

Virgin Care

# **Bath and North East Somerset Quality Account**

*Services delivered in Bath and North East Somerset  
by Virgin Care Services Limited*

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## **Important note about this document**

Throughout this document we have endeavoured to meet the requirements as a provider to deliver a Quality Account relating to the services we directly deliver in Bath and North East Somerset. However, Virgin Care Services Limited is a prime provider meaning we provide some services but also sub-contract with others to provide some services.

On the request of our commissioner we have, therefore, sought to provide an overview of our achievements both as a provider and, to exceed our obligations, cover those achievements we have made with others in overseeing services too. Much of the achievement of the programme is a result of providers working together to deliver improved services which work well together and we have included these achievements here in that spirit.

It is important to note when reading this document that we would not have been able to deliver many of these improvements without the hard work of our partners who deliver many of the services directly to patients on our behalf in Bath and North East Somerset.

# Part one

## Executive Summary

A Quality Account is an annual report which providers of NHS health and social care services must publish about the quality of services they provide. This quality account covers the services provided by Virgin Care.

Virgin Care delivers services on behalf of Bath and North East Somerset CCG and BaNES Council in Bath and North East Somerset, and is one of a number of providers of health and social care services locally.

This document is a demonstration of Virgin Care's commitment to providing the best quality community health and social care services to citizens in Bath and North East Somerset. Quality Accounts are an opportunity for the organisation to take stock of what has been achieved and what is planned for the coming year as well as focusing the mind of the dedicated, hard-working colleagues who deliver services every day, on continuing to improve services.

This document contains a great deal of information on the quality of Virgin Care services, and the information has been arranged into the three areas of quality defined by the Department of Health and Social Care: safety, clinical effectiveness and patient experience. Virgin Care has used this information to examine its performance and set priorities for the coming year and to make sure our priorities reflect the needs of people who use services, the public generally and the community. Virgin Care has involved different groups to help compile this report including people who use services and community representatives, commissioners and frontline colleagues.

If you would like:

- A hard copy of this quality account, or a copy in another language please contact our Customer Experience Team on **0300 303 9509\*** or email **customerservices@virgincare.co.uk**
- To talk to someone about your experience of our services or would like to know how to find one of our services, our 'Here to help' team will speak with you in confidence on **0300 303 9509\*** or by email: **customerservices@virgincare.co.uk**
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## Review of the services provided

The services we provide in Bath and North East Somerset include:

Children and Young Peoples Services	
<b>Paediatric Audiology</b>	<p>The Paediatric audiology service provides audiological assessment, diagnosis, therapy and, practical advice to ensure that children who are deaf or have hearing difficulties, with the support of their family and carers are able to develop and achieve academically, emotionally and socially to reach their full potential.</p> <p>It provides surveillance of children with otitis media (glue ear). It leads on-going assessment monitoring and habilitation of children 0-5 years with permanent deafness, whilst working closely in partnership with teachers of the deaf and Royal United Hospital (RUH) audiologists to fit hearing aids.</p> <p>The service carries out joint assessments with RUH. Referrals are also made between the RUH and community audiology as appropriate.</p>
<b>Bowel and Bladder Service (Children's Continence)</b>	<p>Our Children's Specialist Continence Nurses are based in the community to provide assessment, support and treatment for children with delayed toilet training, bed wetting, day time wetting, constipation and soiling. They also provide advice for their families.</p> <p>This service is for children and young adults up to the age of 19.</p>
<b>Children's Speech and Language Therapy</b>	<p>The Speech and Language Therapy service provide a high quality speech and language therapy service to children and young people with speech, language, communication, feeding and swallowing difficulties, including assessment, advice and therapy. The Service also provides training and support to parents, carers and other professionals so that they can work together to help each child/ young person achieve their full potential as a communicator.</p>
<b>Health Visiting Service</b>	<p>The 0-19 Public Health Nursing Service delivers key elements of the Local Authority's Early Help Offer and the Healthy Child Programme. Safeguarding is a core element of the service and Health Visiting adheres to the national and local safeguarding requirements and guidance and implements these wherever necessary.</p>

### **Community Nursing and Psychology**

The Children's Community Nursing and Psychology service is for families where a child has a life threatening, life limiting condition (not including malignant conditions as other services provide support for these children).

Providing support for families where a child has complex health needs that require specialist, often technology dependent support at home, provided through a care package.

### **School Nursing Service**

The School Nursing Service leads and delivers the healthy child programme, which includes child surveillance, health promotion, health protection and health improvement. Services are delivered to 5 -19 year old children, School nurses have close relationships with children, families and community settings such as schools and are key in supporting early intervention.

### **Family Nurse Partnership**

The Family Nurse Partnership is a public health home visiting parenting programme for first time young mothers, which incorporates the healthy child programme.

### **Paediatric Service**

The Paediatric team, together with a specialist Attention deficit Hyperactivity Disorder (ADHD) sleep nurse, provide medical care to children in Bath and North East Somerset and Mendip

### **Children's Learning Disabilities Service**

The Children's Learning Disability Service provide assessment support and advice to children, young people and their families/ carers up to the age of 19 who have moderate to severe learning disabilities. This can be a variety of physical, emotional and behavioural health issues. The service works in partnership with other providers of health, education and social care and can also provide a consultation service to other professionals with regard to learning disability issues. Previously part of the School Nursing service, Children's Learning Disability became a standalone service in December 2017 in conjunction with the children with development needs team.



## Adult Community Services

### Community Hospitals

#### **Paulton Memorial Hospital: JOHN STACEY WARD**

Paulton Memorial Hospital is located within the locality of North East Somerset and serves a local population of about 45,000 made up of small villages and market towns.

There are 28 adult in-patient beds providing elderly care and rehabilitation in the hospital's ward. Most admissions are patients transferred from the local acute trusts although the ward also receives direct admissions (people admitted directly from home) via GP or community health professional referral. Care is also provided to patients needing palliative care

#### **St Martins Hospital: SULIS UNIT**

St. Martin's is a community hospital situated on the south side of Bath.

Within the hospital Virgin care runs a 31 bedded elderly care and rehabilitation ward in which up to 8 of the beds are for patients who have had a stroke. Most admissions are from the local acute trust although the ward also receives direct admissions (people admitted directly from home) via GP or Community health professional referral. Care is also provided to patients needing palliative care

### Paulton Minor Injuries Unit

Virgin Care runs a nurse-led Minor Injuries Unit on this site which is open every day from 08.00 – 21.30.

### Adult Speech and Language

Adult Speech and Language Therapy Services provide assessment, advice, information and support for adults and their families or carers, who have difficulties with communication (speech, language or voice) and/or swallowing.

### Bladder and Bowel

The service provides assessments to inform treatment and/or provision of continence products. The staff undertake clinic and home visits as well as providing an education programme across BaNES.

### Audiology /Hearing Therapy

The Adult Audiology Service provides an NHS hearing aid fitting service to residents of Bath & North East Somerset, with a choice of convenient local clinics.

## Impact, Stroke and Neurology services

### **Community Chronic Obstructive Pulmonary Disease Service (IMPACT Team)**

The Team provides community-based services to people who use services who have a confirmed diagnosis of COPD (Chronic Obstructive Pulmonary Disease) and bronchiectasis. The purpose of this service is to provide Early supported Discharge (ESD) and Prevention of Admission (POA). It also provides community based pulmonary rehabilitation programmes for adults with respiratory diseases. The service is also responsible for providing an oxygen assessment service in line with national Guidelines for all adults requiring oxygen in the community. The team comprises specialist respiratory nurses and physiotherapists and includes two nurse prescribers as well as a rehabilitation assistant and full administrative support.

### **Early Supported Discharge (ESD) and Urgent Care**

This team provides specialist intensive rehabilitation and management for people following new stroke and occasionally brain injury, spinal cord injury or for those who have an acute exacerbation of their neurological condition. The service facilitates discharge from hospital and aims to prevent admissions and re-admissions. The team provides case management for people with significant and complex needs accessing a range of services and co-ordinating the person's journey through these services. Following a stroke, the team also offers a review at 6 weeks and 6 months post discharge. The team comprises specialist clinicians, including a nurse prescriber and rehabilitation assistants with specialist skills

## **Planned Rehabilitation (Neuro)**

### **Planned Rehabilitation**

This team provides specialist rehabilitation and management of people who have a complex long term neurological condition or stroke and supports them through the changing course of their condition. The team provides planned interventions following referrals from health or social care professionals or self-referrals from people who use services known to the service. The team develops goal orientated rehabilitation programmes jointly with people who use services and carers. The team comprises specialist neuro-physiotherapists, occupational therapists, speech and language therapists, psychologists, therapy assistants and MS nurse specialists who provide specialist nursing support and management for people with Multiple Sclerosis (see below).

## **Multiple Sclerosis Nurses**

### **Multiple Sclerosis (MS) Specialist Nursing Service**

The service is provided by nurses with specialist skills in MS. They provide advice on drug and symptom management to people who use services, carers, GPs and other health and social care professionals involved in care and support the neurologists at the Royal United Hospital, Bath. One of the MS Specialist Nurses is a nurse prescriber and supports people who use services in how to administer injections for disease modifying therapies and runs the risk sharing scheme and relapse clinics.

### **Neuro Outpatients**

This service provides planned out-patient interventions following referrals from health care professionals and self-referrals from people who use services known to the service. The service is made up of a rehabilitation consultant, physiotherapist, orthotist and psychologist with specialist skills who are able to support people with neurological conditions and stroke who are able to access outpatient services.

## Falls and Balance

The multidisciplinary clinic specialising in falls is based in the Clara Cross Centre at St. Martin's Hospital, Bath. The team consists of consultant, Doctors (GPs with special interests from the local acute trust), Occupational Therapists, Nurses, Physiotherapists, Therapy Assistants and Administrative staff.

The aims of the team are to:

- Identify the reasons for falls, balance problems, collapse or dizziness
- Work with people who use services to find solutions
- Medication reviews
- Improve independence and confidence.
- Provide advice and information to improve balance as well as assessing whether a person is at risk of osteoporosis
- Provide specialist exercise courses in strength and balance training

The team measures patient's blood pressure, takes blood tests, carries out ECGs, table tilt tests, balance tests and visual acuity tests. The physiotherapists, nurses and occupational therapists carry out specialist assessments. The occupational therapy treatment plans are carried out within the person's home environment.

Some falls and balance groups run in community settings.

**Parkinson's and  
Related Conditions /  
Parkinson's Specialist  
Nurse**

**Movement and Disorder Clinic**

This multidisciplinary clinic specialises in assessment and rehabilitation of people who use services with movement disorders such as Parkinson's Disease and Parkinsonisms and is based in the Clara Cross Centre at St Martins Hospital. The team consists of consultant, Doctors, Occupational Therapists, Nurse Specialist, Nurses, Physiotherapists, Psychologist, Therapy Assistants, Speech and Language Therapists and Administrative staff.

The aims of the team are to:

- Empower people who use services to manage their own condition
- Give practical support with everyday activities to maintain independence
- Medication reviews and changes
- Give general health advice and signposting to other services
- Provide specialist exercise courses in strength and balance training
- Provides cognitive strategies to assist with Mental Health

The team measures blood pressure, takes blood tests, measures people's weight, carries out memory screening and specialist therapist assessments. Some treatment plans from the team, such as Occupational Therapy and Psychology, are carried out within the person's home environment.

**Orthopaedic interface  
service (OIS)**

The orthopaedic interface service is a primary care orthopaedic service for patients in the Bath and North East Somerset area. The service provides specialist assessment, diagnosis and management of orthopaedic problems, including requesting investigations (e.g. x-ray and imaging) administering injections and referring patients to secondary care, the specially trained team includes orthopaedic physiotherapy specialists and a consultant in sports and exercise medicine. The clinics are based at Paulton Memorial Hospital, St Martins Hospital, Keynsham health centre and the physiotherapy department at the Royal United Hospital, Bath.

**Outpatient  
Physiotherapy, MSK,  
Pain Management**

The Physiotherapy outpatients service deliver care pathways assisting both pre and post -operative physiotherapy and chronic disease management with physiotherapy.

## Continuing Health Care (CHC)

This is a Statutory service provided on behalf of the Clinical Commissioning Group (CCG). The services role is to assess and make recommendations to the CCG for eligibility for Continuing Health Care, people who need health funded care. The funding assessment is aligned to one of three funding streams, Continuing Health Care for long term high health needs, funded nursing care for additional needs for people in nursing care and fast track funding for people with life limiting high health needs.

## Podiatry

The purpose of the podiatry service is to provide specialist clinic and community based assessment, treatment and management for podiatric care by registered clinicians. Care is comprehensive and holistic, to improve foot health, prevent deterioration, maintain mobility, ensure quality of life and to reduce the risk of health deterioration for people with long term conditions. Nail surgery is also available for nail conditions.

### **Nail Cutting Service.**

The objectives of this service are to improve independence, mobility, emotional wellbeing and social engagement.

To improve foot health, detect any problems in foot health and refer to podiatry accordingly.

To increase social engagement of the older person

## Tissue Viability

The Tissue Viability Service provides holistic, safe and effective treatment and advice to people who use services who have or are at risk of having complex wounds or problematic skin health, using the latest evidence based treatment available to promote the best possible clinical outcome. The service promotes patient independence and autonomy and improves their quality of life both physically and psychologically the staff provides advice on pressure ulcer prevention and provides advice on specialist equipment. They assess, treat and provide personalised treatment plans and goals for patients in their own home, hospital or care home with complex wounds

## Lymphoedema Service

Provide an advice, support and treatment service for people with mild and uncomplicated cancer-related lymphoedema, as well as non-cancer related lymphoedema. The staff also provide an education programme.

## Heart Failure Service

The Heart Failure Service consists of three specialist nurses and a development nurse who undertake Echocardiogram clinics. They also provide individuals living with Heart Failure the support and education to help them manage their illness. The nurses work in collaboration with the GP to improve quality of life through the management of symptoms.

### **Community Intravenous therapy (IV) Nurses**

The two specialist nurses provide clinics and home visits for those patients requiring IV therapy. They provide specialist support to community colleagues that includes an education programme. The outcome is to improve quality of life of people who use services who require IV therapies including blood transfusions and venesection. The aim of the IV therapy service is to ensure that patients who require IV treatment can be treated and managed safely in the community, either at home or in a community setting, against the agreed locally developed policy. The aim is to prevent hospital admissions, facilitate early hospital discharge and provide training and support for BaNES colleagues.

### **Community Matrons**

Community Matrons are highly experienced senior nurses who work closely with the patient and their GP to plan and organise the patient's care within their own home. As well as providing nursing care they also act as the patient's 'case manager'- the single point of contact for care, support and advice. They make sure the patient understands how their medicines help their condition and may prescribe new medicines on behalf of other health professionals.

Each Community Matron is attached to a nominated set of GP practices in their area with a responsibility to prevent unnecessary and unplanned hospital admission.

### **District Nursing**

The colleagues are based either within GP practice or office locations across BaNES.

District Nurses are attached to GP practices and provide nursing care to housebound patients in non-hospital settings such as the patient's home and residential homes across BaNES. The District Nursing Service operates with the Community Matrons and Reablement Teams.

### **Active Ageing Service**

This service undertakes proactive reviews of people aged 80 -84 not known to other services. They are offered screening by Health Visitors to look at potential risks which can be addressed to prevent admission to hospital. The service also has a role to engage people in their local community with the aim of preventing isolation.

## Reablement Service

The aim of this service is to improve independence, health and well-being and to maintain people in their home environment by rehabilitation and / or support. The service is a multi-disciplinary therapy and support worker service which provides rehabilitation therapy, reablement, personal assistance and care to its people who use services, the majority of whom are older people, however, the service also addresses the needs of younger disabled adults.

The Reablement service is a short term service which works with people in their own home, residential or nursing home. The focus is on:

- Prevention of admission to hospital
- Facilitating planned discharge from hospital
- On-going rehabilitation based on an assessment of need as planned by a therapist
- On-going reablement based on an assessment of need as planned by a co-ordinator
- Determining the appropriate level and type of service for the patient's on-going need

The team consists of: Care Co-ordinators; Occupational Therapists; Physiotherapists, Reablement Therapy Workers and domiciliary care providers

Following an initial assessment from a co-ordinator from within the Reablement Service and in consultation with the person who uses services a service plan/rehabilitation programme is drawn up. The person who uses services is encouraged to take an active part in their plan / programme and the team assists them and their family to make informed choices.

The team is also involved in the Home First process – this is the process of bringing people out of hospital earlier in order to complete assessments for on-going rehabilitation, reablement or any care support needs in the person's usual environment where it is safe to do so. The aim is to shorten length of hospital stay and maximise the person's potential so reducing the need for higher level of long term care support and improving quality of life.

