

QUALITY ACCOUNT

2015/16





OUR CREDO

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

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Circle's Credo

Our purpose - To build a great company dedicated to our patients. Our parameters - We focus our efforts exclusively on: What we are passionate about, what we can become best at. What we value in our sustainability. Our principles - Put our patients above all else. We exceed our patients' expectations everytime so that they can have their loyalty. We strive to create a great experience and the value of the patient. We empower our patients and invest in their health.

From my first visit to the Treatment Centre to my discharge, everything was wonderful; even getting my car parked. I have worked in the health service for the past 50 years as a Registered Nurse, and I couldn't find one thing that you could do better. Excellent care.

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 that patients receive, and patient feedback about the 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 (2015/16); and
- the quality priorities for the forthcoming financial year (2016/17).

CircleNottingham is extremely proud to present its Quality Account for 2015/16. Our clinical units have worked very hard

to produce their own quality accounts that represent how motivated and driven they are to improve services for their patients.

We have also worked closely with our commissioners, the Patient and Public Engagement Group, CircleNottingham's Executive Board and CircleNottingham's Clinical Governance and 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.

ABOUT CIRCLENOTTINGHAM

CircleNottingham belongs to a group of companies owned by Circle. The Treatment Centre is the largest independent sector treatment centre in Europe. Circle is an employee co-owned partnership with a social mission to make healthcare simpler, better and smarter value for patients.

Circle is co-founded, co-run, and co-owned by clinicians and healthcare professionals. Because the clinicians and healthcare professionals who work for Circle have a sense of ownership for their work, they

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 to deliver the best care for patients, and our credo commits us to being 'above all, the agents of our patients'.

The services delivered at CircleNottingham, as with other CircleHealth hospitals, are divided into separate business units, named clinical units. Each clinical unit is led by an operations manager, a doctor, nurse and

administrator, and the unit has the freedom and authority to take decisions that impact upon patient care. They are also responsible for managing their own budgets. In this way, 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

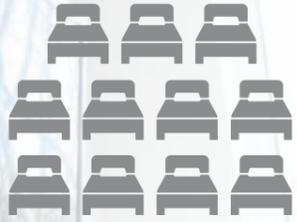
Core services

- Dermatology
- Endocrinology
- Hepatology
- Rheumatology
- Surgical terminations

Additional services

- Day case surgery, comprising five main theatres, three skin surgery theatres, a recovery ward and discharge lounge
- Diagnostic services
- Digestive diseases
- Endoscopy, comprising four endoscopy suites
- Gynaecology, including three colposcopy/hysteroscopy treatment rooms
- Light therapy
- Occupational therapy
- Ophthalmology
- Orthopaedics
- Pain services
- Physiotherapy
- Respiratory
- Rheumatology infusions
- Urology
- Vascular




11 BED
SHORT STAY UNIT
WITH DISABLED AND
BARIATRIC FACILITIES

DAY CASE:



**5 MAIN
THEATRES**
**3 SKIN SURGERY
THEATRES**

A RECOVERY WARD AND A DISCHARGE LOUNGE

FACILITIES

PROVIDED AT CIRCLENOTTINGHAM



**DIGITAL
AND 1 ANALOGUE
X-RAY
MACHINE,**

CT AND MRI SCANNERS, ULTRASOUND AND DEXA SCANNER



**4
ENDOSCOPY
SUITES AND
SEGREGATED RECOVERY AREA**



STATEMENT FROM THE GENERAL MANAGER



Q We remain committed to working with our commissioners, patients, GPs, staff and other stakeholders to develop different models of care, and ensure all services are affordable and sustainable for the future.

HELEN TAIT GENERAL MANAGER

Our Quality Account for 2015/16 demonstrates how solid foundations have been set for our patients to receive care differently; in locations close to their homes, and embracing technology to support self-care and health promotion.

In April 2015, Circle began providing the community-based orthopaedic Integrated Clinical Assessment and Treatment Service for Nottingham City Clinical Commissioning Group (CCG). The service provides a multidisciplinary approach for patients with musculoskeletal conditions, ensuring rapid access to triage, diagnostics and treatments. Circle is proud to have also won the contract to provide this service to Rushcliffe CCG from 1st April 2016, in partnership with Nottingham University Hospitals NHS Trust.

One of the most well-embedded tools that any Circle partner can use to escalate concerns and ensure safe practice is 'Stop the Line', a concept used in the motor industry, where production is stopped and brought to a standstill when a problem is identified. Circle has taken this approach and adapted it to the healthcare environment. The next step of the journey is to empower our patients, as well as our staff, and with this in mind, we launched 'It's OK to ask', which encourages patients to ask the clinician if they are unsure about any aspect of their care or treatment.

More patient pathways have been redeveloped to provide safe, high-quality care in a clinic environment rather than in a formal operating theatre. Pain injections, treatments for varicose veins and gynaecological investigations are amongst the many procedures now being undertaken in outpatients, enabling more patients to receive care in a more familiar setting and spend less time in hospital. Our Short Stay Unit is also busier than ever, with more patients in the last year choosing to have their major surgery at CircleNottingham.

With the desire for more patients to be seen closer to home and self-care wherever possible, Circle has been reviewing the use of technology to support patients and prevent the need to attend hospital where possible. The first patients to trial this method have been using Flo Simple Telehealth to monitor blood pressures to ensure suitability for surgery. Over 500 patients have also been assessed using teledermatology, where patients have had skin conditions photographed, reviewed by a dermatologist, and a diagnosis/plan provided back to their GP. Two thirds of the patients have not needed to be seen in hospital at all, preventing unnecessary attendances and ensuring that patients are rapidly diagnosed.

We remain committed to working with our commissioners, patients, GPs, staff and other stakeholders to develop different models of care, and ensure all services are affordable and sustainable for the future. This remains the single biggest challenge for all healthcare organisations and we must innovate and collaborate more than ever before. We continue to work extensively with other trusts, supporting them to reduce waiting lists by transferring patients to receive their care at CircleNottingham.

This Quality Account has been ratified by our Executive Board. 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.

Helen Tait
General Manager

ENGAGEMENT

During the process of preparing our Quality Account for 2015/16, we felt that it was really important to have an integrated approach, whereby, no one view was more important than another. We consulted with our staff at partnership events, engaged patient and public views, and scanned the NHS landscape. We also discussed quality priorities with our commissioners at our quality review meetings, general practitioners via our primary care manager, and other stakeholders during the course of the financial year.

As a company, we also wanted to ensure we had one voice, one vision, one team. Individual quality accounts were developed

by each clinical unit, but also collective views of the Board and its subcommittees were sought. We have used our quality priorities to influence the corporate quality objectives, and have undertaken streams of work (such as Stop the Line and Compassion in Care) across all of the Circle hospitals, and intend to continue this going forward.

Our approach was multidimensional; we wanted to take a snapshot of the whole year's data and effectively consider all information available to us. We wanted our priorities to be holistic so that our quality priorities could build on the existing excellent work delivered in the previous financial year.



PART TWO



Excellent communication skills.
I was made to feel very welcome
and comfortable. Very professional as well.

ACHIEVEMENT AGAINST QUALITY IMPROVEMENT PRIORITIES FOR 2015/16

QUALITY DOMAIN	OUR QUALITY PRIORITIES FOR 2015/16	SUCCESS MEASURES FOR 2015/16
Patient experience, patient safety and clinical effectiveness	<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>	<ul style="list-style-type: none"> Extend MRI opening hours Maximise use of our beds Care Quality Commission (CQC) inspection – feedback and recommendations Embed mystery shopper in the SSU
	<p>'No decision about you without you' We will continue to empower and support our patients to make informed decisions about their care</p>	<ul style="list-style-type: none"> Continue to expand and work with our Patient and Public Engagement (PPE) Group An annual programme of health promotion
	<p>'Right first time' Right appointment, right clinician, most convenient location</p>	<ul style="list-style-type: none"> Work with commissioners to develop community clinics and care closer to home Roll-out teledermatology across the health economy Peer review programme to benchmark against best practice
	<p>'Better than the rest' We will continually improve the quality of our services by delivering our national and local Commissioning for Quality and Innovation (CQUIN) initiatives for 2015/16</p>	<ul style="list-style-type: none"> Promote our involvement in research through publication Support implementation of digital health records Roll-out of the Care Certificate for healthcare assistants (HCAs) across the Treatment Centre Build on our partnership agreements with universities and Health Education East Midlands (HEEM) Continue to develop specialist nurse and nurse consultant roles CQUINs: <ul style="list-style-type: none"> Falls Pressure ulcers Patient experience in the termination of pregnancy pathway Complaint response times

2015/16 PROGRESS	STATUS
<ul style="list-style-type: none"> MRI opening hours have been extended to include evenings and weekends 	Achieved
<ul style="list-style-type: none"> Short Stay Unit (SSU) occupancy continues to increase and remains a focus in 2016/17 	Ongoing
<ul style="list-style-type: none"> Our CQC inspection rated the Treatment Centre as 'good' overall, with 'outstanding' in safe for surgery. The termination of pregnancy pathway was rated as 'requires improvement', and we have worked hard over the past year to make the required improvements 	Achieved (further inspection of termination of pregnancy pathway in 2016)
<ul style="list-style-type: none"> The mystery shopper is embedded in the SSU, and feedback is reviewed every month by the unit team, with action taken as required 	Achieved
<ul style="list-style-type: none"> We continue to work closely with our PPE Group, and while the group has expanded slightly, this will remain a focus in 2016/17 	Achieved
<ul style="list-style-type: none"> An annual programme of health promotion has been established and is working well 	Achieved
<ul style="list-style-type: none"> We continue to work with commissioners to develop community clinics and deliver care closer to home. Our community clinic provision had expanded to 10 sites during 2015/16. This will remain a focus in 2016/17 	Achieved
<ul style="list-style-type: none"> Teledermatology has been rolled out successfully 	Achieved
<ul style="list-style-type: none"> Our peer review programme to benchmark against best practice commenced with an initial focus on the termination of pregnancy pathway. A wider programme is currently being developed 	Ongoing
<ul style="list-style-type: none"> Throughout 2015/16, we have started to develop a robust structure and process to ensure the Treatment Centre is recognised as a centre for research, and to be recognised through publication 	Achieved
<ul style="list-style-type: none"> We continue to support the implementation of digital health records 	Achieved
<ul style="list-style-type: none"> We have rolled out the Care Certificate for HCAs across the Treatment Centre. Every new HCA commences this, and the majority of substantive staff are either working through or have completed it 	Achieved
<ul style="list-style-type: none"> We have continued to build strong partnerships with universities, and have developed clear links with HEEM 	Achieved
<ul style="list-style-type: none"> Our specialist nurse and consultant nurse numbers have continued to grow 	Achieved
<ul style="list-style-type: none"> We have improved systems and processes, resulting in better care and patient experience relating to our CQUINs: <ul style="list-style-type: none"> Falls Pressure ulcers Patient experience in the termination of pregnancy pathway Complaint response times 	Achieved

REVIEW OF QUALITY PERFORMANCE 2015/16

BEST CLINICAL OUTCOMES

Incident reporting

At CircleNottingham, 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 other 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's (CQC) *Essential Standards of Quality and 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 2,854 incidents in 2015/16, compared to 2,082 incidents in 2014/15; this is an increase of 772 incidents from the previous year, which shows the consistent reporting rate at the centre. Incident reporting represented 1.25% of our annual activity for 2015/16, which is higher than our internal target of 0.9%.

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 healthcare'. Three serious incidents were identified during 2015/16; two relating to information governance, and one regarding dosage during diagnostic imaging.

Never events are defined as 'serious, largely preventable patient safety incidents that should not occur if the available preventative measures have been implemented'. There were no never events recorded in 2015/16.

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's *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.

CircleNottingham received 117 safety alerts during 2015/16, 18 of which were applicable to all/some of the services that we provide: 5 NHS England patient safety alerts; 1 estates and facilities; 3 drug alerts; 2 field safety notices; 2 medical device alerts; and 5 from the Department of Health.

All CAS alerts were sent to the clinical units within 24 hours of receipt; they were actioned and closed within the relevant timescales.

INCIDENT REPORTING

OUR STAFF REPORTED A TOTAL OF

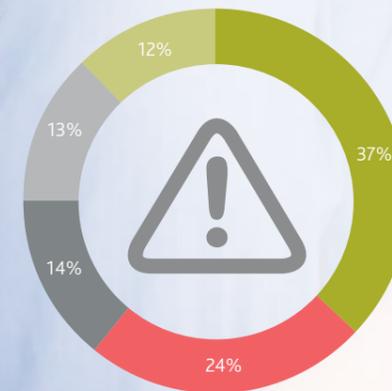
2,854 INCIDENTS

COMPARED TO 2,082 INCIDENTS IN 2014/15



BEST CLINICAL OUTCOMES

THE TOP FIVE INCIDENT CATEGORIES FOR 2015/16 ARE DETAILED BELOW. WE HAVE USED THIS INFORMATION TO INFORM OUR QUALITY IMPROVEMENT PRIORITIES FOR 2016/17:



- ACCESS, APPOINTMENT, ADMISSION, TRANSFER, DISCHARGE
- PATIENT INFORMATION (RECORDS, DOCUMENTS, TEST RESULTS, SCANS)
- TREATMENT PROCEDURE
- CONSENT, CONFIDENTIALITY OR COMMUNICATION
- CLINICAL ASSESSMENT (INVESTIGATIONS, IMAGES AND LAB TESTS)

REVIEW OF QUALITY PERFORMANCE 2015/16

Continued

BEST PATIENT EXPERIENCE

Claims

Four claims against CircleNottingham were closed during 2015/16: two were withdrawn; and two resulted in a settlement.

Patient surveys

At CircleNottingham, we believe that patient feedback is essential as it provides a rich source of information about the quality of the services we provide. As an organisation, we have set out the key principles in our credo to ensure that we listen and act upon what our patients tell us. The most effective way has been through the use of a rapid response card, providing real-time information which is promptly acted upon by the clinical teams. In 2015/16, electronic tablets have continued to be used to collect feedback on each of our clinical units so that patients have increased opportunity to feed back about our services.

The standard question that we use is 'how likely is it that you would recommend us?' Respondents indicate this likelihood on a five-point rating scale. Those indicating 'extremely likely' and 'likely' are classed as 'would recommend' the service; those indicating 'unlikely' or 'extremely unlikely' are classed as 'would not recommend' the service; and those who are 'neither likely nor unlikely', 'unsure' or haven't stated are classed as 'passive'. The 'would recommend' score is the number of responses recommending the service over the total number of responses received. A score of 95% or above is considered high. During 2015/16, our average 'would recommend'

score was 97.45%, and we had an excellent response rate from our patients with an average of 23.7%, which exceeds our 20% target.

Patient and Public Engagement (PPE) Group

The group consists of former and current patients, and members of the public. CircleNottingham is constantly seeking ways to develop and improve services and patient experience; PPE members assist the centre in providing views, recommendations and support towards implementing various projects and initiatives. Visiting a healthcare facility is an anxious time for most patients, and PPE members appreciate this; therefore, their opinions are important in enabling the centre to benefit from a visitor's perspective.

Our members have been involved in the following projects in 2015/16:

- Patient information
- Reviewing changes to services
- Reviewing the centre's Annual Report
- Attending patient champion meetings
- Attending partnership events

Complaints, concerns, comments, compliments and Patient Advice and Liaison Service (PALS)

At CircleNottingham, we place feedback from our patients at the very heart of our service, and utilise this feedback to ensure that we are maintaining high standards of care. We operate a complaints process that

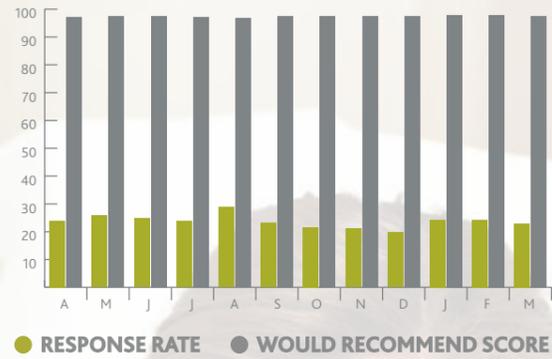
responds flexibly, promptly and effectively to the justifiable concerns of complainants. This enables us to address unacceptable practices promptly, support complainants effectively, and promote public confidence in our services.

501 pieces of feedback were received during 2015/16, comprising: 130 complaints; 25 concerns; 71 comments; 139 PALS enquiries; and 136 compliments.

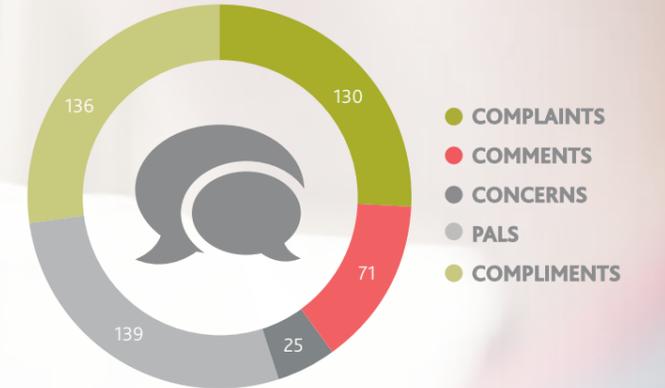
Complaints and concerns represent 31% of the feedback we received during 2015/16, compared to 43% in 2014/15. There is no apparent trend in terms of clinical unit or theme. We have seen a slight decrease in the number of PALS we have received from 163 in 2014/15 to 139 in 2015/16. This is not incidental and is reflective of the excellent work that the gateways have been doing to resolve patient, family and carer issues as early as possible without the concern needing to be escalated through the 4Cs process.

The comparison data demonstrates that our approach is working extremely well. We continue to deal with feedback from our patients, families and carers as patients feel more comfortable raising concerns and queries about their care.

PATIENT SURVEYS

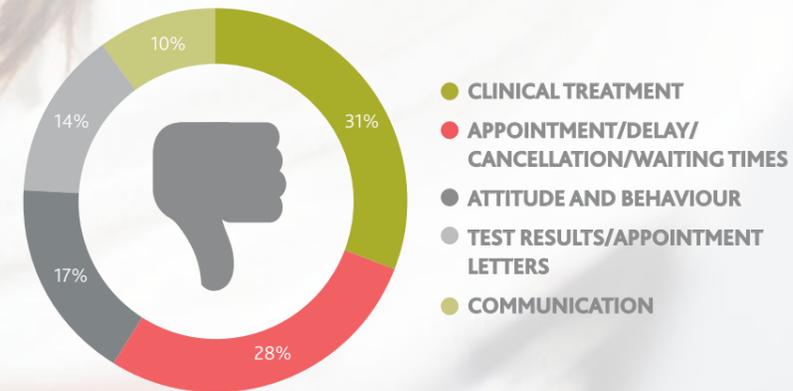


FEEDBACK RECEIVED

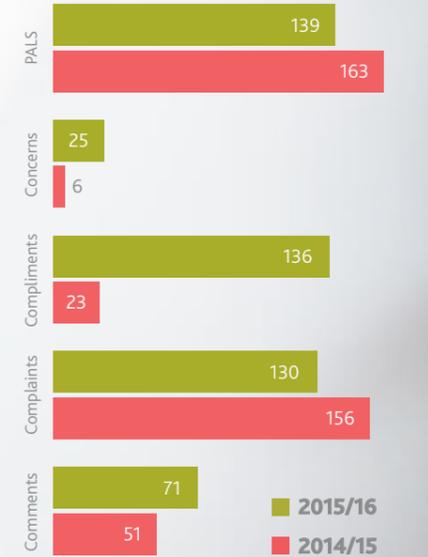


BEST PATIENT EXPERIENCE

THE TOP FIVE THEMES FROM COMPLAINTS AND CONCERNS DURING 2015/16 ARE AS FOLLOWS:



WE HAVE USED THIS INFORMATION TO FEED INTO OUR QUALITY IMPROVEMENT PRIORITIES FOR 2016/17.



