



Nottingham



QUALITY ACCOUNT

2018 / 2019

PART ONE

About Circle Nottingham	4
About the Quality Account	6
Statement from the Hospital Director	7

PART TWO

Achievement against quality improvement priorities for 2018 / 2019	9
Review of quality performance for 2018 / 2019	17
Quality improvement priorities for 2019 / 2020	24
Mandatory statements	26

PART THREE

Statement from the Patient and Public Engagement Group	41
Statement from the NHS Rushcliffe Clinical Commissioning Group	42
Statement from the Health Scrutiny Committee - Nottingham City Council	43
Joint statement from Healthwatch Nottingham and Healthwatch Nottinghamshire	44
Jargon buster	45



PART ONE

About Circle Nottingham

Circle Nottingham is part of the Circle group, where the clinicians and healthcare professionals have a sense of ownership for their work and are empowered to put patients first in everything that they do. Circle's approach is based on the premise that clinicians are best placed to decide how care is delivered for patients

and our Credo commits us to being 'above all the agents of our patients'.

The services delivered at Circle Nottingham are divided into separate business units, named 'Clinical Units'. Each Clinical Unit is led by a doctor, nurse and administrator and the Unit has the freedom and authority to make decisions

that impact upon patient care. Power is devolved to the frontline and decisions are taken as close as possible to patients. Our success as a company does not lie in a small group of expert managers at the top of the company but in a large community of expert innovators at the grass-roots.

Services provided at Circle Nottingham include:

- Dermatology
- Endocrinology
- Hepatology
- Rheumatology
- Respiratory
- Vascular
- Digestive Diseases
- Urology
- Orthopaedics
- Physiotherapy
- Occupational Therapy
- Medical Day case infusions
- Gynaecology including 3 colposcopy/hysteroscopy treatment rooms
- Pain Services
- Light Therapy
- Ophthalmology
- Theatre with an integrated Day Case unit
- Endoscopy
- Diagnostic Services
- Surgical short stay unit



16 BED
SHORT STAY UNIT

DAYCASE

5 MAIN THEATRES
3 SKIN SURGERY
THEATRES
RECOVERY AREA AND
DISCHARGE LOUNGE

FACILITIES

provided at Circle Nottingham

2 DIGITAL
AND 1 ANALOGUE
X-RAY MACHINE,
CT AND MRI SCANNERS, ULTRASOUND
AND DEXA SCANNER

4
ENDOSCOPY
SUITES AND
SEGREGATED
RECOVERY AREA

ABOUT THE QUALITY ACCOUNT

The Health Act 2009 requires all providers of healthcare services to NHS patients to publish an annual report about the quality of their services; this report is called a Quality Account. Amendments were made in 2012, such as the inclusion of quality indicators according to the Health and Social Care Act 2012.

The primary purpose of a Quality Account is to enhance organisational accountability to the public, to engage Boards and leaders of organisations in fully understanding the importance of quality across all of the healthcare services they provide, and to promote continuous improvements on behalf of their patients. The

quality of the services is measured by looking at patient safety, the effectiveness of treatments and patient feedback of care provided.

A Quality Account must include:

- A statement summarising the Registered Manager's view of the quality of services provided to NHS patients;
- A review of the quality of services provided over the previous financial year (2018/19);
- The quality priorities for the forthcoming financial year (2019/20)

Circle Nottingham is extremely proud to present its Quality Account for

2018/19.

We have worked closely with our Commissioners, Patient & Public Engagement Forum, Circle Nottingham Executive Board and Circle Nottingham Clinical Governance & Risk Management Committee to produce a Quality Account that provides our patients and the general public with information that demonstrates our commitment to quality as the first and foremost priority in our organisation; and provides the reader with a comprehensive insight into who we are and what we do.



STATEMENT FROM THE HOSPITAL DIRECTOR



Paul Sillandy
Hospital Director

We are pleased to present Circle Nottingham's 2018/19 Quality Account for the Nottingham NHS Treatment Centre. By way of context, 2018/19 has been very challenging for our staff, primarily as a result of the uncertainty surrounding Circle's ongoing operation of the Treatment Centre and the protracted re-procurement process. This has in no way affected the care they have delivered to our patients and 2018/19 has again been an excellent year in terms of delivery of high quality care at the Treatment Centre, and our staff should be justifiably proud of what they have achieved.

There are a number of key developments that have been made in the delivery of services at the Treatment Centre, and I'd like to highlight a few of these as part of this overview:

- The development of

education and support groups for specific patient groups identified by the clinical unit teams. Patients undertaking light therapy attend an education session prior to commencing their course of treatment to ensure there are no delays to their treatment plan, patients who have been a newly diagnosed with a melanoma and the support group where they are able to discuss their concerns and receive more detailed information about the treatment options. Patients who are using CPAP machines to aid their breathing overnight are monitored to check their compliance, these education sessions have enabled more information to be shared with the patients on the use of the machines and improved usage was noted when the patients were subsequently reviewed. Patients with pelvic floor conditions requiring the use of electronic devices to aid the management of these have found the support group of great value and the number of calls to the helpline has greatly reduced. The opportunity to introduce wellbeing sessions for rheumatology patients has resulted in the reduction in the number of calls to the helpline.

- Our patient public engagement group have worked hard ensuring information about the group is more readily available to

our population and how members of the public can be involved by the development of a webpage as part of the Circle Nottingham website and social media campaigns.

- We have undertaken a range of patient pathway mapping sessions in order to support reduction in clinical variation. These included the standardisation of surgical prosthetic implants for total hip and knee replacement surgery, ensuring there is a seamless pathway to improve patient experience across a range of departments, a mapping of patient Did Not Attend (DNA's) in order to reduce the level of wasted resource and, finally, a review of the referral process for dexa scans to allow the relevant gateway to request appointments directly.

- We have been active in audit and research where we have undertaken 18 national clinical audits, 64 local clinical audits and 11 clinical research studies in partnership with Nottingham University Hospitals.

This Quality Account has been ratified by our Executive Board and we confirm that the content reflects a balanced view of the quality of our services and we believe, to the best of our knowledge that the information contained in this document is accurate and informative.

PART TWO

Circle's Credo

*Our purpose - **To build a great company for our patients.** Our parameters - We focus exclusively on: What we are passionate about. What we can become best at. What drives our economic sustainability. Our principles - **We are always the agents of our patients.** We aim to exceed the expectations everytime 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*

ACHIEVEMENT AGAINST QUALITY IMPROVEMENT PRIORITIES FOR 2018/19

All the Quality Improvement Priorities for 2018/19 were chosen due to their association with Patient Experience, Patient Safety and Clinical Effectiveness.

OUR QUALITY PRIORITIES FOR 2018/19	SUCCESS MEASURES FOR 2018/19	2018/19 PROGRESS	STATUS
<p>‘Simply the best patient experience’ We will continue to grow our services and expand our capabilities to meet the needs of our patients.</p>	<p>To continue to work with the Sustainability Transformation Partnership (STP) and Accountable Care Organisation to ensure services meets patient expectations.</p>	<p>Circle Nottingham clinical staff attended and participated in Integrated care systems elective care work streams hosted by the STP.</p>	<p>Participation planned as part of our commitment to the wider health community.</p>
<p>‘No decision about you without you’ We will continue to empower and support our patients to make informed decisions about their care.</p>	<p>To continue to work with our technical partners to review requirements to improve patient experience.</p>	<p>Electronic digital health records embedded across all clinical areas. Participation in development of electronic clinical tool to be piloted in 2019/2020 on sister site.</p>	<p>Implementation of clinical observation tool in 2019/20.</p>
<p>‘No decision about you without you’ We will continue to empower and support our patients to make informed decisions about their care.</p>	<p>To ensure we undertake the additional Patient Related Outcome Measures (PROMS) for patients who have undergone cataract and carpal tunnel surgery.</p>	<p>During 2018/19 the process for reporting the outcome measures for Cataract and Carpal tunnel surgery was not embedded in true numbers. A review of the process has been undertaken to ensure the outcome data is captured</p>	<p>In 2019/20 Circle is introducing an electronic tool for PROMs data collection which will include cataract and carpal tunnel surgery.</p>

ACHIEVEMENT AGAINST QUALITY IMPROVEMENT PRIORITIES FOR 2018/19

CONTINUED

OUR QUALITY PRIORITIES FOR 2018/19	SUCCESS MEASURES FOR 2018/19	2018/19 PROGRESS	STATUS
<p>‘No decision about you without you’ We will continue to empower and support our patients to make informed decisions about their care.</p>	<p>To undertake Patient Led Assessment of the Care Environment (PLACE).</p>	<p>Patient led Assessment of the Care Environment undertaken with support from Patient Forum representation and external representation Results:</p> <ul style="list-style-type: none"> • Cleanliness 100% • Food and hydration 92.34% • Organisation food 89.21% • Ward food 100% • Privacy, dignity and wellbeing 95.12% • Condition/appearance and maintenance 94.71% • Dementia 79.68% • Disability 78.57 	<p>Overall compliance 91.04%</p> <p>PLACE is part of the quality programme and annual audit undertaken.</p> <p>Dementia and disability Environment actions; Environment improvements linked to dementia friendly environment CQUIN. See page 13 of Quality account</p>
<p>To ensure PHIN feedback is provided by all surgical patients.</p>	<p>Action plan developed and a process developed to capture PHIN feedback is captured for all surgical patients.</p>	<p>Patient satisfaction - 99% would recommend Circle Nottingham.</p> <p>Patient experience - 96% had their needs met.</p>	

