



**CIRCLEREADING**  
Quality Account 2016/17

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## About the Quality Account

### What are the required elements of the Quality Account?

The Health Act 2009 requires all healthcare providers to produce a Quality Account, and the National Health Service (Quality Accounts) Regulations 2010 specifies the requirements for the reports produced. We have used the requirements as a template around which our account has been written.

### What are the key requirements?

1. A statement by the leadership team.
2. Priorities for improvement – these are commitments that CircleReading makes to improve the level of quality within the hospital.
3. Review of quality improvement – this demonstrates how the hospital has performed so far.

### How did we produce our Quality Account?

We have used the Department of Health's Quality Accounts Toolkit as a guide for our Quality Account. To supplement all the mandatory elements of the account, we have also worked closely with our patients, consultants and other partners to ensure that this account truly reflects the quality measures in place and provides readers with an accurate and comprehensive insight into the organisation.

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**ONE**



circle

## Statement on Quality from the Leadership Team

It is with great pleasure that we welcome you to the 2016/2017 Quality Account produced by CircleReading which has been written in accordance with the Department of Health's policy document 'High Quality Care for All'. It is hence a statutory requirement; however we are pleased to report on the quality of our services, patient experience and assurance procedures in place. We hope you find our plans for the coming year of interest.

During 2016 CircleReading has taken every step to ensure the quality of the patient experience is at its very best. This encompasses the medical treatment received, the quality of accommodation and facilities, food and hospitality, which are all centred around the individuals' personal needs. We therefore pay meticulous attention to the whole patient pathway, from making an enquiry, booking an appointment, the treatment, and after care.

We have developed a number of methods of measuring and benchmarking the quality of our services with the primary aim of continuous improvement for our patients. Many such measures are made available to our partners (staff and consultants), as well as patients, through our ethos of transparency. We have presented some of these measures in this report.

CircleReading is committed to providing the very highest quality services for patients and working environment for our clinicians and partners. We strive to provide choice, innovation, safe and personalised care for our patients, whom we fully welcome feedback from. As all our staff are partners in CircleReading, everyone has a voice on how to ensure and improve the quality of our services and we promote a culture that advocates 'we are the agents of our patients' in line with our credo. We are proud of all our achievements to date.

Consequently, the purpose of this report is to present our successes and outline quality related improvements which may still be required. Furthermore, we aim to explain our main priorities over the next year, including a delineation of those to be involved; how we aim to measure their effectiveness and the inclusion of reflective learning from previous initiatives.

Information provided in the Quality Account is trustworthy and reflects a true picture, which aims to be meaningful and relevant. Comparisons can be made with other organisations and within CircleReading over time. Access to the report will be enhanced through its publication on the Circle website and internally to patients and partners.

We, the Registered Hospital Director and Clinical Chairman, have reviewed the content of this Quality Account and confirm that we are accountable for the report's content. We are confident that it provides a balanced view and that to the best of our knowledge the information contained within this document is accurate.



A handwritten signature in black ink that reads "Claire Gurrie".

Claire Gurrie  
Hospital Director



A handwritten signature in black ink that reads "Peter Hale".

Peter Hale  
Clinical Chairman

# Chapter **TWO**



## Our credo

**Our purpose** To build a great company dedicated to our patients. **Our parameters** We focus our efforts exclusively on what we are passionate about. What we can become best at. What drives our economic sustainability. **Our principles** We are, above all, the agents of our patients. We aim to exceed their expectations every time so that we earn their trust and loyalty. We strive to continuously improve the quality and the value of the care we give our patients. We empower our people to do their best. Our people are our greatest asset. We should select them attentively and invest in them passionately. As everyone matters, everyone who contributes should be a partner in all that we do. In return, we expect them to give their patients all that they can. We are unrelenting in the pursuit of excellence. We embrace innovation and learn from our mistakes. We measure everything we do and we share the data with all to judge. Pursuing our ambition to be the best healthcare provider is a never-ending process. 'Good enough' never is.

## Our values

### Passion

We are driven by the needs of our patients.  
We believe in our credo and the importance of our mission.  
Each of us has a significant contribution to make.

### Disruption

We are not afraid to challenge the norm or the vested interest.  
We encourage creativity when balanced with discipline and methodology.  
We have the courage to call it as it is.

### Humanity

We value care, compassion and empathy.  
We engage our partners to be their best.  
We are straightforward, listen to and respect each other.

### Resilience

We learn from setbacks and come back stronger.  
We are tenacious and see obstacles as challenges.  
Our belief in ourselves underpins our resolve.

### Agility

We are always open to new ideas and ways of doing things.  
We believe that 'good enough' never is.  
We keep it simple and make things happen fast.

### Partnership

We have a sense of ownership for what we do.  
We feel valued and able to make a difference.  
We hold each other to account for what we believe in.

# CircleReading

Circle was founded on the belief that hospitals should be dedicated to patients. CircleReading has been designed to offer 21<sup>st</sup> century medical technology with an unequivocal focus on quality of care and customer service. Each of our hospitals is co-formed, co-owned and co-run by clinicians. We are the largest partnership of healthcare professionals in Europe.

CircleReading is wholly committed to delivering clinical excellence and the highest level of customer service, every step of the way. We embrace innovation and look for ways to improve what we do every single day. We believe that makes us different to other hospitals.

## Our Facilities

Circle Hospital Reading facilities are state-of-the-art and include:

- Five operating theatres
- One endoscopy and audiology suite
- 20 Daycase beds
- 30 Inpatient beds
- 15 consultation rooms and treatment rooms
- Rehabilitation services
- Ambulatory care
- Physiotherapy therapy suite
- Full diagnostic service including MRI, X-ray, Ultrasound and pathology testing

## Aims and Objectives

- The hospital operates 7 days a week on a 24 hour basis.
- We aim to deliver a patient experience characterised by comfort and respect for the patient's individual needs and views.
- We aim to provide speedy access to out-patient, in-patient and day case surgery treatments in a first-class facility.
- We aim to deliver high quality evidence based clinical care that provides patients with the best outcomes.

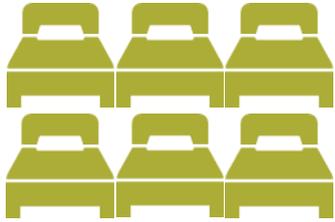
## Principles

We will therefore exclusively focus our efforts on services where we:

- Can be the best provider for our patients in their community;
- Have a passion for service delivery; and
- Realise a sustainable economic driver that allows our services to persist.

**Facilities provided at CircleReading include:**

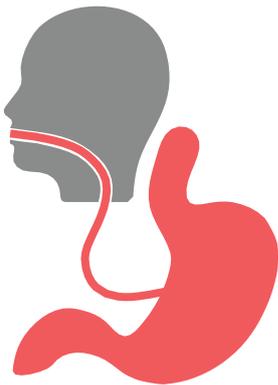
**30 Inpatient Beds**



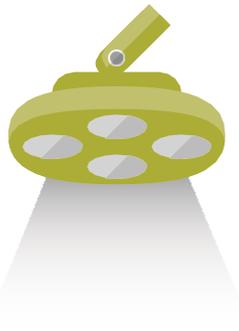
**20 Daycase Pods**



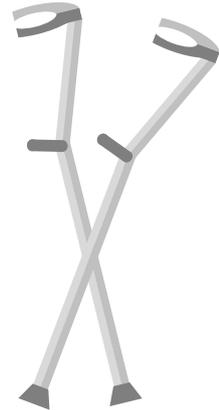
**1 Endoscopy Suite**



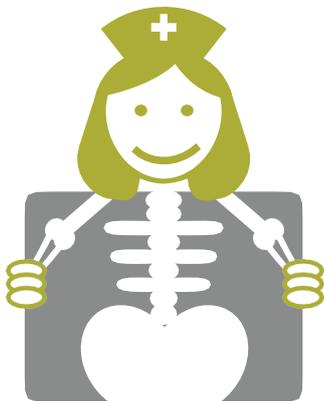
**5 Theatres**



**Rehabilitation Services**



**Diagnostic Services**



**Including MRI, X-ray, Ultrasound and  
Mobile CT Scanning**

**15 Consultation Rooms**



# Circle Operating System (COS)

## Our purpose

To build a great company dedicated to our patients.

## Our parameters

We focus our efforts exclusively on:

- What we are passionate about.
- What we can become best at.
- What drives our economic sustainability.

## Our principles

We, above all, the agents of our patient.

We empower our people to do their best.

We are unrelenting in the pursuit of excellence.



## Stop the Line

'Stop the Line' is a process where work is stopped and brought to a standstill when a problem is identified

## Swarm

'Swarm' is Circle's unique approach to problem-solving . A swarm helps us to take time out, understand an issue fully, and resolve it.

## Patient Hour

Patient Hour is a dedicated time for teams to come together to review progress, discuss and plan improvement initiatives. Patient hours can be a series of huddles, or be part of weekly or monthly team meetings.

## Items that are covered during a Patient Hour:

- Site and local communication.
- Review of departmental quality quartets.
- Plan improvement initiatives.
- Report feedback on improvement projects.
- Open forums.

## Partnership Session

A Partnership Session is a wider departmental (unit, service, gateway, team) meeting that has a very unique flavour and approach, and is recommended to be two to three hours in length.

## Quality Quartet

The Quality Quartet is our performance dashboard. Each hospital's business plans are all built around this and used to account to the Circle Group Executive Board.

## CircleAcademy

CircleAcademy is the leadership and organisational development division of Circle, and provides business-relevant, realistic support and development to help partners fulfil their potential and performance objectives.



## Departmental Quality Statements

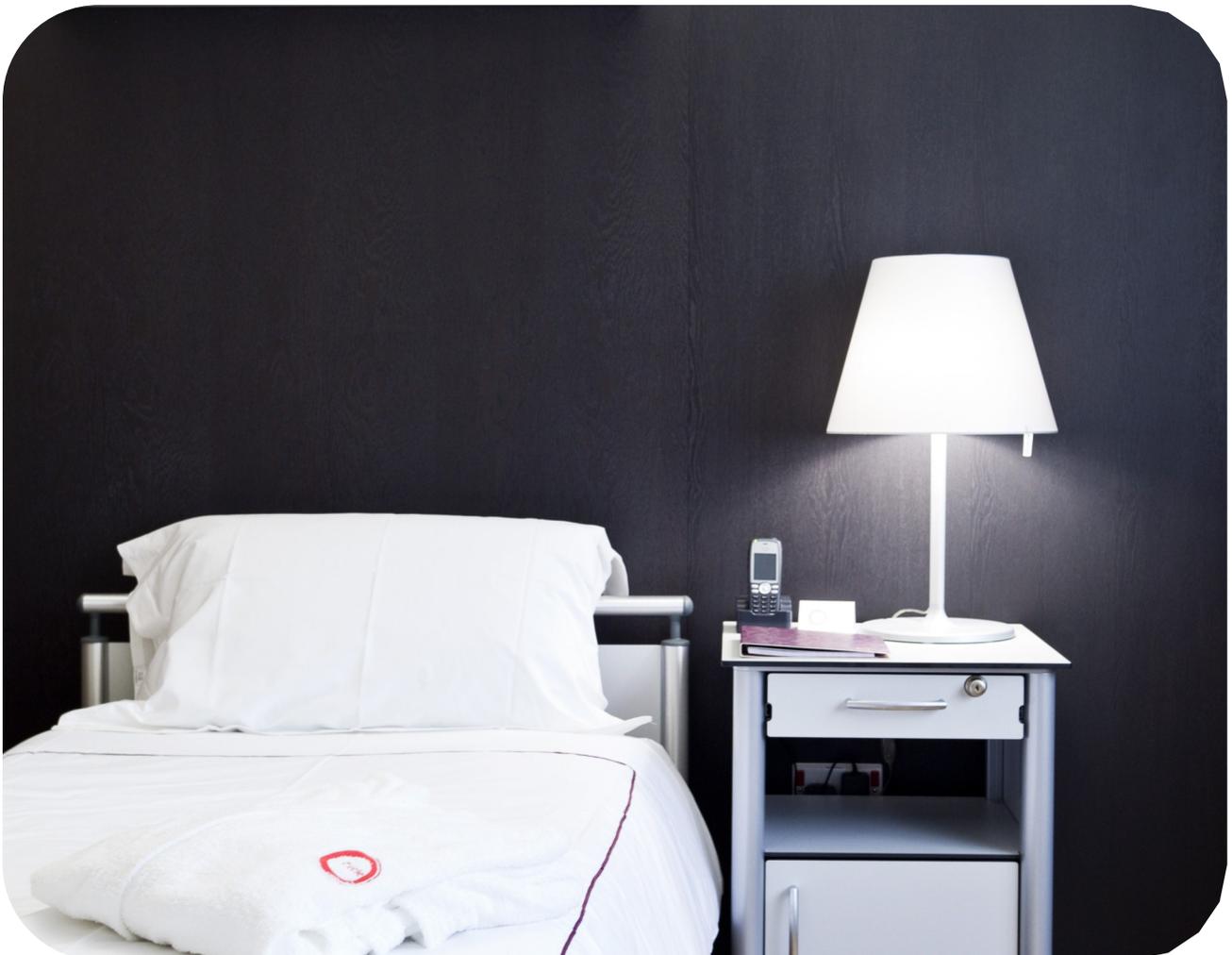
### Inpatients

Inpatients at CircleReading caters for Orthopaedic (Hip, Knee, Shoulder, Spinal, Foot and Ankle), Gynaecology, ENT (Ear, Nose and Throat), Cosmetic and General surgery patients. All our inpatients are cared for with respect and dignity in single on suite bedrooms. All our bedrooms have the facility of a pull out bed to allow a relative to stay over with the patient if they so wish. Patients are either admitted directly to the inpatient ward or through the Daycase unit if beds are not available at admission time.

We have a dedicated experienced team of Registered nurses, health care assistants, administrators, housekeepers and hospitality who work together to provide an excellent patient experience working closely with the multi-disciplinary team to ensure our patients receive high quality and safe care.

We have a resident medical officer who is available in the hospital 24 hours a day and is on hand to deal with any medical issue that arises. The RMO is supported by both the Consultant surgeons and Consultant anaesthetists.. The RMO, Nursing Staff and Pharmacist do a daily round of the inpatients to check on their progress and address any concerns that may have arisen.

