



Quality Account 2021-2022

"To be the best independent community healthcare organisation in the UK that is trusted by patients, chosen by policy-makers and regarded with pride by all our team."



healthshare.org.uk

Heart



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Welcome to Healthshare

Chapter 1: About Healthshare

Healthshare is an independent provider of integrated community-based healthcare. Our core delivery model is to ensure all of our patients promptly see the right clinician at the right time, within the same service.

Established in 2009 by two former NHS physiotherapists, our foundations are rooted in musculoskeletal (MSK) service delivery, however an ongoing desire of Healthshare's founders to enrich the patient experience has more recently steered

Everyone across our organisation is responsible for the delivery of clinical excellence and our organisational culture ensures that the patient remains at the centre of everything we do. At Healthshare we recognise that our people, staff and doctors, are the key to our success and our teamwork is a critical part of meeting the expectations of our patients.

development of our clinical services portfolio, together with investment in diagnostic provision.

Through innovation and in partnership with patients, commissioners, GPs and hospitals Healthshare have grown to be one of the largest providers nationally of modern, community-based care; working collaboratively with the NHS to bring high-quality care closer to people.

Our Vision

“To be the Best independent community healthcare organisation in the UK that is trusted by patients, chosen by policy-makers and regarded with pride by all our team.” *Nick McGrath (CEO) & Neil Cook (COO)*

Our Aims



To continually evolve and learn through evidence and experience to help people improve their health



To provide the most effective, safe and innovative care to local communities



To offer care that is compassionate and empowers patients



To be a trusted, helpful partner in the health community



To be a successful organisation where colleagues thrive and are empowered to challenge and progress

Our Network of Services

Healthshare currently oversee a population of over seven million patients distributed across forty Clinical Commissioning Groups (CCG), Primary Care Networks (PCN) and Acute Trust partners. We effectively manage over three hundred and fifty thousand referrals per annum and offer access to our services in a single managed pathway.

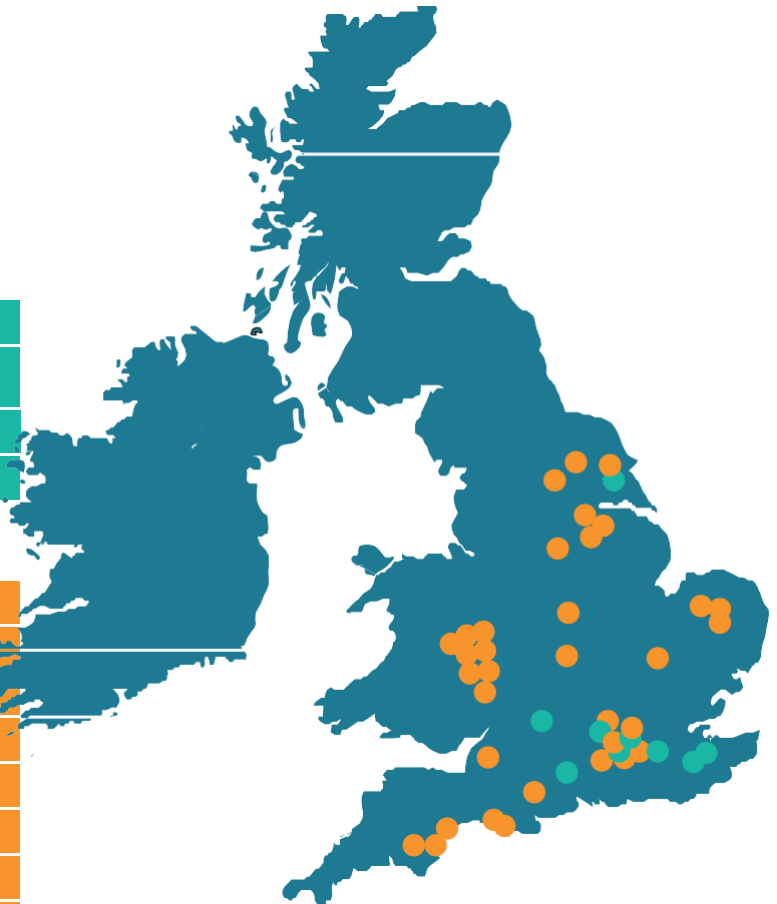
Where We Do It

Clinical Services

Hull	Oxfordshire	SW London
Central & West London	East Kent	Hampshire
Dartford, Gravesend and Swanley		
Hillingdon	Medway	

Diagnostics

Orpington Endoscopy Centre	
NW London - The Riverside Clinic	
Norwich - The Global Clinic	
The Winchester Clinic	
Staffordshire	Cambridgeshire
Harrow	Nottinghamshire
Northampton - The Pavillion Clinic	
HM Prisons	



“Geography not a barrier or impediment.” *Nick McGrath, CEO*

Healthshare services include:

- Diagnostic Imaging including: MRI, X-ray, DXA, CT, Echocardiology, US, (including USGI)
- Endoscopy
- Minor surgical procedures (day case)
- MSK Physiotherapy including paediatrics
- Orthopaedics (includes triage)
- Pain Management

- Podiatry (includes, routine, high-risk and biomechanics)
- Rheumatology
- Women's Health

Patients are able to access our services through GP referral and, in a growing number of our MSK Physiotherapy and Podiatry services, patients are able to self-refer.

Chief Officer Statement

Healthshare was founded with a passion to deliver the highest quality and innovative services to our patients. These guiding principles remain at the core of Healthshare Group and whilst the organisation has grown rapidly the founding pillars remain as strong today.

Our annual Quality Account is a report published on behalf of the Executive Board of Directors and disseminated to all stakeholders. The Quality Account details the systems, processes and reporting tools we use to measure our service delivery, providing a benchmark of high-quality care to our patients and a platform to develop and retain our biggest investment, our staff.

We are continually developing the excellence of our services to patients; taking a view that we can always improve.

This constant push for improvement informs all that we do, from setting out our vision, recruiting and developing our staff and supporting them in delivering high-quality patient centred healthcare.

In the face of extraordinary challenges during the global pandemic healthcare has been transformed, but our dedication to safe, high-quality care has remained the same. Our response has accelerated the deployment of our innovative virtual platforms that form part of the Healthshare digital roadmap. The ability to mobilise our digital offerings has demonstrated our capability to deliver a seamless transition during unprecedented times, whilst maintaining the high-quality care our patients expect and deserve.

Whilst we are proud of our record and awards, we look to where we can do better.

Change is continuous, our patients inform the services we deliver and it is in response to their feedback that we are able to enhance our service delivery.

Our culture is to learn from the experience. We recognise that a true learning organisation like Healthshare will only develop and thrive for patients in a truly open environment.

We strive to build partnerships with our NHS and independent sector peers to deliver patient-centred, evidence-based pathways. We respond to opportunities to work with our Acute clinical partners and colleagues in Primary Care, looking for solutions in 'front-line' support. Our extensive experience has shown that where we work in true collaboration with other healthcare providers, greater patient outcomes are achieved.

The quality of care and safety of our patients is fundamental to everything we do within Healthshare, and we will continue to seek out opportunities for ways in which we can enrich our journey.



Nick McGrath
Chief Executive Officer

01 June 2022



Neil Cook
Chief Operating Officer

01 June 2022

Statement of Assurance and Accountability

Healthshare Quality Account for 2021/22 has been reviewed and approved by:

Healthshare Group Board

Healthshare Senior Leadership Team

Our Quality Account for 2021/22 reflects an accurate illustration of the quality of services we provide, and suitable controls are in place to ensure the collection of information and data reporting is both consistent and trustworthy.

This quality account document is an accurate reflection of our performance and services we provide which demonstrates that we understand where our priorities for improvement lie. We are incredibly proud of the contribution that Healthshare staff have made during this period and who all continue to work hard to ensure we continue to provide high-quality patient care for all that attend Healthshare sites.



Nick McGrath
Chief Executive Officer

01 June 2022



Neil Cook
Chief Operating Officer

01 June 2022



Chapter 2:

Quality Assurance

Governance Assurance Framework

Healthshare's Group Board is responsible for overseeing the governance of the organisation. Responsibilities entail setting strategic objectives and providing leadership to put those objectives into effect.

Our governance arrangements enable the Group Board to supervise the management of the organisation, and whilst governance is primarily conducted and orchestrated through the leadership and functions of the Board, it is the business and concern of everyone within the organisation.

A key function of the Board is to seek assurance that risks to its strategic objectives are known and that there are clear plans in place to mitigate, eliminate or manage those risks.

To enable the Board to undertake its duties effectively, and for the organisation to provide the best services to patients, it requires the structure, people and process of governance to be integrated into the fabric of the organisation and that any "Ward to Board" risks and issues are well-articulated and escalated via an easily navigated path.

Using the building blocks of the Well-led Framework and best practice in corporate and integrated governance, Healthshare's Governance Strategy explains how the organisation uses available information and intelligence to plan at strategic and operational levels to improve services and manage risks to delivery. Assurance is provided with regard to performance, how it identifies when to take action to effect change, and how the Board of Directors exercise accountability to those who deliver and use its services.

For our staff and leaders this strategy provides information to facilitate the escalation of risk, and enhance understanding of where and what reports should be made and why the flow of information from "Ward to Board", and vice versa, is fundamental if the organisation is to achieve its potential. This includes providing the best possible care to our patients in an efficient, reliable, and sustainable way, and with the care and compassion that we desire for those we care for the most.

Through being clear and transparent about our structures and the ways in which the Board will oversee performance, gather information, obtain assurance and make decisions the aim is to strengthen the governance of the organisation as a core component of our journey to outstanding.

Regulatory Compliance

Healthshare is registered with the Care Quality Commission (CQC) and has no conditions attached to its registration.

We currently hold two Provider Registrations and are in the process of amalgamating these registrations to reflect Healthshare Group.

Healthshare Limited

Provider ID:	1-1255986254
Regulated Activity includes:	Treatment of Disease, Disorder or Injury (TDDI).
Latest report published:	07 January 2019
Overall rating:	Requires Improvement

Healthshare Limited's existing report is based upon the hospital framework, which has since been acknowledged as inappropriate for our services. Transfer to Primary Medical Services (PMS) was confirmed in December 2019 and we await reinspection under this new Directorate.

