



INDEPENDENT
HEALTH GROUP



*Providing NHS Care
of the highest quality*

Independent Health Group Quality Account

2022/2023

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version of the IHG Quality Accounts
such as large print, please contact us
directly or via our website**

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Introduction to our Quality Account

Our Quality Account is a report that evidences the quality of the services we offer as providers of NHS funded activity. Our Quality Account is an important way for us to report Quality and evidence our improvements in the services we deliver to our local communities and stakeholders.

Who are Independent Health Group (IHG)

IHG was founded in December 2004, by Dr Matthew Wordsworth to provide safe care of the highest quality, where patients always come first. Although we are a private company, we only provide NHS funded elective, routine, day case surgery under local anaesthetic (LA) across multiple sites within England. We do not offer any privately funded activity. Our Head Office is located just outside Bath.

IHG provide surgical procedures under the following five clinical services: -

- **Trauma and Orthopaedics – Hands (carpal tunnel surgery)**
- **Trauma and Orthopaedics – Podiatric surgery**
- **Ophthalmology – Cataract surgery**
- **General Surgery – Abdominal wall hernias**
- **Urology – Vasectomy surgery**

Part – 1 Statement on Quality from IHG Chief Executive Officer

I am so proud to be the chief executive of Independent Health Group, we are a value driven organisation, consistently ensuring that we 'do the right thing for patients, staff and the business.



Patients always come first

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



Excellence through continuous improvement

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



Teamwork underpins all we do

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

It is because of our values that we have had an exceptional year in that we have achieved a Care Quality Commission outstanding rating and we have benchmarked higher than our peers in every category of the NHS annual staff survey. You will see as you read our report that we continue to have excellent patient feedback with an exceptionally low rate of complaints. We are not complacent though, there is always something to learn and ways to improve, we have responded positively to the two comments in our CQC report where a need for improvement was identified we have had one never event and one serious incident this year, both of which have been fully investigated and lessons learned put in place. We have reflected on our quality objectives for last year and set ourselves smarter, achievable objectives for the coming year.

You will see that our excellent track record for a low infection rate continues across all of our services as well as good reports back from our patients on pain experienced both during and after their operations.

Our wait times are good, most patients are now treated within 18 weeks with a very short wait for outpatients in all services.

We are ambitious and aim to expand our services further to the benefit of patients, this is important to me as Chief Executive as I know that we can offer short waits and a very high quality of care to more NHS patients in new geographical areas; with NHS waiting lists at over 6 million and too many patients waiting well over 18 weeks for a first routine appointment, I know that we can support the NHS capacity.

We look forward to another successful year delivering care to you, our patients.



Claire Damen - *Chief Executive Officer*

Care Quality Commission



IHG is registered with the Care Quality Commission (CQC) to provide diagnostic, screening, surgical procedures and treatment of disease, disorder, or injury.

In April 2022, we were inspected by the CQC as part of their routine inspection program where we are very proud to have received our current registration status as being **Outstanding** overall.

The tables below show the breakdown of ratings across all Key Lines of Enquiry framework (KLOE).

Overall rating for this location	Outstanding ☆
Are services safe?	Good ●
Are services effective?	Good ●
Are services caring?	Outstanding ☆
Are services responsive to people's needs?	Good ●
Are services well-led?	Outstanding ☆

Overview of ratings

Our ratings for this location are:

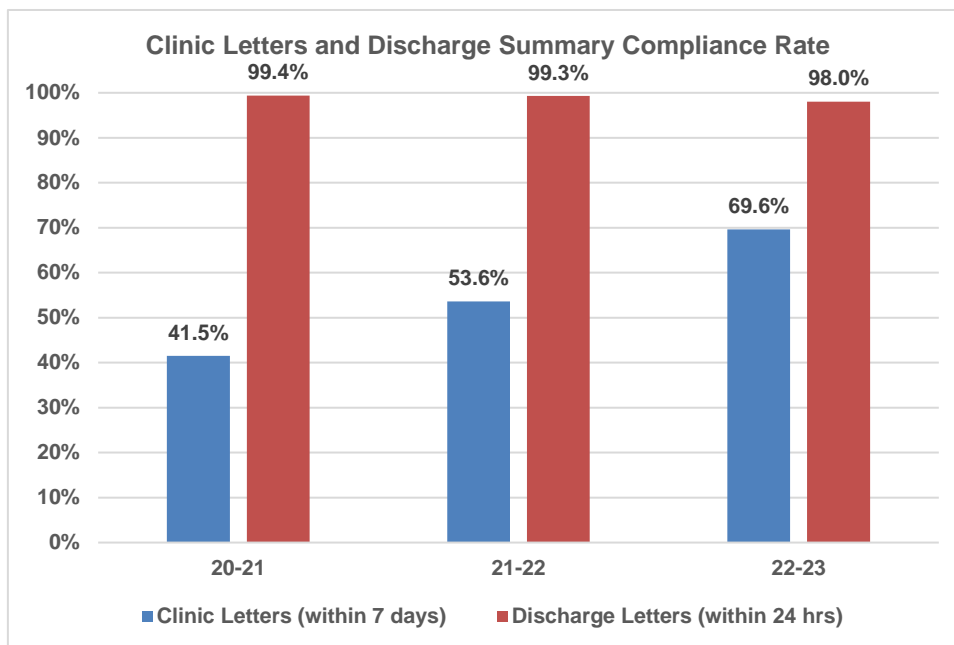
	Safe	Effective	Caring	Responsive	Well-led	Overall
Outpatients	Good	Inspected but not rated	☆ Outstanding	Good	☆ Outstanding	☆ Outstanding
Surgery	Good	Good	☆ Outstanding	Good	☆ Outstanding	☆ Outstanding
Overall	Good	Good	☆ Outstanding	Good	☆ Outstanding	☆ Outstanding

We received two actions following our inspection and these were: -

- The service should continue to improve clinic outcome letter times in outpatients
- The service should establish more frequent opportunities for staff to meet each other for developmental and professional purposes.

You can review our full CQC Inspection Report via our website - <https://tinyurl.com/mrx2e2xi>

