INDEPENDENT HEALTH GROUP

Annual Quality Account

Providing NHS Care of the Highest Quality

2024/25

If you require a more accessible version of these Quality Accounts such as large print, please contact us directly or via our website

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Introduction to our Quality Account

Our Quality Account is an annual report that outlines the quality of care we provide as a commissioned provider of NHS-funded services. It is one of the keyways we demonstrate our accountability to patients, the public, commissioners, and partners, providing transparent and honest insight into how we are performing across the three core domains of healthcare quality: patient safety, clinical effectiveness, and patient experience.

We are proud to be an outstanding-rated organisation, with patient feedback that ranks among the very best in NHS provision. Our internal staff survey results consistently demonstrate exceptional levels of engagement, pride, and cultural alignment - something we see as both a privilege and a responsibility. We know that the best patient care comes from teams who feel supported, valued, and aligned to a shared purpose.

While we take pride in this recognition, we do not rest on our laurels. At Independent Health Group, we constantly challenge ourselves to do better. We champion innovation, pursue continuous quality improvement, and strive to be leaders in delivering safe, effective, and person-centred care across all of our services and locations.

We are also proud to be England's leading provider of local anaesthetic hernia surgery, offering high-quality day-case surgery with excellent outcomes and high levels of patient satisfaction. Our model of care combines specialist skill, efficient clinical pathways, timely delivery, and local access - ensuring patients receive the right care, in the right place, at the right time. We are especially proud of our consistently low waiting list times, which reflect our commitment to responsive and accessible care.

In a challenging economic and healthcare climate, we remain firmly committed to our core belief: quality of care comes first. Every decision we make is grounded in what is best for our patients. While we remain mindful of resource use and our responsibilities as a business, we never compromise on safety, compassion, or outcomes in the pursuit of financial sustainability. We will however commit to evolving as a business to ensure that we have the resources and financial security to continue to provide these high standards of care to as many as possible.

This Quality Account outlines how we have performed in 2024/25, the improvements we have delivered, and the priorities we have set for 2025/26. It reflects our values in action: putting patients first, working together, and continually improving. It also captures how we are responding to national developments such as the transition to the Patient Safety Incident Response Framework (PSIRF) and how we are embracing digital innovation, workforce development, and pathway optimisation to keep driving standards even higher.

We remain proud of what we have achieved, but even more determined to continue pushing boundaries, leading by example, and delivering exceptional care in every interaction, every day.

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Part 1: Statement on Quality from our Chief Executive Officer

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Chief Executive Officer's Statement of Quality

I am proud to introduce this year's Quality Account, which reflects our unwavering commitment to delivering the highest standards of care, safety, and patient experience. As the largest single provider of hernia surgery under local anaesthetic in the country, we have continued to lead the way in delivering safe, effective, and patient-centred care across this and our other well-established pathways.

This year, we have once again upheld our Outstanding rating from the Care Quality Commission (CQC) - a testament to the dedication of our teams and the robust systems we have in place to ensure consistent quality and safety. Our clinical outcomes and patient satisfaction remain excellent, even as we expand our services and reach more patients.

We have successfully delivered on key elements of our quality priorities over the past year, strengthening our foundation and positioning ourselves to build further in the coming months. Central to this success is our ongoing investment in staff development, ensuring our teams have the skills, support, and opportunities to continue providing exceptional care. Our ambition is to be not only a provider of choice for patients, but also an employer of choice for healthcare professionals.

This year also saw targeted investment in new roles and clinical leadership, enhancing both our operational capability and strategic direction. By strengthening leadership across all levels, we are equipping ourselves to meet future challenges while continuously improving the care we provide.

Looking ahead, we remain focused on growing responsibly and sustainably, ensuring that as our services evolve, our commitment to quality, safety, and patient outcomes remains at the heart of everything we do.

Thank you to our staff, patients, and partners for their ongoing trust and support.

Claire Damen

Claire Damen
Chief Executive Officer

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1.1 Who are Independent Health Group?

Established in 2004, Independent Health Group (IHG) has been dedicated to providing high-quality, patient-centred care closer to home. With a strong commitment to delivering outstanding healthcare in the community, we have spent the past 20 years building a reputation for excellence, innovation, and compassionate service. In 2022, our dedication to patient care was recognised with an Outstanding CQC rating, a testament to our quality and commitment.