Healthshare Diagnostics Limited Global Clinic Norwich

Provider ID:	1-101727229
Regulated Activity includes:	Treatment of Disease, Disorder or Injury (TDDI), Diagnostic and screening procedures, Surgical procedures.
Latest report published:	26 March 2019
Overall rating:	This service has not been rated

Healthshare Diagnostics Limited The Riverside Clinic

Provider ID:	1-101727229
Regulated Activity includes:	Treatment of Disease, Disorder or Injury (TDDI), Diagnostic and screening procedures, Surgical procedures.
Latest report published:	
Overall rating:	This service has not been rated

Healthshare Diagnostics Limited
The Winchester Clinic

Provider ID:	1-101727229
Regulated Activity includes:	Treatment of Disease, Disorder or Injury (TDDI), Diagnostic and screening procedures, Surgical procedures.
Latest report published:	Registered on 29 th March 2022
Overall rating:	This service has not currently been been rated

Orpington Endoscopy (Joint Venture)

Provider ID:	1-101727229
Regulated Activity includes:	Diagnostic and screening procedures
Latest report published:	Registered on
Overall rating:	This service has not been rated



CQC Summary

During the reporting period, there have been no inspections and neither provider has participated in any special reviews or investigations by the CQC. Full copies of the most recent CQC reports are available on the CQC's website at www.cqc.org.uk.

As we aspire towards achieving an outstanding rating, we continue to benchmark our services against the CQC standards and work collaboratively with the CQC to understand where we need to make improvements. During the COVID pandemic we have continued to engage with the CQC in line with their transitional monitoring approach; this has not resulted in the need for the CQC to expediate any further inspections at this time.

NHS England and NHS Improvement

From 1 April 2019, Monitor has joined with NHS England and NHS Improvement to continue to protect and promote the interest of patients, through the provision of healthcare services that are financially sustainable, efficient and effective and maintain or enhance quality.

[Healthshare hold a provider licence and within the reporting period have met all requirements for continued registration.](#)

Data Security and Protection Toolkit

The Data Security and Protection Toolkit is a statutory requirement for all organisations that have access to NHS patient data and systems. Compliance is determined by an audited (by NHS Dig) online self-assessment tool that enables Healthshare to measure their performance against the National Data Guardian's 10 data security standards.

[Healthshare met the full requirements of the toolkit in September 2020.](#)

This provides the necessary assurances that good data security is being practiced across the organisation and that personal information is handled correctly.

Home Office

Healthshare provide audit data to the Home Office as part of an annual statistical return which they assess, collate and provide to the United Nations International Narcotics Control Board.

[At a local level, Healthshare's accountable officers submit a quarterly return to the Controlled Drugs Local Area Network to provide local intelligence on the safe management of scheduled medicines.](#)

Accreditations and Certification

Recognition through accreditations demonstrates Healthshare's ongoing commitment and adherence to meet external quality standards and performance measures; providing confidence and assurance to both regulators and patients alike.

ISO9001

The ISO 9001 accreditation provides a framework for Healthshare's Quality Management System which is an integral part of the Governance Assurance Framework. All Healthshare staff play a fundamental role in this process, working towards the highest standard of patient care for everyone through recognised processes and procedures which are an essential part of maintaining the ISO 9001 standards.

[Healthshare was awarded recertification for Global Clinic Norwich in August 2021, and South Westminster Centre for Health in March 2021.](#)

ISO27001

ISO 27001 is an internationally recognised Information Security Management Standard (ISMS) that defines the elements of control required to protect all information it holds, and aligns with the regulatory requirements of GDPR (2018) and the Data Protection Act (2018).

Healthshare have been successfully recertified for compliance with Information security ISO27001 following an in-depth audit. ISO27001 is the International Standard describing best practice for Information Security Management. There were some minor non-conformities and several observations for improvements including further increased awareness amongst staff, changes to the layout and security of some of the internal rooms which have been completed over the years following the audit.

Healthshare recognise that in an increasingly digital era security awareness and the protection of data is paramount. Re-certification within the reporting period demonstrates that we have taken the necessary steps to protect the organisation.

[Healthshare have currently engaging with the relevant bodies to align accreditations to Healthshare Group for ISO27001 and ISO9001 during 2022.](#)

Joint Advisory Group (JAG)

Our endoscopy units are registered with JAG and we are submitting data in accordance with the Global Rating Scale (GRS). JAG accreditation is awarded to endoscopy services which have demonstrated they meet best practice quality standards.

[Orpington Endoscopy Unit was accredited by JAG in November 2021. The anticipated completion dates for The Riverside Clinic to apply for JAG accreditation are spring and summer 2023.](#)

Quality Standards for Imaging (QSI)

Whilst current practice is steered by the requirements outlined by QSI, we plan to formalise this by commencing the accreditation process and working towards this in

2022 and completing this in 2023. This is outlined in Chapter 6; Quality Development and Improvement Priorities for 2022.

"Healthshare fully support the recruitment and on-boarding of candidates requiring a Tier 2 visa. We engage with UK Visas who handle all our Tier 2 visa applications and manage our Certificate of Sponsorship applications. The expertise provided by UK Visas fully supports the candidates through the whole visa application process, including after the candidate has entered the UK"



Contribution to Research

Research is essential for finding new and better ways of diagnosing, treating and preventing illness within healthcare globally.

Involvement in research brings a number of benefits:

- Early access to new interventions
- Improvement to treatments, interventions and patient care
- Opportunities for staff development
- Income generation for research investment

Acknowledging this, Healthshare have established a dedicated Research and Innovation Committee. This empowers an environment of research and innovation across the organisation, advising on the strategies and quality of research and innovation by stratifying the meaningful data we produce, whilst working with third party organisations to host research opportunities.

Research contributions to date include:

- The Endoscopy Team taking part in a multi-centre randomised, double-blind placebo-controlled dose ranging study to evaluate the efficacy and safety and pharmacokinetics of PF-06480605 in adult participants with moderate to severe ulcerative colitis. The Endoscopy Centre was selected to participate on the basis of their COVID-19 patient pathways and governance assurance framework. The consultant-led study demonstrates the centres commitment to clinical research and improving patient outcomes through validated clinical trials.
- Healthshare continue develop a partnership with The University of East Anglia (UEA). This relationship will allow us to support UEA as a commercial partner and as a co-investigator in the study of behaviour across the five health domains, as well as enabling independent clinical review of our services by a world-renowned academic institute.

Audit

Clinical audit was introduced to the NHS as a quality improvement process in 1989 through the Department of Health White Paper entitled "Working for Patients". Since this time clinical audit has become a firmly embedded part of the NHS landscape and is a key element of any clinical governance framework.

As a cyclical process clinical audit involves the identification of a topic, setting standards, comparing practice with the standards, implementing changes and monitoring the effect of those changes. Essential as a measure of the quality of the clinical care we provide, and of our services, Healthshare have invested resources to ensure the quality of our data is both valid and meaningful.

Driven by our Audit Committee, our annual audit cycle identifies all audits across the organisation.

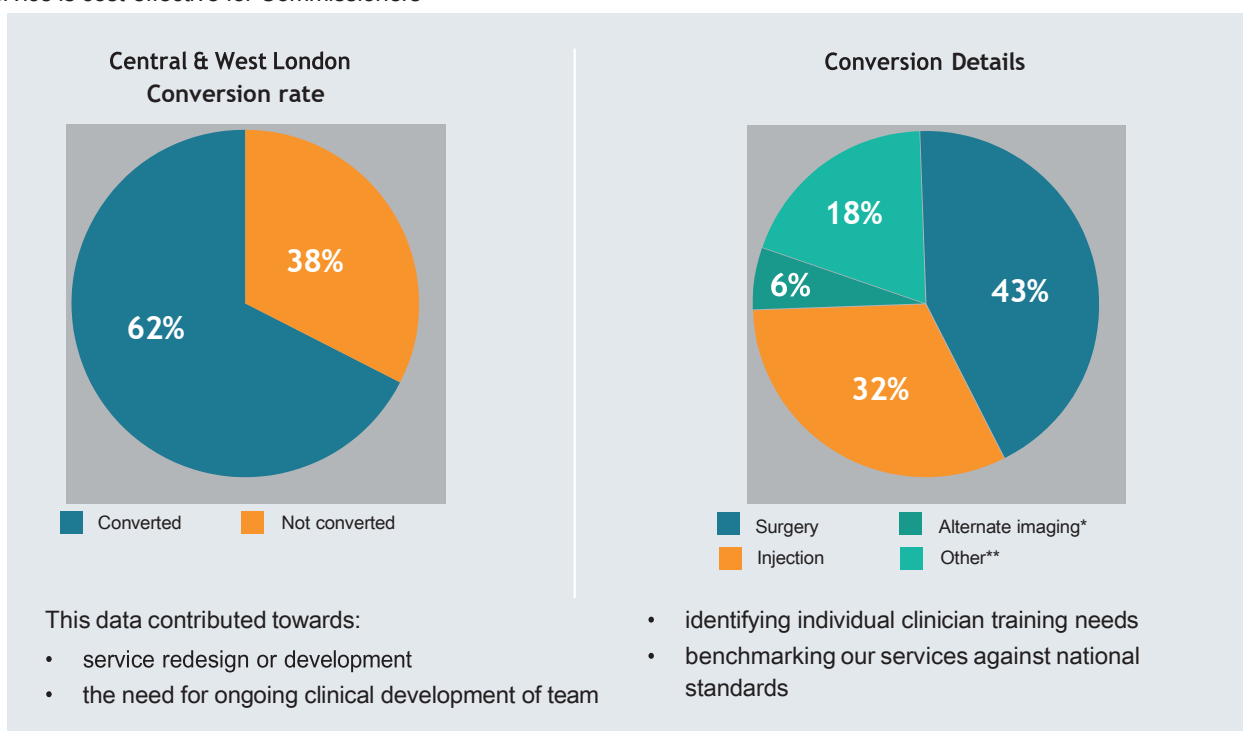
To steer the quality of care and services the audit committee;

- Proactively support all modalities and business functions in the development of their annual audit plan
- Align audit with our partners to facilitate benchmarking
- Review and support services to formulate clear action plans, identifying any learning and influence on current practices
- Encourage participation in audit
- Facilitate the sharing of audit findings and ensure the results of audits are available to all staff to promote a sense of ownership and to ensure continuous quality improvement

Service Evaluation - Secondary Care Conversion in Central and West London

The conversion rate is the number of patients who require secondary care intervention referred from primary or community care for a specialist consultant opinion. The conversion ratio is a crucial outcome measure that informs:

- The MSK triage decision is appropriate
- The service is fit for purpose
- Community orthopaedic pathways with agreed surgical thresholds are effective
- Triaging clinicians are meeting their competencies
- Clinical practice is in line with evidence-based practice (NICE recommendations)
- Training and supervision provided under the service is adequate
- The service is cost-effective for Commissioners