QUALITY IMPROVEMENT PRIORITIES FOR 2016/17

QUALITY DOMAIN	OUR QUALITY PRIORITIES FOR 2016/17	SUCCESS MEASURES FOR 2016/17	WHY THIS IS IMPORTANT TO US	MONITORING AND REPORTING RESPONSIBILITIES	
Patient experience, patient safety and clinical effectiveness	<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>	<ul style="list-style-type: none"> • Continue to maximise use of our beds • Making every contact count Commissioning for Quality and Innovation (CQUIN) • Continue to improve intentional rounding in outpatients • Develop our health and wellbeing CQUIN agenda • Build on the use of technology to improve clinical outcomes and reduce attendances 	<ul style="list-style-type: none"> • We want to ensure that overnight beds are available for patients that need them, and that we are filling our beds on a daily basis • We want to ensure that we utilise every opportunity to provide support for people who wish to stop smoking, reduce alcohol intake and/or obtain further advice on diet and exercise • We want to assure ourselves that all our patients are kept comfortable, and receive care and attention when waiting to be seen in our outpatient departments • We are committed to ensuring the health and wellbeing of our staff and patients is at the forefront of what we do • We want to ensure we utilise technology to improve care delivery and clinical outcomes 	Executive Board	
	<p>'No decision about you without you' We will continue to empower and support our patients to make informed decisions about their care</p>	<ul style="list-style-type: none"> • Fully involve our Patient and Public Engagement Group in service developments • Continuing Friends and Family Test • Ensure the ability to continue to treat appropriately with antibiotics, in line with the national CQUIN 	<ul style="list-style-type: none"> • We believe you should be an equal partner in making decisions about your care • We want to assure ourselves that we are offering the best experience to patients and act on feedback given • Our patients will be informed of the best medication suitable for their needs, in line with antimicrobial resistance and antimicrobial stewardship 		Executive Board
	<p>'Right first time' Right appointment, right clinician, most convenient location</p>	<ul style="list-style-type: none"> • Work with commissioners to develop community clinics and care closer to home • Further develop the opportunities for telemedicine • Movement of services into appropriate care setting • Efficient investigation, diagnosis and treatment of cancer to ensure a positive patient experience and cancer outcome, in line with the local CQUIN 	<ul style="list-style-type: none"> • We are committed to working with commissioners to develop community clinics and care closer to home • We want to review how telemedicine can be utilised to improve patient care • We are committed to ensuring you see the right clinician at the right appointment, and in the best location for you • The 62-day pathway encompasses the entire patient journey from initial referral from general practitioner to beginning of treatment 		Executive Board
	<p>'Better than the rest' We will continually improve the quality of our services by delivering our national and local CQUIN initiatives for 2016/17</p>	<ul style="list-style-type: none"> • Build a research portfolio and demonstrate quality of teaching • Continue to support implementation of digital health records • Further develop the roles of specialist nurses and nurse consultants • Scope the potential for assistant practitioners • Partnership working with Health Education East Midlands • Ensure that we are continuously providing our teams with support to maintain a healthy wellbeing, by encouraging all frontline staff to receive a flu vaccination as per the national CQUIN 	<ul style="list-style-type: none"> • We are committed to delivering safe and effective high-quality patient care at all times • We want to stimulate continuous improvement in processes and patient outcomes, maintaining your confidence in our services • We want to promote research, education and learning to ensure our staff are the best they can be, and we are recognised as a centre of excellence in these areas • We want to continually assure ourselves that the services we offer deliver excellence every time • It is important to support our teams in maintaining a healthy wellbeing, which will ensure our patients' safety and experience • Monthly audits to be implemented to monitor and ensure our patients' needs are met 		Executive Board



Q I bring my partner for check-ups occasionally and it is always a pleasure to visit Circle. Upon arrival, it is instantly bright and cheerful, but with a very calm atmosphere. The openness of the whole site is stunning. The staff on reception are always friendly and helpful. Cafeteria is first class.

VISITOR CIRCLENOTTINGHAM

MANDATORY STATEMENTS

Review of services

During 2015/16, CircleNottingham provided and/or sub-contracted five core and a number of additional NHS services. CircleNottingham has reviewed all the data available to them on the quality of care provided in all of these NHS services.

Participation in clinical audits and national confidential enquiries

During 2015/16, three national clinical audits and no national confidential enquiries covered NHS services that CircleNottingham provides (see table below).

During that period, CircleNottingham participated in 100% of national clinical audits which it was eligible to participate in.

The national clinical audits that CircleNottingham was eligible to participate in, and for which data collection was completed during 2015/16, are listed below, alongside the number of cases submitted to each audit or enquiry as a percentage of registered cases required by the terms of that audit.

The reports of three national clinical audits were reviewed in 2015/16, and we intend 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 audits 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 audits and national confidential enquiries at the Clinical Governance and Risk Management Committee (CGRMC) to encourage staff engagement. Share the learning and ensure continuous quality improvement of all our services.

The reports of 77 local clinical audits were reviewed by CircleNottingham in 2015/16, and we intend 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 CGRMC 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 CircleNottingham and Nottingham University Hospitals NHS Trust (NUH). Where the Treatment Centre only manages a small part of a patient's pathway, an agreement is in place that information will be utilised from the shared healthcare record and included in the relevant shared audits.

In addition to participating in national clinical audits, national confidential enquiries and local clinical audits, CircleNottingham also undertakes a facility-wide programme of audits in relation to the following areas: health and safety; information governance; medical records; infection prevention and control; hand hygiene; environmental hygiene; fire safety; medical gases; controlled drugs and decontamination.

The local clinical audits that CircleNottingham participated in during 2015/16 are listed on the following page.

NAME OF AUDIT	DEPARTMENT	COMPLIANT
Elective surgery (National PROMs Programme)	General surgery, orthopaedic surgery and vascular surgery	Yes
National Joint Registry (NJR)	Orthopaedics	Yes
Rheumatoid and early inflammatory arthritis	Rheumatology	Yes

MANDATORY STATEMENTS

Continued

NAME OF LOCAL AUDIT	AUDIT CATEGORY	COMPLETE/ ONGOING	PERCENTAGE OF CASES SUBMITTED
Dermatology			
The use of biological therapy for treatment of psoriasis	National Institute for Health and Care Excellence (NICE)	Complete	100%
Staff compliance of personal protective equipment in light therapy	Health and Safety Executive	Complete – ongoing monthly audit	100%
The use of alitretinoin in Gateway A	NICE/British Association of Dermatologists	Complete	100%
Biopsy audit for 12 point plan and to review service	CircleNottingham in-house departmental audit/service evaluation	Ongoing	100%
Audit of biopsies to ensure accuracy	CircleNottingham in-house departmental audit/service evaluation	Complete	100%
The appropriateness of acute dermatology referrals	CircleNottingham in-house departmental audit/service evaluation	Complete	100%
Laser protection audit	Health and Safety Executive	Complete	100%
Complete excision rates of basal cell carcinomas (BCCs)	CircleNottingham in-house departmental audit/service evaluation	Ongoing	100%
Dressings audit	CircleNottingham in-house departmental audit/service evaluation	Complete	100%
Consent form audit and patient survey in skin surgery	CircleNottingham in-house departmental audit/service evaluation	Complete	100%
The use of fumaderm in Gateway A	CircleNottingham in-house departmental audit/service evaluation	Complete	100%
Pregnancy Prevention Programme for isotretinoin	NICE/British Association of Dermatologists	Ongoing	100%
Activity and audit of the Keyworth Skin Surgery Service	CircleNottingham in-house departmental audit/service evaluation	Complete	100%
The use of omalizumab for previously treated chronic spontaneous urticaria	NICE/British Association of Dermatologists	Complete	100%
Telephone clinic patient satisfaction survey	CircleNottingham in-house departmental audit/service evaluation	Ongoing	100%
Non-melanoma skin cancer excision	British Association of Dermatologists	Complete	100%
Usage of K bandaging systems in dressings area Gateway A	CircleNottingham in-house departmental audit/service evaluation	Ongoing	100%

NAME OF LOCAL AUDIT	AUDIT CATEGORY	COMPLETE/ ONGOING	PERCENTAGE OF CASES SUBMITTED
Pain management			
Pain management EQ-5D scores	CircleNottingham in-house departmental audit/service evaluation	Ongoing	100%
Ophthalmology			
Ophthalmology audit	CircleNottingham in-house departmental audit/service evaluation	Ongoing	100%
Respiratory			
Insomnia Clinic service evaluation	CircleNottingham in-house departmental audit/service evaluation	Complete	100%
Respiratory nurse-led service	CircleNottingham in-house departmental audit/service evaluation	Ongoing	100%
Diagnostic imaging			
Audit of turnaround for MRI and CT reports	CircleNottingham in-house departmental audit/service evaluation	Complete	100%
Rolling IRMER 2000 compliance audit	Department of Health – Ionising Radiation (Medical Exposure) Regulations 2000 (IRMER)	Complete	100%
Audit of management of 'did not attend' patients for appointed studies	CircleNottingham in-house departmental audit/service evaluation	Ongoing	100%
Arrival of consultants for ultrasound lists	CircleNottingham in-house departmental audit/service evaluation	Ongoing	100%
Radiographic positioning of sacroiliac joint	CircleNottingham in-house departmental audit/service evaluation	Complete	100%
Orthopaedics			
Elective surgery (National PROMs Programme)	National Clinical Audit (NCA) Programme	Ongoing	100%
National Joint Registry (NJR)	NCA Programme	Ongoing	100%
Pre and post-op carpal tunnel functional outcomes	CircleNottingham in-house departmental audit/service evaluation	Ongoing	100%
Return to function after arthroscopic shoulder surgery	CircleNottingham in-house departmental audit/service evaluation	Complete	100%
The reliability of shoulder ultrasound for rotator cuff tear	CircleNottingham in-house departmental audit/service evaluation	Complete	100%

MANDATORY STATEMENTS

Continued

NAME OF LOCAL AUDIT	AUDIT CATEGORY	COMPLETE/ ONGOING	PERCENTAGE OF CASES SUBMITTED
Endocrinology			
Pituitary apoplexy audit	The Society for Endocrinology	Complete	100%
Advice and guidance audit	CircleNottingham in-house departmental audit/service evaluation	Ongoing	100%
Endocrinology 28-day questionnaire	CircleNottingham in-house departmental audit/service evaluation	Complete	100%
Rheumatology			
Rheumatoid and early inflammatory arthritis	NCA Programme	Complete	100%
The use of sub-cutaneous anti-TNF medication in rheumatology	NICE/British Society of Rheumatology	Complete	100%
Patient and staff experience of the rheumatology nurse advice line	CircleNottingham in-house departmental audit/service evaluation	Complete	100%
The use of rituximab for rheumatoid arthritis on medical day case	NICE/British Society of Rheumatology	Complete	100%
Tocilizumab for the treatment of rheumatoid arthritis	NICE/British Society of Rheumatology	Complete	100%
Audit of rituximab for ANCA vasculitis	NICE/British Society of Rheumatology	Ongoing	100%
Evaluation of musculoskeletal ultrasound service in Rheumatology Department	CircleNottingham in-house departmental audit/service evaluation	Ongoing	100%
Use of iloprost in medical day case	CircleNottingham in-house departmental audit/service evaluation	Ongoing	100%
Subcut methotrexate usage – qualitative analysis of methotrexate use and review of switching reasons	CircleNottingham in-house departmental audit/service evaluation	Ongoing	100%
Service evaluation of the combined respiratory rheumatology connective tissue clinic	CircleNottingham in-house departmental audit/service evaluation	Ongoing	100%

NAME OF LOCAL AUDIT	AUDIT CATEGORY	COMPLETE/ ONGOING	PERCENTAGE OF CASES SUBMITTED
Gynaecology			
The use of pessaries in gynaecology outpatients	CircleNottingham in-house departmental audit/service evaluation	Complete	100%
Service evaluation of the SMS text messaging service in Gateway F	CircleNottingham in-house departmental audit/service evaluation	Complete	100%
KC65 – colposcopy clinics: referrals, treatments and outcomes	Health and Social Care Information Centre (HSCIC)	Complete	100%
Patient experience of the consent process prior to gynaecological surgery	CircleNottingham in-house departmental audit/service evaluation	Complete	100%
DySIS colposcopy patient feedback questionnaire	CircleNottingham in-house departmental audit/service evaluation	Ongoing	100%
Day surgery/Short Stay Unit			
World Health Organization (WHO) surgical safety checklist	CircleNottingham in-house departmental audit/service evaluation	Ongoing	100%
Termination of pregnancy audit	CircleNottingham in-house departmental audit/service evaluation	Ongoing	100%
Enhanced recovery audit	CircleNottingham in-house departmental audit/service evaluation	Ongoing	100%
Theatre efficiency in Gateway G	CircleNottingham in-house departmental audit/service evaluation	Complete	100%
Endoscopy			
Unplanned discharges in Gateway H	CircleNottingham in-house departmental audit/service evaluation	Complete	100%
Qualitative assessment of microlette enema use	CircleNottingham in-house departmental audit/service evaluation	Complete	100%
Audit to assess the use and preparation of indigo carmine	CircleNottingham in-house departmental audit/service evaluation	Complete	100%
Endoscopist performance and audit documents required for JAG accreditation	The Joint Advisory Group on GI Endoscopy	Complete	100%
Compliance with the 'stop' moment	CircleNottingham in-house departmental audit/service evaluation	Ongoing	100%
Bowel cleansing audit	CircleNottingham in-house departmental audit/service evaluation	Ongoing	100%
Audit to assess quality of endoscopy referrals	CircleNottingham in-house departmental audit/service evaluation	Ongoing	100%

MANDATORY STATEMENTS

Continued

NAME OF LOCAL AUDIT	AUDIT CATEGORY	COMPLETE/ ONGOING	PERCENTAGE OF CASES SUBMITTED
Digestive diseases			
Oesophago-gastric cancer (NAOGC)	NCA Programme N.B. CircleNottingham provides data to contribute to the NCA Programme, registered by Nottingham University Hospitals NHS Trust (NUH)	Ongoing	100%
National Prostate Cancer Audit	NCA Programme N.B. CircleNottingham provides data to contribute to the NCA Programme, registered by NUH	Ongoing	100%
Bowel cancer (NBOCAP)	NCA Programme N.B. CircleNottingham provides data to contribute to the NCA Programme, registered by NUH	Ongoing	100%
IBD helpline audit	CircleNottingham in-house departmental audit/service evaluation	Ongoing	100%
IBD service evaluation	CircleNottingham in-house departmental audit/service evaluation	Ongoing	100%
Experience and outcomes of patients with coeliac disease, referred to the dietetic service	CircleNottingham in-house departmental audit/service evaluation	Ongoing	100%
The use of naloxegol in Gateway I	NICE/British Society of Gastroenterology	Complete	100%
Transfer of patients from Gateway I to inpatient setting	CircleNottingham in-house departmental audit/service evaluation	Ongoing	100%
Outcomes in patients with irritable bowel syndrome, referred to the dietetic advice	CircleNottingham in-house departmental audit/service evaluation	Ongoing	100%
Community clinics			
Service evaluation of pre-assessment and clinic utilisation	CircleNottingham in-house departmental audit/service evaluation	Complete	100%
Short Stay Unit			
Audit of patient satisfaction of food provided	CircleNottingham in-house departmental audit/service evaluation	Complete	100%
Prescriptions for over-the-counter medications in the Short Stay Unit	CircleNottingham in-house departmental audit/service evaluation	Complete	100%
Controlled drugs audit	CircleNottingham in-house departmental audit/service evaluation	Ongoing	100%

Participation in clinical research

CircleNottingham jointly hosts clinical research in conjunction with NUH. The number of projects related to NHS services provided by CircleNottingham in 2015/16, that were undertaken and approved by a research ethics committee, was 23.

All research proposals undergo rigorous checks before clinical research can be undertaken at CircleNottingham. 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

CircleNottingham is required to register with the CQC, and its current registration status is good. The CQC has not taken enforcement action against CircleNottingham during 2015/16. CircleNottingham has the following conditions on registration:

Site

Nottingham NHS Treatment Centre
Queen's Medical Centre Campus
Lister Road
Nottingham
NG7 2FT

Regulated activity

- Treatment of disease, disorder or injury
- Diagnostic and screening procedures
- Surgical procedures
- Family planning
- Termination of pregnancies (of pregnancy for patients at no more than 14 weeks gestation within CircleNottingham)

Conditions of regulated activity

Regulated activity must not be undertaken on persons under the age of 18 years.

CQC inspections

CircleNottingham has participated in one arranged inspection by the CQC, which occurred from 27 to 28 January 2015. The following services were subject to review:

- Surgery
- Outpatients and diagnostic imaging
- Termination of pregnancy

The Treatment Centre received an overall rating of 'good', with surgery being graded as 'outstanding' in the safe domain.

CQC inspection area ratings

(Latest report published on 12 May 2015)

- Safe – good
- Effective – good
- Caring – good
- Responsive – good
- Well-led – good

CQC inspections and ratings of specific services

(Latest report published on 12 May 2015)

- Termination of pregnancy – requires improvement
- Surgery – outstanding
- Outpatients – good

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

Commissioning for Quality and Innovation (CQUIN) payment framework

A proportion of CircleNottingham's income in 2015/16 was conditional on achieving quality improvement and innovation goals agreed between CircleNottingham and

any person or body they entered into a contract, agreement or arrangement with for the provision of NHS services, through the CQUIN payment framework.

Further details of the agreed goals for 2015/16 and for the following 12-month period are available electronically at www.england.nhs.uk/wp-content/uploads/2015/03/9-cquin-guid-2015-16.pdf

Data quality

CircleNottingham maintains a high level of data quality, and will be taking the following action to continuously improve data quality on an ongoing basis:

- Quarterly (at minimum) performance meetings to review performance data, identify any areas of improvement and monitor implementation of those improvements.

Secondary Uses Service

CircleNottingham submitted records during 2015/16 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:

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

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

- 99.9% for admitted patient care
- 99.9% for outpatient care

Information Governance Toolkit

CircleNottingham's Information Governance Assessment Report overall score for April 2015 to March 2016 was 80% and was graded 'green'.

MANDATORY STATEMENTS

Continued

NHS Staff Survey results

In line with the Workforce Race and Equality Standard, CircleNottingham reported the following percentages in the most recent NHS Staff Survey results:

- Percentage of staff experiencing harassment, bullying or abuse from other staff is 16%.
- Percentage of staff believing that CircleNottingham provide equal opportunities for career progression is 92%.

Payment by Results

CircleNottingham was not subject to the Payment by Results clinical coding audit during 2015/16 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 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, and Safety Alert 2009.

Circle has a Duty of Candour policy that applies to all facilities within CircleNottingham; this policy was issued in April 2015. The aim of the policy is to help all health professionals to apply Duty of Candour principles within their daily work. All incidents which involve Duty of Candour are discussed within the CGRMC meetings on a monthly basis, which are then taken to the Executive Board.