Although we are an independent provider, we work exclusively with the NHS, delivering elective, routine day-case surgery under local anaesthetic (LA). We do not currently offer any privately funded activity, and our focus remains on accessible, consultant-led, care that is efficient, patient-centred, and consistently rated as outstanding by those who use our services.

Our services are delivered across multiple sites in Wiltshire, Gloucestershire, and Leicestershire, using a hub-and-spoke model that brings high-quality care closer to home. In 2024/25, we expanded our Leicestershire-based provision to support the population of Staffordshire and Stoke-on-Trent (SSOT) - extending access to timely, safe, and effective care across a wider geography.

Our Head Office is located just outside Bath, and we currently provide surgical procedures under five defined clinical service lines:

- Trauma and Orthopaedics – Hand Surgery (e.g. carpal tunnel release, trigger finger release)
- Trauma and Orthopaedics – Podiatric Surgery
- Ophthalmology – Cataract Surgery
- General Surgery – Abdominal Wall Hernia Surgery
- Urology – Vasectomy Surgery

Below is an overview of our current service locations and the types of surgical procedures we offer:

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1.2 Our Values

We are proud of the consistently high standards of care we provide to patients in their local communities. Quality remains at the heart of everything we do, with no decision made without considering its impact on patient outcomes, safety, and experience. This principle is embedded in every agenda, every meeting, and every service improvement initiative.

Our work is grounded in our core values, which guide our daily practice and strategic direction:

These values are not just words - they are inherent in the core beliefs and approach of our CEO and Founder, as well as the wider Executive and Non-Executive Board and Senior Management Team. They are lived through our clinical pathways, our governance processes, and our commitment to delivering outstanding care, every time.

1.3 Our Regulator – Care Quality Commission (CQC)

Independent Health Group is registered with the Care Quality Commission (CQC) to deliver the following regulated activities:

- Diagnostic and screening procedures
- Surgical procedures
- Treatment of disease, disorder or injury

We underwent a routine inspection by the CQC as part of their national inspection programme in April 2022. We are extremely proud to have been awarded an Overall rating of Outstanding, which reflects the quality, safety, responsiveness, and leadership of the care we provide across all services. This rating is a testament to the hard work, compassion, and professionalism of our teams and their consistent delivery of safe, patient-centred care. We continue to ensure that our service provision exceeds the standards required and assessed by the CQC and therefore secure high quality service delivery for our patients.

The CQC's Key Lines of Enquiry (KLOEs) assess providers across five domains: Safe, Effective, Caring, Responsive, and Well-led. Our performance across these domains is shown in the tables below:

Overall rating for this location	Outstanding ☆
Are services safe?	Good ●
Are services effective?	Good ●
Are services caring?	Outstanding ☆
Are services responsive to people's needs?	Good ●
Are services well-led?	Outstanding ☆

We achieved Outstanding ratings in Caring, Well-led, and Overall categories. All other domains were rated Good, with no areas rated as requiring improvement. The Outpatient service was *inspected but not rated* for "Effective", as per CQC's national methodology.

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Outpatients	Good	Inspected but not rated	☆ Outstanding	Good	☆ Outstanding	☆ Outstanding
Surgery	Good	Good	☆ Outstanding	Good	☆ Outstanding	☆ Outstanding
Overall	Good	Good	☆ Outstanding	Good	☆ Outstanding	☆ Outstanding

This rating remains a key marker of our commitment to clinical excellence, leadership strength, and an unwavering focus on putting patients first.

CQC Nominated Individual & Registered Manager

Our current CQC Nominated Individual and Registered Manager is Claire Damen, our Chief Executive Officer. As part of our governance review, we plan to reassess the Registered Manager role during 2025/26 to ensure it continues to align with our organisational structure, growth, and regulatory responsibilities. Both Claire Damen and our Chief Nurse, Gavin Hitchman, attended a full day of training hosted by the Independent Healthcare Providers Network (IHPN) on the role and responsibilities of the CQC Registered Manager, further strengthening our organisational knowledge and preparedness in this area.

Our Full CQC Report

You can review our full CQC Inspection Report via our website, or by scanning this QR code.