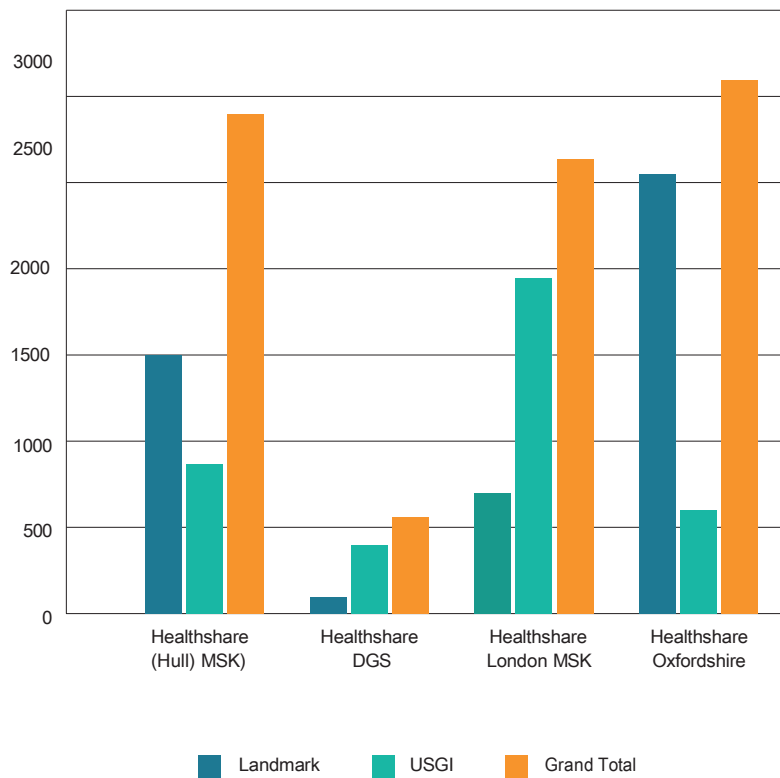


Injection therapy in MSK pathways - Our Service Evaluation

- Injection therapy is an integral part of Musculoskeletal services. It is widely used and a recommended treatment option (NICE) Healthshare orthopaedic pathways recommend injection therapy should be considered as part of Shared Decision Making (SDM) prior to secondary care referral (Lavender Statements/IFR Guidelines).
- As part of our service review we checked our clinicians' adherence to orthopaedic pathways and the clinical effectiveness of Corticosteroid Injection (CSI) in managing pain.
- During the reporting period, 8673 patients received CSI under Healthshare clinical services that represent 6.5% of the total number of patients. This is below the national average of 10% (Transforming musculoskeletal and orthopaedic elective care services, 2017) and demonstrates appropriate use without over-reliance.

Number of injections per service

3500

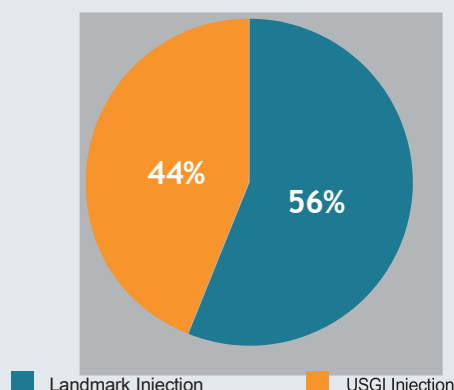


The number of injections across our services was proportionate to staff trained to perform CSI.

83%

of patients reported improvement in pain and function at the end of 6 weeks highlighting CSI is a clinically suitable and effective intervention, whilst reducing onward referral to acute services.

Landmark and USGI



Landmark and US-guided injections were performed almost in equal proportion and their clinical outcomes were equivocal. Interestingly we noted a higher number of patients with knee pain from the USGI group had a better outcome in comparison with the landmark group. In contrary, landmark shoulder injections were as equally effective as US-guided injections.

Clinical Effectiveness

EQ5D

Our MSK service provision is moving towards a population health model that aims to improve patient quality of life and promote health and well-being. Healthshare monitor effectiveness of clinical practice through the collection of EQ5D, a Patient Reported Outcome Measure (PROM). EQ5D is a widely used PROM or clinical outcome in the NHS. It provides a measure of "Quality of Life" (QOL) across general health and wellbeing. Stratifying data from a validated PROM provides performance metrics that can be shared with our commissioners, across services, with individual clinicians, and to benchmark our services.

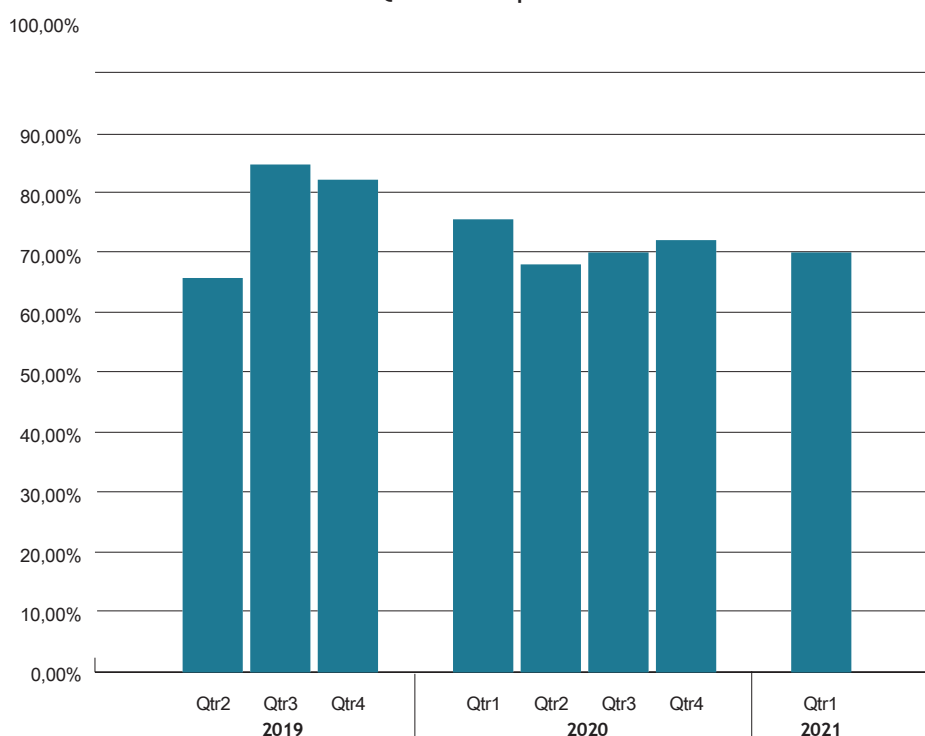
This year we have maintained our focus on ensuring that collection rates are maximised so that we can use the findings to best inform our practice and service delivery. For the reporting period data sets demonstrate that we

have increased our EQ5D collection rates by educating and providing feedback to staff, and through the use of automation via MJog. There has also been a strong focus on the collection of post EQ5D outcomes to effectively close the data loop.

Between January and December 2020, despite the pandemic disruption, we continued to collect EQ5D PROMs across our MSK services. We analysed individual domains and overall change on the clinical outcome by a 'minimal important clinical change' (MCID). The MCID for EQ5D has been identified as 0.16 based on existing evidence from MSK specific studies.

The table below outlines the percentage of patients who achieved MCID 0.16 or above, measured against the total number of EQ5D scores completed across our services.

EQFDs with Improves Scores



Following our analysis of the available data we have noticed a significant increase in the collection of pre and post EQ5D score. 85% of the patients entering our service in 2020 had completed at least one EQ5D score which was around 65% during year 2019. 80% of these patients had pre and post EQ5Ds completed from initial assessment and discharge. Introduction of digital EQ5D collection methods attributed to this improvement. On average more than 70% of patients reported their symptoms are better on EQ5D questionnaire post treatment. This is greater than the national average.

There was a small reduction in overall improvement during early 2020 (Q2) that we believe was due to COVID lockdown, and the associated psychosocial impact.

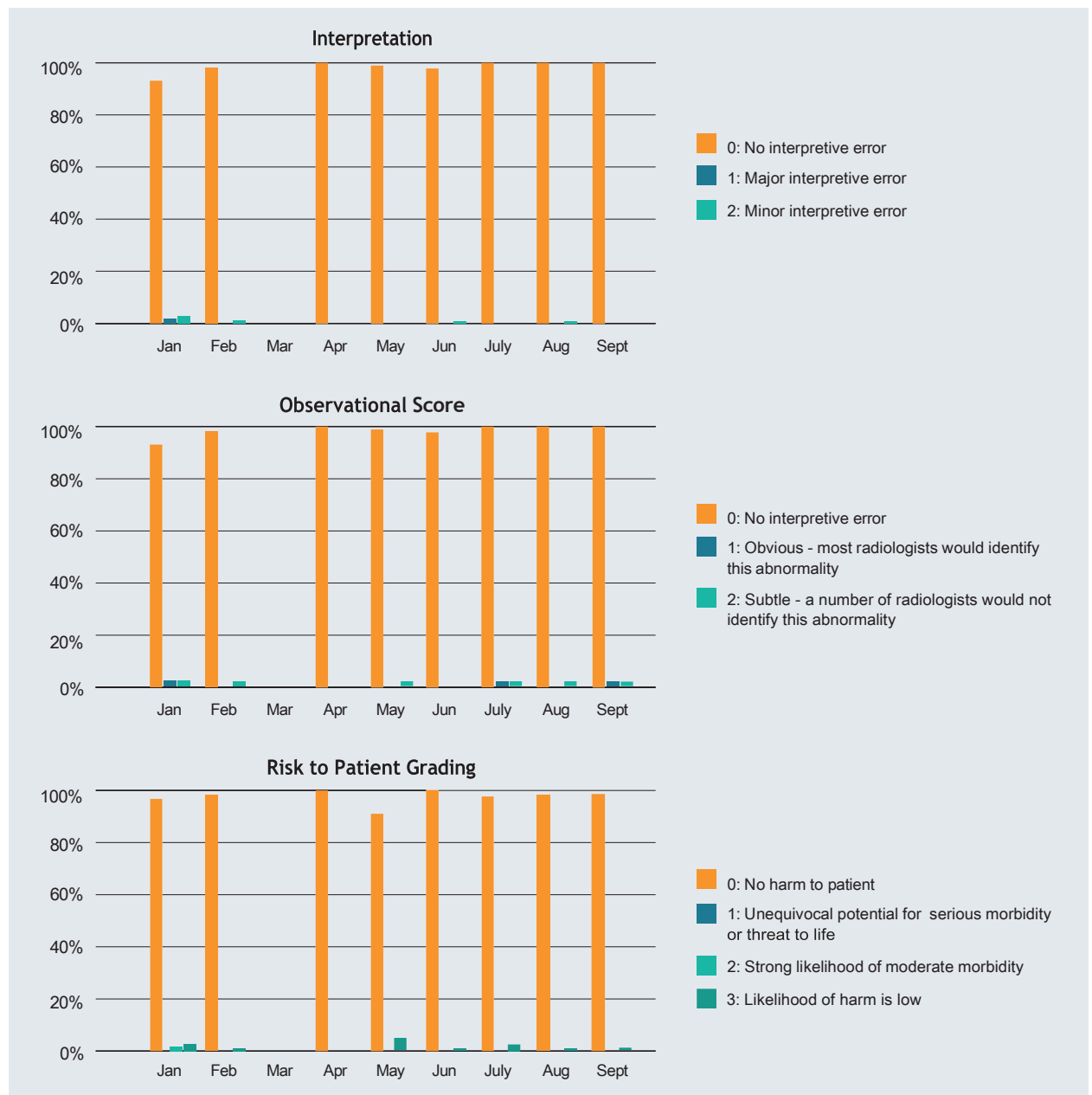
This evaluation affirms that our current management options provided under our MSK services have been effective. Despite the disruptive pandemic we have managed to provide services through virtual and digital platforms and these findings inform us that our digital pathway is also being effective in managing MSK conditions.