ACHIEVEMENT AGAINST QUALITY IMPROVEMENT PRIORITIES FOR 2018/19

CONTINUED

OUR QUALITY PRIORITIES FOR 2018/19	SUCCESS MEASURES FOR 2018/19	2018/19 PROGRESS	STATUS
<p>‘Right first time’ Right appointment, right clinician, most convenient location.</p>	<p>To continue to reduce clinical variation across patient pathways.</p>	<p>Patient pathway mapping sessions undertaken. Outcomes form 2018/19;</p> <ul style="list-style-type: none"> • Feb 19 - Standardisation of surgical prosthetic implants implemented to reduce variability. • Nov 18 - Private patient pathway reviewed to ensure there is a seamless pathway to improve patient experience. • Feb 19 - DNA mapping session in gateways A, C, F and G to reduce the number of DNA’s in each clinical unit to improve efficiencies. • Mar 19 - Dexa scanning review to ensure the referring gateway book the scan directly onto the electronic request system to improve efficiencies. 	<p>The range of surgical prosthesis has been reduced.</p> <p>The pathway for all private patients agreed with clinical areas.</p> <p>Action plans developed and monitored by the clinical units.</p> <p>Electronic booking of the Dexa scans undertaken by referring gateway.</p>
<p>To ensure clinical services are undertaken in the most appropriate location.</p>	<p>A review of the community clinic provision has been undertaken and there are 7 active clinics running enabling patients to be able to have a one-stop appointment nearer to home. The community clinics are based at Pinfold, Central Physio, Rosebery, Nottingham Road, Lister House and Willington</p>	<p>In 2018/19 there were 2120 patient attendances at the Community clinics which is an increase of 200 from 2017/18</p>	

ACHIEVEMENT AGAINST QUALITY IMPROVEMENT PRIORITIES FOR 2018/19

CONTINUED

OUR QUALITY
PRIORITIES FOR
2018/19

SUCCESS MEASURES
FOR 2018/19

2018/19 PROGRESS

STATUS

'Right first time'
Right appointment,
right clinician,
most convenient
location.

To continue to develop new ways of working to ensure we meet the requirements of the updated Health Economy Strategy.

Quarterly meetings in place with link CQC inspector. Agenda set by the CQC key topics covered;

- Change of Hospital Director
- Change of link CQC inspector
- Update to the CQC inspection process
- Review of incidents where additional support was required from the CQC.

Peer review of services with the Corporate Quality team using CQC KLOE 5 domains as structure for assessment process.

Achieved

Quality Improvement Programme embedded.

Feedback provided at the time of assessment and an action plan was devised which is monitored monthly through the Quality Improvement Steering Group.

ACHIEVEMENT AGAINST QUALITY IMPROVEMENT PRIORITIES FOR 2018/19

CONTINUED

OUR QUALITY PRIORITIES FOR 2018/19	SUCCESS MEASURES FOR 2018/19	2018/19 PROGRESS	STATUS
<p>‘Better than the rest’ We will continually improve the quality of our services by delivering our National & Local CQUIN initiatives for 2018/19.</p>	<p>To achieve the CQUIN initiatives 2018/19 as agreed with the CCG.</p>	<p>The CQUIN initiatives 2018/19 achieved;</p> <p>Advice and Guidance: The scheme requires providers to set up and operate electronic advice and guidance services for non- urgent GP referrals, enabling the GP to access consultant advice before referring the patient into secondary care.</p>	<p>80% is the target for requests for advice and guidance from GPs to be responded to within 2 working days. Circle Nottingham achieved 86.3%.</p>
		<p>Improving staff health and wellbeing: This CQUIN was introduced to encourage providers to improve their role as an employer by</p> <ul style="list-style-type: none"> • looking after their employees health and wellbeing. • The provision of healthy food for NHS staff, visitors and patients • Improving the uptake of the flu vaccination for frontline clinical staff to 75% 	<p>Achievements Health and wellbeing following staff survey responses</p> <ul style="list-style-type: none"> • staff able to refer directly for Physiotherapy appointments • Tai Chi sessions • Regular massage sessions for staff • Links with a local gym provider with reduced membership rates <p>Healthy food options</p> <ul style="list-style-type: none"> • Food options available to staff reviewed in line with 80% reduction in sugar and high fat content in products available
			<p>Flu vaccination 75.9% front line staff had their flu vaccination.</p>

ACHIEVEMENT AGAINST QUALITY IMPROVEMENT PRIORITIES FOR 2018/19

CONTINUED

OUR QUALITY PRIORITIES FOR 2018/19	SUCCESS MEASURES FOR 2018/19	2018/19 PROGRESS	STATUS
<p>‘Better than the rest’ We will continually improve the quality of our services by delivering our National & Local CQUIN initiatives for 2018/19.</p>	<p>To achieve the CQUIN initiatives 2018/19 as agreed with the CCG.</p>	<p>Dementia friendly environment: Circle Nottingham to develop the environment to become a dementia friendly space. An action plan has been developed resulting in changes to the environment</p>	<p>Changes made to the environment:</p> <ul style="list-style-type: none"> • the provision of a bay on day case ward • The provision of a room on the short stay unit to allow room for carers/ relatives to remain with the patient during their stay • Changes to the colouring of the designated areas to be more dementia friendly.
		<p>Patient education groups: The development of education/ support groups for specific patient groups, areas across Circle Nottingham were identified to include Dermatology, Respiratory and Rheumatology</p>	<p>The achievements were:</p> <ul style="list-style-type: none"> • patients undergoing light therapy treatment, 100% attended education session prior to their treatment • Patients with newly diagnosed melanoma to view if there was a reduction in calls/ out-patient attendances. There was a reduction of 20 patients which meant a reduction of two clinics • Support for patients with CPAP machines where there has been a 29% reduction in the number of urgent CPAP clinics required.

ACHIEVEMENT AGAINST QUALITY IMPROVEMENT PRIORITIES FOR 2018/19

CONTINUED

OUR QUALITY PRIORITIES FOR 2018/19	SUCCESS MEASURES FOR 2018/19	2018/19 PROGRESS	STATUS
<p>‘Better than the rest’ We will continually improve the quality of our services by delivering our National & Local CQUIN initiatives for 2018/19.</p>	<p>To enable the Nurse Consultants and Clinical Nurse Specialists to meet the needs of the speciality service.</p>	<p>Reviews of the patient pathway in rheumatology and dermatology were undertaken to identify the most appropriate clinics for patient attendance. As part of the review the requirement to continue the use of locum dermatologists ceased with increased clinical nurse specialist availability.</p>	<ul style="list-style-type: none"> • Patients who require support to manage their Pelvic floor function aided by the use of implanted electronic devices has seen a 55% reduction in the number of calls to the helpline. • wellbeing sessions for rheumatology patients were there were 11% reduction in calls to the helpline from July 2018 to March 2019
			<p>Achievements</p> <ul style="list-style-type: none"> • CNS undertake 100% of the Rheumatology patient annual reviews freeing clinicians to review new patients. • Nurse consultants reviewing new patients consistently across dermatology, rheumatology and gynaecology. • Surgical care practitioner(SCP) commenced clinical activity in community clinics in October 2018 to support expanding clinician activity. Between Nov 18 and March 19, 5 clinics were supported by the SCP.

ACHIEVEMENT AGAINST QUALITY IMPROVEMENT PRIORITIES FOR 2018/19

CONTINUED

OUR QUALITY PRIORITIES FOR 2018/19	SUCCESS MEASURES FOR 2018/19	2018/19 PROGRESS	STATUS
<p>‘Better than the rest’ We will continually improve the quality of our services by delivering our National & Local CQUIN initiatives for 2018/19</p>	<p>To continue to promote healthy options to our patients by extending Make Every Contact Count and Patient education groups, as previously described.</p>	<p>Details of the patient education groups are documented with the CQUIN achievement.</p> <p>During the admission processes all patients are offered the opportunity to discuss healthy lifestyle options Patients who requested information were provided with written and verbal information.</p>	<p>During 2018/19 61.5% of admitted patients requested information to enable them to make healthier lifestyle choices.</p>
<p>To ensure the Patient and Public Engagement forum increases its diverse membership to include hard reaching groups.</p>	<p>The Patient public engagement forum has increased its membership by three members, however these have not included the hard to reach groups. The group has continued to review how it can be more diverse by ensuring there is information more readily available of how members of the population can attend the forums or access remotely.</p>	<p>The Patient public forum developed a webpage available on the Circle Nottingham website providing details of the group and how members of the public can be involved. Social media campaigns were used to expand the opportunity for a wider public involvement.</p>	<p>There were 18,000 reaches with 571 engagements with the Facebook page in March 2019. Patient public forum members are able to attend the meetings and review information remotely.</p>

REVIEW OF QUALITY PERFORMANCE 2018/19

BEST CLINICAL OUTCOMES

Incident reporting

At Circle Nottingham, we believe that incident reporting provides a unique and valuable opportunity to learn from our mistakes and allows us to implement prompt and effective safety solutions. We recognise that in order to have both a positive and informative reporting system, we need to maintain a culture where staff feel able to report incidents without fear of reprisal or blame.

