate and update information and progress to staff via a "nudge" methodology (continuous positive feedback).

To adopt a positive and passionate culture of embracing the flu vaccination in order to protect ourselves, our families, our patients, our colleagues. Protecting yourself. Protecting your family. Protecting your colleagues. Protecting your patients'.

To produce monthly progress reports to monitor progress and areas where education is needed or resilience to the vaccination exists

Priority 3 - FTo gain ANTT (Aseptic Non-Touch Technique) accreditation.

We said we would:

We aim to improve worker compliance with effective aseptic technique; and thus increase quality assurance of infection prevention. Standardizing aseptic technique reduces variability in practice and better protects patients from infection.

ANTT is the national standard of aseptic technique.

How will we monitor progress?

We will follow the ANNT implementation cycle:

- Pre audit- Audit current practice and to evidence that improvement has happened at the end of the improvement project.
- Launch-
- Training- ANTT trainers to train staff in each department. Assessment- The local ANTT trainer(s) will assess the knowledge and practice of staff. (Knowledge can also be tested via e-learning).
- Maintenance- Once a standard aseptic technique is achieved with ANTT, compliance is much more easily monitored, and can be done so using standard ANTT audit tools

Priority 4 - Staff health & wellbeing

We said we would:

To implement steps for staff to work in a supportive environment that includes:

- Feeling valued;
- Managing stress;
- Mental health awareness and support;
- Physical health.

Priority	Aim
Feeling valued	To provide a platform on which all staff can present their ideas for improvement for staff and patients. This will be facilitated through the Quality Improvement Academy. All staff can receive a free breakfast once a month. Staff to receive a cereal bar with a "thank you" message on, once a month. To be distributed by the volunteers. Healthcare hero monthly Staff to receive regular feedback from patients on their positive experience. To implement a "nudge" methodology of positive feedback to establish and achieve engagement in continuous improvement. Staff relaxation and massage sessions to be held bi-monthly as 15 minutely sessions. "I appreciate" to be implemented in team departmental meetings where each member identifies a colleages that have appreciated over the prior month and reasons why. This aids for team building, inclusion and evokes a positive outlook.
Managing stress	To provide training sessions to leaders, HODS, team leads and supervisors to improve avoiding, identifying and managing stress. Take 10 - implement a "take 10" quiet room, where staff who are showing signs of stress at work can "take 10". Where this initiative has been implemented in healthcare it has shown to improve resilience, reduce sickness and staff feels their working efforts are valued.

Mental health awareness and support	To have mental health awareness champions. Implement mental health awareness PODS, where staff are able to seek information, be signposted to support available and speak to someone.
Physical health	Lunchtime walking groups Posture exercise sessions held for staff by the physio department.
Enjoying our role	Aim: for staff to feel joy in the majority of their work. This is seen as a key quality driver, where staff feel joy in their work, patient care is improved, sickness rates reduce and retention of staff is higher. Creating joy at work can be simple steps. The aim will be to recruit a team of staff representing the different departments to facilitate and encourage simple steps to improve joy at work.
Table Talk	For SMT to meet regularly (fortnightly) with HODS and Clinical Leads to discuss issues in a problem solving environment. AIM: Non minuted meeting with cake and coffee, designed break down hierarchical curves and enable staff to feel empowered to voice an opinion, feel listened to, part of the decision making process and supported.

Local outcomes

Emerson's Green & Devizes		#	%	Comments
NJR submission				
PROMS submission	hips			
	knees			
PROMS health gain	hips			
	knees			
VTE risk assessment				
VTE incidents				There were no reportable VTE incidents for Q1-Q4.
Complaints received		Emerson Green = 14 Devizes = 5		All complaints were acknowledged within 3 working days, investigated and responses sent within 20 working days or at a time agreed by the patient.
Complaints upheld/partially upheld		Emerson Green = 9 Devizes = 3		
Incidents relating to patient harm		15 total for both sites		All safety incidents are investigated and discussed at our monthly MDT risk meeting where actions are implemented and monitored. There were no reported safety incidents that contributed to moderate or serious harm this year. All incidents were no or low harm.
Serious patient safety incidents		0		There have been no reported serious incidents this year. This was investigated; the patient death was found to be an unpredictable and unavoidable event with no contributory factors from the surgery or cares given.

Patient stories

Throughout the past year the Covid-19 pandemic has been a challenging time not just for our staff but our patients also. They have had to possibly wait longer than expected for their procedure. For our transfer patients they had their procedure in a different hospital than expected and due to our “green pathway”, visitors have been unable to attend.

Acknowledging this difficult time, our patient experience team have been talking to patients about their experience and how it has impacted them. On speaking to our patients we asked them to describe in one word to describe the care from our staff.

The most common responses were:

- Caring
- Amazing
- Felt listened to

Ilford Hospital

Performance against the priorities set for 2020/21

Priority 1 - Day case joint replacement surgery

We said we would:
Increase the number of patients undergoing day case arthroplasty, resulting in:

- A shorter average length of stay;
- A reduction in the risk to patients of infections, thrombolytic risk, chest infections etc.

What we have achieved:
We have reduced our length of stay for our patients and therefore reduced the risk to our patients of hospital acquired infections, and thrombolytic risk.
We have looked at the data for a six month period in 2019-2020 and compared it to a six month period in 2020-2021 where our data was not affected by Covid (NHS contract).

Priority 2 - Surgery start times

We said we would:
Surgical lists will start at 08:15 in 95% of cases.