Diagnostic Imaging Quality Audit:

Monthly external audits comprising 5% of all MRI, plain film and Ultrasound examinations provides assurances on imaging quality across the diagnostic division.

No data for March 2020, audit paused due to COVID.

Imaging quality is measured against the following criteria:



What does this tell us about clinical effectiveness?

- All diagnostic imaging meets nationally and locally agreed standard guidelines
- Provides assurances regarding the consistency of diagnostic imaging quality for all modalities

What does this tell us about patient safety?

99.5%

of all exams identified the risk of harm to the patient as low or no harm

97%

of all exams audited had no observational errors identified

97%

of all exams scored the highest image quality score

On-going Imaging audit allows us to monitor the clinical quality of the service for all clinicians across all modalities.

Medicine Management Safety Audit

Auditing compliance with medicines standards is fundamental to providing the necessary assurances that Healthshare follow safe and quality practices in relation to medicine management. Over the past year Healthshare have extended its use of medicines to include new services such as the use of controlled drugs for endoscopy and non-medical prescribing. The Corporate Audit Cycle has been updated to reflect and capture these changes. Our group medicines management audit outlines our compliance with all benchmarked safety and quality metrics.

Key findings include:

- 100% of clinicians using Patient Group Directions (PGDs) were verified in our register system.
- 100% of our Adverse Drug Reactions (ADRs) were reported to MHRA on the yellow card scheme (steroid injections) in a timely manner.
- 100% of Central Alerting System (CAS) alerts were managed in accordance with local, national and mandatory requirements.
- 100% of our prescriptions issued were within formulary for contract.
- 100% completion rate of the Healthshare Injection Therapy CPD module.
- 100% compliance for the completion of injection therapy competencies.
- 100% compliance for our audit of medicines and stock supply chain.

What does this tell us about patient safety?

We securely store, supply, administer and where necessary destroy medicines across all contracts, where applicable. This provides assurance that we have safe processes and practices in place to allow our clinicians to deliver safe and effective care to patients.

Clinicians are aware of when to report ADRs and all learning is shared so that we can inform our future practice.

Clinicians have access to the necessary training resources to support their development, and competency is regularly monitored to enable any learning needs to be identified ensuring staff consistently deliver safe practice.

Incident Reporting

Healthshare strives to continually improve the safety, effectiveness and quality of its services year on year. Comprehensive investigation through Root Cause Analysis and thematic review enable us to identify key learnings that can be used to reduce the risk of future incidents by improving patient safety and enhancing the quality of care delivery.

Incident reporting across the organisation represented 1.5% of our annual activity for the reporting period; an increase since the previous year. There were no patient safety incidents that resulted in severe harm or death.

Healthshare strives to build a 'just' safety culture that is grounded in openness, transparency and accountability. Whilst our incident rate remains low, our incident count and percentage of episodes have increased from the previous reporting period. This is deemed to be as a result of a concerted effort to build a reporting culture in which incidents of all severities are reported, investigated and utilised as opportunities for learning and preventative action.

Healthshare continues to prioritise patient safety and intends to take the following actions to improve the quality of its services, by:

- Continuing to use robust internal assurance mechanisms that facilitate the delivery of safe and clinically effective care e.g. Audit, Benchmarking, Internal Quality Assurance Reviews (IQARs), lessons learned workshops.
- Continuing to drive an open and transparent reporting culture where all incidents (including near-misses/never events) are accurately reported and systematically investigated with key learnings captured and disseminated.
- Acting with integrity; being open and honest when things do go wrong.
- Continuing to develop and refine our reporting infrastructure, incident management system and reporting processes.

Staff who Speak Up:

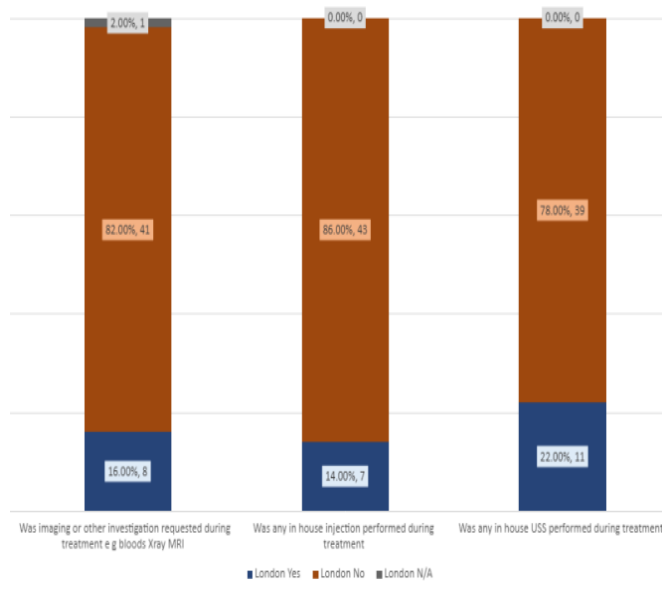
- In its response to the Gosport Independent Panel Report, the Government committed to legislation requiring all NHS Trusts and NHS Foundation Trusts in England to report annually on staff who speak up (including whistle-blowers).
- Ahead of such legislation, NHS Trusts and NHS Foundation Trusts are asked to provide details of ways in which staff can speak up (including how feedback is given to those who speak up), and how they ensure these staff do not suffer detriment by doing so. This disclosure explains the different ways in which staff can speak up if they have concerns over quality of care, patient safety or bullying and harassment within the Healthshare.
- Healthshare launched 'Speak Up for Safety', leading the way as the first healthcare provider in the UK to implement an initiative of this type and scale. The programme reinforces Healthshare's commitment to providing outstanding healthcare to our patients and safeguarding our staff against unsafe practice. This enables staff to break out of traditional models of healthcare hierarchy in the workplace, to challenge senior colleagues if they feel practice or behaviour is unsafe or inappropriate. This has already resulted in an environment of heightened team working, accountability and communication to produce high quality care, patient centred in the best interests of the patient.
- Healthshare has an exceptionally robust integrated governance approach to clinical care and safety, and continually measures performance and outcomes against internal and external benchmarks.
- Embedded initiatives have continued within 2020/21 'Speak up' which aim to empower our staff to speak out should they have concerns over patient safety and/or the delivery of quality care

Quality Assurance Audit

Standard Shoulder Pathway

Within the London Service an audit of a sample of patients seen under our standard MSK shoulder pathway demonstrated efficient use of investigations, in house injections and ultrasound scanning. The delivery of such procedures within the community setting improves the overall patient experience and lessens pressure on secondary care resources. The same audit identified that patient choice and shared decision making was apparent in 100% of the notes from this sample. These findings support the continuing further development of a wider one stop shop system of assessment and treatment at the earliest stage in the care pathway.

(Source – Shoulder Pathway Audit, London Service, Quarter 3 2021-22)



Clinical Notes Audit

As part of providing physiotherapy, podiatry and other associated services it is important to follow best practice and to deliver evidence-based care in line with current recommendations. It is also essential that record keeping is in accordance with relevant professional standards.

Across our MSK services our clinicians demonstrate good levels of recording key assessment findings. In the DGS service 100% of the sampled notes documented a diagnosis or differential diagnosis, as well as a clear management plan. The audit did highlight that the recording of psychosocial factors was an area with scope for improvement. We have responded to this finding by extending our in-house psychological skills training programme.

(Source – Notes Audit, Q3 2021-22)

Level 1 to Level 2 Escalation Audit

Healthshare MSK services operate both Level 1 physiotherapy (L1) and Level 2 extended scope pathways (L2). This includes referrals for a range of neuromusculoskeletal, orthopaedic and in some cases rheumatology conditions. Many patients are initially assessed, and or treated, at Level 1. The L1 clinician may consider onwards referral to L2. This is known as L1 to L2 escalation. It is imperative that L1 physiotherapy staff demonstrate effective patient management and clinical reasoning skills. Failure to do so may have a negative impact on waiting times and quality of the L2 service. Auditing of patient transition between L1 and L2 services allows us to recognize both the clinical effectiveness of the L1 service and the reasoning/patient management skills of physiotherapy staff. This can therefore assist with staff training and clinical development.

Review by L2 clinicians also ensures that any onwards referral into secondary care is appropriate. In an audit of the London service only 22% of escalated patients required referral to secondary care. 58% of the escalated patients had received either in-house investigations or procedures. this demonstrated that a high proportion of patients are managed effectively within our own service, and thereby minimising secondary care referral

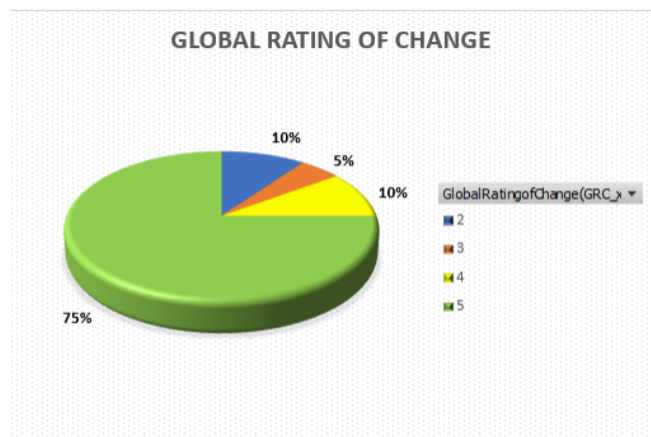
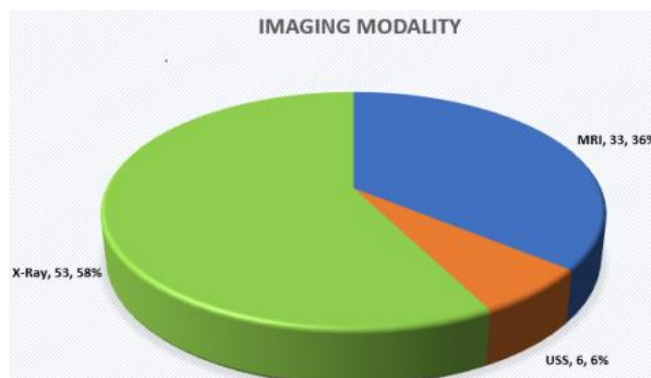
(Source L1 to L2 Escalation Audit, London, Q1 2021.22)

Nail Surgery Outcomes

Assessment of the effectiveness of performed procedures provides clinicians with valuable feedback to inform future decision making in their clinical practice. Our Wandsworth podiatry team performed an audit to evaluate Nail Surgery Outcomes. This included a patient reported Global Rating of Change at review in the months following the procedure.

