

Virgin Care

North Kent Quality Account

Services delivered in North Kent by Virgin Care Services Limited

Contents

4 PART 1

North Kent Quality Account
Executive Summary
Review of services provided
Managing Director's Introduction
Clinical Director's Introduction
About Virgin Care
Key successes and innovations delivered in 2017-18

14 PART 2

Achievement of priorities for improvement in 2017-18

Priority 1: Ensuring service quality, safety and enhancing user experience:
Providing excellent clinical outcomes, meeting and exceeding relevant standards and regulatory requirements

Priority 2: Robust governance: fostering safeguarding and quality assurance processes which are standardised across the business.

Priority 3: Continue to be recognised as an outstanding employer
Priorities going forward in 2017/18

Priority 1: Ensuring service quality, safety and enhancing user experience:
Providing excellent clinical outcomes, meeting and exceeding relevant standards and regulatory requirements

Priority 2: Robust governance: fostering safeguarding and quality assurance processes which are standardised across the business

Priority 3: Continue to be recognised as an outstanding employer

National Clinical Audit Participation: Community Services

Other clinical audit programmes

Research Statement

Current research activity

Publications

Learning from deaths

Statements from CQC

Independent Service Reviews (ISR)

Overview of our organisation's CQC inspections this year

Safeguarding Statement

Data Quality Statement
Errors introduced into patient notes
Local initiatives to improve data quality
Information Governance Toolkit Attainment Levels
Community Hospital PLACE Reviews
Duty of Candour Statement
Sign up to safety Statement
NHS Colleagues Survey
Delivering high quality services
Star of the Year awards
Training and Development by The Learning Enterprise
Highlights of initiatives to improve the experience of using services
The BETTER Map
Feel the difference
Customer Experience Team
NHS Friends and Family Test

44 PART 3

Indicators of quality performance
Patients readmitted to hospital within 28 days
Community Services Performance Report
Medicines Optimisation Statement
Comments by co-ordinating Clinical Commissioning Group

50 APPENDICES

1: Glossary of terms

Part one

Executive Summary

A Quality Account is an annual report which providers of NHS healthcare services must publish about the quality of services they provide. This quality account covers the services provided by Virgin Care Services Limited.

Virgin Care delivers NHS services on behalf of Dartford Gravesend Swanley and Swale Clinical Commissioning Group in North Kent, and is one of a number of providers of health and care services locally.

This document is a demonstration of Virgin Care's commitment to providing the best quality community healthcare services to citizens in North Kent. 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 staff 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 staff.

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**
- To give us feedback on any aspect of this document – please email **communications@virgincare.co.uk**, or speak to our Customer Experience Team on **0300 303 9509***

*030 numbers are charged at the same rate as 01 and 02 numbers and are usually included in free minutes bundles. If you would prefer, please send us an email or a text and we will call you back.

Review of the services provided

The services we provide in East Staffordshire include:

Community Hospital Rehabilitation Wards	In-patient facilities providing support for patients recovering from ill health to promote independence where possible and promote safe discharge
District Nursing	24 hour, 7 days a week nursing interventions for long and short term care
	(Including rapid response)
Community Matrons	Advanced nursing service providing intensive and personalised care and support to patients with one or more chronic long term condition.
Intermediate Care	Service provided for patients recovering from ill health to promote independence where possible, prevent hospital admission and support safe discharge from acute care.
	(Including physiotherapy, occupational therapy, podiatry, speech and language therapy,)
Long Term Conditions Team	Specialist nursing services for support and management of patients with one diagnosed condition
	(Including Respiratory Nursing, Cardiac Nursing, Tissue Viability Service, Continence Nursing)
Adult Safeguarding	Service providing support to adults and children to protect them from harm
Adult Infection Prevention and Control	Service provided to support patients and staff with the prevention and management of infectious disease prevention and management

Managing Director's Introduction

Virgin Care have been providing community services in North Kent since September 2016. We have already achieved much in the short time we have been providing these services and in this document we will present projects we have worked on so far. Primarily, though, we will tell you about what we will be working on in the year to come.

Over the past year I am particularly proud of the achievements we have made in our care coordination centre, now answering 100% of calls within 30 seconds, and the contribution we have made to the system resilience in North Kent through our Discharge to Assess and Home First schemes.

Over the next 12 months we will continue to work with our partners in care to deliver high quality, safe care to our North Kent patients and service users. We hope to achieve this in a number of areas, with particular focus on improving patient safety by reducing avoidable harm and also improving the patient's experience through increased patient engagement. I would like to thank our staff who have demonstrated in this document the work we have done and for the work they will do over the coming year.

In putting together this publication we have sought feedback from staff and people who use services and I would like to take this opportunity to thank them for their input into the process.

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

Sarah Wardle

Managing Director – North Kent
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.

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 staff working in services in North Kent. 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

The Livingstone, Sheppey, Gravesham and Sittingbourne inpatient units introduced movement monitors into the wards to assist with the prevention of patient falls. These monitors assist with alerting ward staff if a patient stands and potentially are at risk of falling which could lead to harm of the patient.

A process to discuss all potential serious incidents has been improved across all services ensuring timely reporting and to ensure robust investigation and learning is achieved from each incident.