The inpatient lead and the Head of Nursing and AHPs also round daily to review the patients and discuss and address any issues they may have.



## Departmental Quality Statements continued

### Daycase

Daycase at CircleReading comprises of 20 pods and a newly commissioned 8 seated ambulatory area. Two of our pods are en-suites and tend to be used by our endoscopy patients. We are an extremely busy and dynamic unit with an average turnaround time of 1–2 hours for local anaesthetic patients and longer for general anaesthetic patients depending on post-operative requirements. The new ambulatory area has provided some much needed increased space and a better flow through the unit for our patients who do not require a trolley, for example cataract surgery.

We have a dedicated team of registered nurses, health care assistants and administration staff. We see a wide variety of specialities including orthopaedic, endoscopy, gynaecology, ophthalmology, pain, spinal, general and cosmetic surgery. We work closely with the multi-disciplinary team to ensure our patients receive high quality and safe care. We have a resident medical officer who is available 24 hours a day to see patients and take telephone enquiries. Day surgery opens at 6.45am until 20.00 hours Monday to Saturday. At times the department can be open later with a cut off of 22.00 hours for the last patient to be discharged. For patients who require further monitoring are transferred to our inpatient ward.

Daily bed meetings are held to ensure a safe flow of patients through the hospital.

Day surgery runs a very effective service with a close cohesion of established staff. Feedback received from patients is consistently positive with very few complaints.



## Departmental Quality Statements continued

### Endoscopy

The endoscopy department is situated on the first floor of Circle Reading hospital and operates as part of Day surgery unit where patients are admitted, recovered and discharged. The unit provides the highest standard of care for all our patients regardless of age, race, culture, religion, ability or sexual orientation, ensuring patient's dignity and privacy are maintained at all times. Consisting of:

- Procedure room furnished with modern state of the art equipment
- Clean room with modern drying cabinet
- Decontamination room with modern ISIS washers

We provide excellent patient service for patients requiring endoscopic procedures comprising of:

- Gastroscopy
- Colonoscopy
- Flexible Sigmoidoscopy
- Flexible Cystoscopy
- Banding of haemorrhoids
- Injection of haemorrhoids

Since opening in 2012 the department has seen over 3500 patients and is currently in the process of applying for Joint Advisory Group on Endoscopy accreditation (JAG), a Royal College of Physicians body that ensures the quality and safety of patient care by defining and maintaining the standards by which endoscopy is practiced.

The unit along with other departments of the hospital provides a number of student nurses from Buckinghamshire University with placement. The department comprises of two nurses who are mentors to some of these students.

## Departmental Quality Statements continued

### Theatres

The Theatre Department in Circle Reading Hospital consists of five operating theatres and one procedure room. Three of the operating rooms have laminar flow clean air systems where all implant surgery takes place; and all four theatres have integrated iTheatre camera systems.

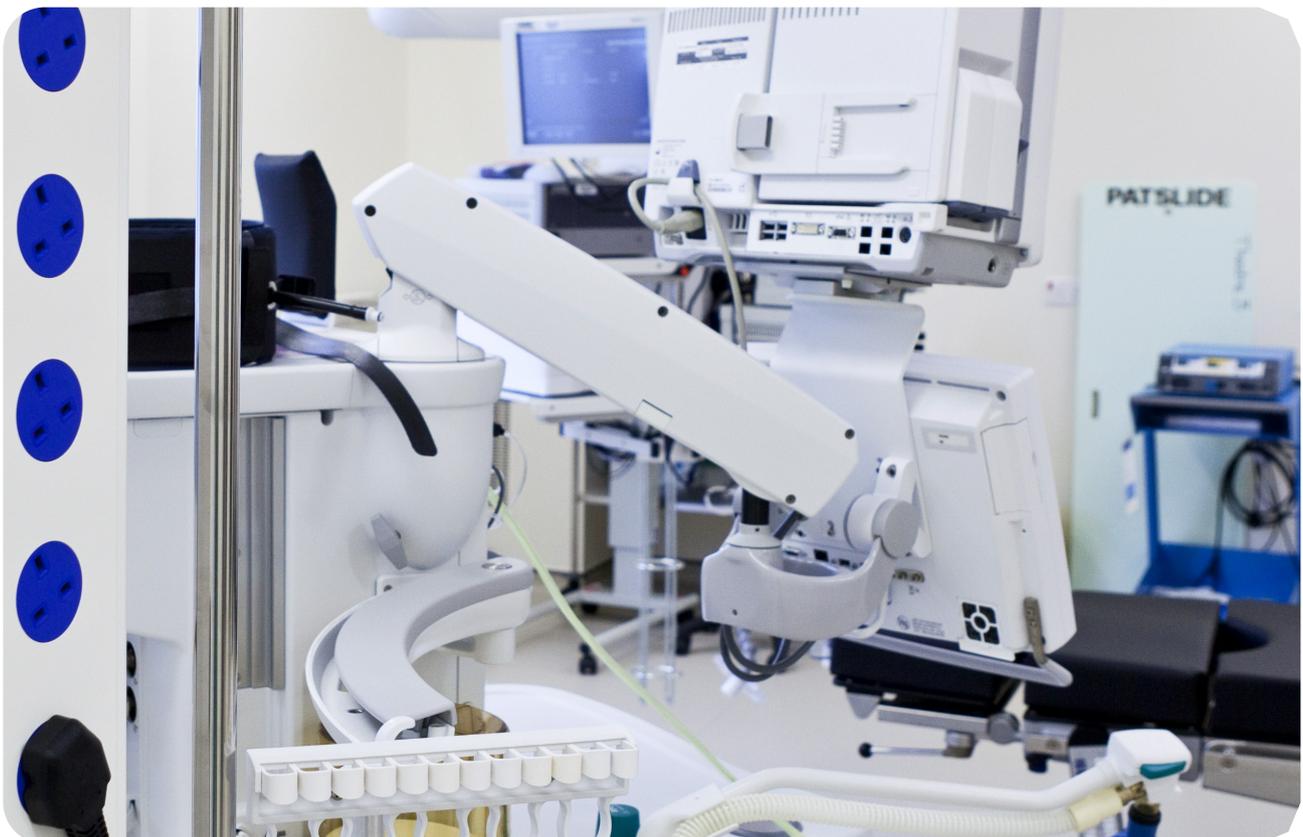
Our theatres are served by on-site decontamination and we regularly maintain such through our associated on-going improvement action plan.

The Theatre Department prides itself on ensuring that team members benefit from on-going training and development, ensuring that our team have access to on-going training on nationally recognised courses such as Advanced Scrub Practitioner (ASP) and having the opportunity to work with consultants on a daily basis means that we can provide a safe and caring environment for all of our patients.

Working within the Assurance Framework of the company, the theatre department has link members for Infection Prevention and Control (IPC), Health and Safety (H&S), Blood Transfusion and other various sub-committees.

We take an active part in these committees and which feed into the Clinical Governance and Risk Management Committee on a monthly basis.

The Theatre Department views this as key to the success of our team and ultimately the care given to all of our patients.



## Departmental Quality Statements continued

### Radiology

Radiology services are based in a dedicated radiology department. Services are also delivered remotely, in theatres. In radiology we aim to deliver a high quality and safe service to our patients, striving to make the patient experience, the best it could possibly be and always making sure privacy and dignity is at the forefront of service delivery. Prompt access to our services is paramount and we are always critically analysing waiting times against capacity and demand. This will allow us to see where we need to adapt and re-shape the way we deliver the service, for the best outcomes for the patient.

With the increase in demand for diagnostic imaging tests, year on year, it is important that we continue to have dedicated teams working within the department and contributing to the multi-disciplinary team we have today. Six plain film and theatre radiographers, along with four MRI radiographers, work closely alongside two radiology department assistants and a clerical administrator. All have their part to play to make the service a success.

A new Lead Radiographer has been appointed to oversee the radiology service and to seek out new opportunities for expansion and development in the future. A Deputy Lead Radiographer has more recently been appointed to oversee the day to day operational activity of the department and as a supportive role to the Lead. Radiologist cover has continued to be provided by a consortium of highly skilled and experienced consultant radiologists, each with their own field of expertise that they not only bring to the radiology department, but to the hospital as a whole.

Over the past year the team has gone from strength to strength and grown into a coherent, robust service provider for all stakeholders that use the radiology services at Circle Reading.

We aim to apply for ISAS accreditation in the near future and have the high quality service we deliver endorsed and recognised.

The radiology department consists of one X-ray room, a second room used for mobile and fluoroscopic procedures, one ultrasound room and one MRI scanner. The department also has three mobile fluoroscopy units which are utilised in a busy theatre environment. Our largest service user is orthopaedics but we also receive referrals for rheumatology, spinal, Gynaecology, gastroenterology and ENT across all imaging modalities.

Demand for MRI is increasing year on year at a tremendous rate and the challenge is to be able to keep up with this increase. This will be one of our main priorities moving forward. Already we have extended our working week in MRI, from five to six days. Ad-hoc Sunday lists are also utilised to deliver a more timely service. CT is limited in the referrals it receives, but a service is still provided when dictated by a patient's treatment pathway. There are nine half day sessions per week in ultrasound and demand is only second to MRI. Plain Film and theatres remain busy and a large part of the working week.

There are plans to commission a DXA scanner in the future. We will be able to provide additional services to orthopaedics, rheumatology, spinal and sport and exercise medicine as well as a GP direct referral service.

## Departmental Quality Statements continued

### Physiotherapy

Circle Physiotherapy is part of the wider Circle Partnership. It is a dynamic, multi-disciplinary physiotherapy clinic based at Circle Reading hospital. Specialist clinicians within the teams are able to offer up-to-date, evidence-based practice, in the treatment of a variety of musculoskeletal complaints. All clinicians are fully qualified and are registered with the CSP and HCPC. They are involved in regular internal and external training in order to ensure the standard of treatment given is appropriate and relevant. Our client base consists of members of the general public and people who have undergone surgery. Clients may be young or old, post-operative, non-sporting, weekend warriors, or elite sportspeople. We treat private, self-pay, and NHS patients referred by their consultant via agreed care pathways

The department can be split into 3 distinct disciplines, Inpatient Physiotherapy, Outpatient Physiotherapy and Rehabilitation.

### Inpatient Physiotherapy

Providing pre-assessment surgical advice and physiotherapy for all orthopaedic inpatients at Circle Reading. 2016 has seen the introduction of a very comprehensive pre-assessment service and the introduction of "Joint Schools" prior to major knee, hip and spinal surgery which have received excellent feedback from patients and gives valuable information about post-operative recovery prior to surgery. This has been backed up by the creation of a number of new high quality booklets with information and exercise advice for patients undergoing surgery.

The inpatient physiotherapy team have continued to ensure all relevant orthopaedic surgical patients are treated and safely discharged and post-operative swelling can now be managed with cold therapy more easily after the implementation of a "cryocuff" trial. The inpatient team are continuing to work on maintaining a lower than average length of stay for THR and TKR patients, with the hope that this will positively impact our PROM scores in combination with the outpatient Physiotherapy service that is provided.

### Outpatient Physiotherapy:

Outpatient physiotherapists treat a wide range of conditions. The majority of the case load is post-operative orthopaedic patients, however the team also treat GP, Consultant and self-referrals for a wide range of musculoskeletal conditions. 2016 has seen the development of post-operative hip arthroscopy and shoulder sub acromial decompression rehabilitation classes and two more members of the team have gained acupuncture and APPI Pilates qualifications. The team are also clinically skilled in the use of Extracorporeal Shockwave Therapy, which has some evidence in treating a number of different tendinopathies. Biodex isokinetic muscle testing is also used regularly and its use is evidenced in the assessment and management of post-operative ACL reconstruction patients who wish to return to sports.

The outpatient team continue to collect outcome measures for all physiotherapy patients in the form of EQ-5D-5L and over the last year an average 82% patients have significantly improved within a an average change period of 89 days.

### Rehabilitation:

The Rehabilitation Service has been recently set up to offer intensive rehabilitation, over a 1 to 2 week period, to help maximise and expedite patient recovery. Circle have teamed up with VAMED, an internationally renowned rehabilitation provider and a model has been developed to provide the highest possible care to post-operative patients, general musculoskeletal injuries and neurological conditions. The service also provides detailed sports packages to assess and treat athletes who either have injuries or would like to plan a programme for a specific event with expert advice. The department has seen the introduction of state-of-the art technology, including an Alter-G Anti-gravity treadmill which allows control of body weight from 20% to 100% and is an excellent tool to help people recover normal gait patterns after surgery or injury much faster than usual.

With the on-going implementation of the rehabilitation service, clinicians will be trained in other new technology such as David Spinal rehabilitation machines, an Aqua treadmill and a 3D gait analysis package and the team look forward to helping develop the range of services over the coming year.