At 3 months post operation 75% (15 patients) reported level 5 and were extremely satisfied with the procedure. 10% (2 patients) reported level 4, satisfied, 5% (1 patient) reported level 3 as some regrowth of the nail had occurred and 10% (2 patients) reported level 2, dissatisfied, as regrowth had occurred and was uncomfortable- further review appointments were booked for those patients.

majority of imaging requests can be justified and that clinicians are using imaging in an appropriate way.



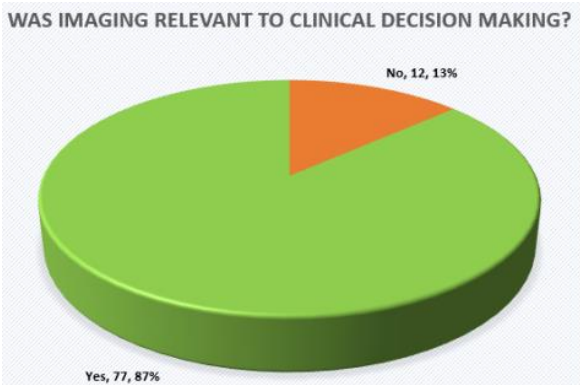
(Source – Nail Surgery Outcomes Audit – Podiatry Department, Wandsworth Q1 2021-22)

Imaging Requests (MRI, X-Ray, USS)

As part of the MSK service pathway, senior physiotherapy clinicians and extended scope practitioners can request imaging investigations. These include MRI, X-Ray and sometimes USS. Such imaging should only be considered where appropriate to further patient care.

In Hull this audit demonstrated that 87% of the imaging results had an influence or directly dictated the decision making involved with any given patient's ongoing management. This shows that the

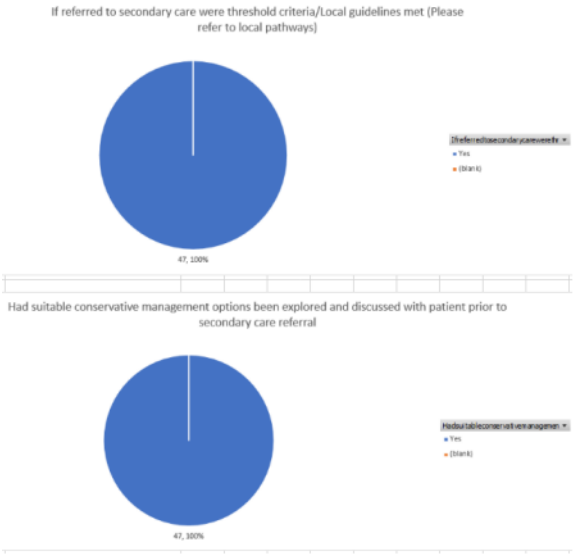
(Source Imaging Requests Audit, Hull, Q1 2021-22)



Hip Pathway

In order to maximise the efficiency of secondary care orthopaedic services all referrals should meet the relevant thresholds for such escalation. An audit of a sample patients entering the hip pathway within our Hull service demonstrated that 100% of sampled onward hip referrals had met threshold criteria / local guidelines. This included 100% having had suitable management options explored prior to secondary care referral. These results confirm that our clinicians are following evidence based guidance to inform their day to day practice. This will support secondary care services during the post-pandemic recovery period.

(Source Hip Pathway Audit, Hull, Q2 2021-2022)



Infection Prevention and Control (IPC)

Healthshare takes Infection Prevention and Control extremely seriously. In the face of extraordinary challenges healthcare has been transformed, but our dedication to safe, high-quality care has remained the same.

Our Infection prevention programme arrangements include:

- All IPC related policies, guidance, practices and systems are up to date and robust, with a rigorous ratification process reflecting statutory and national requirements.
- A dedicated IPC lead at Board level supported by a group lead and link workers who champion good practice across each of our services and community diagnostic hubs.
- Additional training for our link workers to enable them to provide information to staff, act as a point of reference for staff queries, deliver practical training on hand decontamination annually using DaRo UV systems, facilitate IPC related audits locally and attend monthly governance meetings.
- Weekly monitoring of IPC mandatory training compliance which is consistent with the Core Skills Framework. Compliance across the group is 100% and all staff have completed the COVID module on the e-LfH platform (data excludes those staff on long term sick and maternity leave).

- Promotion of Hand Hygiene day, an initiative led by the World Health Organisation (WHO). This is facilitated locally by our IPC champions.
- Obtaining feedback from patients in relation to site cleanliness and if the clinician who assessed or examined them washed their hands/used hand gel.
- The formulation of action plans from audits and any IPC related incidents, which are monitored through quality assurance processes across the organisation at both committee and board level.
- Dissemination and sharing of all learning across the group to prevent reoccurrence.

Internal Quality Assurance Reviews (IQARs)

Healthshare operates a programme of Internal Quality Assurance Reviews (IQSRs), with each of its services required to complete this type of assessment biannually. The structure is devised around the Care Quality Commissions (CQC), Key Lines of Enquiry (KLOEs), and service managers together with the governance team use the information from these reviews as part of an ongoing agenda to improve the quality of their services.

Within 2022/2023 we aim to apply this framework to capture newly acquired regulated activity and to create a digitalised monitoring tool, leading us further on our journey to outstanding.



Safeguarding Statement

Healthshare is committed to safeguarding and promoting the welfare of adults, children and young people and protecting them from the risks of harm. The arrangements in place to ensure that we achieve this and comply with our statutory duty include:

- A clear line of accountability for safeguarding reflected in our governance arrangements, dedicated safeguarding committee and local safeguarding leads.
- Policies, guidance, practices and systems are up to date and robust, with a rigorous ratification process which includes external stakeholders and reflects statutory and national safeguarding requirements.
- Named leads are clear about their roles and have sufficient time and support to undertake them.
- Submission of the Safeguarding Adult Self-Assessment Audit Tool where applicable to service.
- Action plans are monitored through quality assurance processes across the organisation at both committee and board level.
- Clear systems to train all staff to recognise and report safeguarding issues including safeguarding supervision outlined in our Safeguarding Strategy.
- Arrangements to share information between agencies and commissioners.





Chapter 3:

Success and Innovations Delivered in 2021-22

The Riverside Clinic

The Winchester Clinic, is a welcomed addition to Healthshare's integrated Community Diagnostic Hub portfolio. Offering an array of state-of-the-art diagnostic modalities and in line with Professor Sir Mike Richards (2020) recommendations, The Winchester Clinic aims to offer early and accessible diagnostics, optimising diagnostic capacity and improving efficiency, leading to improved patient outcomes and reduced health inequalities.



In addition to its diagnostic capabilities The Winchester Clinic has a fully equipped surgical theatre with recovery area and eight ensuite bedrooms for day case procedures. Having opened its doors to patients in September, 2021, the site has been integral to the Healthshare portfolio in 2021/2022 and beyond.

Endoscopy

Healthshare recognise endoscopy plays a vital role in the diagnosis of, and on-going surveillance for gastrointestinal cancers, in addition to the diagnosis, surveillance and treatment of a wide range of conditions and diseases that are not cancer-related.

The demand for endoscopy has been increasing at pace nationally for some time, exacerbated further by the current pandemic and, as the diagnostic test of choice for many cancers demand is disproportionate to capacity and as such presents major challenges to service delivery.

Already, Healthshare have made contributions to enhance capacity through significant investment in our endoscopy units.

Our bespoke units each comprise two procedure rooms with integrated decontamination facilities designed to optimise workflow, enabling the strict and physical separation of clean from dirty and the capacity to cover two procedure rooms through efficient re processing. Led by a clinical team with extensive JAG (GI Endoscopy) experience, and in line with The British Society of Gastroenterology (BSG) best practice guidelines, each unit is uniquely designed to ensure safe and effective patient pathways whilst maintaining privacy and dignity throughout the patient journey.



Patients visiting the purpose-built units will also benefit from leading consultant gastroenterologists using the latest generation of Olympus endoscopes, complete with scope guide technology, to ease comfort during colonoscopy, and advanced 4K imaging capabilities to aid diagnosis. The team of consultants also provide capsule endoscopy and trans-nasal endoscopy.

Oprington Endoscopy achieved JAG Accreditation in November 2021, The Riverside Clinic is currently submitting data in accordance with the Global Rating Scale (GRS), with anticipated completion dates of spring and summer 2023 to attain JAG accreditation.



Innovation Driven by Digitalisation

Healthshare have made significant strides forward in their digital offering over the last twelve months. Developments and implementation have been accelerated by the pandemic.

Below sets out our innovation achievements and digital solutions and provides insight into where our ambition resides for the forthcoming reporting period. Full details of our priorities for 2022/23 are outlined in Chapter 7: Quality Developments and Improvement Priorities for 2022.

Digitalisation and Pathway Developments

Healthshare's flexibility and our solution-based approach enabled continuity of care for patients across all MSK services during the first wave of the pandemic.

Where clinically indicated we were able to pivot from a face-to-face care delivery model to a telephone-based service, which was swiftly supported by virtual consultations. Our clinical teams' dedication to deliver comprehensive digital print and online video patient resources facilitated this transition, resulting in minimal disruption to patient care.

Like many, we are continuing to monitor the clinical effectiveness of new ways of working, in particular the longer-term impacts which are currently not fully understood. We will share further information with stakeholders as this becomes available. This information will be published in full in the Quality Account for 2022/23.

