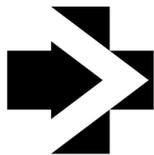


Primary Care
Sheffield



2021/2022

QUALITY ACCOUNT



side by side
to deliver quality services



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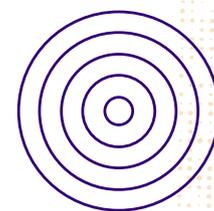
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CHIEF EXECUTIVE'S STATEMENT



On behalf of the Board of Directors of Primary Care Sheffield I am delighted to present the 2021-2022 Quality Account, our first as an organisation. This marks a further milestone in the growth of the company and in the scope and scale of the services we provide. This account is an opportunity for Primary Care Sheffield to provide assurance to our key stakeholders; most notably our service users as to the approach we take to ensure the care they receive is safe and of high quality. It also demonstrates our commitment to supporting the ongoing development of primary care across Sheffield, helping it to be the very best it can be, in pursuit of our vision to provide **“world class primary care that helps people live healthier, happier lives”**. In addition, I hope that it acts as a record and a reminder for all our staff as to the range of high-quality services we provide to our patients as a culmination of their collective compassion, commitment, and tremendous hard work without which none of it would be possible.

In summarising our work in 2021-22 it would be impossible to ignore the context of the ongoing pandemic. Primary Care Sheffield, like the rest of the system has not been immune to the impacts of Covid-19. We've seen unprecedented levels of demand in primary care for both physical and mental health problems. The pandemic has exacerbated the existing inequalities for those living in communities to whom we provide services. The longstanding issues of workforce shortages in general practice have been exacerbated by the increased staff sickness levels due to Covid-19, placing additional strain on the workforce. As a result, we've provided rescue and resilience support to an increasing number of GP practices in the City, at a time when our own teams were equally stretched.

Despite these challenges Primary Care Sheffield has made a significant contribution to the city's pandemic response. We have worked closely with colleagues within Sheffield CCG, Sheffield Teaching Hospitals, Sheffield Health and Social Care Trust, Sheffield Children's Hospital, and the Local Authority to ensure that as we've flexed our services to respond to the waves of Covid, we've done so in an integrated way with other providers and within the overarching governance and command structures of Sheffield's emergency response. Whether rapidly mobilising covid hub capacity in and out of hours, home visiting services and additional primary care access, we've done so through robust internal governance and partnership working with other organisations. Of particular note is the innovative approach we took to deliver covid vaccinations to members of the population who would have been less likely to access the jab through conventional health settings.

Our staff have borne the brunt of the pressures over the last 24 months and their diligence and unwavering commitment to ensuring service continuity comes at the risk of exhaustion and burnout. We have worked hard to support them in such challenging times both in ensuring ongoing access to appropriate training and development opportunities, staff health scheme and an evolving staff forum.



As a Designated Body we have ensured that our medical staff have continued to engage in appraisal and revalidation. Our staff survey reported that staff overwhelmingly feel secure reporting clinical concern and were confident that PCS would address the concern. This alongside refreshed Freedom to Speak and Whistleblowing policies suggests we are developing our organisational culture in keeping with our values of person centredness and empowerment of our people. There is however more to be done and we will continue to engage with staff to embed our values whilst ensuring that the organisation is truly inclusive, embracing a diverse workforce that reflects the diversity of the communities we serve.

The impact of the pandemic on the mental health of our population has been huge and therefore our collaboration with Sheffield Health and Social Care Trust, the 15 Primary Care Networks in the city and Sheffield Mind couldn't have come at a more pertinent time for those living in mental ill-health. This transformative programme of work to redesign and integrate primary care mental health services at a neighbourhood level has been facilitated by the robust governance of a collaboration agreement, joint executive board and with CQC registration sitting within PCS's clinical governance framework. Building on our success in the HSJ awards for primary care innovation in 2020 for our vulnerable persons home visiting service it was wonderful to see the Sheffield Primary and Community Mental Health Transformation Programme shortlisted in the 'Provider Collaboration of the Year' category in the prestigious Health Service Journal Awards 2021.

In 2021 in keeping with our organisational goal of "improving quality through robust governance" PCS Board and Clinical Governance Committee have overseen further development of our approach to quality, safety, and risk management with further refinement of our clinical governance framework and Board Assurance Framework. These changes have included the recruitment of a Medical Director who will take overall responsibility for quality and safety in the organisation working closely with our newly appointed Quality Lead.

As Chief Executive and overall responsible officer for the services within this Quality Account, I believe the information provided to be a fair and accurate representation of the quality of healthcare services provided by PCS to the people of Sheffield.