### Services provided:

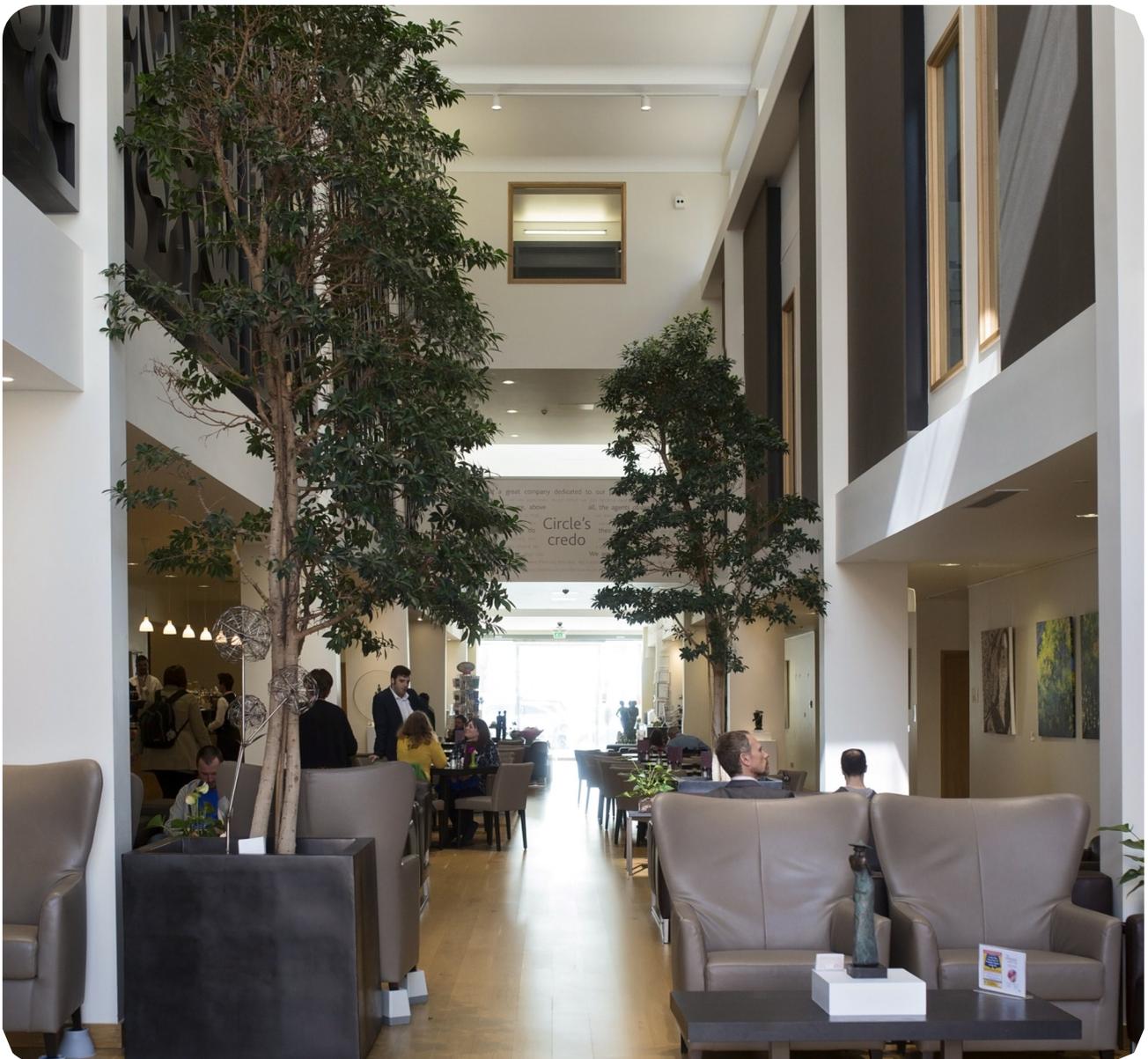
Orthopaedics, Physiotherapy, Rehabilitation, Shockwave Therapy (ESWT), Sports Massage, Podiatry, Gait Analysis, Isokinetic muscle testing.

## Departmental Quality Statements continued

### Outpatients and Pre-Assessment

Outpatients at CircleReading is the first point of contact for our patients pathway through the hospital. It comprises of 15 consulting rooms all of which have a linked treatment room. Our specialties include: Orthopaedics (Hips, knees, shoulders, back), Physiotherapy, Ophthalmology, Gynaecology, Cosmetic surgery, Gastroenterology, General surgery, ENT (ear, nose and throat), Rheumatology, Urology, Nephrology, Vascular and Radiology and imaging (including X-ray and MRI). We have a team of dedicated nurses and health care assistants who assist consultants with their clinics and investigations. Every day we see a vast amount of patients through our department with a variety of clinics including new consultant clinics and follow up appointments, minor operations as well as nurse led clinics such as wound dressing, phlebotomy and ECG clinics.

Pre assessment is based in outpatients and has a dedicated team of registered nurses and health care assistants. The team see on average 30 patients daily. All patients who are booked for a general anaesthetic will have a pre assessment. We also provide a telephone pre assessment service. Recently we have opened up our service delivery to offer our patients evening and weekend appointments to accommodate those unable to attend during working hours. Daily we have access to a pre assessment consultant anaesthetist who is able to advise on complex patient needs. This ensures our patients are safe for their elective procedure.



## Departmental Quality Statements continued

### Recovery

Reading recovery department consist of 7 fully functioning bays, that monitors the patient BP, Pulse, saturation and co2 level. Recovery staff are responsible for the safe management, treatment and care of patients from either a general anaesthetic or sedation from our theatre and endoscopy department.

Our team comprises of 5 permanent part time staff and 4 full time staff members. The staff are all very competent, hardworking and ensure that the safety of our patients are our priority. We follow all the national guidelines, one of which is the AAGBI guidelines for post-anaesthetic recovery. Once the patient arrives in recovery, they are cared for in a holistic manner and their length of stay is entirely subjective until they meet the required discharge criteria.

There are daily operational meetings held, whereby a representative from each department attends to discuss any issues and set a plan of action. Daily bed meetings are also held to ensure a safe flow of patients through the hospital. We work closely with the bookings team and theatre scheduler.



## Departmental Quality Statements continued

### Hospitality

The hospitality services at CircleReading consists itself of multiple teams;

- Reception
- Switchboard
- Security & Night Porters
- Catering Services
- Circle Kitchen
- Circle Café

Reception, Switchboard & Security Services are often the first point of contact for our patients and represent the first impression of the Hospital. They also liaise with staff partners across the facilities to assure that a smooth patient experience is provided to our patients.

Circle Kitchen and Catering Services provide all our patients, staff and visitors with a wide selection of dishes made with good quality, fresh, local ingredients which are freshly prepared to Head Chef, Andreas' exact recipes.

Circle Café is the heart of our hospital where everyone can come together to enjoy a great variety of food and beverages options. Our vision for Circle Café is to be a service that is constantly used and meets everyone's taste needs. We seek to serve great breakfasts to 5 course meals, anything that pleases our customers.





“Made to feel welcome and at ease. Each member of staff explained their job at each stage. Positive experience”.  
(Daycase) - **Patient Feedback Card – January 2016**

“Wish I could have had this meeting before my previous 2 hip arthroscopies. I was desperate for information then and could not find out anything (on the NHS). It was fantastic to be talked through the whole experience and to be able to ask any questions, to allay fears and to be able to prepare to do this”.  
(Physiotherapy) – **Patient Feedback Card – 2<sup>nd</sup> February 2017**

“Pre-op and post-op care was excellent. All staff were hospitable on all fronts (professional/proficient). Keep doing what you are doing. I do not think you need to change anything at this present time”.  
(Daycase) – **Patient Feedback Card – 7<sup>th</sup> March 2017**

“I was referred to the Circle hospital as an NHS patient under the choose and book system. First appointment was booked within a few weeks and diagnosis followed soon after. I had the option to self-fund for the procedure to be carried out quickly but was happy to wait 9-10 weeks as an NHS patient.  
The hospital facilities are excellent, very clean and well run. Staff were very polite and never rushed. I would recommend the hospital to anyone who needed it”.  
**Patient Feedback via the NHS Choices Website – 29<sup>th</sup> March 2017**

“I was most impressed by this hospital from the first time I entered it for my initial consultation. All the staff were courteous, friendly and helpful and I found the facilities and service were better than any other private hospital I have attended over the years. My operation appears to have been successful, although I am in the early days of recovering my mobility, and I consider the surgical and nursing treatment I received was second to none. I would especially like to mention my consultant, my anaesthetist, who was particularly meticulous in explaining the anaesthetic procedure to be used because of other existing medical conditions and subsequent follow-up, and all the surgical, nursing and support staff, especially my S/N for their care and genial manner, which was a great feeling in the post-operative period prior to discharge. A big thank you to all members of the team at Circle Reading”.  
**Patient Feedback via the NHS Choices Website – 31st March 2017**

Chapter  
**THREE**



# Reviewing Quality Improvement Objectives from 2015/16

## Quality Improvement Programme

In 2015/16 we developed a programme of quality improvements to ensure that we at CircleReading aim to achieve:

- Sustainable change
- Communication of good practice
- Open door policy for feedback on new ideas/improvement opportunities
- Embedding new process into our culture
- All staff involvement in providing the highest possible care for our patients
- Providing the highest quality working environment for our staff
- Utilisation of the Circle Operating System to implement change

We put in a series of steps to take us through our Quality Improvement Programme:

- Stage 1—Review stage
- Stage 2—Celebrate successes and identify actions which can improve quality further
- Stage 3—Implement the changes required
- Stage 4—Audit change to ensure fully embedded

Since our Quality Improvement Programme we have been able to achieve improvements in all our aims which we are able to demonstrate throughout this year's Quality account.

## Vision and Strategy—'Above and Beyond'

We have high expectations of ourselves as partners and of CircleReading as a hospital, and we have clearly articulated this in our vision and strategy. This encapsulates the feedback and ideas from the CircleReading team of staff partners of what our areas of focus should be for 2016/17.

The value of partnership is ingrained in how we do things, and we take huge pride in this. Partnership in action is about developing inclusive, mutually beneficial relationships that improve the quality and experience of care for our patients. A great working partnership is critical in building strong, effective relationships within CircleReading, across the Circle group, and with our partner organisations.

### Our strategy:

To be a top hospital and quality partnership that is financially sustainable, and is the first choice for our patients.

### Our purpose:

Caring for our patients as one of our own to constantly be their number one choice.



Our quality account reflects our achievements in meeting the goals from our Vision and Strategy objectives in 2016.

# Chapter **FOUR**

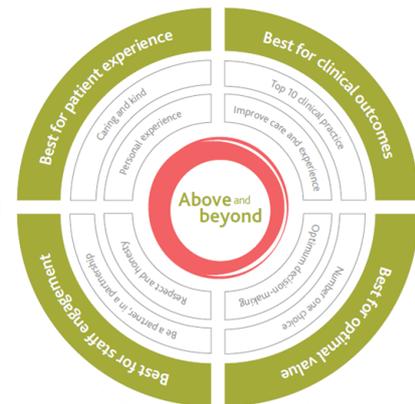


# Setting out new Quality Improvement Objectives for 2016/17

## Further Enhancement of our Quality and Improvement Programme

CircleReading will continue to further apply and embed our Quality Improvement Programme by:

- Building upon the Vision and Strategy 8 Point Plan to increase the development of the Hospital’s High Level Plans with the focus on Clinical Outcomes, Patient Experience, Staff Engagement and Optimal Value.
- Enhancing the Patient Pathway from Good to Outstanding.
- Grow Patient Access.
- Continue to work together using established tools and efficiencies of time.



The above will involve:

- **Operational Teams working together to improve efficiency, increase capacity and identify new opportunities.**
- **Business and Development and Commercial under-pinning of objectives including Maximising Revenue Pipelines, exploiting opportunities and the Facilitation of growth.**
- **The implementations of COS Champions within all Departmental Areas of the hospital to lead and focus on:**

Research and Education  
 Great Outcomes  
 Right Care, Right Time  
 You Said, We Did  
 Connected Workforce  
 Feeling Value  
 Reducing Waste  
 Deliver of Care Differently

## Circle Rehabilitation

CircleReading will continue to sustain and grow the current services provided within the new Rehabilitation Unit which is focused on the recovery and rehabilitation of patients with Muscular Skeletal, Neurological and Sport Injury conditions.

We will continue to work alongside the network of VAMED hospitals across Europe in providing expert treatment with the use of the latest revolutionary technologies.

## Rehabilitation

CircleReading has opened the doors of its new Rehabilitation Unit focused on the recovery and rehabilitation of patients with Muscular Skeletal, Neurological and Sport Injury conditions. Working alongside our network of VAMED hospitals across Europe, we are providing expert treatment with the use of latest technologies.

### Revolutionary technology for rehabilitation

A small snapshot of the latest equipment we can use to aid recovery's are:

- **Anti-gravity treadmill**—driven by technology from NASA, this helps to shorten recovery time, improve mobility and reduce injury.
- **Gait analysis**—analyse biomechanics and helps to identify why pain is occurring.
- **Spinal strengthening technology**—to help strengthen core muscles.
- **Continual Passive Motion device**—helps you to regain your range of knee movement.
- **LiteGait**—a revolutionary piece of kit that supports walking therapy, simultaneously controlling weight-bearing, posture and balance.
- **MOTomed**—combats the lack of movement that fuels the degeneration process of the human body. It provides smooth, controlled and pleasant movement, which loosens and strengthens the muscles, stimulates the metabolism and the circulation, and improves endurance and cardio-vascular functions.
- **Sara Steady**—a mobility-promoting support aid that encourages more mobile patients to stand up independently.
- **Evolv Easy Standing frame**—provides a safe and supportive transition to standing.
- **Premium gym and exercise equipment**—ensuring you have quality equipment at your disposal.

In addition to the usual hospital facilities Rehabilitation patients have use of an exclusive patient recreation area including lounge, kitchenette and roof top terrace.





“When we came to the ward, Shirley took me to a side room and helped me to relax. She explained in detail what was to be expected and looked after me very well after the procedure. She was very caring and helpful. Dr Myszor was very caring, thorough and reassuring throughout the procedure”.

(Daycase) – **Patient Feedback Card – 14<sup>th</sup> December 2016**

“Staff were first class. From initial consultation to end of treatment I cannot fault them. Extremely good advice from physiotherapy and care on the day was superb. If anything ever happened again, I will be back in a heartbeat”.

(Physiotherapy) – **Patient Feedback Card – 16<sup>th</sup> December 2016**

“A calm, gentle, supportive atmosphere up on the ward with the sense of a wonderful team working together. The feeling that there was always time to help me recover was priceless. I never felt I was being a nuisance. The nurses on night duty were particularly helpful, patient, caring, calming and so reassuring”.

(Inpatients) – **Patient Feedback Card – 10<sup>th</sup> March 2017**

“I am writing this short note to register my massive appreciation for the way I have been treated during my short stay at the Circle. The nursing staff on level 3 have all been magnificent, so professional, caring, and efficient. I would particularly like to thank Ben, Fatima and Jayna who through their allocation of duties have had to spend more time with me than others. Their support, caring attitude and application have added so much to my recovery process, I could not have had asked for more”.

(Inpatients) - **Patient Feedback via a letter to the Inpatients Lead – 11<sup>th</sup> March 2017**

“Hospitality was excellent and obtained a feeling that nothing was too much to ask for”.

