



Quality Account

2019 / 2020

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Part One

About Circle

The Circle Group (Circle) is where 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'.

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.

Circle 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 healthcare providers.

Circle has a Credo which is the core of who we are and the foundation for everything we do. Based on exceeding the expectations of our patients and empowering our professionals to do their best, we aim to be the best healthcare provider. One of our mottos is 'Good enough never is'. We strive for a culture of openness where anyone can stop the line at any time. We thrive on challenge and disruption in the pursuit of better quality care and outcomes for our patients. The ability to be agile is incredibly

important in the services we offer. Collaboration is also an integral part of the services we offer to patients and local communities.

This Quality Account focuses on the last financial year and it should be noted that the largest facility (Nottingham NHS Treatment Centre) was decommissioned by Circle on 29 July 2019. Therefore the data may show what appears to be drops in numbers, but we are assured that rates of reporting and quality of our services were not affected by this.

Because of this we are unable to report on the achievement of the 2019/20 Quality Priorities for Nottingham in this Quality Account.

Circle Services

Service	Bath	Reading	Integrated Care
Cardiology	✓	✓	-
Cosmetic surgery	✓	✓	-
Dermatology	✓	✓	✓
Diagnostic Services	✓	✓	-
Digestive Diseases	✓	-	-
Endoscopy	✓	✓	-
ENT (Ear, Nose and Throat)	✓	✓	-
Fracture clinic follow ups	-	-	✓
Gastroenterology	✓	✓	-
Gynaecology	✓	✓	-
Hand Occupational Therapy	-	-	✓
Health screening	✓	-	-
Inpatient Unit	✓	✓	-
Musculoskeletal Podiatry	✓	✓	✓
Nephrology	-	✓	-
Neurology	✓	-	-
Occupational Therapy	✓	-	-
Ophthalmology	✓	✓	-
Orthopaedics	✓	✓	✓
Pain Services	✓	-	✓
Physiotherapy	✓	✓	✓
Rehabilitation	-	✓	-
Respiratory diseases	✓	-	-
Rheumatology	-	✓	✓
Spinal and Neurosurgery	✓	✓	✓ Spinal only
Theatre and integrated Day Case unit	✓	✓	-
Vascular	✓	✓	-

Facilities at Circle



55 Inpatient bedrooms with en-suite facilities

5

Rehabilitation beds

24

Consultation rooms



9

State-of-the-art operating theatres



42

Daycase beds

Cardiology with the latest digital technology



2 Endoscopy suites, one with JAG (Joint Advisory Group) accreditation



2 Dedicated physiotherapy suites with gym areas and treatment rooms

4

Outpatient treatment rooms



Full diagnostic imaging facilities, including advanced digital X-ray, MRI, CT scanner and ultrasound

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, adding 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 CEO view of the quality of services provided to NHS patients;
- A review of the quality of services provided over the previous financial year (2019/20);
- The quality priorities for the forthcoming financial year (2020/21).

Circle is extremely proud to present the Quality Account for 2019/20.

We have worked closely with our patients, partners and Group Operating Board 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 Paolo Pieri Chief Executive Officer Circle Health



It is with pleasure I present the Circle Health Quality Account as Chief Executive Officer. This account focuses on the quality of services we have provided over the financial year 2019/20 and outlines our plans for the coming year. This is the first Quality Account covering the whole of the Circle Bath and Reading hospitals and Circle Integrated Care. Previous accounts having been published at hospital and service level.

Circle Health has seen substantial change during this year. In December 2019 we announced the purchase of BMI Health Group and integration is now taking place at pace with the formation of the Circle Health Group. When we started out this year no-one could have predicted the challenges we would all face with COVID-19. As an independent health care provider, we have supported the NHS in the response to the pandemic, since early 2020. Our staff have risen to the challenge, have adapted services and ways of working to meet the needs of the local health economy whilst continuing to deliver the high quality, patient centred care which is always at the heart of everything we do.

During 2019/20 Circle Health continued to improve hospitals and services to ensure the quality of the patient experience remains at its very best. We continue to innovate and access the latest technology, to improve clinical care and outcomes and develop services centred on the individuals' personal needs.

We have worked closely with the Care Quality Commission and established relationships that support us in our pursuit of excellence. Each Circle hospital and service has an established Quality Improvement Group which supports the clinical and non-clinical teams in making the changes to improve care and services for patients and their loved ones. Quality improvement is embedded in the culture of our teams.