What we have achieved:
From the year 2019-2020 to 2020-2021 we reduced late starts by 12%

	2019-2020 Average length of stay	2020-2021 Average length of stay
Hips	53.1	47.6
Knees	56.0	48.85

Priorities for 2021/22

Priority 1

What are we trying to improve?
Increase our day case hip and knee cases

What will success look like?
To improve our length of stay to below 48 hours for both hips and knees consistently

How will we monitor progress?
Monthly data review, ongoing focus groups to undertake PDSA cycles

Priority 2

What are we trying to improve?
PROMS participation rate

What will success look like?
To improve our PROMS participation rate to the national average of 86.5%

How will we monitor progress?
Monthly reporting of returns versus patients listed for Hip and Knee surgery

Priority 3

What are we trying to improve?
Datix Incident reporting investigation timescales

What will success look like?
100% of incidents will be investigated and closed within 20 days

How will we monitor progress?
Monthly reporting on data, monthly Datix review meetings

Patient stories

I just wanted to pass on my huge thanks to everyone in the team who were involved in my gastroscopy.
This was my first gastroscopy and I was extremely nervous and apprehensive (I tried my best not to show it, this resulted in me nervously talking a lot before the procedure so please pass on my apologies!).
The team made me feel comfortable, relaxed and extremely well looked after, I'm sorry but I didn't catch any names but every single person was fantastic. Everybody was friendly, warm, approachable and happy to answer any questions or worries that I had without making me feel rushed (but still working in a time-efficient manner), which had a massive impact in a quick and successful procedure which I would not be scared to have if I need to again in the future.

I wanted to say thank you for the care you gave my mother during her knee surgery. After one week Mum is walking upright on her frame for years could only walk bent over, the change in her is amazing. During our whole time, from the telephone calls to nurse visit, Mum was treated with such kindness and this really helped her and us. I wanted to send you out heartfelt appreciation and gratitude. Mum is recovering so quickly Thank you

Plymouth Hospital

Performance against the priorities set for 2020/21

Priority 1 - Governance meetings

We said we would:
Review format of governance meetings to ensure shared learning of incidents, RCAs and complaints.

This has been completed. Governance now involves department's discussion and RCA or Incidents and complaints.

What we have achieved:
Worked with NHS during Covid. Undertook Cancer surgery also: Gynaecology, Urology, ENT, Breast Cancer surgery, Trauma Orthopaedics, Trauma plastics, Flexible Cystoscopy clinics, General surgery, UHP Orthopaedic surgery. 2 week wait Endoscopies. UHP delayed discharges.

Priority 2 - Length of stay

We said we would:
Reduce average length of stay to below 48 hours and increase the number of same day discharge of patients.

Due to being under surge and taking UHP Patients, our length of stay was 2.01 days for Hips and 2;15 days for knees. Our numbers were not as expected due to UHP delayed discharges also being on the ward. Also Packages of care were stopped for some time which also increased our average LOS

Priority 3 - Always Events

We said we would:
Continue to review and share patient feedback and move forward with Always Events.

We were unable to proceed as we expected with Always events due to Covid. However we have shared patient feedback with all staff on a monthly basis via Friends and family feedback. Also compliments and complaints are shared.

What we have achieved:
We have worked with UHP, taking much of their cancer surgery patients. We worked well with UHP and were able to ensure that we worked together to ensure that our staff were trained to provide safe and effective care.

Local outcomes

Plymouth		#	%	Comments
NJR submission			94.31%	
PROMS submission	hips			
	knees	472		
PROMS health gain	hips			
	knees			
VTE risk assessment				
VTE incidents		1		
Complaints received		9		All closed
Complaints upheld/partially upheld				
Incidents relating to patient harm				
Serious patient safety incidents				

Priorities for 2021/22

Priority 1 - Introduction of Perioperative Medicine

What are we trying to improve?
Number of clinical cancellations

What will success look like?
Reduced number of clinical cancellations

How will we monitor progress?
Via Clinical outcomes/Scheduling/OPD review

Priority 2 - Reduce Length of stay and introduce Major surgery as Daycase.

What are we trying to improve?
Length of stay from 2 days to day 0 or day 1

What will success look like?
More patients being treated

How will we monitor progress?
Through increased numbers going through the hospital. Collecting monthly data.

Priority 3 - Introduction of the Quality Improvement Programme

What are we trying to improve?
We will identify areas where improvement required. A steering group within the hospital to be appointed to meet on a monthly basis to share required improvement.

What will success look like?
Areas identified for improvement will be monitored and documented.

How will we monitor progress?
By monthly meetings with the steering group.

Shepton Mallet Hospital

Performance against the priorities set for 2020/21

Priority 1 - Staff health & wellbeing

We said we would:
Agreed cohort of staff will have received Staff health and Well Being training, a formalized group will be established with terms of reference. Group will lead on staff events to improve morale.

What we have achieved:
We have a Health, Wellbeing and Mindfulness team, the participants of which are trained to level 1 and 2 of Mental Health Awareness and Domestic Abuse and Violence. We hold regular meetings with them to understand themes within the Hospital and to offer them support. There is a quarterly newsletter which covers many topics. The team actively sign post staff into recognised agencies for additional support or into the Practice Plus Group Health Assured programme.

Priority 2 - Always Events

We said we would:
Invite patient attendance at planned meeting groups and then introduce changes identified.

What we have achieved:
Really good attendance at our meeting out of which we agreed a few key areas for improvement. Co-designed with patients, opportunities for improvement included staff photo boards in each area, telephone call management system review to reduce waiting time for incoming calls and a patient information booklet for the ward.

Priority 3 - Academy of excellence

We said we would:
Develop a quality academy to drive quality improvement projects throughout the hospital.

What we have achieved:
We have developed the quality academy to support and understand staff to recognise and fulfil quality improvements. This allows a structured approach to quality improvement and consistent reporting of the impact of quality initiatives. We have successfully commenced 31 individual quality improvement projects over the last year of which 13 have been successfully completed.

Priority 4 - Employee Values Programme and engagement

We said we would:
We wanted to evaluate our Employee Value Proposition (why people choose to work with us and why they stay) across the Business and we released colleagues from every Department to take part in interviews with our HR colleagues centrally to help define the factors that contribute to our EVP and our new mission and values under our rebranding exercise.

What we have achieved:
All colleagues had an opportunity to contribute to formulating our new values across the business under our new branding and from interview feedback a number of initiatives related to improving terms and conditions for colleagues will soon be rolled out across the business.