(Daycase) – **Patient Feedback Card – 6<sup>th</sup> April 2017**

# Chapter FIVE



## Blood

The Royal Berkshire Hospital (RBH) supplies CircleReading Hospital with all blood and blood components in compliance with the Blood Safety and Quality Regulations (BSQR) 2005 No.50 (SI 2005/50). All blood components supplied to CircleReading Hospital are accompanied by the appropriate documentation. The RBH supplies four units of O Negative blood which after fourteen days if not used are returned to the RBH and new O Negative blood supplied. Patient specific blood and blood components are supplied on request.

### Return Compliance

The Blood Safety and Quality Regulations (BSQR) 2005 require trusts to ensure all blood components are traceable from donor to recipient in 100% transfusions of blood and plasma components. The Medicines and Healthcare Products Regulatory Agency (MHRA) are the inspection body enforcing this law. Non-compliance can result in prosecution of the responsible officer.

The law requires evidence of fate of unit in 100% of transfusions. It is the responsibility of CircleReading staff to return the tags to the providing blood bank. The RBH will, as part of the service level agreement (SLA) with CircleReading, contact the relevant area if tags are not returned. The RBH will also, as part of the SLA, provide training support to staff.

CircleReading is subject to all comparative traceability audits which are conducted on a quarterly basis by the RBH. CircleReading continuously achieves excellent level of compliance for every unit. Results for 2016 are shown below.

	Units sent by RBH	Units transfused	Units returned	% Transfused	Traceability
Jan-16	4	0	4	0%	100%
Feb-16	4	0	4	0%	100%
Mar-16	12	4	8	33%	100%
Apr-16	5	3	2	60%	100%
May-16	16	3	13	19%	100%
Jun-16	3	1	2	33%	100%
Jul-16	14	3	9	21%	86%
Aug-16	10	2	8	20%	100%
Sep-16	18	2	16	11%	100%
Oct-16	14	0	14	0%	100%
Nov-16	18	2	16	11%	100%
Dec-16	9	1	8	11%	100%



## Audit schedule 2016 — 2017 continued

<b>Annual Audit</b>	<b>Owners</b>
Confidential Waste	Quality & Assurance
Site-wide Privacy and Dignity	Head of Nursing & AHPs
Site-wide Fire Assessments	Fire Safety Advisor
Site-wide Health and Safety	Corporate Health and Safety Lead
Site-wide Infection Prevention and Control	Director of Infection Prevention and Control Lead (DIPC)
Business Impact Assessment	Quality & Assurance and All Department Leads
Business Continuity Plan Review	Quality & Assurance, Hospital Leadership Team and Facilities Management
Site-wide Security and Information Security	Quality & Assurance and Corporate Information Governance Officer
Laser	Theatre Lead
Medical Gases	Facilities Management

<b>Bi-Annual Audit</b>	<b>Owners</b>
Evening Information Security	Quality & Assurance

<b>Bi-Monthly Audit</b>	<b>Owners</b>
Insight Registration Compliance Reporting	Quality & Assurance
Insight Information Governance Training Report	Quality & Assurance
Practising Privileges	Quality & Assurance
HR Audits	Quality & Assurance

<b>Monthly Audit</b>	<b>Owners</b>
Resuscitation Trolley	Head of Nursing & AHPs and Resuscitation Lead
Resuscitation Scenarios	Head of Nursing & AHPs and Resuscitation Lead
Cancellations	Quality & Assurance, Head of Nursing & AHPs and Theatre Lead
Returns to Theatre	Quality & Assurance, Head of Nursing & AHPs and Theatre Lead
Emergency Transfers	Quality & Assurance and Head of Nursing & AHPs
WHO Surgical Checklist Compliance	Recovery, Day Surgery, Theatre, Quality & Assurance and Head of Nursing & AHPs
CQC Outcome Quality Improvement Plan	Quality & Assurance and All Department Leads

## Clinical Research

The number of patients receiving NHS services provided or sub contracted by CircleReading in 2016 that were recruited during that period to participate in research approved by a research ethics committee was 0.

## Clinical Outcomes Steering Committee

The vision:

The clinical outcomes steering group aims to collect and report robust clinical outcomes and patient satisfaction that will raise the benchmark of excellence in clinical care delivery in the independent healthcare sector.

- Best at collecting clinical outcomes and patient satisfaction
- Best achievement in clinical outcomes and patient satisfaction
- Open and consistent publication of unfiltered patient feedback
- Best at translating what we learn to create positive impact on patient care
- Become a centre of excellence and a beacon for other organisations for clinical outcomes

Clinical outcomes are measurable changes in health or quality of life that result from the care provided. Constant review of clinical outcomes establishes standards against which to continuously improve all aspects of practice.

CircleReading collects PROMs for all NHS patients (four key procedures) as well as in-house PROMs for most of our private patients' procedures. Quarterly reports are generated and distributed to the Hospital Directors and Clinical Chairs of each Circle site for review and action. With regards to NHS patients, there have been some changes since August 2013.

We are now able to access and download our patients' level data from the NHS Information Centre. As more patients are added to the system each month, we will be able to monitor and trend our performance.

These outcome measures may be based on a variety of criteria, such as re-admission rates, infection rates, return to surgery numbers, and other forms of measurement, and can be completed by patients, patient's friends and family, and clinical or non-clinical staff.

CircleReading regularly assesses various aspects of our patient care. These may be at a departmental level, hospital wide, or data that is used to compare the hospital nationally. Some of these are compulsory, the Patient Reported Outcome Measures (PROMs) following Total Knee and Total Hip Surgery, for example, and others are determined by the hospital.

Our Vision & Strategy sessions will help define the areas that we, as a hospital, want to focus on and measure, in order to ensure we are meeting our standards of clinical excellence and going '*Above and Beyond*' our patients' expectations.

## Patient Safety

### Alerts:

A plethora of safety measures are in place at CircleReading, to ensure the highest standards are adhered to. The follow medical safety checks are made:

- MHRA medical device alerts – recorded electronically
- MHRA field safety alerts – recorded electronically
- NICE guidance
- CAS alert system – recorded electronically
- MHRA drug alerts – audited by our in-house pharmacy lead
- Company field safety alerts (received directly from source)

All alerts are registered onto an electronic incident reporting system; DATIX, which staff can access and record the findings of their investigations. Results are reported on a monthly basis to the Clinical Governance and Risk Management Committee (CG&RM) and information is also reported to the Executive Board through internal assurance dashboards.

### Equipment:

All equipment is thoroughly checked and maintained either by our facilities management team or our on-site EBME engineer.

## Incident Reporting

Incidents are reported electronically using the DATIX Incident Reporting System. Extensive training has been provided for all staff. Full details of the near misses, incidents or accidents are recorded with departmental leads being assigned with the role of 'investigator'. All details of the review are then recorded on the electronic record, with clear lessons learnt and actions taken logged. The Governance & Assurance Lead and the Head of Nursing and AHPs are able to review all records, as can the Corporate Head of Risk & Assurance and the Hospital Director.

Additional resources or procedures stated in the action plans can also be uploaded into the electronic record as evidence.

On a monthly basis, a full audit is undertaken using the incident reports and actions plans, to ensure that all incidents, near misses and accidents have been captured and acted upon.

The incident records and any actions logged as a result of an actual incident, near miss or accident are presented to the Clinical Governance and Risk Management Committee (CG&RM) and the Integrated Governance Committee (IGC) corporately.

Accidents are reported to RIDDOR when appropriate. An incident form is also logged for each accident. There was 0 RIDDOR reportable incident in 2016.

# Incident Reporting Summary Overview

## January 2016 — December 2016

	J	F	M	A	M	J	J	A	S	O	N	D	Total
<b>Clinical</b>	25	26	25	30	31	16	27	35	49	38	42	23	367
<b>Administration</b>	2	7	8	5	7	6	17	8	7	7	19	16	109
<b>Information Governance</b>	0	1	2	0	2	1	1	3	0	0	2	1	13
<b>Staff Incidents</b>	1	3	0	1	2	0	2	4	0	0	3	1	17
<b>Medication</b>	3	1	3	4	5	0	1	3	5	1	0	1	27

### Patient Falls

All patient falls are logged within Datix and reported through the Clinical Governance and Risk Management Committee (CG&RM) on a monthly basis.

<b>Daycase</b> 9 <sup>th</sup> March 2016	A patient fell from their bed, due to getting their leg caught in the blanket, because of the need to go to the toilet. The patient was advised to call for a nurse when needing the toilet and ignored such. The patient stated that he 'hurt his leg' at the time of the fall but stated there was no pain at all, half an hour later.	Patient assessed by nursing staff and no obvious injuries noted.	Falls Risk Assessment undertaken.
<b>Inpatients</b> 15 <sup>th</sup> June 2016	Health Care Assistant entered room the patient's bedroom as he had activated the call bell. Patient's catheter had leaked. Patient was stood by the side of the bed and the Health Care Assistant asked the patient to take a seat. The Health Care Assistant went to tell the staff nurse and to get clean bedding and a fresh gown. As the Health Care Assistant started to clean the bed and the patient was stood by the chair. The Health Care Assistant again asked the patient to sit in the chair. The patient refused and walked towards the stool and in that second, before the Health Care Assistant could request the patient not to sit on the stool as it was not safe, the patient	Reviewed by the RMO and no obvious injuries were seen and observations were done and stable then put back to bed.	Falls Risk Assessment undertaken.
<b>Physiotherapy</b> 16 <sup>th</sup> August 2016	Patient reported that they were walking with a frame and fell backwards onto their Left Hip, hitting their head on the floor.	The RMO assessed the patient and deemed her safe to transfer. With the assistance of the nursing staff we aided the patient safely on to a chair and assisted her in transferring back to the bed	Falls Risk Assessment undertaken.
<b>Inpatients</b> 20 <sup>th</sup> October 2016	Patient found on bathroom floor by colleague. Patient reports they fell whilst trying to use the toilet whilst standing up.	Assessed by the RMO and no injury. Patient then mobilised back to bed using her crutches. Observations taken once settled in bed.	Falls Risk Assessment undertaken.
<b>Daycase</b> 6 <sup>th</sup> December 2016	Patient post Hip Injection fell down on the floor. Patient was mobilising safely prior to the fall. Left foot was hurting. No obvious defects or bruising. Patient declined any head injury.	Patient reviewed by the RMO, Day Case Lead present as well. Patient was safely transferred to the chair. She was mobilising ok with minimum help after the fall.	Falls Risk Assessment undertaken.

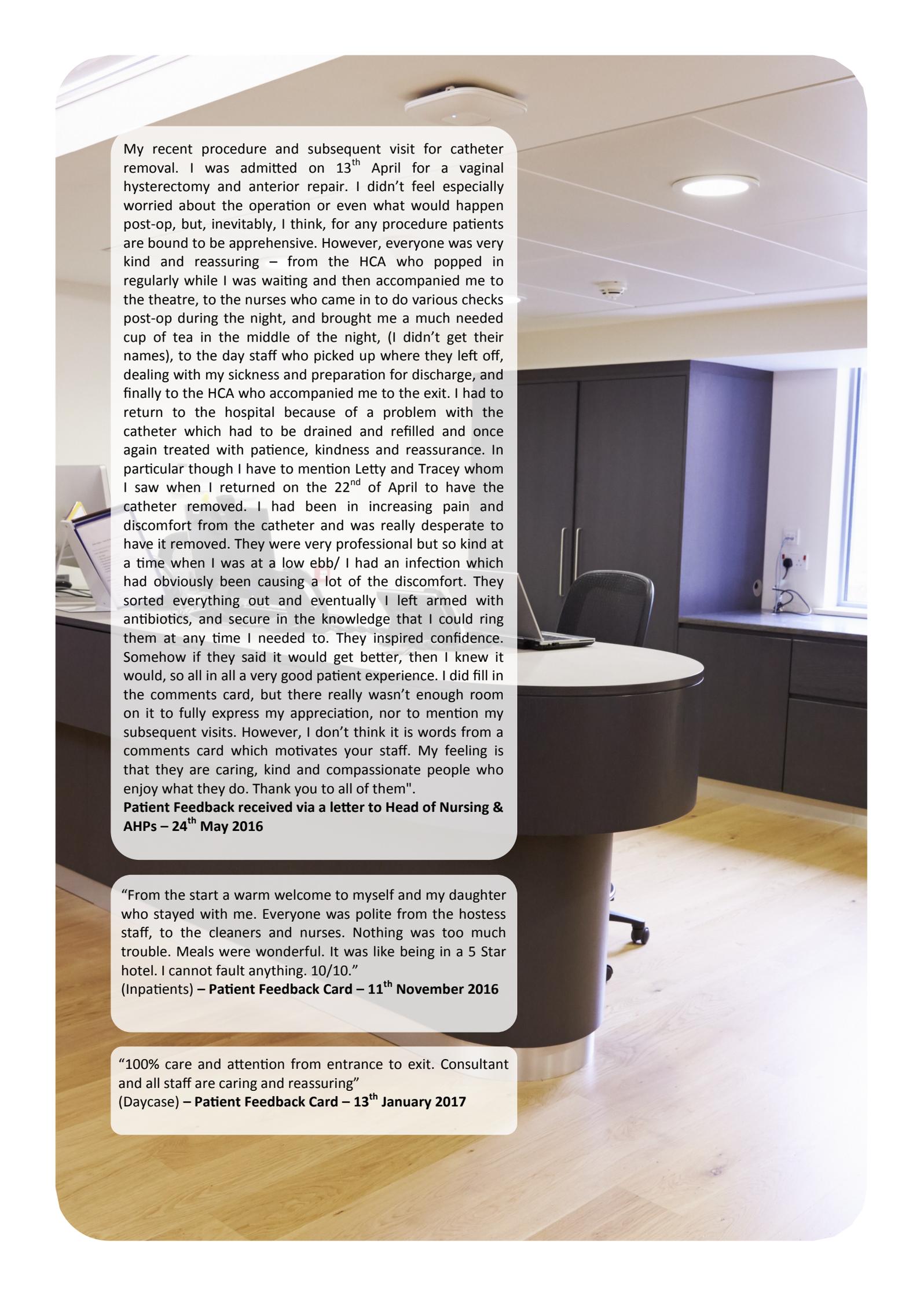


#### Recommendations

- Ensure all new staff provided with mandatory training dates on induction.
- Health and Safety Link Workers to provide an induction.
- Review at Health and Safety Committee to continue.
- Ensure all new staff are given the Health and Safety Induction Leaflet.
- Further develop the use of the Health and Safety Notice Board outside the staff restaurant.
- Further training opportunities for the Health and Safety Link Workers to be investigated.