In 2019/20 we maintained our excellent record on reducing avoidable harm across our organisation and high levels of patient satisfaction. We remain committed to monitoring all aspects of our patients' experience, ensuring this feedback is effectively utilised to continue to drive quality improvement. Our teams have worked hard over the year to improve our data reporting to the Private Hospital Information Network (PHIN). This ensures patients have easily accessible information available to them regarding 'would recommend' and 'needs met' scores and clinical outcomes to support them in choosing Circle for their healthcare needs.

This Quality Account presents our achievements in terms of clinical quality, effectiveness, safety and patient experience, and demonstrates that all staff across Circle Health are committed to providing the highest standards of quality care to our patients. The account aims to provide a balanced view of what we are good at and where additional improvements can still be made and sets out our quality priorities for 2020/21.

I would like to thank all our staff who everyday show commitment to our Credo, our values and strive to make to our patients' care and experience the best it can be.

A handwritten signature in black ink, appearing to read 'P. Pieri', written in a cursive style.

Paolo Pieri
CEO

Part Two



Hospitals' Achievement Against Quality Improvement Priorities 2019/20

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

QUALITY PRIORITY DETAIL	MEASURES	STATUS BATH	STATUS READING
To implement group wide process of electronic PROMS (Patient Reported Outcome Measures).	Improved PROMs rating in Total Hip and Knee replacement surgery.	Achieved	Achieved
	To initiate PROMS reporting for cataract and Carpal tunnel patients.	Partial	Partial
	Review data and agree actions at Clinical Governance and Risk Management Committee (CGRMC) on a monthly basis.	Complete	Complete
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 	Achieved	Achieved
	To capture feedback from surgical day case and in-patients.	Achieved in paper form	Achieved in paper form
	To capture Private Patient feedback on their experience with the Consultant.	Achieved in paper form	Achieved in paper form
	Review data and agree actions at CGRMC on a monthly basis.	Achieved	Achieved
To improve the learning from incidents, complaints and investigations across the Hospital and wider group.	Learnings from incidents to be a weekly feature in Messages of the Week.	Partial	Partial
	Sharing of learning through the group wide Quality Performance Group	Achieved	Achieved
	Learning incorporated into site quality improvement action plans, monitored through site QISG & CGRMC	Achieved	Achieved
Continue to respond consistently to patients' complaints and feedback.	The introduction of 'You said, we did' feedback boards that is visible to patients in key patient areas.	Ongoing	Ongoing

Hospitals' Achievement Against Quality Improvement Priorities 2019/20

Continued

QUALITY PRIORITY DETAIL	MEASURES	STATUS BATH	STATUS READING
To achieve 2019/20 CQUIN as set by the CCG.	To achieve Flu vaccination of 80% for front line clinical staff.	Achieved	Achieved
	Staff education to undertake brief intervention. All patients admitted to the inpatient unit overnight are assessed for alcohol and tobacco consumption and brief interventions take place where appropriate.	Achieved	Achieved
	To report updates on achievement monthly to CGRMC.	Achieved	Achieved

Due to the decommissioning of the Nottingham NHS Treatment Centre in July 2019, those quality measures could not be completed and are therefore not included in this quality account.



Integrated Care Achievement Against Quality Improvement Priorities 2019/20

QUALITY PRIORITY DETAIL	MEASURES	STATUS BEDFORD	STATUS GREENWICH
Feedback from service users to be collected across a variety of sources	Feedback form service users to be collected by methods to include Healthwatch surveys, focus groups and patient champions in addition to cards and texts	Implemented and Ongoing	Implemented and Ongoing
Patient education sessions to be held around the county, increasing on the number held in the previous year	An increase in the number of sessions and the locations they are held at	Achieved	Partially Achieved
Ensure evidence based treatment pathways are embedded using the 'Circle 6'	Audits of pathways to show compliance with evidence based pathways and treatments offered	Achieved	Achieved
Review of current Patient Related Outcome Measures(PROMs) to ensure most effective are being used	Embedding any recommendations within the assessment templates	Achieved	Achieved
Implement a review of the staff wellbeing strategy	Staff survey results to be analysed and an action plan to be put in place	Achieved	Achieved
Offer an 'In Your Shoes' opportunity to all staff to shadow other staff members	All staff survey results to be analysed to ensure compliance	Partially Achieved	Partially Achieved

Review of Quality Performance 2019/20

Best Clinical Outcomes

Incident Reporting

At Circle, 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.