1.4 Independent Healthcare Provider Network (IHPN) Membership

We are also proud to be members of the Independent Healthcare Provider Network (IHPN) - the national trade association representing independent healthcare organisations delivering NHS and private care. Through this membership, we:

- Collaborate on sector-wide quality and safety improvements
- Contribute to national policy development
- Benchmark against national standards and access shared best practice
- Demonstrate a strong commitment to transparency, accountability, and ethical practice

This affiliation reinforces our commitment to delivering safe, ethical, and high-performing services in line with national standards.

Independent Healthcare Providers Network

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Part 2:
Review of Quality

Patient Safety, Patient Experience & Clinical Effectiveness

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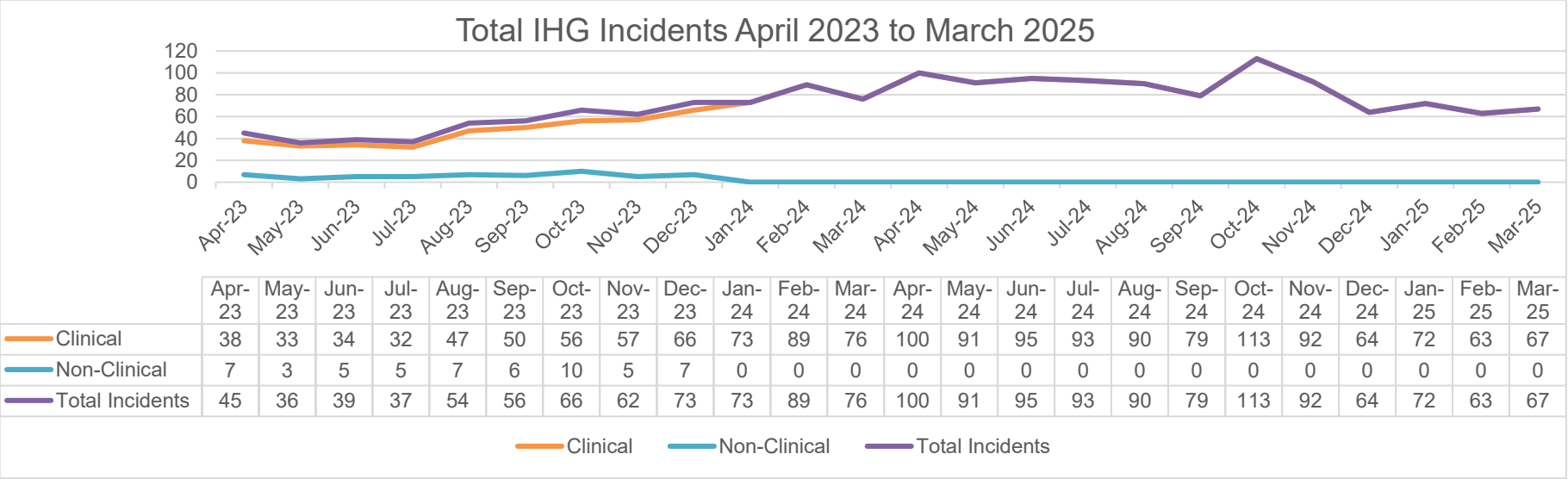
2.1a Patient Safety

Total Incidents	Serious (PSII) Incidents	Never Events	Total Falls	Medication Incidents with Harm
1019	2	0	0	0
Total No Harm Incidents	Total Low Harm Incidents	Total Moderate Harm Incidents	Total Severe Harm Incidents	Total Deaths
1014	0	4	1	0
Duty of Candour Breaches	Reportable Information Governance Breaches	Clinical Negligence Claims received	Safeguarding Referrals/Concerns	Number of PREVENT Referrals
0	0	0	2	0

Our Year-on-Year Data (2023-2025)



	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25
Clinical	38	33	34	32	47	50	56	57	66	73	89	76	100	91	95	93	90	79	113	92	64	72	63	67
Non-Clinical	7	3	5	5	7	6	10	5	7	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total Incidents	45	36	39	37	54	56	66	62	73	73	89	76	100	91	95	93	90	79	113	92	64	72	63	67

Note. Jan 2024 Launch of new reporting system

Patient Safety Quality Statement

Our PSIRF Journey

In 2024/25, we continued our formal transition from the NHS Serious Incident Framework (SIF) to the Patient Safety Incident Response Framework (PSIRF). This marked a pivotal shift in how we approach safety, learning, and improvement—moving from a reactive, investigation-heavy model to a more responsive, system-based approach that promotes organisational learning and cultural maturity.