Chosen and funded by Innovate UK, in response to COVID-19

Healthshare were successfully awarded a grant by Innovate UK to develop a free to use platform for those patients waiting for joint replacement and spinal surgery. Identifying that elective surgery waiting times were increasing due to the coronavirus related demands on the health sector we wanted to find a way to help keep those waiting for surgery physically and mentally fit and well. You can view the platform in full by visiting <https://www.healthshare-wellbeing.org.uk/>



- ✓ Built-in response to COVID-19, funded by Innovate UK for the NHS
- ✓ Designed with and for the 1:1 million (May20) patients facing extended waits for joint replacement and spinal surgery
- ✓ Increases psychological wellbeing, prevents deconditioning through specific rehabilitation exercises and promotion of physical activity
- ✓ Delivered using bespoke videos, animation and exercise plans
- ✓ Free for all to use - improving access and reducing inequality



Built for


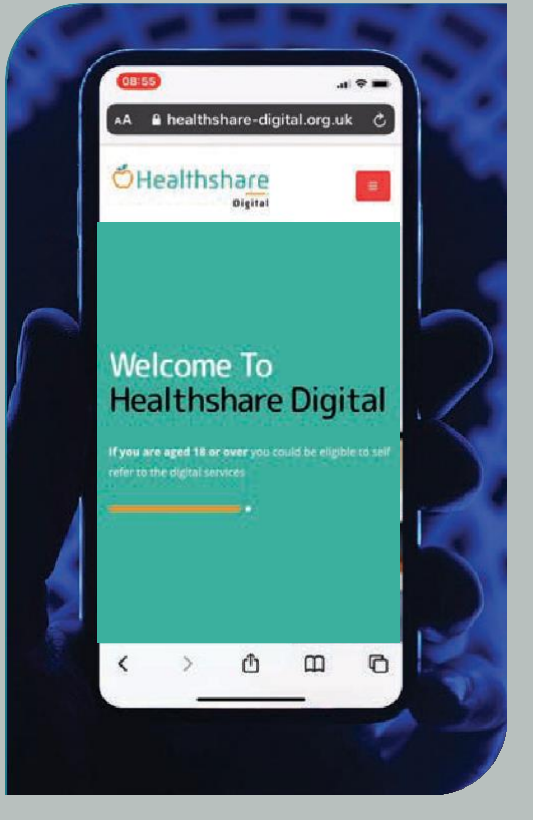


Funded by




Modern Healthcare

The pandemic has increased the adoption of digital solutions and clearly highlighted opportunities for us to help the NHS deliver on their long-term plan. Our learning from rapid implementation and adaption of our virtually delivered service has accelerated our digital pathway development. Understanding that the right care, from the right person at the right time can be delivered in a digital format we have engineered an end-to-end patient platform in Beta version.



- ✓ Healthshare Digital is your complete digital patient pathway
- ✓ In Beta version
- ✓ Self referral > Digital Screening > Management > Social Prescribing
- ✓ Can be adapted for long term conditions, such as Diabetes, Obesity, Long-COVID AND COPD
- ✓ Built from the ground up, resides on MS Azure with robust security measures



MSK Delivery Model

What does the evidence say?

Group clinics are a form of delivering specialist-led care in groups instead of one-to-one consultation that includes clinical management along with patient education and support.

Whilst more traditionally used in diabetic care in the context of older patients with multiple health conditions, the Health Innovation Network in South London developed a physiotherapy-led joint pain advisor service for patients with hip and knee pain. Physiotherapists experienced in managing MSK conditions advised patients with lifestyle changes, coaching and self-management strategies. Patients reported improvements in pain, function and activities of daily living as well as leisure (NICE, 2017).

The role of group consultations was analysed by NHS England (2019). Findings indicated strong evidence to support group consultations for acute and chronic

presentations for all age groups, with specific reference made to the ESCAPE pain programme of hip and knee osteoarthritis; closing thoughts were that group consultation was highly recommended for MSK conditions.

Our proposal underpinning the group consultation model centred around evidence specific to musculoskeletal conditions, whilst also aligning to initiatives set out within the NHS Five Year Forward View (2014) to improve local resilience and support prevention of disease.

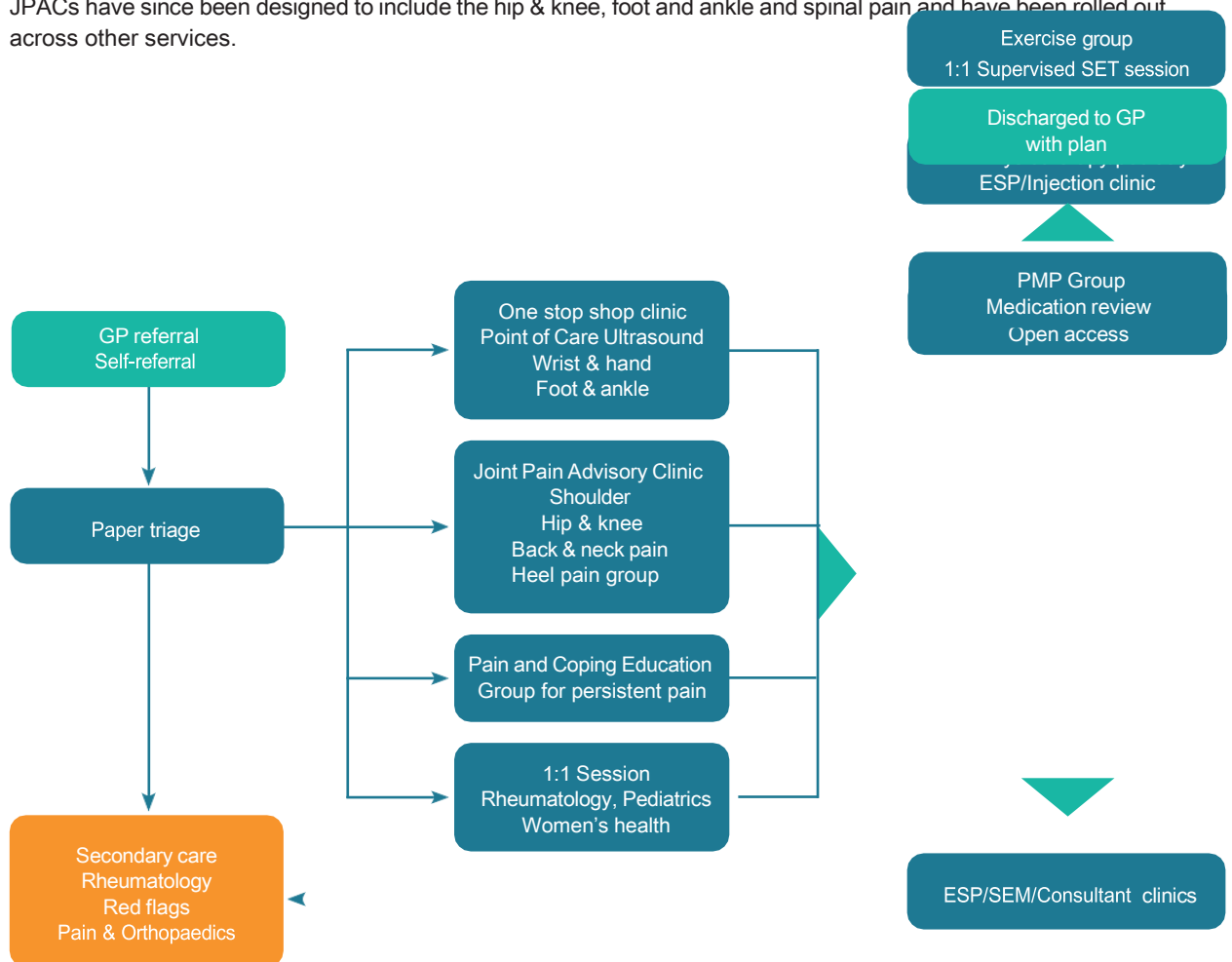
Our proposal aimed to:

- Get it right first time (GIRFT) - risk assessment and safety
- Reduce variations in care using best available evidence
- Shared decision making (SDM)
- Education, Self-management and Social prescribing
- Right care, right place, first time



Joint Pain Advisory Clinic (JPAC) Pathway

JPACs have since been designed to include the hip & knee, foot and ankle and spinal pain and have been rolled out across other services.



Current Position

We are currently analysing the available data sets from across all services and will share this information with stakeholders in due course. This information will be published in full within the forthcoming quality account for 2022/23.

In light of the pandemic we will be launching a virtual JPAC early 2022.

Our Response to COVID

We are proud of the care being provided to patients and the way in which services have been rapidly adapted in response to the COVID-19 pandemic. Effective infection prevention and control is fundamental to our efforts. We have adopted the IPC Board Assurance Framework to support and effectively self-assess ongoing compliance with PHE and other COVID-19 related infection prevention and control guidance to identify and mitigate risk. The framework has provided the necessary assurances to the Board that IPC measures have been taken in line with current guidance. The framework has provided the necessary assurances to the board that IPC measures have been taken in line with current guidance resulting in no site closures and the maintenance of green IPC pathway status.

Alongside these adjustments to keep our staff and patients safe we have implemented some virtual consultation tools and Healthshare has made a wider contribution to the NHS during the pandemic.

Some of our physiotherapy staff were seconded to the NHS Nightingale Hospital in London, and have more recently supported the COVID vaccine role out. Podiatrists and Sport and Exercise Therapists supported Community Teams in Nursing Homes and patient discharge from hospitals, whilst some of our nurses were seconded to support at COVID hot hubs and our non-clinical staff supported the wider 111 service. We are innovating our services to care for patients with 'Long COVID'.





Chapter 4:

Patient Feedback and Experience

Patient feedback is important both for reassurance that we are working in line with patient expectations, to aid identification of areas for service development and where we need to pay closer attention. All feedback from patients regarding their experiences with Healthshare are welcomed and inform service development in various ways dependent on the type of experience (both positive and negative) and action required to address the feedback.

All positive feedback is relayed to the relevant staff to reinforce good practice and behaviour, letters and cards are displayed for staff to see in staff rooms and notice boards. Managers ensure that positive feedback from patients is recognised and any individuals mentioned are praised accordingly.

All negative feedback or suggestions for improvement are directly feedback to relevant staff. All staff are aware of our complaints procedures should our patients be unhappy with any aspect of their care.

Patient experiences feedback via the various methods, and are regular agenda items on Local Governance Committees for discussion; trend analysis and further actions are identified.

Healthshare's Patient Satisfaction Questionnaire (PSQ) is offered to all patients and measures the responsiveness to the personal needs of our patients.

Patient Satisfaction Measures 2021 - 2022

During the reporting period,

95%
of patients said they were
satisfied with the care
they received.

Healthshare consider this to be the result of our continued focus on patient experience and commitment to ensuring that we provide people with a positive experience.

Healthshare intends to implement the following actions to

enhance this percentage, and thereby the quality of its services, with a:

- Continued focus to exceed patient expectations, by engaging with and listening to patients using various interfaces with a particular drive on digital platforms in light of COVID and new ways of working.
- Continued focus on how we respond to concerns and complaints identified through our complaint handling questionnaire, and seeking to identify innovative and more effective ways in which we can share lessons learned from complaints and poor experiences.