Safeguarding champions are now in place across Virgin Care services in North Kent. Safeguarding Champions are a vital point of contact for safeguarding advice and support within their service; they liaise with the Business Unit Safeguarding Lead, management staff and service clinical governance team regarding safeguarding issues and they are responsible along with the business unit safeguarding lead to share learning from safeguarding incidents within their service.

The falls team have set up a therapy-led clinic in Gravesham Community Hospital which patients are able to attend so that a therapist can complete a multifactorial assessment with the patient, in order to help identify/ reduce the risk of the patient having falls. This has enabled the service to target a larger number of patients in a shorter space of time/ negating the need for therapy travel time. In comparison, the therapist running the clinic is able to see 5 new patients in the clinic, as opposed to 2 new patients in the community during the same timeframe

Clinical Effectiveness

The Livingstone, Sheppey, Gravesham and Sittingbourne inpatient units are all in the process of implementing the clinical information system already in use in community services. This has been introduced gradually to ensure all staff including regular Bank and agency staff have access to the system, to support data information collection and assessment, with a move to gradually remove paper use.

The DGS Rapid Response team have been providing the community aspect of the Discharge to Assess pathway, and consolidating relations with the acute provider and adult social care in the provision of this service. This includes improving communications and being flexible on the number of referrals that are being taking in order to be able support increased number of discharges especially during times of high pressure on the services.

Swale rapid response team have taken an active role within the Home First project, supporting the acute hospital by providing an assessment within 2 hours of the patient arriving home. Virgin Care have attended regular working party meetings and had an active role in evolving the Home First service. Rapid response headed a re-launch at Medway Maritime Hospital, answering questions regarding referral process and suitable patients.

The Care Coordination Centre (CCC) have moved into a larger office following a space utilisation review. This has supported integrated working with clinical services and allowed utilisation of the old CCC room and admin team room as meeting rooms.

In the Long Term conditions team they increased the number of Diabetes Education Classes in Swale and Heart Failure clinic in DGS.

Clinical Effectiveness
(continued)

A restructure of the Speech and language therapy service has been undertaken to bring all the speech and language therapists together under one leadership team rather than speech and language therapists working in isolation on Sapphire Ward and within Community Neurological Rehabilitation Team. This restructuring provides a robust service for patients where the service will always be covered, clinical supervision for all and enhanced peer support.

The falls team have set up a multifactorial falls assessment onto the tablet, so that clinicians are able to access and input information on the clinical information system whilst they are with their patients in their own homes. This has enabled the services to become more paper light, reducing the level of duplication/ copying/ uploading paper notes, reducing the risk of an IG breach, and also saving the clinician valuable time whilst out in the community. Previously, the paper copy of this assessment tool would take approx. 1 hour to complete, and would then need to be uploaded/ added onto CIS. With the electronic version, this now takes approx. 40 minutes to complete and is a live/ active document which is automatically saved onto CIS.

Experience of people who use services

The CCC has integrated isolated services within into the CCC, allowing patients to have one contact number and stakeholders to have one point of contact for referrals.

Speech and Language therapies have re-introduced group work to support patients with a diagnosis of Parkinson's Disease (PD). The group work follows the principles of Lee Silverman, LSVT Loud Programme. LSVT Loud was developed in 1987 and published research data support improvements in voice loudness, intonation and voice quality for patients with PD. The single goal is speak loud.

Rapid Response Swale have introduced a 2nd professional waiting list, as it was agreed that once a patient is seen by a member of rapid response they should not have to wait on a list to be seen by a second professional within the team. The ideal is that they are seen by all professionals in the same 6 week period for any needs and then are discharged. This was made the service 'Feel the Difference' goal. On commencement the wait was 16 days to be seen by a second professional but the team have worked hard to allocated weekly from this list and the waiting time reduced to 6 days, achieving their goal. This means patient rehabilitation will be more successful and promotes MDT working.

The Falls team set up an exercise/ strength and balance group weekly in Gravesham Community Hospital therapy room, to provide targeted exercises (Postural Stability exercises and OTAGO exercises) for patients who require additional strength and balance training to help reduce their risk of falls. This has enabled patients to interact socially whilst helping to improve their strength and balance, and has also helped to promote patients going out into the community and using public transport. The class is led by an Advanced Rehabilitation Assistant who is a qualified Postural Stability Instructor. Two classes are run every Monday morning- each class can hold a maximum of 8 people- meaning that the Assistant can potentially provide intervention for up to 16 patients, as opposed to 4 patients in the community.

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

Reducing falls with serious harms

One of the Virgin Care goals for 2017/18 included reducing the number of falls with serious harms across all services through the implementation of a Falls Strategy Group known as 'Staying Steady'.

The aims of the group were to:

- Review and update the current falls prevention plans and develop this further into a Virgin Care national strategy.
- Review and benchmark analysis of our inpatient falls in inpatient units and benchmark against other similar community hospitals.
- Identify, review and pilot additional best practice, innovation and learning from staff internationally.
- Reduce unwarranted variation in best practice across the organisation
- Lead change, add value and improve patient safety, outcomes and experience in order to better reflect the needs and priorities of our service users.