This transformation not only reflects national direction but also aligns with our organisational values of Working Together, Continually Improving, and putting Patients First, as well as our broader commitment to transparency and learning. We recognise that this shift affects different teams in different ways and are committed to providing tailored, role-specific training to build confidence and capability across the organisation.

To support this shift, we introduced a new digital patient safety platform (Radar) toward the end of 2023/24 to improve how we report, analyse, and learn from safety events - including incidents, near misses, and excellence reporting. Throughout 2024/25, we used the implementation phase as a structured period of testing, review, and learning. This enabled us to explore the platform's capabilities, gather feedback from users, and identify priority areas for improvement.

This review process has been critical in shaping a system that supports our safety culture, aligns with governance structures, and meets operational needs. As a result, we have commissioned and committed to a targeted programme of system enhancements, with delivery scheduled for 2025/26. These include:

- Reconfiguring system architecture to reflect our regions, locations, and specialties
- Realigning user roles and permissions to support governance and service oversight
- Enhancing tagging, categorisation, and forms—including harm levels and event classification
- Integrating modules for infection control, complaints, concerns, and audit
- Activating direct reporting to the Learn from Patient Safety Events (LFPSE) system
- Improving functionality for excellence reporting

These improvements will ensure our staff have the right tools to report, reflect, and learn—turning data into actionable insight and measurable improvement.

Positive Trends in Safety Culture

Incident reporting has increased throughout 2024/25 and is now almost double compared to the previous year. This growth reflects a deepening culture of openness, psychological safety, and continuous learning which is aligned with an increase in clinical activity across our sites; staff are increasingly confident in raising concerns, which enables earlier identification of risks, more timely interventions, and ongoing organisational learning.

Our approach to patient safety continues to evolve through the integration of systems-thinking methodologies, particularly the SEIPS (Systems Engineering Initiative for Patient Safety) framework. This model supports a holistic understanding of how people, processes, technology, tasks, and environments interact to shape safety outcomes. It enables us to look beyond individual incidents and identify how system design and working conditions contribute to safe or unsafe outcomes.

In parallel, we continue to build capability and insight through a deeper understanding of the relationship between “work as imagined,” “work as prescribed,” “work as disclosed,” and “work as done.” This reflective approach allows us to identify variation between policy and practice, highlight friction points within the care pathway, and make targeted improvements that are grounded in real-world clinical experience.

Together, these strategies reinforce a learning-led safety culture that focuses on improvement rather than blame, supports system-wide resilience, and empowers staff to be active agents in the delivery of safer, more consistent care.

Strengthening Governance and Learning

To underpin this cultural shift, we strengthened our governance infrastructure by expanding our Governance Team, introducing roles at Head, Assistant, and Administrator levels. This additional capacity allows for greater oversight and a timely, coordinated response to incidents, including the delivery of Early Action Reviews (EARs) and After-Action Reviews (AARs).

We also appointed a dedicated Safeguarding Lead (level 4 trained) and formally appointed the chief nurse as executive lead, enhancing our ability to manage individual safeguarding concerns and to implement a consistent, organisation-wide safeguarding approach. This includes alignment with the NHS Safeguarding Accountability and Assurance Framework (14 standards), ensuring compliance across both adult and child safeguarding responsibilities. The role also supports facilitated action learning and mentoring for staff following incidents, helping embed a culture of psychological safety and continuous learning.

As part of our wider safeguarding commitment, we maintain rigorous standards in safer recruitment, working in partnership with our newly expanded People Team and Recruitment Officer to ensure employment checks, onboarding processes, and workforce assurance align with regulatory expectations.

Alongside this, we commissioned external PSIRF training for all staff levels, from Board to bedside, building a shared understanding of systems thinking, human factors, and learning-focused responses to patient safety incidents.