## Health Access Team

This is the access point for adult community services i.e. District Nursing, Reablement and Community Hospitals, taking telephone and email referrals from primary care, social care and hospitals to screen and redirect as needed . The Health Access Team has the role of central management of capacity and demand for the urgent care system.



## Social Care Services

### **Autism Spectrum Conditions**

The Autism service is a small team of social workers who have specific expertise in engaging people with high functioning Autism and Aspergers Syndrome. The team delivers a statutory service and delegated responsibility to provide support under the Care Act.

### **Hearing and Vision**

The Hearing and Vision service provide specialist social care for people with a hearing or vision impairment. The team also provide rehabilitation for people with a visual impairment. The team delivers a statutory service and delegated responsibility to provide support under the Care Act.

### **Employment Inclusion**

Employment Inclusion provides job coaching for people with a Learning Disability or people on the Autistic spectrum. The service also provides Project search, a bespoke training and employment service and the SURE programme for people on the Autistic spectrum.

### **Complex Health Needs Service**

The Complex Health Needs Service is a team of specialist professional colleagues who provide assessment, support, advice and therapeutic intervention to adults with a Learning Disability and complex needs. They also provide advice and support to families and carers and formal training for colleagues and other providers.

Complex Health Needs refers to a range of multiple needs of an acute or chronic nature that a number of adults with a Learning Disability may experience. Adults receiving a service from this team will receive specialist assessment, analysis, intervention and management. The specialist help and often continuous multi-disciplinary support is of a type or amount beyond that required by adults with a Learning Disability in the general population. This is due to the complex and diverse nature of their disability.

The following professionals are represented in the team. Psychology; Psychiatry; Continuing Healthcare Nurse; Clinical case management; Occupational Therapy; Physiotherapy; Speech and Language Therapy; Intensive Support ; Behaviour Practitioners for adults whose behaviour challenges; Learning Disability Primary Care Liaison Nurses and an Epilepsy Nurse Specialist.

## Supported Living Services Bath and NES

The Scheme is commissioned and funded by Bath and North East Somerset Council. The Scheme is available to clients over 18 years old who have a Learning Difficulty.

The Supported Living Service provides support for adults with learning difficulties who wish to live independently. The service supports clients to carry out everyday tasks involved in maintaining a tenancy and according to their preferred lifestyle.

The Supported Living Service does not own properties, but has four core houses owned by a Registered Social Landlord, where tenancies are reserved specifically for people with a learning difficulty.

The registered office at Carrswood manages the service in Bath City, whilst the registered office in Connections manages the North East Somerset service

## Shared Lives Scheme

The Shared Lives Scheme has been set up to provide short breaks and full-time placements for adults and their carers from Bath & North East Somerset and the surrounding area. The Scheme is available for those people aged 18 or over who may have a learning disability or are on the Autistic Spectrum.

Shared Lives offers an alternative and highly flexible form of accommodation and/or care/support inside or outside the Shared Lives Carer's home. A clear and distinguishing feature is the use of the Shared Lives Carer's home and family as a resource.

Shared Lives arrangements are set up and supported by the Shared Lives Scheme and the care and accommodation people receive is provided by individuals, couples or families in the local community. This includes the provision of personal care, assistance with daily living skills and involvement with social activities within the community. It enables a wide range of vulnerable people to live independent lives and have their health and well-being promoted.

Shared Lives offers people an opportunity to live a normal life in the community and to share in the life and activities of the Shared Lives Carer and their family, and with appropriate support, to stay well and keep safe and also to develop as much independence as possible.

**Learning Disabilities Team**

This is a combined service, where possible, to provide a joined-up approach. The following services are co-located, Social Work, Support Service Co-ordinators, Day Services, Supported Living and Community Nurses. This system ensures that referrals between services are swift and detailed and that people who use services have ready access to those practitioners involved in their care and support.

The Complex Health Needs Service is a registered CQC service that has provided continuous, seamless clinical support to highly complex outcomes within the CQC framework.

**Adult Social Care Team**

The service delivers the Council's statutory social care function for adults who have care and support needs as outlined in the care Act 2014.

**Adult Social Care Occupational Therapy**

To support people to accommodate their impairment or condition by learning or relearning the skills necessary for daily living.

**Health and Wellbeing**

**Healthy Lifestyles services**

In 2010 the Single Point of Access Hub for the Healthy Lifestyle Service was developed.

The main function of this service is to gate-keep admissions into the Healthy Lifestyle Service. It also serves as the triaging interface between referrers and the team. The "Hub" is the first-line contact for patients and plays an important role in ensuring that their experience is efficient, effective and responsive.

It is a continuing developing service. The HUB ensures that referrals are co-ordinated so that patients are able to access the service most appropriate to their needs and preference as well as multiple services if appropriate.

## Healthy Lifestyles services (continued)

### Healthy Lifestyle Service

The Healthy Lifestyle Service was set up in 2011. The service is now a one-stop service which provides a single point of access to a range of health and wellbeing programmes which encourage and enables patients to make positive lifestyle changes. The service provides a range of interventions, support and guidance to people who want to make changes to their lifestyle.

The service is a universal service which is delivered across BaNES. It provides a needs-led, evidence-based service. Addressing health inequalities is a core part of the role and the service ensures a targeted provision to those groups known to be at high risk for poor health outcomes.

The Healthy Lifestyle Hub enables access to an extensive array of programmes to effect behaviour change and to improve the health of the many individuals who take part.

### Stop Smoking

The Stop Smoking Service is a nationally designed programme. The service offers combined behavioural support and pharmacotherapy from a Health Improvement Practitioner trained in smoking cessation.

The service provides help and support to those who want to stop smoking through the direct provision of services and through supporting and training other professionals to provide stop smoking services. It is a community based, non-medical service and offers a range of interventions, based on NICE guidelines which help people stop smoking, manage the withdrawal symptoms, develop coping strategies and remain smoke free after 4 weeks and beyond.

Interventions are based on the cycle of change and uses motivational enhancement techniques and CBT interventions to help people understand their use of tobacco and to encourage and cement change.

### Food and Health

The Food and Health programme offers information and practical support to parents with children under 17. The programme offers parents the information and practical skills they need to prepare fresh and healthy meals and snacks for their families.

**Healthy Lifestyles  
services  
(continued)**

**Food and Health COOK IT**

The food and health programmes support parents, carers and families to increase cookery skills and knowledge of foods and drinks to support families to eat a balanced diet at home.

**Adult Weight Management**

Health Improvement Practitioners provide 1-2-1 support to adults aged 16 years and over with a Body Mass Index of 25 or more using a combination of support through face to face appointments and telephone support using the evidence based Counterweight Programme.

The Healthy Lifestyle Service also provides group support to adults via Slimming on Referral Scheme whereby adults can be referred by their GP or a health and social care professional (subject to eligibility) for 12 weeks of support through Weight Watchers or Slimming World programmes.

**Health Improvement Practitioner (HIP)**

The Health Improvement Practitioner role focuses on both primary and secondary prevention. Key to their role is their understanding of the broad concepts of health and well-being and the barriers to changing health behaviours. It is also imperative that they understand the nature of our local communities and their broad health needs e.g. community profiles, ethnic backgrounds, health inequalities.

**Making Every Contact Count**

Making Every Contact Count (MECC) is a long-term national strategy which aims to ensure that NHS colleagues and colleagues from other organisations take every opportunity to help patients, carers and members of the public to make informed choices about their health related behaviours, lifestyle and health service utilisation. This approach embraces both developing colleague competences in health behaviour change and making organisational changes to support and facilitate behaviour change.

**Mental Health Support** Mental Health Support are a community based mental health service.

This service is available to adults (18+) with a mental health support need who live in the Bath & North East Somerset area. Virgin Care's Mental Health Services are comprised of three teams, each providing practical and social support to promote wellbeing and recovery from mental health problems.

**Mental Health Support (Work Development)**

**w:** <http://bathneshealthandcare.nhs.uk/mental-health/mental-health-support-work-development/>

**Mental Health Support (Reablement)**

**w:** <http://bathneshealthandcare.nhs.uk/mental-health/mental-health-support-reablement/>

**Mental Health Support (Homelink Rural Floating Support Service)**

**w:** <http://bathneshealthandcare.nhs.uk/mental-health/mental-health-support-homelink-rural-floating-support-service/>

**Wellbeing College**

The Wellbeing College arranges courses, which are held all over the BaNES district, range from mindfulness, as well as ukulele-playing, alcohol awareness and gentle yoga, volunteer courses, woodland wellbeing and 5 Ways to Wellbeing

The aim is to support, guide and encourage all people to live as well as possible, manage their own physical and mental health, and to prevent them from developing long term conditions in the future.

## Managing Director's Introduction

I am delighted to be writing my first introduction to our services Quality Accounts as Managing Director.

Having only come in to post in November 2017 I was immediately struck by the dedication, commitment and passion of all my colleagues for the services that they provide and are so rightly proud of.

The first year with a new provider will always be a challenge but I am confident that as we start our second year we will be able to build on the foundations of 2017/18 and ensure that all our services genuinely do make a positive difference to the population of Bath and North East Somerset.

In reflecting on the achievements described in these quality accounts I am particularly struck by the rigour through which we audit our services to identify ways in which we can constantly strive to improve our services in an evidenced based manner. Also how our high level of integration between health and social care colleagues allows us to put people who use services at the heart of what we do through a demonstrable approach to team working.

As we move in to 2018 I am confident that the next phases of integration between our direct provision services and our sub-contracted services will allow even greater integration of the totality of services available to our people who use services in our community and allow us to ensure that the Virgin Care model adds value across all areas of community provision through our work with the voluntary, charitable and broader service providers such as housing.

I would like to take this opportunity to thank both our colleagues in Bath and North East Somerset and also our colleagues who support us through the Virgin Care support and corporate services who have so clearly demonstrated in this document the positive work we have done in the provision of Health and Social Care Community services and their commitment to continue this work over future years to come.

In putting together this publication we have sought feedback from colleagues and people who use services and I would like to thank them for all their help and input.

I can confirm that, to the best of my knowledge, the data and information in Parts Two and Three of this report reflect both the success and the areas that we have identified for improvement over the next 12 months.

### **Kirsty Matthews**

Managing Director – Bath and North East Somerset  
Virgin Care Services Limited

## Clinical Director's introduction

As Clinical Director for Virgin Care I am responsible for ensuring that the care we provide is safe, high quality and continuously improving and over the last year I am pleased that we have continued to make such a wide range of improvements for our patients, not just in their experience but also in continuing to improve the safety and quality of our services.

We achieve continuous improvement by having a well-defined and working clinical governance system in place. This means that we have strong clinical leaders working in partnership with managers and holding clear responsibilities, processes and systems to ensure we operate safely and that we monitor the quality of care delivered to our patients. I would like to thank members of my Clinical Directorate, the local Clinical and Quality Leads and the Heads of Services for their involvement in providing the information which makes up this report. It contains many examples which show how we place an emphasis on quality and safe care, and react to patient and customer feedback.

We continue to work closely with our partners, the Care Quality Commission and other health organisations including the voluntary and faith sectors to demonstrate high standards.

We have further improvements planned for the next year, and I trust you will both enjoy reading this publication and provide us with your feedback on the changes we have planned.

**Peter Taylor**

Clinical Director, Virgin Care



## About Virgin Care

Since 2006, Virgin Care has been on a journey to improve health and care services in England. Focused on delivering high quality care, good value and the fantastic customer service you'd expect from Virgin.

Virgin Care only provides services where it believes it can make a difference, with the vast majority of its services funded by the tax payer and free-to-use for local people.

Using innovative technology and investing in new models of care, Virgin Care delivers improvements and innovations to community and primary care services all across England.

Part of the Virgin Group and ultimately owned by Sir Richard Branson, Virgin Care has saved the NHS millions of pounds and improved services all across the country. 93% of people rating services run by the company say they'd recommend them to someone else needing a similar service.

Virgin Group has invested more than £30m in Virgin Care since 2010 and in January 2018, Sir Richard Branson confirmed that as and when Virgin Care makes a profit (over and above his original investment) all of that money will be re-invested back into NHS and Local Authority health and care services.

Virgin Care Services Limited and Virgin Care Limited are both rated 'good' by the CQC for community services they deliver, following inspections in 2017.

### Which part of Virgin Care does this document cover?

Throughout this document the term 'Virgin Care' refers to services operated by Virgin Care Limited or a subsidiary company in Surrey. As a national company, Virgin Care operates services in many areas and each area produces its own Quality Account. National achievements, where relevant, are included within the Quality Account for each area.

Find out more about Virgin Care at [www.virgincare.co.uk](http://www.virgincare.co.uk).

## Key successes and innovations delivered in 2017-18

Virgin Care has achieved much over the last 12 months and staff have reported a great deal of pride in what has been achieved.

This section of the document includes highlights identified by Virgin Care's Quality Team and colleagues working in services in Bath and North East Somerset. These items have been split into the three key areas identified by the Department of Health and Social Care for all providers to focus on.

### Safety/Ensuring consistency in care

Laptops have been provided to the Hospital Social Work team to reduce the need to return to the office to update assessments and enabling colleagues to spend more time with people who use services.

Medicines management supported the development of electronic prescribing within the Paediatric team which improved efficiency, safety and formulary compliance. The team supported the governance associated with electronic prescribing implementation to ensure it was safe, secure and met with the appropriate guidelines.

Social care have introduced the new 'Three Conversations' model of Social Care, this aims to focus on the strengths of people who use services.

The podiatry service has increased podiatry support into the RUH to enable the new diabetes in-patient service to expand.

The Continuing Healthcare Service are now able to have access to an additional IT system that will enable improved information flow and greater responsiveness for people who use services.

The delay for appointments for people accessing the Lymphoedema services has now been resolved and clinics are operating at full capacity.

The Community Neuro and Stroke Service have developed a complex case pathway, this anticipates problems, manages the individual and family expectations and provides increased person centred care.

**Safety/Ensuring consistency in care (continued)**

The Health Improvement Practitioner role has been remodelled to provide a focused role responsible for identified aspects of healthy lifestyles.

During the autumn a new management structure was introduced to align children's services across BaNES and Wiltshire and to establish and consolidate robust governance processes. A review of the governance meeting structure has also been completed and Terms of Reference and reporting lines agreed. Priorities have been set and are understood.

**Clinical Effectiveness**

Social care have developed a detailed plan to improve the performance of Needs Assessments exceeding wait times of 28 days.

Medicines management have supported the Bladder and Bowel service to produce a joint Bladder and Bowel formulary with the RUH. This will improve the experience of people who use services and improve prescribing efficiency /costs in primary care.

Following the discontinuation of the brand of blood glucose monitoring machines which were used widely throughout community services, the medicines management team identified, trialled and procured a new disposable device that community services are now using.

The Nail Cutting service has worked with Age UK to have an electronic record system rather than paper records.

The Continuing Healthcare Service have developed a comprehensive plan to ensure that the timeliness of assessments are in line with guidance therefore ensuring people who use services do not have unnecessary wait times.

The Minor Injuries Unit now have strengthened their knowledge and skills relating to safeguarding children and now have regular supervision from the Children's Safeguarding team.

The Community Neuro and Stroke Service planned rehabilitation have developed stronger links with the reablement service to provide advice, consultation and teaching sessions.

Governance and leadership has been improved by bringing together the Health Improvement Service, the Wellbeing College and Mental health services.

**Clinical Effectiveness**  
(continued)

Feedback reporting such as the Friends and Family Test is now embedded and results shows there is increasing compliance from the workforce. The Virgin Care Clinical Governance Score card has been introduced to look at aspect of quality activity across a broad range of measures and reporting is enhanced by good relationships with data analysts and the adaption of the SystmOne electronic record and case management system to assist with data capture.

**Experience of people who use services**

Uninterrupted service delivery following the transfer of services to a new provider in April 2017.

The Bladder and Bowel service and Medicines Management service have worked together in the transfer of prescribing of specialist equipment from primary care to the Bladder and Bowel service thus allowing specialist tailored care for people who use services.

The Adult Speech and Language service have strengthened links with the Research Institute for the Care of Older People (RICE) to improve outcomes for people with dementia.

A member of the Learning Disabilities Social Work team completed British Sign Language level 1 to support the Hearing and Vision team to be able to communicate with hearing impaired people who use services.

The Supported Living Service assisted a person who uses services to obtain a car through the Disability Driving Scheme.

The Community Neuro and Stroke Service have been increasing self-management of people who use services, colleagues have undertaken training relating to motivational interviewing, strategies for anxiety and depression to assist with breaking barriers to self –management.

The Health Improvement service have been undertaking partnership working to assist people to access services, this includes work with Age UK, Bath Mind, Bath City Farm and Village agents.