Friends and Family

- All Healthshare patients are offered the opportunity to feedback; in the event a friend or family member needed similar care or treatment, would they recommend Healthshare.
- For the reporting period **95% of patients who responded said that they would recommend us.** Of this 86% were extremely likely and 9% likely.

A willingness to recommend is suggestive of a positive experience whilst using our services. This triangulates with our overall patient satisfaction score and is consistent with our below average number of complaints received during the reporting period, relative to the number of patients we served.

Healthshare intends to implement the following actions to enhance this score, and thereby the quality of its services, by:

- A continued focus on patient experience and the embedding of our service standards.
- Enhancing the capability of our leaders, ensuring that they embed Healthshare's values, which strive to ensure that we put both our patients and colleagues at the heart of everything we do.
- Continued focus on quality improvement activity that contributes towards patient experience and the delivery of seamless care.

Complaints Handling

Healthshare are continually striving to improve services and care and as such patient and family feedback is invaluable to us.

Our complaints process outlines our commitment and provides information about how we manage, respond to and learn from complaints made.

The key issues are that a patient needs to:

- Know how to complain
- Feel confident that their complaint will be dealt with seriously
- Understand that their concerns will be investigated and they will be informed of the findings of that investigation
- Trust that Healthshare will learn from complaints, feedback and praise and apply those lessons whilst also learning from and sharing best practice.

During the reporting period the ratio of total complaints and concerns against patients' attendance stands at 0.14%.

The top 3 themes from complaints and concerns include:

- Communication
- Clinical treatment
- Booking processes

We have used this information to feed into our Quality Improvement Priorities for 2022/23.

The patient satisfaction surveys we receive are a true reflection of our patient's views.

We review all our patient feedback through our 'Customer Focus Groups'. This group is made up of members from all our hospital departments Clinical and non-Clinical and includes a patient member. The aim of the group is to review all our patient feedback and continually learn and change practices by acting on the feedback from our patients as follows:

Review all feedback provided by our patients, action key themes and identified trends.

Ensure all our staff work in line with our 'Customer Care Standards' and Healthshare Values.

Continually use our patients to inform improvement in our patient experience.

Ensure all our care and services are individualised to meet our patient's needs, 'see the person in the patient'.

Implement our Patient Experience Strategy over 2022-2023.

Duty of Candour Statement

Healthshare is committed to being open and transparent with patients, or their families, when something goes wrong that appears to have caused, or could lead, to significant harm in the future. This is supported by Healthshare's Duty of Candour policy.

The aim of the policy is to ensure we are a trusted and responsive organisation, and that we comply with our statutory duty which includes:

- Being open and transparent with people who use our services and other 'relevant persons' (people acting lawfully on their behalf) in relation to care and treatment.
- Specific requirements that we must adhere to when things go wrong with care and treatment, including informing people about the incident, providing reasonable support, providing truthful information and an apology.
- Continued promotion of a culture that encourages candour, openness and honesty at all levels. This is an integral part of a culture of safety that supports organisational and personal learning.



Chapter 5:

Employee Engagement

Employee Feedback

Our Human Resource Department distributes an Annual Employee Survey which evaluates employee wellbeing, professional development, engagement, company benefits, appraisals, feedback strategies and a retention plan. Our 2021 results have raised some pleasing and interesting points and ideas from our employees, enabling us to better understand what we need to improve, develop and focus on as we move into 2022.

Benefits

We provide a range of benefits for employees;

- Competitive salaries
- Refer an employee scheme
- Salary sacrifice pension
- Blue Light Card

We continually review our benefits packages in line with our competitors for all future and existing employees.

Healthshare are committed to becoming an employer of choice.

Proposed benefits for 2022 are as follows;

- Death in service benefit x 4 of salary
- Private medical insurance

Absenteeism and supporting our staff

We pride ourselves on having an excellent average Bradford Factor Score and we endeavor to make further improvements in this area in the forthcoming reporting period. We have found that mental health and wellbeing, alongside musculoskeletal problems, are our highest causes for sickness absence. With this in mind, we have increased the information we provide to our employees to support them further and are communicating this through our local newsletters and Intranet.

In response to mental health challenges, we are seeking partnership with an external provider for mental health resources. In 2022 we are keen for all employees to have a Health and Wellbeing objective set at their annual appraisal. We are also committed to enabling our employees to utilise our services through fast access to physiotherapy through our occupational health provider.

Our current external occupational health provider partners effectively with us to assist our employees who require additional support, enabling them to feel comfortable and supported when returning to the workplace after periods of sickness or incapacity.

Innovation

We are committed to improving employee engagement and have already implemented new initiatives based on our 2021 staff survey results.

Our “Bright Ideas” initiative encourages employees to post ideas and suggestions on the Intranet. This promotes inclusiveness and awareness from our employees. Employee led ideas and innovation are key to our success. We are committed to communicating Bright Ideas to all employees every six months and celebrating these around the business.

We encourage a 365-day feedback culture, steering away from the more traditional annual appraisal. We believe that an annual appraisal should be a time to celebrate and reflect on the progress our employees have made throughout the year. Regular feedback sessions allow both management and employees to have open and transparent working relationships.

Employee Turnover

We are committed to reducing our turnover through employee engagement activities and our overall employer proposition.

We feel that our review of our benefits packages and response to staff survey suggestions will provide an improvement in 2022. We will continue to monitor exit survey feedback and act accordingly throughout the year in response to any trends in turnover data. The HR and Payroll software, enables accurate dashboards, reports and trends so we can respond to this priority in the best way we can.

Supporting employees during the pandemic

Since the start of the pandemic we have worked closely with our Occupational Health Provider to identify how we can support employees, creating a culture of health and wellbeing. Following employee feedback, we have made it easier for Line Managers to find support by implementing a Wellbeing Hub on our Intranet with self-help material and clear details of what our occupational health service offers.

We are continuing to monitor risk to ensure we remain compliant with Health and Safety at Work Regulations (1999). Reassuringly, of the staff who responded to our remote working survey, 100% reported that they felt safe carrying out their roles.

Corporate Social Responsibility (CSR)

We are seeking to build our Corporate Social Responsibility (CSR) program across the organisation to improve our community-led initiatives, charitable giving and environmental impact. We are committed to Healthshare being a responsible business and embracing CSR in 2022.

Staff Development

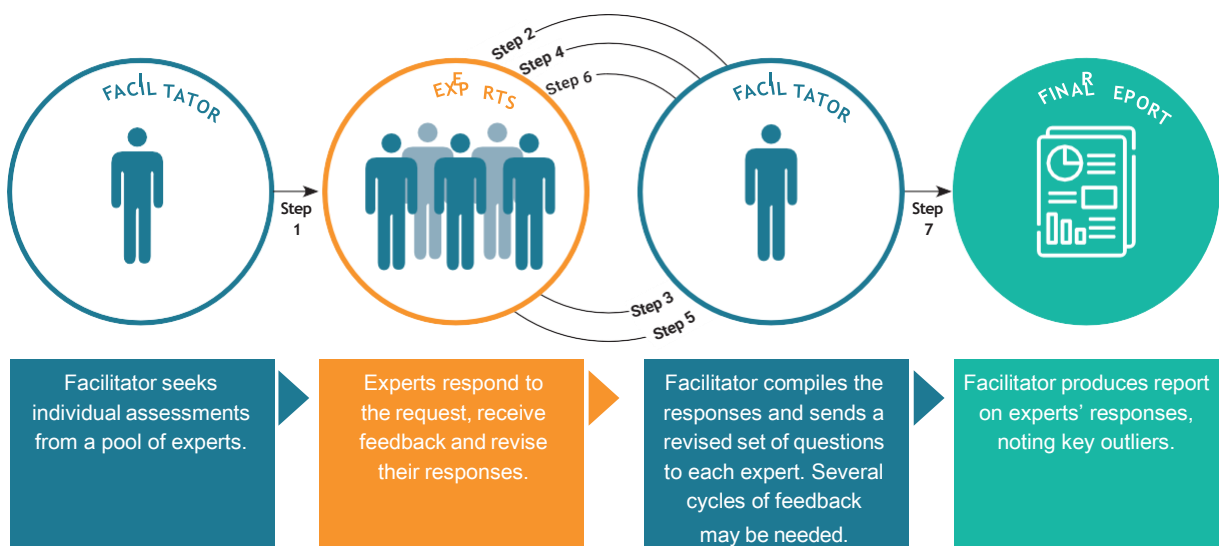
Healthshare are committed to developing a strong culture, in which everyone is able to achieve their full potential, and which will increase job satisfaction and support career development. As such, Healthshare provide excellent training and development opportunities for its staff, which meet the operational and strategic objectives of the organisation as well as individuals' own learning aspirations and needs.

MSK Competency Framework

During 2021 we have undergone a review of our Clinical Staff Competency Framework. The aim of this review was to ensure:

1. The skills and knowledge of our staff are in place to be able provide industry leading MSK care.
2. Staff are supported in their career growth with clear goals enabling them to progress their clinical knowledge and skill.
3. The delivery of high-quality person-centred care from all members of the team.
4. Effective, safe management of the patient population.
5. Encourage all staff to work towards the ceiling of their licence.

A Delphi approach was used to produce a set of skills and knowledge required to deliver our clinical pathways.



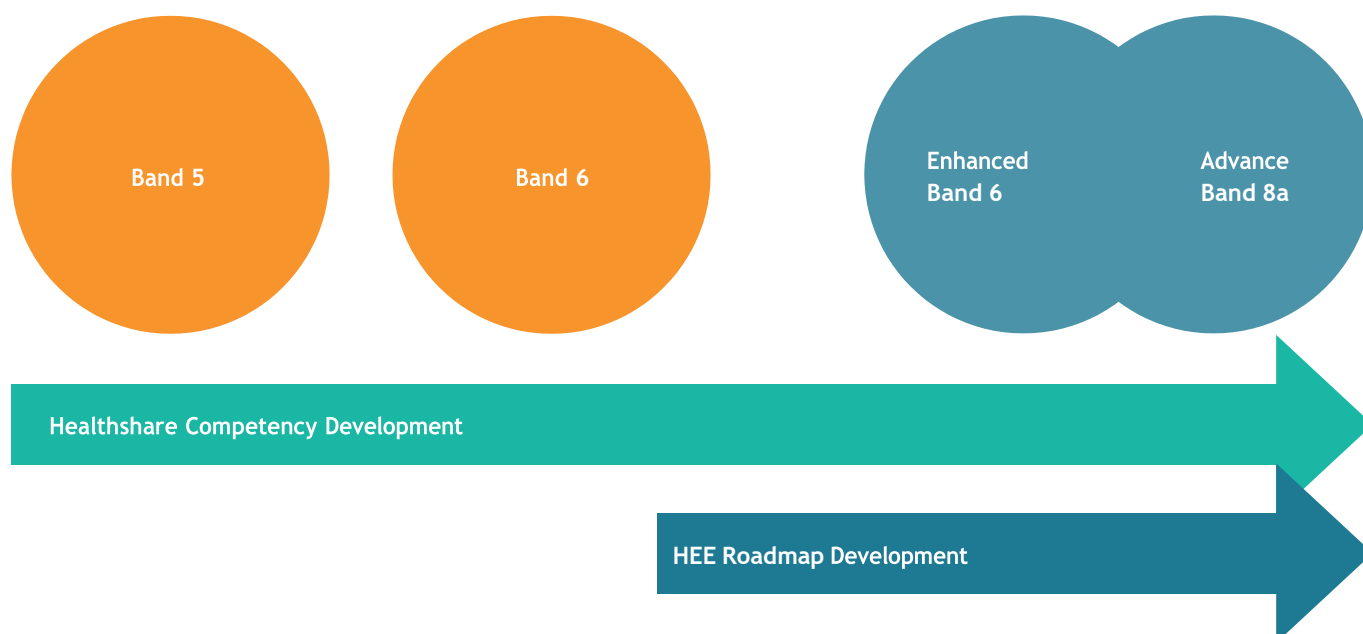
The expert group were cognisant of our own internal pathways, contemporary views on clinical excellence and those pathways surrounding our services (e.g. red flag pathways, pathways to secondary care) as well as the goals of the review.