An organisation with high incident reporting is a mark of a 'high reliability' organisation. Research shows that organisations with significantly higher levels of incident reporting are more likely to demonstrate features of a stronger safety culture, such as a high patient satisfaction rate, positive peer review assessments and a low number of clinical negligence claims. Our commitment to reporting demonstrates a commitment to our patients and their safety.

This is recognised by the Care Quality Commission Essential Standards of Quality & Safety and further reinforced by the Report of the Mid Staffordshire NHS Foundation Trust chaired by Robert Francis QC (February 2013). An organisation with a high reporting rate of no harm incidents is a safe place to be. Our staff reported a total of 2,453 incidents in 2018/19 as opposed to 2,623 incidents in 2017/18 this is a slight decrease of 170 incidents from the previous year, but still shows the consistent reporting rate at Circle Nottingham. Incident reporting represented 1.1% of our annual activity for 2018/19 which exceeds our internal target of 0.9%. Incidents are reviewed by the clinical unit and shared with the unit teams. Every month at Clinical Governance and risk management committee incident reporting is monitored and any themes are noted and discussed. Incident reporting and any occurring themes are discussed with the Executive

board monthly.

Serious Incidents and Never Events

Serious incidents are defined as 'incidents where care management failures are suspected, which result in serious neglect, serious injury, major permanent harm or death (or the risk of) to a patient as a result of NHS funded health care.' There was one serious incident reported to the CCG in 2018/19 - there was no harm to the patient and the incident allowed the department to review the Standard Operating Procedures that staff must follow to ensure there are no potential failures in care received. Following the review clinicians have been reminded of the Circle Nottingham processes to follow .



Nottingham



Gateways F, G, H & I
Exit to Tram

REVIEW OF QUALITY PERFORMANCE 2018/19

BEST CLINICAL OUTCOMES

CONTINUED

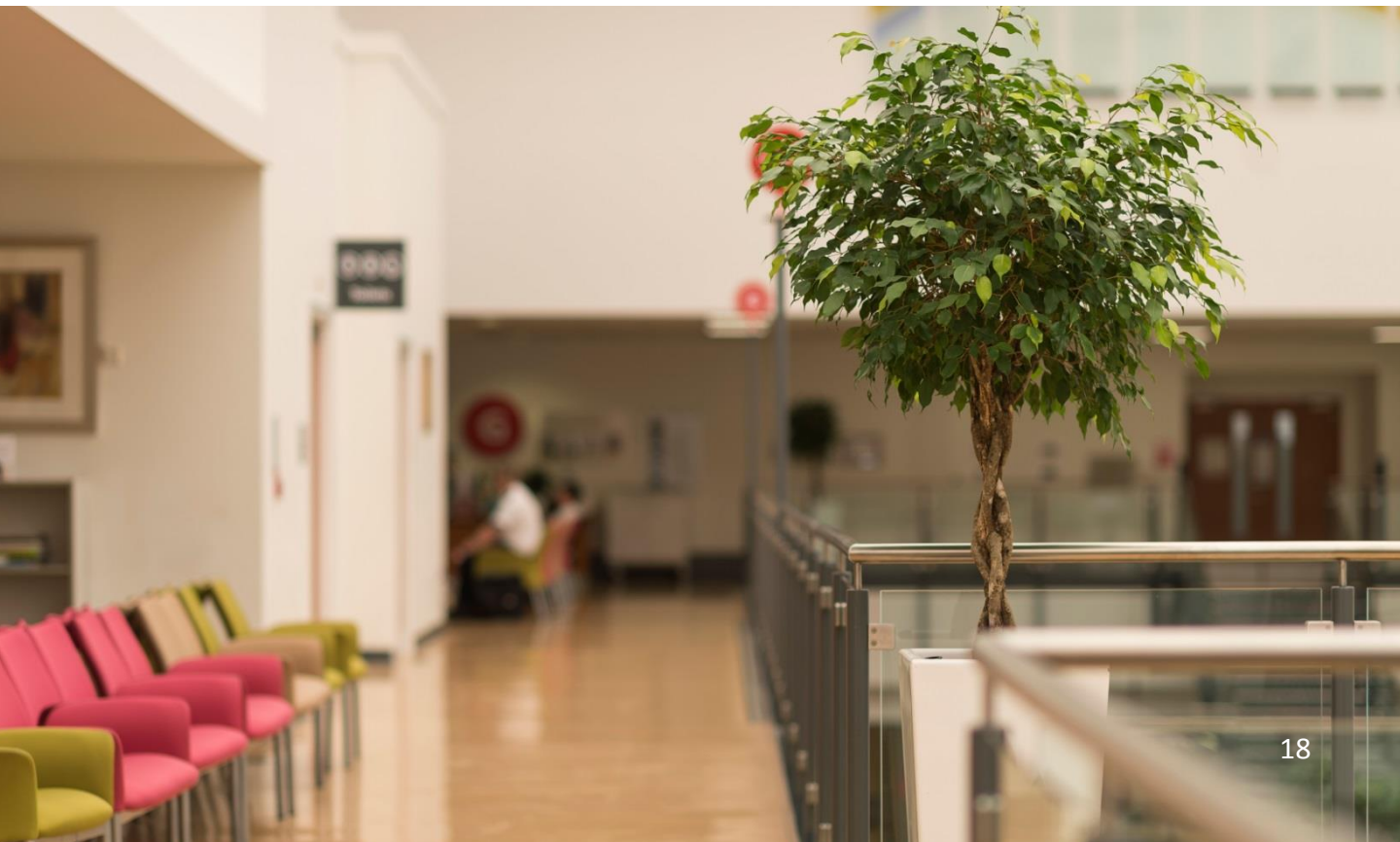
Never Events are defined as 'serious, largely preventable patient safety incidents that should not occur if the available preventative measures have been implemented'. No Never Events were recorded in 2018/19.

Safety alerts

Alerts issued via the Central Alerting System (CAS) relate to key safety issues that have the potential to cause harm if not acted upon promptly. Safety alerts are an important source of information which

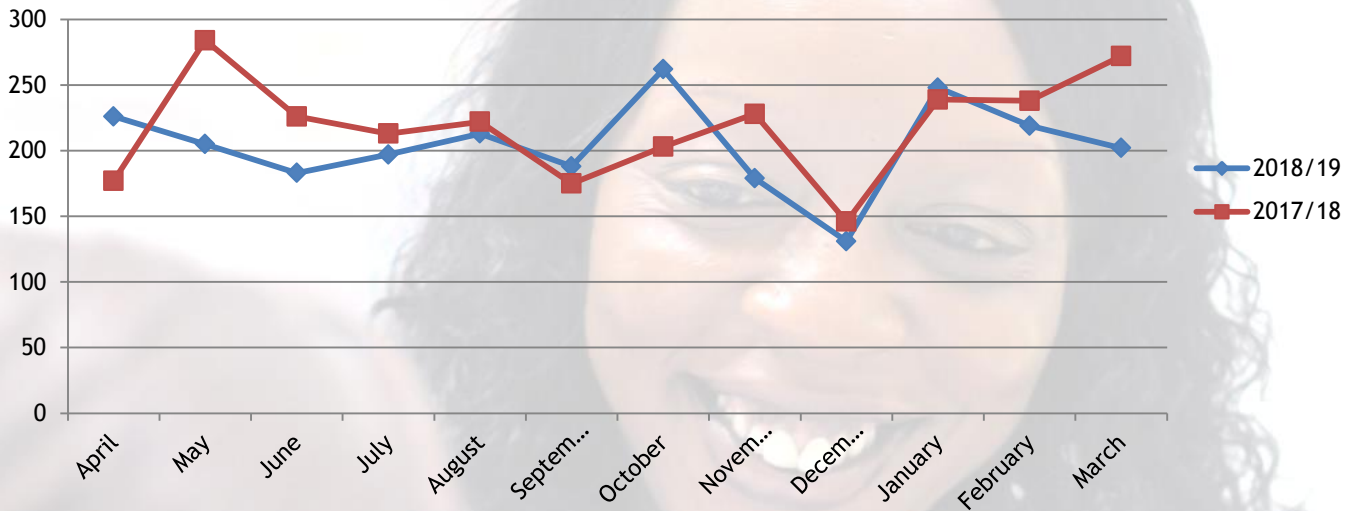
enables us to ensure that the safety of our clinical services is our first priority. Timely and effective implementation of safety alerts form part of the CQC Essential Standards of Quality and Safety. Failure to implement safety alerts could result in incidents, complaints, claims and/or inquests and have a significant impact on both staff morale and patient confidence. Circle Nottingham received 110 safety alerts during 2018/19, 16 of which were applicable to some of the

services that we provide including 3 NHS England Patient Safety Alerts, 5 Estates & Facilities, 4 Medical Device Alerts, 3 Drug Alerts and 1 Chief Medical Officer Alert. All CAS alerts were sent to the Clinical Units within 24 hours of receipt; they were actioned and closed within the relevant timescales. All CAS alerts form part of the Assurance metrics and are discussed at Clinical Governance and risk management committee monthly.