Local outcomes

Shepton Mallet		#	%	Comments
NJR submission		973	99.1%	
PROMS submission	hips		99.13%	April 19 to March 20
	knees		98.64%	
PROMS health gain	hips			April 19 to March 20
	knees			NHS only for all
VTE risk assessment		2337	98.7%	
VTE incidents		2	0.1%	2 cases of VTE, RCA completed and actions reviewed through Governance.
Complaints received		7	0.3%	From NHS treated patients
Complaints upheld/partially upheld		5	0.2%	From NHS treated patients
Incidents relating to patient harm		20	0.8%	Incidents related to medication, infection, slips, trips and falls.
Serious patient safety incidents		0	0	

Priorities for 2021/22

Priority 1

What are we trying to improve?

The management of day case patients who require a length of stay greater than 1 hour and not more than 8 hours post-surgery. We plan to introduce a Day Unit within our inpatient ward to ensure that there are no unnecessary overnight stays following day case surgery. Introduction of specific day case risk assessment tools for patient monitoring.

What will success look like?

Increase in day zero joint arthroplasty patients, reduce theatre delays as recovery will maintain a constant flow of patients and a reduction in length of stay.

How will we monitor progress?

Assign specific key performance indicators to monitor the success of this development.

Priority 2

What are we trying to improve?

GIRFT initiatives –

Compliance with Getting It Right First Time (GIRFT): institute six monthly NJR review meetings to be attended by all surgeons. At these meetings, the Shepton Mallet Hospital NJR dashboard indicators are reviewed. All arthroplasty cases that have undergone revision are discussed. Changes to process or practice are proposed and implemented.

What will success look like?

Change of practice is expected through a process of internal discussion, reflection and lessons learnt from those cases that required revision surgery. This will generate a gradual reduction of our revision rates for hip and knee replacement.

How will we monitor progress?

Through the review of the revision rates and position in the funnel plots for the hospital in the annual NJR Trust Level Report.

Priority 3

What are we trying to improve?

To reaffirm the nursing staffs situational training and improve nursing skills in the recognition and monitoring of a deteriorating patient.

What will success look like?

Nurse retainment through training opportunities and investment. Reduction in non-emergency transfers of patients to other providers, earlier recognition of the deteriorating patient and reduction in time to transfer for emergency transfers.

How will we monitor progress?

Training results, staff wellbeing and retainment, through key performance indicator review at governance.

Patient stories

KR, Total Knee replacement November 2020

'Wow! Absolutely amazing! I feel fitter, stronger and far more capable than I have in the last 12 years. Now let's take a step backwards to 20th November 2020 and my visit to your incredible hospital for a total knee replacement. A nurse is already waiting to show me to a two 'man' ward-very spacious and comfortable. A very friendly lady (anaesthetist) explains about the spinal jab. Four hours later after the operation and the feeling is back in my lower limbs. The physio checks I have the booklet of exercises and circles a few vital ones which help with the recovery. The nurse visit every couple of hours to take pulse and blood pressures. By lunchtime the following day I am given the news I will probably be discharged this evening. There's more checks and readings, plus a visit from the medication lady(pharmacist) with lengthy explanations of what does what and how many, for how long and do I have any questions? There is a list to help me when I get home to remember. The physio is back with a pair of crutches and we do a few laps of the corridor and I'm shown a few exercises and have to climb a small set of stairs. Once he is happy with my technique, I am encouraged to get out of bed and walk every hour or so.

I did try retiring when I reached 70 but after 3 months I was glad to be back at work building a four bedroomed house for my son, but I will be careful and look after my new knee. Now that my get up and go has returned I'll not be doing anything risky..... 8th February Decorating, repointing chimneys, fixing leaks, hanging doors, clearing out guttering along with pruning trees, fencing and putting up summer houses/garden rooms....'

RS, Foot surgery December 2020

'I wanted to write and thank you very much for all the amazing work you have done on my foot and especially for all the 'above and beyond' care you took to help the second toe joint that was so affected by arthritis. .....I will work hard to improve flexibility and strength over the coming weeks. It will be wonderful to get my walking boots back on, to continue to explore new areas of our lovely country, where our motorhome takes me, my husband and our 2 lurchers, when Covid doesn't intervene! .....'
Thank you, very sincerely.

Southampton Hospital

Performance against the priorities set for 2020/21

Priority 1 - Actions to address surveys

We said we would:
Reflect actions from Local Culture of Care Barometer survey in action plan for Over to You (OTY) survey.

What we have achieved:
The OTY action plan was agreed in August 2020. Staff wanted more management visibility and therefore staff Q&A sessions were commenced, the monthly team meeting structures were reviewed, and speciality meetings reinvigorated.

Priority 2 - CQUINS

We said we would:
Assess 80% of inpatients for tobacco and alcohol use and falls prevention.

What we have achieved:
We commenced the Alcohol and Tobacco and Falls Prevention CQUINs in April 2019. The CQUINs were stopped in February 2020 due to the Covid-19 Pandemic. PPG Hospital Southampton had met the Falls Prevention CQUIN up to and including January 2020, and were working towards being fully compliant with the Alcohol and Tobacco CQUIN.

This Quality Account covers the period April 2020 to March 2021 when PPG Hospital Southampton supported the local NHS providers in their response to the COVID-19 pandemic. The pandemic completely changed the way we functioned as a hospital. Since October 2008, when we opened we have been undertaking elective surgery, but during the pandemic PPGHS undertook urgent cancer surgery (breast, gynaecological, general surgery and urology), trauma and orthopaedic surgery, urgent oral surgery and urgent endoscopy.

All of our staff had to adapt quickly to care for our patients and to keep everyone safe at an exceptional time. As an example in March 2020 our administration team cancelled thousands of PPGHS patients, and worked with other NHS providers to book urgent NHS cases. This involved forming new working relationships. Many of our staff worked from home, and had to adapt their way of communicating and working with new technology. Throughout March, April and May 2020 the staff were constantly working with new public health guidance, which was changing weekly. Throughout we worked to maintain patient safety and ensure people were treated. This all required a huge amount of energy, skill, innovation, brilliant team work, compassion and dedication from everyone.