Healthcare, like many other industries such as aviation, nuclear power and so on, are considered to be complex environments where the need to avoid catastrophe in terms of loss of life or harm is of paramount importance. As such these industries have become known as “High Reliability Organisations” (HROs). In other words there is potential for large scale risk, but safety systems are in place to balance effectiveness, efficacy and safety of the organisation in the avoidance of such harm and so the likelihood of such incident occurring is low. One of the strategies employed by these industries in the avoidance of harm is a strong safety reporting culture.

Consistent with published literature on high reliability organisations and organisations with strong safety cultures, Circle has a good incident

reporting profile. With high numbers of incident reports, but low levels of actual harm (the majority of our incidents have no or low harm recorded). Similarly low numbers of clinical negligence claims against us also infers a high reliability organisation. Combined with high levels of patient satisfaction across all our services, we are confident that our safety culture is good and staff do not report fear of reprisal from reporting incidents.

Our staff reported a total of 2837 incidents in 2019/20. This shows a significant decrease from the previous year, due to the decommissioning of the Nottingham NHS Treatment Centre in July 2019. This site alone had much greater activity and therefore a higher reporting rate than all our other facilities combined. However, we have analysed the data without the Nottingham service and are pleased to see a consistent reporting rate at Circle. Incident reporting represented 1% of our annual activity for 2019/20 across all services.

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 were four serious incidents reported to the CCG in 2019/20.

Never Events are defined as ‘serious, largely preventable patient safety incidents that should not occur if the available preventative measures have been implemented’. One Never Event was recorded in 2019/20.

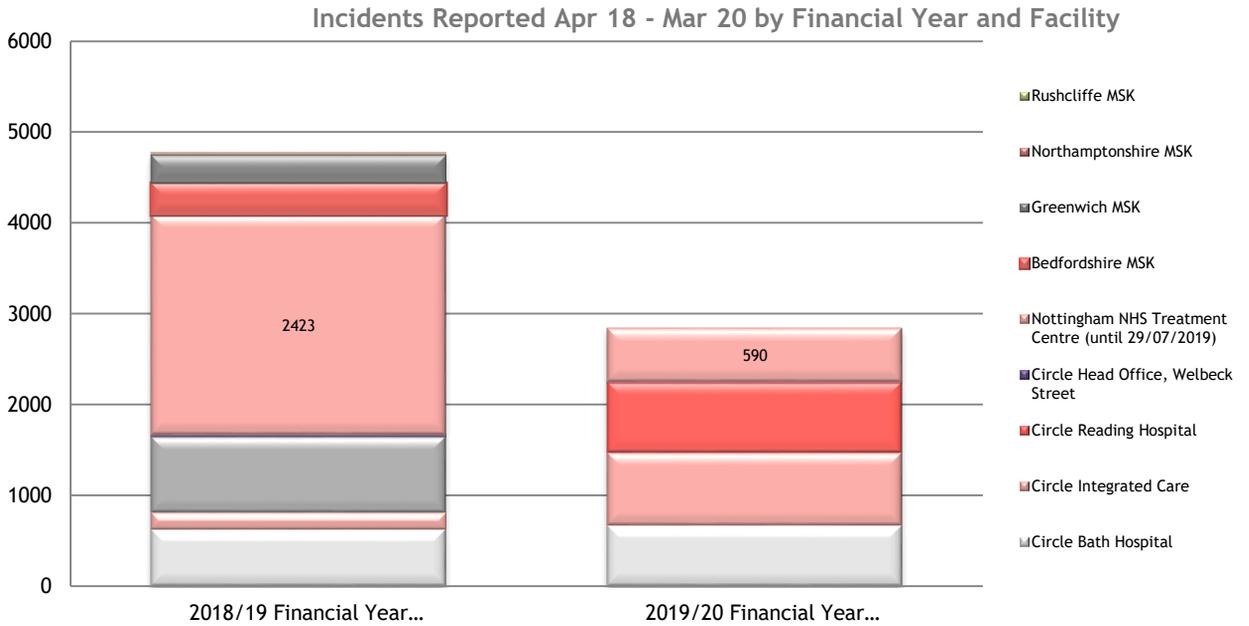
Safety Alerts

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.