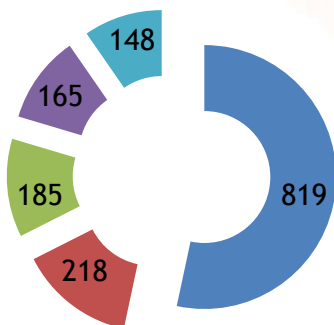
INCIDENT REPORTING

OUR STAFF REPORTED A TOTAL OF **2,453 INCIDENTS**
IN 2018/19 COMPARED TO 2,623 INCIDENTS IN 2017/18



BEST CLINICAL OUTCOMES

THE TOP FIVE INCIDENT CATEGORIES FOR 2018/19



- Access, appointments, admission, transfer, discharge
- Patient information (records, documents, test results, scans)
- Medication
- Abusive, violent, disruptive or self-harming behaviour
- Infrastructure/ resources

REVIEW OF QUALITY PERFORMANCE 2018/19

BEST PATIENT EXPERIENCE

Claims

Four new clinical negligence claims were made against Circle Nottingham. Three claims against Circle Nottingham, however, were closed during 2018/19: 1 was withdrawn, 1 was rejected by NHS Resolution due to the letter of claim not being compliant and 1 was closed after service of a letter or response repudiating the claim.

Patient surveys

At Circle Nottingham, we believe that patient feedback is essential as it provides a rich source of information about the quality of the services provided. As an organisation we have set out key principles in our Credo to ensure we listen and act upon what our patients tell us. Patients provide feedback to Circle Nottingham via feedback cards, electronic tablets or the mystery shopper questionnaires. Circle Nottingham has embedded Mystery shoppers; these are patients who consent to provide more detailed information on their experiences, for example from referral into Circle Nottingham until discharge from their surgical procedure.

Patient feedback is reviewed at Gateway morning staffing huddles, by the clinical unit team, during Patient champion

meetings, at Clinical Governance and Risk Management committee and by the Patient Public Forum members. A patient story is presented to Clinical Governance and Risk management committee every month.

Patient & Public Forum

The Patient Public Forum consists of former and current patients, and members of the public - both male and female, covering a wide range of ages. Circle Nottingham is constantly seeking ways to develop and improve services and patient experience; Patient Public Forum members assist the centre in providing views, recommendations and support towards implementation of various projects and initiatives. Visiting a healthcare facility is an anxious time for most patients and Patient Public forum members appreciate this, therefore their opinions are important enabling the centre to benefit from a visitor's perspective.

During 2018/19 Circle Health reviewed the structure of Patient Public Engagement. As a result of this review Circle Nottingham updated the Forum; allowing members to attend remotely, and enabling a wider cohort of the public to be involved.

During 2018/19 the Patient Public Forum have;

- Received detailed presentations of patient experience feedback collated by the clinical units which allowed for detailed discussions to ensure public expectation was met.
- Participated in Circle Nottingham Patient Safety week to enable a patient perspective to be provided.
- Attended Gateway partnership sessions, supported patient experience audits and attended patient champion meetings
- Undertaken the Patient-Led Assessments of the Care Environment (PLACE) Audit with support from external patient representatives
- Developed the webpage on the Circle Website for the Patient Public forum
- Reviewed patient information leaflets prior to publication
- Contributed to and reviewed the Quality account 2018/19

Complaints, Concerns, Comments, Compliments & PALS

Through the 4c's (complaints, concerns, comments, compliments and PALS) 455 pieces of patient feedback were received during 2018/19

REVIEW OF QUALITY PERFORMANCE 2018/19

CONTINUED

BEST PATIENT EXPERIENCE

comprising of 189 complaints, 4 concerns, 62 comments, 149 PALS (Patient Advice & Liaison service) enquires and 51 complaints.

Complaints and concerns represent 41.5% of the feedback we received during 2018/19 against 33% in 2017/18, although there is no apparent trend in terms of a clinical unit or theme.

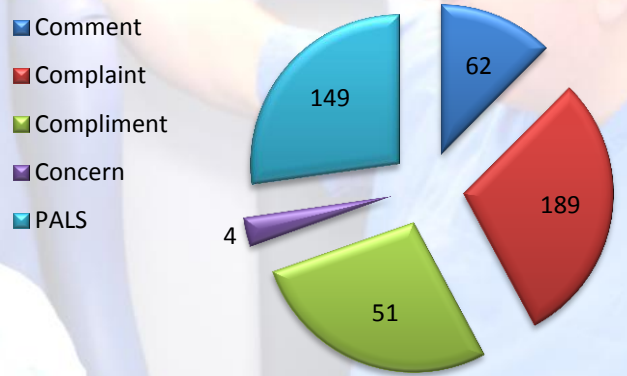
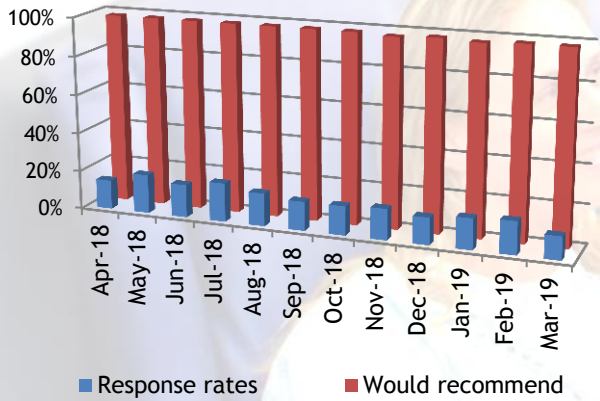
The top themes from the complaints and concerns during 2018/19 are as follows and we have used this information to feed into our Quality Improvement Priorities for 2019/20

- Clinical treatment (65)
- Appointment (47)
- Communication (written) (19)
- Communication (oral) (13)



PATIENT SURVEYS

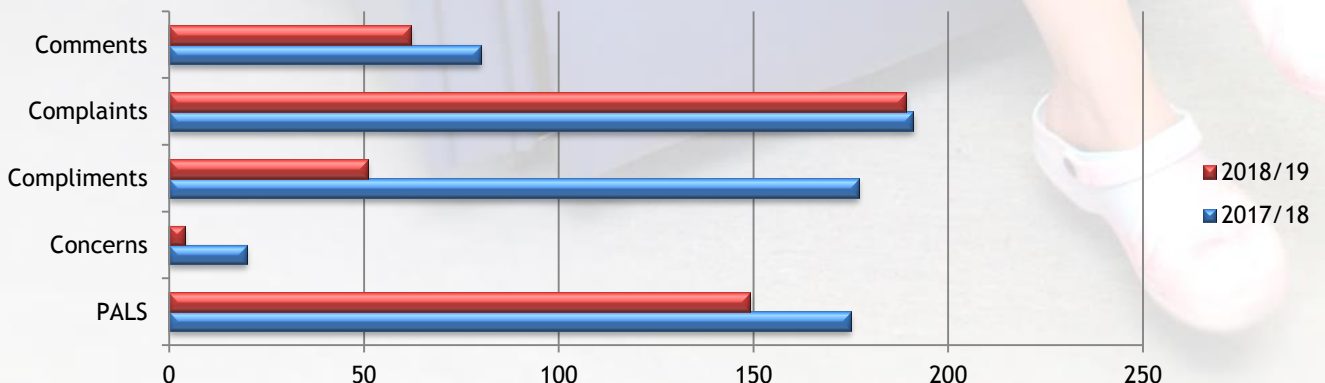
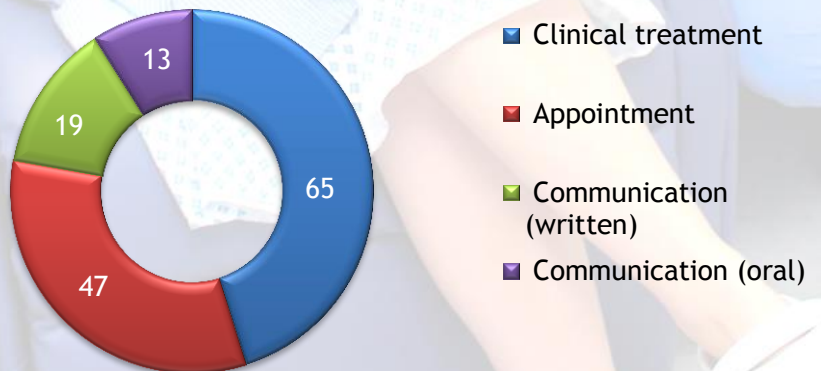
FEEDBACK RECIEVED



BEST PATIENT EXPERIENCE

THE TOP 5 THEMES FROM COMPLAINTS AND CONCERNS DURING 2018/19

WE HAVE USED THIS INFORMATION TO FEED INTO OUR QUALITY IMPROVEMENT PRIORITIES FOR 2019/20:



PATIENT ATTENDANCES



Daycase

Outpatients

SSU

Total

25,375
2016/17

187,473
2016/17

1,112
2016/17

211,960
2016/17

31,685
2017/18

194,192
2017/18

1,236
2017/18

227,113
2017/18

30,285
2018/19

184,612
2018/19

1,085
2018/19

215,982
2018/19

QUALITY IMPROVEMENT PRIORITIES FOR 2019/20

All the Quality Improvement Priorities for 2019/20 were chosen due to their association with the CQC domains

QUALITY PRIORITY DOMAIN	PRIORITY DETAIL	MEASURES
Safe	To implement group wide process of electronic PROMS (Patient Reported Outcome Measures).	To consistently improve the Oxford rank scoring for Total Hip and Knee replacement surgery.
		To initiate PROMS reporting for cataract and Carpal tunnel patients.
		Review data and agree actions at Clinical Governance and Risk management committee on a monthly basis.
Caring	To ensure PHIN data is captured for all surgical patients to ensure patient needs are met. Implementation of electronic PHIN data capture.	Improved response rates for PHIN data requirements including <ul style="list-style-type: none"> • Would recommend • Needs met • Consistent and recommend • Clinical outcomes
		To capture feedback from surgical day case and in-patients.
		To capture Private Patient feedback on their experience with the Consultant.
		Review data and agree actions at Clinical Governance and Risk Management committee on a monthly basis.
Effective	To improve the learning from incidents, complaints and investigations across the Treatment Centre and wider group.	Learnings from incidents and complaints to be a weekly feature in Messages of the Week.
		To share lessons learnt through incidents, complaint and investigations quarterly at the Circle Quality and Performance group

QUALITY IMPROVEMENT PRIORITIES FOR 2019/20

CONTINUED

QUALITY PRIORITY DOMAIN

PRIORITY DETAIL

MEASURES

Responsive

To review the pathway for Patient follow up appointments in chronic disease management to reduce clinical variation.