Dr Andy Hilton

Chief Executive of Primary Care
Sheffield



OUR APPROACH TO GOVERNANCE



Governance of Primary Care Sheffield is the responsibility of the board of directors. Board members are made up of representative GPs and managers from 4 localities within the city and has 2 further directors brought in to ensure that there was an appropriate balance of skills and experience within the board relevant to the services that PCS delivers.

The role of clinical governance sits within the delegated committee of the board the Clinical Governance Committee. This committee oversees the organisations approach to clinical governance modelled on guidance and good practice within the healthcare sector. This committee is also responsible for PCS's research activity ensuring that it is consistent and follows appropriate codes.

The Business and Performance committee takes oversight of the financial and resource performance of the organisation with its main focus on the oversight of the non-clinical and business risks of the organisation. The Audit committee ensures there are robust financial, operational and workforce governance frameworks within the organisation and compliance with agreed standards, procedures and statutory responsibilities.

The Executive team is led by the Chief Executive who takes overall responsibility for ensuring that the organisation runs a cost effective and sustainable organisation which delivers its goals in line with our overriding vision. The Chief Executive is supported by an executive team comprising of a Deputy Chief Executive and Director of Operations and Strategy, a Director of Finance, a Commercial Director, and a newly appointed Medical Director. The recruitment of the Medical Director happened during 21/22 in line with

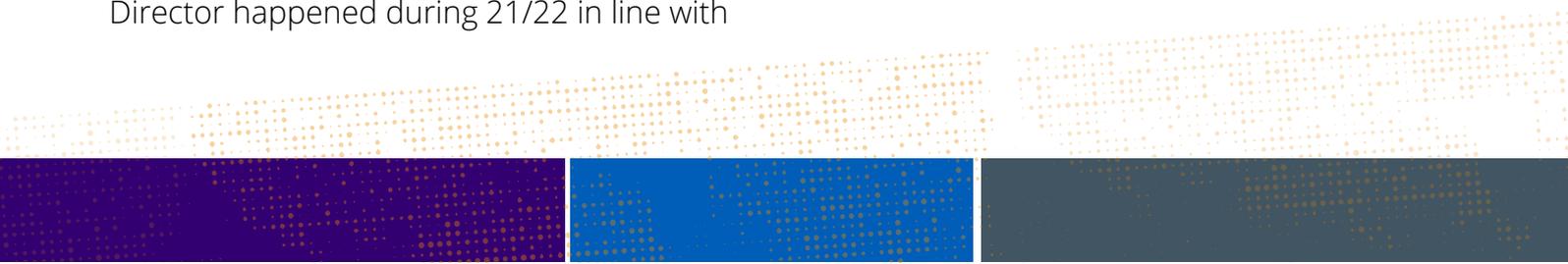
the organisations growth to provide oversight of clinical quality and governance and leadership to the growing clinical teams.

During this year we have also appointed a Clinical Quality Manager to ensure Integrated Governance is happening across all our services. Integrated governance is integral to the work we do, and we endeavour to have it embedded within all our services. The integrated governance framework ensures that there is a steady and consistent flow of reporting across all levels of the organisation from service level to management, sub-committee and ultimately PCS board. Data is examined and approved at each level and there is feedback ensured at each level.

Integrated governance combines the principles of corporate and financial accountability with clinical and management and enables a risk sensitive culture to be adopted within the organisation which in turn supports the delivery of the organisations core objectives to a consistently high standard whilst maintaining an open and transparent approach as to how it achieves this.

Staff Engagement

Engaging with our staff and hearing their feedback is in line with the organisational values to be Open, Empowering and Person-Centred. From the staff survey in this year 78% of staff reported they were happy, very happy or neither happy nor unhappy. Staff overwhelmingly reported that they would feel secure reporting clinical concern and were confident that PCS would address the concern. There was a strong indication from the recent survey that employees had a clear understanding of PCS' vision and values.



PCS employees were asked to describe the culture of PCS, the response was overwhelmingly positive, with words like; efficient, caring, ambitious, progressive, friendly, and supportive repeated several times. There were areas within this that reflected some of the more negative feelings of staff that the organisation has reflected on such as “uncommunicative” and “unhelpful” All the feedback from the surveys have been discussed at senior level and the staff engagement forum are looking at ways that staff job satisfaction can be improved.

All staff are well informed of our Freedom to Speak Up Guardian which continues to promote our values of openness and a commitment to maintain an open and transparent culture where all colleagues feel safe to speak up and raise concerns, this is in the knowledge that they will be listened to, and no prejudice will apply.