#### Actions Taken

- All patient falls are reviewed on a monthly basis at the Clinical Governance and Risk Management Committee (CG&RM), under a separate agenda item.
- Patient fall data capture is presented within the monthly Governance & Assurance Dashboard.
- Patient falls are reviewed at the Health and Safety Committee Meeting with specific lessons learned for Health & Safety Link Workers, who cascade knowledge to their departments.
- Patient falls are also addressed during the Pre-Assessment and Admission processes in place using the Falls Risk Assessment Tool with 100% of NHS patients having been risk assessed on admission.

A photograph of a modern hospital office. In the foreground, there is a round, dark-colored desk with a black office chair tucked under it. On the desk, a laptop is open. In the background, there are dark grey cabinets, a window with a view of the outdoors, and a white wall with a power outlet and some medical equipment. The ceiling has recessed lighting and a smoke detector.

My recent procedure and subsequent visit for catheter removal. I was admitted on 13<sup>th</sup> April for a vaginal hysterectomy and anterior repair. I didn't feel especially worried about the operation or even what would happen post-op, but, inevitably, I think, for any procedure patients are bound to be apprehensive. However, everyone was very kind and reassuring – from the HCA who popped in regularly while I was waiting and then accompanied me to the theatre, to the nurses who came in to do various checks post-op during the night, and brought me a much needed cup of tea in the middle of the night, (I didn't get their names), to the day staff who picked up where they left off, dealing with my sickness and preparation for discharge, and finally to the HCA who accompanied me to the exit. I had to return to the hospital because of a problem with the catheter which had to be drained and refilled and once again treated with patience, kindness and reassurance. In particular though I have to mention Letty and Tracey whom I saw when I returned on the 22<sup>nd</sup> of April to have the catheter removed. I had been in increasing pain and discomfort from the catheter and was really desperate to have it removed. They were very professional but so kind at a time when I was at a low ebb/ I had an infection which had obviously been causing a lot of the discomfort. They sorted everything out and eventually I left armed with antibiotics, and secure in the knowledge that I could ring them at any time I needed to. They inspired confidence. Somehow if they said it would get better, then I knew it would, so all in all a very good patient experience. I did fill in the comments card, but there really wasn't enough room on it to fully express my appreciation, nor to mention my subsequent visits. However, I don't think it is words from a comments card which motivates your staff. My feeling is that they are caring, kind and compassionate people who enjoy what they do. Thank you to all of them".

**Patient Feedback received via a letter to Head of Nursing & AHPs – 24<sup>th</sup> May 2016**

"From the start a warm welcome to myself and my daughter who stayed with me. Everyone was polite from the hostess staff, to the cleaners and nurses. Nothing was too much trouble. Meals were wonderful. It was like being in a 5 Star hotel. I cannot fault anything. 10/10."

(Inpatients) – **Patient Feedback Card – 11<sup>th</sup> November 2016**

"100% care and attention from entrance to exit. Consultant and all staff are caring and reassuring"

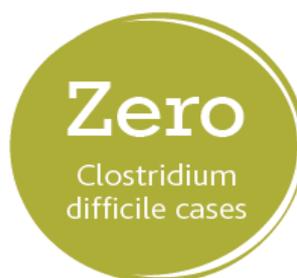
(Daycase) – **Patient Feedback Card – 13<sup>th</sup> January 2017**

## Infection Prevention and Control

Since opening in August 2012, CircleReading has taken Infection Prevention and Control extremely seriously and we pride ourselves on our excellent level of cleanliness. All staff attend mandatory Infection Prevention and Control training, completed on an annual basis. Furthermore, each department is assigned an Infection Prevention and Control Link Worker who champions good practice, provides information to staff and is a point of reference if colleagues have any queries. Link workers complete more in depth training and have the opportunity to undertake on-line e-Learning NVQ studies. The Infection Prevention and Control Committee, consisting of all the link workers, meets every two months throughout the year and reports into the Clinical Governance and Management Committee which in turn, reports to the Executive Board. Specialist Infection Management advice is sought from a Clinical Microbiologist (RBH) and also from The Director of Infection Prevention & Control (DIPC).



There have been no reported cases of bloodstream MRSA at CircleReading



There have been no reported cases of Clostridium difficile at CircleReading

## SSI Performance

The hospital has continued to report through the mandatory SSISS for Hip and Knee replacements in all four quarters of 2016.

During this period there were:

307 Total Hip Replacements with 4 infections reported. Giving a rate of 1.3%

268 Total Knee Replacements with 1 infection reported. Giving a rate of 0.37%

The hospital has an SSI Surgical Site Infection Committee which meets quarterly to develop and share any learning from SSI investigations. This process has seen an increase of infections from a hospital total of 4 cases in 2015 to 5 in 2016 and corresponding increases in rates across both specialties.

## Audits of Infection Prevention & Control Practice

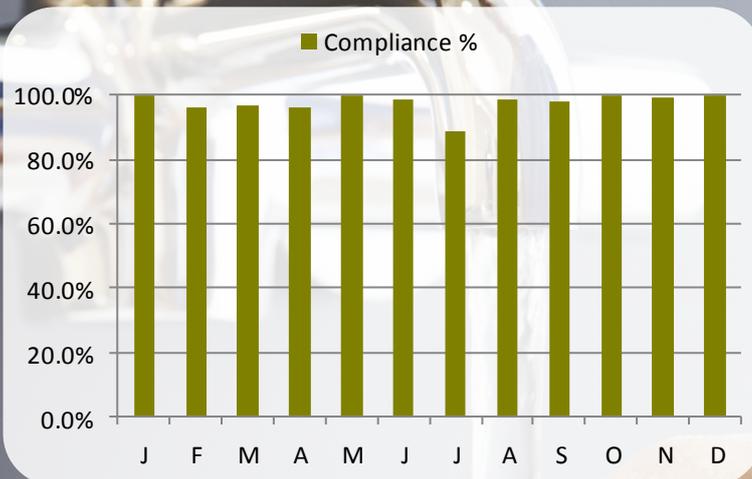
There has been a regular programme of audits having been undertaken during 2016 with regards to infection control practices within the hospital.

Specifically these have focussed on the following aspects:

- Monthly Hand Hygiene Audits (carried out in all departmental areas by IPC Link Workers cross functionally).
- Environmental Hygiene Audits.
- Monthly Senior Management 'walk-around' Inspections which have incorporated uniform compliance audits.

The results of all the above audits are shared, discussed and the resulting actions are disseminated through the Infection Prevention and Control Committee (IPC) meetings held on a monthly basis.

## Overall hospital hand hygiene audit data results for 2016



**Average**  
**97.8%**

## Average Hand Hygiene Audit results for 2016 by Department

Recovery  
98%

Theatres  
100%

Daycase  
95%

Radiology  
99%

Inpatients  
99%

Physiotherapy  
99%

Outpatients  
100%

Hospitality  
99%

### **Light Box Audits**

Additional audits are also carried out by IPC Link Workers using the hospital light box.

### **Policies**

All policies are accessed via Insight for all staff partners to review.

### **Compliance**

Monitored monthly by the Governance & Assurance Lead and all Departmental Leads are informed of any non-compliances and appropriate action plans are implemented and evidenced.

### **Outbreaks and incidents**

Any diarrhoea and vomiting involving patients and staff are reported to the Quality & Assurance Lead and Head of Nursing & AHPs with immediate effect.

### **Education**

The IPC Link Workers are all trained to Level 3 and are responsible for training their respective departmental partners, and the Departmental Leads monitor mandatory training compliance on a monthly basis.

## **Infection Prevention and Control Plan for 2016/17**

**Policies** - CircleReading will continue to ensure compliance of reading the Infection Prevention and Control policies on the Insight system.

**Audit** – monthly audit programme to continue.

**Education** – CircleReading will continue mandatory training and induction for all staff.

**Collaborative working** – continue to work with the Clinical Microbiologist at Royal Berkshire Hospital (RBH) to decide on a clear policy for MRSA and MSSA screening.

### **Alert Organisms**

The company has had no alert organism infections (MRSA Bacteraemia or C.diff) to report to the Health Protection Agency. We continue to have zero cases of bloodstream alert organisms to report.

### **Pressure Ulcers**

There were 0 reported incidents of patients acquiring a pressure ulcer during our care in 2016.

### **VTE Risk Assessments**

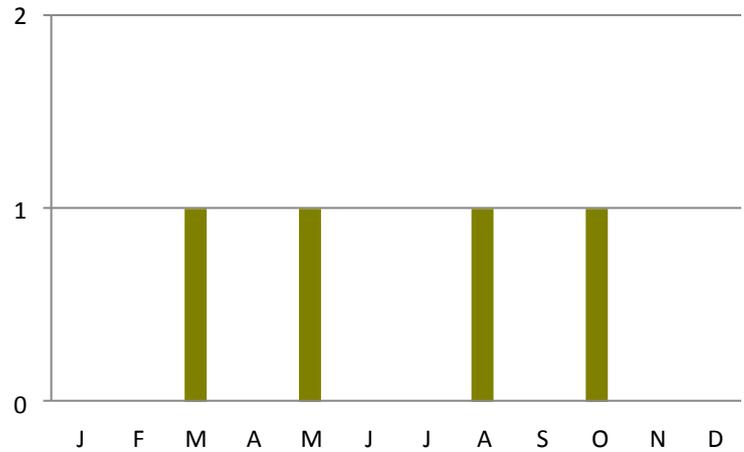
A VTE risk assessment is undertaken for all patients while in our care at CircleReading. An audit is undertaken on a monthly basis; which involves reviewing 10% of patient notes for that month. Any issues raised during the audits are acted upon swiftly by the Head of Nursing & AHPs.

### **Safety Thermometer**

CircleReading began participating in the NHS Safety Thermometer Scheme in September 2012. Every month, data is formally submitted. To date, no harms have been recorded.

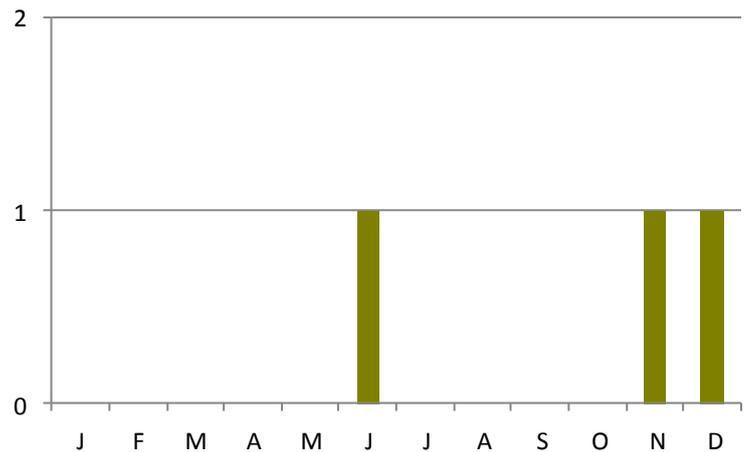
### Returns to Theatre

During 2016, four patients returned to theatre following their procedure, from 8,246 anaesthetic episodes. Patient returns to theatre, therefore, represent 0.0005% of the total patients having a surgical procedure.



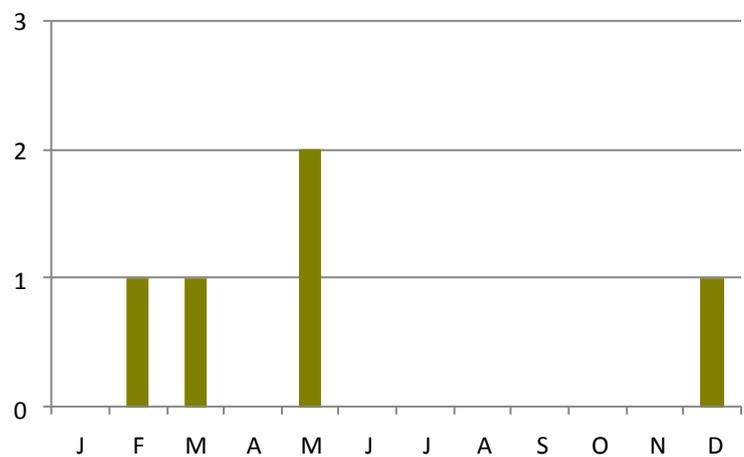
### Patient Readmissions

During 2016, three patients were readmitted to the hospital within 28 days of their procedure, from 8,246 patient anaesthetic episodes. Patient readmissions, therefore, represent 0.0004% of the total patients seen.



### Patient Transfers

During 2016, five patients were needed to be transferred to another hospital, from 8,246 patient anaesthetic episodes. Patient transfers, therefore, represent 0.0006% of the total patients seen.



## Patient Experience

In order to embed the review process for patient feedback, the Head of Nursing & AHPs, all Departmental Leads and the Governance & Assurance Lead work closely together and disseminate this information throughout all departmental teams. These members of staff are responsible for ensuring the feedback process is streamlined. They are also empowered to make changes and recommendations highlighted by patients, to ensure swift actions are taken and implemented where appropriate.

At CircleReading, patient feedback is key to our ability to respond to our patients' views and this is something that remains a priority in all of our minds. We encourage feedback from our patients at all stages of their care pathway.

All feedback is shared with our departmental teams and discussed within our "Patient Hours" which take place within each of our respective departments and forms part of the Circle Operating System (COS). All of our patient feedback is reviewed and actions are decided upon, to make the required changes highlighted by our patients, learning and growing every step of the way.

Our Patient Focus Group will become further embedded within our organisation and enables us to ensure our patients continue to be at the heart of all Patient-Led decisions we make.

### **Providing Feedback to our Consultant Partners & General Practitioners' (GP's)**

Patient feedback is shared with our Consultant Partners in several formats. The monthly analysis of feedback is distributed to all staff via email prior to publishing on our website. In addition the Performance Business Review is discussed at the monthly Executive Board meetings and feature the top 3 improvements suggested by patients and the % of recommendations.