Improvements following CQC 'Should Take' actions

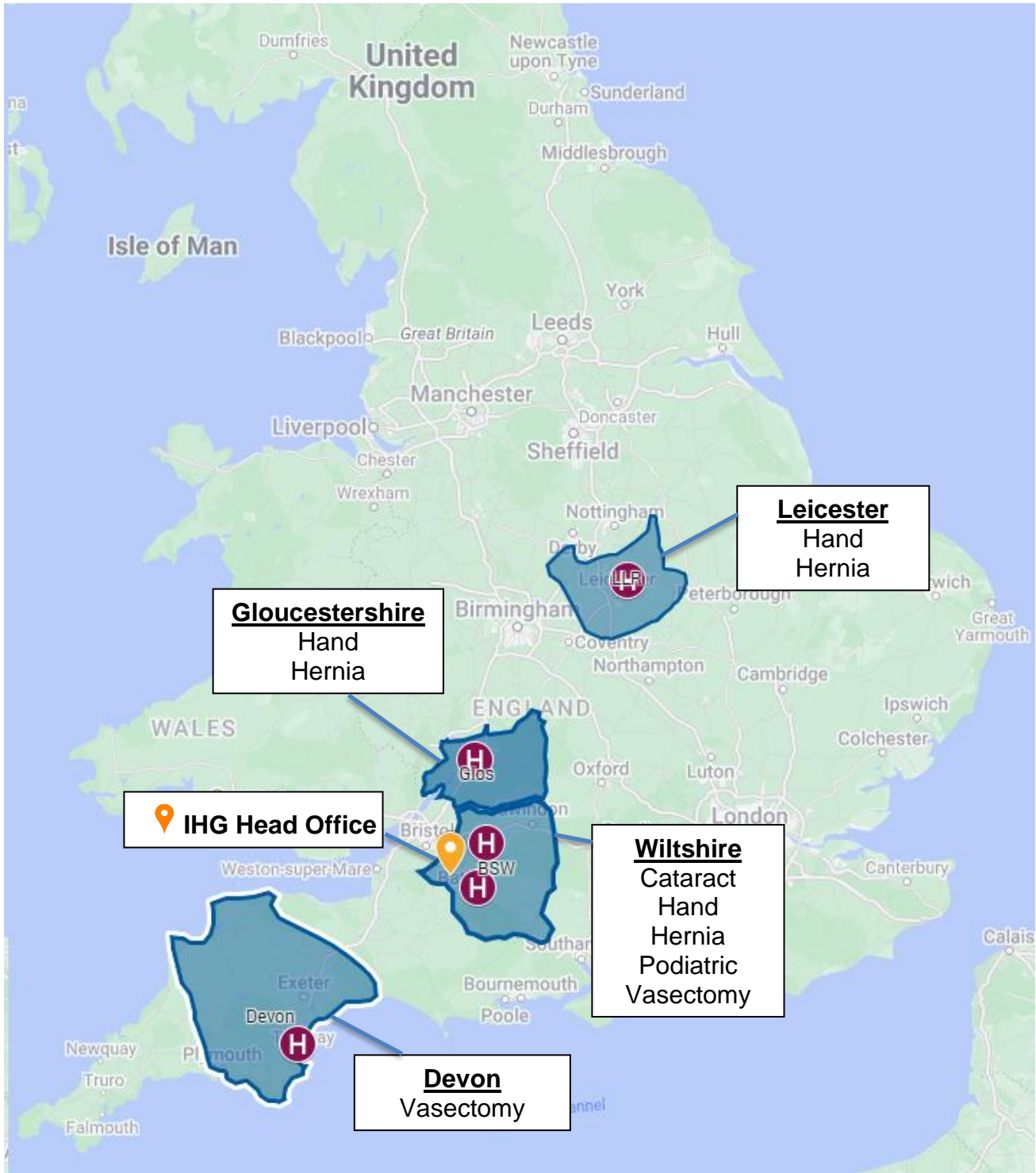


- Overall improvement of IHG clinic letters being sent within 7 days with noted increase of 28% since 20-21 and 16% improvement since 21-22.



- We have implemented a robust program of work and staff forums to ensure all staff have more frequent opportunities to meet.
- Launched the IHG Annual Meeting
- Regular nurse, operational, and engagement meetings are in place and well attended.
- We achieved a 0.7 increase to 8.75 for the NHS people promise – staff engagement section of the NHS Staff Survey

Geographical IHG Site Locations Within England

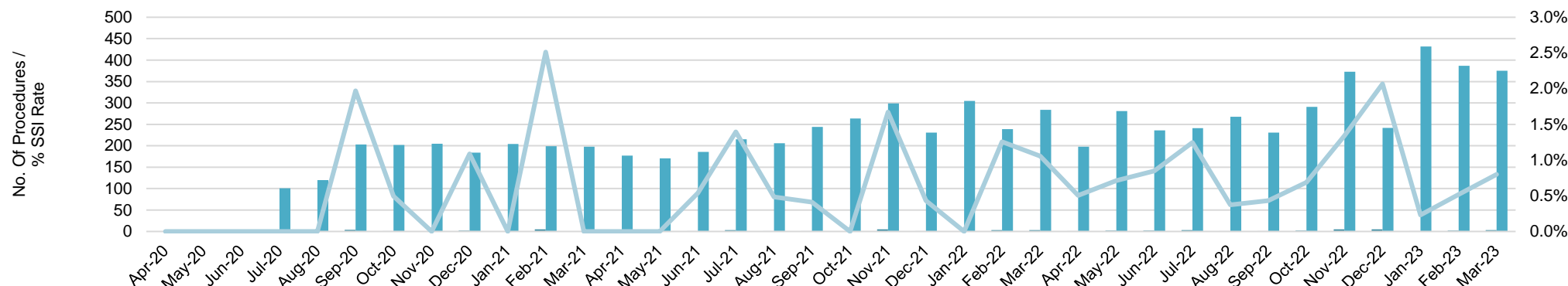


Infection Prevent and Control

MRSA	MSSA	C.Diff	Surgical Site Infections (SSI)	SSI Rate % Per total number of Surgical Procedures Undertaken
0	0	0	28	0.79%

IHG Journey for the years 2020-2023

%SSI Rate April 2020 - March 2023



	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
No. SSIs	0	0	0	0	0	4	1	0	2	0	5	0	0	0	1	3	1	1	0	5	1	0	3	3	1	2	2	3	1	1	2	5	5	1	2	3
Procedures	0	0	0	101	120	203	202	205	184	204	199	198	177	171	186	215	206	244	264	299	231	305	239	284	198	281	236	241	268	231	291	373	242	432	387	375
%SSI Rate	0%	0%	0%	0%	0%	1.97	0.50	0%	1.09	0%	2.51	0%	0%	0%	0.54	1.40	0.49	0.41	0%	1.67	0.43	0%	1.26	1.06	0.51	0.71	0.85	1.24	0.37	0.43	0.69	1.34	2.07	0.23	0.52	0.80

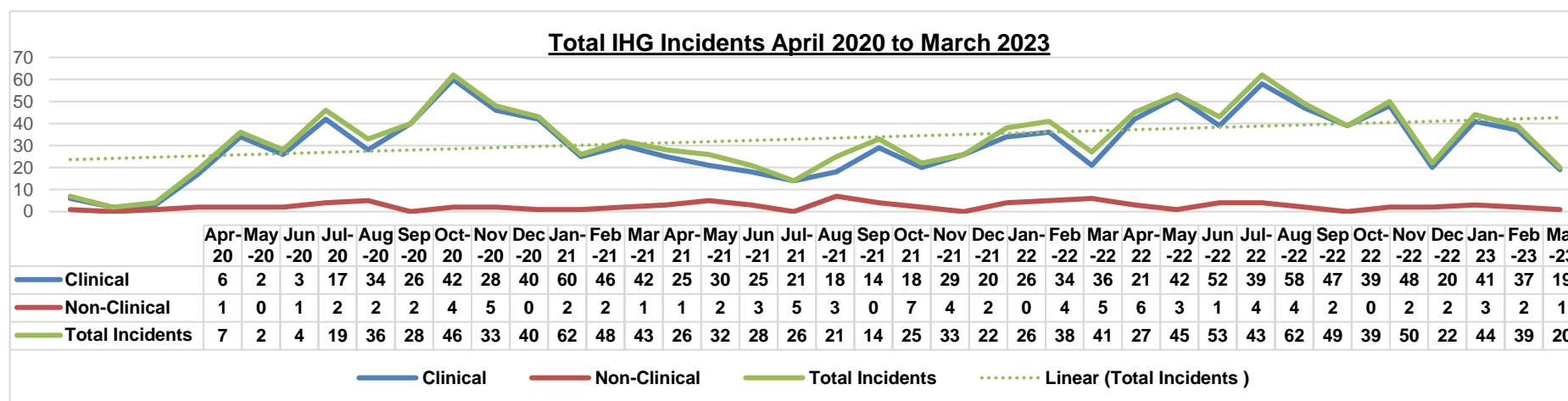
Quality Highlights:

- All identified and known surgical site infections were reviewed against national criteria and a post-infection review undertaken for all cases that met the definition of an SSI
- Of the **3,555** surgical procedures carried out during 2022/2023 there were **28** surgical site infections (SSI's) reported. This suggests a risk of acquiring an SSI following surgery at IHG as being **0.79%**. During the last 12-months there was a slight increase on the previous reporting year rate of **0.64%** but this is not a statistically significant increase in SSI rate despite an increase in activity.