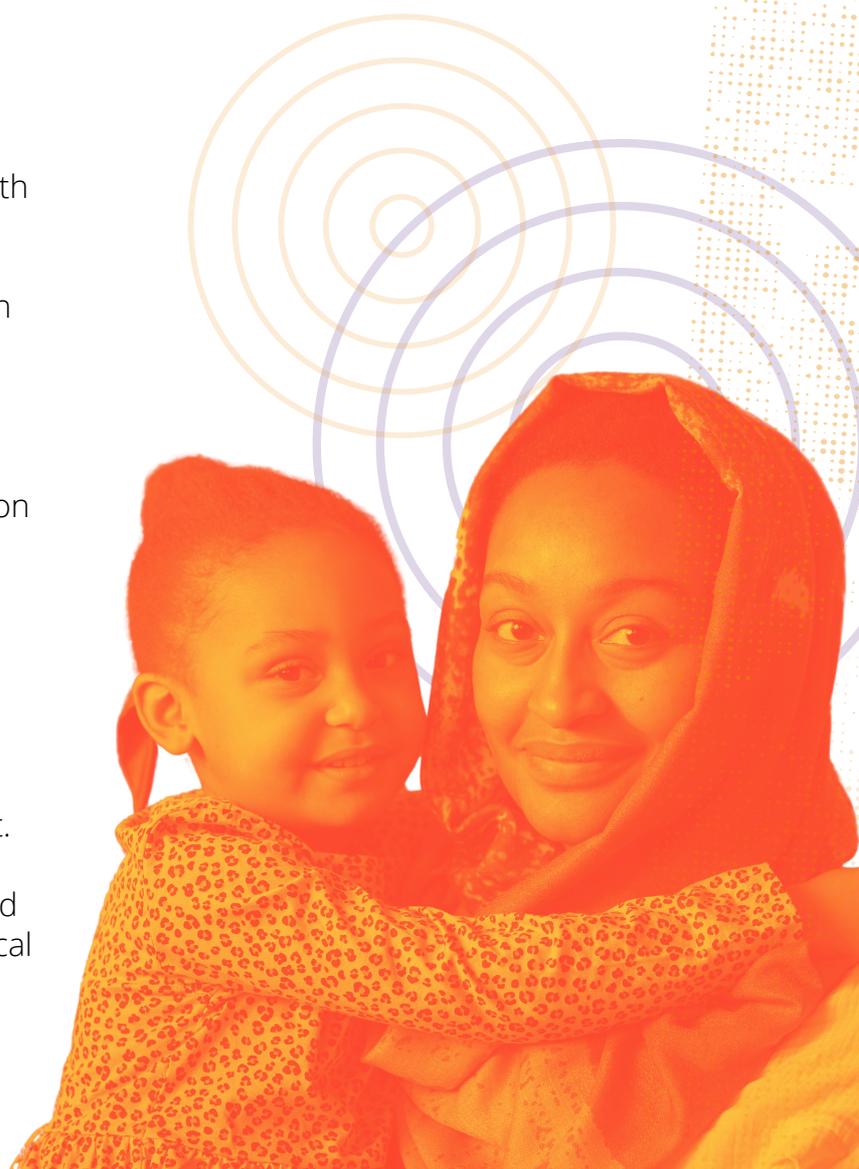
Duty Of Candour

The PCS value of being open – aligns well with our compliance with the Duty of Candour Process. Patients are notified of any moderate harm caused to them by either an act or an omission by PCS services. The Caldicott Guardian for the organisation has overall responsibility for protecting the confidentiality of people’s health and care information and ensures that this information is used properly within the organisation.

Safeguarding

PCS has processes in place to detect and assess and report matters of safeguarding, supported by training for all staff in identifying such situations in line with guidance from the intercollegiate document. There are lead staff for both adult and child safeguarding for the organisation overall and more directly in each of our practices. Clinical staff are fully aware of requirements under the mental capacity act.

PCS has made sure that safeguarding and the opportunity to discuss areas of reflection learning has been a standing agenda item for team meetings. Staff are also aware of how to seek support whilst on shift and access our local safeguarding teams. Safeguarding audits have continued to be carried out.





OUR VISION, MISSION & VALUES

Vision What ultimate success looks like for PCS and its shareholders.

Values How we will act as we work to deliver our vision

World-class primary care which helps people live healthier and happier lives

We are **innovative**
We are **empowering**
We are **ambitious**
We are **person-centred**
We are **open**

Mission A high-level statement of how we will achieve the vision

We will achieve our vision through our work in four areas:

Practice | Care

We support practices in Sheffield to deliver the best care possible.