Revalidation

CircleNottingham has embraced the process of revalidation for medical staff in 2015. This is fully implemented, and compliance is monitored quarterly by CircleHealth's Integrated Governance Committee.

Safeguarding

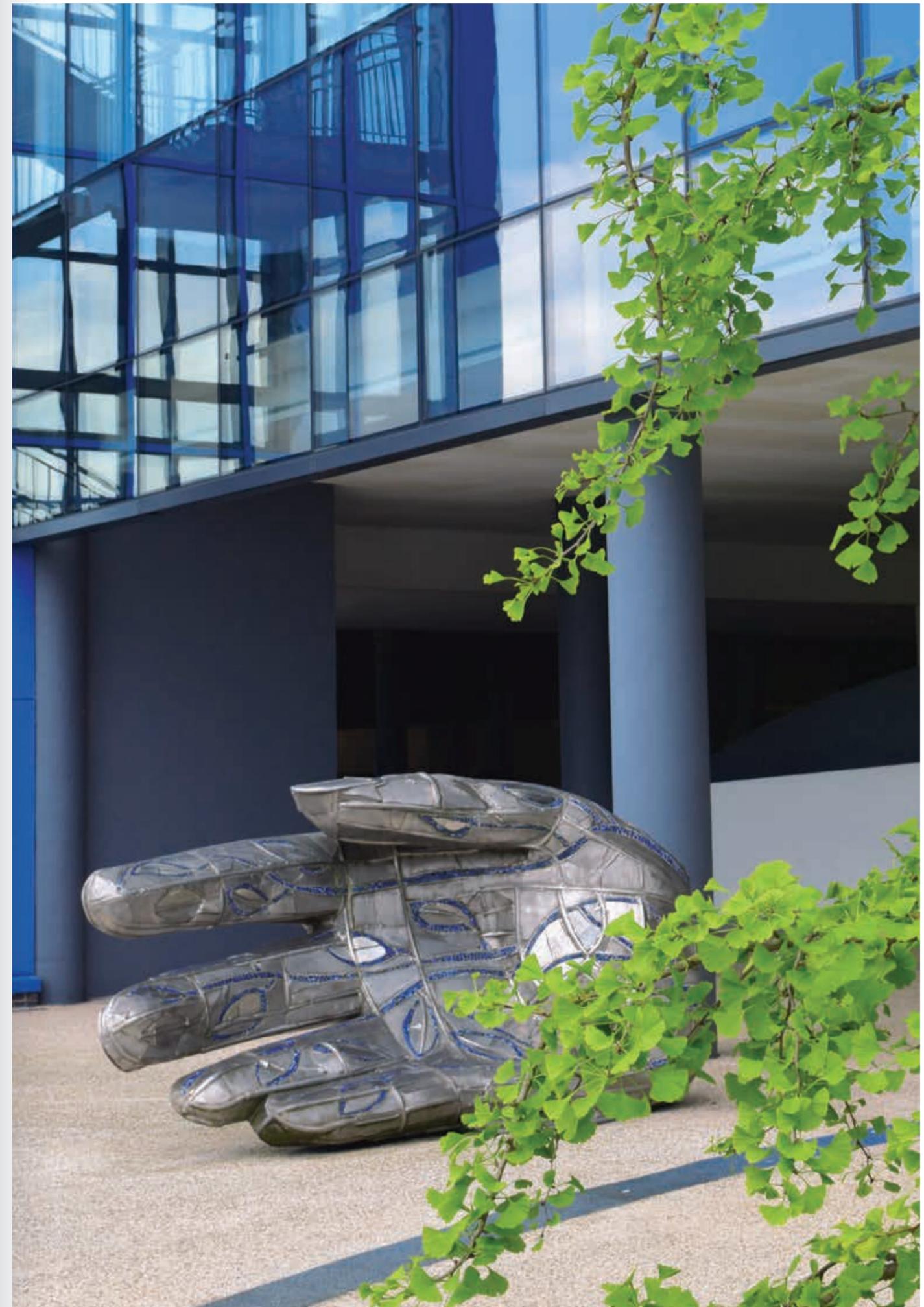
The Executive Board is accountable for and committed to ensuring the safeguarding of children and all vulnerable adults in their care. CircleNottingham also has a responsibility to liaise with other agencies and provide information to them where necessary, to ensure the ongoing safety of children and vulnerable adults once they leave our care. CircleNottingham's safeguarding team comprises an executive

lead, a named nurse and a named doctor who attend the Operational Management Board, a sub-committee of the Local Safeguarding Children's Board, and the Safeguarding Partnership meetings.

Circle has a safeguarding policy that applies to all its facilities, including CircleNottingham, which was rereviewed in March 2016. CircleNottingham adheres to the Nottinghamshire Local Authority safeguarding procedures. All policies are available to staff via the electronic policy library.

CircleNottingham provides all staff with Level 2 training in safeguarding, and provides an update every two years. An annual staff leaflet is circulated, which provides the contact details of the safeguarding leads and other useful telephone numbers.

In addition, safeguarding issues are reported to the CGRMC (sub-committee of the Executive Board) which meets monthly. The Executive Board takes the issue of safeguarding extremely seriously, and receives an annual report on safeguarding children.





Everything was great
– most impressed.
Your reception and waiting
area resembles an Emirates
Business Class airport.

PATIENT CIRCLE NOTTINGHAM

PART THREE



Attention to detail for the patient's needs and requirements has been fantastic.

GATEWAY A PATIENT CIRCLENOTTINGHAM



GATEWAY A

Dermatology quality account

About the clinical unit

The dermatology service consists of an outpatient and skin surgery department, which work together as one clinical unit. We have a unified team with a cohesive approach to ensure that our patients experience evidence-based compassionate care throughout their pathway. The team appreciates and understands the impact that these dermatological conditions can have on a patient's life, and so aims to instill confidence in patients when they are faced with acute and chronic skin conditions.

There has been a rapidly changing backdrop to the dermatology landscape in the East Midlands, and a number of major changes to the service in Nottingham. This has had an impact on the Treatment Centre, with an additional workload following the cessation of the acute adult dermatology service at Nottingham University Hospitals NHS Trust (NUH) in July 2015. The team has conducted itself in an extremely professional manner, and has been proactive in engaging with commissioners, NUH and other local trusts to work towards a more stable future. We were pleased to note that even as the wider dermatology service across Nottingham came under scrutiny, at no time did anyone doubt the team at the Treatment Centre was able to provide a good service, which has been consistently maintained since 2008. The independent review into dermatology noted that staff felt CircleNottingham was a good place to work. The department received extremely positive feedback from inspectors during the Care Quality Commission inspection

in January 2015, and our skin surgery team was rated 'outstanding' in the subsequent report.

The unit has faced challenges at a national level, as well as locally, in respect of recruitment of clinical staff, who are greatly sought after due to the national shortage of consultant dermatologists. Despite this growing problem, CircleNottingham has been able to attract two substantive consultants, an additional advanced nurse practitioner, a clinical fellow and a skin surgery fellow. This has added to the solid foundations that we have in place to meet the challenges going forward.

2016/17 will provide similar challenges in respect of the increasing patient numbers, which has been a year-on-year trend. We also have a new set of recruits to the administrative team, following the departure of long-term employees towards the end of 2015. There is a real focus on completing the recruitment for existing vacancies as soon as possible in 2016, and ensuring that they are inducted and trained in the most effective way. In addition, we will continue to engage in local discussion about the dermatology situation in the East Midlands, and be supportive of a collaborative approach to ensure that patients in the region receive the best possible care.

Our team comprises nationally recognised consultants, nurse consultants and clinical nurse specialists in skin cancer and chronic skin disease, 14 Registered Nurses and 14 healthcare assistants. The department is supported by nine administrators.

SERVICES PROVIDED

- Axillary BOTOX® treatment for hyperhidrosis
- Contact dermatitis and patch testing clinic
- Day case treatments, including a wide range of topical treatments, hand and foot PUVA, iontophoresis
- General dermatology outpatient (including biologics)
- Leg ulcer clinic
- Light therapy
- Mohs micrographical surgery
- Nurse-led biopsy service
- Nurse-led systemic therapy monitoring
- Nurse-led triamcinolone clinic
- Photodynamic therapy
- Psoriasis, vulva disease, acne and eczema
- Skin cancer target clinics
- Skin surgery
- Teledermatology
- Wound checks

GATEWAY A

Continued

Quality improvement priorities for 2015/16

QUALITY DOMAIN	OUR QUALITY PRIORITIES FOR 2015/16	SUCCESS MEASURES FOR 2015/16
Best patient experience	We have listened to our patients and we will provide an efficient checking-in and checking-out process to reduce the amount of time patients are waiting in the department	Observational audit
	Review of pathways for on-call patients – following new process in 2015	Patient experience feedback
	Where clinically appropriate, reduce unnecessary patient visits to the Treatment Centre	Increase the number of telephone follow-up clinics and implement follow-up letter clinics for appropriate patients
	Where clinically appropriate, reduce unnecessary patient visits to the Treatment Centre	Implement teledermatology for two-week wait skin cancer referrals Work with GPs to introduce teledermatology so that only confirmed skin cancer patients attend the hospital
	Deliver successful roll-out of SMS messaging within the gateway	Patient experience feedback
	Melanoma education day for diagnosed patients	Patient experience feedback
Best clinical outcome	Provide a sustainable chronic disease management service	Identified person to complete the non-medical prescribing course and consolidate training
	Clinical nurse specialist to assess and implement treatment plans for new patients with acne	Work with current clinical nurse specialist to train, educate and support
	Continue a programme of training/up-skilling for our workforce	In particular, general practitioners with specialist interests (GPSIs) to deliver dermatology in the community
	Introduce a skin cancer patient experience survey	Survey feedback
Most engaged staff	Deliver a 12-month education programme for nursing staff to share knowledge and experience	Monthly topical subjects delivered by experienced dermatology staff and evaluated by attendees
	Focus on Patient Hour as part of the Circle Operating System	Patient Hour incorporated into huddle and Quality Quartet in Partnership Sessions
	Seminars to be organised by consultants for departmental staff on a quarterly basis	Clinician evaluations

MONITORING AND REPORTING RESPONSIBILITIES	OUTCOME	STATUS
Gateway co-ordinator and Clinical Governance and Risk Management Committee (CGRMC)	There have been improvements made to the check-in system; the nursing and administration team are trialling different methods to determine the most successful method	Ongoing
Clinical unit team	New process successfully implemented	Achieved
Gateway co-ordinator and dermatology nurse consultant	Nurse-led telephone follow-ups and letter clinics have been introduced with additional clinics to be implemented in the future	Achieved
Clinical unit team	Teledermatology clinics were introduced in October 2015. We are currently offering photographic assessment appointments at the Treatment Centre and other sites around the county A roll-out programme to deliver teledermatology equipment to GP practices within Nottingham City and Rushcliffe has been completed	Achieved
CGRMC	This service is now available to all patients	Achieved
CGRMC	Unfortunately, this was not provided within this time period, but will be provided by the nurse consultant in 2016/17	Ongoing
Lead nurse dermatology	The gateway now has two non-medical prescribers, who are committed to the course. A second nurse consultant was also appointed in 2015	Achieved
Clinical lead and lead nurse dermatology	Treatment plans have been implemented	Achieved
Clinical unit team	The dermatology team now have more GPSIs working within the Treatment Centre, and one GPSI working surgically out in the community	Achieved
Consultant nurse	This survey has been introduced and completed, with the results reviewed by the dermatology team	Achieved
Lead nurse dermatology	Lead nurse has monthly team meetings with the nursing team, which are dedicated to education; the meetings have been well received and attended	Achieved
Clinical unit team	Four Partnership Sessions held in 2015/16, which all included the Patient Hour. The dermatology Patient and Public Engagement Group representative also attended the sessions	Achieved
Clinical lead	Due to changes within the clinical team, this has not been feasible in 2015/16, but will be implemented in 2016/17	Ongoing

GATEWAY A

Continued



**BEST
PATIENT
EXPERIENCE**

Patients who would recommend the Treatment Centre

DERMATOLOGY

97%

SKIN SURGERY

99%

Formal complaints and concerns

DERMATOLOGY

20

SKIN SURGERY

11



**BEST
CLINICAL
OUTCOME**

Incidents reported against activity

DERMATOLOGY

1.8%

SKIN SURGERY

Included in Dermatology

Stop the Line events

DERMATOLOGY

1

SKIN SURGERY

Included in Dermatology



**MOST
ENGAGED
STAFF**

Staff turnover

DERMATOLOGY

10%

SKIN SURGERY

Included in Dermatology

Average vacancies (as a percentage of headcount)

DERMATOLOGY

11%

SKIN SURGERY

Included in Dermatology

Mandatory training – direct hire

DERMATOLOGY

86.5%

SKIN SURGERY

Included in Dermatology

Quality improvement priorities for 2016/17

QUALITY DOMAIN	OUR QUALITY PRIORITIES FOR 2016/17	SUCCESS MEASURES FOR 2016/17	MONITORING AND REPORTING RESPONSIBILITIES
Best patient experience	Further develop the teledermatology service	Increase in GP engagement and subsequent referrals direct to teledermatology pathway Maintain levels of primary/secondary care treatment Decrease in the amount of appointments patients need to attend Positive patient feedback	Clinical unit
	Quarterly newsletter to be produced for patients. This is to update on action we have taken as a result of direct feedback	Newsletter to be produced from April 2016	Feedback champions
	Implementation of one-stop service to reduce multiple patient attendances (eg. topical treatments)	Decrease in the number of patients attending follow-up appointments Increase in the amount of nurse-led activity within the pathway Increase in educational sessions for patients	Lead nurse
	Provision of patient group sessions/online education videos to reduce number of individual appointments (eg. light therapy, day treatment)	Review to be undertaken by April 2016 to establish what could be covered in a group environment Sessions to commence by December 2016	Clinical unit

GATEWAY A

Continued

Quality improvement priorities for 2016/17

QUALITY DOMAIN	OUR QUALITY PRIORITIES FOR 2016/17	SUCCESS MEASURES FOR 2016/17	MONITORING AND REPORTING RESPONSIBILITIES
Best clinical outcome	Education programme for all clinical and administration staff to include more gateway-based training/seminars to ensure our staff are aware of the latest guidelines/treatments	One education session to be delivered every quarter in Partnership Sessions	Clinical unit
	Work with GPs to improve knowledge of conditions to reduce inappropriate referrals	Audit to be undertaken by December 2016 A programme of educational communications to be created for GPs	Clinical leads
	Delivery of nurse-led surgical sessions for simple excisions	Surgery to be undertaken from April 2016 Reduction in waiting times for simple excisions	Nurse consultant/ advanced nurse practitioner
Most engaged staff	Consultants to provide other members of staff the opportunity to sit in on clinics, and theatre lists to gain a better understanding of conditions and the specialty	A programme of quarterly 'open' clinics to be offered by consultants	Clinical leads
	Detailed development plans to be created for all staff members	Personal development plans to be in place by April 2016 and reviewed in monthly one-to-one meetings	Line managers
	Development of further specialist roles within the department (eg. clinical leads, clinical fellow, staff grade doctors) and clinical supervision of all clinical staff	Successful appointment of key positions by end of December 2016	Clinical unit

GATEWAY B

Hypertension, respiratory, pain, vascular and ophthalmology quality account

About the clinical unit

The clinical unit comprises a number of different services which endeavour to provide a high-quality service, and to ensure that patients leave the Treatment Centre with a clear understanding of their diagnosis and management plan. We pride ourselves on our compassionate approach, and work hard to maintain a caring and skilled environment in which patient safety and development of our staff are key focal points.

In 2015, there was an increase in vascular nurse-led clinics to reduce unnecessary patient visits to the Treatment Centre. There is also Nottingham Emergency Medical Service (NEMS) access to reduce potential hospital admissions, making sure patients are seen within 24 hours. Going forward into 2016/17, the team intend to further reduce unnecessary referrals to the centre by working with GPs to ensure all referrals are triaged appropriately. In regard to improvements to the respiratory service, the team are reviewing oximetry tests prior to patient appointments to ensure that the consultants receive all necessary information in order to not delay the patients care pathway.

Although the activity within Gateway B is diverse in nature, the team works together as a cohesive unit. The team itself comprises longstanding physiologists and clinicians, a nurse consultant, specialist nurses, Registered Nurses and healthcare assistants, all of whom are dedicated to delivering the values and behaviours of our credo.

We have experienced a high turnover of nursing and administrative staff over the course of the year, as a number of individuals have progressed in their roles or chosen a new career path. However, this has not affected the quality of care provided. Our workforce includes:

- highly experienced and established consultants, including a directly hired pain consultant and team, and a directly hired respiratory consultant.
- three Registered Nurses and one team leader.
- seven healthcare assistants.

The department is supported by six administrators who co-ordinate patient appointments to ensure the smooth running of the department. They also host the gateway reception and are the first point of contact when our patients attend their clinic.

SERVICES PROVIDED

- **HYPERTENSION**
We are a European centre of excellence for the management of hypertension.
- **OPHTHALMOLOGY**
Outpatient service to support Lincoln County Hospital and Leicester Royal Infirmary.
- **PAIN**
Multidisciplinary pain service integrated with community care.
- **RESPIRATORY**
A general respiratory service specialising in sleep and non-invasive ventilation.
- **VASCULAR**
We offer general vascular clinics specialising in the most modern treatments for patients with varicose veins.

 I saw my consultant very quickly. All staff were friendly and professional. I felt genuinely cared about.