Patient Safety

Total Incidents	Serious Incidents	Never Events	Total Falls	Medication Incidents with Harm
485	1	1	0	0
Total <u>No Harm</u> Incidents	Total Low Harm Incidents	Total Moderate Harm Incidents	Total Severe Harm Incidents	Total Deaths
445	7	0	0	0
Duty of Candour Breaches	Reportable Information Governance Breaches	Clinical Negligence Claims received	Safeguarding Referrals/Concerns	Number of PREVENT Referrals
0	0	0	3	0

IHG Journey for the years 2020-2023



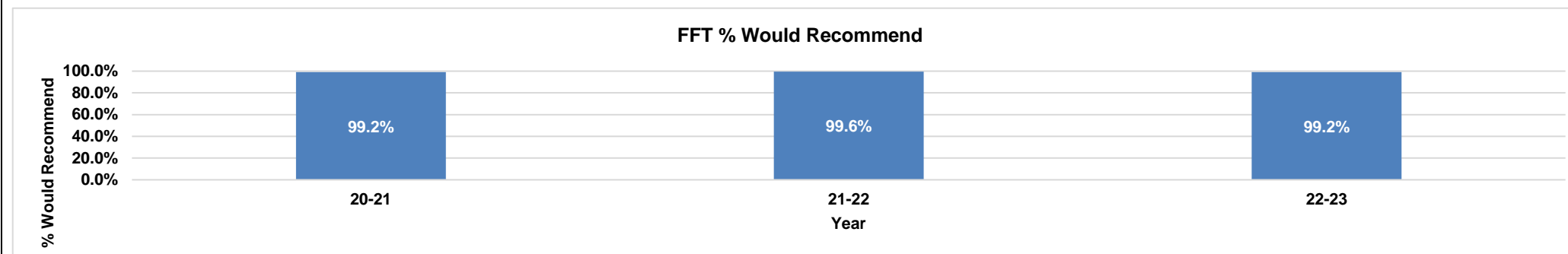
Quality Highlights:

- IHG continues to see normal variation with regards to overall incident reporting rates, levels of harm and other IHG key Patient Safety Indicators. These metrics support and evidence the high quality and safe services we provide. Of note, 1 Serious Incident and 1 Never Event were reported, and both were No Harm events, and no patient or member of staff were directly harmed as a result. Both events were thoroughly investigated and supported by improvement plans to mitigate risk of event reoccurrence.
- Individual Quality Improvement plans have been incorporated into 2023/2024 Quality Priorities to support reduction of key incident themes.

Patient Experience

Friends and Family Test % of patients would recommend IHG Services	Friends and Family Test % of patients wouldn't recommend IHG Services	Total Number of Friends and Family Test Forms Completed/returned	Friends and Family Response Rate by %
99.2%	7%	3,555	84.6%
Complaints		Complaint Response Rate	Concerns
2		100%	0

IHG Journey for the years 2020-2023



Quality Highlights:

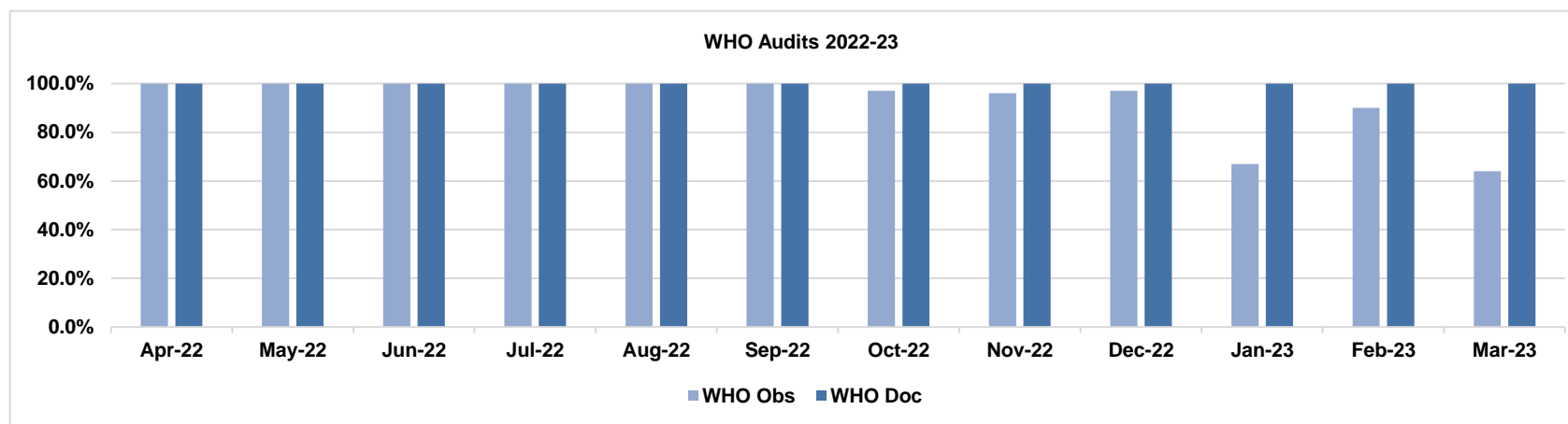


- From the 3,555 surgical procedures undertaken by IHG during 2022/2023, our friends and family (FFT) response rate was 84.6%, whereby 99.2% of our patients were extremely likely or likely to recommend IHG services. Of the 7% (15 in total) who ticked that they would not recommend IHG services, all provided positive feedback suggesting that the incorrect box has been selected.
- IHG have consistently achieved over 90% positive FFT results.
- Complaints and concerns remain significantly low and no key or material themes and/or trends have been identified following robust reviews and investigations. IHG welcomes all feedback so we can ensure that we are meeting the needs of those who use our services.

Audit and Clinical Effectiveness

VTE Pre-Op Assessment [Number of Patients]	VTE Pre-Op Assessments Complete	Organisation Acquired Thrombosis	WHO Checklist completed (audit) OBSERVATIONAL	WHO Checklist completed (audit) DOCUMENTATIONAL
143	100%	2	92.6%	100%

IHG Journey for the year 2022-2023



Quality Highlights:

- 100% of our patients had a World Health Organisation (WHO) Surgical Safety Checklist completed. There has been some recent variation in observational audit compliance, but this was due in part to a change in the administration of the process.
- IHG have undertaken a review of all National Audit requirements and there are none that IHG applicable to IHG.
- IHG have an internal audit program to ensure oversight of key metrics and to provide key date to ensure high levels of clinical effectiveness across the organisation.
- Patient Recorded Outcome Measures (PROMs) for all surgical specialities are in place and all returns and feedback are discussed on a quarterly basis with all speciality clinicians via our Clinical Review Meetings.
- All NICE and CQUIN requirements are reviewed regularly and reported via the organisation's clinical governance structure.
- Venous thromboembolism (VTE) is an umbrella term for deep vein thrombosis and pulmonary embolism. Deep vein thrombosis (DVT) occurs when a blood clot forms in a deep vein, usually in the lower leg, thigh, or pelvis. The risk of developing VTE is highest after major surgery, a major injury or periods of immobility following hospitalisation. NHSR also suggests that 1 in 20 patients will have a VTE at some point in their lives and up to 50-60% of patients who undergo major Trauma and Orthopaedic surgery develop a DVT. IHG only undertake minor surgery and complete 100% of VTE Risk Assessments for all patients who required them, and mitigating actions taken, even with these mitigating actions patients can still suffer a DVT.

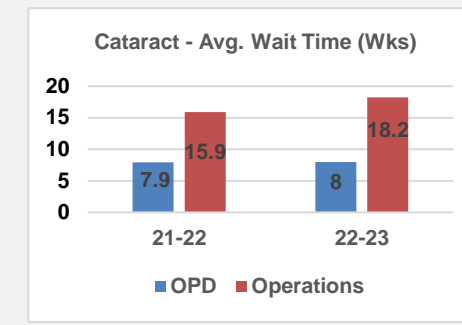
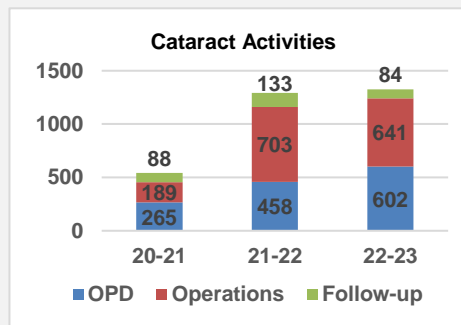
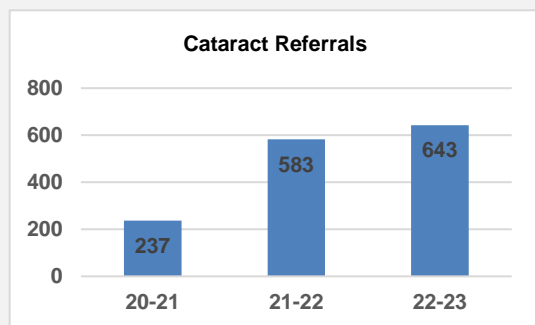