Our staff had to contend with homeschooling their children, being unable to see their loved ones at home and abroad, while sourcing and wearing additional PPE, learning many new skills (fit testing for FFP3 masks, and Covid swabbing for example), as well as coming to work when the fear of catching the virus was very real. We also had to constantly change who we were working with, and cancel and then re-book patients, depending on which tier or surge pattern we were in.

This has certainly made April 2020 to March 2021 one of the most difficult and challenging in health care in recent years. PPGHS continued to report and investigate incidents and undertake the friends and family tests enabling patient feedback throughout the whole period. We are extremely proud of everything we have achieved, we have forged new and successful working relationships, challenged ourselves and provided safe and effective patient care. As the prevalence of COVID-19 is falling, and life is being to open up again we are now looking forward to incorporating our key learning in our work while planning for the future.

Local outcomes

Southampton		#	%	Comments
NJR submission				Revision and mortality rates within expected range. NJR Quality Data Provider Award Received December 2020. The usual NJR and PROMS reports are not available yet for 2020 due to COVID-19.
PROMS submission	hips			Submitted
	knees			Submitted
PROMS health gain	hips			No outliners for PROMs
	knees			No outliners for PROMs
VTE risk assessment				Audits undertaken throughout 2020/21, range from 99 – 100%.
VTE incidents				Zero
Complaints received				April 2020 – March 2021: 20 complaints received
Complaints upheld/partially upheld				5 upheld, 11 partially upheld, 1 was not upheld and 3 are still under investigation.
Incidents relating to patient harm				107 incidents, four relating to patient harm (incorrect IOL and three falls).
Serious patient safety incidents				April 2020 – March 2021: Incorrect IOL (private pay patient therefore reported via PHIN).

Priorities for 2021/22

PPGHS is working on falls prevention for 2021/22, and mental health awareness training and support for staff. We want to ensure we are doing everything possible to reduce falls and feel the support for staff is vital after the year we have had. At present, we are unable to state any other local priorities for 2021/22, as CQUINs are currently suspended. Our local CCG has been amalgamated into the Integrated Care Systems for Hampshire and the Isle of Wight. We are waiting for the governance and quality structure to be published, and look forward to working with the ICS on quality, assurance and governance.

Priority 1 - Fall prevention

What are we trying to improve?

We are investigating the reason for all falls or near miss falls in our hospital.

What will success look like?

All falls and near miss falls will be reviewed, and the action plans amalgamated and reviewed. Regular Falls Prevention Meetings with input from all departments.

How will we monitor progress?

The Falls Prevention Group will monitor falls reported on datix, and the actions.

Priority 2

What are we trying to improve?

Staff access to mental health first aiders.

What will success look like?

A mental health first aider in each department.

How will we monitor progress?

The Mental Health First Aiders will meet regularly to feedback on their roles, and action any areas of concern.

Patient stories

Hip Replacement Surgery patient
"I have just come back from a walk which took me high up onto the top of Tennyson Down on the Isle of Wight. From that vantage point I could see the Needles and all along the Solent coast towards Southampton. Despite the misty weather today it is a glorious view, but one I would have difficulty in seeing if it were not for my hip operation undertaken with your guidance in September.

My mobility before the operation was deteriorating and although I was trying to overcome the mobility barrier, the pain and stiffness was winning and my ability to go for long walks with any enjoyment was fast diminishing. My work was also beginning to suffer.

So, this letter is to thank you, the Anaesthetist and the whole team for the excellent care and attention you gave me over my stay at the RSH during the pandemic. Although these operations may be routine now, they do not always feel that way for the patient, so the excellent care and attention provided by the nursing, auxiliary and Physio staff was gratefully received by myself and although difficult to prove, it must, I am sure, aid faster patient recovery and improve overall outcomes. Thank you for giving me the ability to get back to walking - it does feel great to be out in the countryside once again without that pain".

Feedback updated on NHS Website June 2020

Extremely good

"I had a great deal of pain to my knee. Had this for about 10 years. Not sleeping most nights because of pain. So I got referred by my doctor. And after several scans and x-rays. Was told the problem and a plan to fix it. So I underwent a left knee ACL reconstruction. And left upper end of tibia osteotomy. My knee is now pain free and strong. Not giving way on me and I can sleep without pain. I can only thank all the people involved in my operation and after care in the ward. Would highly recommend the staff and hospital to everyone."

St. Mary's Surgical Centre

Performance against the priorities set for 2020/21

Priority 1 - Ophthalmology pathway review

We said we would:
Identify increased efficiency in Ophthalmology to support increased demand from the local community.

What we have achieved:
Increase in numbers on Ophthalmology theatre lists varying from 11-14 patients per list, previously 9-10.

Priority 2 - Virtual clinics

We said we would:
Introduce virtual clinics for our Dermatology service.

What we have achieved:
Some Dermatology clinics are now virtual and the intention, post Covid, is to increase the numbers of virtual clinics.

Priority 3 - Patient satisfaction

We said we would:
Increase patient satisfaction response rate.

What we have achieved:
Post the first Covid lock-down we invested in more friends and family tablets including stand-alone tablets which has shown an average response rate of 51% and an average would recommend score of 99%.

Priority 4 - Staff training

We said we would:
Increase staff mandatory training completion rate.

What we have achieved:
95% compliance achieved during Covid due to staff availability.

Priority 5 - Incident reporting

We said we would:
Improve quality of incident reporting.

What we have achieved:
Implementation of Datix training for new staff members which has shown a reduction in rejected Datix incidents.

Priority 6 - Dementia care

We said we would:
Introduce virtual clinics for our Dermatology service.