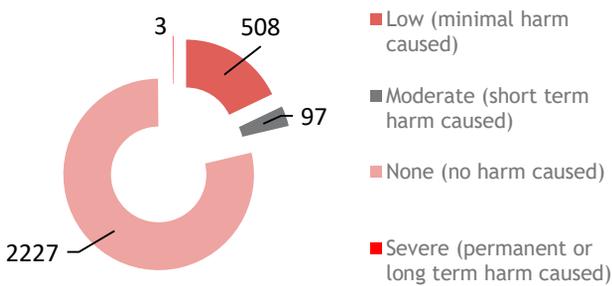
Circle received 121 safety alerts during 2019/20, 31 of which were applicable to some of the services that we provide. Alerts come from the NHS England Central Alerting system (CAS). All CAS alerts were sent to the Clinical Units within 24 hours of receipt; they were actioned and closed within the relevant timescales. All CAS alerts form part of the Assurance metrics and are discussed at CGRMC on a monthly basis.

Incident Reporting

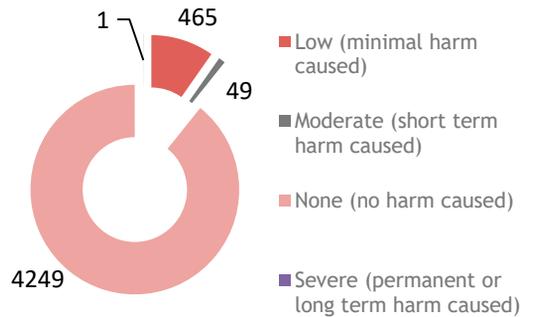
Our staff reported a total of 2837 incidents in 2019/20 compared to 4767 incidents in 2018/19



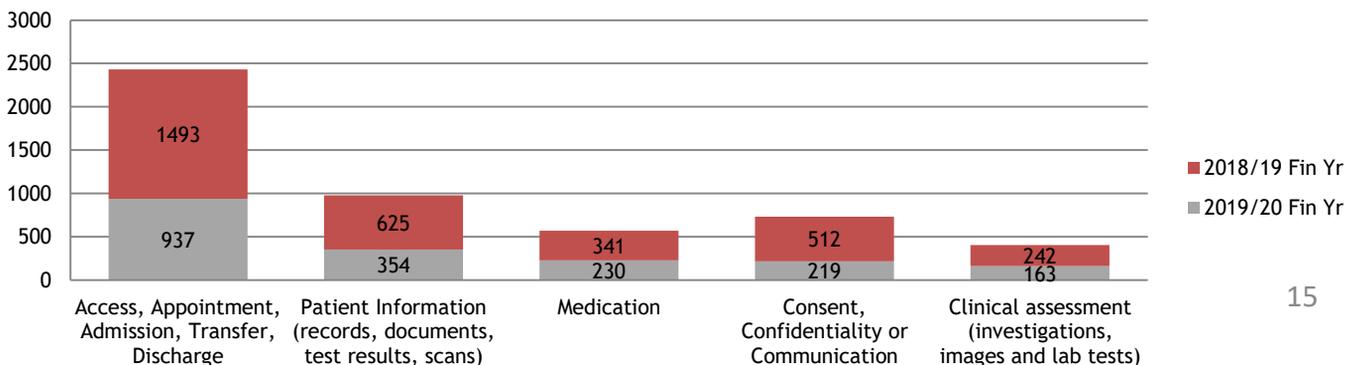
2019/20 Financial Year Level of Harm (Total incidents reported = 2837)



2018/19 Financial Year Level of Harm (Total incidents reported = 4767)



Top 5 Incident Categories



Review of Quality Performance 2019/20

Best Patient Experience

Patient surveys - informal feedback

At Circle, we believe that patient feedback is essential as it provides a rich source of information about the quality of our services. 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 can provide feedback to Circle via a variety of formal and informal methods including feedback cards and surveys - this is detailed below.

Patient feedback is reviewed at daily staffing huddles, by the departments at departmental meetings and at monthly Clinical Governance & Risk Management Committee meetings. A total of 14,826 feedback cards were received across the Group in 2019/20. 97% of feedback rated their care as either good or very good.

Complaints, Concerns, Comments, Compliments and Patient Advice and Liaison Service (PALS)

We review all forms of feedback - formal and informal. In 2019/20, we received a total of 15,904 pieces of feedback. Of this 14,826 was informal by way of feedback cards and 1078 was formal feedback. Formally recorded feedback comprised of 243 complaints, 62 concerns, 100 comments and 550 PALS (Patient Advice & Liaison Service) enquires, and 123 compliments.