Quality and Performance Overview - All Surgical Services provided by IHG 2022-2023



Cataract Service – Performance and Quality

IHG performance highlights for previous three years:



IHG received an increase of 10.3% referrals against 21/22. A new Consultant Ophthalmology Surgeon was recruited in Q3 to expand the service, and this increased initial consultations by 31.4%. Working closely with our patients we continue to reduce face to face follow ups by conducting nurse-led 10-day post-op follow up telephone call. If second eye surgery is required, the 10-day post-op call confirms if the patient is fit for second eye surgery and will be booked in line with our agreed timeframes. Face to face follow-ups will only take place if there is a clinical need. Cataract patients are deemed low risk from complications and the Consultant Ophthalmologists recommended that we introduce Immediate Sequential Bilateral Cataract Surgery (ISBCS) into the activity planning. The benefits of ISBCS are that patients are offered immediate visual improvement in both eyes, fewer follow up visits, and less time away from work or hobbies. The first IHG ISBCS patient had their surgery in March 2023 and was deemed a success, as they report that they now have an excellent visual result from the surgery. The plan is to increase ISBCS cases on operating lists throughout 2023/24. The average waiting time for the complete Cataract pathway broadly remained under 18 weeks and this takes into consideration of patient choice.

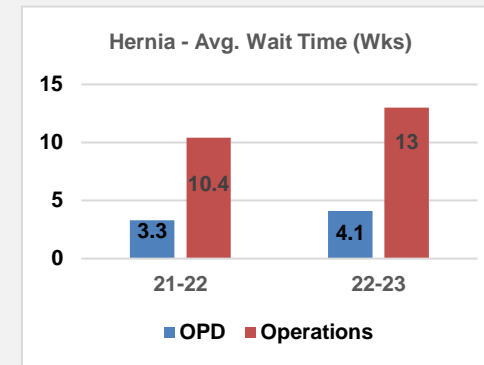
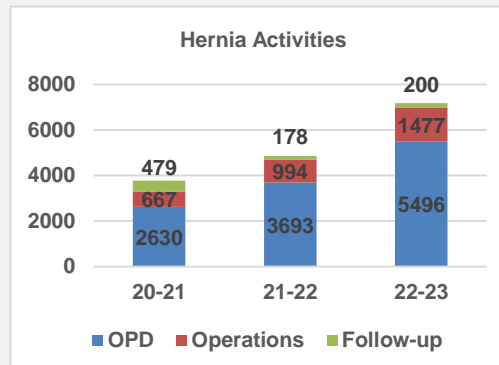
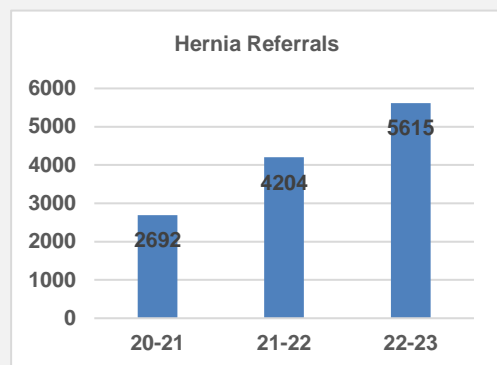
Service quality highlights for previous three years:

Quality and Clinical Effectiveness for Cataract:

Year	SSI Total	SSI Rate	Serious Incidents	Never Events	Claims	Complaints	Concerns	Deaths	Emergency Readmissions Within 30 Days	Emergency Transfer to Another Provider	Intraoperative Pain Acceptable	Pain Relief At Home Acceptable
20/21	0	0%	0	0	0	0	0	0	0	0	99.4%	100%
21/22	0	0%	0	0	0	0	0	0	0	0	100%	99.3%
22/23	0	0%	0	0	0	1	0	0	0	0	99.8%	99.5%

Hernia Service – Performance and Quality

IHG performance highlights for previous three years:



Total Hernia referrals increased by 33.5% against 2021/2022. There was an increase of 48.8% for OPD consultations, and operations increased by 48.6% against 2021/2022. Waiting times for completed pathways have increased slightly but remained within the 18 weeks RTT (referral to treatment) time mandated by the NHS constitution and includes delays in treatment due to patient choice. The first year of providing a Hernia service to Gloucester was extremely successful and released capacity for local Acute NHS services and other Independent Providers to enable them to reduce waiting times and to only see the more complex cases. Following a three-month trial period, IHG ceased operating in Salisbury and moved to Westbury, but continued to deliver outpatient (OPD) appointments in Salisbury. This has been successful, and patients have been happy to travel for their operations. Average waiting times for whole Hernia pathway remained short, enabling patients to be seen quickly.

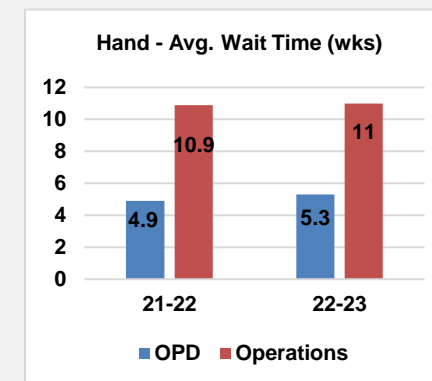
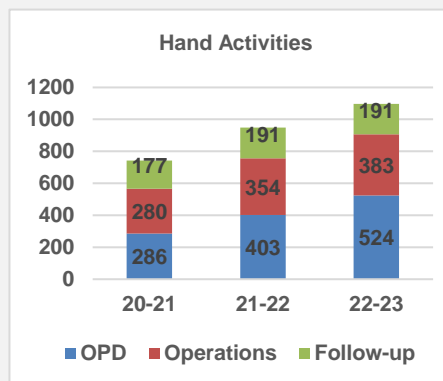
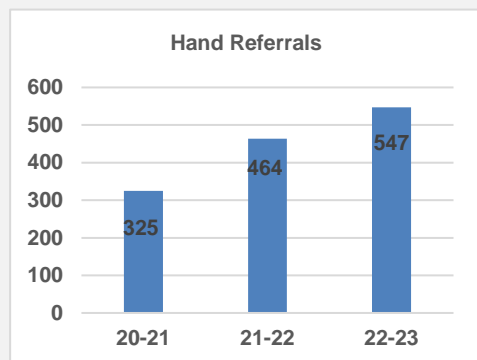
Service quality highlights for previous three years:

Quality and Clinical Effectiveness for Hernia:

Year	SSI Total	SSI Rate	Serious Incidents	Never Events	Claims	Complaints	Concerns	Deaths	Emergency Readmissions Within 30 Days	Emergency Transfer to Another Provider	Intraoperative Pain Acceptable	Pain Relief At Home Acceptable
20/21	10	1.5%	0	0	0	0	1	0	0	0	99.3%	98.1%
21/22	12	1.21%	0	0	0	1	0	0	0	0	99.8%	97.6%
22/23	16	1.08%	0	1	0	1	0	0	9	1	99.5%	97.6%

Hand Service – Performance and Quality

IHG performance highlights for previous three years:



547 Hand referrals were received in 2022/2023 which was an increase of 17.9% against 2021/2022. There was an increase of 30.0% for OPD consultations and operations increased by 8.2% against 2021/2022. Average waiting times for completed pathways have remained the same and takes into consideration patient choice.