The 'Staying Steady Striving for Better Falls Care' task and finish group met on a monthly basis initially and now meets on a bimonthly basis and is led by the Virgin Care Chief Nurse. The group comprises of key subject matter experts from across the company including OTs, pharmacist and key nursing staff. Work undertaken so far includes:



The North Kent Falls service Team lead has been regularly attending the Falls Task and Finish Group and has specifically helped to draft, produce and design posters and postcards which will be provided to the inpatient community hospitals for patient/ carer education and information on ways to help reduce the risk of falls. The team lead has also worked with the group in getting the Virgin Care logo/ branding put onto the agreed 'Get up and go- a guide to Staying Steady' booklet, which is provided to patients as written guidance to help reduce their risk of falls. Other work achieved in 2017.18 includes:

As well as being involved with the national falls agenda the following local falls improvements have been made in services in North Kent:

The Falls Team have been improving outcomes for patients referred to by setting up a multifactorial falls assessment onto the tablet, so that clinicians are able to access and input information on the CIS system whilst they are with their patients in their own homes. This enables clinicians to continue to meet the core NICE guidelines in ensuring that they are covering all areas associated to falls risk, and allow them to work towards setting up a treatment programme which reflects the specific and individual needs of the patient. This helps the service to meet patient goals by easily identifying areas of difficulty, establishing a baseline/ evidencing outcome measures, and also helping give assurance to regulatory bodies that we are working to local and national policy.

One of the outcome measures are patients achieving their specific goals as part of their care plan. Out of 370 patients indicated to have had a personal care plan since 01/04/2017;

- 186 of patients have fully achieved their set goals/ objectives
- 119 of patients have mostly achieved their set goals/ objectives
- 49 of patients have partly achieved their set goals/ objectives
- 16 of patients have not achieved their set goals/ objectives:

(There are 15 patients awaiting for their personal care plan outcome to be recorded/ reviewed)

A good outcome is identified as patients fully or mostly meeting their goals/ objectives. 82% of patients (n305) have achieved good outcomes following this initiative.

A poor outcome is identified as patients partly or not achieving their goals/ objectives, therefore 65 of our 370 patients have achieved poor outcomes.

Reducing attributable pressure damage

A number of initiatives were introduced in North Kent services in 2017/18 to reduce the number of avoidable pressure ulcers.

These included:

- The development of a pressure ulcer action plan
- Telephone conference calls to discuss if a pressure ulcer is reportable as a serious incident
- De brief sessions following serious incident investigations were established
- Weekly pressure ulcer calls with the Specialist Tissue Viability nurse (TVN)
- Education sessions have been extended to include wheelchair services and Rapid Response.
- Attendance at the national Virgin care Striving for Better Pressure Ulcer meeting
- In response to safety alerts distributed by the Medicines Health care and Regulatory Agency (MHRA) with regards to essential practice around use of bed rails to ensure patient safety, a new bed rails policy has been ratified.

Virgin Care also has a national Striving for Better Pressure Ulcer Care Network. The network currently meets monthly either via Go To meetings or face to face meetings. This network includes TVNs, frontline staff, clinical and quality leads and service managers from across all Virgin Care.

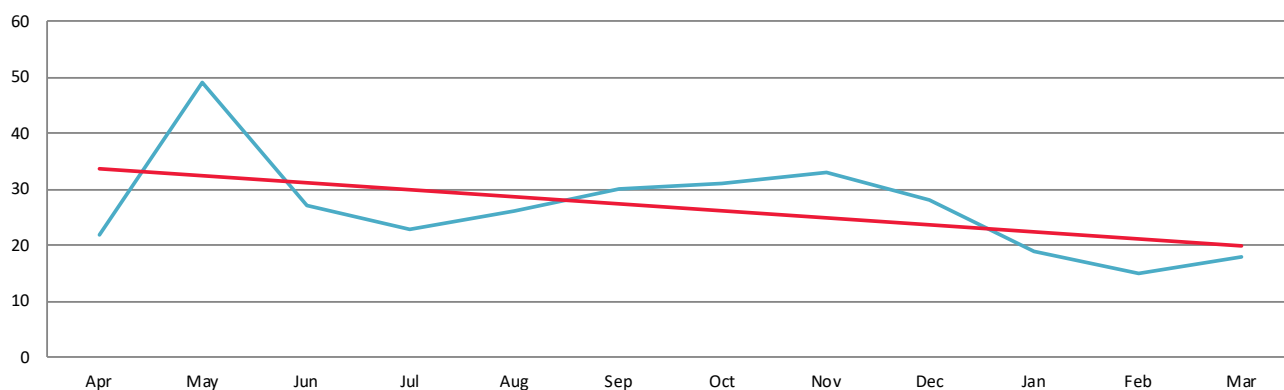
The aim of the Network is to bring together the wealth of expertise across our organisation and share learning with the ambition of the group to improve the quality of care for our patients and reduce unwarranted variation.

So far the group has:

- Developed a pressure ulcer prevention leaflet for patients
- Developed a draft Virgin Care pressure ulcer prevention policy
- Uploaded the new Pressure ulcer leaflets on to the Virgin Care Carer's Club website

Improvements following the introduction of the above initiatives are starting to emerge as demonstrated in the following graph.

Attributable Pressure Ulcers 2017-2018



CLINICAL EFFECTIVENESS

Priority 2:

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

One of the quality goals from 2017/18 was around delivering innovative and integrated care close to home which support and improve health, wellbeing and independent living.

In the Dartford Gravesend and Swanley Rapid Response team this included providing the community aspect of the Discharge to Assess pathway, and consolidating relations with the acute provider and adult social care in the provision of this service. Improving communications and being flexible on the number of referrals that we are taking in order to be able support increased number of discharges especially during times of high pressure on the services.