The Bath and North East Somerset Children's Community Services safely transferred to Virgin Care on 1st April 2017. For the first 6 months of transfer to Virgin Care it was Business as usual with uninterrupted service delivery to the children in Bath and North East Somerset.

## Part two

## Achievement of priorities for improvement in 2017-18

Virgin Care's core objective is to be the best community-based provider of care in England, with its stated purpose being *Everyone feels the difference*.

Each year, Virgin Care also identifies themes and goals for specific improvements to services. The below achievements reflect the work Virgin Care has completed against both its local objectives identified in last year's Quality Account and the work towards Virgin Care's overall objectives.

### PATIENT SAFETY

#### Priority 1:

**Ensuring service quality, safety and enhancing user experience: Providing excellent clinical outcomes, meeting and exceeding relevant standards and regulatory requirements**

- The District Nursing service in Bath introduced geographical working at weekends to ensure that people who use services requiring early morning visits are seen in a timely way. The positive impact of this has been that visits occur when the people who use services expect them, colleague's mileage is reduced and stress levels lowered as they have fewer timed visits to undertake in a short period. Capacity has increased for the team leaders who now have fewer early morning visits allowing them to respond to urgent referrals.
- Social Care have continued to ensure that the emphasis of the person-centred focus is in both social care and safeguarding work
- The Podiatry service participated in a South West England review of Diabetes services and BaNES was cited as a service of excellence.
- The Lymphoedema service have commenced a transition from paper records to electronic records to ensure shared care and safeguarding awareness.
- The Learning Disabilities service supported a person who uses services to relocate from an out of area residential care setting to a supported living flat in Bath enabling the individual to return to her home town and have a greater level of independence.
- The Minor Injuries Unit waiting times is consistently below the national average.
- The Community Neuro and Stroke Service Early Supported Discharge team have been piloting a new goals system driven by self-management principles.
- The Impact service have been developing a Chronic Obstructive Pulmonary Disease (COPD) passport that people who use services hold and can share with other care providers such as hospitals and the ambulance service
- The Health Improvement service has increased access to its smoking cessation programme by extending it to include people who want to cut down tobacco usage as a means of stopping and to support periods of abstinence from smoking.
- All Children referred to the Paediatricians are seen well within the 18 week RTT target

- The School nursing service received positive recognition from the Sexual Health commissioner about the innovative promotion of the clinic in a box to sixth form students *"Can I just say how absolutely brilliant they are? Really, really good. You are such a credit to the school nursing service."*
- The School Nursing service also developed the sexual health skills of the wider team to deliver an enhanced drop in service in those schools that do not currently have clinic in a box. Training was delivered from the faculty of sexual health and reproduction and as a result more students are able to obtain contraception and support.
- The Infant Feeding Lead and her team have successfully trained the whole Children's Centre workforce to UNICEF (United Nations Children's Fund) standards.
- The Speech and Language Therapy service set a "Feel the Difference" goal of co-production with children and families using various methods of feedback at the end of an episode of care
- The Children's Learning Disability Service have updated their assessments and the information leaflet to make it more user friendly. They have been sharing resources with their colleagues in Wiltshire.
- The Children's audiology service has a revised clinical pathway so that all children are now seen by a qualified registered audiologist or clinical scientist. The service is now compliant with national guidelines
- Family Nurse Partnership (FNP) has made their service sustainable by extending the eligibility criteria to include 19-24 year old mothers who meet our vulnerability criteria. This has increased our caseload and is sustainable into the future.
- The FNP team have met the quality and fidelity requirements of the service, with the support of the named nurse for safeguarding and the support of the psychologist. Their clinical outcomes are good given the vulnerability of the client group; and they have seen improvements in a number of public health outcomes including smoking cessation. The service has a 100% uptake of infant immunisations at 24 months.

## CLINICAL EFFECTIVENESS

### Priority 2:

**Robust governance: fostering safeguarding and quality assurance processes which are standardised across the business.**

- Virgin Care's Medicines Management team have completed their five year strategy and have refined their national audit (see 'Medicines management statement' in Part 3).
- Last year, Virgin Care committed to the full implementation of Child Protection – Information Sharing (CP-IS) with a deadline for completion of 31 March 2018. This project is linked with the unscheduled care settings which Virgin Care operates, and does not affect 'scheduled' care services. This project was delayed during the year by the change of staffing within the department. Virgin Care has worked closely with NHS Digital in each of the areas it works in order to better understand how successful implementation can be achieved with the variety of clinical systems in use across Virgin Care Services Limited. Virgin Care is pleased that CP-IS is ready to be fully implemented in Paulton Minor Injuries Unit (MIU) in April 2018

- The District Nursing Service has undertaken a review and subsequently standardised across the service, the paper records of the people who use services. This has enabled consistency of information shared with people who use services, out of hours services and other professional colleagues or carers.
- The Social Care services have reviewed meeting structures and strengthened governance by establishing a Safeguarding Committee, a Social Care committee and recruiting separate Safeguarding Leads for Bath and North East Somerset Virgin Care provided services and the delegated responsibilities.
- The medicines management team have provided subject matter expertise to ensure all new standard operating procedures implemented over contract transfer that involve medicines or prescribing are robust and fully comply with national, local and CQC guidance.
- Following a number of Serious Case Reviews which identified self-neglect as a contributory factor, Social Care have introduced a risk register to identify people who use services that may be at risk of self-neglect.
- The Lymphoedema service have introduced measurement tools to assess the clinical outcomes met as per best practice guidelines.
- The Community Neuro and Stroke Service have reviewed their equipment management processes and have implemented an equipment inventory for returnable equipment and standardised procedure for recording how equipment is issued, decontaminated and returned.
- The Impact service trialled an electronic order form for home oxygen supply with the aim of having a standardised approach across the country, the trial was a success and went live in January 2018.
- A new management structure was introduced during the year and the governance arrangements were reviewed at the same time to ensure robust governance across the whole of Wiltshire and BaNES children's community services.
- All services complete a monthly scorecard of their compliance against a variety of quality indicators which is monitored and shared at local and organisational governance fora.
- The Speech and Language Therapy service have transformed their clinic pathways to incorporate Health Visiting and Early year's colleagues to provide early help. The new pathway for Pre School Complex needs encourages greater partnership working and with early years settings and the ASD pathway removes the reliance on ADOSO for every child.
- The Children's Learning Disability Service attend safeguarding supervision with a specialist safeguarding nurse regularly
- The Paediatricians have a specialist safeguarding lead professional in place for the service and receive monthly safeguarding peer supervision
- The Children's audiology service works closely with the safeguarding team to ensure appropriate and timely referrals are made. They have also put a peer review process in place for registered clinicians
- The Family Nurse Advisory board sits quarterly and is tasked to support and enable the highest quality delivery of the FNP programme; it is both strategic and operational.
- The Health Visiting service have worked jointly with their partners in the children's Centres and Midwifery Services to produce a booklet on "Your Early Childhood" which will be given to prospective parents by midwives at the booking clinic to provide advice and contacts for support and help after the baby is born and during the early years.



- The Health Visiting Service has also worked to improve professional working relationships with Children Centres and Maternity services. They have instituted regular meetings and as an outcome of the CAF audit, there is a commitment for an improved handover of CAFS to Health Visitor service from Maternity service. There are also regular meetings with Social Care Colleagues.
- The Family Nurse partnership has improved their links with stakeholders such as maternity services and social care and remains a key part of the local authority early help offer.

## OUTSTANDING EMPLOYER

### Priority 3:

### Continue to be recognised as an outstanding employer

- During 2017-18, Virgin Care has focused on engaging all new colleagues joining directly or via a service transfer so that they had a great induction and are clear about what values-driven leadership looks like within the organisation. The events are intended to equip colleagues with the knowledge and tools they need to hit the ground running from day one.  
The project which Virgin Care ran has reviewed the arrivals events process (induction event process), the induction platform, welcome packs, line manager guidance and a new blueprint for the induction process when bringing new services on board.
- Virgin Care's Leadership Development programme Leading the VC Way has produced a suite of leadership learning tools, supporting colleagues to make their next move at each level in the organisation. Linked to the 'behaviours framework' and focused on Level 3 Apprenticeship in Team Leadership, the content is delivered as an apprenticeship with the first cohort due to join the modules in 2018-19.
- As an organisation grown through acquisition, taking on large numbers of new colleagues overnight at the point of transfer, a focus for the year was to move to a simplified payroll and people system and Virgin Care is very pleased that this work has been completed. All colleagues are now using a single payroll solution, providing a single source of trusted 'people' data on which projects in 2018-19 (below) will be based. This solution, using the iTrent People Portal, allows managers easy access to annual leave and sickness administration and does away with insecure paper-based systems for tracking. The new system will go live on 31 March 2018, as the organisation progresses into the new financial year.
- Virgin Care has refreshed its Employer Brand during the year, producing a suite of materials which support efficient recruitment to our services in Bath and North East Somerset. Including a suite of videos, paper and online materials as well as a new Careers Portal the Feel the Difference branding has been incorporated into the new employer brand.
- Virgin Care has extended its Feel the Difference Awards (see Part 3) with colleagues, people who use services and others now able to nominate colleagues for three awards each month linked to the organisation's values

- The organisation made the difficult decision not to hold Big Thanks parties for our colleagues in December and to prioritise investment elsewhere within the organisation. Virgin Care instead launched 'Little Big Thanks' for Christmas, with each team receiving vouchers for food and activities for a team party.
- Virgin Care has introduced the 'BETTER Map' (see part 3) as promised in Quality Account 2016-17 with new tools and resources for colleagues.
- With the appointment of Lead Pharmacists across national Virgin Care services the Bath and North East Somerset Lead Pharmacist has a robust peer group and strong governance and professional leadership from the Chief Pharmacist.
- Virgin Care has ensured that colleagues continue to conform to the ADASS (Association of Directors of Adult Social Services) Employer Standards for social care.
- The Lymphoedema service has extended clinic appointment times offering more appointments earlier in the morning and later in the evening to accommodate people who work but who need to access the service.
- The Podiatry service has had a stable workforce and this has been maintained this year. They have also been successful in employing a new colleague at a time when there is decreasing numbers in this professional group nationally.
- There has been successful recruitment to Social Care vacancies throughout the year.
- The Speech and language therapists are offering more of their intensive groups following positive feedback received in the summer
- The Learning Disabilities service has developed a local induction process for new colleagues starting.
- The Speech and Language therapists report that exit interviews with colleagues who have left the service have consistently stated that both the team and management support has been a really positive element of their experience as an employee
- The Children's Learning Disability Service has been awarded funding for specialist sleep training
- The Minor Injuries Unit have supported colleagues to undertake the Emergency Nurse Practitioner training, the adult Physical Assessment and Clinical Reasoning and Paediatric Physical Assessment and Clinical Reasoning training and a Health Care Assistant to complete Diploma level 3 training.
- The Paediatricians have received positive feedback from trainees on rotation through their service and there is currently a high demand for training places within the team
- Children's audiology has 100% compliance with appraisals and all clinical colleagues have monthly Continuing Professional Development (CPD) opportunities and all colleagues are encouraged to engage in suitable training.
- There are many opportunities for colleagues to increase their knowledge and skills and several colleagues have participated in the Mind Coach training and disseminate this knowledge to their team colleagues.
- Colleagues recruiting to their teams report that the selection process is robust and that the support to identify outstanding candidates is enhanced by the values and behaviours questions within the Virgin Care tools.
- Specialists within services have continued to attend national conferences to ensure the practice remains updated.

## Progress against Local Quality Priorities

### Harm free Care

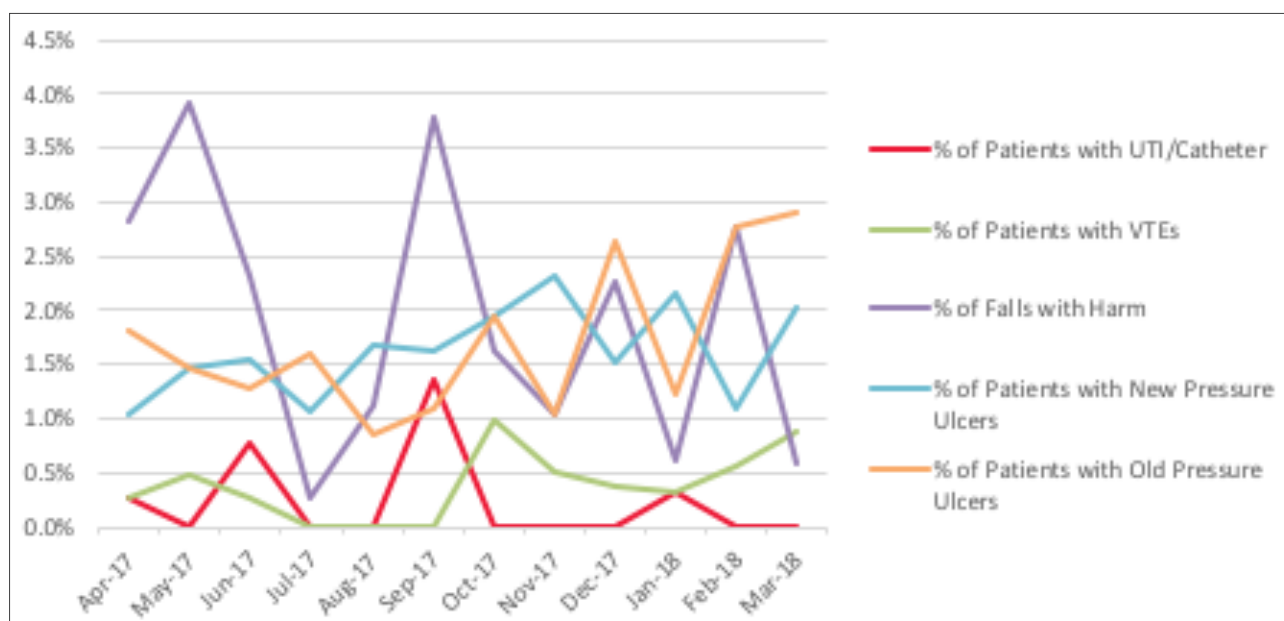
Keeping people who use services safe whilst receiving care is very important, in Virgin Care the use of a national tool called the Safety Thermometer is used to record data from in-patients and community teams each month, to help colleagues understand how safe services are and identify areas for improvement.

The aim is to keep 95% of people who use services surveyed through the safety thermometer free from harm. The following areas are monitored monthly for any harm:

- Pressure Ulcers
- Falls
- Catheter associated urinary tract infection
- Venous thromboembolism.

This year an average of 94.1% of people who use services were free from harm

### Patient Safety Thermometer - Harm Free Care



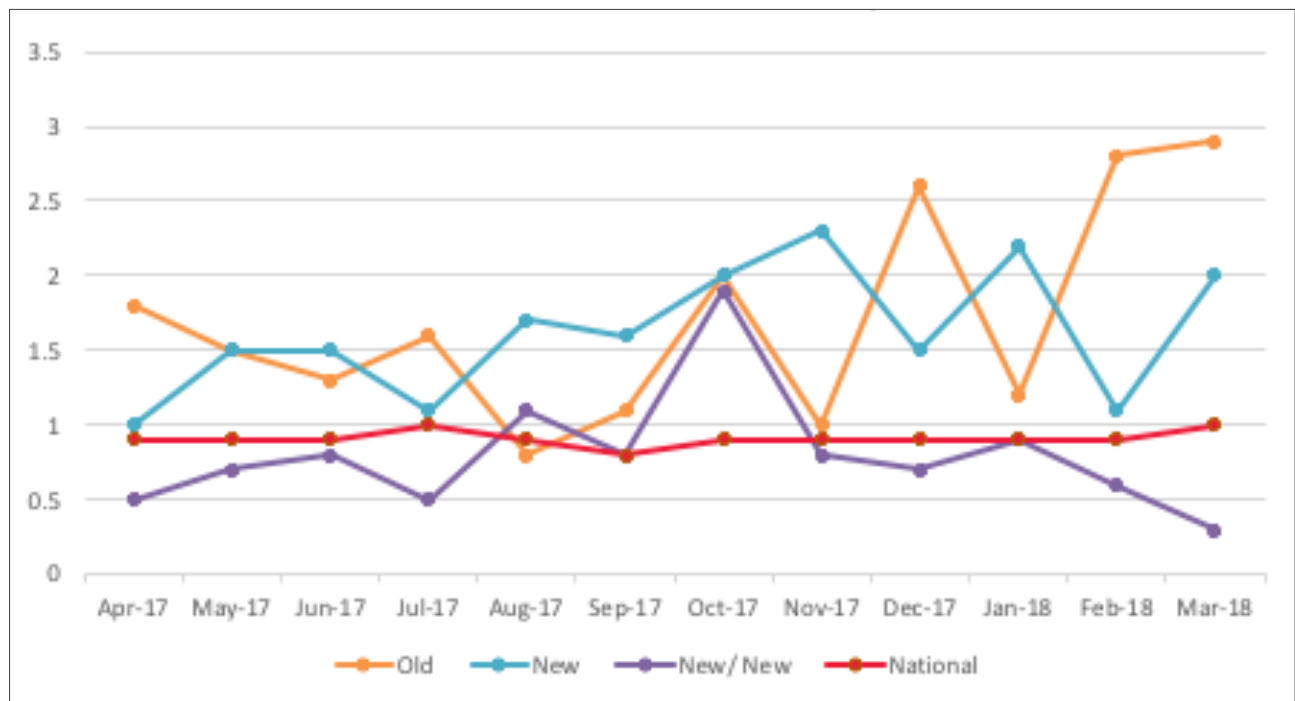
### Pressure Ulcers

The Safety Thermometer collects data for old and new pressure ulcers, 'old' pressure ulcers are ones that develop outside Bath and North East Somerset community services care, whilst 'new' pressure ulcers develop within our care. Due to people who use services often remaining under the care of community services for longer than a month, to avoid double counting of pressure ulcers from one month to the next the Tissue Viability Team validate the data. The Safety Thermometer indicates that the percentage of patients with pressure ulcers is 3.3%.