What we have achieved:
All clinical staff have trained to become Dementia Friends. An action plan was implemented and completed to include the below:

- All signage is now Dementia Friendly
- New Dementia Friendly Clocks installed
- New contrasting toilet seats installed
- New tap fitting installed
- One time use Dolls and Teddy bears bought for Dementia patients
- Changes within Theatres can now allow a carer to chaperone cataract patients whilst undergoing their procedure.
- St Mary's are part of the Portsmouth Dementia Action Alliance

Due to the national pandemic many of our quality improvement projects were put on hold. In March 2020 we stopped operating on our patients and prepared the centre to be able to take 42 in-patients as a step-down Covid unit in order to support the local NHS. As we were coming out of the 'first wave', having not utilised the beds, we were asked to support the local Trust with undertaking urgent endoscopy patients. This work stream continued up until end of March 2021. Also during this time we deployed 20 clinical staff to the local Trust to support the clinical areas. Our Urgent Hospitals and Diagnostic Centres were working to fully assist the local Emergency Departments.

Local outcomes

Priorities for 2021/22

St Mary's		#	%	Comments
NJR submission				N/A
PROMS submission	hips			N/A
	knees			
PROMS health gain	hips			N/A
	knees			
VTE risk assessment			100%	All patients are fully risk assessed and audits are carried out monthly to ensure compliance with required documentation.
VTE incidents		0	0%	
Complaints received		4		
Complaints upheld/partially upheld		3		
Incidents relating to patient harm		3		
Serious patient safety incidents		1		Surgical/invasive procedure meeting SI criteria.

Priority 1

What are we trying to improve?
Introduction of a Wet AMD service within out Ophthalmology Department.

What will success look like?
Introduction of the service incorporating due diligence.

How will we monitor progress?
Volume of patients seen and treated, Datix incident review for the service and patient feedback.

Priority 2

What are we trying to improve?
Improve wait times at St Mary's Surgical Centre for patients undergoing procedures.

What will success look like?
Time spent in the department reduced.

How will we monitor progress?
Review of admission v discharge timings.

Priority 3

What are we trying to improve?
Learning from events and incidents.

What will success look like?
Documented evidence of review and recognised actions are acted upon.

How will we monitor progress?
At regular Governance presentation meetings and reductions in repeat incidents.

Patient stories

Portsmouth Ophthalmology via NHS Choices: Brilliant service - Yesterday I had my second cataract eye surgery and would like to express my sincere thanks and gratitude to all those involved in both procedures. All those I had contact with were kind, thoughtful and professional and I can't thank you enough for my "brand new eyes".

Surgical Centre, St Mary's Portsmouth, via Telephone: The patient had an Endo procedure and he wanted to praise every single member of staff that he come in contact with. Scheduler, Reception, Endo Team and Ward Staff. He was amazed on how professional each member of staff were at "a very challenging time" and he would like to thank all the team on what we have done for him and making him at ease.

Gillingham Surgical Centre

Performance against the priorities set for 2020/21

Priority 1 - Complaints

We said we would:
Reduce the number of stage 1 and 2 complaints

What we have achieved:
In the last year we have manged to half the complaints received through process review, early intervention and feedback.

Priority 2 - Cancellations

We said we would:
Reduce the number of clinical cancellations on the day.

What we have achieved:
Clinical cancellations has been monitored and controlled however has been affected by the challenges that the COVID-19 pandemic brought including different contracts and patient groups.

Priority 3 - Histology processes

We said we would:
Create a local SOP to ensure that histology results are received and relayed to the patient in a timely manner.

What we have achieved:
The SOP has been written in conjunction with all users and ratified and implemented. No further adverse feedback has been received since the review and implementation

Local outcomes

Gillingham		#	%	Comments
NJR submission				N/A
PROMS submission	hips			N/A
	knees			
PROMS health gain	hips			N/A
	knees			
VTE risk assessment			98%	
VTE incidents			0	
Complaints received			6	
Complaints upheld/partially upheld			1	
Incidents relating to patient harm			0	
Serious patient safety incidents			0	

Priorities for 2021/22

Priority 1

What are we trying to improve?
Reduce the number of on the day cancellations will remain a focus as we are moving to business as usual.

What will success look like?
Reducing and maintaining on the day cancellation below 1.5%.

How will we monitor progress?
Weekly and monthly review of adherence to the 1.5% target.

Priority 2

What are we trying to improve?
Improving our delayed surgery start times.

What will success look like?
Adherence to the 8.30 start time in 95%.

How will we monitor progress?
Weekly review and feedback to teams.

Priority 3

What are we trying to improve?
Explore and implement Non-Medical Injectors role for Wet AMD service.

What will success look like?
Able to employ non-medical injectors to support the service through recruitment or training.

How will we monitor progress?
Providing a robust non-medical injector service.

Patient stories

A trip to Ilford and a new hip gets Sittingbourne man back to work again
Just seven weeks after Sittingbourne builder, Paul, received a new hip as an NHS patient at an Ilford hospital, he is back climbing high-rise scaffolding – and all following a trip to Gillingham Surgical Centre.

Paul, 59, had been struggling to work or sleep as the result of painful degeneration in his hip that had left bone grinding on bone. He explained: "Most of us, of a certain age, in the building trade suffer from this type of painful wear and tear, especially when the weather gets cold.

"The not sleeping was the worst part. I'd lie awake at night, getting comfortable for 10 minutes, but then the pain would creep in again. The tossing and turning was not only bad for me, but it also kept my wife awake."

Paul's GP sent him for X-rays which revealed the level of the damage to his hip joint, leaving a full replacement as the only option. Paul opted to be treated as an NHS patient at Gillingham Surgical Centre, as he had previously had an operation on his hand carried out at the centre in Beechings Way.

Following a meeting and assessment with surgeon Mr Rahij Anwar, Paul was offered treatment at the centre's sister hospital in Ilford, which has very low waiting times. Paul said: "I was delighted to have the opportunity to be out of pain, and the hospital was only an hour away."

Then the pandemic struck. Most joint replacement operations stopped and the team at the hospital in Ilford were moved on to helping those who had been injured in serious accidents.

But in November 2020 Paul got the call and he went to Ilford for his surgery.

"It was great," he said. "The staff were happy, friendly and very professional and the food was good. It felt calm – less like having major surgery and more like a trip to the dentist.

"I religiously followed the exercises the physiotherapist gave me and I attended my follow-up session at the Gillingham Surgical Centre. Seven weeks later, I am back at work – and back sleeping. My wife and I couldn't be happier!"
Mark Gilmour, who is hospital director at Gillingham and Ilford, said: "I am delighted that Paul is back at work and getting a good night's sleep.