Patient | Care

We deliver a range of primary care services to the people of Sheffield.

Future | Care

We push for improvements to shape the future of care.

Home | Care

We help people live independent and fulfilled lives in their own homes

Goals What are the specific aims we will pursue to achieve our vision and mission

- Improve patient outcomes, taking account of impact on inequalities
- Increase General Practice resilience
- Develop integrated services through partnership working
- Improve quality of care through robust governance
- Giving our team the tools, training and support they need to deliver our vision
- Ensure financial sustainability through efficient use of resources



REVIEW OF SERVICE ACTIVITY AND PERFORMANCE

Primary Care Sheffield is a social purpose organisation set up and delivered by General Practice in Sheffield to provide support to the 71 shareholding practices in delivering Primary Care Services, helping to meet the needs of approximately 600000 patients.

In the year 21/22 the services continued to grow, some services developed in response to the Covid 19 pandemic and others to help support the health needs of the population. Also, within this year PCS became the sole contract holder for The Clover Group of GP surgeries.

During 21/22 PCS was responsible for the service delivery of 7 GP surgery sites, in different areas across the city, it ran multiple at scale services, worked in partnership with SHSC and Mind to roll out a program of Primary Care Mental Health Transformation and took an active part in research across the city.

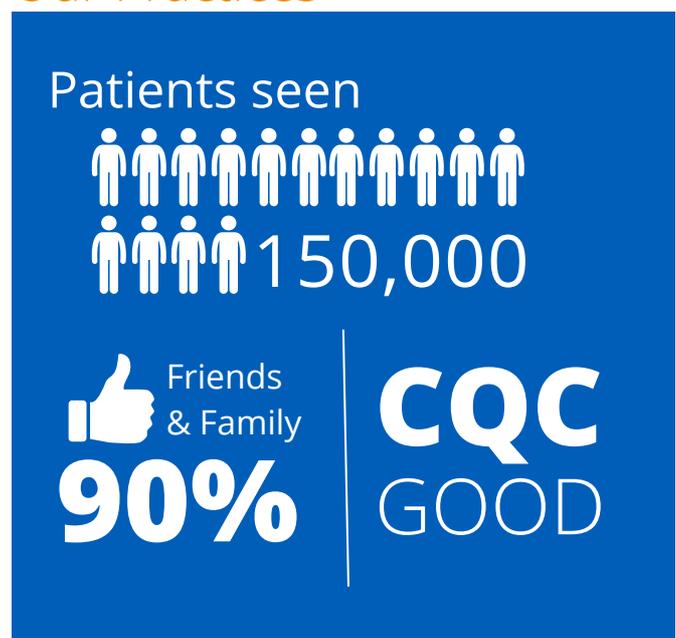
Primary Care

Although not a requirement to report on Primary Care contracts, we have included their information voluntarily as we are proud of the services delivered. In totality the Clover Group (Sheffield GP practices operated by PCS), deliver care to 30,000 patients, which is approximately 5% of Sheffield's total population. Clover Group won an HSJ award in 2020 for Primary Care Innovation as part of Sevenhills+ Network. This service which was aimed at visiting the most vulnerable patients in their home, whether they were housebound or not, to identify needs and address them through an MDT Team, has continued in 21/22.

The Clover Group is delivered from 6 practices, in 5 locations spread across 4 contracts. The practices are in the majority in some of the most deprived areas of the city with 4 of the 6 sites being in the most deprived decile. There is a high proportion of non-English speakers across the practices with a heavy reliance on interpreters which 2 of the sites have in-house interpreters to support the needs of the patients.

Primary Care Sheffield is responsible for Clover Mulberry which is a specialist service providing health care to asylum seekers and refugees when they come into the city. Less than 30% of the population speak English as a first language and there can be over 30 different languages being spoken by registered patients at any given time. The service provides screening and assessment for all new arrivals into the city until they are granted leave to remain.

Our Practices



Primary Care at Scale

Our Primary Care at Scale services provide wraparound care for the GP surgeries and patients within the city. During 21/22 we were responsible for delivering 11 at scale services to the population of the city.

Extended Access

This service provides additional General Practitioner (GP), Advance Nurse Practitioner (ANP), Practice Nurse (PN), Health Care Assistant (HCA) and Phlebotomy appointments in the evenings, at weekends and during bank holidays.