The graph identifies that since November the incidence of new pressure ulcers is equal to or below the national average.

This year the ongoing trend of reducing pressure ulcers has continued, indicating a sustained reduction over the last five years. This data is based on all incidences of pressure ulcers not just those identified as part of the Safety Thermometer.

**Pressure Ulcer Prevalence Data from Safety Thermometer.**



**Falls**

Maintaining mobility and reducing the risk of falls is a key objective for many of the services. It is not possible to prevent falls completely but there are factors that can be identified and influenced to reduce the risks of falls. The data from the Safety Thermometer indicates that falls are the second biggest cause of harm. The percentage of falls with harm as identified on the safety thermometer is 2.0%.

One of the ways that colleagues are helping to reduce falls is the implementation of the Falls Car, which in collaboration with the RUH and South West Ambulance Service aid’s people who have had a fall, provides assessment and, where required, equipment to reduce the risk of further falls.

**Catheter associated urinary tract infection**

People with catheters are at increased risk of developing a urinary tract infection. Wherever possible the use of catheters is discouraged unless absolutely necessary, the catheter is then only used for the shortest time period possible. There are some people who do need catheters long term but through education and support reducing the incidence of infections has been the aim over the last year.

This year the percentage of harm caused through catheter associated urinary tract infection has been 0.2%.

## Venous thromboembolism (VTE)

There are a small number of people who use services who suffer from VTE despite being assessed and given appropriate medication to prevent blood clots. An investigation is undertaken whenever this occurs to review care delivered and understand whenever possible why the VTE developed.

This year the percentage of harm caused from venous thromboembolism has been 0.4%.

## Sepsis

Ensuring that colleagues are able to recognise the signs of sepsis has been a local quality priority since 2015. Anyone admitted to the community hospitals will be screened for sepsis and there is a clear protocol of actions to be taken if sepsis is suspected. This year all in-patients with suspected sepsis were transferred to the acute hospital in line with the protocol, ensuring 100% compliance. The screening on admission has on occasions dropped below the expected level and an action plan is in place to rectify this.

Across community services raising awareness of sepsis has continued, the Minor Injuries Unit have received training relating to recognising deterioration in children which included screening for sepsis. The patient record system has a template for colleagues to undertake the sepsis screening

Virgin Care continues to be a member of the West of England Academic Health Science Network Patient Safety collaborative and is currently engaged with working with other community, acute, ambulance and primary care providers to implement the updated national early warning tool for deterioration that incorporates the sepsis assessment.

## Frailty

With advancing age people are likely to become frail and have multiple health problems, one of the local aims this year has been to ensure that the work associated with frailty continues. There are a range of services that support frail people including Community nurses and matrons, reablement and active aging. Collaborative working as a health community has been established in the last year, there are several programmes being piloted where colleagues are involved including attending dedicated frailty meetings, ensuring frailty is a consideration for discussion at regular matrons Multi-disciplinary meetings and there is a hospital tracking system to ensure frail people are identified when transferred between hospitals.

A Dementia work programme has been established it is reviewing training for colleagues relating to dementia to ensure that colleagues have the correct level of skills to support people who suffer from dementia. The Edmonton frailty assessment tool is used to assist with assessment, as part of the wider health community frailty work programme the Rockwood frailty tool will be used by most services in the coming year.

The Community matrons have received training from the Frailty Nurse practitioner to improve their awareness of frailty.

Virgin Care continues to be a member of the West of England Academic Health Science Network Patient Safety collaborative and is currently engaged with working with other community, acute, ambulance and primary care providers to improve services for frail people.

### Friends and Family Test

The friends and family test was re-established and commenced feedback collection in August, most services rely on the postcard feedback system but there is also the option of using a telephone app or tablet in the service area to provide immediate feedback. There are plans to increase the availability of these methods in 2018-19 which will enable people who use the service to respond and increase our response rates.

The results of the friends and family test indicate that 98% of respondents said they would recommend services to friends and family if they needed similar care or treatment. A sample of quotes from the friends and family test include;

#### Active aging service

*"A lot of useful information given in a clear and friendly manner"*

#### Community IV Service

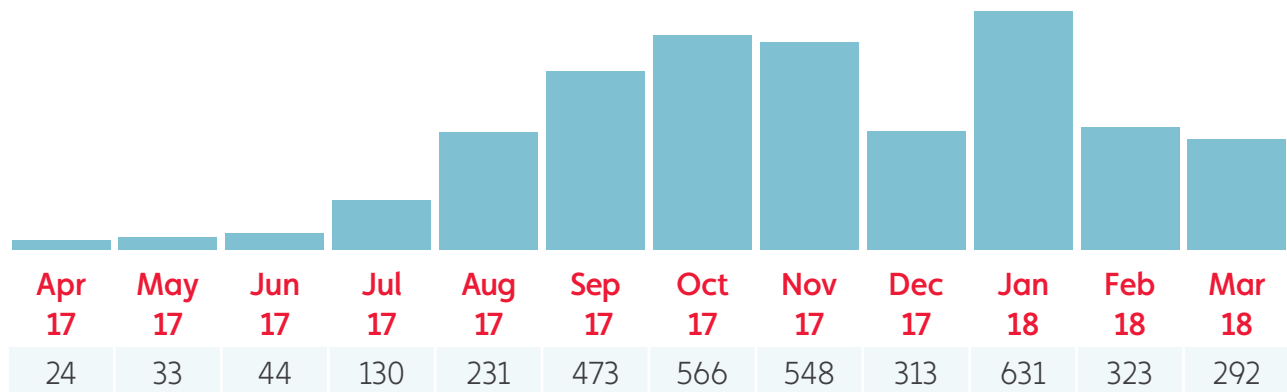
*"Friendly nurses make the process smooth and me feel at ease- they are awesome!"*

#### Family Nurse Partnership

*"Because Family nurses are amazing and I wouldn't have been able to do it without her"*

The graph identifies the number of responses received since the reintroduction of the friends and family test.

#### Questionnaires completed

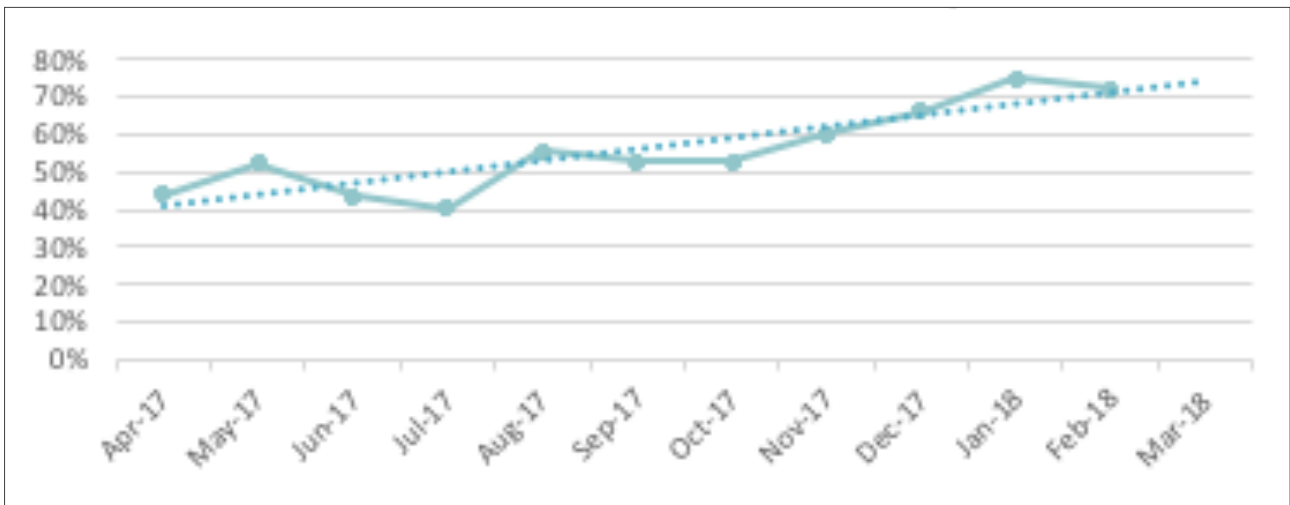


### Incidents closed within required timescale

All colleagues are encouraged to report incidents, the number of incidents reported this year is lower than in previous years possibly due to the transfer of services and colleagues learning a new reporting system. Within Virgin care the aim is to fully investigate and consider closure of incidents within 25 days, the aim being to ensure that incidents are followed up, reviewed and actions taken in a timely manner, to enable learning from the incident to be achieved at the earliest opportunity, reducing the likelihood of the incident occurring again.

The aim this year was to increase the number of incidents closed within the required timescale, whilst there has been improvement over the year in line with trajectory the work continues to meet the required target.

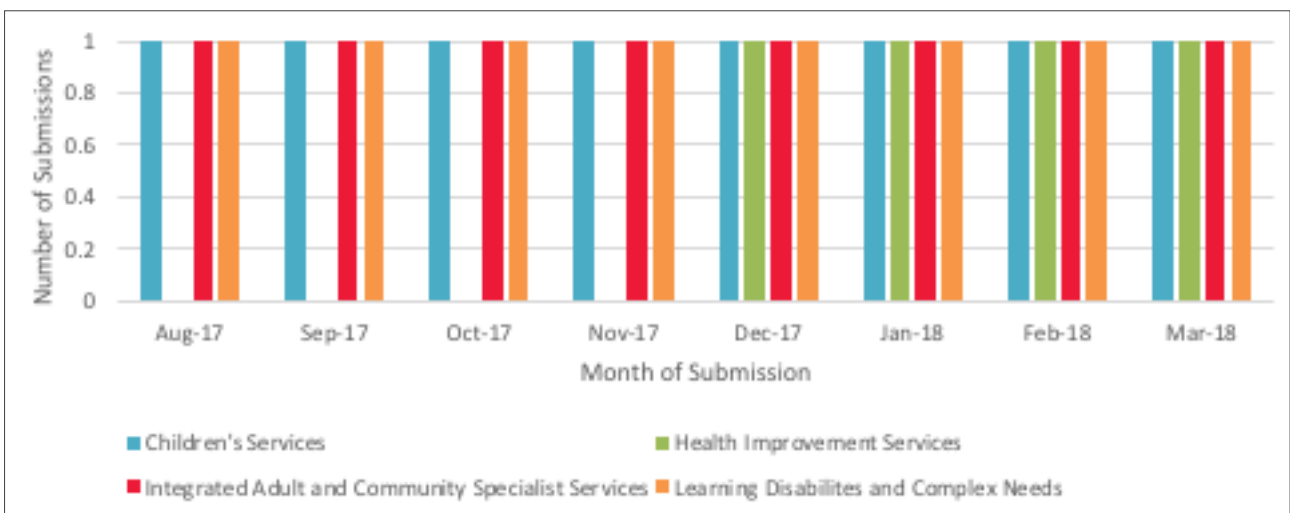
#### Percentage of all incidents closed within the required 25 days.



### Reporting of "You said, We did"

This is a new initiative that services started to collect from August this year, the aim of which is to share when things go well or to make adjustments or improvements to services when feedback is received from people who use services. Each month services identify one area of feedback that has been received and share what has been done. The aim is to achieve 100% of service groups providing feedback each month, the graph indicated what percentage of reporting has been achieved this year.

#### "You said, We did" submissions



Some examples of what has been done this year include:

YOU SAID	WE DID
Visitors have complained that the reception area at Paulton is too cold heating is inadequate.	A heat curtain above the main reception front doors has been installed
The home delivery of prescribed goods is very reliable.	Thank you for the positive feedback the delivery of goods has been centralised
People using the Impact service said they would prefer to be seen by the same clinician for home visits and this would help build rapport and confidence.	The service has adapted to try and ensure that individuals are visited by the same clinician if possible to provide continuity of care
Young people at Three-ways school asked for a drop in session for older teenagers.	The School Nursing service set up a new drop in session targeted at their specific needs including relationships and independence.
The people who use Stroke services identified that when a DVLA request is sent to their hospital consultant the consultant may not have the most up to date information meaning that people may lose their driving license unnecessarily	The Stroke team have altered their procedure to copy both the GP and the hospital Consultant a letter outlining the recommendations made by the Stroke team of an individual's suitability to drive.
Biscuits provided at a rehabilitation clinic are unsuitable for people with diabetes	The service now provides a choice of biscuits that are also suitable for people with diabetes



## Priorities going forward in 2018-19

Continuing to demonstrate service quality, and safety remains a top priority for Virgin Care over the coming year. However, Virgin Care has also identified other areas where improvements can be made to the services it delivers to ensure *everyone feels the difference*.

### How Virgin Care identified its priorities for 2018-19

Virgin Care's national priorities were identified by its Board as part of an annual process, having reflected upon the feedback provided by people who use services and other stakeholders throughout the year in a variety of methods.

Individual business units, including Bath and North East Somerset were then able to set their own priorities.

Stakeholders are engaged in setting local priorities for 2018/19 through the BaNES Citizens' Panel – the Virgin Care model of engagement with the local community, people who use services and their families. The Citizens' Panel will be involved in the following ways:

- Care Co-ordination Centre – Panel members will be involved in the planning
- 3 Conversations model – Panel members are currently involved in the planning of the Bath innovation site. We have agreed a joint narrative with the Council and the CCG to support the communications and promotion of the 3 conversations model.
- Falls and Parkinson's Disease services – user workshop on future development of the services in April 2018.
- Integrated Care Record – Panel members are getting involved in the development of the patient portal.
- Mobile working – Panel members will be consulted about devices and the potential barriers to people who use services of colleagues using laptops versus tablets.
- Mental Health – a number of Mental Health Review work streams are being developed which will work up a model for community mental health services in BaNES going forward. Citizens' Panel members are being invited to join these: Mental Health Collaborative; Employment; 0-25 age group and transitions; Crisis Response; Care Co-ordination Centre.
- Advice Hub – we will use the Citizens' Panel as part of public engagement around the plans.

The Citizens' Panel will be invited to a meeting with the BaNES Head of Transformation in April to look at the new Service Development Improvement Programme (SDIP) for the year 2018/19 and to discuss their ongoing engagement with this.

## PATIENT SAFETY

### Priority 1:

**Ensuring service quality, safety and enhancing user experience: Providing excellent clinical outcomes, meeting and exceeding relevant standards and regulatory requirements**

- **Ensuring Transformational service changes improve the outcome for people who use services and do not impact on the quality of services being delivered, this will be achieved by monitoring Harm Free Care.**
- **Implementation of the updated version of the deterioration assessment tool (NEWS 2) to all relevant services by the end of the calendar year.**
- The Mental Health service has been undertaking training with specific teams considering the impact of mental health on physical health. For 2018 a mental health training programme is being designed for all social care colleagues, to be piloted in Autumn 2018, a mental health awareness training is also in development for all colleagues.
- The Community Neuro and Stroke Service will be reviewing the pathway for people who have traumatic brain injury with the aim of improving the rehabilitation that the service is able to offer.
- The Impact service are reviewing the information given to people who use services and plan to introduce information and pictures of the team to enable people to recognise the team when they visit.
- The Heath Improvement service plan to increase the number of whole family interventions to support people who use services with motivation. The service will take a more flexible approach to service delivery to ensure including families is achievable.
- The School Nursing service has set a priority of ensuring it is outcome focussed and child centred, which will be assessed by accurate and relevant reporting of data.
- The Children's Speech and Language therapists are introducing the therapy outcomes measurement system TOMS in conjunction with other services across the country to ensure that outcomes measurement is meaningful. They have also registered with their Royal College to feed into the national project around this.
- The Children's Learning Disability service plan to undertake a service review during the year
- The Paediatricians will be involved in the design and planning of future premises to ensure that children and families are seen in appropriate facilities to encompass the needs of significant disabilities
- The Children's audiology service plan to introduce state of the art facilities at various locations nearer to children's homes to reduce travelling to appointments
- The Family Nurse Partnership service will consider their response to recommendations in the Family Nurse Partnership ADAPT report which identifies adaptations that could be made to better meet the needs of families and respond to on-going change in the local and national context.
- The Health Visiting Service has worked collaboratively with the Children's Centres on UNICEF standards and is on track to achieve the Level 3 UNICEF Baby Friendly Initiative accreditation this year.