The pain caused by osteoarthritis is debilitating. The good news is that these days it is easy to put right, with some joint replacements being carried out as day surgery. People can be back at work, or doing the hobbies they love, pain-free with the minimum of fuss or wait."

Our efforts do not go unnoticed

Patient raised concerns about attending site having been shielding since March 2020 and is very nervous.

Admin lead explained all protocols and what to expect on the day to the patient, especially regarding hand decontamination, health and symptom checks, wearing of masks as well as the daily staff routine.

The patient felt reassured and happy to attend.

The Admin Lead went to see the patient during her visit to check that she is okay and coping.

The patient stated that she felt safe and happy as she witnessed all the protocols, which were explained to her, being adhered to as the staff arrived for duty.

Diagnostics and Urgent Hospitals

Performance against the priorities set for 2020/21

Priority 1 - Radiographers

We said we would:
Increase the numbers of reporting radiographers on site.

What we have achieved:
We have increased reporting radiographers from 1 to 3 in this financial year.

Priority 2 - Nurse Practitioners

We said we would:
Redefine the Nurse Practitioners' role to support progression.

What we have achieved:
Numerous practitioners attended University level education.

Priority 3 - GP Leadership

We said we would:
Develop GP Leadership in both UTCs to support quality and audit.

What we have achieved:
GP Leadership has been implemented in both UTC's.

Priority 4 - Incident reporting

We said we would:
Improve quality of incident reporting to ensure that lessons are learned and information is disseminated appropriately.

What we have achieved:
Implementation of Datix training for new staff members which has shown a reduction in rejected Datix incidents.

Priority 5 - Dementia care

We said we would:
Take part in NHS England's Always Event with a working action plan to ensure patients with dementia are treated with respect and dignity and as an individual.

What we have achieved:
An action plan was implemented and completed to include the below:

- All signage is now Dementia Friendly
- New Dementia Friendly Clocks installed
- New contrasting toilet seats installed
- New tap fitting installed

St Mary's are part of the Portsmouth Dementia Action Alliance

Priority 6 - Over to You survey

We said we would:
Improve results from last year's survey with actions implemented from report findings.

What we have achieved:
We implemented actions from last year's results, including the Hospital Director and Operational Manager implementing a 'drop in surgery 'at both sites for staff to visit if they had anything to discuss which has been appreciated by staff.

Local outcomes

St Mary's UTC	#	%	Comments
Complaints	10		All complaints are fully investigated and any trends are acted upon.
Incidents relating to patient harm	4		
Serious patient safety incidents	0		
Southampton UTC	**#**	**%**	**Comments**
Complaints	1		
Incidents relating to patient harm	1		
Serious patient safety incidents	0		
St Mary's and Havant Diagnostics	**#**	**%**	**Comments**
Complaints	3		
Incidents relating to patient harm	1		
Serious patient safety incidents	1		

Priorities for 2021/22

Priority 1

What are we trying to improve?
Reduction in missing TTO medication with the implementation of a new dispensing system.

What will success look like?
Reduction in missing medication.

How will we monitor progress?
Via Datix incident reporting system.

Priority 2

What are we trying to improve?
Introduction of an Education and Development lead for both UTC's.

What will success look like?
Staff retention and clinical training.

How will we monitor progress?
Reduction in staff resignations and regular timetabled education events.

Priority 3

What are we trying to improve?
Recruitment of clinical practitioners.

What will success look like?
Completed establishment.

How will we monitor progress?
Weekly rotas.