Therefore, formally recorded Complaints and Concerns represented 2% of the total feedback we received during 2019/20.

Site	Activity	Feedback	Percentage
Bath (all activity)	61,509	3346	5.4%
Reading (all activity)	87,156	2980	3.4%
Nottingham (all activity)	57,875	5081	8.8%
Integrated Care (Referrals)	80,867	3419	4.2%
Total (hospitals)	206540	11407	5.5%
Total (Hospitals and Integrated Care)	287407	14826	5.2%

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

- Communication with patients
- Issues with treatment
- Accessing appointments in a timely way

More detail on these themes is in the bar chart overleaf.

Claims

Fourteen new clinical negligence claims were made against Circle. Six claims against Circle were closed during 2019/20. Two claims were closed following settlement of damages and costs, three claims were discontinued by the Claimant and one claim was redirected to another healthcare provider.

Patient Surveys Metrics

Patient Feedback equates to 5.5% of activity in hospitals and 4.2% of activity in Integrated Care.

Feedback on services is overwhelmingly positive with 97% of patients saying they were Highly Likely or Likely to Recommend Circle.

There were 7 readmissions to Circle of patients over 15 years of age within 30 days of a procedure being carried out in 2019/20. This equates to 0.04% of surgical activity.

Zero

Reported cases of hospital-acquired Methicillin-resistant Staphylococcus aureus (MRSA) bacteraemia and Clostridium difficile (C.Diff) infections

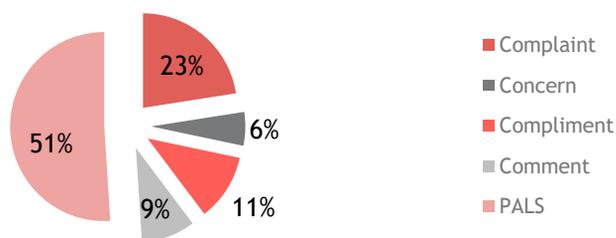
Best Patient Experience

Feedback from our staff and patients is crucial in helping us to improve what we do and the care we provide. As such we value all feedback and ensure it is shared with staff and discussed in our monthly CGRMC meetings.

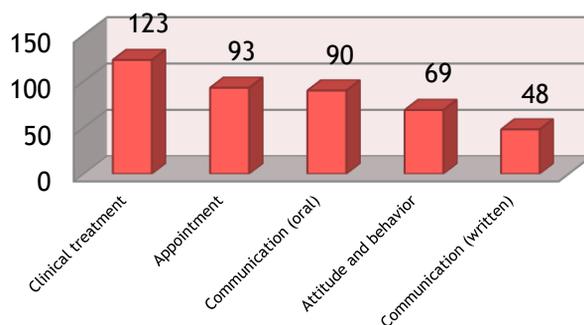
The bar chart shows the top 5 themes from complaints, concerns and PALS enquiries during 2019 /20.

We have used this information to feed into our quality improvement priorities for 2020/21.

Formal Patient Feedback Types 2019/20



Top 5 Subjects - All Patient Feedback Reported 2019/20



Hospital Quality Improvement Priorities for 2020/21

All the Quality Improvement Priorities for 2020/21 were chosen due to their association with Patient Experience, Patient Safety and Clinical Effectiveness and are based on the Key Lines of Enquiry from the Care Quality Commission.

DOMAIN	DETAIL	MEASURES
Safe	Deliver our local clinical audit plan	<ul style="list-style-type: none"> Deliver against local clinical audit plans with quarterly review at local committees and Integrated Governance Committee. Evidence - minutes of meetings and assurance to Integrated Governance Committee (IGC).
Caring	<p>Review and improve our approach to Patient Led Assessment of the Care Environment (PLACE).</p> <p>Review and improve processes for the delivery of patient forums across all services.</p>	<ul style="list-style-type: none"> PLACE assessments undertaken across all services and actions taken as a result. Patient forums using a variety of approaches and technologies are in place and lessons learnt/actions taken which are shared across the group.
Responsive	<p>Ensure patients who raise complaints receive a satisfactory response that addresses their concerns in line with Circle policy and national policy.</p> <p>Timely resolution of PALS enquiries, comments and concerns to prevent escalation to formal complaints in line with Circle Policy and national timescales for response.</p>	<ul style="list-style-type: none"> 95% of all complaints resolved at stage 1 (local resolution). PALS, comments and concerns do not progress to formal complaints.