Pathway mapping sessions to be undertaken in clinical units where chronic conditions are managed to gain detail of the service provided.

Action plans to be developed where reduction in clinical variation can be undertaken and to be monitored monthly through Quality Improvement Steering group .

Well led

To achieve 2019/20 National CQUIN as set by the CCG.

- National CQUIN 2 To achieve Flu vaccination of 80% for front line staff
- National CQUIN 3 To screen and provide advice on Alcohol and Tobacco consumption for all patients admitted to the short stay unit.

- To achieve Flu vaccination of 80% for front line clinical staff.
- To provide staff education to enable them to screen and undertake brief interventions where applicable.
- To review monthly how many patients were provided with advice against the number identified.
- To report updates on achievement monthly to Clinical Governance and risk management committee



MANDATORY STATEMENTS

Review of Services

During 2018/19 Circle Nottingham provided and/or sub-contracted 4 core and multiple additional NHS Services. Circle Nottingham has reviewed all data available to them on the quality of care provided in all of these NHS Services through the CGRM, Performance board and Executive board.

Participation in Clinical Audits & National Confidential Enquiries

During 2018/19, 8 national clinical audits and no national confidential enquiries covered NHS Services that Circle Nottingham provides.

Circle Nottingham participated in all national audits it was required to participate in.

The national clinical audits and national confidential enquiries that Circle Nottingham was eligible to participate in, actually participated in, and for which data collection was completed during 2018/19 are listed overleaf alongside the number of cases submitted to each audit or enquiry as a percentage of registered cases required by the terms of that audit or enquiry.

The reports of 8 national clinical audits were reviewed

by the provider in 2018/19 and Circle Nottingham intends to take the following actions to improve the quality of healthcare provided:

- Continue to proactively support all Clinical Units to ensure participation in national clinical audit and national confidential enquiries where eligible.
- Encourage and promote learning from national clinical audit and national confidential enquiries where they are applicable to the services we offer.
- Share the outcome of national clinical audit and national confidential enquiries at the Clinical Governance & Risk Management Committee (CGRM) to encourage staff engagement, share the learning and ensure continuous quality improvement of all our services.

The reports of 74 local clinical audits were reviewed by the provider in 2018/19 and Circle Nottingham intends to take the following action to improve the quality of healthcare provided:

- Continue to proactively support all Clinical Units in the development of annual clinical audit plans
- Encourage participation and

promote learning from all local clinical audits

- Utilise the outcome of local clinical audits to build upon the quality of service provision and improve the patient experience
- Share the outcome of local clinical audits at the Clinical Governance & Risk Management Committee (CGRM) to encourage staff engagement, share the learning and ensure continuous quality improvement of all our services

Many of our patients have a shared care pathway moving between Circle Nottingham and Nottingham University Hospitals NHS Trust.

Where Circle Nottingham only manages a small part of a patient's pathway, an agreement is in place that information will be from the shared healthcare record and included in the relevant shared audits.

MANDATORY STATEMENTS

CONTINUED

In addition to participating in national clinical audits, national confidential enquiries and local clinical audits, Circle Nottingham undertakes a facility wide programme of audits in relation to the following areas: Health & Safety,

Information Governance, Medical Records, Infection Prevention & Control, Hand Hygiene, Environmental Hygiene, Fire Safety, Controlled Drugs and Decontamination. These audits are collected monthly and the responses are

monitored through Clinical Governance and Risk Management (CGRM) meetings, Infection Prevention Control (IPC) committee, and Health and Safety Committee meetings.

NAME OF AUDIT	DEPARTMENT	COMPLIANT
Elective surgery (National PROMs Programme)	General surgery, orthopaedic surgery & vascular surgery	Yes
National Joint Registry (NJR)	Orthopaedics	Yes
Rheumatoid and Early Inflammatory Arthritis	Rheumatology	Yes
Oesophago-gastric cancer (NAOGC)	Cancer services	Yes
National Prostate Cancer Audit	Cancer services	Yes
Bowel cancer (NBOCAP)	Cancer services	Yes
British Society of Urogynaecology Database	Gynaecology	Yes
National KC65 audit KC65: Colposcopy Clinics, Referrals, Treatments and Outcomes	Gynaecology	Yes

MANDATORY STATEMENTS

CONTINUED

The local clinical audits that Circle Nottingham participated in during 2018/19 are as follows:

NAME OF LOCAL AUDIT	AUDIT CATEGORY	COMPLETE/ ON GOING	PERCENTAGE OF CASES SUBMITTED
DERMATOLOGY			
Staff Compliance of PPE in light therapy	Circle Nottingham in house departmental audit	Complete	100%
Laser Protection Audit	Circle Nottingham in house departmental audit	Complete	100%
Skin cancer patient satisfaction survey	Circle Nottingham in house departmental/service evaluation	Complete	100%
Biologic Therapy use in Psoriasis against NICE/BAD guidance	Circle Nottingham in house departmental audit	Complete	100%
Mohs Micrographic Surgery slides for accuracy of reporting by Mohs Surgeons	Circle Nottingham in house departmental audit	On-going	100%
Isotretinoin prescribing	Circle Nottingham in house departmental audit	Complete	100%
Hand washing	Circle Nottingham in house departmental audit	Complete	100%
Surgical skin marker use by the skin surgery theatres	Circle Nottingham in house departmental service evaluation	On-going	100%
Dermatology NICE adherence for high-cost drugs	Circle Nottingham in house departmental audit	Complete	100%
DIAGNOSTIC IMAGING			
RRPPS Surveys actioned audit	Circle Nottingham in house departmental audit	Complete	100%
Pre CT scan check list	Circle Nottingham in house departmental audit	Complete	100%

MANDATORY STATEMENTS

CONTINUED

NAME OF LOCAL AUDIT	AUDIT CATEGORY	COMPLETE/ ON GOING	PERCENTAGE OF CASES SUBMITTED
DIAGNOSTIC IMAGING			
DEXA audit	Circle Nottingham in house departmental audit	Complete	100%
Referral Check: 50% Hand Written, 50% Electronic	Circle Nottingham in house departmental audit	Complete	100%
QA Equipment Tests	Circle Nottingham in house departmental audit	Complete	100%
RPA Annual Audit	Circle Nottingham in house departmental audit	Complete	100%
Anatomical markers present pre, post processing	Circle Nottingham in house departmental audit	Complete	100%
Lateral Knee Technique	Circle Nottingham in house departmental audit	Complete	100%
ORTHOPAEDICS			
National Joint Registry (NJR)	National Clinical Audit Programme (NCA)	On-going	100%
Surgical management of dupuytren's disease	Circle Nottingham in house departmental audit	Complete	100%
Nerve conduction studies referral	Circle Nottingham in house departmental audit	Complete	100%
ENDOCRINOLOGY			
Endocrinology 28 day questionnaire	Circle Nottingham in house departmental audit/service evaluation	Complete	100%
Endocrinology Referral Audit	Circle Nottingham in house departmental audit	Complete	100%
Radioiodine Audit	Circle Nottingham in house departmental audit	Complete	100%

MANDATORY STATEMENTS

CONTINUED

NAME OF LOCAL AUDIT	AUDIT CATEGORY	COMPLETE/ ON GOING	PERCENTAGE OF CASES SUBMITTED
RHEUMATOLOGY			
Rheumatoid and Early Inflammatory Arthritis	National Clinical Audit Programme (NCA)	On-going	100%
Rheumatology 28 day questionnaire	Circle Nottingham in house departmental audit/service evaluation	Complete	100%
Compliance of biologic agents against NICE guidelines in Rheumatoid arthritis, Psoriatic arthritis and Spondyloarthritis	The National Institute for Health and Care Excellence (NICE)	Complete	100%
GCA pathway	Circle Nottingham in house departmental audit	Complete	100%
Patient education group for patients who have been newly diagnosed with Rheumatoid Arthritis	Circle Nottingham in house departmental audit/service evaluation	Complete	100%
Triage Audit	Circle Nottingham in house departmental audit	Complete	100%
Review of clinics held in gateway and on other gateways	Circle Nottingham in house departmental audit	Complete	100%
Audit on Ustekinumab	Circle Nottingham in house departmental audit	Complete	100%
Muscle biopsy pathway audit	Circle Nottingham in house departmental audit	Complete	100%
BSR audit	Circle Nottingham in house departmental audit	Complete	100%