GATEWAY B PATIENT CIRCLENOTTINGHAM

GATEWAY B

Continued

Quality improvement priorities for 2015/16

QUALITY DOMAIN	OUR QUALITY PRIORITIES FOR 2015/16	SUCCESS MEASURES FOR 2015/16
Best patient experience	To provide respiratory patients with a state-of-the-art overnight sleep study service that is more conducive to a restful experience and, therefore, ensures increasingly accurate results	Commencement autumn 2015 Gradually increase activity to four patients per week Undertake a patient satisfaction survey
	Continuous positive airway pressure (CPAP) capacity to be reviewed to improve service to lung function patients with an 'on-the-day' service	Increase in the number of available on-the-day appointments Decrease in the number of patients waiting more than 24 hours for an appointment
	Introduction of nurse-led telephone follow-up clinics for vascular and pain patients to reduce unnecessary visits to the Treatment Centre	Decrease in the number of patients attending for face-to-face follow-up appointments Increased number of new appointments for vascular and pain services
Best clinical outcome	Education programme for all clinical and administration staff to include more gateway-based training	Increase staff knowledge of all specialties on the gateway Include education sessions in gateway Partnership Sessions Staff questionnaire to determine/understand staff requirements for training
	Review of insomnia clinics pilot, started in January 2015. To review and establish whether this will be an additional service for the gateway, and the resources for patients and the gateway team. Patient outcomes to be monitored to establish success	Review patient outcomes
Most engaged staff	Further implementation of the Paper Light project	Commenced e-requesting for respiratory tests Trial clinics using only information technology as a replacement for medical notes
	Recruitment plan to be established to ensure a stable workforce by July 2015. New members to be trained and engaged with the Circle Operating System (COS) initiative in the gateway. Multi-skilled training plan to be implemented to provide support to these members	Agree and monitor safe staffing levels to enable the services on the gateway in the future to develop

MONITORING AND REPORTING RESPONSIBILITIES

OUTCOME

STATUS

Clinical Governance and Risk Management Committee (CGRMC)	Ongoing – awaiting equipment. Once received activity can be monitored and survey undertaken	Ongoing
CGRMC	Improvements made to ensure telephone service is availability to assist patients with their CPAP equipment Appointments made on the same day or the next day	Achieved
CGRMC	The nurse-led telephone follow-up clinic is operational, which has increased the number of new appointments for the vascular and pain services	Achieved
Clinical unit meetings	Education session now established in the Partnership Session; questionnaire to be implemented in 2016/17	Partially achieved
Clinical unit meetings	Feedback and results have been very positive, and the gateway is currently reviewing the service for 2016	Partially achieved
Clinical unit meetings	Digital health records have superseded this objective, but the team are paper light in all meetings	Achieved
Clinical unit meetings	COS champions are in place. Support provided to all team. Induction process improved for all staff	Achieved

GATEWAY B

Continued



Patients who would recommend the Treatment Centre

96%

Formal complaints and concerns

14



Incidents reported against activity

0.6%

Stop the Line events

0



Staff turnover

2%

Average vacancies (as a percentage of headcount)

11%

Mandatory training – direct hire

78%

Quality improvement priorities for 2016/17

QUALITY DOMAIN	OUR QUALITY PRIORITIES FOR 2016/17	SUCCESS MEASURES FOR 2016/17	MONITORING AND REPORTING RESPONSIBILITIES
Best patient experience	To provide respiratory patients with a state-of-the-art overnight sleep study service that is more conducive to a restful experience and, therefore, ensures much more precise and accurate results	Commencement first quarter of 2016 Undertake a patient satisfaction survey	Clinical lead/ operations manager
	Thorough vetting process to be defined and implemented to improve pathway for patients before they attend for vascular appointments	Reduction in the number of unnecessary diagnostics and appointments at the Treatment Centre Increase in necessary diagnostics being undertaken prior to first consultation	Clinical lead
	Implementation of one-stop respiratory service to reduce multiple patient attendances	Decrease in the number of patients attending follow-up appointments Increase in the amount of nurse-led activity within the pathway	Clinical lead/lead nurse
	Provision of patient group sessions (particularly biopsychosocial and non-invasive ventilation) to reduce number of individual appointments	Review to be undertaken by April 2016 to establish what could be covered in a group environment Sessions to commence by December 2016	Clinical unit

GATEWAY B

Continued

Quality improvement priorities for 2016/17

QUALITY DOMAIN	OUR QUALITY PRIORITIES FOR 2016/17	SUCCESS MEASURES FOR 2016/17	MONITORING AND REPORTING RESPONSIBILITIES
Best clinical outcome	Education programme for all clinical and administration staff to include more gateway-based training/seminars to ensure our staff are aware of the latest guidelines/treatments	One education session to be delivered every quarter in Partnership Sessions	Clinical unit
	Work with GPs to improve knowledge of conditions to reduce inappropriate referrals	Reduction in number of patients requiring secondary care input at the Treatment Centre Audit to be undertaken by December 2016 A programme of educational communications to be created for GPs	Clinical leads
Most engaged staff	Consultants to provide other members of staff with the opportunity to sit in on clinics/theatre lists to gain a better understanding of conditions/specialty	A programme of quarterly 'open' clinics to be offered by consultants	Clinical leads
	Implement a programme of training/up-skilling of workforce (including job shadowing/job swaps) to help people understand each other's roles and responsibilities/provide developmental support	'Buddy' system to be in place by July 2016	Line managers
	Detailed development plans to be created for all staff members	Personal development plans to be in place by April 2016 and reviewed in monthly one-to-one meetings	Line managers
	Regular clinical unit meetings to include leads and staff from all specialties on the gateway	Monthly meetings to be attended by vascular, pain and respiratory leads	Clinical leads/ operations manager

GATEWAY C

Radiology quality account

About the clinical unit

Radiology services are situated in Gateway C. The unit consists of one magnetic resonance imaging (MRI) scanner, one computerised tomography (CT) scanner, three X-ray rooms, and three ultrasound machines. Equipment upgrades this year included replacing fluoroscopy equipment utilised in theatres, and new X-ray tubes fitted to plain film equipment to reduce dosimetry levels to below the national average.

2015 was all about establishing the foundations of the department with a new team of radiographers. Prior to this year, all radiology staff were provided by Nottingham University Hospitals NHS Trust (NUH). Now, CircleNottingham has successfully recruited a team to move the service forward. A huge amount of effort was put into organising the department and ensuring that all relevant documentation, processes and procedures were brought up-to-date. This achievement was reflected in the report following the Care Quality Commission inspection in January 2015, of which the team is extremely proud.

The department has been heavily involved in the EMRAD (East Midlands Radiology) project by working closely with NUH to deliver an upgrade to the PACS system. A project team was put together to ensure that this huge undertaking was successfully implemented in December 2015. The changes will enable seven local trusts to share scan images, which will ultimately benefit our patients in the long-term.

Towards the end of 2015, the department successfully recruited a lead radiographer, who will oversee the running of the radiology units at CircleNottingham and CircleReading.

In line with patient expectation and demand, we have successfully implemented a new working pattern in 2015, which now provides cover for MRI services from 8am–8pm, Monday to Friday, and on Saturdays when required.

We have a lead radiographer who oversees the following with the support of two team leaders:

- four plain film radiographers
- five CT/MRI radiographers
- four radiography assistants
- Four administrators/receptionists

SERVICES PROVIDED

- CT
- MRI
- Support nerve conduction study and transrectal ultrasound clinics
- Ultrasound
- X-rays

 The service was second to none. Very professional, like a private hospital.

GATEWAY C PATIENT CIRCLENOTTINGHAM

GATEWAY C

Continued

Quality improvement priorities for 2015/16

QUALITY DOMAIN	OUR QUALITY PRIORITIES FOR 2015/16	SUCCESS MEASURES FOR 2015/16
Best patient experience	Improve access to diagnostic services by reducing wait times for diagnostic tests and results	Increase MRI capacity by increasing the opening hours of the unit. Increase available slots to a monthly average of 350 Reduce waiting times on reporting of all examinations to under four weeks Reduce 'do not attend' appointments to below 3%
	Review communication to patients	Review patient preparation leaflets and appointment letters
Best clinical outcome	Encourage electronic referrals and reduce handwritten request forms to avoid error	Yearly audit with results fed back to the CGRMC to share errors and learning Treatment Centre-wide
	Review all departmental policies and procedures	Work with the governance team to ensure all policies are up-to-date and all new policies are approved via the CGRMC, developing a quality assurance programme for the gateway team
Most engaged staff	Improve working inter-professional relationships within Circle to share results and improve services	Sharing audits with all gateways at clinical unit meetings to show areas for improvement, therefore, providing collaborative service improvements
	Established monitoring of the incident reporting system to ensure improvements are recorded. Also highlight trends from incidents reported	Increase monthly number of incidents reported by 50% Reporting outcomes of investigations at Partnership Session to encourage shared learning

MONITORING AND REPORTING RESPONSIBILITIES	OUTCOME	STATUS
Clinical Governance and Risk Management Committee (CGRMC)	Opening hours have been adjusted to increase MRI capacity	Achieved
	Due to changes within the EMRAD project, this task is ongoing	Ongoing
	Gateway is looking at reviewing a new system, including a SMS service to achieve 3%	Ongoing
CGRMC	Literature has now been updated	Achieved
CGRMC	Audit has been completed and presented to the CGRMC in March 2016	Achieved
CGRMC	A review was undertaken and actions implemented A rolling programme has been initiated to review policies and procedures	Achieved
CGRMC	There have been improvements in communication between gateways; the team have met with gateways to review the service and pathway	Achieved
CGRMC	Increase of incident reporting on average of 150% monthly throughout the year Complaints are shared regularly at Partnership Sessions, providing feedback to team members. This will continue within the Partnership Session programme	Achieved

GATEWAY C

Continued



Patients who would recommend the Treatment Centre

99%

Formal complaints and concerns

6



Incidents reported against activity

1.2%

Stop the Line events

0



Staff turnover

2%

Average vacancies (as a percentage of headcount)

10%

Mandatory training – direct hire

80.5%

Quality improvement priorities for 2016/17

QUALITY DOMAIN	OUR QUALITY PRIORITIES FOR 2016/17	SUCCESS MEASURES FOR 2016/17	MONITORING AND REPORTING RESPONSIBILITIES
Best patient experience	Increase efficiency of patient pathways by training radiology assistants to cannulate	Competency framework to be agreed by May 2016 Training of staff to be completed by August 2016 Positive patient feedback	Lead radiographer/ lead nurse
	Implement a more effective method of communicating waiting times to patients attending the department	Reduction in the number of complaints/comments about waiting times Positive patient feedback	Gateway co-ordinator
	Provision of group educational sessions for patients who have a fear of MRI/CT scans	Sessions to commence by September 2016 Positive patient feedback Reduction in cancelled scans	MRI/CT lead
Best clinical outcome	Education programme for all clinical and administration staff to include more gateway-based training/seminars to ensure our staff are aware of the latest guidelines/treatments	One education session to be delivered every quarter in Partnership Sessions	Clinical unit
	Fully utilise the relationship with EMRAD to maximise efficiency of patient care	Positive feedback from clinicians Reduction in repeat patient scans Attendance at formal EMRAD events/meetings	Clinical unit

GATEWAY C

Continued

Quality improvement priorities for 2016/17

QUALITY DOMAIN	OUR QUALITY PRIORITIES FOR 2016/17	SUCCESS MEASURES FOR 2016/17	MONITORING AND REPORTING RESPONSIBILITIES
Best clinical outcome Continued	Fully utilise the department to deliver additional services (arthrograms/pain injections)	Reduction in cases being undertaken in the theatre environment	Clinical unit/ theatres lead nurse
	Full performance review of all diagnostic equipment (including MRI/CT/X-ray/ultrasound)	Long-term strategy to be confirmed by December 2016 in respect of replacing existing equipment and upgrading CR plain film rooms to DR	Clinical unit team leads
Most engaged staff	Review of induction plan for new clinical staff	Plan to be updated by August 2016	Lead radiographer and team leads
	Implement a programme of training/up-skilling of workforce (including job shadowing/job swaps) to help people understand each other's roles and responsibilities/provide developmental support	Development plans to be in place for all team members by April 2016 Justifications for training course to be submitted when required 'Buddy' system to be in place by July 2016	Clinical unit team leads
	Detailed development plans to be created for all staff members	Personal development plans to be in place by April 2016 and reviewed in monthly one-to-one meetings	Clinical unit team leads
	Attendance of all radiology line managers at 'Managing in Radiology' conference	May 2016	Clinical unit team leads

GATEWAY D

Orthopaedics quality account

About the clinical unit

The orthopaedic clinical unit is situated within Gateways D and E of the Treatment Centre, and has seen approximately 30,000 patients throughout the year. Orthopaedics is the specialty devoted to the diagnosis, treatment, rehabilitation and prevention of injuries and diseases of the body's musculoskeletal system. As a clinical unit, we strive to support all patients with their individual needs, especially with regard to mobility issues, which many of our patients have due to their condition. Available to all patients are state-of-the-art diagnostic services, specialist physiotherapists and occupational therapy. These services enable us to provide a one-stop service to the majority of our patients.

We also appreciate that a number of our patients require access to healthcare later in the evenings and at weekends, so we offer a wide range of evening and weekend appointments to give patients a variety of choice.

This year, our occupational therapy service has grown; we have seen an increase in the number of patients using the service so, therefore, we have recruited new members of staff to the existing team. Our dedicated physiotherapy team support all our clinics and work independently to care for patients pre- and post-operatively. As part of the work plan this year, a research project was started to look at the benefits to our patients of a simple procedure undertaken in an outpatient clinic, compared to the procedure being undertaken in the Day Case Unit. We hope the results received from the project will enable us to offer more services to our patients.

Within the unit, we have two nurse specialists: one dedicated to upper limb conditions and one to lower limb conditions. The nurse specialists work alongside consultants to provide patients with a point of contact, especially when patients need to have surgery for their condition.

SERVICES PROVIDED

- Acute pain service
- Foot and ankle
- Hand and wrist
- Hip and knee and hip revision outpatient service
- ICAT clinics for lower limb and lower back pain
- Nurse specialist service
- Occupational therapy
- Physiotherapy
- Podiatry
- Shoulder and elbow
- Soft tissue disorders

 Everyone was so friendly and helpful. All very organised and lovely surroundings. You were all wonderful!

GATEWAY D PATIENT CIRCLENOTTINGHAM

GATEWAY D

Continued

Quality improvement priorities for 2015/16

QUALITY DOMAIN	OUR QUALITY PRIORITIES FOR 2015/16	SUCCESS MEASURES FOR 2015/16
Best patient experience	To provide, where possible, a one-stop pathway for our patients	Pre-operative assessment and joint school run at the same time
	Meet the monthly target for patient feedback and demonstrate changes made to staff and patients	Meet monthly targets
	Meet the audit standard for compassionate care by auditing patient experience, and demonstrate changes to patients and staff	Meet monthly targets
Best clinical outcome	Collect EQ-5D data from all shoulder patients who have surgery completing a full cycle to include 6 and 12 months post-surgery.	A report and results are shared with the clinical unit and at the Clinical Governance and Risk Management Committee (CGRMC)
	To improve the patient journey, follow-up patients will be seen by a multidisciplinary team. This will allow for increased knowledge in the multidisciplinary team. The implementation of this team will allow consultants more capacity to see new patients	Two new nurse-led or allied health professional-led clinics to be implemented to see follow-up patients
	Staff will be trained and complete a competency package to undertake pre-operative assessments of day case patients. This will support a one-stop pathway for patients, especially in the clinics held at the weekends and in the evenings	Two nurses will complete the competency package and run sessions alongside the consultant clinics
Most engaged staff	Daily huddles will be held with the nursing staff to feed back changes, outcomes of meetings, and plan the day's activities	Huddles are held for 80% of the time staff are at work
	Administration staff will have weekly huddles to update staff on issues and changes	
	Monthly meetings will be held for all staff in the clinical unit to discuss patient feedback, incidents and complaints. Star of the month initiative implemented, which will be nominated by the staff at this meeting	Meetings are held a minimum of nine times a year

MONITORING AND REPORTING RESPONSIBILITIES	OUTCOME	STATUS
Clinical unit meetings	This has been achieved and all patients listed for major hip and knee surgery attend this session	Achieved
Clinical unit meetings	Numbers have been variable; we have updated all patient notice boards with information and fed back at Partnership Sessions. A feedback team has been implemented to take forward our patients guidance for improvement	Partially achieved
Clinical unit meetings	All compassion in care targets have been met. Our patient experience feedback is regularly reviewed by our feedback team, and we update information to our patients on the notice boards in the waiting areas	Achieved
Clinical unit meetings	Data is collected from all pre-operative patients. Post-operative data is now also being collected, and the CGRMC have been updated on the progress	Achieved
Clinical unit meetings	Extended scope physiotherapists have been trained to support this, and they see a large proportion of post-operative follow-up patients who would have previously been seen by consultants Training has commenced to support the podiatry pathway for patients also requiring this service	Achieved
Clinical unit meetings	The competency packages are currently being completed by two nurses, who will then run sessions alongside the consultant clinics	Ongoing
Clinical unit meetings	Huddles are held daily for the whole nursing team	Achieved
	A weekly huddle takes place for all administration staff	Achieved
	Monthly meetings at which action points are set and shared with all staff	Achieved

GATEWAY D

Continued



Patients who would recommend the Treatment Centre

97%

Formal complaints and concerns

23



Incidents reported against activity

0.5%

Stop the Line events

0



Staff turnover

4%

Average vacancies (as a percentage of headcount)

5%

Mandatory training – direct hire

76%

Quality improvement priorities for 2016/17

QUALITY DOMAIN	OUR QUALITY PRIORITIES FOR 2016/17	SUCCESS MEASURES FOR 2016/17	MONITORING AND REPORTING RESPONSIBILITIES
Best patient experience	Improve direct access to a therapist	Audit current pathway and review all patient feedback to establish mechanism to enable patients to have direct access. Feed back results of audit to the CGRMC	Clinical unit meetings
	Ensure images are imported ready for consultations	Audit and feedback of patient experiences. Feed back results of audit to the CGRMC	Clinical unit meetings
	Review clinic sessions start/finish times	Audit and patient feedback	Clinical unit meetings
Best clinical outcome	Educating patients to improve management of their own conditions	Patient feedback and quarterly audit	Lead physiotherapist and clinical unit
	Recording of EQ-5D, pre- and post-operation	Nominated staff member within the gateway to undertake recording of data and feed back to the team	Clinical unit meetings
Most engaged staff	Positivity reflection afternoon for staff once a quarter	Lead nurse and gateway co-ordinator to ensure adequate time is provided for staff to participate	Lead nurse and gateway co-ordinator
	Employee of the month for both administration and clinical staff	Nominations to be made by teams and presentations to be given at Partnership Sessions	Clinical unit leads

 All staff extremely friendly and helpful.
 Excellent treatment by doctors.

GATEWAY E PATIENT CIRCLENOTTINGHAM



GATEWAY E

Endocrinology and rheumatology quality account

About the clinical unit

The endocrinology and rheumatology clinical unit can be found in Gateway E at the Treatment Centre. We aim to provide all patients with a service that maintains their privacy and dignity, and cares for them as individuals. Rheumatology is a clinical specialty dedicated to the care of patients with arthritis and related disorders, and endocrinology is the specialty treating patients with diseases affecting the endocrine glands of the body.

Rheumatology

Rheumatology services are provided by a dedicated team of nine consultants and five nurse specialists with specialised clinical services to support the diagnosis and management of patients with rheumatology disorders. These include clinics for patients with rheumatoid arthritis, psoriatic arthritis, ankylosing spondylitis, vasculitis, lupus and other connective tissue disorders, osteoporosis, crystal arthritis, and other rheumatic disorders. There is access to a full range of laboratory blood tests, and imaging with ultrasound, MRI, DEXA and other scans to allow for the comprehensive assessment of patients. There is a day case infusion unit at the Treatment Centre for biological therapy, chemotherapy and iloprost, which are administered to patients with severe inflammatory arthritis and multisystem inflammatory disorders.

Multidisciplinary clinics and one-stop clinics have been developed for multisystem disorders and osteoporosis. There are ultrasound clinics and an ultrasound-guided injection service. There are dedicated urgent appointments for new patients with rheumatoid arthritis and other inflammatory disorders. The waiting time is short, compared to other units. There are close links or combined clinics with other specialties, including respiratory, renal, ENT dermatology

and orthopaedics. There are dedicated musculoskeletal physiotherapists and occupational therapists who co-ordinate patient education sessions. There is a nurse advice line for patients regarding their medications and any concerns about their symptoms.

The Rheumatology Unit in Nottingham is one of the most active research departments in the UK, and is a specialised centre for connective tissue disease and vasculitis management. The unit has recently completed a peer review and received an excellent report. Audits have shown excellent compliance with national standards for disease management and high-cost drug utilisation.

The rheumatologists run a busy medical ward at Nottingham University Hospitals NHS Trust (NUH), which also facilitates inpatient rheumatology, and there is a consultant-led rheumatology on-call service. The unit is active in undergraduate and postgraduate education, and frequently facilitates overseas visiting trainees who come because of the excellent reputation and learning opportunities.

The Rheumatology Unit is highly recommended by patients, and satisfaction rates are exceptionally high. Patient feedback is constantly reviewed to improve standards, and there is a strong commitment to clinical governance with the meetings attended by all leads within the gateway.