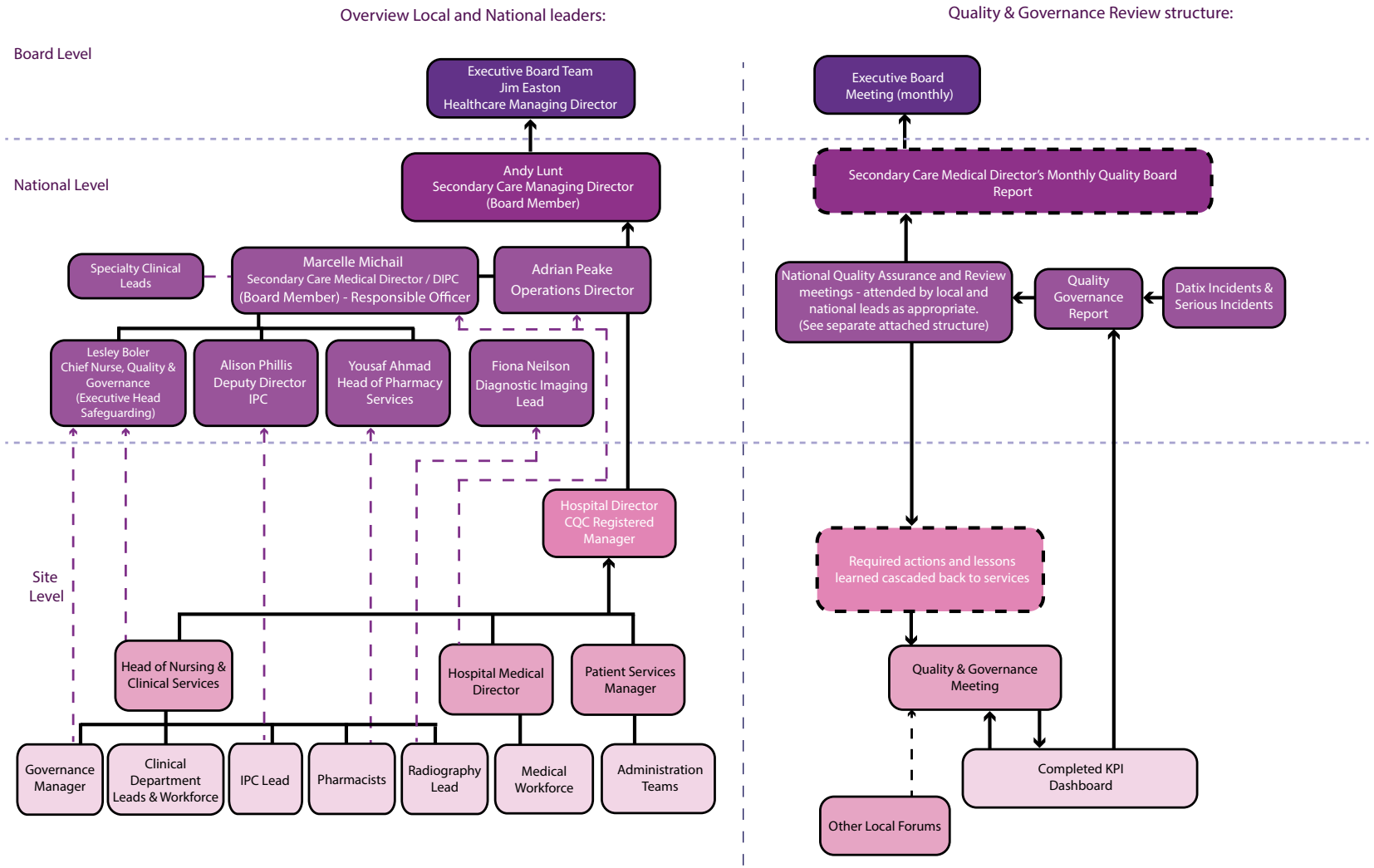
Patient stories

Portsmouth Diagnostics via NHS Choices: GP emailed following request for an urgent ultrasound, stating ‘Absolutely fantastic service - thank you!’

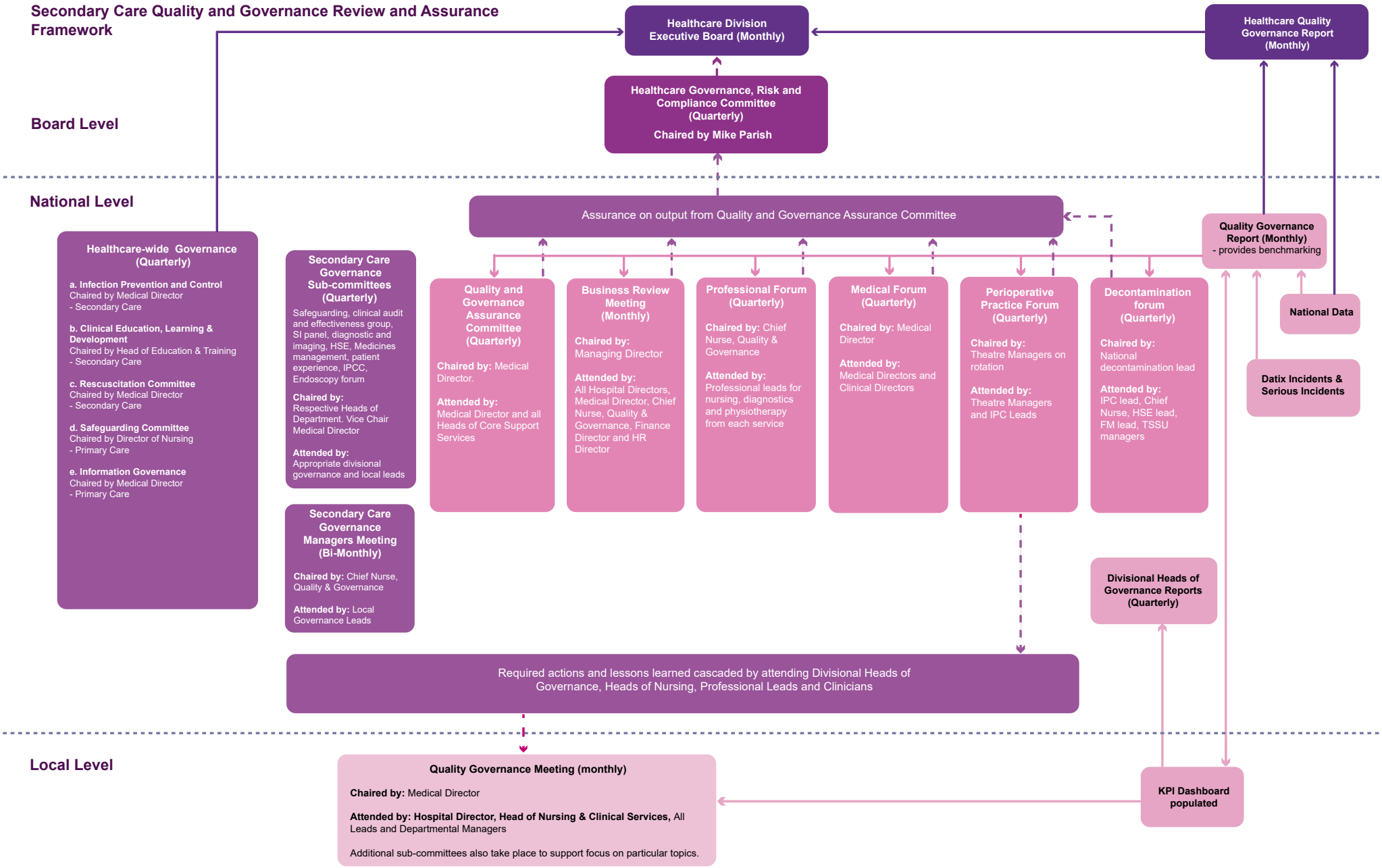
Portsmouth UTC & Diagnostics via NHS Choices: Superb Service: I attended the Surgical Centre this week as I had broken my finger and snapped the tendon. From being met on entry, reception, assessed, x-rayed and finally treated, I was impressed with the whole experience, it was efficient and friendly from the outset. I was treated with care and consideration, and it was certainly seamless. Thank you all concerned for such a positive experience.

Southampton UTC: My son needed medical treatment. As the surgery was full and closing I was asked to phone 111. We were directed to RSH Hospital or the General. We attended RSH. The triage service there was swift, effective and beneficial for the necessary outcome. Thank you so much for your care and compassion, carried out with humor and expertise. We were out within the hour!