MANDATORY STATEMENTS

CONTINUED

NAME OF LOCAL AUDIT	AUDIT CATEGORY	COMPLETE/ ON GOING	PERCENTAGE OF CASES SUBMITTED
GYNAECOLOGY			
British Society of Urogynaecology Database	National Clinical Audit Programme (NCA)	On-going	100%
National KC65 audit KC65: Colposcopy Clinics, Referrals, Treatments and Outcomes	National Clinical Audit Programme (NCA)	On-going	100%
Pessary Audit	Circle Nottingham in house departmental audit	Complete	100%
Review of outcomes for different modalities of endometrial ablation performed in different settings	Circle Nottingham in house departmental audit	Complete	100%
DAY SURGERY			
Elective surgery (National PROMs Programme)	National Clinical Audit Programme (NCA)	Complete	100%
WHO surgical safety checklist audit	Circle Nottingham in house departmental audit/service evaluation	Complete	100%
Post-Op telephone helpline	Circle Nottingham in house departmental audit/service evaluation	Complete	100%
Acupins audit	Circle Nottingham in house departmental audit	On-going	100%
ENDOSCOPY			
Unplanned discharges audit	Circle Nottingham in house departmental audit	Complete	100%

MANDATORY STATEMENTS

CONTINUED

NAME OF LOCAL AUDIT	AUDIT CATEGORY	COMPLETE/ ON GOING	PERCENTAGE OF CASES SUBMITTED
ENDOSCOPY			
JAG accreditation for gastrointestinal endoscopy	National Clinical Audit Programme (NCA)	Complete	100%
Stop moment	Circle Nottingham in house departmental audit	On-going	100%
JAG: Patient Survey	National Clinical Audit Programme (NCA)	On-going	100%
JAG: Staff Survey	Circle Nottingham in house departmental audit	On-going	100%
JAG: Start and finish time	National Clinical Audit Programme (NCA)	On-going	100%
JAG: unplanned transfers and adverse events	National Clinical Audit Programme (NCA)	On-going	100%
JAG: 30 day mortality	National Clinical Audit Programme (NCA)	On-going	100%
JAG: 8 day readmission	National Clinical Audit Programme (NCA)	On-going	100%
JAG: Endoscopy Key Performance Indicators (KPIs)	National Clinical Audit Programme (NCA)	Complete	100%
Sedation certificate	Circle Nottingham in house departmental audit	On-going	100%
IPMS audit (decontamination)	Circle Nottingham in house departmental audit	Complete	100%
IHEEM	Circle Nottingham in house departmental audit	Complete	100%
Patient Information	Circle Nottingham in house departmental audit	Complete	100%
Nurse feedback on trainers	Circle Nottingham in house departmental audit	Complete	100%

MANDATORY STATEMENTS

CONTINUED

NAME OF LOCAL AUDIT	AUDIT CATEGORY	COMPLETE/ ON GOING	PERCENTAGE OF CASES SUBMITTED
ENDOSCOPY			
Trainer feedback on training	Circle Nottingham in house departmental audit	Complete	100%
Peer evaluation of trainer skills audit	Circle Nottingham in house departmental audit	Complete	100%
Environmental checklist	Circle Nottingham in house departmental audit	On-going	100%
DIGESTIVE DISEASES			
Admissions on Gateway I	Circle Nottingham in house departmental audit	Complete	100%
Gastroenterology NICE adherence for high cost drugs	Circle Nottingham in house departmental audit	Complete	100%
COMMUNITY CLINICS			
Service Evaluation of pre assessment and clinic utilisation	Circle Nottingham in house departmental service evaluation	Complete	100%
SHORT STAY UNIT			
Ward spot checks	Circle Nottingham in house departmental audit	Complete	100%
Patient satisfaction with welcome leaflet	Circle Nottingham in house departmental audit	Complete	100%
Food quality	Circle Nottingham in house departmental audit	Complete	100%
QUALITY AND ASSURANCE			
Compliance with CQC and Patient Association requirements on records of complaints and concerns	Circle Nottingham in house departmental audit	Complete	100%

MANDATORY STATEMENTS

CONTINUED

NAME OF LOCAL AUDIT	AUDIT CATEGORY	COMPLETE/ ON GOING	PERCENTAGE OF CASES SUBMITTED
QUALITY AND ASSURANCE			
PALS and Comments audit	Circle Nottingham in house departmental audit	Complete	100%
CANCER SERVICES			
Oesophago-gastric cancer (NAOGC)	National Clinical Audit Programme (NCA)	Complete	100%
Bowel cancer (NBOCAP)	National Clinical Audit Programme (NCA)	Complete	100%
National Prostate Cancer Audit	National Clinical Audit Programme (NCA)	Complete	100%
FRONT OF HOUSE			
Front of House feedback	Circle Nottingham in house departmental service evaluation	Complete	100%
MEDICINE MANAGEMENT COMMITTEE			
Controlled drugs audit	Circle Nottingham in house departmental audit	Complete	100%
Prescribing Practices Spot Check	Circle Nottingham in house departmental audit	Complete	100%

MANDATORY STATEMENTS

Participation in Clinical Research

Circle Nottingham jointly hosts clinical research in conjunction with Nottingham University Hospitals NHS Trust. The number of projects related to NHS services provided by Circle Nottingham in 2018/19 and relate to research approved by a Research Ethics Committee was 11.

All research proposals undergo rigorous checks before clinical research can be undertaken at Circle Nottingham. Applications are made via the Local Research Ethics Committee before approval is considered. The increasing level of agreement to support clinical research demonstrates our commitment to improving the quality of care we offer and contributing to wider health improvement.

Registration and External Review

Circle Nottingham is required to register with the Care Quality Commission and its current registration status is Good. The Care Quality Commission has not taken enforcement action against Circle Nottingham during 2018/19. Circle Nottingham has the following conditions on registration:

SITE	REGULATED ACTIVITY	CONDITIONS
<p>The Nottingham NHS Treatment Centre Lister Road Nottingham NG7 2FT</p>	<ul style="list-style-type: none"> • Treatment of disease, disorder or injury • Diagnostic and screening procedures • Surgical procedures • Family Planning 	
<p>Circle Nottingham participated in an arranged inspection by the CQC which occurred from 27 to 28 January 2015. The following services were subject to review:</p> <ul style="list-style-type: none"> • Surgery • Outpatients and diagnostic imaging • Termination of pregnancy <p>The Treatment centre received an overall rating of 'good' with surgery being graded as 'outstanding'.</p>	<p>CQC inspection area ratings (Latest report published on 12 May 2015)</p> <ul style="list-style-type: none"> • Safe - Good • Effective - Good • Caring - Good • Responsive - Good • Well-led - Good <p>CQC inspections and ratings of specific services (Latest report published on 12 May 2015)</p>	<ul style="list-style-type: none"> • Termination of pregnancy - Review undertaken in May 2016, assurance provided. • Surgery - Outstanding • Outpatients - Good <p>Two minor compliance actions were identified where improvement was required; action plans were developed immediately and have been implemented. The final report can be reviewed on the CQC website: www.cqc.org.uk.</p>

MANDATORY STATEMENTS

CONTINUED

In May 2016 the CQC visited the Treatment Centre to review the work undertaken regarding the Termination of pregnancy pathway, following the requires improvement rating given in January 2015. The inspectors noted marked improvement and the report on the inspection was published in December 2016. The report can be reviewed by visiting the CQC website.

Patient Reported Outcome Measures (PROMS)
Patient Reported Outcome Measures (PROMs) are a means of collecting information on the effectiveness of care delivered to NHS patients as perceived by the patients themselves. PROMs are a Department of Health led programme.

Circle Nottingham participates in the PROMs survey for hip and knee total replacements for NHS. The patient completes the initial questionnaire during their pre-assessment appointment and a second questionnaire is sent to the patient 6 months post-operatively by a third party, Quality Health, on our behalf

Hip PROMS	Oxford Hip score	EQ5D Score	EQ5D- Vas Score
Average patient Health gain	21.475	0.405	12.436
Target	23.814	0.499	17.310

Knee PROMS	Oxford Knee score	EQ5D Score	EQ5D - VAS Score
Average patient health gain	18.932	0.407	7.810
Target	18.677	0.374	10.898

Commissioning for Quality and Innovation (CQUIN) Payment Framework

A proportion of Circle Nottingham's income in 2018/19 was conditional on achieving quality improvement

and innovation goals agreed between Circle Nottingham and any person or body they entered into a contract, agreement or arrangement with for the provision of NHS services, through the Commissioning for Quality and Innovation payment

framework.

Further details of the agreed goals for 2018/19 are at <https://www.england.nhs.uk/nhs-standard-contract/cquin/cquin-17-19>

MANDATORY STATEMENTS

CONTINUED

Data Quality

Circle Nottingham maintains a high level of data quality and on an on-going basis will be taking the following action to continuously improve data quality:

- Monthly performance meetings to review performance data, identify any areas of improvement and monitor implementation of those improvements are undertaken.

Secondary Uses Service

Circle Nottingham submitted records during 2018/19 to the Secondary Uses Service for inclusion in the Hospital Episode Statistics which are included in the latest published data.