Endocrinology

Endocrinology services are provided by a dedicated team of 10 consultants and two nurse specialists, who provide general and specialised clinical services to support the diagnosis and management of patients with endocrine disorders. These include clinics for patients with pituitary, thyroid (medical and surgical), adrenal and gonadal disorders, plus calcium and metabolic bone diseases. There is access

to a full range of laboratory hormone tests, and imaging with CT, MRI, DEXA and isotopic scans to allow for the comprehensive assessment of patients. There is a Day Case Unit and Short Stay Unit at the Treatment Centre, which supports dynamic hormone testing. Phlebotomy services (blood tests) are conveniently located in the gateway.

Multidisciplinary clinics are available for pituitary, adrenal, paediatric transition, and Turner's syndrome patients. The endocrine service also provides expert clinical support to the Nottingham Centre for Gender Dysphoria, based at Oxford Corner, and this service is anticipated to expand in 2016. Two consultants have ARSAC licences which enables the service to prescribe radioactive iodine therapy for the treatment of patients with an overactive thyroid gland.

There are established links with Departments of Neurosurgery, Endocrine Surgery, Clinical Genetics and Oncology in NUH. The consultant team provides expertise to the multidisciplinary team meetings in pituitary disease, thyroid cancer and neuroendocrine tumour disorders.

We provide education and support to patients with adrenal insufficiency in the form of a patient support group, and we provide a hyperthyroid telephone-based clinical follow-up service for the monitoring of patients on treatment for thyroid gland overactivity (hyperthyroidism). We have developed a number of patient-friendly information leaflets covering common endocrine disorders, which are available at the gateway. We support colleagues in primary care who request written advice and guidance using the e-Referral (formerly Choose and Book) appointment system. Patient feedback consistently shows a high level of satisfaction with the services that are provided.

GATEWAY E

Continued

Quality improvement priorities for 2015/16

QUALITY DOMAIN	OUR QUALITY PRIORITIES FOR 2015/16	SUCCESS MEASURES FOR 2015/16
Best patient experience	28-day questionnaire implemented to record clinical outcomes and satisfaction	Two rounds of questionnaires for each specialty
	Improved accommodation for patients' waiting area, improving privacy and dignity	Adequate space for patients to wait in and for consultations to take place
	To introduce one-stop pathways for the osteoporosis and vascular patients	75% patients have one-stop appointments
Best clinical outcome	Service development involving endocrine support for Nottingham gender dysphoria service	Gender dysphoria endocrine clinics to be introduced
	Development of an adrenal multidisciplinary team for patients with complex adrenal disease	Quarterly clinics to be added
	Active work to reduce referral times through consultant expansion and improvement in consultants' time	Consistently meet 18-week target
	Healthcare Quality Improvement Partnership (HQIP) audit assessing early rheumatoid arthritis	Recruit 75% or more of our patients to the audit
	Active auditing against National Institute for Health and Care Excellence (NICE) guidelines	Two results are presented at the partnership sessions

MONITORING AND REPORTING RESPONSIBILITIES	OUTCOME	STATUS
Clinical unit meetings/ Clinical Governance and Risk Management Committee (CGRMC)	Completed, feedback shared with staff at Partnership Session	Achieved
Clinical unit meetings/CGRMC	Unfortunately, we have been unable to change the location of our waiting area; however, we have introduced a new system for bringing patients through to the waiting area. Only patients who are next to see the clinician will wait in the waiting area, therefore reducing the number of people within the area. We have also placed a radio within this waiting area to improve the environment for our patients	Partially achieved
Clinical unit meetings/CGRMC	A one-stop service is offered for osteoporosis patients. Patients will attend for a DEXA scan and a consultant/nurse clinic appointment on the same day. Vascular patients are seen on the same day as their joint rheumatology/respiratory appointment	Achieved
Clinical unit meetings/CGRMC	Clinics have been introduced, with 42 clinics delivered between April 2015 and March 2016	Achieved
	Clinics are now running, with three held in 2015, and four are planned for 2016	Achieved
Clinical unit meetings/CGRMC	We have increased clinics within endocrinology, and now have clinics for gender dysphoria. We are consistently meeting our 18-week targets	Achieved
Clinical unit meetings/CGRMC	The Treatment Centre is the highest recruiting hospital within the East Midlands for recruiting patients to the audit. Patients with suspected rheumatoid are prioritised to be seen within three weeks	Achieved
Clinical unit meetings/CGRMC	Anti-TNF audit and growth hormone audit presented at Partnership Sessions. An audit for denosumab has been completed and will be presented in 2016	Achieved

GATEWAY E

Continued

Quality improvement priorities for 2015/16

QUALITY DOMAIN	OUR QUALITY PRIORITIES FOR 2015/16	SUCCESS MEASURES FOR 2015/16
Most engaged staff	Increase the number of staff competent to work in the infusion unit	Increased opening hours of the unit
	Increase the number of trained staff competent in running the hyperthyroid telephone clinic	No clinics are cancelled due to annual leave
	Increase the number of nurse prescribers in the unit to support patient pathways	One nurse has completed the nurse prescribing course
	Continue encouraging staff to vote for their star of the month	Number of nominations each month increases
	Continue sharing feedback and incidents in Patient Hour at Partnership Sessions	Staff are up-to-date with patients' comments and concerns

MONITORING AND REPORTING RESPONSIBILITIES	OUTCOME	STATUS
Clinical unit meetings/CGRMC	One new member of staff has been recruited. Four healthcare assistants are trained to support, and two staff nurses are also undergoing training	Achieved
Clinical unit meetings/CGRMC	We now have one additional nurse trained and competent to run this clinic, and a second nurse is currently completing their training. Following this, we will audit the number of cancelled clinics to determine whether these measures have been successful	Achieved
Clinical unit meetings/CGRMC	One nurse has completed the course and is awaiting the results	Achieved
Clinical unit meetings/CGRMC	This is a regular agenda item on in the gateway's Partnership Sessions. The gateway has seen an increase in the number of star of the month nominations	Achieved
Clinical unit meetings/CGRMC	A feedback group has been established, which disseminates patient feedback to the team members so they are aware of all comments made. Regular feedback is provided to the wider staff group, which includes comments made by patients	Achieved

GATEWAY E

Continued



Patients who would recommend the Treatment Centre

98%

Formal complaints and concerns

10



Incidents reported against activity

0.7%

Stop the Line events

0



Staff turnover

1%

Average vacancies (as a percentage of headcount)

3%

Mandatory training – direct hire

74%

Quality improvement priorities for 2016/17

QUALITY DOMAIN	OUR QUALITY PRIORITIES FOR 2016/17	SUCCESS MEASURES FOR 2016/17	MONITORING AND REPORTING RESPONSIBILITIES
Best patient experience	A patient support service which will meet the needs of rheumatology patients in line with NICE guidelines	An audit will be undertaken to monitor satisfaction	Lead nurse
	Provide further information to our patients regarding their pathway in regard to blood tests, to develop an understanding of the process	Monitoring of patient calls regarding waiting times; aim is to decrease the number of calls which will be audited	Clinical unit leads
	Increase the number of telephone assessment clinics held in both endocrinology and rheumatology	One new telephone clinic will be introduced for each specialty	Clinical unit leads
	Reduce the number of repeat diagnostic imaging appointments for our patients who are not in the local area, by importing images previously taken	Regular monitoring of incidents, where a repeat diagnostic imaging appointment is requested	Clinical unit leads
Best clinical outcome	Training to be provided to the nursing team to enable them to support research information collection and support patients in this process	Four members of the nursing team to be trained	Clinical unit leads
	Completion of competency training for Registered Nurses and healthcare assistants, enabling them to work within the medical Day Case Unit. This will provide a streamlined approach to the patient's experience	Two members of the nursing team and two healthcare assistants to complete the competencies required	Lead nurse
Most engaged staff	Staff to be encouraged to work flexibly in other specialties and roles, which will enable them to have an understanding of opportunities for development at the Treatment Centre	Two members of the nursing team and two members from the administration team to work in different areas within the Treatment Centre	Clinical unit leads
	New staff to be given the opportunity, as part of their induction, to work in all areas of the gateway, including both clinical and administrative, to understand how team roles work together	New team members to collect evidence in their induction of working in other areas of the department	Clinical unit leads



GATEWAY F

Gynaecology quality account

About the clinical unit

The gynaecology service is located in Gateway F at the Treatment Centre. Gateway F specialises in the health and wellbeing of the female population of Nottinghamshire. Our service is consultant-led, and is supported by a team of nurses and administration staff. Gateway F is devoted to the diagnosis, treatment, and diseases of the female reproductive system. We have specialist clinicians working within the gateway to support our clinics, including a specific one-stop clinic for menstrual disorders. We offer our patients appointments at the Treatment Centre, as well as our community clinic sites.

In 2015/16, we have employed two consultants, and our nurse consultant has successfully completed the Postgraduate Certificate in Diagnostic Hysteroscopy and Therapeutic Management, which has enabled us to expand our menstrual disorder clinics. All of this has allowed us to open our third treatment suite.

We have introduced the use of DySIS in our colposcopy clinics. The DySIS is the next generation colposcope with an advanced cervical scan, using high resolution digital images to visualise the cervix. We have also successfully contributed to a national trial of the ZedScan which is used in colposcopy. We may be asked, as a part of the trial, for further involvement in the future.

A third clinic room has been introduced to provide additional clinic times for our patients, which will assist in reducing waiting times. The team have also reviewed the gateway's procurement savings by working with different suppliers and standardising the approach.

In 2016/17, the team is appointing two direct hire consultants, therefore, improving engagement and referrals for the Short Stay Unit. We are also working in partnership with the medical secretary service and cancer services to improve patient pathways by attending regular monthly meetings.

The following clinical and non-clinical staff support Gateway F services:

- Three direct hire consultants, including our clinical lead
- Seven consultants contracted from Nottingham University Hospitals NHS Trust
- One nurse consultant
- One lead nurse
- Two nursing team leaders
- Five Registered Nurses
- Nine healthcare assistants
- One gateway co-ordinator
- One senior gateway receptionist
- One colposcopy administrator
- Two colposcopy secretaries
- Six receptionists/booking clerks

SERVICES PROVIDED

- Bladder pressure studies
- Colposcopy – incorporating cytology clinics
- DEXA scanning
- General gynaecology clinics
- Menopause service
- Nurse-led clinics: hormone replacement therapy implant clinics; gonadotropin-releasing hormone (GnRH) injection clinics; ring pessary change clinics; and laparoscopic female sterilisation clinics
- One-stop menstrual disorders clinic
- Post-coital bleeding clinics
- Two-week wait clinics for general gynaecology, post-menopausal bleeding, colposcopy and vulval skin disorders
- Ultrasound
- Unplanned pregnancy assessment clinic

 The whole team was courteous and respectful; I was informed of what would be happening throughout my visit.

GATEWAY F PATIENT CIRCLENOTTINGHAM

GATEWAY F

Continued

Quality improvement priorities for 2015/16

QUALITY DOMAIN	OUR QUALITY PRIORITIES FOR 2015/16	SUCCESS MEASURES FOR 2015/16
Best patient experience	To provide a one-stop service for our patients and ensure appropriate appointments first time	Letters to be updated and additional out-of-hours scan sessions arranged
	Meet monthly Treatment Centre target for patient feedback, and identify three themes where improvements can be demonstrated to staff and patients	Staff to be identified to ensure feedback is gathered
	Meet quarterly standards for compassionate care by auditing patients' experiences	Staff to be identified to ensure feedback is gathered
Best clinical outcome	Ensure the national KC65 targets are met and continue developing an audit programme to share findings	Share KC65 data at bi-monthly colposcopy meetings and identify audits required
	Assess current procedures undertaken in a day case setting with a view to adapting to outpatient treatments	Audits to take place to assess patients referred for day case procedures
	Embed incident reporting across all staffing groups, and share learning and improvement	Education sessions to be delivered to all staff to embed the importance of incident reporting. Action plans devised to ensure learning and improvements are in place for all incidents reported. Use Circle Operating System methodology to support improvements, and shared learning to take place in Partnership Sessions
Most engaged staff	Share five success stories at partnership sessions and the CGRMC	Staff to identify and collate information to present to the gateway team.
	Run themed monthly staff meetings	Meeting dates to be communicated to all staff at Partnership Sessions and in nursing/administration areas
	Multi-skill staff across all gynaecology services, and implement a nurse-led phone follow-up service	Recruit to establishment requirements, and revisit competencies within the gateway with any training identified to deliver this service

MONITORING AND REPORTING RESPONSIBILITIES	OUTCOME	STATUS
Clinical Governance and Risk Management Committee (CGRMC)	A Swarm took place with Gateway C, and bookings of scan appointments are now taking place on the gateway. Improvements have been made to the one-stop services, with one standard letter providing details of both patient appointments, which minimises confusion to patients and eliminates errors Our vetting process has been improved and led by our clinical lead to ensure patients are booked correctly first time. A directory of services is also being updated to support accurate bookings via GP	Achieved
CGRMC	Improved waiting times by intentional rounds; correspondence has been updated to manage patients' expectations. All bookings have been assessed, and templates to letters have been redrafted, updating the timings of appointments and overbookings, as this was highlighted as a patient concern	Achieved
CGRMC	Quarterly target has been met and is discussed at clinical unit meetings on a monthly basis	Achieved
Clinical unit meetings	Targets have been met. Regular meetings and correspondence shared with the colposcopy and clinical unit team. Information is also shared at Partnership Sessions with all the team	Achieved
Clinical unit meetings	Morcellator and ablation procedures identified as appropriate to take place in an outpatient setting, and now commenced on a regular basis	Achieved
Clinical unit meetings	The team has seen an increase in reporting, and information is shared at Partnership Sessions with all the team. Improvements are being made and will be monitored going forward	Ongoing
Clinical unit meetings/CGRMC	The development of medical students audit and feedback is exceptional. Our medical students have been attending the CGRMC, presenting their findings, and have been well received	Partially achieved
Clinical unit meetings	This action has been superseded by morning huddles and 'stop' moments in the department, which ensures staff discuss previous day successes and improvements	Achieved
Clinical unit meetings	Skill mix of clinical staff has improved to cover all areas of gynaecology. Vetting in nurse-led clinics has commenced	Ongoing

GATEWAY F

Continued



Patients who would recommend the Treatment Centre

96%

Formal complaints and concerns

15

Incidents reported against activity

1.5%

Stop the Line events

2

Staff turnover

3%

Average vacancies (as a percentage of headcount)

5%

Mandatory training – direct hire

71%



**BEST
CLINICAL
OUTCOME**

Quality improvement priorities for 2016/17

QUALITY DOMAIN	OUR QUALITY PRIORITIES FOR 2016/17	SUCCESS MEASURES FOR 2016/17	MONITORING AND REPORTING RESPONSIBILITIES
Best patient experience	Develop the osteoporosis service by working in partnership with other specialties within the Treatment Centre that also specialise in this service	Mapping session to identify areas of discrepancy in service. Measure against national guidelines and best practice. More streamlined service is anticipated	CGRMC
	Continue to monitor waiting times to ensure the best possible experience is provided for the patient	Monitor feedback from patient's length of stay in department. Less negative feedback is anticipated	CGRMC
	Develop the patient's knowledge of the services and waiting times to manage their expectation by using the TV technology	Receive feedback via questionnaire to patients waiting in the waiting area. Less negative feedback is anticipated	CGRMC
Best clinical outcome	Enhance the recovery of patients having procedures within the department	Advice to be given to patients before attending and prior to procedure. Recovery of patients expected to be speedier	CGRMC
	Work in partnership with the audit and research leads for the Treatment Centre to ensure all agreed audits are achieved, and findings are fed back to the appropriate forum	Review of audit plan for the year, and present to the CGRMC on audit findings	CGRMC
Most engaged staff	Ensure cohesive working across all areas of the department by implementing a 'stop' moment to realign workloads as required	Staff to be more informed by boards being updated and 'stop' moments twice daily. To review comments made from the staff survey to make necessary improvements in regard to our team's working experience	CGRMC
	Reduce overbookings and address new to follow-up ratios to support staff. To share learning with other teams in the Treatment Centre	Update the templates on our patient administration system, and follow robust clinical referral reviewing system. Potential to use Flo to reduce follow-up appointments. Success will be monitored by reduced time owing and less overtime for the team	CGRMC



Q I visited gateway G yesterday for day surgery. I was very impressed with the efficient and professional staff, who were also very friendly and made me feel at ease. The environment was very clean, and I felt safe and well cared for. Thank you for making my experience as stress-free and comfortable as possible.

GATEWAY G PATIENT CIRCLENOTTINGHAM

GATEWAY G

Day case quality account

About the clinical unit

The Day Case Unit has evolved during 2015/16 to be a theatre department and integrated Day Case Unit with supporting pre-assessment, continuing to be 'the heart' of CircleNottingham.

The unit is undertaking clinical activity six days a week, allowing flexibility and choice for patients and clinical staff alike.

The unit is now staffed by 65 clinical staff, both registered and unregistered practitioners, all of whom are passionate to deliver high-quality patient care. Gateway G has 1 part-time consultant anaesthetist; 17 healthcare assistants working across theatres; the day case ward and pre-assessment; 55 registered practitioners; a mixture of nurses and allied health professionals working in

theatres; first-stage recovery; and 14 administration staff working in reception, scheduling and the supporting areas to ensure the patient experiences a seamless pathway through the gateway.

We have 4 pre-assessment rooms; 26 day case bays; 5 operating theatres; 1 anaesthetic room, used to support the major orthopaedic activity; and 6 first-stage recovery bays. Two of the day case bays can now be used to support first-stage recovery if required. This allows flexibility in delivering extended care for patients when required.

We continue to work with the Short Stay Unit to ensure that patients requiring an overnight stay or are undergoing a more complex procedure experience a seamless pathway.