Appendix 1
Practice Plus Group
Assurance Framework



Secondary Care Quality and Governance Review and Assurance Framework



Appendix 2
Local clinical audit schedule

Audit	Purpose	Frequency
VTE Full	Assess compliance with NICE guidance to reduce the risk of venous thromboembolism	Quarterly
VTE Patient Pathway	A shorter audit covering key components of the full VTE audit	2-monthly
WHO Surgical Safety Checklist	Assess compliance with the World Health Organisation checklist, designed to improve the safety of surgical procedures by bringing together the whole operating team to perform key safety checks during vital phases of perioperative care	Bi-monthly
WHO Observational	Assess compliance with WHO checklist sign in, time in and sign out procedures	Bi-monthly
NEWS – Real time Audit	Compliance with the use of National Early Warning Score to identify and act on early signs of deterioration in patients	Daily
Perioperative Hypothermia	To assess compliance with NICE CG65, designed to reduce the risk of perioperative hypothermia	Quarterly
Fluid Balance	To assess management of fluid balance in patients	6-monthly
Pain	To assess management of pain in patients	6-monthly
Blood Transfusion	Compliance with blood administration safety and national transfusion guidance	Annually
Anaesthetic Observation	Assessing quality of anaesthetic practice	6-monthly
Ward Round (MDT)	Assessment of ward round practices and the involvement of key team members	6-monthly
Emergency Response /Scenario	To ensure that all staff are fully prepared and aware of their responsibilities in an emergency scenario	Monthly
Falls	Patient safety and compliance assessment tool	Monthly
Documentation	Supports best practice in clinical documentation and guidance from professional bodies	6-monthly
Information Governance / Security	To monitor compliance with IG Toolkit and ISO 27001 accreditation requirements	6-monthly
Agency/locum/ temporary staff	To ensure that the appropriate checks and local inductions are undertaken for all agency, locum and temporary staff	Quarterly
Safeguarding Assurance Framework	To ensure that safeguarding concerns are referred and logged, providing assurance that safeguarding responsibilities are discharged	Quarterly

Audit	Purpose	Frequency
Accessible Information Policy	Information to be accessible to all care users, including those with a disability	Annually
Site compliance (non-FM)	To assess compliance with the statutory Health and Safety Executive regulations	Annually
Endo Decontamination QMS Assurance Audits	To assess compliance with standards for decontamination of endoscopes	6-monthly
TSSU Decontamination QMS Assurance Audits	To assess compliance with standards for decontamination of reusable sterile equipment	6-monthly
CD Documentation	Compliance with the documentation element of Controlled Drugs	Quarterly
Medication Reconciliation	To ensure compliance with NICE guidance, focusing on reconciliation of medicines	Quarterly
Omission of Medications	To ensure compliance with NICE guidance, focusing on medicine omissions	Quarterly
Inpatient Medication Documentation	To ensure compliance with NICE guidance, focusing on the documentation of medicines for inpatient services	Quarterly
Antibiotic Stewardship	To reduce the risk of inappropriate antibiotic usage in line with Practice Plus Group policy and national Antibiotic Stewardship guidelines.	6-monthly
Medication Deep Dive	To ensure medication management processes and arrangements are robust and controls are comprehensive	Annually
X-Ray Interpretation	To monitor the accuracy of x-ray interpretation	Monthly
Rejection Analysis (data capture)	To determine the rate and rationale for rejecting imaging	Quarterly
DVT Ultrasound	Assessment of compliance with standards for DVT ultrasound	6-monthly
Diagnostics Clinical Practice and Documentation	Assessment of compliance with the diagnostics standards for documentation	6-monthly
Dose Referral Level Audit	To ensure that local dose levels of radiation for common imaging examinations are in line with National Regulatory Dose reference levels.	Annually

Audit	Purpose	Frequency
Health & Safety and Environment Departmental Audit Tool	Routine H&S inspections of departments and offices by individual department H&S Representatives	Monthly
Health & Safety	Audit of wider statutory H&S requirements by H&S Leads	Annually
IPC 01 Strategy and Scope	Assessment of compliance with the IPC Strategy	Annually
IPC 02 Standard Precautions	All standard precautions are observed to reduce the risk of infection	Annually
IPC 03 Hand Hygiene	Hand hygiene is performed by staff at every appropriate opportunity according to the Five Moments of Hand Hygiene	Quarterly
IPC 03a Patient Led Hand Hygiene	Results from patient observations of the hand hygiene employed by the staff treating them	Annually
IPC 04 Environment – Decontamination of Equipment	To ensure that re-usable equipment is managed in accordance with best practice to reduce the risk of infection	6-monthly
IPC 05 Practice – Sharps Handling	To ensure that sharps are managed safely to reduce the risk of inoculation injury	6-monthly
IPC 08 Linen	To ensure that linen is managed in accordance with best practice to reduce the risk of infection	Annually
IPC 09 Practice – Management of Infection Risks	Contaminated waste/specimens are managed safely and in accordance with legislation so as to minimise the risk of infection or injury	6-monthly
IPC 10 Assessment of the Care Environment	To ensure the care environment complies with infection prevention and control best practice	Quarterly
IPC 13 Aseptic Technique	The risk of infection is minimised through implementation of evidence-based practice	6-monthly
IPC 16 Peripheral Vascular Devices	Evidence-based best practice is being consistently applied to prevent peripheral vascular device infections	6-monthly
IPC 23 Urinary Catheter Care	Evidence-based best practice is being consistently applied to prevent urinary catheter infections	Annually
IPC COVID-19 Board Assurance audit	Assess compliance with COVID-19 best practice precautions	Weekly
Mattress Audit	To ensure that all mattresses are in a good state of repair and meet infection prevention and control standards	Annually
One together Assessment (Theatres)	Prevention of surgical site infection	6-monthly
Annual Validation Assessment	Assess compliance with CQC Essential Standards for Quality and Safety	Annually
External Sharps	A site visit and audit of compliance with safe sharps practice undertaken by an external company	Annually