Collective Leadership & Quality Improvement – "The IHG Way"

As a result of learning from incidents and in line with our values of '*Patients First, Continually Improving, and Working Together'* - we are taking a proactive and structured approach to continuous improvement. In 2024/25, we established Quality, Innovation, Productivity and Prevention (QIPP) Delivery Groups for each of our services. These multidisciplinary groups headed up by the Clinical Director and Matron for the Service, serve as a forum to:

- Identify variation and improvement opportunities
- Share learning from incidents and best practice
- Drive consistency in care delivery across all sites and services

A key function of these groups is the development and updating of pathway-specific policies and standard operating procedures (SOPs), ensuring consistent and high-quality clinical standards across services - what we call "The IHG Way." This ensures improvement is not reactive alone, but proactively embedded and sustained through structured governance.

This is further supported by our Nursing & AHP strategy being anchored by the principle:

*'The **Right People**, with the **Right Behaviours**, and the **Right Skills**, are in the **Right Place**, at the **Right Time**, with the **Right Support** in place.'*

This strategic aim underpins our approach to delivering safe, consistent, and patient-centred care across the entire organisation.

Within pre-operative assessment, we have further improved our patient experience by strengthening our focus on evidence-based best practice, including robust health optimisation, structured shared decision-making, and clear application of the Montgomery principles of informed consent as well as allowing for enough time in clinics for these discussions to take place – putting quality and safety at the heart of decisions. These steps ensure patients are empowered with personalised information and supported to make informed choices about their care.

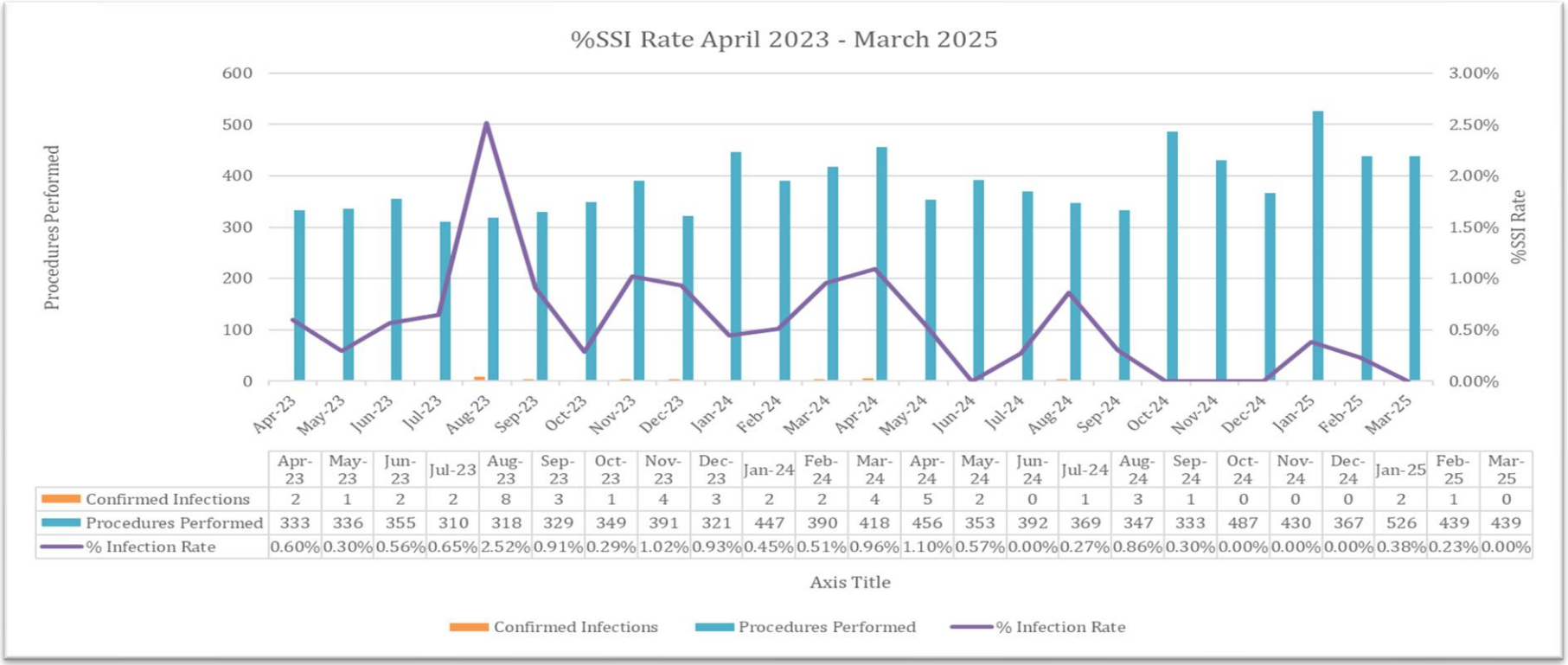
We have also expanded our team in Pre & Post Op Assessment, enhancing our post-operative follow-up and aftercare, with an emphasis on timely clinical reviews, complication management, and meaningful patient engagement throughout recovery. This work is supported by our wider strategy to digitally optimise care pathways, streamlining documentation, improving access to clinical information, and enabling safer, more consistent care.