SERVICES PROVIDED

- Chronic pain intervention
- Colorectal
- General surgery
- Gynaecological
- Hepato-pancreato-biliary
- Ophthalmology
- Orthopaedic lower limb
- Orthopaedic upper limb
- Podiatry
- Urology
- Vascular

GATEWAY G

Continued

Quality improvement priorities for 2015/16

QUALITY DOMAIN	OUR QUALITY PRIORITIES FOR 2015/16	SUCCESS MEASURES FOR 2015/16
Best patient experience	To streamline patient pathways in the unit	To map three specialties to identify improvements for the stakeholders
	To identify more 'you said, we did' opportunities to the stakeholders	Involve PPE members with the patient champion projects Review how initiatives and changes can be fed back to the stakeholders and staff
	To ensure we provide compassionate care for the patients attending the unit	To offer walk-round pre-assessments in the Treatment Centre and community to 70% of patients To ensure we make every contact count by providing wellbeing advice at time of patients' appointments
Best clinical outcome	To continue with our commitment to research and development with day case and theatre projects	Identify three projects to demonstrate working in partnership with other gateway programmes
	To review our clinical outcomes to identify best practice opportunities	Review data from World Health Organization (WHO) surgical safety checklist, patient reported outcome measures, and Climbs to identify best practice To present best practice to stakeholders
	To ensure all staff are able to maintain patient safety	To increase the number of reported incidents within the unit To identify more Stop the Line (STL) opportunities Develop a robust method of feeding back to all staff through Partnership Sessions, one-to-ones, teaching sessions, and unit meetings

MONITORING AND REPORTING RESPONSIBILITIES	OUTCOME	STATUS
Clinical unit team, Patient and Public Engagement (PPE) Group and pre-assessment lead	Stop pathway, shoulder surgery and major joints for lower limb improved, including the pre-assessment process linked with the nurse specialists	Achieved
Clinical unit team, PPE Group and pre-assessment lead	PPE member active in patient champion meeting and was active in supporting the opening of the atrium on Saturdays We have seen an extension to Pharmacy opening hours following our patients' feedback All initiatives and changes have been fed back to all team members at the gateway Partnership Sessions	Achieved
Clinical unit team, PPE Group and pre-assessment lead	We have increased the number of walk-round pre-assessments in the unit, but have not yet achieved 70%. This will be monitored into 2016/17	Ongoing
	Staff providing information to patients at their pre-assessments. Going forward, we ensure there is the opportunity to have information available in the unit	Ongoing
Support from the Circle Operating System (COS) team. Clinical unit team to feed back to the Clinical Governance and Risk Management Committee (CGRMC) quarterly updates	Stop pathway and pain process review is underway with Gateway C Local audits and projects have commenced	Ongoing
Support from the COS team. Clinical unit team to feed back to the CGRMC quarterly updates	Data reviewed to identify audit potential. Presentation will be provided in 2016/17	Partially achieved
Support from the COS team. Clinical unit team to feed back to the CGRMC quarterly updates	Incident reporting remaining high within the gateway, and new starters encouraged to report	Achieved
	New starters have STL initiative as part of the corporate induction. Patient Safety Week was the STL relaunch, and staff gave their pledges	Achieved
	Trends from incidents feedback at Partnership Sessions. Team leaders developing skills in incident investigation	Achieved

GATEWAY G

Continued

Quality improvement priorities for 2015/16

QUALITY DOMAIN	OUR QUALITY PRIORITIES FOR 2015/16	SUCCESS MEASURES FOR 2015/16
Most engaged staff	To develop the good to great engagement with the consultants working in the department	<p>Identify key staff to work with clinicians to identify good to great opportunities</p> <p>Ensure clinical buddies feed back once a month to clinical unit team of updates in the specialties</p> <p>Develop survey opportunities to identify projects to be developed within the unit</p>
	To develop leadership within the clinical unit	<p>Develop team leader structure to enable more robust daily leadership</p> <p>Develop team members to be able to take additional responsibilities</p> <p>Identify method of communication with unit co-ordinator during the day</p>
	To ensure all staff have the opportunity to receive partner development	<p>All staff to have regular one to ones with line manager</p> <p>Learning and development opportunities to be identified</p> <p>Identify learning at Partnership Sessions, and staff to feed back to the wider group</p>

MONITORING AND REPORTING RESPONSIBILITIES	OUTCOME	STATUS
Clinical unit to feed back to the unit through Partnership Sessions, and to the Board through the Performance Committee	Team members have been encouraged to work alongside colleagues to develop their skills and knowledge	Achieved
	Clinical buddy system reviewed and in development to identify champions for the role	Ongoing
	Consultants have been informed informally, and discussions held to identify further opportunities to undertake additional procedures, thereby, increasing the use of the beds in the Short Stay Unit	Ongoing
Clinical unit meetings	Team leader structure reviewed; support given by senior team leader to enable all to work to full potential	Ongoing
	Team leaders have identified line management responsibility for team members	Ongoing
	Co-ordinator utilises identified station to enable improved communication through the working day	Ongoing
Clinical unit meetings	One-to-one meetings held with staff members, and new starters have probationary reviews	Achieved
	Staff have a personal action plan with objectives that are achievable. Healthcare assistants have taken the Care Certificate programme	Achieved
	Staff are encouraged to identify learning opportunities for Partnership Sessions. This has resulted in a teaching session by a gynaecology consultant	Achieved

GATEWAY G

Continued



Patients who would recommend the Treatment Centre

98%

Formal complaints and concerns

20



Incidents reported against activity

5.1%

Stop the Line events

1



Staff turnover

3%

Average vacancies (as a percentage of headcount)

5%

Mandatory training – direct hire

71%

Quality improvement priorities for 2016/17

QUALITY DOMAIN	OUR QUALITY PRIORITIES FOR 2016/17	SUCCESS MEASURES FOR 2016/17	MONITORING AND REPORTING RESPONSIBILITIES
Best patient experience	Introduce text messaging for all appropriate patients, including pre-assessment, and monitor the impact to support achieving the 2% 'did not attend' target set	Monitoring the Quality Quartet monthly against the 2% target	Report through the CGRMC monthly
	Evolve the pre-assessment service by ensuring a one-stop service at all times. Incorporate patient wellbeing with the 'making every contact count' scheme. Link in with corporate standardising of the service	Updating the pathway booklet to identify opportunities when wellbeing advice is provided, and then audit quarterly the pre-assessment service. Review the walk-round appointments monthly through the reporting services information	Report through the CGRMC monthly
	Assess all procedures currently undertaken in a theatre environment to release theatres for more complex procedures. Two specialties have been agreed – pain and vascular	Reporting services to update on 100% transfer of local anaesthetic foam sclerotherapy procedures to the clinic environment	Review through scheduling meeting weekly, and report through the Performance Committee
Best clinical outcome	Develop more efficient ways to receive results, and communicate with patients by evolving the telehealth mobile phone text system	Develop database for activity on the Flo Simple Telehealth initiatives, and review monthly pre-assessment Flo project with Flo Simple Telehealth project group	Report through the CGRMC monthly as part of Quality Quartet, and monthly review with Flo Simple Telehealth project group
	Work in partnership with the audit and research leads for the Treatment Centre and referring partners to ensure we complete the Surgical Termination of Pregnancy audits and share the information to improve the patient experience	Reporting 100% of the audit data with bi-monthly reviews of actions highlighted from the audit results	Review through bi-monthly joint Nottingham University Hospitals NHS Trust and Treatment Centre Surgical Termination of Pregnancy meeting, and report through the CGRMC quarterly
Most engaged staff	Request regular consultant feedback on what's going well and what's not going well in our good to great project to ensure continuous improvement	Improved compliance of five steps to safer surgery to 100%, ensuring debrief is captured and identified non-compliance acted upon Re-audit consultants with good to great feedback following improvements made	Monitor through clinical unit team, and report through the CGRMC quarterly
	To maintain staffing levels in line with national guidelines by implementing robust recruitment, utilising an external recruitment body and retention of existing staff	Safe staffing in place and reported through Quality Quartet, and discussed with staff at Partnership Sessions	Monitor through clinical unit and the CGRMC monthly
	Streamline administration processes within the department, working in conjunction with the digital health records implementation	100% of patients to be seen with medical notes available, and audit through Datix for patients who are seen with no medical notes available for their appointment	Report through the Performance Committee and the CGRMC monthly

 Friendly, supportive staff at all levels. Everything was explained and questions answered.

GATEWAY H PATIENT CIRCLENOTTINGHAM



GATEWAY H

Endoscopy quality account

About the clinical unit

The Endoscopy Department is situated within Gateway H, and undertakes diagnostic and therapeutic procedures in upper and lower gastrointestinal (GI) endoscopy. The unit also provides cystoscopy procedures as part of the urology cancer pathway. We are extremely proud to be a JAG-accredited unit, and continue to meet all the criteria required to achieve this standard.

The unit provides a five-day pre-assessment service which has grown within the year and provides patients with the highest standards of care prior to their endoscopic procedure.

We have four endoscopy rooms, with single sex accommodation, pre- and post-procedure, which also provides privacy and dignity to patients upon discharge and when the breaking of bad news is unfortunately necessary. Additionally, this also provides a holistic approach to patient care during an endoscopy investigation. A discharge lounge provides patients with an area to further recover prior to discharge, avoiding prolonged waiting within the recovery area. Patients are provided with detailed information regarding their procedure, and the findings and advice regarding their aftercare following discharge from the unit.

In 2015, the unit successfully modernised the decontamination facilities. This was a significant project which posed an impact upon service delivery. The project was a success, and the impact upon capacity in the unit was minimal. This included installation and removal of the old equipment and training of all decontamination technicians in the use of the new equipment and processes. The new facilities provide greater efficiency in the decontamination process of endoscopes, in accordance with national guidance (CFPP 01-06). The decontamination project is the stand out success for the year. There were numerous

challenges faced during the removal and installation of the new washers. However, the project team worked together to ensure that each stage of the process was assessed and managed effectively. Praise was provided by Gettinge, who commended the project team on delivering the new service within the timescale agreed, with the minimum of disruption to patients, staff and services provided.

The unit team have reviewed pathways and processes to ensure the service provided to patients is at the highest standard. Discussions have started regarding transnasal endoscopy and Endo-SPONGE® procedures within the gateway. The review of pathways of TRUS biopsy of prostate and cystoscopy procedures will improve patient experience and efficiency of services and resources. This approach also demonstrates collaborative working with other gateways.

Staff in the unit have embarked upon and completed clinical audits relevant to the clinical unit. Staff presented their audit to staff members in CircleNottingham at an audit link workers meeting. This audit work is pivotal, ensuring the clinical care provided to patients is at the highest standard. Further audits are proposed.

The unit provides excellent resources and opportunities for trainees to develop the skills required to become competent endoscopists; this is in accordance with JETS training programme in lower and upper GI endoscopy. Investment in training nurse endoscopists continues with a total of four nurses currently training in either lower or upper GI endoscopy. The introduction of a nurse consultant post will further strengthen the input from the nursing team in endoscopy. We continue to work closely with the University of Derby, and have been able to grow our numbers of mentors who can support student nurses during their clinical placements. The feedback from students has been extremely positive.

We have been able to develop pre-assessment into a five-day service, and are continuing to look at how this service will grow and support the unit and patients. Staff recruitment and retention has been successfully achieved and supported by a training competency programme, which provides staff and the unit with assurances regarding clinical competencies.

Within the Endoscopy Department, we have a designated administration team which consists of 9 administration staff. Clinically, we have a lead nurse, 3 team leaders, a decontamination lead, 16 endoscopists, 7 nurse endoscopists, 23 nurses, 2 senior healthcare assistants and 23 healthcare assistants. We are also currently training a further 4 nurses in lower and upper GI endoscopy. We continue to work closely with the University of Derby to provide a positive placement area for student nurses. The relationships with the university and student placements have enabled the unit to successfully recruit newly qualified Registered Nurses.

SERVICES PROVIDED

- Banding of haemorrhoids
- Banding of upper GI varices
- BOTOX® injection for achalasia
- Colonoscopy, flexible sigmoidoscopy and gastroscopy
- Diagnostic cystoscopy
- Diagnostic endoscopy
- Endoscopic mucosal resection of colorectal polyps and lesions
- Oesophageal dilatation for benign strictures
- Therapeutic procedures are undertaken, including polypectomy

GATEWAY H

Continued

Quality improvement priorities for 2015/16

QUALITY DOMAIN	OUR QUALITY PRIORITIES FOR 2015/16	SUCCESS MEASURES FOR 2015/16
Best patient experience	Optimise direct clinical care	Audit each stage of the patient pathway with timings; sample size 500 patients; quarterly audit to review actions that have been set
	Provide holistic care to patients and relatives through improved communication	Working with the other departments to ensure that patients are receiving timely information
Best clinical outcome	Review ways to improve the patient journey	Audit each stage of the patient pathway; produce action plan on findings
	Reduce the amount of cancelled procedures	Telephone pre-assessment service to expand focus on health questionnaire for surveillance patients Collate amount of abandoned procedures, the reasons and action plan findings
Most engaged staff	Create a training and development framework for all staff disciplines	All staff to follow the training and development framework. This will retain staff and ensure knowledge of endoscopy is to a high standard

MONITORING AND REPORTING RESPONSIBILITIES	OUTCOME	STATUS
Clinical Governance and Risk Management Committee (CGRMC) and clinical unit meetings	Audit completed to assess pathways, such as 'did not attend' rates and unplanned discharges. Pre-assessment audit undertaken. Patient experience survey completed	Achieved
CGRMC and clinical unit meetings	Intentional rounding implemented Gateway I has supported the pre-assessment process. Work undertaken with the Short Stay Unit to ensure the patient pathway is effective for patients requiring admission pre-/post-procedure Medical secretaries have been working closely with the administration team regarding results management	Achieved
CGRMC and clinical unit meetings	This is a rolling programme which will continue into 2016/17. Presentations have been provided by audit link workers	Achieved
CGRMC and clinical unit meetings	Audit of performance completed and shows growth in the last six months Further review of pre-assessment planned to increase growth Audit of cancellation of on-the-day procedures completed and requires further analysis to identify input of pre-assessment	Ongoing
Team leaders to update record Accessible within G-Drive	Training programme fully established and evidence of staff competency available within the unit Training needs analysis planned for 2016	Achieved

GATEWAY H

Continued



Patients who would recommend the Treatment Centre

98%

Formal complaints and concerns

16



Incidents reported against activity

1.1%

Stop the Line events

5



Staff turnover

8%

Average vacancies (as a percentage of headcount)

3%

Mandatory training – direct hire

72%

Quality improvement priorities for 2016/17

QUALITY DOMAIN	OUR QUALITY PRIORITIES FOR 2016/17	SUCCESS MEASURES FOR 2016/17	MONITORING AND REPORTING RESPONSIBILITIES
Best patient experience	Develop website to provide a pathway for each diagnostic, including FAQ videos	Patient feedback	Clinical unit
	Awareness of comorbidities and mobility of patients prior to appointment, to prepare for attendance date	Monitor patient cancellations	Clinical unit
Best clinical outcome	Improve pre-assessment uptake which is currently 25%. The target will be 50% within three months of collaborative work with digestive diseases	Audit	Clinical unit meetings
	Introductions of new consumables that support the endoscopist, including EndoRings™, Endo-SPONGE® and flavoured preparation	Audit and patient feedback, and clinical audit	Clinical unit meetings
Most engaged staff	The promotion of GI Endoscopy for Nurses (GIN) Programme. This will update the workforce on service developments in endoscopy	Endoscopy training facilitator	Lead nurse
	Engaging staff; recognising achievements; boards; Partnership Sessions; help build relationships between staff; and attending other gateways' Partnership Sessions to share learning	Annual specific Gateway H staff survey	Clinical unit



Very pleasant, sympathetic to my needs, and very informative. All was handled brilliantly!

GATEWAY I PATIENT CIRCLENOTTINGHAM

GATEWAY I

Digestive diseases quality account

About the clinical unit

The Digestive Diseases and Urology Outpatient Department provides gold standard care to approximately 3,000 patients per month, which is an increase upon last year. We strive to treat each patient with compassion, dignity and an understanding of the often sensitive nature of their problem. Due to the increased volume and diverse nature of this outpatient department, we have extended the working day to provide evening appointments on four days per week and one Saturday per month.

We are committed to ensuring our patients are treated with respect, compassion and dignity, to ensure they feel confident that they have received the best treatment and advice. We understand that each patient has their own unique concerns and questions, and our aim is to ensure that the treatment and advice given fulfils their needs. In support of this, we have built a quiet room within the clinic which can be used by staff and patients when receiving bad news, or for quiet reflection following consultation. We have a large cohort of national and international experts in digestive diseases who are at the forefront of education. We are involved in active research studies in all disciplines, including upper and lower gastrointestinal, as well as liver disorders.

The unit works closely with the Endoscopy Department to ensure the safe and seamless transition of care between departments. The staff participate in shared learning through Partnership Sessions, and rotation of staff is encouraged by the two lead nurses.

This year, we have introduced two exciting new services within the gateway; our own in-house dietician, and a manometry service for diagnosing upper and lower gastroenterology and colorectal problems. Our new dietician is hosting their own clinics and is planning to introduce group educational sessions. We are also undertaking an audit to evaluate the effectiveness of dietetic influence in relation to improvement in wellbeing and health outcomes. We are working in partnership with an external provider to provide the manometry service, which will streamline diagnostic testing for our patients and help to speed up the care pathway in a supportive and caring way.

More new services are planned for the coming year, including transnasal endoscopy, which will provide a safe and efficient route for diagnostic endoscopy in the outpatient setting.

Within the unit, we have the following:

Administration

- One co-ordinator
- Two senior bookings clerks (one full-time and one part time)
- One senior receptionist
- Nine receptionists/bookings clerks (seven full-time and two part-time)
- One inflammatory bowel disease (IBD) administration support

Nursing/clinical

- One lead nurse
- One team leader
- Two staff nurses
- Eight healthcare assistants
- One dietician
- One pelvic floor specialist nurse
- One IBD nurse specialist
- Two trainee IBD nurse specialists

SERVICES PROVIDED

DIGESTIVE DISEASES

- Colorectal
- Faecal incontinence/sacral nerve stimulation
- Functional bowel disease services
- Gastroenterology
- Hepatology
- Pre-assessment clinic for endoscopy

UROLOGY

- Bladder scanning
- Flow rate measurement
- General urology clinic
- Transrectal ultrasound and biopsy of the prostate gland

GATEWAY I

Continued

Quality improvement priorities for 2015/16

QUALITY DOMAIN	OUR QUALITY PRIORITIES FOR 2015/16	SUCCESS MEASURES FOR 2015/16
Best patient experience	Provide anti-inflammatory infusions for our IBD patients so that the service is streamlined and the patient pathway remains with one provider	Monitor patients' uptake on a monthly basis
	Introduction of group sessions for patients requiring dietary advice	Group sessions will be booked weekly in clinic allocations with good uptake from patients
	Develop capacity for a dedicated counselling room	A larger clinic room will be divided to provide a dedicated quiet space for counselling
	To engage with other gateways to attain accurate daily information on waiting times for different steps in the patient pathway	Administration staff will liaise with other gateway administration teams to ensure up-to-date information on waiting times is available daily
Best clinical outcome	Improve new to follow-up ratio for colorectal patients, in line with national protocol. The severity of disease will indicate the treatment options and, therefore, follow-up criteria	Audit new to follow-up ratio on a quarterly basis
	Development of the pelvic floor service	Increase options available for patients
	Improve timeliness of patients results	Following the findings of a patient survey. Process will be introduced to ensure patients are informed of expected timelines
Most engaged staff	We will invest in our healthcare assistants (HCAs) by providing them with specialist training and an opportunity to develop their skills	All HCA staff will be offered the opportunity to undertake the Care Certificate
	United working relationship with administration and clinical staff	The gateway co-ordinator and lead nurse will work together on patient-centered projects. Joint quarterly Partnership Sessions will be held for administration and clinical teams

MONITORING AND REPORTING RESPONSIBILITIES	OUTCOME	STATUS
Clinical Governance and Risk Management Committee (CGRMC)	Medical Day Case Unit cover infusions. Last few remaining patients being moved from Nottingham University Hospitals NHS Trust (NUH) to the Treatment Centre	Partially achieved
CGRMC	Dietician appointed in September 2015 to start sessions in 2016	Partially achieved
CGRMC	The clinic room has now been built and furnished	Achieved
CGRMC	Due to capacity in the administration team, we have been unable to fully implement this year; however, we are discussing with the nursing team to implement in 2016/17	Ongoing
CGRMC	Working in collaboration with NUH to establish the audit process	Ongoing
CGRMC	Appointed senior nurse specialist. Service running and developing well	Achieved
CGRMC	Survey to be completed with support of Patient and Public Engagement Group member. The survey demonstrated the variance in patients' opinion on how their results are received	Ongoing
Clinical unit meetings	Four HCAs have now completed their Care Certificate, with two HCAs attending the liver course at NUH	Achieved
Clinical unit meetings	Regular meetings to update administration and nursing teams. Information provided to Partnership Sessions on a quarterly basis	Achieved

GATEWAY I

Continued



Patients who would recommend the Treatment Centre

97%

Formal complaints and concerns

17



Incidents reported against activity

0.4%

Stop the Line events

0



Staff turnover

6%

Average vacancies (as a percentage of headcount)

12%

Mandatory training – direct hire

82%

Quality improvement priorities for 2016/17

QUALITY DOMAIN	OUR QUALITY PRIORITIES FOR 2016/17	SUCCESS MEASURES FOR 2016/17	MONITORING AND REPORTING RESPONSIBILITIES
Best patient experience	Review clinic start times and finish times	Audit	Lead nurse and clinical unit meetings
	Improve clinic co-ordination on the day	Patient feedback	Lead nurse and clinical unit meetings
Best clinical outcome	Frail scale assessments for colorectal cancer patients, which will improve the pathway	Audit	Feedback from the colorectal consultant
	Introduction of the National IBD Registry	Monthly update of patients registered	Monthly IBD meeting update
	Audit on coeliac and irritable bowel syndrome patients, with the intention that patients with these conditions will be led by the dietician	Audit of patient pathway	Dietician will update the clinical unit
Most engaged staff	Reintroduce huddles on gateway	Lead nurse	Lead nurse to engage staff and update clinical unit meeting
	Set-up quarterly joint administration and nursing meeting	Lead nurse and gateway co-ordinator	Notes from meeting to be shared with unit leadership team
	Utilise Swarm methodology	Gateway Circle Operating System champions	Monitor Swarms held at unit meetings

Communication was excellent. I felt like the most important person on the ward. The staff are friendly and informative. The beds are comfy and everywhere is so clean.