Also discussed at this time are any formal complaints that are in progress. Our Consultant Staff Partners engage very positively in this process and are actively involved in the resulting actions.

GP surgeries are informed about our patient feedback in a variety of ways with the main being a hard copy delivered during a visit to the Surgery by our GP Partnership Team. The feedback is taken from the website and is therefore unaltered or edited and includes negative as well as positive comments. A GP Newsletter is produced every two months and this includes the patient feedback from the website, the % of patients that have recommended CircleReading to their 'friends and family' in the previous two months and is usually accompanied by a selection of patient comments.

On the Circle Partnership website there is an area dedicated to GP's and staff at GP Practices and we ensure that the patient feedback is accessible from this area.

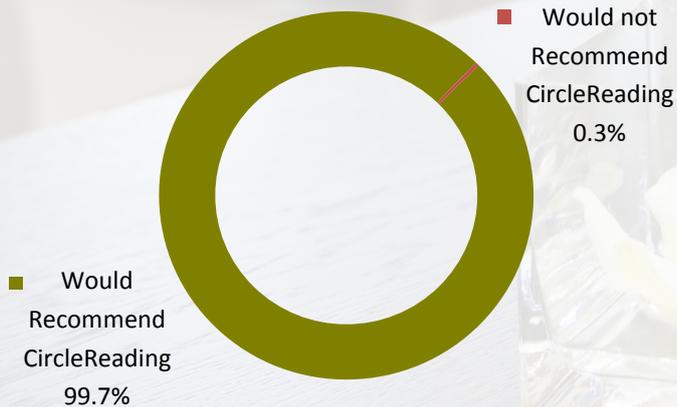
### Feedback Cards:

All patients are asked to complete a feedback card regarding their experiences at the hospital.

Our patient recommendations percentage for 2016 can be seen here:

### Patient Recommendation %

J	F	M	A	M	J	J	A	S	O	N	D
99.5%	99.7%	99.7%	99.2%	99.5%	99.7%	99.6%	99.8%	99.7%	99.4%	99.2%	100%



### Friends and Family recommendation

During 2016, CircleReading had 4,852 patient feedback cards completed and returned.

Overall, 99.7% of patients would recommend CircleReading to 'Friends and Family'.

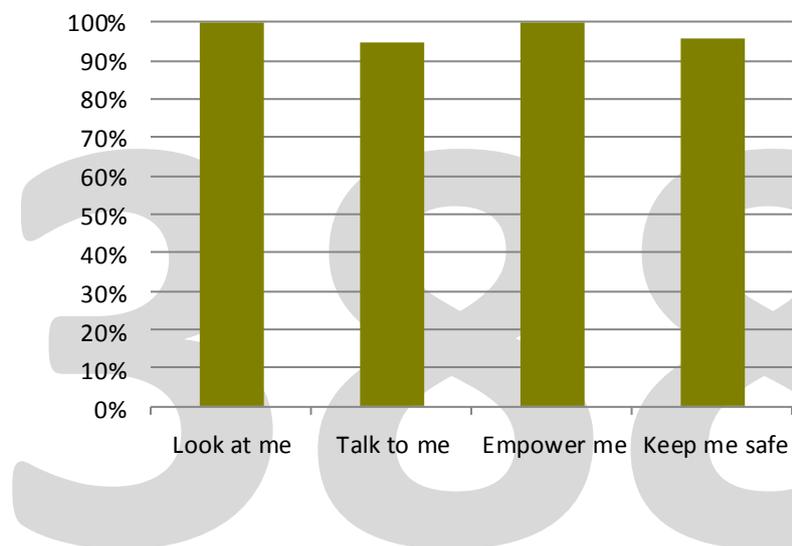
## Compassionate Care Audit

### Outpatients 2016

The 2016 compassionate care audit was conducted for both private and NHS patients.

**Number of patients surveyed: 388**

A detailed breakdown of results can be seen below, showing the number of different responses for each question expressed as a percentage:

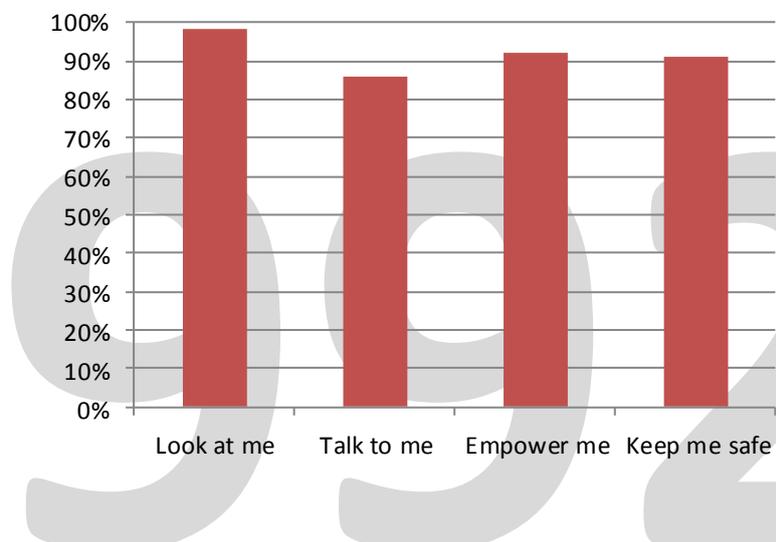


### Inpatients 2016

The 2016 compassionate care audit for both private and NHS patients asking them why they had chosen CircleReading as their hospital.

**Number of patients surveyed: 992**

A detailed breakdown of results can be seen below, showing the number of different responses for each question expressed as a percentage:





“From the moment we entered the professionalism was second to none. The care given to my wife was amazing to the extra care and consideration by your anaesthetist because she has a phobia of needles. The staff made her feel like she was their only patient. Not only is Mr Brownlow a phenomenal surgeon, his people skills are incredible. On top of this your café team are so special. Impeccable manners and lovely food. Always with a friendly face, it was like they knew my every requirement”.

(Inpatient) – **Patient Feedback via a letter to the Hospital Director - 8th April 2016**

“I have returned home on Thursday from having a partial knee replacement operation in your hospital last Tuesday. I thought I would get a feedback form to complete, but one never seemed to appear. I just wanted to give some feedback if I may. All the “services” provided by the hospital were excellent. The operation went well (as far as I am aware!) and I am deeply indebted to Mr Dodds and the other medical staff for their skill and expertise (and humanity!). The nursing staff were also excellent without fail; everything was done for me with care, good humour and total efficiency. Nothing seemed any trouble at any time. I would though, like to single out two people on the nursing staff who were (for me) simply outstanding. I only got their first names – “Denny” (on duty on Tuesday and Thursday in the daytime) and “Ben” (on duty on Tuesday and Wednesday nights). They saw to my every need (including taking me down to theatre and keeping me under control!) as well as treating me at every stage with dignity and as a human being. If it were appropriate, and possible, I would be grateful if my special thanks and deep appreciation could be passed on to them personally. Thank you for all your work at the hospital and for making the experience of having surgery there, so relatively easy and positive”.

“The kind and compassionate staff have made my procedure and after-care bearable. A truly wonderful hospital and team from consultants to hospitality staff”.

(Daycase) - **Patient Feedback Card – 9th June 2016**

“On time. Lovely, friendly and attentive staff. Fantastic facilities, I felt very well looked after.”

(Daycase) – **Patient Feedback Card – 27<sup>th</sup> January 2017**

## Formal Complaints and Concerns

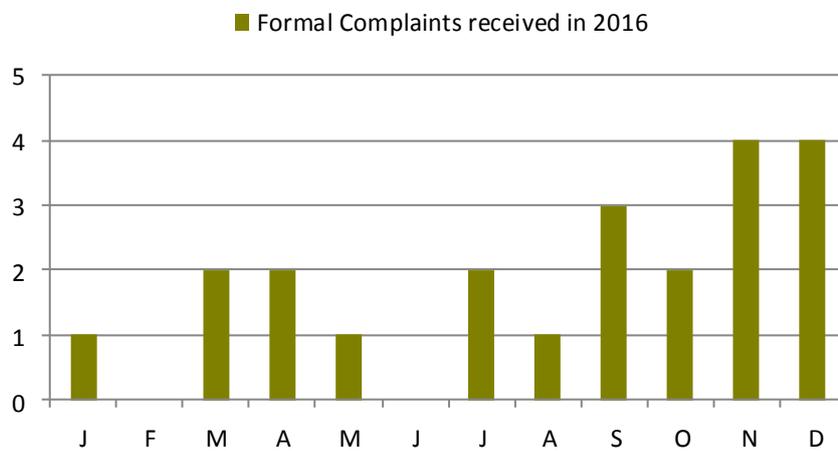
In total during 2016, we received

- 22 formal complaints
- 20 formal concerns

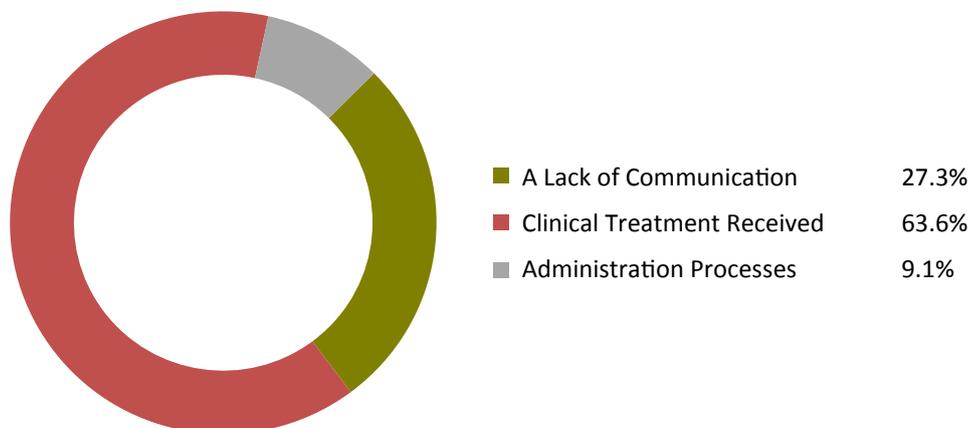
### Formal Complaints

Of these formal complaints:

- 100% of formal complaints were acknowledged within two working days
- 90.91% of formal investigations and subsequent responses were sent within the agreed timescale of 20 working days or an agreed extension date (where applicable)
- 99.83% of formal complaints were upheld



### Breakdown of the Causes of Formal Complaints received in 2016



## Formal Complaints and Concerns continued

### Actions resulting from Formal Complaints received in 2016

All complaints, associated investigations and respective responses are shared with not only the staff members involved and the departmental team members from the respective area(s), but are also shared on a broader scale.

Action plans are implemented in order that there is education, training and feedback in relation to sharing lessons learnt.

This information is shared as a multi-disciplinary approach. Since 2014, we introduced a 'daily-rounding' ward round undertaken each morning by our Head of Nursing & AHPs and the implementation of such is reflected as per the decrease in the total number of formal complaints having been received in 2016.

Formal Complaint Overview (2016)	Action(s) Implemented
Patient dissatisfied with aspects of care pathway and experience both within and including; Daycase (initial admission area), Physiotherapy and Finance departmental areas.	<p>1. Level of information provided to patients regarding the pre-assessment process and expectations upon admission.</p> <p><b>Key Points of Shared Learning:</b></p> <p>1. Verbal reiteration and explanation of the information provided to patients upon admission to the Daycase Area and the post-operative elements in relation to physiotherapy mobility exercises.</p>
Patient dissatisfied with aspects of care pathway and experience both within and including; Finance, Inpatients and Administration departmental areas. Areas of complaint relate to financial quotation received, communication levels and knowledge from nursing staff (whilst an inpatient and post-discharge), standard of hospitality service received, pain management and physiotherapy advice received (whilst an inpatient and post-discharge).	<p>1. Accuracy of costs associated in relation to surgical prosthesis and fixed price quotation received. 2. The processing and communication of amendments to Booking Forms. 3. Provision of information provided in relation to overnight accommodation within Inpatients (if a patient is admitted through the Daycase area). 4. Provision of refreshments provided by the Hospitality Hosts.</p> <p><b>Key Points of Shared Learning:</b></p> <p>1. Change in process implemented in relation to the provision of self-funding quotations which require bespoke surgical instrumentation.</p> <p>2. Reiteration of the importance of ensuring that all amendments to booking forms are processed and communicated in a timely manner (documented shared learning evident within 1-1 meeting notations).</p> <p>3. Reflective statement documented in relation to 'nurse to patient' communication.</p> <p>4. Reflective statement obtained regarding the provision of refreshments to patients as requested.</p>
Patient dissatisfaction in relation to the cessation of Pelvic Floor Surgery at Circle Reading Hospital.	<p>1. Discussed complaint context in detail, in conjunction with the allocated Case Manager at the Parliamentary and Health Service Ombudsman.</p> <p><b>Key Points of Shared Learning:</b></p> <p>1. Not applicable as all alternative treatment avenues have been explored and offered to the patient directly.</p>