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

- 99.97% for admitted patient care
- 99.88% for outpatient care

The percentage of records in the published data which included the patient's valid General Medical Practice Code was:

- 100% for admitted patient care
- 100% for outpatient care

Mortalities and morbidities

Circle Nottingham monitors and records all mortalities and morbidities. All cases are reported and discussed at the monthly clinical unit

meetings. Each month at the Clinical Governance & Risk Management Committee, all cases are presented and discussed for transparency and learning. All mortalities are again reviewed by Circle Nottingham Executive board and reported to Circle group Executive board.

Data Protection and Security Toolkit (DPST)

Circle Nottingham was compliant for the DPST April 2018 - March 2019.



MANDATORY STATEMENTS

CONTINUED

Circle Staff Survey results

In March 2019 Circle Nottingham reported the following trends in the most recent Circle Staff Survey results:

What would you like to keep at Circle Nottingham:

- Team/Team Work - this includes positive comments about immediate team members, wider team members and senior managers.
- Culture/Values/Atmosphere - including being listened to, ability to make change, care provided to patients.
- Facilities - includes positive comments on building, car parking, café and drinks.

What would you want to improve at Circle Nottingham:

- Pay and Benefits - this relates to matters ranging from pay scales and lack of transparency, low salaries and benefits not being competitive for such things as pension, sick pay and maternity pay.
- IT and Equipment - this includes comments about slow systems, slow IT equipment and old equipment.
- Communication -

comments include communication between Management and staff could be better, lack of forward planning and general communication.

- Training and Development - whilst this was not mentioned as often as the other matters above, it was commented by numerous people that there is a lack of development for staff.
- Recognition - again, whilst this was not a significant theme, comments included recognition not being given to those who went above.

Based on the feedback from our staff Circle Nottingham has committed to:

- Introduction of an incentive payment for registered nursing staff, which pays the final instalment at year 3 of employment. Nottingham currently has 7 individuals on this scheme.
- Use of the Apprenticeship levy to offer individuals development opportunities in the roles they are currently in. At present, Nottingham have 14 staff in total undertaking an Apprenticeship course and we are in the process of reviewing expressions of interests from Healthcare

Assistants across the services to progress to the apprenticeship nurse training programmes.

- Introduction of team 'away days'. All teams being able to decide and plan activities outside of the working environment.
- Discretionary recognition vouchers which Managers can award as and when they feel appropriate.
- Increased focus on Circle Operating System. The Circle Operating system lead is delivering information sessions to all areas.
- Recognition schemes for charity work undertaken.
- IT equipment ordered to replace those in critical areas.
- Introduction of Insurance Policy which enables staff to access early invention support for health issues and sick leave payments (criteria applied).

Seven day working

Circle Nottingham undertakes patient care seven days per week. A registered medical officer is on site twenty four hours per day with access to the Patient's consultant as required. All patients who require admission have a personalised discharge plan in place.

MANDATORY STATEMENTS

CONTINUED

Payment by Results

Circle Nottingham was not subject to the Payment by Results clinical coding audit during 2018/19 by the Audit Commission.

Duty of Candour

Circle implements the statutory Duty of Candour Regulation of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 which came into legal force in 2015 for Independent Sector Providers and builds on the requirements set out in the Being Open Framework 2009 “Being Open - Saying Sorry When Things go Wrong” National Patient Safety Agency (NPSA), and Safety Alert 2009.

All incidents which involve Duty of Candour are discussed within the Clinical Governance and Risk Management committee meetings on a monthly basis, which are then taken to the Executive Board.

Revalidation

Circle Nottingham has embraced the process of revalidation for medical and nursing staff in 2018. This is fully implemented and compliance is monitored

quarterly by the Circle Partnership Integrated Governance Committee. Medical staff are 100% compliant and nursing staff 100% compliant with revalidation.

Safeguarding

The Executive Board is accountable for and committed to ensuring the safeguarding of children and all vulnerable adults in their care. Circle Nottingham has a responsibility to liaise with other agencies and provide information to them where necessary, to ensure the ongoing safety of children and vulnerable adults once they leave our care. Circle Nottingham’s safeguarding team is comprised of an Executive Lead, a Named Nurse and a Named Doctor. The Named Nurse attends Joint Nottinghamshire Health Community Safeguarding Children Partnership meeting and Safeguarding Adults Forum.

Circle has a safeguarding policy that applies to all its facilities including Circle Nottingham which was re-reviewed in May 2018 to include the Homelessness act. Circle Nottingham adheres to the Nottinghamshire Local

Authority safeguarding procedures. All policies are available to staff via the electronic policy library.

Circle Nottingham provides all staff with Level 2 training, however, Lead nurses and Allied Health professionals, deputies leads, admin leads and registered nurses, where applicable, are trained to level 3 in safeguarding. Staff are able to contact the Clinical on call Lead or the Named Nurse if they have any safeguarding concerns. The NHS safeguarding app is available to all staff through the Circle Intranet and staff are encouraged to download the app onto their mobile phone providing staff with the up to date contact numbers and guidance where required.

The Corporate Quality and Assurance metrics reports safeguarding incidents and these are discussed at the Clinical Governance and Risk Management Committee. The Executive Board takes the issue of safeguarding extremely seriously and receives an annual report on safeguarding.

MANDATORY STATEMENTS

CONTINUED

Freedom to Speak Up

Circle Health is committed to the principles of the Freedom to Speak Up review; listening to our staff, learning lessons and improving patient care. Anyone who works (or has worked) at Circle Health can raise concerns. This includes agency workers, temporary workers, students and volunteers. Staff can speak up if they have concerns over risk, malpractice or wrong doing. Examples of this may be regarding the quality of care, patient safety or bullying and harassment within the organisation.

Circle has a Director who is the Freedom to Speak Up Guardian with board level responsibility and each Circle site has Speak Up Guardian champions who staff can raise concerns with. In addition, there is a non-executive Director with responsibility for whistleblowing.

Staff are encouraged where appropriate, to raise concerns formally or informally with their line manager. Where they don't think it is appropriate to do this, they are encouraged to contact the Freedom to Speak Up champions or guardian. Concerns can be raised in person, by telephone or in writing (including email).

Circle hopes that staff feel comfortable raising concerns openly, but we also appreciate that they may want to raise it confidentially or anonymously. Where an individual wishes to remain anonymous, Circle will keep their identity confidential unless required to disclose it by law.

Any individual who raises concerns can expect to be treated with respect at all times. When a concern is raised, we discuss the concerns with the individual to understand exactly what they

are worried about. We confirm how long we expect the investigation to take and agree how we will keep the individual up to date with its progress. Wherever possible, we share the full investigation report with the individual who raised the concern. Where an investigation identifies improvements that can be made, these are monitored by the site executive board and lessons are shared with teams across the organisation through the Integrated Governance Committee.

The Circle Group Operating Board has company wide responsibility and oversight for quality and assurance. The Freedom to Speak Up Director provides the board with high level information about all concerns raised by our staff through this policy and actions taken to address any problems.



STATEMENT FROM THE PATIENT AND PUBLIC ENGAGEMENT GROUP

The Patient & Public Forum was pleased to contribute to the Circle Nottingham Quality Account for 2018/19. As members of the Patient & Public Forum and in most cases, active patients ourselves, we aim to represent the 'voice' of the patient and the public community, and our intention is that our opinions and experiences provide a valuable contribution to the quality agenda for 2018/19.

The members of the Patient and Public forum have seen a change from the previous Patient and Public engagement group and have ensured the group meets with the Circle Strategy for Patient and Public involvement through quarterly forums.

Members of the Patient & Public Forum have continued to be actively linking with the Gateways either by attending patient champion meetings, attending partnership sessions, assisting with audit completion, having patient experience meetings within the units or contributing valuable insight to

the services from a patient perspective. Staff members have been encouraged to present patient survey results run in the gateways which have allowed for a better understanding and greater detailed discussion.

Active recruitment of members to the group continued during 2018/19 and we are continuing to identify ways in which we can seek the views of a wider group of Circle service users. The ability to review documentation remotely and the use of conference calls for the forums have enabled members to have a choice how they participate in the group activities.

The Patient & Public Forum look forward to continuing the programme of joint working with Circle Nottingham as the Treatment centre is able to expand the services currently undertaken.

Circle's Credo
Our purpose - To build a great company to our patients. Our parameters - We exclusively on: What we are passionate about we can become best at. What drives our sustainability. Our principles - We are agents of our patients. We aim to expectations everytime so that we can We strive to continuously improve our care. We give our

STATEMENT FROM THE NHS RUSHCLIFFE CLINICAL COMMISSIONING GROUP

Clinical Commissioning Groups (CCGs) use a collaborative approach to commission services from Circle, with Greater Nottingham Clinical Commissioning Partners (GNCCP) acting as the co-ordinating commissioner on behalf of associates in gaining assurance on the safety and quality of care delivered by Circle.

The quality assurance framework that commissioners use consists of reviewing information on safety, patient experience, outcomes and performance, in line with the quality schedule and national and local contractual requirements. Intelligence is gained in various formats, including local and national reported data, this is complemented by quality visits to clinical

areas, which enables commissioners to experience the clinical environment and gain first hand experiences from patients and front line staff, including the clinical environment. These mechanisms allow us to triangulate and review the accuracy of the information being presented to formulate opinions about the quality of services provided to patients at both organisation and service level.