The care we offer was already of a high standard, but together, these efforts ensure that staff are further supported, empowered, and aligned in delivering high-quality care at every stage of the patient journey.

2.1b Infection Prevention and Control (IPC)

MRSA	MSSA	C.Diff	Confirmed SSIs 0-7 Days post-op	Confirmed SSIs 8-30 Days post-op	Confirmed SSIs 31-365 Days post-op	Confirmed SSIs Total	SSI Rate % Per total number of Surgical Procedures Undertaken
0	0	0	8	9	1	18	0.3%

Our Year-on-Year Data (2023-2025)



	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25
Confirmed Infections	2	1	2	2	8	3	1	4	3	2	2	4	5	2	0	1	3	1	0	0	0	2	1	0
Procedures Performed	333	336	355	310	318	329	349	391	321	447	390	418	456	353	392	369	347	333	487	430	367	526	439	439
% Infection Rate	0.60%	0.30%	0.56%	0.65%	2.52%	0.91%	0.29%	1.02%	0.93%	0.45%	0.51%	0.96%	1.10%	0.57%	0.00%	0.27%	0.86%	0.30%	0.00%	0.00%	0.00%	0.38%	0.23%	0.00%

IPC Quality Statement

Overview

We continue to maintain a robust and proactive approach to Infection Prevention and Control (IPC) across all our clinical settings. IPC compliance is overseen by our dedicated IPC Committee, which benefits from specialist nursing input via a Service Level Agreement (SLA) with a neighbouring NHS acute provider. This collaborative arrangement ensures collaborative learning as well as ongoing access to expert advice and clinical best practice.

In addition, we work closely with our Authorised Engineer for Air Handling Units (AHUs) to ensure that environmental standards are not only compliant but reflect sector-leading practice. Verification processes for air quality are routinely undertaken, with any recommendations promptly actioned.

Our IPC assurance programme includes regular self-assessment against the *'One Together'* national standards for the prevention of surgical site infections (SSIs), supported by attendance at the annual *'One Together'* Conference. This enables us to stay closely aligned with national developments and best practice in surgical infection prevention.

Surgical Site Infection Surveillance

In 2024/25, we carried out 4,938 surgical procedures. Of these, 34 cases were initially reported as potential SSIs. Following clinical review against national definitions, 15 cases were confirmed, giving a confirmed SSI rate of 0.3%.

This represents:

- A 0.5 percentage point reduction from the previous year (0.8% in 2023/24),
- Which had been previously relatively static from 0.79% in 2022/23.

This downward trend, despite increases in activity, reflects the impact of strengthened IPC measures, including enhanced pre- and post-operative patient care, improved surveillance, and more robust clinical review processes.