Over 21/22 we provided **70,000** additional appointments in out-of-hours setting. Clinics ran from five "hub" sites across Sheffield. During 21/22 in response to the Covid pandemic two of these sites were specifically set up to see and treat patients who were confirmed as having Covid19 or had symptoms that could have been Covid19. These appointments were also made available in hours to relieve the pressure on general practice. **14,000** appointments were made in these "hot" hubs during 21/22.

Extended Access

Appointments offered
 **70,000**

 Friends & Family
93%
Rated the service good or very good

Appointments offered:
GP | nurse | physio | Health Care Assistant | phlebotomy

Sexual Health and Community Gynaecology

Commissioned by Sheffield City Council, the service operates within each Primary Care Network (PCN) and across five PCAS-led clinics covering all parts of the city. PCAS' role is an integral part of providing long-acting reversible contraception (coils/ implants) and emergency contraception options in Sheffield. We delivered over **10,000** contraception procedures

Commissioned by NHS Sheffield CCG the Community Gynaecology service offers appointments for patients from across the city. Referrals are accepted from GP practices for a number of different treatments. The service attends to health needs such as cervical polyps, first fit ring pessary, Mirena coil and Pipelle biopsy. Around **600** procedures were undertaken in 2021/22.

Sexual Health and Community Gynae

Appointments offered



10,600

Friends & Family



98%

Rated the service good or very good

Clinical Assessments, Services, Education, Support & Self-care (CASES)

The Clinical Assessments, Services, Education, Support & Self-care (CASES) service is commissioned by NHS Sheffield CCG. CASES works in partnership with Sheffield Clinical Commissioning Group (CCG), PCS and Sheffield Teaching Hospital (STH). It covers routine referrals from Primary Care clinicians into 10 clinical specialties delivered within Sheffield Teaching Hospitals.

A team of Sheffield GPs with special interests contracted to PCS, act as 'peer reviewers' and screen each referral referred into the CASES service prior to submission to STH, or, when they consider the referral can be improved or

isn't necessary, they will return it to the referring clinician with advice on alternative courses of action.

The service delivers high quality education and upskilling to Sheffield primary care clinicians based on evidence gained from the screening process. GP peer reviewers receive mentorship and support from named consultants at STH. The service dealt with 23,500 referrals in 2021/22 with 99.8% turned around in two days.

Refferals processed
23,000 

CASES Service

 **24%**

average reduction in referrals
across all specialties.

Vasectomy Service

The vasectomy service is run as part of the 'any qualified provider' scheme and is contracted by NHS Sheffield CCG. The vasectomy service offers a complete non-scalpel procedure. This was a service that was impacted by Covid-19 as it was required to pause for a considerable time due to the pandemic. During 21/22 it provided service to over **100** patients.

24-Hour ECG Service

We currently provide 24-hour ECGs for GPs to refer in to at six sites across the city. In 21/22 we provided **1200** ECGs to patients in the city. **93%** of fittings were done within in six weeks of referral

24hr ECG

Precedures
completed

 **1200**

 Friends
& Family

91%

Rated the service
good or very good



96%

Done within
six weeks

First Contact Physiotherapy (FCP) services.

The FCP Physiotherapy service offers a first point of contact for Musculo- Skeletal (MSK) presentations in Primary Care as well as management of long-term conditions such as lower back pain or arthritis. All FCP patients receive a general health screen to identify any potential non-MSK pathology and our staff will order appropriate investigation or onward referral as necessary. These services are provided at surgeries with the PCNs and from the PCS extended access service. In 21/22 **6000** patients benefitted from this service/

SKIN (Dermatoscope imaging)

To improve the referrals to secondary care and streamline the process for patients PCS were commissioned to provide a service to enable GPs to refer into a hub site for a patient to have a dermatoscopic image of a lesion taken to send to a specialist to aid the referral process.

Community paramedic home visiting service

This service was established in January 2022 to help relieve some of the pressure of practices during the winter and following the impact of Covid. The service is for housebound patients with acute minor illnesses and injury. The aim of the service is to provide people with appropriate care in their own home, and to reduce the current pressure on the providers of primary care and other health services. In the three months during which it was commissioned in this period the service reached 1,000 patients

Community paramedic domiciliary home visiting service

Similar in nature to the community paramedic home visiting service, the domiciliary service was trialled during early 2022, the service was designed to enable domiciliary care staff to get the support they felt their service user needed without the need to go through the patients registered practice. The care staff could call the Sheffield Single Point of Access (SPA) pass on their concerns and property access information and leave the patients home for another visit, then a GP working for PCAS would contact the patient or carer if requested to establish the urgency of response required and a paramedic would be scheduled to carry out a home visit if indicated.