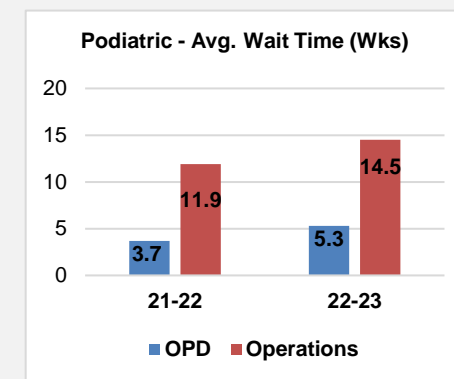
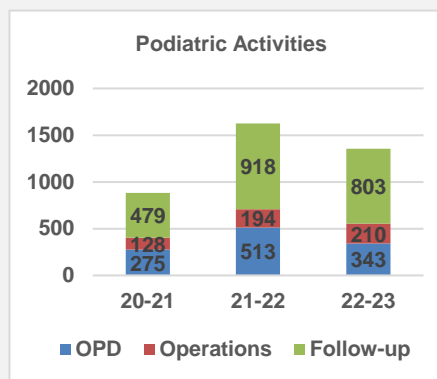
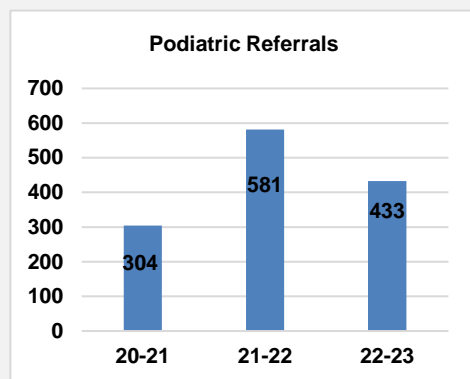
Service quality highlights for previous three years:

Quality and Clinical Effectiveness for Hand:

Year	SSI Total	SSI Rate	Serious Incidents	Never Events	Claims	Complaints	Concerns	Deaths	Emergency Readmissions Within 30 Days	Emergency Transfer to Another Provider	Intraoperative Pain Acceptable	Pain Relief At Home Acceptable
20/21	0	0%	0	0	0	0	0	0	0	0	100%	N/A
21/22	2	0.56%	0	0	1	0	0	0	0	0	99.7%	N/A
22/23	2	0.52%	0	0	0	0	0	0	0	0	100%	N/A

Podiatric Service – Performance and Quality

IHG performance highlights for previous three years:



There was a decrease of 25.4% for Podiatry referrals against 2021/2022. There was also a decrease of 33.1% for OPD consultations, but operations increased slightly by 8.2% against 2021/2022. Following a three-month trial period, IHG ceased operating in Salisbury and moved to Westbury, but continued to deliver OPD appointments in Salisbury. This has been successful and through patient engagement shows they have been happy to travel for their operations. The average waiting time for completed pathway increased slightly against 2021/2022 but remained within the 18 weeks RTT and includes patient choice.

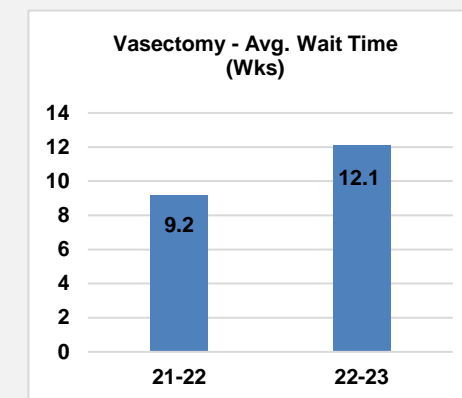
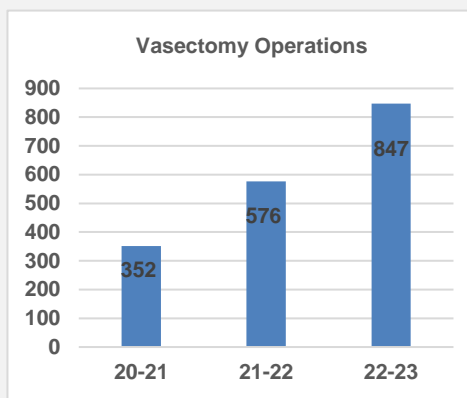
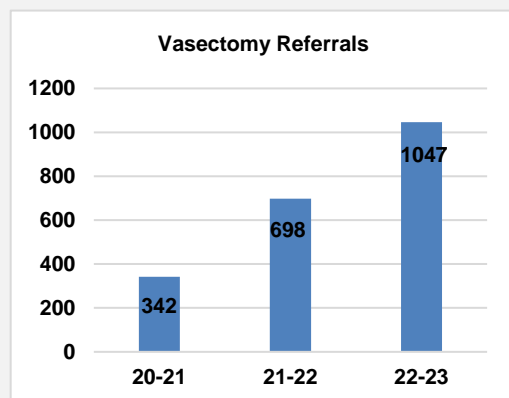
Service quality highlights for previous three years:

Quality and Clinical Effectiveness for Podiatric:

Year	SSI Total	SSI Rate	Serious Incidents	Never Events	Claims	Complaints	Concerns	Deaths	Emergency Readmissions Within 30 Days	Emergency Transfer to Another Provider	Intraoperative Pain Acceptable	Pain Relief At Home Acceptable
20/21	1	0.78%	0	0	0	0	0	0	0	0	100%	93.5%
21/22	3	1.55%	0	0	0	0	1	0	0	0	100%	93.5%
22/23	3	1.43%	0	0	0	0	0	0	3	0	100%	91.6%

Vasectomy Service – Performance and Quality

IHG performance highlights for previous three years:



Vasectomy referrals increased by 50% against 2021/2022. There was also a 47.0% increase of operations delivered across all sites against the previous year. Two new Wiltshire Vasectomy surgeons were recruited to deliver the increase of activity. At the end of Q3, there was a Devon Vasectomy backlog due to limited surgeon capacity, so an additional Vasectomy surgeon for Devon joined IHG in January 2023 to support the reduction of the longest waiting patients. With the additional capacity, the backlog was cleared by the end of Q4, and waiting times significantly reduced. The average waiting time for 2022/2023 increased slightly but remained within 18 weeks and includes patient choice.

Service quality highlights for previous three years:

Quality and Clinical Effectiveness for Vasectomy:

Year	SSI Total	SSI Rate	Serious Incidents	Never Events	Claims	Complaints	Concerns	Deaths	Emergency Readmissions Within 30 Days	Emergency Transfer to Another Provider	Intraoperative Pain Acceptable	Pain Relief At Home Acceptable
20/21	0	0%	0	0	0	1	0	0	0	0	N/A	N/A
21/22	3	0.52%	0	0	0	0	0	0	0	0	N/A	N/A
22/23	7	0.83%	0	0	0	1	0	0	0	0	N/A	N/A

Priorities for improvement

Quality within IHG:

At the heart of the care and services IHG provides are our values. We have a well-deserved reputation for delivering high quality, patient centered care and a determination to always place the patient at the centre of our decision making and service planning. Performance against these aims is monitored and reviewed on a regular basis at both Senior Management and Executive Level.

The following tables set out our achievements against our key Quality Priorities set at the end of 2021/2022 to be achieved in 2022/2023 indicated by a Red, Amber and Green 'RAG' rating as well as our priorities for quality improvement to be delivered in 2023/24, and why they have been identified and how they will be achieved, monitored, and reported.

Achievements on IHG Priorities for Improvement during 2022/2023:

Priority 1 – Hernia Service Sustainability, Development and Consistency:	
Further to significant and continued growth of our Hernia Services across new geographical areas, we intend to continue to review and strengthen our already high standards of safety, quality, and effectiveness measures to ensure and promote consistent delivery of both Clinical and Nonclinical activities across all areas of our hernia services.	
To achieve Priority 1, we needed to implement the following during 2022/2023	
➤ Baseline review of Hernia data metrics to agree or identify key performance indicators (KPIs)	
➤ Performance triggers and process to be developed	
➤ Updated Performance & Quality Dashboard	
➤ Documented evidence of any changes to Care Standards and agree KPIs	
How we know if we were successful in meeting our targets of achievement against Priority 1:	Achievement of Quality Priority -
✓ 100% completion of baseline Hernia Metrics and agreed KPIs	Quality Objective Met – Clinical and non-clinical review of all potential Hernia baselines and metrics with agreed KPIs and measures for 2023/2024 onwards.
✓ 100% completion of KPIs with supporting Standard Operating Procedure (SOP)	Partially Met – KPIs, agreed but requirement to fully embed in operational delivery systems and processes is on-going.
✓ Updated operational Performance & Quality Dashboard	Partially Met – Further digitalization and improvement of internal informatics systems and processes will include all key quality and performance metrics.
✓ Self-Assessment and Improvement Plan against Care Standards	Quality Objective Met – Clinical and non-clinical review against all internal and external care standards and agreement of measures for 2023/2023 in place.