## CLINICAL EFFECTIVENESS

### Priority 2:

**Robust governance: fostering safeguarding and quality assurance processes which are standardised across the business.**

- **Ensure robust recording of training is undertaken in relation to Safeguarding to enable colleagues to provide the safest level of service.**
- **To have an appropriate style of Friends and Family test that provides quality assurance for social care.**
- The Safeguarding Adults and Safeguarding Children's leads will continue to develop the network of Safeguarding Champions to be representative across services and strengthen the safeguarding governance.
- The school nursing service plans to review its clinical pathways and processes to standardise them in line with similar services
- The school nursing service will also review its commissioned service provision including "text a nurse" and clinic in a box
- The Speech and Language therapy service will continue to increase the amount of safeguarding supervision it receives
- The Family Nurse Partnership will work collaboratively with their FNP colleagues in Wiltshire to review their clinical pathways.
- The Children's audiology service will engage with Improving Quality in Psychological Services initiative which is a national quality improvement process recognised by the CQC and covers clinical, patient experience, safety and facilities and workforce domains
- The Children's audiology service will work with the safeguarding team to manage the onward referral of children who are not brought to appointments
- The Children's Learning Disability Service will continue to attend safeguarding supervision and training
- The Paediatricians will develop and expand their current audit programme to incorporate ways of auditing electronic prescribing
- The paediatricians will strengthen and develop links and guidelines with other colleagues for safeguarding peer review and learning from challenging cases and Serious Case Reviews

## OUTSTANDING EMPLOYER

### Priority 3: Continue to be recognised an outstanding employer

- Continue to review and provide new opportunities for colleagues to work in BaNES whilst having clear career development pathways for colleagues.
- Ensure recruitment campaigns are relevant, appropriately targeted and inclusive for all Bath and North East Somerset services.
- Mental Health services will continue to provide a role in community education by raising awareness of mental health with Bath and North East Somerset employers, local societies, charities and groups.
- Adult and Specialist services will continue to work with the Learning Enterprise (TLE) to ensure appropriate training is available.
- The Professional Leads will work with TLE to identify future apprenticeship programmes to enable colleagues to have the skills to meet the care needs of the population of Bath and North East Somerset.
- The School Nursing service will ensure that it continues to be represented at events such as "Commissioning for outcomes" run by Public Health England
- The School Nursing service will ensure that recently appointed professional leads work closely with the team to understand the service specifications and deliver a high quality service
- The Children's Learning Disability Service will seek training opportunities in order to be able to provide families with evidence based support plans
- The Children's audiology service will seek further opportunities for Continuing Professional Development to include their administrative team
- The Family Nurse Partnership team will ensure colleagues feel supported to develop clinically and access development opportunities in Virgin Care.

## Creating a clear workforce plan

During 2017-18 Virgin Care developed and implemented a new toolkit to enable all of its services to create a comprehensive Workforce plan, ensuring people's needs for the services were met.

The plan is based on five pillars:

- Leaders who lead
- Great people in the right place at the right time
- Best selves
- Happy People
- Future Read

These are underpinned by the CQC domains and the Workforce Plans allow Virgin Care's services to translate local people issues into tangible action plans and ensure recruitment activity is target-driven building high performing, highly engaged teams to deliver exceptional services to people who use services.

Virgin Care's Workforce Plans remain live and working documents, adapting and evolving as services do. Over the coming year, Virgin Care will review its workforce plan and make tactical recruitment decisions but in the coming years Virgin Care expects the plans to support transformation and provide long-term people solutions.

The plans feed into Virgin Care's organisational people strategy. Virgin Care considers this action to be industry-leading and the approach has been praised by our partners at the Royal College of Nursing who consider this level of Workforce Planning to be best practice.

## Taking part in national, local and clinical audits

### National Clinical Audit Participation: Community Services

Over the course of the year, Virgin Care took part in a number of national clinical audits including:

Colleagues have participated in the Virgin Care national core audits

The Community Neuro and Stroke Service have completed an Early Supported Discharge Sentinel Stroke National Audit Programme (SNAPP). This is used to benchmark against national averages and is reviewed 3 times a year. The audit has shown that the services need to have more robust outcome measures.

The IMPACT service participated in the National Chronic Obstructive Pulmonary Disease (COPD) Pulmonary Rehabilitation audit, the results of the audit are awaited.

PLACE (Patient Led Assessments of the Care Environment) audit was completed in May – this is a review of the Community hospitals that considers cleanliness, food, privacy, dignity and wellbeing, condition, appearance and maintenance, dementia and disability. See results in PLACE section of the report.

No other services have been required to take part in any national multi-centre or National Clinical Audit and Patient Outcomes Programme (NCAPOP) audits this year.

### National Safeguarding Audit Statement

The 2017 Safeguarding annual audit was based on a combined Children's Section 11 and Adult Safeguarding Self- Assessment Tool (Best Practice). The audit focused on seven areas relating to safeguarding governance for example; safer recruitment & selection of staff and the management of complaints, allegations and whistleblowing. Additions were made this year to include a further 6 questions to gauge application of the Mental Capacity Act to practice.

The annual national safeguarding audit evidences that Virgin Care continue to manage safeguarding well across our services. The areas that require improvement overall include access to safeguarding supervision and knowledge of the Mental Capacity Act and the safeguarding sub-committee are taking steps to address these.

## Other clinical audit programmes

Across all its services Virgin Care runs a core audit programme, including the following core audit programmes:

- Medicines Safety Audit (see Part 3)
- Infection Prevention and Control Audit
- Confidentiality Audit
- Record Keeping Audit
- Health and Safety Audit

Virgin Care was also subject to audits of its directly delivered community services by its commissioners.

- The School nursing service undertook an audit of Patient Group Directives (PGDs) to ensure that relevant standards were met and as a result the proforma used when issuing contraception was amended to ensure robust recording of repeat issues and consent.
- The Health Visiting service undertook audit as part of the evidence for accreditation as a Baby Friendly Initiative
- The Health Visiting Service have audited their service level care plans
- The Health visiting service has undertaken audits of breast feeding support and education for HV and mothers as part of the UNICEF Baby Friendly Initiative
- The Paediatricians have conducted audits in:
  - The implementation of the Bacillus Calmette-Guerin (BCG) vaccine programme for at risk infants
  - Child protection medical reports
  - Conclusions drawn and clarity of communication in safeguarding reports
- The Children's audiology service audited children identified with permanent hearing loss
- The Podiatry service have undertaken an audit and evaluation of nail surgery
- The Medicines Management team have conducted audits reviewing:
  - Antimicrobial stewardship
  - Local storage of controlled drugs
  - Medication fridge / cold chain
  - Patient Group Directives (PGD)
- The infection control team have conducted audits reviewing
  - Sharps
  - Surveillance and data collection
  - Cleaning audits
  - National Early Warning Score (NEWS)

- Inpatient wards have conducted a falls audit and nutrition screening (MUST) audits and discharge letter audits.
- Continuing Health Care have conducted an Adult PHB (Personal Health Budget) audit. There are a number of recommendations identified as a result of the audit.
- Community Neuro and Stroke Service Early Supported Discharge have completed an admissions process audit and a Goal attainment scale audit.
- Reablement have completed a Home First audit
- Connections and Carrswood day services have completed behaviour support plan and guidelines for, TacPac (sensory communication), Dysphasia and Storytelling (communication) audits - these audits are carried out working with the complex health needs team
- The Supported Living services in Bath and North East Somerset have completed audits in care planning, medication care plans, risk assessments, and records audits.
- The Heart Failure service has completed an equipment audit and a score card audit. The score card audit showed that the service demand for echocardiograms out ways the capacity of the clinics, a request for additional clinics has been made as a result.

## Research statements

Proper research governance is essential to ensure that customers, colleagues and members of the public can have confidence in, and benefit from, quality research in health and social care. We support high scientific, ethical and financial standards, transparent decision-making processes, clear allocation of responsibilities and robust monitoring arrangements. The dignity, rights, safety and wellbeing of participants must be the primary consideration in any research study.

A core standard for health and social care organisations is that they have systems to ensure the principles and requirements of the research governance framework are consistently applied. At Virgin care we achieve this through our Research Governance Committee that meets quarterly and has a membership made up of clinical expertise.

### Current research activity

The organisation currently has a number of programmes on its research database which are in progress or due to commence within a few weeks of the publication of this document.

- The Podiatry Service has been invited to participate in research run by the RUH looking at Diabetic foot care, this has gone through approval and is due to commence in spring 2018.
- The Physiotherapy service are working with the University of the West of England with research looking at *"Promoting engagement in physical activity in rheumatoid arthritis"*
- The Speech and language therapy service has been invited to participate in 2 audits next year: one by the University of Bath and the other by the University of the West of



England. These are currently going through the approvals process.

- The Children's audiology service were a participant centre in the "*Improving clinical practice for babies with hearing loss*" study led by the University of Manchester (RAS ID 172044)
- The Family Nurse Partnership (FNP) has collaborated with Cardiff University to enable them to gain access to their graduated parents. The university is conducting the "Building Blocks 2" trial to assess Family Nurse outcomes across the UK.
- The Family Nurse Partnership (FNP) engaged with the FNP national unit as part of the sustainability project for Bath and North East Somerset FNP

We have a number of colleagues engaged in research projects of various types, as part of postgraduate studies.

## Publications

- Unsworth R. Finlay F. "*Paediatric escalator injuries: a review of the Literature*" Welsh paediatric Journal 2017 **46** 10-13
- Finlay F. Baverstock A Lendon S "*Therapeutic clowning in hospital settings: more than a play fool proposal*" <http://dx.org/10.1111/archdischl.7-312715>
- Gulon S Finlay F Dunne J "*Children acting as inter(Suppl 1) A128preters*" Community Practitioner October 2017
- Finlay F Lendon S "*Memorials to children*" Arch Dis Child **17** **102**
- Finlay F. MacCallam J "*Psychological Support for staff on the rapid response team*"
- Carrigan, N. Dysch, L & Salkovskis, P (2017) "*The impact of health anxiety in Multiple Sclerosis: a replication and treatment case series*". Behavioural and Cognitive Psychotherapy. **45** pp 1-20
- Cowles, M. Dysch, L. Perry, E. Randle-Phillips, C (2017). "*A qualitative study of patient and family experiences of early supported discharge from stroke services*". The Neuropsychologist Issue **3**

In addition there are two books due for publication in 2018 that have been contributed to

- Tooze, O. Karl, A. Dysch, L and McLaughlin, D (2018). "*An Exploration of Acceptance and Commitment Therapy for Chronic Pain Multiple Sclerosis in Eastern Influences on Neuropsychotherapy: Accepting, Soothing, and Stilling Cluttered and Critical Minds.*" Yeates, G & Farrell, G (Eds). Karnac Books pp 2 – 25
- Carrigan, N & Dysch, L (2018). "*Eastern Influences on Neuropsychotherapy: Accepting, Soothing and Stilling Cluttered and Critical Minds.*" Yeates, G & Farrell, G (Eds). Karnac Books pp 25-53

## Learning from deaths

Virgin Care responded to the 'National Guidance on Learning from Deaths' issued by the National Quality Board in March 2017 by developing an annual mortality report that is presented at the Virgin Care Clinical Governance Committee and to the Board of Directors. Virgin Care complies with the Framework for NHS Trusts and NHS Foundation Trusts on Identifying, Reporting, Investigating and Learning from Deaths in Care where applicable.

Virgin Care aims to provide the best care possible and does so by learning from events that did not always have a positive outcome for people who use services, this includes inpatients who may die unexpectedly. The end of life care provided across Bath and North East Somerset was rated outstanding by CQC at the last inspection, but on occasions the care delivered could be improved. The Community hospitals endeavour to uphold the wishes of people in their care and part of the conversation includes discussing the wishes of an individual if their health deteriorates, this enables those caring for individuals to be aware of their wishes. Whenever a death occurs that is unexpected there is a review undertaken, this is to ensure that everything that should have been done was done. In the last year there has been one unexpected death, the review identified that the documentation had not been completed fully therefore the resuscitation status of the patient was unknown. The learning from this has been that the medical colleagues must complete resuscitation status for all people on admission.

## Statements from CQC

Some services operated by Virgin Care are required to register with the Care Quality Commission (CQC).

As part of this document, it can be confirmed that Virgin Care Services Limited is registered with the CQC and has no conditions attached to its registration. Virgin Care Services Limited's services have not participated in any special reviews or investigations by the CQC during the reporting period.

Full copies of CQC reports are available on the CQC's website at [www.cqc.org.uk](http://www.cqc.org.uk).

## Internal Service Reviews (ISR)

Virgin Care operates a programme of 'Internal Service Review' (ISR), with each of its registered services required to complete such assessment twice during each calendar year, with no longer than 6 months elapsing between reviews.

Each ISR is completed by a manager of another Virgin Care services and results are logged, analysed and reported using our internal reporting platform 'Tableau'.

The ISR programme covers the same areas as a CQC inspection, produces a rating based on the same scale as the CQC's reports.

In Bath and North East Somerset, Virgin Care undertook a number of ISRs and the findings are outlined below.

Service Name	Outcome of ISR
<b>Impact</b>	<b>Well Led</b> - Good <b>Caring</b> - Good <b>Effective</b> -Good <b>Responsive</b> - Requires improvement <b>Safe</b> - Requires improvement
<b>Inpatient wards - Sulis</b>	<b>Well Led</b> - Requires improvement <b>Caring</b> - Good <b>Effective</b> -Good <b>Responsive</b> - Good <b>Safe</b> - Requires improvement
<b>Bath supported living service</b>	<b>Well Led</b> - Good <b>Caring</b> - Good <b>Effective</b> -Good <b>Responsive</b> - Good <b>Safe</b> - Good
<b>NES supported Living service</b>	<b>Well Led</b> - Good <b>Caring</b> - Good <b>Effective</b> -Good <b>Responsive</b> - Good <b>Safe</b> - Good
<b>Shared lives</b>	<b>Well Led</b> - Requires improvement <b>Caring</b> - Good <b>Effective</b> -Good <b>Responsive</b> - Good <b>Safe</b> - Good

<b>Bladder and Bowell</b>	<b>Well Led</b> - Good <b>Caring</b> - Good <b>Effective</b> -Good <b>Responsive</b> - Requires improvement <b>Safe</b> - Good
<b>MSK and Orthopaedic Interface Service (OIS)</b>	<b>Well Led</b> - Requires improvement <b>Caring</b> - Requires improvement <b>Effective</b> -Good <b>Responsive</b> - Requires improvement <b>Safe</b> - Good
<b>Complex Health needs service</b>	<b>Well Led</b> - Requires improvement <b>Caring</b> - Good <b>Effective</b> -Good <b>Responsive</b> - Good <b>Safe</b> - Good
<b>North East Somerset Reablement</b>	<b>Well Led</b> - Requires improvement <b>Caring</b> - Requires improvement <b>Effective</b> -Requires improvement <b>Responsive</b> - Requires improvement <b>Safe</b> - Requires improvement

Where "Requires Improvement" has been identified it is an indication that the evidence to support the statements needs to be more robust. There is a monthly registered Managers meeting which is a peer support group and shares examples of the evidence that can be used. The results of the ISR are also peer reviewed to provide support and suggestions for improvement, the members of the quality team including Lead pharmacist and Infection Control nurses are also involved with the peer review.

In addition to the CQC registered services the non-registered services undertake an ISR on an annual basis as a means of ensuring that there is a consistent level of service delivered by both CQC registered and non-registered services. The services that undertook the annual review were the Wellbeing College, mental health, together with the non-registered parts of the Learning Disabilities, Continuing Healthcare and Health Improvement services.

## Safeguarding Statement

Virgin Care is committed to safeguarding and promoting the welfare of adults, children and young people and to protect them from the risks of harm. To achieve this we have dedicated National and Local Safeguarding Adults and Children's Leads and polices, guidance and practices which reflect statutory and national safeguarding requirements.