On the discharge to assess pathway, RR have:

- Seen over 341 patients in their own home environment in the year
- 7 of these were admitted to a community hospital due to needing in-patient rehabilitation
- 12 were re-admitted to acute hospital for various medical and safety reasons;
- 146 were kept on our caseloads for ongoing therapy;
- 47 were referred on to other specialities/agencies;
- 43 were provided with equipment and discharged, and
- 75 were discharged on the same day with no further therapy needs identified.

(There are 11 patients awaiting for their outcome to be recorded)

The Team lead has been regularly attending the discharge to assess working group meeting fortnightly and conference calls 3 days a week which has helped in ensuring communication with all other agencies involved in the patients' care.

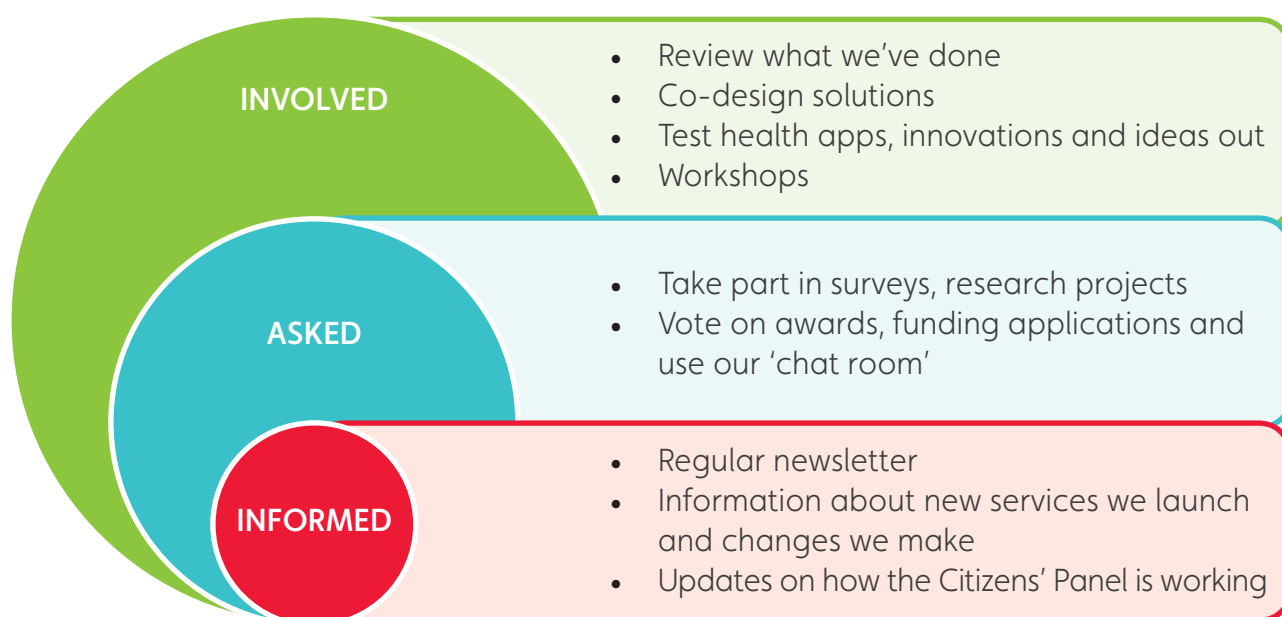
PATIENT EXPERIENCE

Priority 3: Patient engagement

Patient feedback is important to Virgin Care as it identifies areas of improvement and helps shape its services for the future.

During 2017/18 Virgin Care introduced a Citizen's Panel which is defined as:
"a group of residents who help shape services by offering their views and insight about what matters to them, and what their priorities are"

Residents of Kent have been invited to be part of the panel which they can participate in as much or as little as they like and can choose their level of involvement as below:



The citizens' panel is

- Flexible for members,
- Is not dependent on attending regular physical meetings – panel members only get together when it's the best way to get results
- Flexible engagement schedule – a ready-made panel and technology means a quick turnaround
- Open and transparent – projects, results, membership
- Representative of [area]
- No limit to the number of members

In March 2018 there were 48 citizen panel members from across the North Kent community. During 2017/18 a quarterly newsletter was sent to all members encouraging feedback on services. Panel members also got involved with:

- PLACE audits
- Feel the Difference funding scoring

OUTSTANDING EMPLOYER

Priority 4: Continue to be recognised as an outstanding employer

During 2017-18, Virgin Care has focused on engaging all new staff 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 equip staff 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 staff 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 staff 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 staff 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 North Kent. 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 staff, people who use services and others now able to nominate staff 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 staff 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 staff.

Priorities going forward in 2018-19

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 North Kent were then able to set their own priorities. In North Kent patient surveys and feedback were used to identify the key priorities for 2018-19. This included during initiative such as 'Tea with Matron', and through a number of service level questionnaires.

PATIENT SAFETY

Priority 1:

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

Reducing falls with serious harms

Building on the success of the falls initiatives in 2017/18, the Falls Team will continue working with patients to improve outcomes through their multifactorial falls assessment on their tablets. The trajectory for improvement is that at least 90% of patients will have a good outcome, with patients fully or mostly meeting their goals/ objectives. In addition the following scheme will be implemented in the inpatient units.