Vaccination Centre

From December 2020 PCS have been involved with the delivery of Covid vaccinations to the public from Darnall Primary Care Centre. Initially and latterly, it was run by the PCS practice teams for the local network population, but it was expanded in June 2021 to September 2021 to be run by the at scale service to offer vaccinations to the whole City. It was initially intended for pre-bookable patients but was soon adapted and became available to walk in patients also.

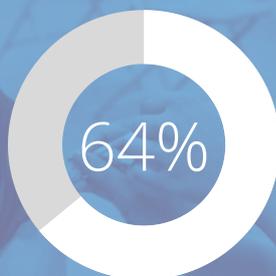
The service received a very positive response from the public and was highly praised by the local public health service. PCS also mobilised at short notice 'Pop up' vaccination centre at local shopping centres, football clubs and asylum seeker accommodation sites to try to increase the local uptake of the vaccination. The vaccination centre administered over **20,000** vaccines in just six months.

Vaccinations

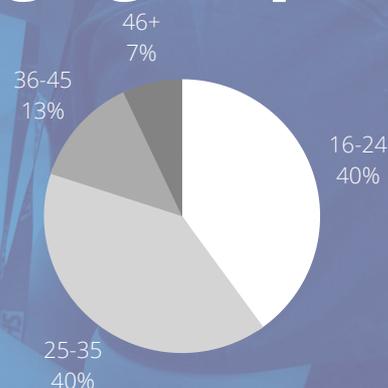


21,500

2nd doses



Age groups



Sheffield Community Testing Outbreak Response Service (SCOTS)

When COVID-19 hit Sheffield was one of the first areas in the country to set up COVID-19 testing. The City's Community Testing Service – a HSJ Award Finalist in 2020 - allowed health and care staff to remain at work doing over **4,000** tests and identifying **225** positive cases.

The SCOTS service was initially mobilised in 2020/2021 reporting year but continued to deliver a community outbreak response into 2021/2022. The service was designed to provide rapid testing for those who were displaying symptoms of Covid-19. The service was mobilised in a short time period which in part was due to the strong working relationships built during a previous project, key Sheffield health providers came together to enable the service to be swift in its response to the pandemic.

Tests



4,000

225



positive
cases
identified

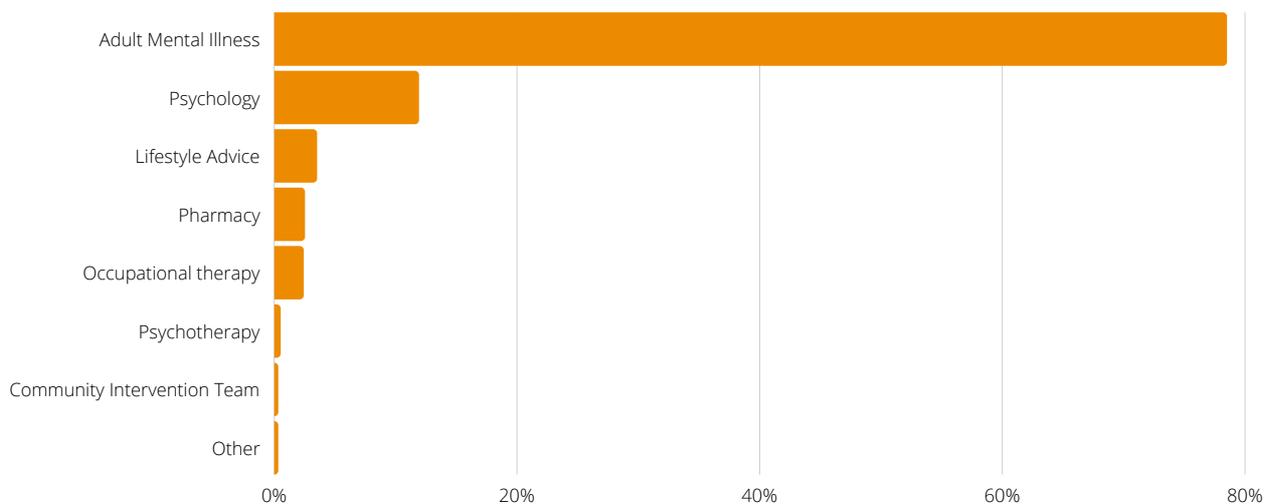
Prevented

4,200 **DAYS**

**of unnecessary
isolation by
frontline workers**

Primary and Community Mental Health

Primary Care Sheffield, SHSC and Mind have continued to work together during 21/22 to further roll out the Primary and Community Mental Health Programme. During this time the service has been extended in to a further 3 PCNs with now 6 out of the 15 PCNs having support from the mental health MDT's. This is in addition to the satellite roles that are being embedded across all networks as part of the network ARRS funding. The team has grown with focus on the governance arrangement in the cross organisational working. The service has developed a clear governance plan in line with PCS's governance structure and overseen by a Joint executive board under a collaboration agreement.