- National Safeguarding Assurance function working across localities and partnership boundaries to respond to national developments, legislative changes leading to continuous improvement and learning across the organisation
- The Clinical Governance and Safeguarding Committees provide Board assurance that services meet statutory requirements
- Named professionals are clear about their roles and have sufficient time and support to undertake them
- Where appropriate, services have submitted a Section 11 Review report and/or Safeguarding Adult Self- Assessment audit tool
- Action plans are monitored across the organisation at committee and board level
- Safeguarding policies and systems for children and vulnerable adults at risk are up to date and robust.
- Safeguarding training is included in induction and integral to the organisation's training policy

## Statement on the accuracy of our patient data

Virgin Care submitted information during the year to the Secondary Uses Service (SUS) for inclusion in the Hospital Episodic Statistics, which are included in the latest published data.

Community service outpatient data for SUS submissions is being validated to ensure ongoing submissions are confirmed as being successful.

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

- 100% for admitted patient care;
- 99% for outpatient care; and
- 99% for accident and emergency care

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

- 100% for admitted patient care; and
- 99% for outpatient care

### Errors introduced into patient notes

No information to add here

### Local initiatives to improve data quality

No information to add here

## Information Governance Toolkit Attainment Levels

Virgin Care's Information Governance Assessment report for this year was scored at 74% and was graded satisfactory.

More than 82% of colleagues completed their induction or annual refresher IG modules during the year.

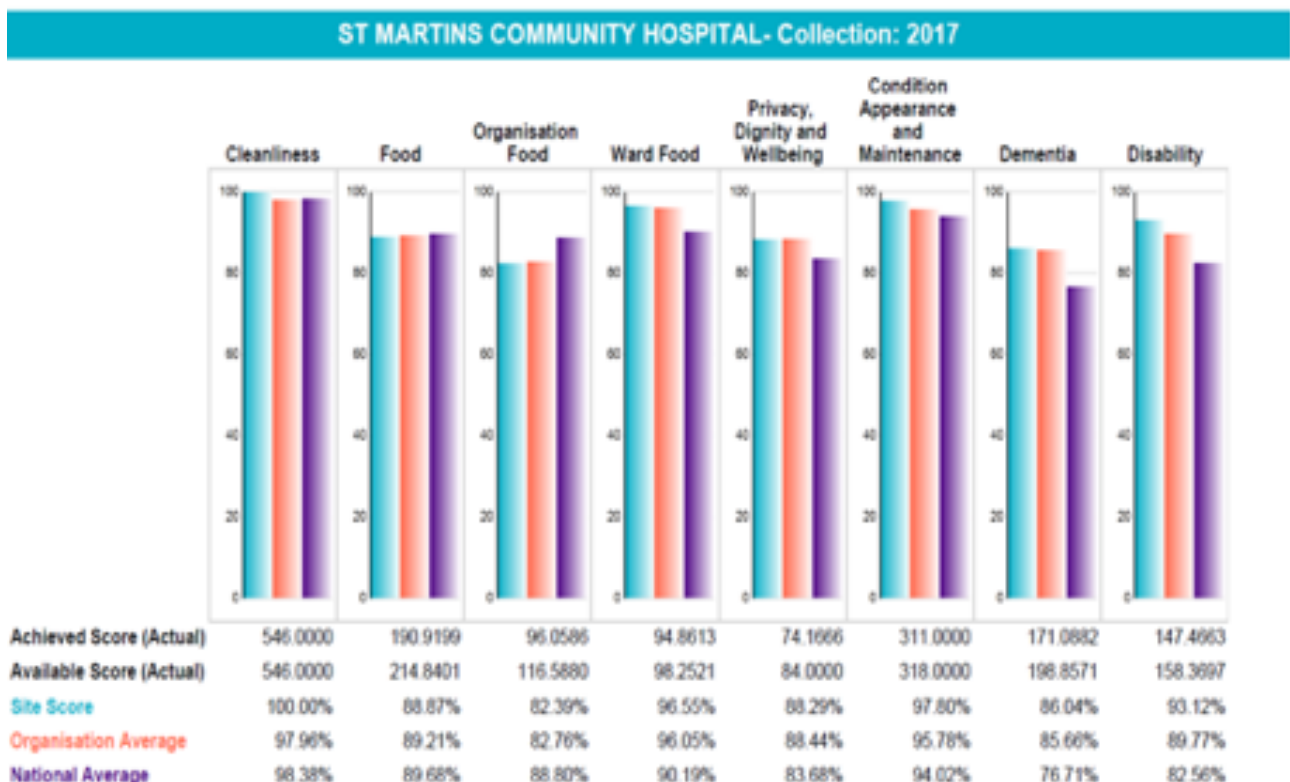
We have an action plan in place to improve compliance and toolkit scores during 2016/17 and further our IG agenda.

This includes:

- Continual review of IG policies and procedures (rolling programme of review);

## Community Hospital PLACE Reviews

Patient-led assessments of the care environment (PLACE) assessments put the views of people who use services at the centre of the assessment process and use information gleaned directly from assessors who have used Virgin Care services to report how well a hospital is performing in the areas assessed. These areas included privacy and dignity, cleanliness, food and general building maintenance. The reviews focus on the care environment and do not cover the clinical care provision or colleague behaviours.

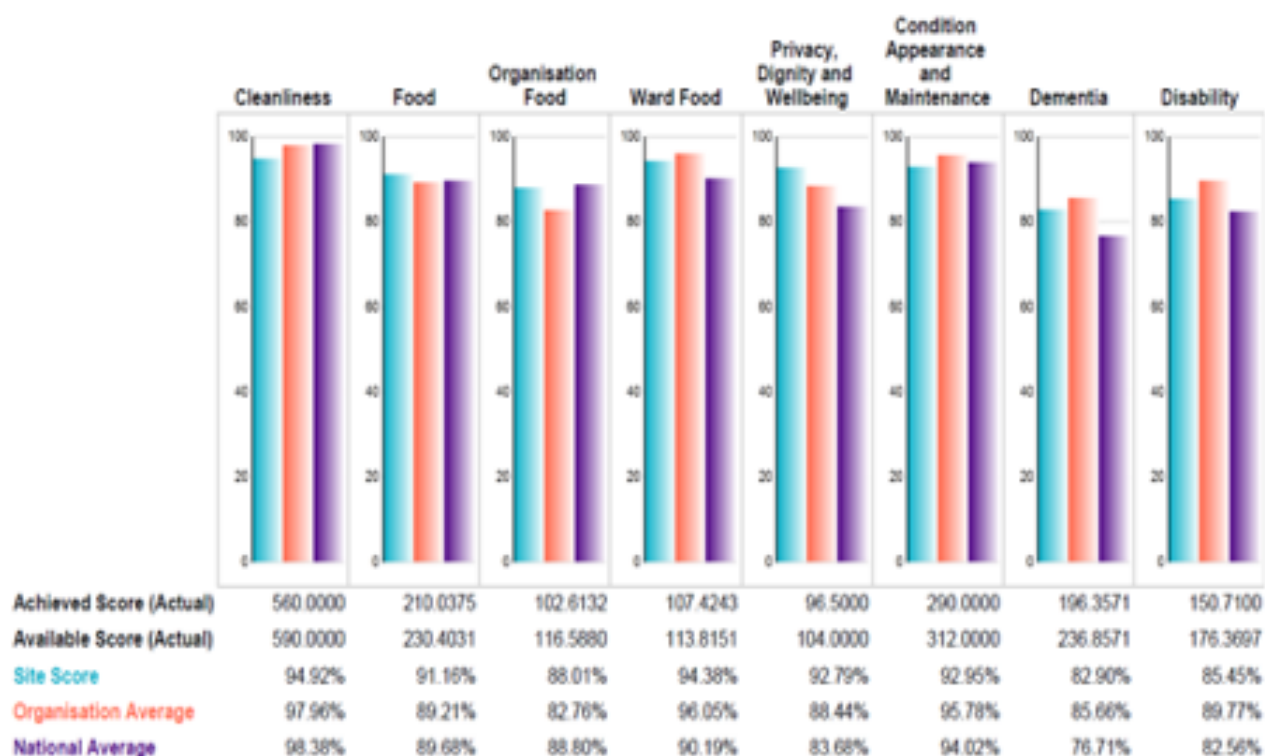


## St Martins

Overall the report for St Martins was good, with no Fails. An action was raised regarding signage, as Sirona signs were still in situ following the transfer of services to Virgin Care. Summary statements from auditors given below:

*"A light modern, well maintained building providing a great level of care for geriatric patients. All parts of the building are welcoming and look "cared for". The staff treat all patients as individuals. Everything is clean and fresh and great use is made of natural light."*

### PAULTON MEMORIAL HOSPITAL- Collection: 2017



## Paulton

The overall outcome was good - a few Qualified passes and fails, mainly due to maintenance issues and the condition of the building. Auditors were concerned that some maintenance issues had not been resolved by the landlord in good time and had appeared in previous PLACE reports.

Specific mention was made of the food and it was felt to be good quality, presented well and looked appetising. A patient commented on the food during the audit and indicated how great it was.

Summary statements from auditors given below:

*"A 20 year old hospital with good cleanliness. Staff appeared happy and respectful. Very well equipped."*

## Duty of Candour Statement

Virgin Care is committed to being open and transparent with people who use services and (taking into account confidentiality) their representatives. The organisation encourages its colleagues to be open and honest from the first time people who use services come into contact with services.

Where a notifiable safety incident is recognised, colleagues are advised to report this via the organisation's incident reporting system (CIRIS) and follow the Duty of Candour policy. This includes following the Colleagues Guide on Duty of Candour.

Template letters have been designed to assist colleagues to write to the person using the service or their representatives to apologise and to advise that an investigation into the incident is underway [within 10 days of the notifiable safety incident occurring].

An appropriate colleague will conduct an investigation to establish the facts of the notifiable safety incident in line with the Management of Incidents policy, in line with timescales for external reporting including STEIS. For incidents relating to safeguarding, the relevant Safeguarding Policy and safeguarding lead will also be consulted before any disclosure is made to the person using the service or their representative.

Once the investigation has been concluded, a further letter is sent to the person who uses the service advising of the outcome, lessons learnt and how the Organisation will share such lessons and knowledge to reduce the likelihood of a similar incident occurring in the future. A meeting will also be offered as well as any other support that may be required.

Compliance is monitored through the local RCA panel action plans.

## Sign up to safety Statement

Last year, Virgin Care committed to "Sign up to Safety" during 2017-18. This has been investigated at a national level this year and individual business units, such as Bath and North East Somerset provided with a framework in order to sign up. This approach, rather than a national approach, was seen by the group as the most appropriate way to reflect the varied range of services which Virgin Care operates across the country.

In Bath and North East Somerset we have not joined the "Sign up to Safety" campaign during 2017-18 due to transferring to and embedding services within Virgin Care. However across Bath and North East Somerset Virgin Care have continued to have "delivery of harm free care as one of the quality priorities" and remains an active member of the West of England Academic Health Science Network patient safety collaborative, ensuring consistent safety initiative are used across the region for people who access services.



## NHS Staff Survey

Virgin Care runs its colleague survey 'Have your say' on a bi-annual basis with regular 'pulse checks' covering a random sample of colleagues. This year 62% of colleagues across England took part and we saw significant improvements in feedback from colleagues based on tracking data from previous years.

### National NHS Colleagues Survey results

#### **KF26**

Percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months)

6% of colleagues said they had experienced harassment, bullying or abuse at work from staff.

(White colleagues 5%, BME 9%)

#### **KF21**

(Percentage believing that the organisation provides equal opportunities for career progression or promotion for the WRES)

67% of colleagues believe that the organisation provides equal opportunities for career progression.

(White colleagues 66%, BME 67%)

The above data does not include figures for Bath and North East Somerset as a separate survey was completed as part of the safe transfer of services to Virgin Care.

## Delivering high quality services

Virgin Care's teams and its services are recognised for their hard work and excellence throughout the year, both internally and externally. This is a summary of some of those awards.

### Star of the Year awards

Virgin's Star of the Year Awards are the national recognition programme for colleagues in Virgin companies. Each year we have several hundred nominations with two national winners invited to dinner with Sir Richard Branson at the award ceremony.

### Feel the Difference Awards

Virgin Care's primary recognition programme for colleagues is the 'Feel the Difference' awards, with colleagues eligible for an award in three categories: Strive for better, Heartfelt service, Team spirit, based around the values of Virgin Care.

Colleagues and the public can nominate Virgin Care colleagues for an award online at any point throughout the year online, with monthly winners and a yearly award ceremony in West London.

During 2017 - 18 Bath and North East Somerset teams and colleagues received 28 nominations for a 'Feel the Difference' award.

Of these 6 winners were selected and these colleagues were invited to the 'Feel the Difference' Awards Night in January 2018. The winners were:

Gina Martin, Child Health Office Manager  
Tracey Winsley, Manager, Supported Living Service  
Vicky Clayton, Bank Healthcare Assistant  
Tracy Rose, Manager of Complex Health Needs Service  
Maria Wright, Social Worker  
Clare Plumley, Ward Manager

More information about the awards is at [www.virgincare.co.uk/awards/](http://www.virgincare.co.uk/awards/)

### External awards

Finlay F. MacCallam J Winner of the best paper presentation at the National Network of Child Death Overview panels conference Birmingham 2017: *"Psychological Support for staff on the rapid response team"*

The Wellbeing House, a short term residential service for people in emotional and psychological distress, has been shortlisted for a UK Housing award. The Wellbeing House is a partnership between Virgin Cares Mental health services and CURO Housing Association, the local care and social housing provider.

## Training and Development by The Learning Enterprise (TLE)

The Learning Enterprise is the training and development arm of Virgin Care, and has been awarded the Skills for Health Quality Mark for delivery of face-to-face training and education for the health and care sector.

The Learning Enterprise provides a mixture of clinical training for Continued Professional Development, eLearning (both clinical and non-clinical) and vocational training including Business Administration, Health and Social Care, and providing training for parents/carers of children with continuing care and complex needs and in schools where we deliver training on Asthma, Diabetes and Epi-pen use.

### During the past year, The Learning Enterprise has:

- Implemented a Nurse Revalidation platform, providing a central point for Virgin Care's nurses to collate their data for revalidation and provide a convenient way of uploading the information to the Nursing and Midwifery Council
- Been accredited to provide the Leadership ILM Apprenticeship for first time Team Leaders and where appropriate experienced leaders can participate to support their role
- Launched a new Appraisal platform for Virgin Care, designed around the Behaviours Framework and ensuring all colleagues received a mid-year and end year appraisal which is pertinent to them and relevant to the organisation.
- Launched an external-facing training platform, allowing volunteers to access additional training funded by Virgin Care.
- Access on JAM (Virgin Care's intranet) to the Assessed and Support First Year of Employment (ASYE) Framework for Newly Qualified Social Workers (NQSW) to ensure delivery for all NQSW within VC
- TLE have developed and Launched 12 month a Preceptorship programme for all new registrants in Virgin Care
- E- Learning Packages for Mental Capacity Act & Deprivation of Liberty Safeguards have now been developed in-house for all staff and launched on MyLearning
- Reviewed internal Quality Assurance process within TLE to ensure all training packages are quality assured and signed off at senior level. Ensuring all Training packages are standardised across Virgin Care nationally
- Embedded Governance structure across TLE ensuring all areas of the business have robust reporting mechanisms and clear accountability
- The Learning Enterprise won the Student Nursing Times Award for student placement of the year: community 2017, for its work with Virgin Care.
- Virgin care has been delivering a Foundation Degree in Health and Social care leading to the qualification of assistant practitioner. The first cohort started in Surrey with 20 students in June 2017. The award is accredited and delivered in partnership with the University of Derby. Recruitment to the course is jointly shared between the University and TLE.