- Carers are going to be invited to therapy sessions so they can support rehabilitation when the patient goes home to ensure that they understand the risks in living and caring for people who are susceptible to falls. The effectiveness of this will be measured through patient reported outcome measures and carer surveys.

Pressure ulcers

Reducing attributable pressure ulcers will continue to be a priority in 2018/19 with a particular focus on:

- Improving the number and quality of wound assessments in line with the national wound assessment CQUIN.
- Implementation of the pressure ulcer action plan
- Improving communication in regards to wound management both internally and with external partners to ensure continuity of care.
- Working with the CCG and external partners in supporting care homes with pressure damage prevention.

Effectiveness of these initiatives will be measured through a reduction in Virgin Care attributable pressure ulcers and also a reduction in the amount of inherited pressure ulcers from care homes.

CLINICAL EFFECTIVENESS

Priority 2:

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

Virgin Care in North Kent will continue to build on innovative and integrated care close to home which supports and improves health, wellbeing and independent living during 2018/19.

Following involvement in the Discharge to Asses and Home First schemes, Virgin Care will:

- Share the learning across partnerships and wider
- Transform into localised models developed with people locally
- Ensure self-sustainability of new models
- Continue to transform where Virgin Care can do more

The effectiveness of this priority will be measured through successful system resilience especially during the winter months.

PATIENT EXPERIENCE

Priority 3:

Patient engagement

Patient engagement

During 2018/19 Virgin Care will continue to improve the Citizen's panel in North Kent. This will include:

- Encouraging more patients, carers and residents of North Kent to sign up to the panel with a trajectory of having 75 Citizen Panel members by March 2019.
- Inviting more members to participate in PLACE audits
- Asking members to assist with setting the 19/20 Quality priorities
- Inviting members to assist with internal service reviews to ensure CQC compliance

Other patient engagement initiatives will continue such as:

- Tea with Matron in the inpatient units
- Supporting national initiatives such as Ending PJ Paralysis
- Implementation of John's campaign to support carers of patients with Dementia

OUTSTANDING EMPLOYER

Priority 4:
Continue to be recognised as an outstanding employer

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

Over the course of the year, Virgin Care Services in North Kent were not involved in any national clinical audits. However local services took part in the following local and Virgin Care national clinical audits including:

- Hand hygiene audit
- Health and safety audit
- Safeguarding audit
- NICE audits as required
- Clinical governance scorecard
- IG & Confidentiality audit
- Medicines Safety Audit
- Health Care Record Audit
- Quality Matrix
- MCA/DOLS audits on wards
- PU Reporting
- Falls Audits
- Safety Thermometer
- Safer Staffing
- Mattress and Bed Rail audit
- SEM Scanner and Pressure Ulcer reporting
- Omitted and Delayed Dose audit
- Cleaning audit
- IPC Environmental audit
- Wristband audits

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

Virgin Care services in North Kent participated in a complaints audit by the DGSS CCG in March 2018.

Research statements

Participation in clinical research demonstrates an organisation's commitment to improving the quality of care it offers and represents part of its contribution to wider health improvement in the United Kingdom.

Virgin Care's clinical staff are kept up-to-date with the latest treatment possibilities and by taking part in research, Virgin Care believes it can improve outcomes for people who use services it provides as well as services operated by other providers.

Virgin Care has a Research Governance Committee and this group meets regularly. Virgin Care has a contract with the Sussex NHS Research Consortium for the provision of Research Governance support and this arrangement continues.

Virgin Care is a proud participant in research to help improve care for people who use NHS and Local Authority services and the organisation plans to continue to develop this area over the coming year.

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. For example, a Band 7 physio is currently undertaking a research project and has submitted his proposal to the ethics committee for approval, titled 'A feasibility pilot study to quantify postural stability by utilising smart phone application in patients with falls and balance disorders

Publications

None

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.

Mortality reviews occur following every death in community hospitals. Learning from recent mortality reviews include:

- Ensuring DNACPR reviews of all patients take place on admission and review dates are checked.
- Ensuring Advance Care Plans are reviewed on admission to ensure end of life care wishes and preferences are known.
- Ensuring the needs of carers and relatives are met.
- A review of end of life care training provision to be undertaken to ensure colleagues have the knowledge and skills to manage symptoms effectively.

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.

Overview of CQC inspections this year

There were no CQC inspections in North Kent during 2017/18

Internal Service Reviews (ISR)

Virgin Care operates a programme of 'Internal Service Reviews' (ISR), with each of its clinical 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 service 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.

During 2017/18 services in North Kent either participated in a service ISR or a Business unit ISR. In January and March 2018, DGSS CCG also participated in the Business Unit ISR.

The following action plan was developed following the ISRs in January and March 2018:

Key line of enquiry	Area for improvement	Action
Caring	Identification of the deteriorating patient	Training on the deteriorating patient to be reviewed. Action learning sets to be introduced so clinical scenarios can be discussed including NEWS, deteriorating patients etc.
Effective	Documentation including risk assessments, care plans and CIS	Documentation steering group to be established
Responsive	Transfers of care	Work with external partners to establish a process for improving the transfer of patients between care settings
Well Led	Demand and capacity	Continue to advertise and look at how we retain staff including preceptorship and leadership development
Well Led	Freedom to speak up and whistleblowing	Send out details of Freedom to speak up guardians and promote in newsletters and staff meetings.
Safe	Legionella testing	Review water safety procedures in all areas.
Responsive	Customer care	Arrange customer services training for all staff including CCC.