Integrated Care Quality Improvement Priorities for 2020/21

DOMAIN	DETAIL	MEASURES
Effective	Involvement of patients in the identification of opportunities for learning.	<ul style="list-style-type: none">• Identification of patients who would be willing to share their story and where appropriate participate in relevant local and group committees.• A patient story to be included at relevant local and group committees.
Well Led	Every site to have a quality improvement programme in place	<ul style="list-style-type: none">• All facilities to hold Quality Improvement Steering Groups and report quarterly to CGRMC to monitor compliance against regulation and to improve quality

Mandatory Statements

Participation in Clinical Audits & National Confidential Enquiries

During 2019/20, six national clinical audits and no national confidential enquiries covered NHS Services that Circle provides.

Circle participated and was compliant with all national audits that required participation.

Details of the national clinical audits and national confidential enquiries that Circle was eligible to participate in, actually participated in, and for which data collection was completed during 2019/20 are listed overleaf.

The reports of six national clinical audits were reviewed by Circle in 2019/20 and Circle intends to take the following actions to improve the quality of healthcare provided:

- Continue to proactively support all departments and services to ensure participation in national clinical audit and national confidential enquiries where eligible.
- Continue to encourage and promote learning from national clinical audits and national confidential enquiries where they are

applicable to the services we offer.

- Share the outcomes of national clinical audits and national confidential enquiries at the Clinical Governance & Risk Management Committee (CGRMC) to encourage staff engagement, share the learning and ensure continuous quality improvement of all our services.

In addition to mandatory and national audit programmes which are well embedded in Circle, there is also an audit programme in place across each facility. All audit reports are reviewed locally at the CGRMC or relevant committee in line with the audit schedule. Any actions would also be monitored at these fora. In 2019/20, 118 local audits were carried out and reviewed by Circle facilities across the group.

- In addition to participating in national clinical audits, national confidential enquiries and local clinical audits, Circle undertakes a facility wide programme of compliance checks in relation to Health & Safety, Information Governance, Medical Records, Infection Prevention & Control and Decontamination, and

Controlled Drugs.

- These checks are undertaken monthly and the responses are monitored through Clinical Governance & Risk Management Committees (CGRMC), Infection Prevention Control Committees (IPCC), Health and Safety Committees (H&SC) and Medicines Management Committees (MMC).
- Work has commenced to strengthen our audit processes and any improvement plans which will further enhance the quality of care provided to our patients. All audits are undergoing a process of review to ensure they are the right tool for the service.

Mandatory Statements

Continued

National Audits

NAME OF AUDIT	DEPARTMENT	COMPLIANT
Elective surgery (National PROMs Programme)	Orthopaedic surgery & cosmetic surgery and Ophthalmology	Yes
National Joint Registry (NJR)	Orthopaedics	Yes
Oesophago-gastric cancer (NAOGC)	Digestive Diseases	Yes
Bowel cancer (NBOCAP)	Digestive Diseases	Yes
National KC65 audit KC65: Colposcopy Clinics, Referrals, Treatments and Outcomes	Gynaecology	Yes
National Ligament registry	Orthopaedics	Yes
British Association of Dermatologists national clinical audit	Dermatology	Yes

Mandatory Statements

CQC Ratings

SITE	REGULATED ACTIVITY	CONDITIONS	CQC Rating
Circle Hospital (Bath) Ltd Foxcote Avenue, Bath Business Park, Peasedown St John, Bath, Avon, BA2 8SQ	<ul style="list-style-type: none">• Treatment of disease, disorder or injury• Diagnostic and screening procedures• Surgical procedures	None	Good (Apr 2017)
Circle Hospital (Reading) Ltd 100 Drake Way, Reading, Berkshire RG2 0NE	<ul style="list-style-type: none">• Treatment of disease, disorder or injury• Diagnostic and screening procedures• Surgical procedures	None	Good (Oct 2019)
Circle Integrated Care Ltd Regent House, Wolseley Road, Kempston, Bedford, MK42 7NY	<ul style="list-style-type: none">• Treatment of disease, disorder or injury• Diagnostic and screening procedures• Surgical procedures	None	Good (Nov 2018)
Circle Nottingham Ltd Lister Road Nottingham NG7 2FT	<ul style="list-style-type: none">• Treatment of disease, disorder or injury• Diagnostic and screening procedures• Surgical procedures	None	Good (Dec 2016)