Priority 2 – Staff Engagement and Continuous Learning and Development:

We want IHG to be a great place to work. We are committed to supporting and developing our staff, equipping them with the skills and competencies to deliver or support the delivery of excellent patient care. We want every member of staff to have a voice at work and are committed to take actions in response to feedback from staff.

To achieve Priority 2, we needed to implement the following:

- Deliver managing performance training for managers to improve annual performance and development reviews, to make it a more valuable experience for the staff member
- Review the induction of new Health Care Assistants (HCAs) to ensure it includes regular feedback and reflection, plus formal sign off competencies
- Develop the HCAs to admit and discharge patients and assist vasectomy procedures
- Work with the Head of Nursing and Operations to promote regular and open communication with the nursing and HCA teams including individual and collective meetings, and ensure they give and receive timely feedback

<i>How we know if we have been successful in meeting our targets in Priority 2:</i>	Achievement of Quality Priority -
✓ Managing performance training for IHG managers is delivered	Quality Objective Met – Managing performance training program in place and now commenced.
✓ HCA Induction process and updated competencies	Quality Objective Met – New HCA induction process tested.
✓ HCAs new competencies are signed off	Quality Objective Met – New set of IHG competencies created and signed off.
✓ Regular and well attended nursing and HCA team meetings are held	Quality Objective Met – Regular nursing and support meeting delivered including annual organisational general meeting.

Priority 3 – Improve Digital and Technological Innovations and Solutions across IHG

As our business model changes and adapts to meet the ever growing and changing needs of the wider health economy, across all our services, it's our ambition and commitment that our current digital maturity increases as well as our technological infrastructure such as improvement of electronic solutions to enable easier patient access and support our teams of staff, to deliver the best quality of care in the most efficient way.

To achieve Priority 3, we need to implement the following:

- Review the Patient Administration System, identify key issues or areas improvement and implement the agreed changes
- Move to a third-party managed IT infrastructure offering more reliable and consistent access for all staff, regardless of where they are working
- Implement an Electronic Risk and Incident Management System

<i>How we know if we have been successful in meeting our targets in Priority 3:</i>	Achievement of Quality Priority -
✓ IHG digital systems review completed, and improvement plan agreed and actioned	Quality Objective Met – External review of digital systems and informatics completed.
✓ New IT infrastructure in place and working effectively.	Partially Met – New Information Technology contract signed with new 3 rd party to support and develop IT strategy and infrastructure. The majority [80%] of action has been completed but still noted issues with IT functionality and efficiency of service.
✓ Electronic Risk and Incident Management system	Partially Met – Electronic Risk and Incident Management System has been purchased and contract signed, but the system has not been fully rolled out, but a plan is in place for roll out in Q2 2023/2024.

Summary:

IHG are extremely proud of the achievements made in year, including our Outstanding CQC rating following our inspection in April 2022. IHG recognises and thanks the hard work and support provided by our teams, both clinical and operational, in continuing to deliver high levels of quality safe care to our patients.

IHG continually aims to be outstanding in all we do and ensure our sights are always on being the best we can be and set ourselves ambitious objectives. While we were disappointed that we have not attained 100% achievement of all Quality Priorities during 2022/2023, we were able to fully achieve one key quality priority where all key quality delivery actions were met. This said, the majority of actions for the remaining two key quality priorities were nearly met in full, all being 80-90% complete. 100% delivery of actions in part, was impacted due to internal operational and/or organisational factors.

Based on the learning and outputs relating to the operational delivery of our 2022/2023 Quality Priorities, we have changed our approach for 2023/2024. Key quality areas not met during 2022/2023 are incorporated into 2023/2024 priorities and our quality actions have clear and tangible delivery actions and expectations.

Achievement of the 2023/2024 Quality Priorities will be evidenced in the 2023/2024 IHG Annual Quality Account.

Quality Priorities for 2023/24

Quality Priority 1 Patient and clinical pathway review for Hernia and Cataract services:		Quality Priority 2 Patient Recorded Outcome information/measures:	
Why have IHG chosen this priority?	How will IHG improve?	Why have IHG chosen this priority?	How will IHG improve?
IHG want to ensure patient information, organisational documentation, and overall patient pathways both clinical and non-clinical for Hernia and Cataract services are quality assured, aligned and reflective of national best practice/standards and best meet the needs of our patients.	Improvement in patient pathways, patient literature supports information sharing that helps ensure our patients are fully informed and that our pathways are person centred and remove potential barriers and improve overall patient experience and access to treatment and services.	IHG always strives to ensure outstanding clinical outcomes for all our patients and adhere to national and local Patient Recorded Outcome programs of work but wish to ensure there is a golden thread that standardizes our internal outcomes from delivery of service to the board.	Clear understanding of key clinical outcomes for all our patients evidence improvements and wider health benefits or highlights areas for improvement to ensure any learning or theme/s identified can be improved to ensure the best possible clinical outcome and experiences for all our patients.
How will IHG report and monitor our progress?		How will IHG report and monitor our progress?	
Complete a process review and gap analysis that will incorporate the patients' voice and identifies areas for improvement. An organisational delivery plan with designated project leads will be operationally managed via the designated task and finish group leads, with overall assurance of delivery provided via the IHG Integrated Governance and Business Committee on a monthly basis and quarterly via IHG Board. 90% of the overall agreed and ratified project plan will determine delivery of overall priority.		The key focus will be on Hernia and Cataract services, that will include, but not limited to, overall review of Pain, PROMS, PREMS, See and treat by same surgeon and other national audit benchmark data. Overall review and clear recommendations will evidence overall completion of priority, supported by an overall project plan with assurance provided monthly via IHG Integrated Governance and Business Committee and quarterly via IHG Board. Agreed and ratified plan with 90% completion of project infrastructure delivered will determine delivery of overall priority.	
Quality Priority 3 Workforce, Learning and Development:		Quality Priority 4 Learning from key quality and safety indicators:	
Why have IHG chosen this priority?	How will IHG improve?	Why have IHG chosen this priority?	How will IHG improve?
IHG wishes to ensure identified areas for improvement from the organisation's NHS Staff Survey have supporting improvement actions to support learning and improvement for our staff.	Ensuring our workforce are equipped with all the tools they need to succeed in their roles with not only have an improved outcome for the staff member, but also that of our patients.	IHG will evidence the full delivery of our new integrated Electronic Risk and Incident Management System and to evidence that key identified learning is sustained, and improvement is evidenced across the business.	Clear and identified learning from patient quality indicators improves overall quality, patient safety, and experience of our patients.
How will IHG report and monitor our progress?		How will IHG report and monitor our progress?	
Key staff survey outputs will inform a wider organisational improvement plan where a survey or test of change will be used to indicate and evidence improvement. Monthly and Quarterly assurance will be provided via the organisation's integrated		Clear thematic outputs of key Incident, complaint and clinical litigation are to be clearly identified on a quarterly basis, as to direct Quality Improvement activities to support improvement will be identified. Overall project plan to be created and monthly and quarterly updates to be provided	

Governance and Business Committee. 90% delivery of project plan will determine quality priority achievement.

via the organisation's Integrated Governance and Business Committee. 90% delivery of project plan will determine quality priority achievement.