### Over the coming year, The Learning Enterprise will:

- Re-launch Virgin Care's Arrivals process for new starters
- Launch the Level 3 Apprenticeship for Team Leaders
- Receive Royal College of Nursing approval of its Preceptorship programme
- Develop an in-house Looked after Children eLearning Programme

### Locally:

- TLE in Bath and North East Somerset launched the Foundation degree course for twelve support colleagues and care assistants to qualify as Assistant Practitioners.
- Social care services have developed training packages for Self Neglect, Carrying out Safeguarding enquiries and Continuing Health Care (CHC) / Social care interface.
- The Medicines Management team have re-established the Non Medical prescribing Forum which provides support and continuing professional development for colleagues who have undertaken additional training to enable them to prescribe.
- Colleagues across Bath and North East Somerset have undertaken training to become Mind Coach facilitators and have established Mind Coach training for people who work in our services to access. Mind Coach offers colleagues methods of improving personal resilience and reduce stress.
- Connect 5 Mental Health and Wellbeing training is being rolled out by Public health England and locally colleagues have been involved with training across BaNES, this will continue as a planned programme during 2018
- Mental Health in the Workplace training, colleagues in Mental Health services have developed a half day programme for local employers, three sessions have been run with very positive feedback. The training will continue in 2018
- The Health Improvement service have provided training to various services in relation to "Making Every Contact Count" (MECC), which enables colleagues to have lifestyle conversations with the people who use services.
- The Podiatry team undertook a local area Diabetes care update training day.
- Members of the Social Care teams have undertaken training in the Three Conversations Model and this is gaining momentum with other service areas interested learning more about the model.
- The End Of Life Care Lead has been trained to facilitate workshops for "Religious distress and Cultural distress". One workshop has been run so far but feedback identifies that learning from the training has already been put in place.
- The School Nursing service received training from the faculty of sexual health and reproduction to enhance their service provision and as a result more students are now able to obtain contraception and support.
- School Nursing representatives attended the "Commissioning for outcomes" run by Public Health England
- The Speech and Language therapy service set up a training morning on English as an additional language versus primary language impairment in October for colleagues across BaNES and Wiltshire. As a result of this another joint training event has been organised by Wiltshire colleagues on specialist speech sounds.

- The Family Nurse Partnership (FNP) have contributed to shared learning events across the South West FNP teams looking at best practice and the ACE indicator research and Trauma informed practice. There were four of these events in Swindon, Bristol, BaNES and Wiltshire.
- A member of the Children's Learning Disability service attended a specialist sleep training course and it is hoped to send a colleague to the National Autistic Society training on Eating.
- The Paediatricians deliver training to medical students, junior doctors GPs and others

In community hospitals, staff have been trained by Bruin Biometrics in the use of SEM (sub-epidermal moisture) Scanners (the manufacturers). The aim of the project is the reduction of acquired pressure ulcers within the community hospitals setting. The scanners are able to detect biophysical markers which identify underlying tissue damage before skin breakage is visible. This has also resulted in improved staff awareness of pressure ulcers, their causes and methods of prevention. Staff in the community hospitals have also had training provided by the company supplying the falls monitor system prior to its roll out across the ward.

## Highlights of initiatives to improve the experience of using services

Across our services we have a number of national initiatives to improve experience.. This includes our *You Said, We Did* programme which sees us make more than 1,300 changes a year to our services as a direct result of feedback from people using services.

Each service has also set a 'feel the difference goal' to improve one further aspect of service. In the past year, 100% of services had an audited, valid 'feel the difference goal' in place.

## The BETTER map

Over the course of the year, Virgin Care introduced the BETTER principles to support a high quality experience in the journey through its services (see over). This map provides a focus for services, managers, colleagues and Virgin Care's Service Design Team when reviewing the performance of services and the experience of people who use services when something goes wrong.

What if I can't get an appointment?

Will the environment be clean and safe?

Will they be too busy and will I have to wait?

Will they listen and understand what the problem is?

What will happen next?

What if it gets worse and who can I talk to?

The setting in which we provide care may change but our commitment remains the same

We'll make it quick and easy to get an appointment

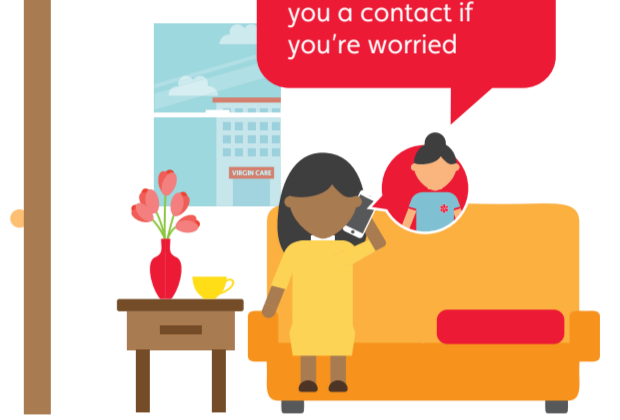
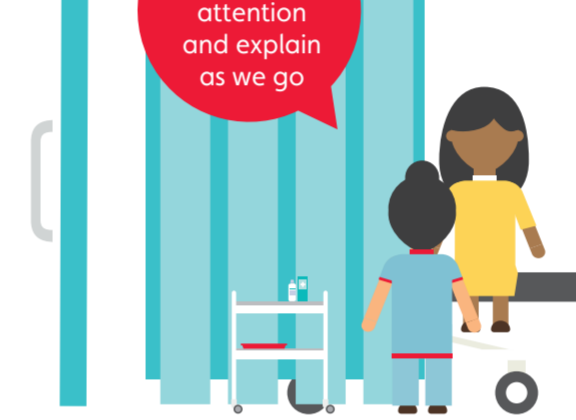
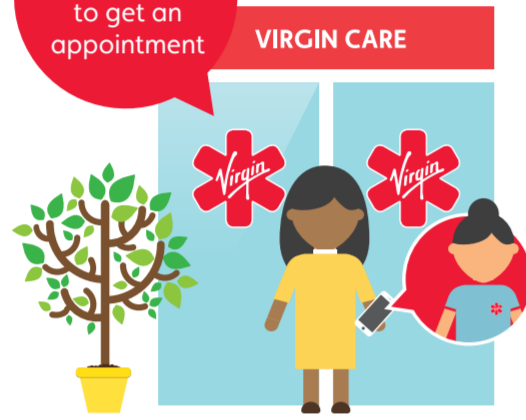
Our environments are welcoming, clean, comfortable and uncluttered

We will say hello with a smile, introduce ourselves and let you know what to expect

We'll give you our full attention and explain as we go

We'll check you have understood everything and tell you what's going to happen

We'll stick to what we promise and give you a contact if you're worried



## The Booking

## The Environment/setting

## The Welcome

## The Consultation/your stay

## The GoodbyE

## The Result/follow up

### Worries you may have

- Will I get through?
- Will I have to explain everything twice?
- What if I can't get an appointment?
- Will they understand?
- What if I cry?
- What should I have with me?

### Our commitment to you

- We'll give you options on how to book
- We'll make it quick and easy to get an appointment
- We'll make you feel like we're here to help you and to listen to you

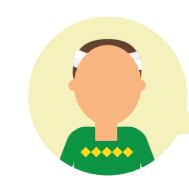
### Your commitment to us

- You let us know if you can't turn up to an appointment in good time

### So you feel... [the difference]

- We're efficient and competent
- We've removed barriers to help you
- Nothing's too much trouble
- You are being listened to
- Your needs are being met

### And say...



*'The appointments are readily available and sufficiently supplied.'*  
**East Staffordshire Care Co-ordination Centre**



*'Friendly staff, clean environment and toys to keep my child entertained'*  
**Barnstaple Health Visiting service**



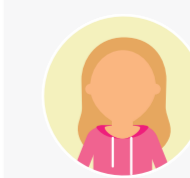
*'Very helpful, remembered me from last time and made me feel welcome.'*  
**Melksham Health Visiting Service**



*'Excellent consultation - unrushed and felt understood and listened to.'*  
**Community Paediatrics, Wiltshire**



*'Good advice given to my husband to help with his mobility'*  
**Falls service, North Kent**



*'Fast friendly communication and a lovely follow up call explaining the results.'*  
**Paediatric Speech and Language Therapy, Devon**

- Can I park?
- Will I find you OK?
- How will they know I am here?
- How long will I wait?
- Will there be hundreds of people waiting?
- Will I hear my name called?
- Will they find my house?

- We'll make it easy to identify us as a Virgin Care service
- We'll make it easy to access the service with clear signposting
- We'll make our environments welcoming, clean, comfortable and uncluttered
- We'll provide you with information that's relevant and easy to understand
- We will respect your home environment

- You take care of the environment and let us know what we can improve

- We're working together as one team
- You are in the right place
- Comfortable and confident we will take care of you
- You are informed

- Will they ask me questions in front of everyone?
- Will they be too busy?
- How do I know where to wait?
- What if I need the loo?
- Will I need to complete any forms?

- We know you are coming
- We will say hello with a smile and introduce ourselves
- We'll check with you what you like to be called
- We'll tell you what's going to happen (including how long you may have to wait)
- If we are running late we will let you know

- You treat us as you'd like to be treated, with courtesy and respect

- We're welcoming
- You are genuinely cared for a respected
- You can relax because you can trust us
- You know what it going to happen

- Who are they?
- Will they listen?
- Will I understand what the problem is?
- Will this hurt?
- How long will it take to recover?
- Is it serious?

- We'll introduce ourselves by our first name
- We'll make sure we've got your name right
- We'll listen to your story and explain as we go
- We'll ensure the consultation is thorough
- We'll signpost you to other community support available to you
- We'll be open and honest with what can and can't be done

- You give us all the information we ask for in order to make an informed diagnosis
- You will work with us to agree next steps

- We're committed to you
- You are a person and not a number
- You are in expert hands
- You are confident in the diagnosis
- You can trust us
- You only have to tell your story once

- What do I have to do next?
- What will they do now?
- When will I hear back?
- What about the other thing I forgot to mention?
- Will I need to come back again?

- We'll check you have understood everything
- We'll explain what will happen next and any literature to help you remember
- We'll be open about the ongoing support available to you
- We'll give you a timescale when we can
- We'll ensure you have support at home and involve others if you need us to

- You let us know if there is anyone we need to involve and if you are worried and don't understand anything

- You understand what the problem might be
- You feel prepared and better able to cope
- You are in good hands
- You would recommend the service

- What if it gets worse?
- When should I expect a call?
- Can I get an appointment in time?
- What if I don't hear back - who can I talk to?

- We'll keep you safe
- We'll tell you the results when we promise we will
- We will give you contact details if you are worried
- We'll listen to your feedback and take onboard suggestions

- You will give us the time we agreed to get back to you but get in touch if you feel worse

- We provide a seamless, joined up, service
- We keep our promises
- Surprised and delighted with the service
- You are safe and have peace of mind



## Feel the difference fund

Aligned with our purpose, we are giving all of our colleagues in Bath and North East Somerset the opportunity to pledge how they will support people using services to feel the difference. The Feel the difference fund is a £100,000 centrally-held ring fenced fund dedicated to supporting projects which improve the experience of people who use services.

Applications can be made by all colleagues and submissions are considered by a monthly peer panel each with funding being made immediately after approval.

Each year Virgin Care sets aside £100,000 across the company to fund projects designed, developed and implemented by our colleagues delivering services across the country as part of our commitment that everyone feels the difference. We know from experience that it's the people delivering services day-in and day-out who know them best and the Feel The Difference Fund helps them implement the small ideas which make a big difference.

Citizens' Panel members are invited to give their views on applications in Bath and North East Somerset each month by email and the Feel The Difference Panel – who decide whether applications receive funding or not – use members' views as part of the decision process. Updates relating to decisions are posted on the Bath and North East Somerset health and social care website and in the Citizens' Panel newsletter.

This year, the following projects received funding to help transform and improve services in Bath and North East Somerset:

### Service

### Summary of improvement project

#### Shared Lives Service

Funding for a barbeque to reduce social isolation amongst carers.

#### Speech and Language Therapy Service

A choir for people with aphasia. A joint project between the team, the Stroke Association and a music therapist. Choirs are known to have positive benefits on participants' speech and language after a stroke.

#### St Martin's outpatient area

The outpatient area doesn't have a reception area and people who use services were arriving with their appointment letter hoping that they were in the right place. There are 12 or more services that utilise this space. The services asked for an electronic lobby signage system on a stand that is able to change the information displayed every few seconds. It is able to give information in a picture format as well as words, sound and video. It is therefore able to give people information in a format that is accessible and informs people who use services that they are in the correct place, what clinics are running and shows health promotion messages.



### **The Intravenous Therapy (IV) Service**

The service provides support to patients who have been assessed for fluids at home. The purchase of 2 pumps (one for Bath City and one for rural North East Somerset) enables the IV team to provide patients with a mobile pump for use at home enabling them to perform daily living activities without the need for a drip stand or carer support. The team primarily support women with Hyperemesis Gravidarum and people who use services requiring ongoing fluid replacement. The pumps allow the user to mobilise without the need to be attached to a drip stand. Access to the pump frees up nurses time in that a competent patient can now be left with fluids running at a set rate. In managing these patients in the community, especially the hyperemesis women, we can help prevent avoidable admissions.

### **Adult Speech and Language Therapy Service**

Bio-feedback equipment. Funding was awarded for equipment, software and a laptop. The funding enables the provision of cutting edge, innovative, evidence-driven swallowing therapy for people who use services using a technique called bio-feedback. Small electrodes are placed under the persons chin over the floor of the mouth muscles. They are then taken through various stages of therapy which involves modifying and adapting their own swallowing function using feedback on the screen. This has been found to affect the persons' neurology and it is at these levels of function that swallowing rehabilitation has been demonstrated to be effective. There is evidence that use of these techniques can result in the removal of feeding tubes – thus giving direct impact upon the quality of life and reducing funding for feeding equipment.

### **Paediatric Speech and Language Therapy Service**

Resources for Lego Therapy for children with autism and other communication difficulties. Fifty or more people who use services are benefiting from evidence-based Lego Therapy, which helps children with autism and other communication difficulties work together as they make Lego models in groups. As children take on roles of builder, supplier and engineers they are able to make progress in their language and social communication skills. The Lego Therapy is used by the whole paediatric team in mainstream and special schools, as well as specialist Autism Spectrum Disorder (ASD) units. The majority of the Paediatric Speech and Language therapy team have had the necessary training to deliver the therapy and the funding awarded covered the cost of the Lego.

In addition, other services completed their Feel the Difference goal without further funding. Improvements made over the last 12 months include:

- The **Bladder and Bowel service** have started up a local support group for people who have to undertake intermittent re-catheterisation.
- Podiatry Service purchased new chairs for the Out Patient department, they can be cleaned easily, reduce infection risk and are comfortable for bariatric people who use services
- The **Podiatry service** implemented a service email address to provide an additional means to request appointments.
- The **Nail Cutting service** have provided two colleagues with iPhones to enable improved and timely communications with the team and people who use services.
- The School Nursing service have developed new leaflets for both parents and children to support positive emotional health and well-being. This was in response to requests for support around anxiety from parents and it supports the intervention at an early stage to avert longer term and potentially more serious issues developing.
- The **Health Visiting** service has developed support groups within the community linked to feedback from people who use services. This was part of the you Said We Did, initiative
- The **Health Visiting Leadership team** have developed specialist interests linked to the 6 High Impact areas. They have received positive feedback that a Health Visitor is doing excellent work to support the Gypsy, Boater and Travelling Community.
- The **Family Nurse Partnership** have instituted an extended family and friends data gathering format to assess how best to support young parents to stop smoking and to enable fathers to be more involved.
- The **Speech and Language Therapy** service received feedback that they would like more detail about the rationale for group activities which was offered
- The **Speech and Language Therapy** service received feedback that families did not always feel confident about contacting them for support between episodes of care: so they produced business cards reminding families that they are always available for advice
- Following concern about the transition of children from primary to secondary school who faced additional challenges, the speech and language therapists set up a transition group for a week during the summer holidays which proved very successful. They have therefore planned to repeat this during 2018.
- The **Children's Learning Disability** service offers flexible communication with parents and carers and flexibility of appointments to enable them to work around the family with time and venue to suit them.
- The **Children's Audiology** service have rewritten all of their information leaflets and their website. They have also extended the length of their appointments and for new referrals, team members will telephone families to agree an appointment time with them.

## Customer Experience Team

Since 2014-15, Virgin Care has operated a central Customer Experience Team working with people who use services across England and handling all queries, concerns and formal complaints on behalf of all services across England. This year, Virgin Care improved and refreshed its complaints policy to enhance the experience of those people who wish to complain and seek an early resolution.

As well as providing training for anyone across the organisation who meets with people who use services, the team are responsible for providing insight into complaints and themes to operational managers, regional managers, and the executive team and to Board on a monthly basis.

Across the organisation, everyone with internet access is able to see reporting on the number of complaints, their current status, and the themes they cover – as well as viewing whether an action plan is yet to be completed or where improvements have got to. This year, Virgin Care improved its Tableau reporting of complaints allowing colleagues to see the stages of the journey (according to the BETTER Map) where the improvement could be made.

Virgin Care's approach is to encourage people who use services and colleagues to attempt to resolve complaints 'on the spot' but offer our 'Here to help' service as service-independent option to resolve concerns and as a signposting service for the fastest and most appropriate resolution of issues.

The Customer Experience Team also regularly manages face to face meetings between complainants and operational managers and ensures that complaints are handled in line with the NHS constitution.