Primary Care Research

Our Research Office has been working with our partners to grow capacity for primary care research in the city. We have continued to collaborate with the University of Sheffield, Sheffield Teaching Hospitals, SHSC, NHS Sheffield CCG and the CRN Y and H. This has allowed us to provide more opportunities for our practices and our patients to take part in research

Study	Raw recruits	Weighted accrual
Active Brains	50	50
LTC Scale Validation Study	20	70
CANassess	11	121
PAM	10	110
MSS3	9	99
PANORAMIC	9	9
PRINCIPLE	2	22
TOTAL	111	481

Delivered via PCS Managed Practices

Study	Raw recruits	Weighted accrual
CANassess	74	814
TOTAL	74	814

Sheffield studies overseen by research office

Research office governance

PCS Research Office directly supports our managed practices as well as providing Sheffield-wide support for studies including CANassess. The office is overseen by the Clinical Governance Committee and takes advantage of SHSC RDU for ethical sign off for studies.

MONITORING AND MANAGING THE QUALITY OF OUR SERVICES

Managing Significant Events and Serious Incidents

PCS has a robust significant event and serious incident reporting process. In the year 2021/2022 one serious incident was reported. The Serious Incident Investigation was into the death of a patient who died after having had contact with the Extended Access Service. The Incident was fully investigated in accordance with best practice and the root cause analysis, results, conclusions, and actions have been reported to NHS Sheffield CCG. The death was not deemed a result of any acts or omissions by the PCAS service and the SI is now formally closed.

A fundamental requirement of managing clinical governance and risk is learning from significant events.

The guiding principles for reporting of incidents and significant events within PCS are to:

- reduce the likelihood and severity of things going wrong to improve both clinical and non-clinical outcomes
- provide a safer environment for patients, staff, and the public
- learn from experience and improve the quality and effectiveness of the patient experience
- Each event should be analysed. Learnings documented about overall quality of care and what improvements can be made for the future.
- Teams should demonstrate team-based learning environment.

All staff have a duty of care to provide safe services and do no harm, and to act where this is not the case. They are also responsible for keeping themselves and others safe and

are expected to report incidents as part of their general duties.

Significant event audit places the emphasis on 'how' rather than 'who'. It is based on the principle that while no one person is infallible and mistakes will be made, it is more productive to seek answers within the systems under which the errors were made.

Currently all SEAs are recorded on Clarity Teamnet and all actions because of the SEA learnings are captured and followed up. Learning is shared widely in team meetings, management meetings, across the organisation and in PCS publications

In the year 21/22 we reported on 44 SEAs across the organisation – these ranged from prescription errors to aggression and violence shown by patients, to estates issues. All SEAs are themed, and audits identified if required to ensure clinical safety. Learning has been discussed and shared with all clinical teams.

Complaints

Complaints are an important part of the improvement cycle. PCS are committed to ensuring that all concerns and complaints are investigated and responded to in a prompt manner and actions are taken to bring improvements where needed. There were 12 formal complaints received by PCAS in 2021/2022 across all the at scale services, 38 formal complaints received within the PCS practices and 4 complaints in relation to the Primary and Community Mental Health Service.

Top themes for complaints were

- Communication
- Managing patient expectation around prescribing
- Appointment changes
- Prescription Issues
- Staff attitude
- Appointment availability

Complaint Review meetings take place quarterly within Senior Management Teams to look at the themes around complaints. In the practices it was obvious that phone access to the practices was becoming a recurrent theme in complaints and so because of this the phone system was reviewed and a new phone system was implemented to deal with the increased demand for primary care. This is one example where we have used complaints to improve services for all our patients.

Patient Feedback

The Pandemic meant that the Contractual requirement to hold PPG (Patient Participation Group) meetings for the practices and collate FFT (Friends and Family Test) responses were paused. However, it was decided that Clover Group would continue with both elements. FFT was garnered from all PCS services although in slightly lower numbers throughout the year. This allowed us to understand how patients were feeling during the pandemic.

The feedback is garnered mainly through text, with posters and forms onsite. FFT is reviewed monthly with actions being created from the themes or specific issues.