PATIENT CIRCLENOTTINGHAM



SHORT STAY UNIT

Quality account

About the clinical unit

The Short Stay Unit opened in April 2014 at the Treatment Centre. The unit consists of 11 beds, 5 single-bedded rooms and 3 twin-bedded rooms.

We have two Registered Nurses and one healthcare assistant for each shift, and have the ability, due to staffing numbers, to provide extra support to those shifts with more staff members, if required. Shift patterns are based on early shifts from 7am to 3pm, late shifts from 12pm to 8pm, and a night shift from 7.30pm to 7.30am. This shift pattern provides the unit with extra staff support during the day time. We have our own pool of fully-trained bank nurses who work alongside the permanent team.

We have introduced two team leader roles to ensure the team are provided with supervision and training through the 24-hour period. 50% of their working hours are supernumery to the team numbers to support and train staff.

The range of patients we see has increased over the past 12 months, and we care for patients following joint replacements, major gynaecological procedures, as well as the general surgery, endoscopy, and endocrine patients. We consistently ensure our patients are safe and ready for discharge at four days.

We have introduced new care plan documentation to allow a consistent and safe approach for all patients. We have increased the support from our physiotherapy and occupational therapy team to ensure patients receive daily visits and treatments.

Feedback from the patients is excellent, and we consistently have 99% of patients who would recommend our unit.

We are working towards introducing sleep study examinations, where patients who have sleep apnoea can be monitored to get an accurate diagnosis and treatment.

SHORT STAY UNIT

Continued

Quality improvement priorities for 2015/16

QUALITY DOMAIN	OUR QUALITY PRIORITIES FOR 2015/16	SUCCESS MEASURES FOR 2015/16
Best patient experience	To meet patients' nutritional needs to enhance recovery and wellbeing	Patient feedback on the food provided Monthly meetings with the catering team to meet patient expectation
	We will expand the number of mystery shoppers, and share their feedback with staff and patients	Four reports to be received from mystery shoppers at alternate times in the year
	We will support patients and making every contact count by encouraging the reduction of smoking, and providing patients with support and nicotine replacement therapy	We will request feedback from patients on the support provided to them
Best clinical outcome	We will be a leading organisation for the enhanced recovery of patients	We will monitor the length of stay of patients and present the results at a Partnership Session and the CGRMC
	We will use Climbs and the National Joint Registry to promote excellent clinical outcomes	All patients are monitored, and a report on the results will be presented at the Partnership Session and the CGRMC
	We will embed incident reporting in the team and ensure shared learning takes place	We will meet the monthly target for reporting incidents. Minutes of Partnership Sessions held with staff will show sharing and learning
Most engaged staff	We will develop the link roles of staff, supporting them with time to attend training and meetings, and time at staff meetings to feed back changes	All areas will have a nominated link worker. Evidence in team meeting minutes of feedback given to staff
	We will increase the knowledge of staff to allow them to work in other areas; we will also support staff from other gateways to visit and work in the unit	All staff to have experienced working in at least two other gateways in the centre. Ten staff members from other gateways will have the opportunity to work on the unit
	We will develop the role of the Resident Medical Officer. They will have a structured approach to ward rounds, with time to learn new skills	Audit results of Resident Medical Officer rounds will be reviewed to demonstrate the time taken to develop new skills
	We will link in with the other Circle sites, sending staff members to visit these sites to develop good shared practice, including the introduction of sharing experiences of new specialties or procedures	A minimum of three staff members will have visited other sites for learning, and shared this learning with the their team members

MONITORING AND REPORTING RESPONSIBILITIES	OUTCOME	STATUS
Clinical unit meetings/Clinical Governance and Risk Management Committee (CGRMC)	Audit completed, presented at Partnership Session and the CGRMC. Regular liaison with the catering team	Achieved
Clinical unit meetings/CGRMC	Reports have been received and shared with all staff	Achieved
Clinical unit meetings/CGRMC	Work is ongoing with making every contact count. No incidents have occurred due to patients needing replacement therapy	Partially achieved
Clinical unit meetings/CGRMC	Length of stay is monitored monthly; we have achieved the target set with 90% of patients	Achieved
Clinical unit meetings/CGRMC	Staff have been trained to collect the information for the joint register; no results are available to present at this time	Partially achieved
Clinical unit meetings/CGRMC	Incident reporting targets are met consistently and trends are discussed at Partnership Sessions	Achieved
Clinical unit meetings/CGRMC	Link workers have been assigned and are regularly attending the meetings, and feedback is shared at the Partnership Sessions	Achieved
Clinical unit meetings/CGRMC	All staff have, as part of their induction, visited other units. Staff have also been to other Circle sites to share best practice. Some staff from other gateways have been to work on the unit	Partially achieved
Clinical unit meetings/CGRMC	Working day has been introduced and established; spot audits have shown this happens. A training folder has been developed to increase immediate support	Achieved
Clinical unit meetings/CGRMC	More than three staff members have visited the other sites	Achieved

SHORT STAY UNIT

Continued



Patients who would recommend the Treatment Centre

99%

Formal complaints and concerns

2



Incidents reported against activity

13.5%

Stop the Line events

1



Staff turnover

12%

Average vacancies (as a percentage of headcount)

8%

Mandatory training – direct hire

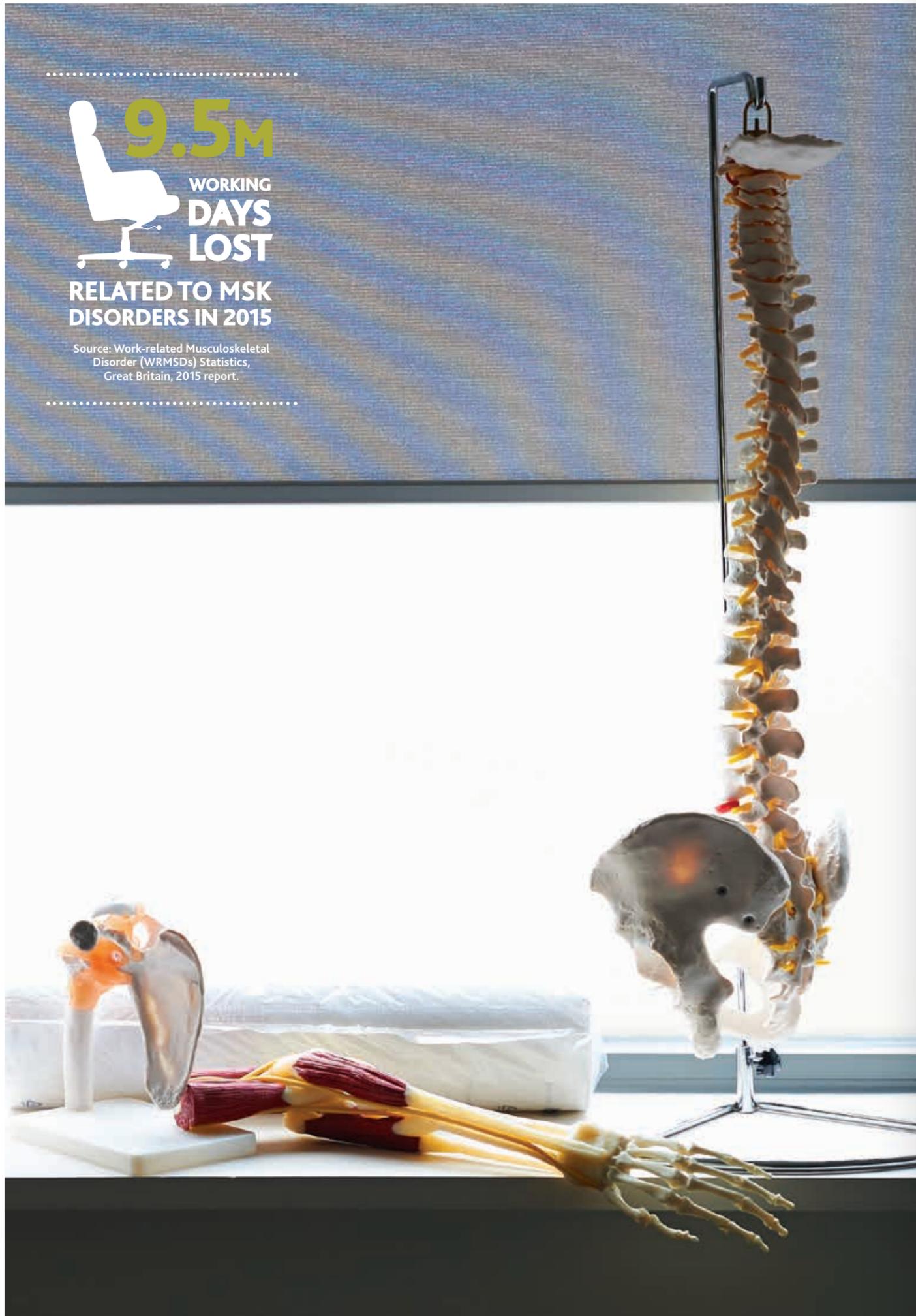
76%

Quality improvement priorities for 2016/17

QUALITY DOMAIN	OUR QUALITY PRIORITIES FOR 2016/17	SUCCESS MEASURES FOR 2016/17	MONITORING AND REPORTING RESPONSIBILITIES
Best patient experience	Create and implement care pathways for individual procedures, ensuring all patients are getting timely and effective post-operative care and compliance is met	Work with appropriate individuals with the specialist knowledge to devise specific care pathways. Audit against measures agreed for post-operative care	CGRMC
	Implement care plans created and ensure compliance	Spot checks to be undertaken monthly to ensure compliance and share finding with relevant individuals	CGRMC
	Continue to monitor and identify improvements gathered from general feedback, mystery shopper, and incident reporting to ensure our recommendations stay above 98%	Monitor via patient feedback and incident reporting, sharing details at Partnership Sessions, plus updating Circle Operating System (COS) boards regarding 'you said, we did'	CGRMC
Best clinical outcome	To be a leading organisation for both short stay surgery and major joint replacements, ensuring appropriate audits are incorporated	Measure against audit details and national guidelines, patient feedback, and increase in referrals to the Treatment Centre	CGRMC
	Ensure compliance with NHS England surgical site surveillance	Monitored via NHS England	CGRMC
	Work closely with Orthopaedic Nurse Specialist, and ensure all staff are educated on importance	Partnership Sessions and one-to-ones	CGRMC
	To audit length of stay and clinical documentation, and act upon any findings	Reduction in night's stay from an average of four nights to three nights, working in conjunction with physiotherapy and nurse specialist. Improvements will be identified via monthly audit	CGRMC
Most engaged staff	Provide ownership, development engagement, and pride in work by developing link roles within the department	Link workers' meetings to be attended and fed back to staff via Partnership Sessions. Monitor engagement via one-to-ones	CGRMC
	Monthly Partnership Session to take place and ensure staff participation	Monthly dates arranged and COS links to be involved in the development of these sessions	CGRMC
	Ensure regular one-to-ones are planned and any development needs are identified	Monitored monthly with relevant paperwork detailing discussions and monitor actions agreed	CGRMC

9.5m
WORKING DAYS LOST
RELATED TO MSK DISORDERS IN 2015

Source: Work-related Musculoskeletal Disorder (WRMSDs) Statistics, Great Britain, 2015 report.



CIRCLEBEDFORDSHIRE MSK SERVICE

Quality account

About the CircleBedfordshire MSK Service

The CircleBedfordshire MSK Service is the first service of its kind in the UK, providing effective referral management and musculoskeletal (MSK) care for its patients, focusing on embedding MSK care within the community setting. Taking an integrated approach, we work closely with external providers to ensure that our patients experience excellent care throughout their MSK pathway.

The CircleBedfordshire MSK team strives to deliver the best possible patient experience, and is driven to achieve our shared vision and strategy for the development of the service.

Who we are

We have 25 experienced extended scope physiotherapists (ESPs) and three general practitioners with specialist interests, who provide MSK assessments and treatment. Our chronic pain service is led by a chronic pain consultant and registered chronic pain nurse. The clinical service is supported by three healthcare assistants.

We have nine orthopaedic consultants across five secondary care providers, who provide outpatient appointments in the community setting and direct list to their hospital of employment.

The MSK service is supported by 15 administrators who are responsible for referral management, co-ordinating patient appointments in the community setting, and act as a point of contact for patient queries at any point in the MSK pathway.

The MSK service has achieved the following in 2015/16:

- Successful transition to Circle-run MSK service, TUPE of 24 members of staff, and Care Quality Commission registration under CircleNottingham.
- Consultants in the hub – orthopaedic consultants provide outpatient appointments in the community setting.
- Implementation of AposTherapy® clinical trial.
- New clinical lead in post.
- Implementation of Datix as a mechanism for incident reporting.
- Consistently achieved over 96% 'would recommend' patient feedback.
- Complaints below 0.2%.
- Referrals increased from 2,300 to 3,500 per month.
- Reduction in community waiting times.
- Offering ultrasound-guided injection clinics in the community setting.
- MSK practitioners clinics implemented in GP practices.
- Clinical engagement/GP engagement sessions.
- Capturing over 8,000 outcomes since 'go live'.

SERVICES PROVIDED

BY CIRCLEBEDFORDSHIRE MSK

- Chronic pain consultant
- Joint injections
- MSK assessment and diagnosis
- Neurosurgery initial assessments
- Orthopaedic consultant initial assessment and follow-up appointments
- Self-management advice
- Specialist pain nurse-led medication reviews and patient management
- Specialist podiatry service
- Transcutaneous electrical nerve stimulation (TENS) machine trial with option of purchasing
- Ultrasound-guided joint injections

VIA ONWARD REFERRAL

- Diagnostics
- Neurosurgical and spinal surgery in secondary care
- Orthopaedics in secondary care
- Pain services
- Physiotherapy
- Podiatry and podiatric surgery
- Rheumatology

CIRCLEBEDFORDSHIRE MSK SERVICE

Continued



Patients who would recommend the service

96.3%

Formal complaints and concerns

38



Incidents reported against activity

0.7%

Stop the Line events

0



Staff turnover

10%

Average vacancies (as a percentage of headcount)

12%

Mandatory training – direct hire

49%

Quality improvement priorities for 2016/17

QUALITY DOMAIN	OUR QUALITY PRIORITIES FOR 2016/17	SUCCESS MEASURES FOR 2016/17	MONITORING AND REPORTING RESPONSIBILITIES
Best patient experience	Percentage of patients that would recommend our service to friends and family, and response rate for patient feedback cards	Response rate higher than 40% Would recommend – 99%	Patient feedback questionnaires analysis reported monthly, and results discussed at the Clinical Governance and Risk Management Committee (CGRMC) and Patient Hour
	Reduction in patient waiting times	Wait times two weeks or under for first appointment	Reported weekly and discussed at team huddle
	Reduction in and minimise number of complaints	Under 0.2%	Reported via Datix monthly. Results discussed at the CGRMC and local governance weekly meeting
Best clinical outcome	Record outcomes of all pathways	100% of pathways to have outcome measures	Delivery of patient outcome results discussed at performance meetings and clinical meeting
	Further improvement to multidisciplinary team (MDT) via clinician engagement	Set up MDT sessions across specialties	Reported in Commissioning for Quality and Innovation (CQUIN) and at Clinical Steering Group
	Using evidence-based practice	Map pathways, one session per quarter	Reported in CQUIN and Clinical Steering Group
Most engaged staff	Permanent staffing of ESPs and practitioner	Number of employed versus locum staff	HR key performance indicators (KPIs) and monthly HR catch-up sessions
	Team awareness of career opportunities	Advertise 100% of roles internally	HR KPIs and monthly HR catch-up sessions
	Greater team training and growth	Number of vision and strategy sessions and leadership sessions	HR catch-up sessions

Very convenient to come to see consultant at my local surgery – less stressful.

COMMUNITY CLINICS PATIENT CIRCLENOTTINGHAM

COMMUNITY CLINICS

Quality account

About community clinics

Circle recognises that when GPs refer a patient to see a consultant for a specialist opinion, the patient does not necessarily need to travel to the Treatment Centre. Circle believes that care should be delivered closer to home, at the convenience of the patient, wherever possible. The community clinics take the consultant to see the patient, not the other way around, and only if necessary, either for further tests or treatment will they need to visit the Treatment Centre.