### Improvements in 2018-19

During the coming year, Virgin Care will:

- Develop learning and development to support colleagues to be their best selves and provide the best customer service
- Focus on action plans following complaints and better understand the complaints and lessons learned across the whole of the organisation
- Improve the exportable versions of reports in Tableau, allowing easier 'offline' access to complaint reporting
- Map You Said, We Did to the BETTER map allowing these to feed more efficiently into transformation plans

### Local Complaints

There have been 27 complaints received by services in Bath and North East Somerset this year of these 10 were upheld, 4 were partially upheld, 6 were not upheld, 3 are awaiting confirmation of status and the other 4 are currently open as they were received at the end of the year.

There were 3 complaints that breached the 3 working day deadline and 70% of complaints met the agreed response timescales.

There were no referrals in 2017 -2018 to the Parliamentary and Health Service Ombudsman or Local Government Ombudsman. One complainant escalated their complaint through their local Member of Parliament.

The main themes emerging from the complaints related to unwelcome decisions relating to assessment, care or funding and communication

### **Service improvements:**

Social Workers to follow the Care Assessment Process, so as to complete the assessment before discussing finances with the family and client,

- Social Workers and Care Practitioners will make full use of supervision sessions to inform line managers of caseload pressure.
- The Continuing Health Care administration team will be provided with customer care training and review the way in which messages are taken, recorded and shared with the team
- Social Care colleagues to communicate clearly to people who use services and carers when an assessment requires further visits to complete
- The Lymphoedema Service to provide stakeholders of the services with the central telephone number
- Heart failure Service re-designed their clinic leaflets to ensure people who use services are given clear information on the various appointment locations
- Supporting colleagues to manage challenging situations in a professional manner.
- Care practitioners to ensure they explain their decisions following care plan reviews more carefully to people who use services and their families
- Community Hospital In-patient units will inform families that they routinely offer appointments with the medical team.
- Care Practitioners will ensure that the 'request for a financial assessment' is always submitted on time and the team have a process in place to ensure that this is followed up should a member of colleagues go off sick

## **NHS Friends and Family Test**

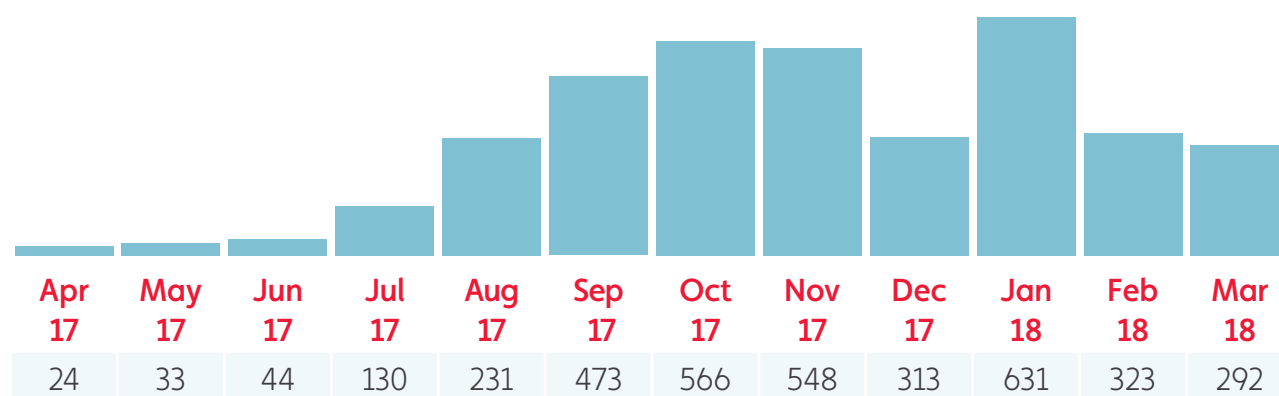
The Friends and Family Test (FFT) is mandated by NHS England for all providers of NHS services and is now fully in place across all services. Everyone who uses Virgin Care's services has the opportunity to provide anonymous feedback on their experience and a chance to provide comments on how their experience could have been improved.

Comments are collected from people who use services using paper and SMS systems provided by Optimum Health and social care and using the Meridian Technology Platform. This system allows Virgin Care to capture comments by SMS, online using a feedback survey or via paper in the services. It also allows the introduction of tablet computers or kiosks and

other collection methods where this best suits a service or will enable more people who use services to give us their comments.

Virgin Care’s teams can access information about their service using our in-house data reporting system powered by Tableau. This powerful reporting tool allows actionable insights for managers. Virgin Care encourages colleagues to discuss their FFT and other feedback, accessible through Tableau, at team meetings and to make actionable change in response to the feedback provided by the people who use services.

### Questionnaires completed



The February figures are low as there is always a time delay after the end of each month whilst waiting for all the cards to be processed. The final figure for February should be much higher.

Over the period of August 2017 to February 2018 an average of 98% of all respondents in Bath and North East Somerset said they would recommend us to their friends and family if they needed similar care or treatment. This compares to an average of 94% for the same period across the whole of Virgin Care.

There was a delay in the implementation of the Friends and Family Test for social care and Learning Disabilities services due to discussions over appropriate wording for these services. Social Care and Learning Disabilities Services have now started giving out the cards. There was also a delay in implementation of a Friends and Family Test that was suitable for children, however this is now starting to be rolled out across Children’s Services.

### Submission of FFT data to NHS England

Our Information Management Team submit FFT response data to NHS England each month, and services receive a copy of the data submitted by people who use services at this point. This is important not only to see how their services will be reflected when published on the NHS England website, but is also a chance to pick up key themes from the feedback that can be used to identify changes that can be introduced to improve the experience of people who use services.

# Part three

## Indicators of quality performance

### Prescribed information

12	(a) The value and banding of the summary hospital-level mortality indicator ("SHMI") for the trust for the reporting period  (b) The percentage of patient deaths with palliative care coded at either diagnosis or specialty level for the trust for the reporting period.	Not applicable
13	The percentage of patients on Care Programme Approach who were followed up within 7 days after discharge from psychiatric in-patient care during the reporting period	
14	The percentage of Category A telephone calls (Red 1 and Red 2 calls) resulting in an emergency response by the trust at the scene of the emergency within 8 minutes of receipt of that call during the reporting period.	Not applicable
14.1	The percentage of Category A telephone calls resulting in an ambulance response by the trust at the scene of the emergency within 19 minutes of receipt of that call during the reporting period.	Not applicable
15	The percentage of patients with a pre-existing diagnosis of suspected ST elevation myocardial infarction who received an appropriate care bundle from the trust during the reporting period.	Not applicable
16	The percentage of patients with suspected stroke assessed face to face who received an appropriate care bundle from the trust during the reporting period.	Not applicable
17	The percentage of admissions to acute wards for which the Crisis Resolution Home Treatment Team acted as a gatekeeper during the reporting period.	Not applicable
18	The trust's patient reported outcome measures scores for: (i) groin hernia surgery, (ii) varicose vein surgery, (iii) hip replacement surgery, and (iv) knee replacement surgery, during the reporting period.	Not applicable
19	The percentage of patients aged: (i) 0 to 14; and (ii) 15 or over, readmitted to a hospital which forms part of the trust within 28 days of being discharged from a hospital which forms part of the trust during the reporting period.	Not applicable

<b>20</b>	The trust's responsiveness to the personal needs of its patients during the reporting period.	Not applicable
<b>21</b>	The percentage of staff employed by, or under contract to, the trust during the reporting period who would recommend the trust as a provider of care to their family or friends.	Not applicable
<b>21.1</b>	This indicator is not a statutory requirement. The trust's score from a single question survey which asks patients whether they would recommend the NHS service they have received to friends and family who need similar treatment or care.	Not applicable
<b>22</b>	The trust's "Patient experience of community mental health services" indicator score with regard to a patient's experience of contact with a health or social care worker during the reporting period.	Not applicable
<b>23</b>	The percentage of patients who were admitted to hospital and who were risk assessed for venous thromboembolism during the reporting period.	Not applicable
<b>24</b>	The rate per 100,000 bed days of cases of C. Difficile infection reported within the trust amongst patients aged 2 or over during the reporting period.	Not applicable
<b>25</b>	The number and, where available, rate of patient safety incidents reported within the trust during the reporting period, and the number and percentage of such patient safety incidents that resulted in severe harm or death.	

Virgin Care works with its commissioner and other local providers to support the delivery of CQUIN targets.

In 2017/18 Virgin Care community hospitals in Bath and North East Somerset reported:

- No breaches against admissions to single sex accommodation.
- No reported MRSA Bacteraemia
- Two Clostridium Difficile Infection one at St Martins Hospital and one at Paulton Hospital.



## Patients readmitted to hospital within 28 days

B&NES doesn't collect this data.

During the past year, the following number of people who use services were re-admitted within 28 days of being discharged from a hospital operated by Virgin Care Services Limited.

Age	% Re-admitted within 28 days
0 to 15	B&NES doesn't collect this data.
16 or over	B&NES doesn't collect this data.

## Community Services Performance Report

### Integrated Adult Community and Specialist Services

Referrals and case-loads have increased for the Health Access team and Reablement from 201 in (2016/17) to 242 (2017/18). This is due to the increased resource put into the team and the specific actions taken to improve flow across the urgent care system.

RUH Delayed Transfer of Care have reduced from 292 (March 2017) compared to 222 (March 2018) with the system wide focus on working on the stranded patient and delays. Following the success of the pain service and the falls response car, commissioners have agreed to fund these services for a further year.

Continuing Healthcare performance has continued to improve over the last few months and is running at 100% of new referrals assessed within 28 days.

The Community Hospitals action plan has now been agreed. Currently Length of stay remains at 33 days and the workshops are now set up to start addressing the improvements through year 2.

### Children's Services

Paediatrics waiting times are good with percentage being seen within 18 weeks at 99.7%. Paediatric Audiology waiting times is excellent with 100% being seen within 18 weeks. Percentage of infants being breast fed at 6-8 weeks has gone up from 55.8% (2016/17) to 57.1% (2017/18))

The number of missed appointments or 'Did Not Attends' has been reduced due to introducing text

Speech and Language Therapy waiting times are generally are good at 92.7% but we need to improve the wait time for Autism diagnosis. To the address this, we are reviewing our pathway and supporting additional training to colleagues.

We aim to get to 90% of our colleagues receiving Safeguarding level 3 training by improving compliance and developing a local training package. During 2017/18 we achieved 70%.

### **Health Improvement**

Wellbeing House - nominated for a UK Housing award in the category 'Outstanding approach to meeting specialist housing needs'

There has been a reduction in the number of referrals into Healthy Lifestyles Service. The service has refocused on commissioned services from more generic Health Improvement Practitioner roles to support promotion and prevention agenda alongside direct delivery and increase overall referrals.

Diabetes Education - Additional funding to support implementation of X –Pert, licenced diabetes education programme, was secured from NHS England as a 2 year project, there have been challenges in meeting some of the NHS England milestones.

A review of Children's and Adult Weight Management programmes was conducted, this resulted in revisions to what is being offered to ensure that the messages support those delivered in the X-PERT programme.

### **Learning Disabilities, Complex Care and Social Care**

The Annual Review Team has done Stirling work to ensure that the vast majority of people with a Learning disability or Autism have an annual review. The Target set is 80% of reviews to be undertaken in year, the team has exceeded this with 91% of people receiving an annual review within the time scales.

The Complex Health needs service has maintained an impressive record for ensuring that people on the risk register with a Red category have an up to date Crisis Intervention plan, throughout the year this has been at 100%. The team has also maintained 100% throughout the year for reviews for people with a Learning Disability who are prescribed anti-depressant or anti-Psychotic medication.

In Adult social care the longest wait for receipt of an assessment or review has steadily dropped from 15.1 months in April 2017 to 6.3 months in March 2018.

The number of people waiting for an assessment or review has also decreased from 131 people in April 2017 to 90 people in March 2018.

Following the introduction of new processes and re focus in the safeguarding no one referred to Safeguarding is awaiting allocation to a worker.

Hospital Social Work has had no delayed discharges due to delayed in completing the social care assessment.

## Medicines Optimisation Statement

Within Virgin Care we have a medicines optimisation strategy. Launched in 2017, this is a five-year forward view to improve medicines optimisation across six principles. Principle 3 of this strategy is to have robust systems and processes in place for the safe handling and use of medicines throughout Virgin Care. One implementation tool is the annual comprehensive organisation-wide 'medicines safety audit', completed by all services down to delivery level (e.g. ward, clinic or department).

The audit has over 200 questions and collected data is used to develop individualised action plans for each respondent, and identify key organisation-level and regional-level improvement plans.

In 2017-18 the audit achieved transparency in medicines safety metrics across established services through the development of a real-time on-line dashboard. This enabled identification of, and direct action on, the top areas for improvement at service, regional and national level. This will be rolled out to all services during 2018. Subsequent internal benchmarking between services and regions has driven the sharing of best practice and resources.

This audit is updated each year to include user feedback and we are working with the IT development team to convert it from web-based to an app for 2018-19.

## Comments by co-ordinating Clinical Commissioning Group

The draft quality account was submitted to the Bath and North East Somerset CCG, BaNES Council and BaNES Healthwatch on 02 June 2018 and their comments were used to improve the document prior to publication.

Commissioners have worked closely with Virgin Care to ensure that there are robust arrangements in place to agree, monitor and review the quality of services, covering the key domains of quality; patient safety, clinical effectiveness and service user experience during the first year of the contract.

Commissioners acknowledge the key successes and innovations undertaken during 2017/18 by services and staff and the achievements made against Virgin Care's national quality priorities for improvement.

Commissioners recognise that during the first year of the new contract, Virgin Care has commenced implementation of an ambitious transformation programme. There are many excellent initiatives evidenced within the Quality Account, commissioners recognise there have inevitably been challenges for Virgin Care in the first year of providing community health and social care services. Commissioners would welcome more detailed information on how the quality improvement activities have improved the outcomes for people using the services and benefited the workforce. In addition greater detail on the performance and quality of the statutory functions relating to the Continuing Health Care and social care services would have been welcomed.

Lisa Harvey, Director of Nursing and Quality,  
Jane Shayler, Director, Integrated Health & Care Commissioning,  
NHS Bath and North East Somerset Clinical Commissioning Group

Healthwatch B&NES thanks Virgin Care for sharing its Quality Account 2017/2018 for comment.

Healthwatch B&NES have noted the extensive service provided by Virgin Care across Children and Young Peoples Services, Adult Community Services, Social Care Services and Health and Wellbeing.

Healthwatch Bath & North East Somerset

# Appendices

# 1: Glossary of terms

## Care Quality Commission

Also known as CQC

Independent regulator of health and social care in England.

Replaced the Healthcare Commission, Mental Health Act Commission and the Commission for Social Care Inspection in April 2009.

## Clinical audit

Quality improvement tool, comparing current care with evidence-based practice to identify areas with potential to be improved.

## Clinical Commissioning Group

Local organisations which seek and buy healthcare on behalf of local populations, led by GPs.

## Commissioning for Quality and innovation

Also known as CQUIN

System to make a proportion of healthcare providers' income conditional on demonstrating improvements in quality and innovation in specified areas of care.

## Community Services

Health services provided in the community (not in an acute hospital)

Includes health visiting, school nursing, district nursing, special dental services and others

## CP-IS

Child Protection Information System

A computerised way of sharing data about child protection securely between organisations.

## Did Not Attend

Also known as DNA

An appointment which is not attended without prior warning by a patient

## Healthcare

Care relating to physical or mental health

## Healthcare Quality Improvement Partnership

Also known as HQIP

Organisation responsible for enhancing the effectiveness of clinical audits, and engaging clinicians in reflective practice

## National Institute for Health and Clinical Excellence

Independent organisation responsible for providing national guidance on promoting good health and preventing and treating ill health

**Net Promoter Score**

Also known as NPS

A customer loyalty metric often used for customer experience. Records a score for each respondent between 0 and 10, and returns an overall score in the range -100 to +100.

**NHS Outcomes Framework**

Document setting the outcomes and indicators used to hold providers of healthcare to account, providing financial planning and business rules to support the delivery of NHS priorities.

**Patient-reported outcome measures**

Self-reporting by patients on outcomes following treatment and satisfaction with treatment received

**Here to help/PALS**

Informal complaint, concern and query service which gives advice and helps patients with problems relating to the access to healthcare services

**You Said, We did**

Feedback system used for making changes to services directly in relation to feedback from patients.

**Emotion Gym**

Workshop intended to appeal predominantly to males, run anonymously and without registration by First Steps in Surrey

Virgin Care delivers more than 400 NHS and social care services with a difference across England. For more information on our services or to find out more about the difference we've made visit [www.virginicare.co.uk](http://www.virginicare.co.uk).

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