People and Workforce (April 2022 – March 2023)

No of Staff Employed (average over year)	Agency Staff Usage	Mandatory Training compliance	Staff DBS Rate
92	0%	90%	100%

Quality Highlights:

NHS Staff Survey:

We completed the NHS staff survey in the Autumn and as an Independent Provider this is optional but is something we choose to do as it is important to us to receive feedback from our staff as well as our patients. NHS staff can only complete one survey, usually for their main NHS employer. Therefore, only 63 of the 92 IHG staff were eligible. Of that 63, 45 completed the survey, which equates to 71%, compared with our benchmark group whose response rate was 57%. Our results once again compare favourably with other organisations. Due to the increase in staff numbers, we have also managed to obtain a more detailed breakdown of our staff groups this year, separating out the Patient Admin Team. This has allowed us to see areas where there may be some concerns (e.g., communication or learning) on the part of the identified staff group. We are pleased to report that our staff feel positive about working for IHG. The staff feel supported and are able to do their job to a standard they are pleased with. We are working with department managers to obtain further detailed feedback from their teams, so that we may agree action plans with staff to ensure staff engagement remains a priority. Although our results were excellent, we are not complacent and have identified a few themes to explore with staff, and which have informed our workforce Quality Objective for 2022/23.

Having a dispersed workforce means it is vital to have clear and accessible communication channels. We have held an all-staff general meeting with a second scheduled for June this year. We produce a monthly staff newsletter which contains key messages, organisational updates, and team news. All staff are encouraged to include content however this is still not established at the 'go to' source of corporate information and updates. Team meetings are also held regularly within departments, and a weekly SMT catch up is held to ensure we manage workforce priorities accordingly.

Learning and Development:

Mandatory training compliance overall for all staff averages 90%. Learning and development has been identified as an area for improvement previously through our staff survey results and other feedback: A new staff performance and development policy was rolled out in 2019/20, however we still have more work to do with our clinical staff group. We have competency frameworks in place for clinical and patient administration roles which will give a structure both for learning and for career development. We offer the Care Certificate to HCAs, and there is an opportunity to build on and complement this using the HCA competency framework. We have introduced apprenticeships for patient administration and support roles, and we have retained 100% the apprentices on completion of their qualifications, offering them permanent roles within IHG. That said, the nature of our work does mean we look to recruit more experienced registered staff, rather than those starting out on their career in clinical roles.

During 2023/24 we will be asking clinical staff to undertake a competency review against their competency framework, from which we will draw individual and team learning and development plans.

Professional Feedback and Comments

As well as feedback from our patients, Independent Health Group also receives feedback from our staff, both clinical and non-clinical who work across all our services. During 2022/23 the feedback was all complimentary and it is a great reflection on the ethos of teamwork at Independent Health Group.



“You have something very special here; the atmosphere is friendly yet professional and it is absolutely the most supportive place [both co-workers & managers] that I have ever worked”.



100% of our staff would be happy to have their loved ones treated by IHG



“Everyone has been supportive and friendly, and made me feel really welcome”.

Equality and Diversity

Under the NHS standard contract, we are required to adhere to the NHS equality and diversity initiatives in relation to patients and workforce. These include the Equality Delivery System 2022 (EDS), the Workforce Race Equality Standard (WRES), and the Workforce Disability Equality Standard (WDES). These initiatives are designed for large NHS Trusts and do not necessarily fit well with a Small, Medium, Enterprise (SME), but we endeavor to adhere to the principles behind them, if not the specific requirements. (The comparative reporting for both WRES and WDES isn't suitable for a small workforce. The staff cohorts are too small to be significant, and there is a risk of individuals being personally identifiable.)

The staff survey includes questions relating to fair and equal treatment, and we fair well on these. As part of our commitment to ensure our workforce represents our local communities we work to the Disability Confident standard, a government initiative to encourage employers to think differently about disability and take action to improve recruitment, retention and develop individuals with a disability.

Workforce
 The NHS Equality Delivery System (EDS) reporting template was revised last year. We have not completed a detailed review under the EDS since 2018, so it would be timely to use the new format to review our practice and develop an action plan for 2023/24. IHG undertake workforce reviews on a yearly basis, aligned to the NHS Constitution so that we are assured that we have sufficient and suitably registered and trained staff to ensure the delivery of safe care across all our services.

Freedom to Speak Up:

During 2022/2023 IHG received 0 Freedom to Speak up referrals – IHG staff survey indicates that IHG staff feel supported and able to speak up when and if required.

Information Governance:

IHG IT and IG group have continued to improve the infrastructure and safety of IHG data and information technology frameworks. IHG has a 'Standards Exceeded' rating under the NHS digital data security and protection toolkit (DSPT) submission. During the reporting period there were no breaches in data security requiring reporting to the Information Commissioners Office.

Data Quality:

IHG are continuing to review all data systems and processes and where possible and where possible digitalising such as the procurement of the new Electronic Risk and Incident Management System.

PART 4: Statement of Assurance by The Medical Director

In 2022 we helped the wider NHS by repairing, under local anaesthetic, the hernias of nearly 1500 patients. This means that we made available, up to, 1500 additional operating hours in acute Trusts. This meant that patients, who required operations under General Anaesthesia, could be treated sooner, so helping them and the prolonged waiting times many have recently experienced.

We continued to provide community services to patients who required Cataract procedures, Carpal Tunnel Surgery, Podiatric Surgery and Vasectomies. Our results, patient feedback and low number of clinical incidents reflect the quality of care we, as a team. Provide our patients,

In 2022, we were asked to expand our Hernia services, to help patients in Gloucestershire. This was rapidly achieved thanks to the integration we have between our nurses, doctors, and administrative staff. Our new staff quickly became integrated within the IHG team that is proud of the Outstanding rating given by the CQC.

We are assured of the care we provide patients by our monthly integrated Clinical Governance Meetings and our quarterly clinical review meetings. The latter are valued by our clinicians as they provide a forum for dissemination and discussion of their personal outcomes measured against their peers. The meetings also help the nursing and administrative staff to understand the variation in clinical opinion over various matters. The close working relationship between all areas of the business is, no doubt, one of the reasons that IHG has been rated as outstanding.

Our finance team have worked hard to help us minimise waste, enhance our 'green credentials' and have ensured that the business has a sound financial status. This financial stability means we can continue to recruit and retain the staff, in a challenging workforce environment, that are needed to help provide the high-quality care we provide.

We hope our partners in the Southwest and Midlands are satisfied with the service we provide them, and we look forward to being asked to help other commissioners that would like their patients to experience the quality our team provides.



Bruce Braithwaite – *Medical Director*

PART 5: STATEMENTS FROM COMMISSIONERS

Statement from Bath and Northeast Somerset, Swindon and Wiltshire Integrated Care Board on the Independent Health Groups Annual Quality Account:



Bath and North East Somerset,
Swindon and Wiltshire
Integrated Care Board

Statement from Bath and North East Somerset, Swindon and Wiltshire Integrated Care Board on Independent Health Group's (IHG) 2022-23 Quality Account

NHS Bath and North East Somerset, Swindon and Wiltshire Integrated Care Board (ICB) welcome the opportunity to review and comment on IHG's Quality Account for 2022/ 2023. In so far as the ICB has been able to check the factual details, the view is that the Quality Account is materially accurate in line with information presented to the ICB via contractual monitoring and quality visits and is presented in the format required by NHSE/I presentation guidance.

The ICB recognises that 2022/2023 has continued to be a difficult year due to the workforce pressures and the continued recovery of services following the COVID-19 Pandemic. The ICB would like to thank IHG for their continued contribution to supporting the wider health and social care system during the COVID-19 recovery phase.

It is the view of the ICB that the Quality Account reflects IHG's on-going commitment to quality improvement and addressing key Quality Improvements in a focused and innovative way. Although achievement of some priorities during 2022/23 have continued to be affected by COVID-19, IHG has still been able to make achievements against all their priorities for 2022/23 including:

1. Completion of baseline Hernia metrics, following a clinical and non-clinical review against internal and external care standards with KPIs agreed and measurements in place. Work is on-going to fully embed KPIs into operational delivery systems and to further improve internal informatics systems and processes.
2. Introduction of a Managing Performance training program for IHG staff in management positions; implementation of a new HCA induction process and competencies and regular team meetings held for nursing and HCA staff.
3. IHG have completed a review of digital systems and informatics and have new contracts in place both for the development of a new IT strategy and infrastructure, as well as a new electronic risk and incident management system. Work is ongoing to fully roll out and embed the new systems and processes.