## Formal Complaint Overview (2016)

## Action(s) Implemented

<p>Patient dissatisfied with the lack of communication from nursing staff in relation to a delay to theatre, the consenting process and administration of an MRI Scan.</p>	<p>1. Provision of updates and information in a timely manner regarding delays to theatre. 2. Failure to ensure that a copy of the patient's MRI Scan was made available prior to the date of surgery.</p>
	<p><b>Key Points of Shared Learning:</b></p> <ol style="list-style-type: none"><li>1. Implementation of a revised procedure as discussed with the Consultant in relation to ensuring and verifying all MRI Scans are available prior to the commencement of surgery.</li><li>2. Importance of contacting the clinical or on-call staff partner for the hospital, in order that they are made aware of such situations immediately.</li></ol>
<p>Patient dissatisfied with medical treatment received from October 2014 onwards relating to Bowel Surgery and explanation of events surrounding surgery.</p>	<p>1. Not applicable as all issues and questions raised were related to the Oxford Colorectal Partnership.</p>
	<p><b>Key Points of Shared Learning:</b></p> <ol style="list-style-type: none"><li>1. Formal response highlighted areas of improvement in communication in relation to the Oxford Colorectal Partnership.</li></ol>
<p>Patient dissatisfied with surgery, level of care provided post-surgery and transfer to the Royal Berkshire Hospital (RBH) and follow-up.</p>	<p>1. No specific actions taken by the hospital as no factors were identified which could have avoided the nature of the complaint.</p>
	<p><b>Key Points of Shared Learning:</b></p> <ol style="list-style-type: none"><li>1. The consenting process highlighted the risks associated with the surgery undertaken. The appropriate action was taken in relation to the transfer of the patient's care and follow-up and the reasoning in relation to such.</li></ol>
<p>Patient raising concerns regarding 'negligent' treatment received in relation to surgery performed by the Consultant and the assisting Theatre Team.</p>	<p>1. Clarity of information provided to patients by Resident Medical Officers (RMO's) in relation to 'out of hours' clinical advice provided.</p>
	<p><b>Key Points of Shared Learning:</b></p> <ol style="list-style-type: none"><li>1. Feedback provided to the RMO in question, in relation to the clarity of information provided to the patient.</li><li>2. Review undertaken of self-pay quotation provided to the patient which removed any costs associated with the re-admission aspect of the patient's care pathway.</li></ol>
<p>Patient raising concerns in relation to a post-operative site infection and the management of such and the consequent delayed payment to CircleReading for surgical services provided.</p>	<p>1. Consultant to ensure information imparted within Outpatient Clinic appointments has been fully acknowledged and understood by the patient attending.</p>
	<p><b>Key Points of Shared Learning:</b></p> <ol style="list-style-type: none"><li>1. Reiteration of information to take place in conjunction with pre-assessment, should there be any areas of concern highlighted by the Consultant relating to local anaesthesia.</li></ol>
<p>Patient raised concerns regarding a lack of communication and apparent internal failings in relation to the procedure and results in conjunction with the Berkshire Independent Hospital.</p>	<p>1. Accuracy of Booking Forms completed by medical secretaries in relation to pre-assessment criteria related to anaesthesia planned.</p>
	<p><b>Key Points of Shared Learning:</b></p> <ol style="list-style-type: none"><li>1. Communication in relation to follow-up appointments to be clearly noted by the Consultant involved in the patient's care pathway and particularly when providing private care to a patient within an alternative Independent Hospital.</li></ol>

## Formal Complaint Overview (2016)

## Action(s) Implemented

Patient raised concerns regarding the care and treatment received and a lack of communication in relation to not being offered a follow-up appointment.

1. No specific actions taken by the hospital as no factors were identified which could have avoided the nature of the complaint.

### Key Points of Shared Learning:

1. Not applicable as all alternative treatment avenues have been explored and offered to the patient directly.

Patient raised concerns regarding a lack of communication from the private medical secretary in relation to an outpatient appointment, which may have proceeded to surgery and concerns in relation to medical records relating to pre-assessment.

1. No specific actions taken by the hospital as no factors were identified to be evident.

### Key Points of Shared Learning:

1. Not applicable as the patient's safety was of paramount importance in relation to the cancellation of the surgical procedure.

Patient's husband raised concerns in relation to 1) Accuracy of pre-operative assessment test results, 2) A lack of communication upon admission (Daycase), 3) A poor attitude from staff partners on reception and within the finance department and 4) A lack of communication in relation to a physiotherapy follow-up appointment.

1. Explanation of the reasoning for the completion of forms upon arrival at reception. 2. The attitude and lack of communication received from the staff nurse partner within the Daycase area. 3. Identification and explanation by the physiotherapist providing the information.

### Key Points of Shared Learning:

1. Reiteration of the importance of ensuring that all reception staff partners provide all of our patients with a full explanation of the requirements in relation to the necessity for patient information to be checked by the patient on each attendance occasion and to highlight, that the payment liability section is applicable to Private and Self-Pay patients only.

2. Daycase Lead is working closely with the Daycase hospitality hosts to ensure that a member of the hospitality team is present, to ensure that the staff partner nurses are supported and as is the expectation that all of our patients, receive food and beverage requests in a timely and caring manner.

3. Information booklet updated to include 'open' and 'arthroscopic' ACJe, in order to prevent any confusion for our patients in the future.

Patient raised concerns in relation to the communication and appropriateness of the procedure undertaken and the clinical outcome achieved.

1. Reiteration of the importance of ensuring that all reception staff partners provide all of our patients with a full explanation of the requirements in relation to the necessity for patient information to be checked by the patient on each attendance occasion and to highlight, that the payment liability section is applicable to Private and Self-Pay patients only.

### Key Points of Shared Learning:

1. The Daycase Lead is working closely with the Daycase hospitality hosts to ensure that a member of the hospitality team is present, to ensure that the staff partner nurses are supported and as is the expectation that all of our patients, receive food and beverage requests in a timely and caring manner.

2. Updates implemented in relation to the open and arthroscopic acromioclavicular joint excision (ACJe) booklet, to include 'open' and 'arthroscopic' ACJe, in order to prevent any confusion for patients.

## Formal Complaint Overview (2016)

## Action(s) Implemented

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Patient dissatisfied that an ultrasound appointment had to be rearranged due to the equipment not functioning properly.	1. No specific actions taken by the hospital as no factors were identified which could have avoided the nature of the complaint.
	<b>Key Points of Shared Learning:</b>
	1. Not applicable as all alternative appointment avenues had been explored and offered to the patient directly.
<hr/>	
Patient raised concerns in relation to a failure to communicate the cancellation of a Daycase procedure by the medical secretary in relation to NHS funding.	1. Medical secretarial error in relation to the booking process of procedures, prior to Individual Funding Request approvals having been received.
	<b>Key Points of Shared Learning:</b>
	1. Provision of up-to-date information to patients, in circumstances whereby Individual Funding Requests have been refused pre-operatively.
<hr/>	
Patients raised concerns in relation to 1) Consultant attitude and manner during outpatient consultations, 2) Communication and administration failures, 3) Financial billing errors and timeliness of invoicing and 4) A lack of diagnosis.	1. No specific actions required by the Consultant involved, as no factors were identified which could have avoided the nature of the complaint.
	<b>Key Points of Shared Learning:</b>
	1. Credit of 50% of microbiological testing servicing costs applied to the patient's account, as there was a lack of communication to the patient from the Finance Department in relation to associated costs and the confirmation of such beforehand.
<hr/>	
Patient raised concerns in relation to the outcome of surgery performed and on-going disability as a result of such.	1. No specific actions taken by the hospital as no factors were identified which could have avoided the nature of the complaint.
	<b>Key Points of Shared Learning:</b>
	1. The consenting process highlighted the risks associated with the surgery undertaken.
<hr/>	
Patient raised concerns in relation to having received the administration of opiates by the Anaesthetist whilst undergoing surgery, despite advising that there was a known allergy to such and wearing an 'Allergy Notification Wrist Band'.	1. No specific actions taken by the hospital as no factors were identified to be evident.
	<b>Key Points of Shared Learning:</b>
	1. The consenting process highlighted the requirement to administer medication, as part of the anaesthetic assessment with the patient directly.
<hr/>	
Patient raised concerns in relation to the outcome of surgery performed.	1. No specific actions taken by the hospital as no factors were identified to be evident.
	<b>Key Points of Shared Learning:</b>
	1. The consenting process highlighted the risks associated with the surgery undertaken.

## Formal Complaint Overview (2016)

## Action(s) Implemented

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Patient raised concerns in relation to the medication prescribed post-operatively.

1. No specific actions taken by the hospital as no factors were identified to be evident.

### Key Points of Shared Learning:

1. The consenting process highlighted the requirement to administer medication, as part of the anaesthetic assessment with the patient directly.

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Patient (self-pay) dissatisfied with the lack of continuity, in relation to a quotation received from the Consultant's Private Medical Secretary.

1. Reiteration of the correct Private Patient Quotation process to be followed by Private Medical Secretaries.

### Key Points of Shared Learning:

1. Consultant Staff Partners to ensure that all Private Patient Quotations are processed by the Private Patient Executive as per the agreed quotation process.

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Patient dissatisfied with the level of communication received from the Consultant's Private Medical Secretary, in relation to follow-up Physiotherapy requirements.

1. Private Medical Secretaries reminded of the importance of timely communication to patients in relation to the arrangement of follow-up appointments required.

### Key Points of Shared Learning:

1. Clarity in relation to the correct process to be adhered to regarding the requesting of referrals for NHS patients for follow-up outpatient physiotherapy appointments.



“Brilliant facilities. Made me feel comfortable and safe. Staff were amazing. I could not have asked for a better stay.”  
(Inpatients) – **Patient Feedback Card – 09<sup>th</sup> December 2016**

“Superb support and professionalism. Excellent meals and services in the room (TV/Video) and good Wi-Fi too”.  
(Inpatients) – **Patient Feedback Card – 17<sup>th</sup> February 2017**

# Staff Engagement

## Staff Survey:

CircleReading undertake an annual staff survey, as part of the performance management process. We ask our staff to score the following statements (1= strongly disagree: 5 = strongly agree):

- At work I have clear, well understood objectives.
- During the last week, I have received praise for my work.
- I am consistently free to make ethical decisions.
- I feel that my opinions at work are valued.
- I have adequate materials and equipment to do my work well.
- I have the opportunity at work to do what I do best every day.
- My immediate manager is supportive of me.

## Average Scores:

In 2016, staff partners said they would recommend working at Circle to other potential candidates based on a scoring matrix, with a maximum score of 5.

Average Score for the last half of 2016 = 4.1

# Initiatives

## Partner Recognition Award

Every year, our partners are able to make nominations for another member of staff, who they believe has gone the 'extra mile'.

Each year, members of staff are recognised for their contributions. Two examples can be seen below:

"Chloe is an exceptional nurse. She always helps with every shift she can. Always puts work and everyone/thing before herself. Always smiling."

"Penny increasingly impresses me with her ability to 'wear numerous hats' within her realm of responsibility. Her professional agility proves that she is willing to always seek further opportunities to exceed and develop the business for CircleReading."

## Staff Partner Forums

The Hospital Director holds bi-monthly Staff Partner Forums, this is an opportunity for all staff to understand what's the latest with CircleHealth and ask questions. A monthly Newsletter is also produced by the leadership team, which outlines what we are doing well and areas which may need improvement. Such is sent to all Staff Partners and Consultant Staff Partners within CircleReading.

# Staff Partner Continued Professional Development (CPD)

Our staff partners are our greatest asset. Hence we invest in their continued professional development.

## Mandatory training

A suite of mandatory training courses are attended by all staff; compliance being monitored by all unit leads and our Governance team. Training days are provided throughout the year, by both internal and external trainers.

## Clinical training

- Examples include:
- The deteriorating patient – for adults and paediatrics
- Epidurals
- Critical care
- Male catheterisation
- Dignity and privacy
- Maintaining records
- Consent and the Mental Capacity Act

Resuscitation Training provided by our Hospital Partnership

## Adult basic life support

- Recognition of cardiac arrest in the adult.
- Adult Basic Life Support as per Resuscitation Council UK Guidelines 2010.
- Recognition and emergency treatment of the choking adult as per Resuscitation Council UK Guidelines 2010.
- Safe positioning of the adult into the recovery position.

## Paediatric basic life support

- Recognition of cardiac arrest in the child.
- Paediatric Basic Life Support as per Resuscitation Council UK Guidelines 2010.
- Recognition and emergency treatment of the choking child as per Resuscitation Council UK Guidelines 2010.
- Safe positioning of the child into the recovery position.
- Familiarisation and contents of the Broselow system.

## Immediate life support

- Causes and prevention of cardiac arrest lecture.
- ABCDE Approach to assessing a patient lecture.
- Resuscitation Council UK ALS Algorithm lecture.
- Initial resuscitation and defibrillation demonstration and practical.
- Emergency treatment of Airway and Breathing problems demonstration and practical.
- Scenario based practical.
- Candidates are continually assessed throughout the course.

# Staff Partner Continued Professional Development (CPD) Continued

## Recognition and treatment of the deteriorating adult (RaToDa)

Following the Resuscitation Council UK guidelines and reference to “Treating the Critically Ill Patient” by Philip Jevon.

- Identify a variety of likely conditions which cause deterioration in an adult patient at CircleReading. Revise and understand the emergency treatment of these conditions. Lecture and group discussion.
- Demonstrate and understand a systematic A-E assessment of an adult patient. Demonstration, lectures and practical.
- Discuss when and how to call for help at CircleReading.

## Recognition and treatment of the deteriorating child (RaToDchi)

Following the Resuscitation Council UK guidelines and reference to “Advanced Paediatric Life Support Manual” by ALSG (Advanced Life Support Group).

- Pre-Course quiz of basic paediatric emergency knowledge.
- Understand basic anatomical differences of a child. Lecture and discussion.
- Identify a variety of likely conditions which cause deterioration in a paediatric patient at CircleReading. Revise and understand the emergency treatment of these conditions. Lecture and group discussion.
- Demonstrate and understand a systematic A-E assessment of a paediatric patient. Demonstration, lectures and practical.
- Discuss when and how to call for help at CircleReading.

## Anaphylaxis

- Signs and symptoms of anaphylaxis. Lecture and discussion.
- Basic aetiology of anaphylaxis. Lecture and discussion.
- Revision of Resuscitation Council UK Anaphylaxis algorithm. Lecture and Discussion.
- Practical scenario of anaphylactic emergency.

## ALS Algorithm and defibrillator update

Revision of RCUK ALS algorithms. Lecture and discussion.

- Tachycardia
- Bradycardia

Practical use of Zoll R-Series defibrillator for cardioversion and pacing. Scenario based practical.

CircleReading actively encourages and supports clinical partners to undertake nationally recognised external UK Resuscitation Courses including:

Advanced Life Support (ALS).  
Emergency Paediatric Life Support (EPLS).

## All staff partner E-learning courses

We have also provided our staff with online training courses for 2014, to further develop their knowledge and talents and allow them to train at a time and in a place convenient to them.

- NSPCC Child Protection Awareness in Health
- NSPCC Safer Recruitment
- NSPCC Child Sexual Abuse
- NSPCC Child Neglect
- NSPCC Child Protection – Staying Aware
- Protecting Vulnerable Adults
- Safeguarding Vulnerable Adults
- Personal Safety
- An Introduction to Equality and Diversity
- Health and Safety
- Safety in Business – Safeguarding People and Productivity
- An Introduction to Effective Team Work

"Top of their class in care and facilities, with efficient and friendly staff. I have just had a hip replaced and would not hesitate recommending the circle hospital. From the initial consultation through to the operation and discharge. The staff were fantastic and especially my surgeon who has done a great job. Thanks".