Feedback has remained remarkably good with highlights including

- Mulberry garnering its first ever FFT feedback (it always remains difficult due to the language barrier in the asylum seeker practice).

- Buchanan receiving 100% positive feedback one month from 42 responses
- Multiple expressions of gratitude for the extended access service
- Compliments on the organisation of the vaccination service
- Patients commenting on how they felt put at ease in the sexual health service

During Covid and lockdowns PPGs were switched to Teams channels which did not work as well as F2F. We have now reverted to face to face meetings. The PPG were involved during this period in deciding the features of the new phone system, and the decision to close the Jordanthorpe branch. They have also been involved in designing the Patient Charter.

Audit

PCS has a rolling audit programme that provides assurances for the way the services are performing against standards, processes, policies and agreed targets. PCS' audits vary across each of the services but cover things such as data integrity, record keeping, compliance with mandatory training. Below are examples of the audits that PCS carry out on a regular basis.

- (Legitimate) Access to records
- Infection prevention and control.
- Antibiotic prescribing
- Appropriate processing of clinical results
- Safeguarding referrals are processed appropriately.

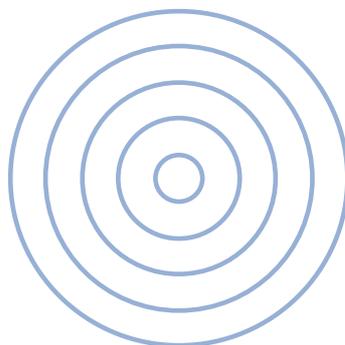
Alongside the rolling programme of audits we also perform quality improvement work often off the back of significant events or patient feedback. We encourage all staff to participate in this and ensure the audit cycle is completed to show that actions have had the desired effect. Recent reactive audits include Prescriptions of Dalteparin and Dual Antiplatelet prescribing. Both audits demonstrated that actions had improved the quality of care for the patients.

CARE QUALITY COMMISSION (CQC) OVERSIGHT

Primary Care Sheffield is required to register with the CQC. Due to the nature of the organisation and the fact that it holds different GP and at scale contracts it has multiple CQC registrations.

Primary Care Sheffield as an organisation was registered in its entity for all other services in February 2020. Prior to this individual extended access sites and vasectomy service were registered individually and they were all rated as GOOD.

The current PCS registration encompasses all PCS clinical activity barring the GP practices. CQC has not taken any action against Primary Care Sheffield during 21/22. PCS has received regular monitoring liaison with the CQC. The practices have undergone the monitoring approach with remote interim inspections with the team to provide them with the assurance of the quality of our services.



Clover Practice - rated GOOD

Last inspected October 2017

Clover City Practice - rated GOOD

Last inspected October 2017

Clover Buchannan - rated GOOD

Last inspected June 2019

Clover Heeley Green - rated GOOD

Last inspected February 2018

OUR QUALITY PRIORITIES FOR 2022/2023

1

Improving the understanding of our workforce to empower them to deliver high quality healthcare

We recognise the impact that the last two years have had on our team. This has been highlighted by our staff survey and we have taken action to support staff wellbeing.

We have also highlighted that due to our growth and rapidly expanding workforce we don't have a clear enough understanding of our workforce to be able to empower and support them to perform their roles.

Having a better understanding of the demographics of our workforce will enable us to provide the more bespoke support that our teams may need.

We intend to work with our HR department to collect data from our staff to help us understand them better and what their needs are and enable us to address those needs.

2

Improving our response to complaints and Healthcare Professional Feedback

Complaints and feedback are vital tools in understanding and improving patient experience and staff education and development.

As we come out of the pandemic, we are aware that the number of complaints is increasing, and we are keen to ensure that our response to these complaints is done in a timely manner and facilitate learning across the organisation.

We will develop more ways of identifying concerns, improve our response to those concerns and keep a focus on the satisfaction of people using our services.

Alongside this we are keen to increase improve the options our team can use to provide feedback. Encouraging feedback from clinicians who work within the services will help to identify areas of improvement and learning.

3

Board development work around clinical governance

With the increase in services delivered by PCS and with the recruitment of a new Medical Director developing the board and looking specifically at clinical governance seems an appropriate next step for the organisation.

Developing a clinical risk framework and looking at mitigations and embedding this in the clinical governance committee is included within this.

Empowering the board through development will help assure us of robust governance throughout the organisation. This is coupled with an aspiration over the next year to consolidate our quality reporting across all the strands of the organisation to ensure one comprehensive quality report.