Responsive	End of life care documentation	Review EOL care plans and use of ACP documentation.
Safe	Safeguarding training including Mental capacity, DOLs and Prevent	Review stat and mand training figures and ensure all staff are completing training as required.
Safe	Incident reporting	Encourage staff to complete more information in the learning section on CIRIS.

The action plan from all the audits are, and will be monitored through the Business Unity Clinical Quality and Risk (BCQR) meeting and the DGSS Clinical Quality and Risk Meeting to ensure the services are Safe, Effective, Well led, Responsive and Caring.

In one of the teams the following feedback was received following an ISR:

"We have actively reviewed our team information board so it is now current and up to date with pertinent information for our service and Virgin Care. These experiences have enabled us to gain a better insight into the ISR process"

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:

- 96% for admitted patient care;

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

- 96% for admitted patient care

Errors introduced into patient notes

Data not collected in North Kent Services

Local initiatives to improve data quality

Across services in North Kent, Virgin Care have also made local changes to improve data quality, including:

In many teams the team leads regularly informally and formally review Tableau as part of the month commentary process, to help clarify that data is correct, or highlight any discrepancies to the CIS/ analytics team.

The CIS super-users have provided some in house training to the team around opening and closing referrals as there was an issue with referrals being unclosed and effecting the data reported to the CCG.

In the Care Coordination Centre, a Staff Nurse has been visiting GP surgeries across North Kent to discuss the services Virgin Care provide and educate on the information required upon receipt of a referral.

Waiting list data is checked monthly to ensure that all referrals showing longer than 18 weeks are dealt with immediately.

The Clinical Information System has been implemented on inpatient wards.

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 95% of staff completed their induction or annual refresher IG modules during the year.

Virgin Care have an action plan in place to improve compliance and toolkit scores during 2018/19 and further our IG agenda in line with the current legislation and under the new GDPR.

This includes:

- Continual review of IG policies and procedures (rolling programme of review) and updating them in line with GDPR;
- Review of all contracts and agreements in line with GDPR and include the appropriate clauses and legal basis;
- Roll out of our new online privacy management system to staff which will involve;
 - Completion of Data Mapping and Records of Processing activities online which will form privacy notices
 - Introduction of Data Subject Requests for opting out, rectification, erasure, portability etc.
 - Introduction of Data Subject Access Request portal;
 - Introduction of Vendor Due diligence modules for security reviews;
 - Introduction of Data Protection Impact Assessments; Virgin Care's Information Governance Assessment report for this year was scored at xx% and was graded satisfactory.

Community Hospital PLACE Reviews

Services in North Kent did not undergo any patient led assessments of the care environment (PLACE) reviews in 2016/2017. However this has been implemented for 2018/19.

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 signing up to safety during 2017-18. This has been investigated at a national level this year and individual business units, such as North Kent, 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.

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 60% of colleagues in Surrey 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)

10% 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%)

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.

One of the Associate Practitioners from Livingstone Hospital was nominated for the Star of the Year and attended the event in West London, but unfortunately did not win. Her contribution to the team was noted however.

As well as the national 'Feel the difference Awards' local teams held their own awards as part of the Christmas 'Little Big Thanks'.

In the DGS falls team, Samantha Simsek (Advanced Rehabilitation Assistant) was nominated and awarded their star of the year award for 2017.

In the Swale Rapid Response Team staff awards for the year were given to: Nicola Lissenden – administrator, Joanna Overton – OT, and Tracy Harknett – senior therapy assistant.

The staff star awards were so popular and showed recognition to the staff that it has been decided we will also do a star of the month. This will be done by staff nominating other members of the team to the team lead, and the award will be given in the team meeting and will be detailed on our 'How are we doing board'. For February this award was given to Lesley Roberts whom has consistently worked hard but got an exceptional compliment from a patient on an FFT card stating *'What a wonderful human being. So caring towards my husband. I can't thank her enough from all she has done for us. Thanks Leslie.'*

More information about the awards is at www.virginicare.co.uk/awards/

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

In addition to the national training provided by TLE, services in North Kent have also attended the following training:

The Falls Team Lead has completed face to face Health and Safety (H&S) training alongside the H&S Lead.

An Occupational Therapist in the falls team has attended/ completed a Vestibular training module, which has given them skills and expertise in this area of clinical work.

Motivational Interviewing training was provided for over 20 staff in March 2018
A senior physiotherapist provided training to all OTs and Band 4 support workers regarding functional sit to stand strength, timed up and go and basic exercise plans.

Several members of the team have attended coroners court training organised by VCSL, and have fed back to the team valuable learning and recommendations for improvements in note writing.

Other training includes

- The Association for Respiratory Technology & Physiology (ARTP) spirometry training for Respiratory Specialist Nurses in Swale and DGS
- Diabetes - Pitstop Training, X-Pert patient education programme
- Root Cause Analysis training
- Bespoke clinical update training
- Band 7 development program commenced and ongoing
- Band 6 development program commenced and ongoing
- Independent prescribing training
- Mary Gobar International Customer Care training
- Manchester Post Basic Dysphagia Course.
- Healthy mouth training at Darent Valley Hospital January 2018
- Huntington's disease course at Royal National Neurological Hospital Queens Square 2017
- Advanced decision making on non-oral feeding 2017
- Intermediate Leadership & Management: 2 day course passed and accredited. This helped to improve understanding of being a team member and team leader, importance of communications, issues around conflict and stressful situations and effective problem solving.
- Post graduate module: Off-loading the at-risk foot and lower limb. This has developed additional clinical skills and rationale for patient management plans.