The ICB supports IHG's identified Quality Priorities for 2023/2024. It is recognised that several of the priorities described in this Quality Account align to the NHS priorities set out in the NHS Long Term Plan and Operational Planning Guidance with a crucial focus on reducing inequalities. The ICB welcomes continued engagement in the agreed service improvement plan and focus on:

1. Review and develop clinical pathways for Hernia and Cataract services ensuring that they are aligned to national guidance and best practice and incorporating the patient voice to ensure that pathways are person-centred and meeting the needs of the patients.
2. Review key clinical and patient reported outcomes data, focusing on Hernia and Cataract services, to provide clear recommendations, improvements and a greater standardisation of reporting internally within IHG.

3. Utilising feedback from the NHS Staff Survey to identify and drive improvement and better support IHG staff to succeed in their roles and improve outcomes for both staff members and their patients.
4. Full implementation of IHG's new electronic risk and incident management system to ensure that themes and learning are identified and used to drive improvement within the organisation.

We look forward to seeing progress with quality priorities identified in this Quality Account in conjunction with the continued transition to PSIRF and the formulation of the organisations Patient Safety Incident Response Plans (PSIRPs). We would encourage alignment to focus improvement in key areas.

NHS Bath and North East Somerset, Swindon and Wiltshire ICB are committed to sustaining strong working relationships with IHG and together with wider stakeholders, will continue to work collaboratively to achieve our shared priorities as the Integrated Care System further develops in 2023/24.

Yours sincerely



Gill May
Chief Nurse Officer
BSW ICB

Statement from LLR PLC Board on the Independent Health Groups Annual Quality Account:

Congratulations to the IHG team in achieving an outstanding rating from the CQC. This is the result of IHGs transparent governance framework and strong clinical and managerial leadership.

IHG continues to make a positive impact on the health economy in Leicestershire by proving services (Carpal Tunnel and Local Anaesthetic Abdominal Wall Hernia Repair and Hernial Referral Hub) in General Practice. The patient feedback for these services is excellent – patients appreciate not only the professionalism and supportive nature of the Leicestershire team but also the short waiting times.

PCL continues to have a close collaborative relationship with IHG sharing many of PCL's values including keeping the patient at the centre of everything we do. We look forward to continued collaboration and providing the population of Leicester, Leicestershire and Rutland with high quality clinical services.

Danah Cadman
Chief Executive
LLR



IHG Safeguarding Statement:

IHG takes its responsibilities regarding Safeguarding extremely seriously in line with the Care Act 2014, as such the IHG Safeguarding Policy was updated in April 2018 and widely disseminated to staff. IHG has also put in place the Safeguarding Adults' booklet produced by NHS England so that they are accessible at all sites and staff are encouraged to download and use the NHS Safeguarding app.

The IHG Chief Executive Officer is the overall responsible appointed person for Safeguarding and overall operational ownership and oversight is delegated to the IHG Matron Lead for Hernia, who is supported by the wider SMT and Executive Teams including CQC Registered Manager.

The designated IHG safeguarding lead or nominated representative attends the BSW Wider Provider Safeguarding quarterly meetings. Where best practice and information with stakeholders and other providers is shared.

Glossary of Terms:	
Term / Word / Acronym	Definition
18 weeks RTT	Referral to treatment - The NHS Constitution sets out that patients should wait no longer than 18 weeks from GP referral to treatment.
Agency Staff	Temporary staff employed through a third party
BSW	Bath and North-East Somerset, Swindon and Wiltshire Integrated Care Board
C Diff	Clostridium difficile, also known as C. difficile or C. diff, is a bacterium that can infect the bowel and cause diarrhoea. The infection most commonly affect people who have recently been treated with antibiotics but can spread easily to others.
Clinical Negligence Claims	A breach of duty of care by members of the health and care profession employed by NHS bodies which could be negligent via a legal process
Complaints	A process whereby patients can formally complain about the quality of treatment received.
Concerns	A process whereby patients can express concerns about the quality of treatment received.
CQUIN	Commissioning for Quality and Innovation – a framework for supporting improvements in the quality of services and the creation of new, improved patterns of care.
DBS	Disclosure and Barring Service - Employers can check the criminal record of someone applying for a role. This is known as getting a Disclosure and Barring Service (DBS) check
Deaths by Patient Safety Incidents	An event where death occurred as a direct or possible result of care provided by an organisation
Duty of Candour	The duty of Candour is a general duty to be open and transparent with people receiving care from you. It applies to every health and social care provider CQC regulates.
DVT	Deep vein thrombosis (DVT) is a blood clot that develops within a deep vein in the body, usually in the leg. Blood clots that develop in a vein are also known as venous thrombosis. DVT usually occurs in a deep leg vein, a larger vein that runs through the muscles of the calf and the thigh.
Emergency Readmissions within 30 days	All known patients, who following surgical intervention with IHG have been re-admitted to an emergency setting within 30 days of surgery. Admission involves an overnight stay
Emergency Transfer to another provider	Any IHG patient who has had to be transferred to another provider in an emergency setting during surgery.
Follow-Ups	Clinic (non-surgical) appointments which occur after the first initial appointment. These can take place before or after surgery.

Freedom to speak up	Freedom to Speak Up is about encouraging a positive culture where people feel they can speak up and their voices will be heard, and their suggestions acted upon.
Friends and family test (FFT)	A feedback tool to enable patients to indicate how likely they would be to recommend services to their friends and family.
IHG	Independent Health Group
Incidents considered a near miss	A patient safety incident that did not cause harm but had the potential to do so
Incidents with harm	A patient safety incident that resulted in harm to a patient, including harm resulting when a patient did not receive their planned or expected treatment
Incidents with low harm	any unexpected or unintended incident that required extra. observation or minor treatment and caused minimal harm to one or more. persons
Incidents with moderate Harm	An incident that results in the patient requiring a moderate increase in treatment and significant, but not permanent, harm
Incidents with no Harm	A patient safety incident occurs but does not result in patient harm
Incidents with severe harm	Any unexpected or unintended incident that appears to have resulted in permanent harm to one or more persons.
Intraoperative pain acceptable	Are patients' pain scores during surgery under Local Anaesthetic acceptable to them.
Mandatory Training	Mandatory training is compulsory training that is determined essential by an organisation for the safe and efficient delivery of services.
MRSA	Methicillin-resistant Staphylococcus aureus (MRSA) is a bacteria that causes infections in different parts of the body. It's tougher to treat than most strains of staphylococcus aureus – or staph – because it's resistant to some commonly used antibiotics
MSSA	Meticillin-sensitive Staphylococcus Aureus (MSSA) is a type of bacteria which lives harmlessly on the skin and in the nose, in approximately 30% of the population. People who have MSSA on their skin or in their nose are said to be colonised.
Never Events	Serious, largely preventable safety incidents that should not occur if relevant preventive measure and safe systems of work are in place.
NHSR	NHS Resolution is an arm's length body of the Department of Health and Social Care. We provide expertise to the NHS on resolving concerns and disputes fairly, sharing learning for improvement and preserving resources for patient care.
NICE	National Institute for Clinical Excellence
OPD	Outpatient Department
Pain Relief At Home Acceptable	Are patients' pain scores overnight following surgery under Local Anaesthetic acceptable to them.
PREVENT	Training to help identify and prevent radicalization which sits alongside long-established duties on professionals to safeguard vulnerable children, young people and adults from exploitation from a range of other harms such as drugs, gangs and physical and sexual exploitation.

Safeguarding referral / concern	The act of reporting safeguarding concerns to the right people at the right time.
Serious Incidents	Where the potential for learning is so great, or the consequence to patients, families, carers, staff or organisation require a more comprehensive review.
Surgical Site Infection Rate	Total number of confirmed SSIs per specialty, based on total number of patients who have undergone a surgical procedure.
Surgical Site Infection Surveillance (SSI)	Surgical site infection is a type of healthcare-associated infection in which a surgical incision site becomes infected after a surgical procedure.
VTE	Venous thromboembolism (VTE), a term referring to blood clots in the veins, is an underdiagnosed and serious, yet preventable medical condition that can cause disability and death
WHO	World Health Organisation - The United Nations agency working to promote health, keep the world safe and serve the vulnerable.

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