The 2018/19 contract and service specifications with Circle identified the level and standards of care expected and how they were to be measured, monitored and reviewed. The main process for this was the submission of information against the quality schedule to perform routine surveillance and in addition via quality review meetings

which have been held with the provider to triangulate assurance. The CCGs can confirm that the information received during the year is consistent with the information in this Quality Account.

Although the organisation has used innovative approaches to support improvement in the health and wellbeing of the staff, staff retention remains a concern across the organisation, assurance is provided to commissioners on a monthly basis on risks and mitigations.

The CCGs acknowledge the progress made in the 2018/19 Quality priorities including reducing variations across patient pathways, and the achievement of CQUINs during the year.

A. Sullivan

Amanda Sullivan
Accountable Officer
Greater Nottingham and mid-Nottinghamshire CCG's

STATEMENT FROM THE JOINT HEALTH SCRUTINY COMMITTEE

The Nottingham City Health Scrutiny Committee welcomes the opportunity to comment on Circle Nottingham's Quality Account 2018/19.

As in previous years, the Committee has found Circle Nottingham open and willing to engage with scrutiny when it has been asked to do so during the year.

It should be noted that due to time constraints of Nottingham City Councillors as a result of local elections held in May 2019, the Nottingham Health Scrutiny Committee's comments are based on very early drafts of Quality Account priorities, through no fault of Circle Nottingham.

The Committee felt that the information provided by Circle Nottingham was broadly very positive. Circle Nottingham had received a 'Good' CQC rating, had scored very strongly on patient feedback, and is making positive moves towards more integrated digital systems. The introduction of mobile and tablet apps for recording of NEWS2 and PROMS data was

felt to be particularly positive, as this would allow for real-time access of updated patient records by multiple clinical staff involved in patient care.

The Committee noted that the ingrained culture of 'disruption', staff feeling able to challenge ways of working or to stop a process in order to make corrections, at any time and at any level, was positive and impressive, and would ensure the organisation can remain at the forefront of efficient and safe working practices.

The patient-led assessment of the clinical environment, particularly in relation to how patients with Alzheimer's and dementia can easily and safely navigate the space (such as removing the shiny finish on the floor which some patients confused with water), was felt to be innovative and commendable practice. The Committee was glad to hear that patient-led assessment will be included in the annual audit going forward.

Although leaflets for the patient engagement group are placed in prominent open

areas of the Treatment Centre, the Committee felt that promotion of the patient engagement group could be more pro-active, particularly as a number of patients do not have internet access or do not regular use computers. Patients could be handed leaflets as their treatment was complete, with leaflets available in different language formats if requested.

The overall staff morale, health and wellbeing package offered by Circle Nottingham is excellent, and it is positive that patients are also accessing stress management workshops run for staff.

The Committee appreciates that there are ongoing challenges for Circle Nottingham, not least some uncertainty regarding the future of the contract for these services. The Committee welcomes the 19/20 Quality Account priorities, and looks forward to working with Circle Nottingham on any items for Scrutiny in the 19/20 Municipal Year.

STATEMENT FROM THE HEALTHWATCH NOTTINGHAM AND HEALTHWATCH NOTTINGHAMSHIRE

As the independent watchdog for health and care in Nottingham City and Nottinghamshire County, we work hard to ensure patient and carer voices are heard by both commissioners and providers. We are grateful for the opportunity to view and comment on the Circle Nottingham Quality Account 2018/19.

The report outlines progress made against the 2018/19 quality priorities, with a range of activities described, although it is not always clear how the success measures link to the quality priority. A good level of detail is given on the

measurable impact of improvements for some interventions, for example the impact of introducing patient education groups and patient wellbeing sessions. There is a focus on staff health and wellbeing, and Circle Nottingham used responses from the staff survey to develop health and wellbeing options for staff. It would be helpful to include in the report the level of staff take up of these offers.

The 2019/20 quality priorities are focussed on the CQC dimensions of safe, caring, effective, responsive and well-led and include the use of patient feedback to

measure quality. They have been shaped by top themes from patient complaints and concerns during 2018/19.

The report describes a range of activities to obtain feedback from patients and the activities of the patient and public forum, which evidence a commitment to engaging with and listening to patients and the public. The report would be enhanced by more information on what was learned from these activities and what changes have been made as a result.



JARGON BUSTER to be completed

ACO	Accountable Care Organisations
Apps/ Applications	A specialised piece of software (which can run on the internet, on your computer, or on your mobile phone or other electronic device) and is designed to undertake a specific task. For example to monitor waiting times in clinic
BAD	British Association of Dermatology.
BSR Audit	British Society of Rheumatology.
CCG (Clinical commissioning groups)	They are NHS organisations set up by the Health and Social Care Act 2012 to organise the delivery of NHS services in England.
CGRM (Clinical Governance and Risk Management Committee)	A monthly meeting where clinical leads, lead nurses, administration staff and senior management team meet together to develop, implement and oversee the clinical governance and clinical/non-clinical risk management processes in the Treatment Centre. Also for providing assurance to both the Executive Board and the Integrated Governance Committee about the robustness and effectiveness of the risk management and governance processes within the Circle Nottingham.
CNS	Clinical Nurse Specialist.
COS	Circle Operating System.
Climbs	Database software used for recording patient experience data at the Treatment Centre.
CQUIN (Commissioning for Quality and Innovation)	The CQUIN payment framework enables commissioners to reward excellence, by linking a proportion of English healthcare providers' income to the achievement of local quality improvement goals.

JARGON BUSTER

CONTINUED

Credo	<p>A set of fundamental beliefs or a guiding principle. For Circle, a credo is similar to a mission statement that guides the way in which we deliver healthcare. The Circle principles are:</p> <ul style="list-style-type: none">• 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.
CT (Computed Tomography)	Scan that uses X-rays and a computer to create detailed images of the inside of the body
Dashboards	An easy read, often single page, real-time user interface, showing a graphical presentation of the current status (snapshot) and historical trends of an organisation's key performance indicators (KPIs) to enable instantaneous and informed decisions to be made at a glance
DEXA Scanner (Dual Energy X-ray Absorptiometry)	Scan is a special type of X-ray that measures bone mineral density (BMD)
DNA	Did not attend
FLO	Florence Simple Telehealth
FP10s	A standard prescription as provided by a General Practitioner
GCA pathway	Giant Cell Arteritis

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CONTINUED

HQIP (Healthcare Quality Improvement Partnership)	National Clinical Audit and Patient Outcomes Programme) is a set of national clinical audits, registries and outcome review programmes which measure healthcare practice on specific conditions against accepted standards.
HEEM	Health Education East Midlands
HR	Human Resources
IHEEM	Institute of Healthcare Engineering and Estates Management.
Innovator	An individual with the ability to make change.
IPMS	International Property Management Standards.
IRMER	Ionising Radiation (Medical Exposure) Regulations
ISAS	Imaging Services Accreditation Scheme
JAG	The Joint Advisory Group (JAG) on Gastrointestinal Endoscopy operates within the Clinical Standards Department of the Royal College of Physicians. JAG has a wide remit and its cores objectives include: to agree and set acceptable standards for competence in endoscopic procedures and, to quality assure endoscopic units, training and services.
KPI	Key Performance Indicator
MOHs survey	A surgical technique used to treat skin cancer.
MECC	Make Every Contact Count
MRI (Magnetic Resonance Imaging)	A type of scan that uses strong magnetic fields and radio waves to produce detailed images of the inside of the body.
NICE	National Institute of Clinical Excellence
NIV	Non-invasive ventilation
NUH	Nottingham University Hospitals NHS Trust

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CONTINUED

ONS	Office of National Statistics
PALS	Patient Advice and Liaison Service
Partnership Sessions	Educational, discussion and solution focused sessions held within clinical units and open to all staff involved in the patient pathway. The purpose of the sessions is to improve competence and educate staff, enable discussions of any issues that have arisen and provide the opportunity to develop realistic and effective solutions
PDT	Photodynamic Therapy
PHIN	Private Healthcare Information Network
PLACE	Patient Led Assessment of the Environment
PSA	Prostate Specific Antigen
PTL	Patient Tracking List
PUVA (Psoralen combined with Ultraviolet A)	Psoralen is a diluted solution used to soak hands and/or feet prior to treatment; UVA is Ultra violet A light. PUVA treatment is prescribed for psoriasis or eczema that is affecting the hands and/or the feet.
Quality Quartet	A monthly report which provides information on quality measures for each Gateway.
Rapid cycle feedback	A quality improvement technique that allows staff to identify areas for improvement in existing patient pathways and allows prompt, effective solutions to be implemented which improve the patient flow and enhance the quality of care that patients receive
RRPPS	Radiology Physics and Protection Service
RPA	Radiation Protection Advisor
RTT (Referral To Treatment)	Referral to treat waiting times

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CONTINUED

STP	Sustainability Transformation Plan
SWARM	A term used to refer to a gathering of the relevant staff in order to discuss propose solutions and agree actions following an issue which has arisen. This is part of our Circle operating system methodology
TRUS biopsies (Transrectal ultrasound)	Ultrasound that provides images of the prostate to allows the examination of the gland for abnormalities.
WHO	World Health Organisation

The background of the entire page is a close-up photograph of lush green foliage, likely from a tree or large shrub. The leaves are vibrant green and have a slightly glossy texture. The lighting is natural, creating soft shadows and highlights on the leaves. The overall composition is dense and organic.

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 us on nottingham@circlehealth.co.uk