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 Virgin Care services there are a number of national initiatives to improve experience. This includes our *You Said, We Did* programme which sees Virgin Care make more than 1,300 changes a year to 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.

Examples of improvements made as a result of these initiatives include:

DGS Falls Team

YOU SAID	WE DID
A patient that had attended our exercise group as a late-comer, had expressed that they felt a bit left out/ not formally introduced to other members of the group.	We now hold a formal introduction/ initial assessment session at the start of every group in which we formally introduce ourselves and have a discussion around patient's experience of falls.

Swale Rapid Response Team

YOU SAID	WE DID
Customer asked why there was nowhere to hang coats when they attend the falls/ balance clinic in swale.	A coat hanger has now been provided for use at the clinic appointments for patients.

DGS Rapid Response

YOU SAID	WE DID
A patient requested afternoon visits due to medication that they were taking which made them drowsy in the mornings, affecting their performance with rehabilitation.	We ensure all physio visits were carried out in the afternoons, and also informed all other members of the team who were involved in the patient's care. This request was also documented in their electronic record so that any other staff from Virgin Care who may get involved with the patient's care can also be made aware of this request thereby ensuring the patient does not need to make this request again with our members of staff.

DGS Community Nursing

YOU SAID	WE DID
You did not know what setting your residents pressure relieving equipment should be on in the event that this had been changed	Introduced labels with settings written on that are attached to the equipment

DGS Podiatry

YOU SAID	WE DID
"I can't get through on the telephone line to make an appointment"	Podiatry Hub was based at Dartford West Health Centre; these staff have been moved to join a bigger team (Care co-ordination centre) with the future plans for CCC to take calls for Podiatry

Sapphire Inpatient Rehabilitation unit

YOU SAID	WE DID
Hot food at mealtime cold by the time it arrives to the patient.	Ensure foods stay in the hot cupboard until ready to be served to patient, Spoke to all staff dealing with foods at mealtimes, Advised and encouraged housekeeping of the problem of hot food not reaching patients hot.

Livingstone Inpatient Rehabilitation unit

YOU SAID	WE DID
Some staff could listen more	To disseminate at team meeting and talk about the issue in handovers, Ward managers to discuss with patients who would like to raise this and to speak directly to the member of staff this will make Patient's to feel listened too.

Swale Inpatient units

YOU SAID	WE DID
A patient reported that they were unable to have a shower as often as they would like.	Staff were reminded of the importance of offering a shower and a bath to patients when undertaking personal care at the next team meeting. Patients were to be offered a bath or a shower at least weekly. The ward manager is undertaking random audits to ensure this is completed.

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.

Feel the difference

Aligned with our purpose, we are giving all of our colleagues in East Staffordshire 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.

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

Service

Summary of improvement project

DGSS Community Nursing

Staff rest rooms – sofas / chairs requested. To have a designated staff rest room in Dartford.

Sapphire In-Patient Rehabilitation unit

The production of a leaflet to enhance the patients knowledge of the services provided and eliminate patient queries and anxieties

Livingstone In-Patient Rehabilitation unit

The unit successfully applied and received funding for 24 new bedside chairs which have ensured the patients have the correct chair for their height and weight enhancing the comfort for our patients at the bed side. This also impacts on their therapy as they have the correct chair as assessed by the therapy team.

In addition, other services completed their Feel the Difference goal without further funding.

In the DGSS Long Term Conditions service their 'Feel the difference' goal was 'To improve service users experiences by developing and implementing a patient welcome pack that contains information on services offered and how to contact the team'. To achieve this goal they have focussed on the improving 'The welcome' element of the BETTER map.

They chose this goal because there is currently no welcome pack in place. By providing this they believe service users will have an increased knowledge of what to expect from the service. It will also improve communication; increase the awareness of relevant contact numbers of the services provided by the specialist nursing and community matron teams, thereby improving the patient experience.

In the **DGSS Care Co-ordination Centre** their 'Feel The Difference goal' they had a review topic added to CIS that would allow them to see all pre-booked appointments for their patients. If a patient contacts them to ask if they will be receiving a visit that day they can now confirm this for them.

This provides a quality experience for the patient as they have a resolution to their question at first point of contact without having to wait for telephone call back. This has saved the clinical services 346 hours of admin time by the CCC resolving the query.