This process led to the following key developments:

1. A focus on personal responsibility
2. Team working in making the best decisions for patients
3. A multimodal assessment technique to capture different learning styles while broadening each staff members assessment cohort.
4. A patient facing set of competencies that reflect the skills and knowledge required to deliver a safe, effective clinical excellence.



Following on from this review and the publication of the Health Education England First Contact Practitioners (FCP) and Advanced Practitioners in Primary Care: (Musculoskeletal) A Roadmap to Practice document, our own competencies have been mapped to those published by HEE.



This process showed that the values outlined in both documents were comparable; our equivalent Band 6, 7 and 8a competency expectations are aligned with those in the road map. The additional value that our Competency Framework affords is a roadmap from graduation, though a band 5 role up to FCP if this is the career pathway that is sought.

Workforce Development

Healthshare employ a number of foot care practitioners to support the podiatry service across Wandsworth. We have implemented a competency framework to support role development and provide assurances around scope of practice. The role itself can be used to facilitate accessing podiatry courses at undergraduate level.

Healthshare continue to explore how we may create new and future opportunities to both our existing workforce and within the local communities in which we work.

Our Future Workforce

Healthshare have continued to work with universities nationally, offering placements at undergraduate, Masters and PhD level.

We have provided fellowship opportunities to support ultrasound students at the University of Essex and we are currently working with Oxford Brookes and Hull University to provide student placements for both BSc and MSc Physiotherapy students. Clinical placements are being designed to be a hybrid blended learning design, with a mixture of remote virtual consultations, virtual supervision and face-to-face clinics.



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Chapter 6:

Quality Developments and Improvements Priorities for 2022/2023

Below sets out where our quality development and improvement priorities reside for 2022/2023.

We have a clear commitment to our private patients as well as working in partnership with the NHS ensuring that those services commissioned to us, result in safe, quality treatment for all NHS patients whilst they are in our care.

We constantly strive to improve clinical safety and standards by a systematic process of governance including audit and feedback from all those experiencing our services.

Data Quality

Ensuring accurate data is a key aspect of our ability to successfully deliver in all contexts. This data can range from equipment cleaning data, to patient details data, to data relating to patient outcomes.

Poor data quality can lead to a number of consequences, for both patients and their outcomes, data quality is and will thus remain a core area of focus across the organisation. Our Data Quality Framework will be driven by our IT Applications and Data Lead.

Innovation and Digitalisation

The Digital Patient Pathway

As outlined in Chapter 3, Healthshare is committed to fully delivering the digital patient pathway into the clinical setting following further testing and development. Healthshare aims to continue to be able to deliver traditional face-to-face MSK services with support from the digital platform or deploy the digital platform as a standalone service solution. We hope to further our offerings across health domains to continue to help deliver the NHS Long Term Plan.

Swiftqueue

Early next year Healthshare will see the implementation of Swiftqueue (SQ). SQ is a scheduling platform which allows patients to book their choice of appointment live on the Clinic Schedules.

The platform will enable us to orchestrate patient communications, from welcome message through appointment preparation details, to discharge, and

disseminate satisfaction questionnaires. The capabilities of the patient portal mean greater accessibility and convenience, contributing to a greater overall experience for the patient by allowing the patient to manage their own appointment bookings.

The Patient Experience

Healthshare acknowledge that patient feedback is important both for reassurance that we are working in line with patient expectations, to aid identification to areas of service development and where we need to pay closer attention.

As outlined in Chapter 4, during the forthcoming year Healthshare intend to place a continued focus on exceeding patient expectations, by engaging with and listening to patients using various interfaces with a particular drive on digital platforms in light of COVID and new ways of working. We are also recruiting our own Healthshare Patient Participation Group nationally to inform service development and communication.

We will continue to focus on how we respond to concerns and complaints identified through our complaint handling questionnaire, and seeking to identify innovative and more effective ways in which we can share lessons learned from complaints and poor experiences.

A review of clinical priorities 2020/2021 (looking back)

Patient Safety

Our clinical priorities plan for 2021/2022 to work on areas of improvement in order to continually raise quality and safety in our patient care. This was particularly focused on:

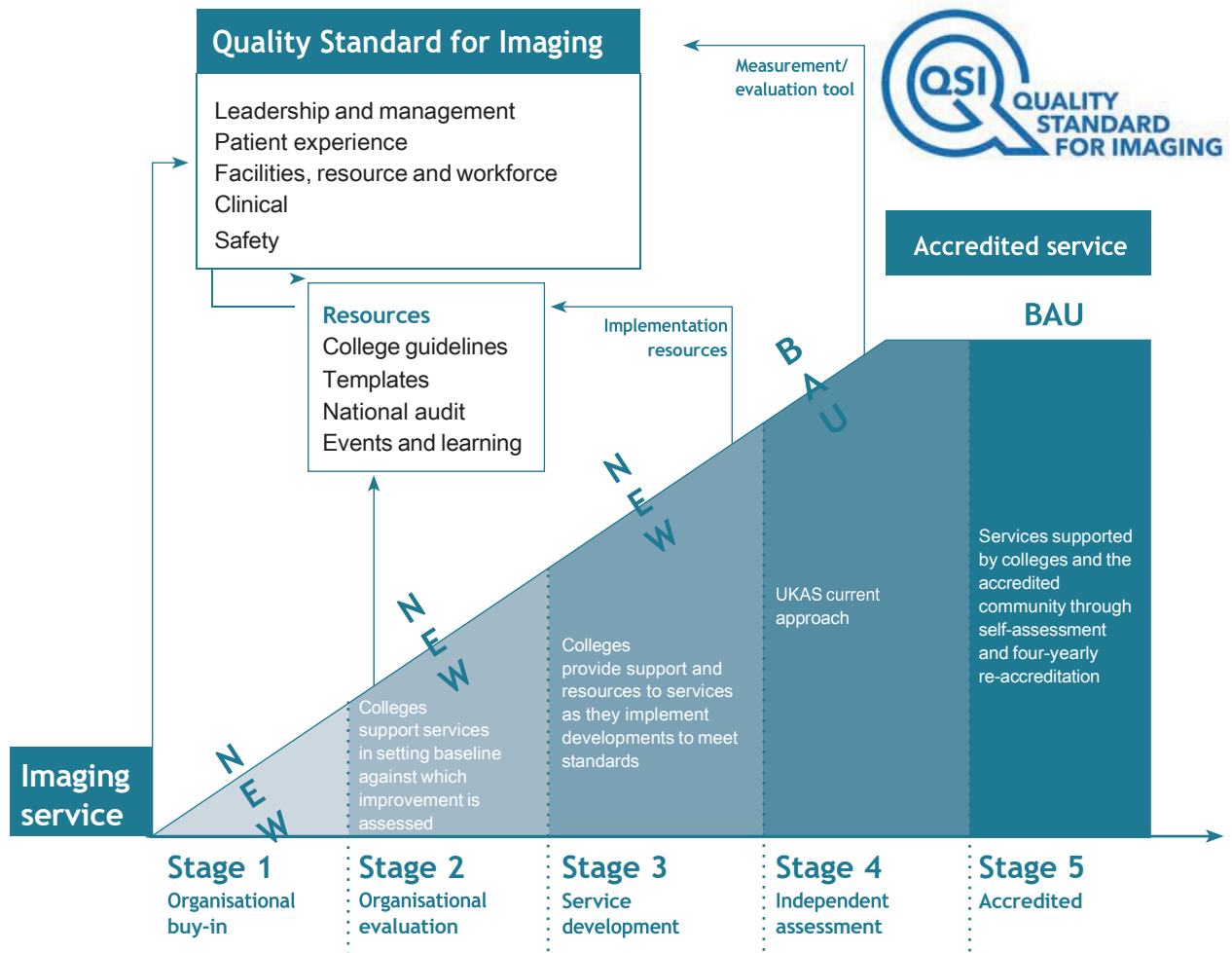
NEWS2 - which means being responsive to recognising the 'deteriorating patient' and give immediate care needs of the patients.

COVID 19; This last year our attention has been on implementing revised pathways of care to ensure that Healthshare sites are safe from Covid 19. As indicated above we were successful in ensuring our patients were safe from COVID when attending Healthshare sites or at the time of surgery and during their hospital stay.

Accreditations

Orpington Endoscopy Unit achieved JAG accreditation in November 2021 and The Riverside Clinic Endoscopy unit is currently submitting data in accordance with the Global Rating Scale (GRS), with anticipated completion dates of spring and summer 2023 to attain JAG accreditation.

As we continue to grow our integrated Community Diagnostic Hubs the forthcoming year will see Healthshare embed quality standards as we continue to work towards obtaining Quality Standards for Imaging Accreditation (QSI).



www.rcr.ack.uk/qsi
www.sor.org/qsi



The standard sets national quality criteria for imaging services measured across five domains which include:

- Leadership and Management
- Clinical
- Safety
- Facilities, resource and workforce
- Patient experience

Articulating the expectations of good imaging, international radiology and teleradiology services QSI accreditation will provide further assurances of our high-quality service delivery.





Additional Information and Feedback

Please email feedback@healthshare.org.uk or telephone **01732 525935** if you would like to:

1. Provide feedback on any aspect of this Quality Assurance Report
2. Request a hard copy of this document
3. Request a copy to read in a different language
4. Talk to someone about your experiences of our services
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