Clinics and services are provided in the following areas:

Stoneleigh House, Borrowash

- Digestive diseases
- Orthopaedics
- Respiratory
- Urology

Lister House Surgery, Derby

- Gynaecology
- Orthopaedics

Willington Surgery, Derbyshire

- Gynaecology

Nottingham Road Clinic, Mansfield

- Digestive diseases
- Gynaecology
- Orthopaedics
- Respiratory
- Urology

Torkard Hill, Hucknall

- Orthopaedics (hand and wrist)

Southwell Medical Centre, Southwell

- Gynaecology
- Orthopaedics

Rosebery Medical Centre, Loughborough

- Digestive diseases
- Gynaecology
- Ophthalmology
- Orthopaedics
- Respiratory
- Urology

Peacock Healthcare, Carlton

- Gynaecology

Castle Practice, West Bridgford

- Orthopaedics

Bingham Medical Centre, Bingham

- Orthopaedics

COMMUNITY CLINICS

Continued

Quality improvement priorities for 2015/16

QUALITY DOMAIN	OUR QUALITY PRIORITIES FOR 2015/16	SUCCESS MEASURES FOR 2015/16
Best patient experience	Meet the monthly standard for patient feedback, and demonstrate changes made to staff and patients	To obtain 60 patient feedback cards per month
	Meet the quarterly standard for compassionate care by auditing patient experience	10 patients to be audited each month
Best clinical outcome	Maximise uptake of chaperones at each clinic	Quarterly audit of chaperone usage
Most engaged staff	Embedding new leadership team	Team-building exercises. Administration team to undertake healthcare assistant training. Links with other lead nurses to enable development of the nursing strategy
	Building relationship with main hub site to maximise clinic capacity within each community site	Administration team to work closely with gateway teams to ensure pathways of care are provided closer to home

MONITORING AND REPORTING RESPONSIBILITIES	OUTCOME	STATUS
Unit meetings and Clinical Governance and Risk Management Committee (CGRMC)	Results are showing dramatic signs of improvement with double the target being achieved. Swarm held to discuss and plan improvements	Achieved
Unit meetings and CGRMC	This was only started in December 2015, and the audit itself has been completed on paper. Data is currently being analysed	Ongoing
Unit meetings	Introduced new community clinics support facilitator role to ensure maximum healthcare assistant cover per clinic across all sites. Freeing up staff nurses within clinic has meant more capacity to provide one-stop patient care, where the patient can be listed and have their pre-op within one appointment	Achieved
Unit meetings	Positive feedback by all; the team meet both weekly and monthly, with clearer communication between clinicians/administration and nursing teams, resulting in fewer errors and more efficient clinics and services The community clinic team office has moved to a centralised point, allowing administration and nursing to work together	Achieved
Unit meetings	This happens on a daily basis, and the administration team works closely with the gateways to ensure patients are booked in to their nearest Circle site	Achieved

COMMUNITY CLINICS

Continued

Quality improvement priorities for 2016/17

QUALITY DOMAIN	OUR QUALITY PRIORITIES FOR 2016/17	SUCCESS MEASURES FOR 2016/17	MONITORING AND REPORTING RESPONSIBILITIES
Best patient experience	Introduction of patient choice care advisor role, which will promote patient advocacy	Patient feedback cards	Clinical unit meetings
	Work with Gateway G to ensure consistency in the management of patients unfit for surgery	Quarterly audits	Clinical unit meetings
	Introduce a community clinics newsletter; to be published quarterly, focusing on 'you said, we did'	Patient feedback	Clinical unit meetings
Best clinical outcome	Promotion of pre-operative assessment in the community	Patient feedback	Clinical unit meetings
	Increase one-stop appointments	Patient feedback and monitoring of specialties per community clinic site	Clinical unit meetings
Most engaged staff	Standardise pre-operative assessments for all community clinics sites	Patient feedback	Clinical unit meetings
	Shadowing of gateways to promote shared learning	Staff to complete reflective statements	Clinical unit meetings



PART FOUR



Circle's Credo

Our purpose - To be
to our patients. Our
mission is that
we can become the
best. Our
patients of our pat
enters everyth
We strive to
the value of the
ower our peop
of patients and
and in them.

Everything was done well, from the moment I arrived to completion of treatment. Courtesy, efficiency, professionalism, kindness and respect for patients, combined with the highest quality medical care.

PATIENT CIRCLENOTTINGHAM

Statement from the

PATIENT AND PUBLIC ENGAGEMENT GROUP

 The doctors, nurses and administrative staff have included us in initiatives and projects which, in turn, enable the gateway team to learn from our experiences and answer our questions.

PATIENT AND PUBLIC ENGAGEMENT GROUP

The Patient and Public Engagement (PPE) Group were pleased to contribute to the CircleNottingham Quality Account for 2015/16. We welcomed the opportunity to be part of the planning sessions for the Quality Account, and this has enabled us to contribute to the quality improvement priorities for the coming financial year. As both members of the PPE Group and, in most cases, active patients ourselves, we try 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 2015/16.

All members of the PPE Group have had the chance to be an integral part of gateways' Partnership Sessions, Leadership 40 sessions, and patient champion meetings, contributing valuable insight to the services from a patient perspective. This has provided us with a unique opportunity to work jointly with clinicians and other healthcare staff to consider how their services can work better and support the development of improvements. We have been openly welcomed by the clinical units. The doctors, nurses and administrative staff have included us in initiatives and projects which, in turn, enable the gateway team to learn from our experiences and answer our questions.

2015/16 has been active for the PPE Group. We have worked jointly with CircleNottingham to contribute to the development of the website, which will ultimately detail the membership and the responsibilities of the PPE Group. A recruitment campaign for membership to the group has also been successful, and we are now working with three new members. We have also provided feedback on patient literature, recommended areas of development for the centre's compassionate care audit, and attended external meetings where appropriate, for example, the Vanguard meetings, to review services from a patient's perspective. Going forward, we are actively seeking involvement in upcoming projects to ensure the patient voice continues to be heard, and influences the development of services at an early stage.

We look forward to continuing the programme of joint working, and we are excited about the development opportunities that will arise as CircleNottingham develops and grows its services.

Patient and Public Engagement Group

Statement from

NHS RUSHCLIFFE CLINICAL COMMISSIONING GROUP

NHS Rushcliffe Clinical Commissioning Group (CCG) is the co-ordinating commissioner for the Nottingham NHS Treatment Centre for 2015/16, on behalf of a number of commissioners. In this role, the CCG has responsibility for monitoring the quality and performance of services at CircleNottingham. The CCG is satisfied that the information contained within this Quality Account is consistent with that supplied to us throughout the year.

There are a number of ways in which we review and monitor the performance and quality of the services we commission. This includes visits to services, regular quality and contract review meetings, and continuous dialogue as issues arise, for example, patient safety incidents or patient feedback. 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.

We commend CircleNottingham for its governance structure and approach, which promotes staff engagement and ownership within each clinical gateway, and is evidenced by the clinical gateway-specific information and priorities in this Quality Account. This enables clinicians closest to the patient to work as a team to self-regulate the quality of their service, whilst being accountable and reporting centrally to an organisational Clinical Governance and Risk Management Committee, which reports to the CircleNottingham Board. As co-ordinating commissioners, we now regularly attend this committee and receive copies of all of the meeting minutes, which supports our quality assurance of the services provided.

CircleNottingham has continued to work constructively with commissioners and other partners to respond to local commissioning intentions and develop integrated care pathways that improve the health of the local community. This includes further expansion of community clinics, providing care closer to home and the roll-out of helplines and telemedicine. Quality goals and indicators are jointly agreed in order to reduce health inequalities and improve the health of Nottingham and Nottinghamshire residents. Effective relationships have been maintained between the senior teams at CircleNottingham and the co-ordinating commissioners at NHS Rushcliffe CCG.

Commissioners have seen a number of initiatives which have resulted in changes to culture, practice and patient outcomes, and these are reflected in this Quality Account. The Nottingham NHS Treatment Centre has also shown commitment to, and achieved quality priorities which are important to commissioners, for example, the 'Stop the Line' campaign, aimed at empowering staff to recognise and intervene appropriately if patient safety is compromised, and the development of a Care Certificate for healthcare assistants, aimed at maximising the potential and valuing the contribution of this important staff group. We commend Circle for the introduction of the 'It's OK to ask' initiative, which empowers patients to raise concerns.

CircleNottingham continues to demonstrate a high level of commitment to improving patient, carer and staff experiences of the organisation. A number of robust mechanisms for receiving real-time feedback have been established, and it is clear that this feedback is treated seriously and genuine efforts are made to improve services in the light of it.

 Commissioners have seen a number of initiatives which have resulted in changes to culture, practice and patient outcomes, and these are reflected in this Quality Account.

VICKY BAILEY CHIEF OFFICER

STATEMENT FROM NHS RUSHCLIFFE CLINICAL COMMISSIONING GROUP

Continued

The Friends and Family Test continues to be used, and CircleNottingham is endeavouring to maintain or improve response rates using innovative ways of capturing feedback, using postcards, electronic tablets, utilising patient representatives, and introducing a mystery shopper process.

CircleNottingham continues to foster a healthy incident reporting culture and uses the learning from incidents to continually improve the quality and safety of services provided. During 2015/16, the organisation did not report any never events, which is an improvement on last year when two were reported. This demonstrates that the comprehensive investigations and robust action plans developed and implemented following the previous never events have been successful in preventing recurrence. The organisation encourages multidisciplinary teams to come together at regular intervals to discuss potential safety risks and issues, with the aim of continually improving patient safety and fostering a healthy safety culture.

We have been working collaboratively with CircleNottingham to support its continuous quality improvement. It has achieved all of the Commissioning for Quality and Innovation (CQUIN) schemes set during 2015/16, and has worked with us to develop stretching schemes for 2016/17, including intentional rounding in outpatients to ensure that patients' care needs are met whilst they await their

appointment, and making every contact count which involves brief intervention health promotion addressing issues such as smoking, alcohol and weight reduction. CircleNottingham has worked with the co-ordinating commissioners to develop a comprehensive quality dashboard to support quality monitoring, and this will continue to be refined and developed during 2016/17. We will continue to work with CircleNottingham to find ways of ensuring that information on quality is made available to the public to enhance transparency and accountability to the patients it serves.

The Care Quality Commission (CQC) visited CircleNottingham in January 2015 as part of the second wave of independent healthcare inspections. The CQC rated the Nottingham NHS Treatment Centre as 'good' overall, but the termination of pregnancy service required some improvement. The safety, caring and leadership in the surgical service was rated as 'outstanding'. CircleNottingham responded positively to the CQC findings and implemented an action plan in response, which we have monitored through our Quality Scrutiny Panel meetings with the organisation. It has also used the CQUIN schemes during 2015/16 as a method of bringing about improvements in the termination of pregnancy service and the response times for complaints. The organisation is due to have a follow-up visit from the CQC in May 2016.

Commissioners would like to note that they were pleased to see that not only has each service contributed to setting priorities for the organisation, but that in addition, each service has continued to develop its own distinct objectives to improve quality. This approach is to be commended, as it makes clear what needs to be achieved and enables progress to be reported upon openly in 2016/17 at service level.

We will continue to work closely with CircleNottingham in 2016/17 to ensure ongoing high-quality services are provided in line with commissioning priorities.

Vicky Bailey
Chief Officer
 NHS Rushcliffe Clinical
 Commissioning Group
 May 2016

Statement from

THE JOINT HEALTH SCRUTINY COMMITTEE

The Joint Health Scrutiny Committee welcomes this opportunity to comment on the CircleNottingham Quality Account.

The committee notes the concerns of the Care Quality Commission (CQC) in relation to the termination of pregnancy pathway. With regard to patient feedback, the committee commends the development of the question "*were you treated with compassion today?*" – which seems appropriate for patients in this pathway.

The committee also commends the development of the additional capacity that has been generated by the use of teledermatology, which we have heard resulted in two-thirds of patients not requiring an outpatient appointment, and 20% of patients being escalated to a two-week pathway.

The committee is also pleased to see that Circle is developing digital health records in partnership with Nottingham University Hospitals, with the expectation that records will be wholly digital by next year.

We also commend the use of 'intentional rounding' in outpatient areas, which is also recognised by the CQC as good practice.

Circle's movement towards seven-day working is to be welcomed, although the committee understands that there is little demand for some services on Sundays.

The committee recognises the frustrations experienced by Circle in relation to direct access from the new tram stop. We hope that this issue is swiftly resolved through dialogue with responsible parties and other stakeholders.

In addition, the Joint Health Committee would like to thank Circle for the frank and open discussions which took place during the presentation of their draft Quality Account.

Councillor Jacky Williams
Chair
 Joint Health Quality Account Study Group

 The committee is also pleased to see that Circle is developing digital health records in partnership with Nottingham University Hospitals, with the expectation that records will be wholly digital by next year.

COUNCILLOR JACKY WILLIAMS CHAIR

Joint statement from

HEALTHWATCH NOTTINGHAM AND HEALTHWATCH NOTTINGHAMSHIRE

As the independent watchdog for health and social care in Nottingham City and Nottinghamshire, we work to ensure that patient and carer voices are heard by providers and commissioners. We are grateful to be given the opportunity to view and comment on the Quality Account.

Successes

We are pleased to see that there were no never events during 2015/16, and the overwhelming amount of positive patient feedback.

We also note the involvement of the Patient and Public Engagement Group across several projects, including those relating to changes in service.

Improvement/concerns

Healthwatch Nottingham and Healthwatch Nottinghamshire believes that engagement with patients and carers is an important element of improving patient experiences, and the most frequently reported feedback is from the Family and Friends Test. Whilst these tests may give a generic overview of high levels of satisfaction, we would like to see how the qualitative comments are considered and acted upon.

Comments received by Healthwatch Nottingham and Healthwatch Nottinghamshire

During 2015/16, we collected 36 experiences about services that the Trust provides (see the dashboard overleaf for an overview of our data). All of our data is thematically coded and we used 28 codes in total – 12 of which were positive and 16 were negative. Most experiences have been collected directly through Healthwatch (eg. through face-to-face engagement, our website and information line), and 57% of these are negative. In contrast, the experiences that came through Patient Opinion (70%) and online monitoring (60%) were positive. We can clearly see that experiences that are not shared directly with us are overwhelmingly positive, and this highlights the need for CircleNottingham to work with us to ensure that patient experiences from many sources are considered when improving services and patient experience. Looking at our thematic coding, we are pleased that our data show positive interaction with staff, and feel that this should be commended.

Presentation of the Quality Account

The draft of the document we saw was clear in terms of presentation, and we felt that the inclusion of photographs was a good reflection of their appreciation of staff. However, more pictures of staff interacting with patients would be welcome. The jargon buster at the end of the document makes this very accessible to members of the public. The infographics for each gateway is useful in providing an overview of key figures.

Actions/recommendations

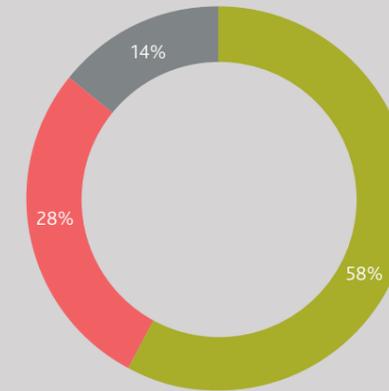
Healthwatch Nottinghamshire welcomes improvements in a number of the priority areas set for 2015/16, and looks forward to seeing further improvements in 2016/17. We will continue to work with the Trust, to monitor any issues which arise, and ensure that we represent the views of local people.

Healthwatch Nottingham and Healthwatch Nottinghamshire

36 EXPERIENCES COLLECTED

NOTE: THIS DOES NOT INCLUDE EXPERIENCES COLLECTED THROUGH ONGOING 'QUESTION OF THE MOMENT' OR 'INSIGHT PROJECTS'

SOURCE OF EXPERIENCES AND SENTIMENT



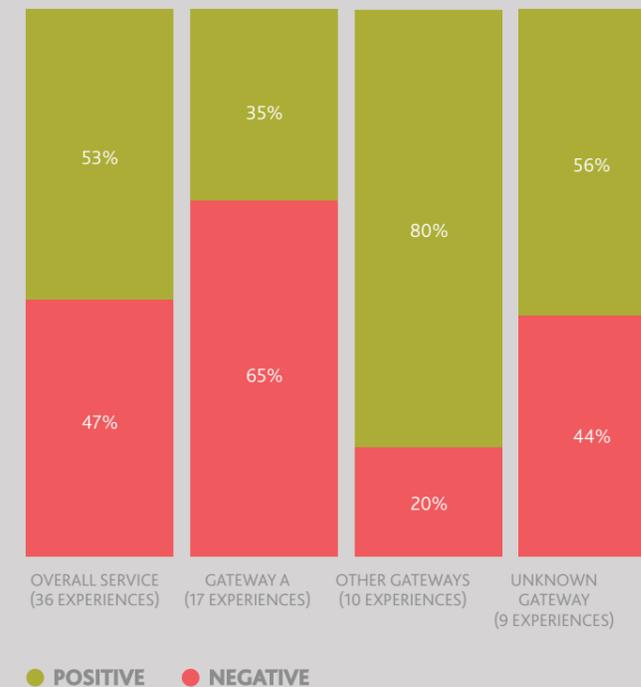
- HEALTHWATCH DIRECT
- PATIENT OPINION
- ONLINE MONITORING

SOURCE	NUMBER	NEGATIVE	POSITIVE
HEALTHWATCH DIRECT	21	57%	43%
PATIENT OPINION	10	30%	70%
ONLINE MONITORING	5	40%	60%
ALL SOURCES	36	47%	53%

CIRCLENOTTINGHAM

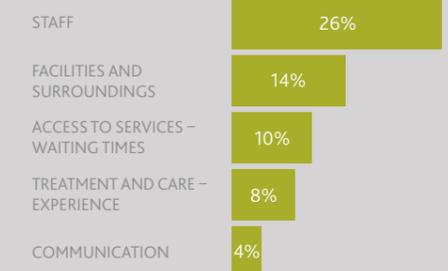
APRIL 2015–MARCH 2016

SERVICES AND SENTIMENT

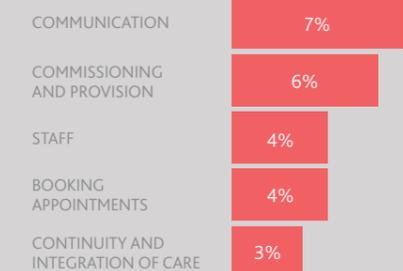


THEMES OF REVIEWS

TOP FIVE POSITIVE THEMES



TOP FIVE NEGATIVE THEMES



JARGON BUSTER

Anti-TNFs (anti-tumour necrosis factor)	Anti-TNF drugs are used to suppress the inflammatory response in diseases, such as rheumatoid arthritis and inflammatory bowel disease
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
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
CGRMC (Clinical Governance and Risk Management Committee)	It is a monthly meeting where clinical leads, lead nurses, administration staff and the 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 Treatment Centre
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
Credo	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: <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 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
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
HR	Human resources
Innovator	An individual with the ability to make change

IRMER	Ionising Radiation (Medical Exposure) Regulations
JAG (Joint Advisory Group)	The Joint Advisory Group (JAG) on GI Endoscopy operates within the Clinical Standards Department of the Royal College of Physicians. JAG has a wide remit, and its core 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
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
MSK	Musculoskeletal
NCAPOP	National Clinical Audit and Patient Outcomes Programme
NICE	National Institute for Health and Care Excellence
NJR (National Joint Registry)	This organisation was set up by the Department of Health and Welsh Government in 2002 to collect information on all hip, knee, ankle, elbow and shoulder replacement operations, and to monitor the performance of joint replacement implants. Northern Ireland joined in 2013
NPS	Net promoter score
Orthopaedic ICATS (integrated clinical assessment and treatment services)	ICATS provide a multidisciplinary clinic setting to assess and treat a number of patients who have failed to respond to initial primary care interventions, who need a surgical evaluation, or those patients who need a consistent management plan
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
Peer review	A process of self-regulation by a profession or a process of evaluation involving qualified individuals within the relevant field. Peer review methods are employed to maintain standards, improve performance and provide credibility
PROMs	Patient reported outcome measures
PUVA (psoralen combined with ultraviolet A)	Psoralen is a diluted solution used to soak hands and/or feet prior to treatment; UVA is ultraviolet A light. PUVA treatment is prescribed for psoriasis or eczema that is affecting the hands and/or the feet
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
RTT (referral to treatment)	Referral to treatment waiting times
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 allow the examination of the gland for abnormalities
TUPE	Transfer of Undertakings (Protection of Employment) Regulations 2006
WHO	World Health Organization

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



 Everything was perfect! Amazed at professionalism and level of care; cleanliness was very apparent and pleasing; staff dedication 100%, from reception all the way through to surgeon. So pleased to have been referred to this hospital – will be happy to attend here for any other treatment.

PATIENT CIRCLENOTTINGHAM

CircleNottingham
Nottingham NHS Treatment Centre
Queen's Medical Centre Campus
Lister Road
Nottingham
NG7 2FT
circlenottingham.co.uk