(Outpatients and Inpatients) - **Patient Feedback received via the NHS Choices Website — February 2016**

"All staff were amazing and caring. Surroundings were lovely, felt like I was in a hotel! Would definitely recommend CircleReading".

(Inpatient) - **Patient Feedback received via the NHS Choices Website — 23rd May 2016**

"Please can I thank you, the staff at Circle and obviously Mr O'Leary for all your help in diagnosing and for the surgery performed on my son yesterday. Having experienced the NHS over many years and various injuries myself, I have been really impressed with the experiences at Circle. My son now embarks on the rehab, which he will do through the physiotherapy team at Circle, then we will see Mr O'Leary in November. Thanks again."

(Daycase) - **Patient Feedback received via an email to the Medical Secretary – 19<sup>th</sup> October 2016**

"Preparation information about what was going to be done, how and after the operation. Staff were perfect, relaxed, competent and engaged."

(Daycase) – **Patient Feedback Card – 30<sup>th</sup> January 2017**

"Pre-op and post-op care was excellent. All staff were hospitable on all fronts (professional/proficient). Keep doing what you are doing. I do not think you need to change anything at this present time".

(Daycase) – **Patient Feedback Card – 7<sup>th</sup> March 2017**

## The Care Quality Commission (CQC)

The Care Quality Commission (CQC) inspected our services using their comprehensive inspection methodology. They carried out the announced part of their inspection on 16th and 16th of August 2016, along with an unannounced visit to the hospital on the 25th of August 2016.

Ratings	
<b>Overall rating for this location</b>	<b>Good</b> 
Are services safe?	<b>Good</b> 
Are services effective?	<b>Requires improvement</b> 
Are services caring?	<b>Good</b> 
Are services responsive?	<b>Good</b> 
Are services well-led?	<b>Good</b> 

### The key findings were as follows:

- The hospital was well led by managers that fostered an open culture among staff to report risks to patient safety.
- The hospital was clean and well maintained, staff followed infection control procedures and this was checked regularly.
- There were an appropriate number of suitably qualified staff to look after patients safely.
- Patients were given food and drinks when they wanted them, and as appropriate to their specific needs.

### Several areas of outstanding practice included:

- Privacy and dignity arrangements for patients undergoing endoscopy were excellent offering them a 'pod' with en-suite facilities.
- There was a domiciliary food delivery service for patients that had undergone surgery.

The areas of Surgery Services requiring improvement under the effective domain, were investigated and reviewed immediately with the following actions having been implemented:

- The Head of Nursing and AHPs made arrangements for an internal source to provide detailed training in relation to the deprivation of liberty safeguards (DoLS). Detailed training sessions were organised to take place by the end of March 2017. The door release button has been repositioned within the ward area in order that patients and relatives have visibility of and the freedom to use such.

The actions noted that the hospital **MUST** take to improve were investigated and reviewed immediately with the following actions having been implemented:

- Statutory Duty of Candour and Notifications under Regulation 28 Training attended in December 2016.

The actions noted that the hospital **SHOULD** take to improve were investigated and reviewed immediately with the following actions having been implemented:

- The removal of resuscitation equipment for use with children from trolleys has been undertaken.
- The shock test is now stored within the internal cable download of the system.
- Fluid balance levels are audited for compliance within the monthly audits undertaken in relation to medical notes.
- The audit of the use of the WHO checklist in the radiology department has been implemented.
- The related corporate Safeguarding Policy has been updated to reflect such and has been shared and disseminated to all staff partners (as applicable).
- Patient leaflets are now available in the imaging and diagnostic department, with access to translation services as and when required.

Link for the full report: <http://www.cqc.org.uk/location/1-445725083/inspection-summary#overall>

# Quality and Assurance

## Data Quality

The Quality of our data is very important to us, as it could not only affect patient safety and outcomes, but also impacts our improvement plans.

CircleReading will be taking the following actions to improve data quality:

- To improve the validation process of data.
- To increase the auditing of data quality and collection.
- To increase training process for staff to ensure accurate data collection.

## Information Governance Attainment Levels

Information Governance is of vital importance to us at CircleReading, and as such is placed very highly on our Governance & Assurance agenda. All staff are required to undertake Information Governance and Information Security mandatory training, which is monitored on a quarterly basis. Patient Information Guides pre and post admission are also available which highlight best practice with regards to information governance and data protection.

As a supporting business provider for NHS patients, CircleReading participates in the National Assessment of information governance compliance called the Information Governance Toolkit. The third assessment for CircleReading was undertaken in March 2017. CircleReading's Information Governance Assessment Report (IG Toolkit Version 14 Assessment) overall score for 2016 / 2017 is 87% and was graded 'satisfactory' (RAG rated 'Green').

In June 2016, Circle Reading attained its annual ISO 27001:2013 accreditation. This is an achievement as it is the first assessment of the hospital under the new 2013 standard following transition from the 2005 standard.

- There were no outstanding non-conformities to review from the previous assessment in 2014.
- No new non-conformities were identified during the assessment which took place in June 2016.
- The next ISO 27001 audit is scheduled to take place in June 2017.

## IG Toolkit Submission—Version 14 (2016-2017) - March 2017

CircleReading Hospital has achieved an overall score of 87%.

### Improvements Achieved:

- Information Security Assurance—has shown an increase of 6% compared to Version 13 (2015-2016).
- Clinical Information Assurance—has shown an increase of 11% compared to Version 13 (2015-2016).
- The Overall Score—has shown an increase of 4% compared to Version 13 (2015-2016).

### Actions Implemented to Increase Compliances:

- A more robust SIRO structure has been embedded.
- More robust processes are now in place monitoring the IT Service Delivery providing a greater assurance.

### Moving Forwards:

It is anticipated that scores will continue to increase in 2017-2018, which will reflect the embedded of the network drive restructure, USB protection and other IT initiatives.

# Quality and Assurance continued

## **An Information Governance Strategy**

CircleReading places great importance on information security (IS) and aims to protect all patient, organisational and staff data. We also recognise that information is at its most valuable when accurate, reliable and accessible. Information Security is a keystone element of clinical and corporate governance as well as service planning and patient care.

To ensure the highest standards of compliance, CircleReading has implemented a suite of Information Security processes, forums and monitoring systems, as well as having instilled a culture of accountability and always providing the best for our patients with regards to their care and information.

## **The aims of the strategy are**

- To support the provision of high quality care by promoting the correct and safe use of information in line with legislation.
- To encourage responsible staff who work together and promote shared learning.
- To develop a range of monitoring tools which continuously improve compliance.
- To enable CircleReading to understand its own performance, learn from previous incidents and implement improvement plans.
- Reinforce an active information security culture and ethos amongst the staff.
- Minimise the risk of information breaches.
- Minimise the inappropriate use of information.

## **Training**

- Annual Information Governance and Information Security Training.
- INSIGHT and 'EduCare' both incorporate Information Governance and Information Security training modules which are available for all staff to undertake including Data Protection.
- Mandatory Training.
- 'Face to Face' Training.
- An Information Asset Ownership Group has been established and training has been made available within this group for all staff members.

## **Plans for 2017**

- Review of E-learning training materials for all staff partners.
- Continual update of the Information Asset Register by all Information Asset Owners.

## Quality and Assurance continued

### Clinical coding error rate

CircleReading has been subject to the 'payment by results' clinical coding audit in 2016, which is an annual assessment. Capita provided the auditors for the above assessment with no significant findings having been reported.

### Involvement in Local Networks

CircleReading hospital works constructively with commissioners and other partners to develop effective and integrated care pathways that improve the health of the local community. There is an established Clinical Governance and Risk Management Committee which monitors and reviews performance, governance and quality standards in line with other external organisations.

### Network partners

- Critical Care Network
- ALS Provider Network
- Controlled Drugs Compliance
- Berkshire MDT Speciality Group
- Local Safeguarding Adults and Safeguarding Children Network

### Revalidation

CircleReading has embraced the process of revalidation for medical staff in 2016.

This is fully implemented and compliance is monitored quarterly by Circle's Integrated Governance Committee.

### Safeguarding

The Executive Board is accountable for and committed to ensuring the safeguarding of children and all vulnerable adults in their care. CircleReading also has a responsibility to liaise with other agencies and provide information to them where necessary, to ensure the on-going safety of children and vulnerable adults once they leave our care.

CircleReading has a Safeguarding Team, primarily led by and comprising of the Clinical Chairman, Head of Nursing and AHPs and the Practice Development Nurse, all of which are Level 3 trained in Safeguarding.

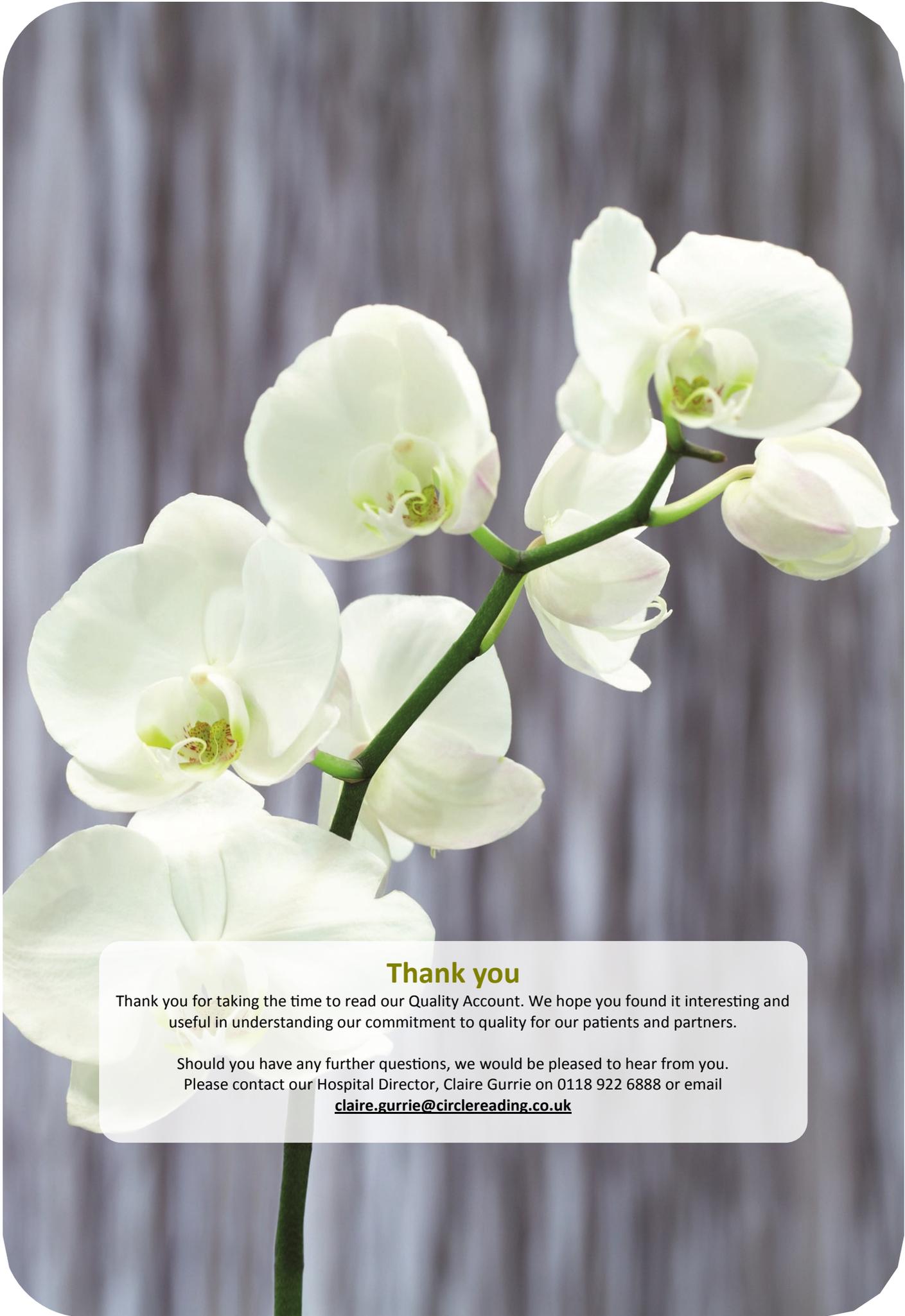
Local Safeguarding Partnership Meetings are attended on a regular basis and information and feedback in relation to such, is shared internally across all departmental areas of the hospital.

Circle has a Safeguarding Policy that applies to all its facilities and in addition CircleReading has a local Safeguarding Adults Standard Operating Procedure (SOP). All policies and local SOPs are available to all staff partners via the electronic policy library.

CircleReading provides all staff partners with Level 2 training in Safeguarding and updates. In addition, all safeguarding issues are reported to the Clinical Governance and Risk Management Committee (a sub-committee of the Executive Board) which meets monthly and the Executive Board takes the issue of safeguarding extremely seriously.

## Jargon Buster

AAGBI	The Association of Anaesthetists of Great Britain % Ireland
AHP	Allied Health Professionals
BP	Blood Pressure
COS	Circle Operating System
CQC	Care Quality Commission
CSP	Chartered Society of Physiotherapy
Daycase	An admission for a procedure that should not result in an overnight stay
FFT	Friends and Family Test
HCPC	Health & Care professions Council
ISAS	Imaging Services Accreditation Scheme
Inpatient	An admission for a procedure that requires an overnight stay
MHRA	Medicines and Healthcare product Regulatory Agency
NHS	National Health Service
NICE	National Institute for Health and Care Excellence
Outpatient	A visit without admission to a ward or Daycase
PROMs	Patient Reported Outcome Measures
SSI	Surgical Site Infection
RMO	Resident Medical Officer
WHO	World Health Organisation



## Thank you

Thank you for taking the time to read our Quality Account. We hope you found it interesting and useful in understanding our commitment to quality for our patients and partners.

Should you have any further questions, we would be pleased to hear from you.

Please contact our Hospital Director, Claire Gurrie on 0118 922 6888 or email

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