Mandatory Statements

Continued

Commissioning for Quality and Innovation (CQUIN) Payment Framework

A proportion of Circle's NHS income in 2019/20 was conditional on achieving quality improvement and innovation goals agreed between Circle 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 2019/20 are at <https://www.england.nhs.uk/wp-content/uploads/2019/03/ccg-cquin-1920-indicator-specifications-feb-2020.pdf>

Data Quality

Circle 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 submitted records

during 2019/20 to the Secondary Uses Service (SUS) for inclusion in the Hospital Episode Statistics which are included in the latest published data.

Below are the SUS submission percentages:

Reading

- **Outpatient**
- GP - 100%
- NHS - 99.98%
- **Admitted**
- GP - 100%
- NHS - 100%

Bath

- **Outpatient**
- GP - 100%
- NHS - 100%
- **Admitted**
- GP - 100%
- NHS - 100%

Nottingham

- **Outpatient**
- GP - 100%
- NHS - 99.99%
- **Admitted**
- GP - 100%
- NHS - 99.99%

Mortality and Morbidities

Circle monitors and records all mortalities and morbidities. All cases are reported and discussed at the monthly clinical unit meetings. Each month at Clinical Governance & Risk Management Committee, all cases are presented and

discussed for transparency and learning. All mortalities are again reviewed by Circle site Executive board.

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 participates in the PROMS survey for hip and knee total replacements for NHS patients. 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.

Data Security and Protection Toolkit (DSPT)

Due to Covid-19 the deadline of 31 March 2020 for the 2020/21 year was extended until September 2020 and Circle submitted a compliant entry by the required date.

Mandatory Statements

Continued

Working at Circle - 2019 Staff Engagement Survey

Circle's annual employee engagement survey was undertaken in January 2020, to get an understanding of employee satisfaction and engagement during the course of 2019. 411 staff employees took part in the survey with a response rate of 58%, compared to 45% in 2018.

The overall quantitative results were encouraging. Individuals were asked to rate their agreement with a number of statements on a scale of 1 to 5, with 1 being Strongly Disagree and 5 being Strongly Agree. The statements related to line management support, clarity of objectives, inclusion, empowerment and recognition, and 65% of responses scored more than 4.

84% of respondents stated that they were either

Extremely Likely or Likely to recommend Circle to family and friends if they needed care or treatment. In addition, 59% of respondents stated that they were either Extremely Likely or Likely to recommend Circle to family and friends as a place to work.

Respondents were given the opportunity to provide comments on what they enjoyed at Circle and what they would like to see improvements in. As in previous years, key areas of strength included Circle's culture and values, its positive, friendly and flexible working environment and its excellent patient care. Areas identified as needing improvement vary across our work sites, therefore bespoke, local action plans are underway.

Communication and training/development

appear to be recurrent themes. During the past year, we have increased our focus on management training to improve feedback loops, foster accountability and performance, support the creation of development plans, and improve access to development opportunities across the business. Our aim is to continue to build upon our recent successes to further enhance our talent management practices, to make Circle an even better place to work.

Over the page are the numerical results of the survey:

MANDATORY STATEMENTS

CONTINUED - Staff Survey results

Question	2018	2019
At work I have clear, well understood, objectives.	4.1	4
I have adequate materials and equipment to do my work well.	3.6	3.8
During the last week I have received praise for my work.	3.4	3.4
My immediate manager is supportive of me.	4.1	4.1
I am empowered to Stop the Line.	3.8	3.7
I feel that my opinions at work are valued.	3.7	3.6
I have the opportunity at work to do what I do best every day.	3.8	3.8
Average	3.79	3.77
% responses scoring 5	30%	31%
% responses scores 4+	66%	65%
% responses scores 3+	88%	87%

How likely are you to recommend Circle to family and friends as a place to work?	2018	2019
Extremely likely	21%	22%
Likely	42%	37%
Don't know	12%	14%
Neither likely nor unlikely	11%	14%
Unlikely	9%	8%
Extremely unlikely	6%	5%

How likely are you to recommend Circle to family and friends if they needed care or treatment?	2018	2019
Extremely likely	47%	43%
Likely	38%	41%
Don't know	6%	6%
Neither likely nor unlikely	5%	6%
Unlikely	2%	2%
Extremely unlikely	2%	2%

Mandatory Statements

Continued

Duty of Candour

Circle is compliant with 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 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.