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:

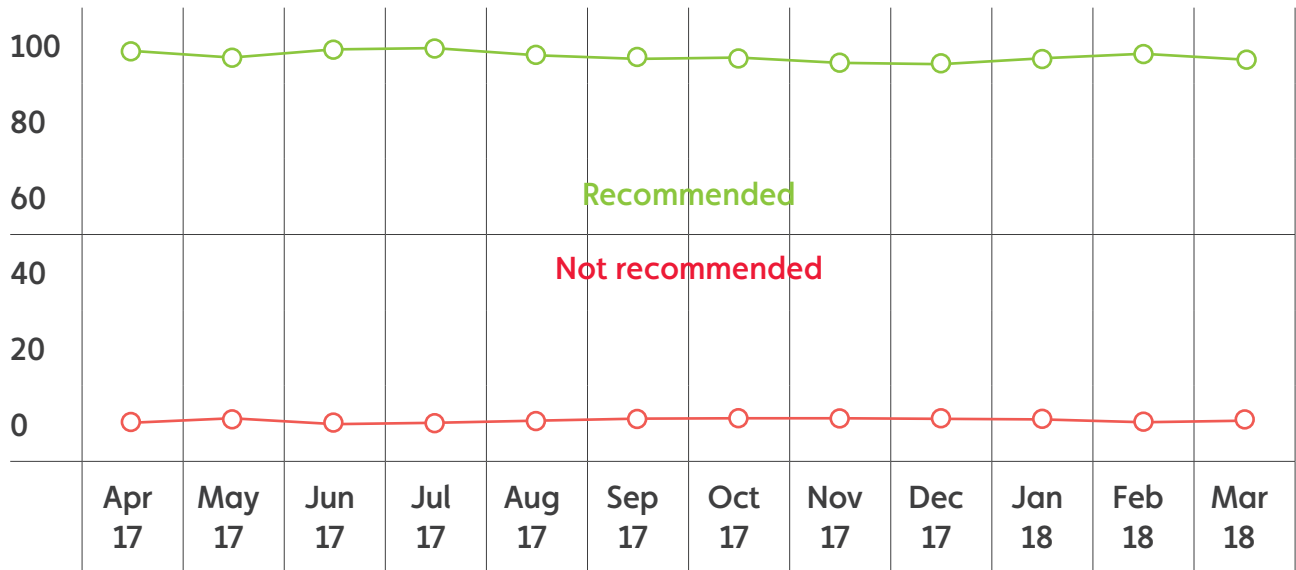
- Develop learning and development to support colleagues to be their best selves and provide the best customer service
- Focus on action plans following complaints and better understand the complaints and lessons learned across the whole of the organisation
- Improve the exportable versions of reports 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

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've been improved.

Comments are collected from people who use services using paper and SMS systems provided by Optimum Healthcare and using the Meridian Technology Platform. This system allows Virgin Care to capture comments by SMS, online using a feedback survey or via paper but also allows 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 staff 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.



Submission of FFT data to NHS England

The Virgin Care 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

20	The trust's responsiveness to the personal needs of its patients during the reporting period.	Not applicable
21	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
21.1	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
22	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
23	The percentage of patients who were admitted to hospital and who were risk assessed for venous thromboembolism during the reporting period.	Not applicable
24	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
25	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.	

VCSL CQUIN

A proportion of VCSL's income in 2017/2018 was conditional on achieving quality improvement and innovation goals agreed between DGSS CCG and any person or body they entered into a contract, agreement or arrangement with for the provision of NHS services, through the Commissioning for Quality and Innovation (CQUIN) payment framework.

In 2017/18 VCSL had a number of CQUIN targets agreed with Commissioners in DGSS. Performance against each target is given below:

Goal	CCG Panel outcome status	Panel comments
National - Staff health and wellbeing	AWAITING RESULTS	AWAITING RESULTS
Improvement of health and wellbeing of NHS staff	AWAITING RESULTS	AWAITING RESULTS
Healthy food for NHS staff, visitors and patients	AWAITING RESULTS	AWAITING RESULTS
Improving the uptake of flu vaccinations for front line staff within Providers	AWAITING RESULTS	AWAITING RESULTS
Proactive and safe discharge	AWAITING RESULTS	AWAITING RESULTS
Risky Behaviours	AWAITING RESULTS	AWAITING RESULTS
Wound assessments	AWAITING RESULTS	AWAITING RESULTS
Personalised care planning		

In 2017/18 Virgin Care community hospitals in North Kent reported:

- No breaches against admissions to single sex accommodation.
- 4 MRSA bacteraemia were reported in 2017/18 - none were apportioned to Virgin Care.
- 2 C. Difficile infections - 1 attributable CDI case, and 1 non-attributable to Virgin Care.

Virgin Care continued to deliver the Virgin Care National Infection Prevention and Control (IPC) forum with representatives from all of services attending to ensure consistency and assure reporting. A local IPC forum is held in North Kent quarterly and attended by clinical leads from the business unit.

Patients readmitted to hospital within 28 days

Virgin Care Services in North Kent do not collect this data

Community Services Performance Report

The activities carried out by services in DGSS are reported to the commissioners on a monthly basis in the form of an Integrated Performance Report. Clinical activity is recorded on CIS, the patient record system used in DGSS, and extracted via Tableau, Virgin Care's internal reporting system.

Current reportable activities are:

- Number of New Referrals/Service Requests in a month
- Number of New Appointments in a month
- Number of Follow Up Appointments in a month
- New Appointment/Follow Up Appointment ratio
- Average number of days until 1st Contact in a month
- Maximum number of days until 1st Contact in a month
- Admissions (Wards only)
- Discharges (Wards only)
- Average Length of Stay in a month (Wards only)
- Total number of Occupied Bed Days in a month (Wards only)
- Total Number of Delayed Transfer of Care Days in a month (Wards only)

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 Dartford Gravesend Swanley and Swale CCG on 18th May 2018 and their comments were used to improve the document prior to publication.

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.

Virgin Care
Lynton House
7-12 Tavistock Square
London WC1H 9LT