Circle has a Duty of Candour Policy that applies to all facilities within Circle; issued in November 2016. The aim of the policy is to help all health professionals to apply Duty of Candour principles within their daily work. All incidents which trigger 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.

Freedom to Speak Up

Circle 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 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, the full investigation report is shared 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 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.

Seven day working

Circle undertakes patient care seven days per week. A Resident Medical Officer is on site in our hospitals twenty four hours per day with access to the patient's consultant as required. All patients who require admission also have a personalised discharge plan in place.

Mandatory Statements

Continued

Safeguarding

The Group Operating Board is accountable for and is committed to ensuring the safeguarding of children and all vulnerable adults in their care. The Group Director of Nursing and AHPs is the executive lead for safeguarding. Each Circle site has a safeguarding team comprised of the Site Registered Manager, a Named Doctor and a Named Nurse.

Circle 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.

Circle has a Safeguarding Policy that applies to all its facilities which was re-reviewed in May 2019. Circle adheres to the relevant local authority safeguarding procedures according to where the service is based geographically. All policies are

available to staff via the electronic policy library.

Circle provides all staff with level 2 training as a minimum standard. However where staff have contact with people under the age 18, staff are trained to level 3. The site Head of Nursing and AHPs/Clinical services and clinical chairpersons are also trained to level 3. The executive lead is trained to level 5.

Staff are able to contact the Named Nurse and out of hours the clinical on call, 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 capture reported safeguarding

incidents and these are discussed at the Clinical Governance and Risk Management Committee. The Group Operating Board takes the issue of safeguarding extremely seriously and receives an annual report on safeguarding.

Payment by Results

Circle was not subject to the Payment by Results clinical coding audit during 2019/20 by the Audit Commission.

Revalidation

Circle has embraced the process of revalidation for medical and nursing staff. This is fully implemented and compliance is monitored quarterly by the Circle Integrated Governance Committee.





CCG Statement

Berkshire West Clinical Commissioning Group (CCG) has reviewed the Circle Health Quality Account and is providing this response on behalf of Berkshire West CCG and associate CCGs across the Thames Valley. The Quality Account 2019/20 provides information for a wide range of quality measures giving a comprehensive review of quality of care and details upcoming priorities to be undertaken by the provider during 2020/21. There is evidence that Circle has relied on internal governance structures to maintain oversight and external assurance mechanisms to triangulate the available data to maintain and improve safety, quality and effectiveness of the patient population.

The CCG is satisfied with the accuracy of the data and information contained in the Account. The CCG supported the key priorities in 2019/20, identified within the domains of patient safety, clinical effectiveness and patient experience.

Clinical Priorities 2019/20:

To implement group wide process of electronic PROMS (Patient Reported Outcome Measures)

The CCG are pleased to note that Circle have fully achieved this in relation to Total Hip and Knees pathways, and also note that there is partial achievement for cataract and carpal tunnel patients

To ensure Private Healthcare Information Network (PHIN) data captured is captured for all surgical patients to ensure patient needs are met

The implementation of electronic PHIN data to improve response rates and capture feedback from surgical day case and in-patients is noted to be achieved which supported the ongoing effort to capture patient feedback and improve practices as required.

To improve the learning from incidents, complaints and investigations across the wider group

It is encouraging to see that Circle have maintained the ethos of shared learning across the organisation with overarching action planning.

The CCG are pleased that Circle has chosen to continue their focus on priorities within the domains of patient safety, experience and clinical effectiveness. We support the provider in its continuing focus on the results from 2020/21 priorities and the on-going requirements to further those improvement and strengthen priorities over the coming financial year through the integrated care system.

Debbie Simmons



Nurse Director - Berkshire West Clinical Commission Group
November 2020

Jargon Buster

CCG (Clinical commissioning groups)	They are clinically led statutory NHS bodies set up by the Health and Social Care Act 2012. They are responsible for the planning and commissioning of NHS health care services for their local area.
CGRMC (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 sites. 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 in place at Circle sites
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.
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
HRO	High Reliability Organisation

Jargon Buster

Continued

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
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 Health and Care Excellence

Jargon Buster

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
PHIN	Private Healthcare Information Network
PTL	Patient Tracking List
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
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
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 us on qualityandassurance@circlehealth.co.uk