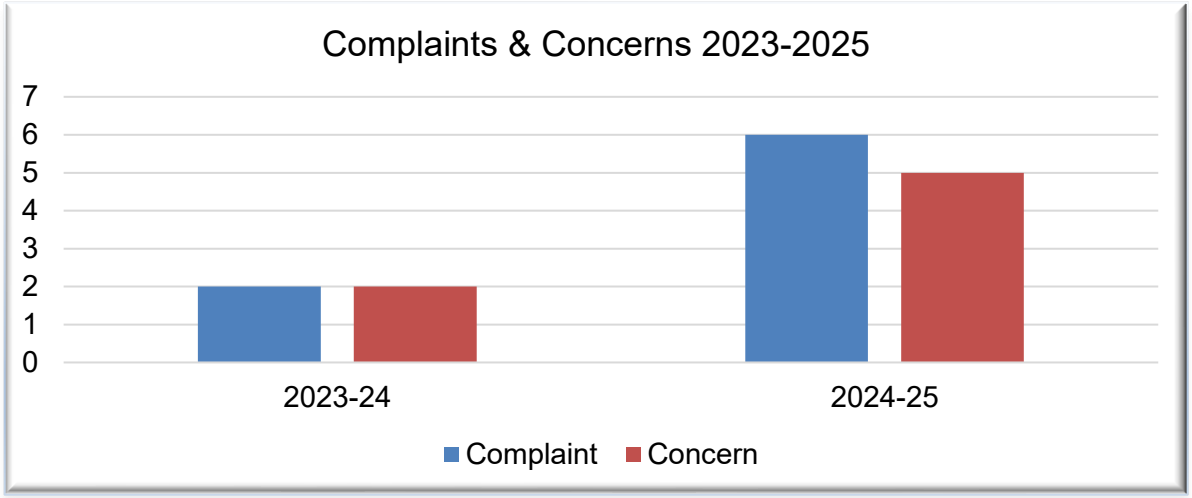
All confirmed SSI cases were subject to post-infection review, with key learning and themes shared via our clinical governance structures to support continuous improvement and reduce the risk of recurrence.

2.2 Patient Experience

Complaints & Concerns

No. of Complaints	Complaint Response Rate	No. of Concerns	No. of PHSO Investigations	No. of Claims
6	100%	5	0	0

Our Year-on-Year Data (2023-2025)



Patient Experience Quality Statement on Complaints & Concerns

Overview

At Independent Health Group, we recognise that complaints and concerns are valuable opportunities for learning and improvement. While we are proud of the care we provide, we are not complacent. In 2024/25, we received a total of six complaints: five from patients (including one related to a Patient Safety Incident Investigation (PSII) and one from a GP. In addition, five concerns were received: three from GPs and two from patients.

All complaints and concerns related to our Hernia Service, which accounts for approximately 50% of our overall clinical activity. Importantly, this service includes patient cohorts who may not require surgical intervention or may require onward referral to an acute trust for general anaesthetic (GA) surgery. We understand that this can lead to dissatisfaction, particularly in cases where patients face longer NHS waiting times at referring organisations.

Although we have received only eight formal complaints over the past two years, we treat each one with the highest level of seriousness. We strive for zero complaints, and every concern or formal complaint is shared transparently across the organisation to support shared learning and responsive improvement.

We are proud to report that no complaints escalated to the Parliamentary and Health Service Ombudsman (PHSO) and no legal claims were received during the year.

Themes & Learning from Complaints & Concerns

1. Communication and Consultation Time

Themes arising from patient complaints included:

- Dissatisfaction following onward referral to an acute trust for GA procedures or back to their GP for onward investigation.
- Communication during clinic consultations, especially where surgery was not offered.
- Delays in booking surgery due to necessary pre-operative safety checks, leading to patient dissatisfaction when short waiting times are expected.
- Clarity of information provided to patients on when to stop and restart anticoagulant medication.

A key area identified was the time available during clinic consultations to fully explain the clinical decision-making process, particularly for patients who are not offered surgery or require onward referral. A review of clinic operations identified that clinicians undertake an average of 12 distinct tasks during a standard 15-minute appointment, limiting opportunity for personalised discussion.

In response:

- We have extended clinic appointments to 20 minutes to allow for more meaningful dialogue, especially around shared decision-making and informed consent, in line with the Montgomery principles.
- Our pre- and post-operative teams have been expanded, improving our ability to safely but timely triage patients and avoid delays related to additional clinical checks.
- Surgeons have been reminded to explain that while the average waits are very short, additional checks may extend this.
- We are digitising our pre-operative health questionnaire to streamline information exchange ahead of clinic appointments, support earlier identification of patients who may require additional review (e.g. those with pacemakers), and reduce delays in the patient journey from assessment to treatment, ultimately improving the overall experience on the day.
- We have reviewed our anti-coagulation policy, clinical templates, and patient instruction letters, and this has been reinforced through team communications to ensure that consistent, safe, and clear advice is provided at the earliest possible stage of the patient pathway.

2. GP Concerns and Discharge Efficiency

Concerns raised by GPs focused on the completeness of discharge information, particularly around:

- Issuance of fit notes (Med3s), not being issued.
- Post-operative pain management.

In response:

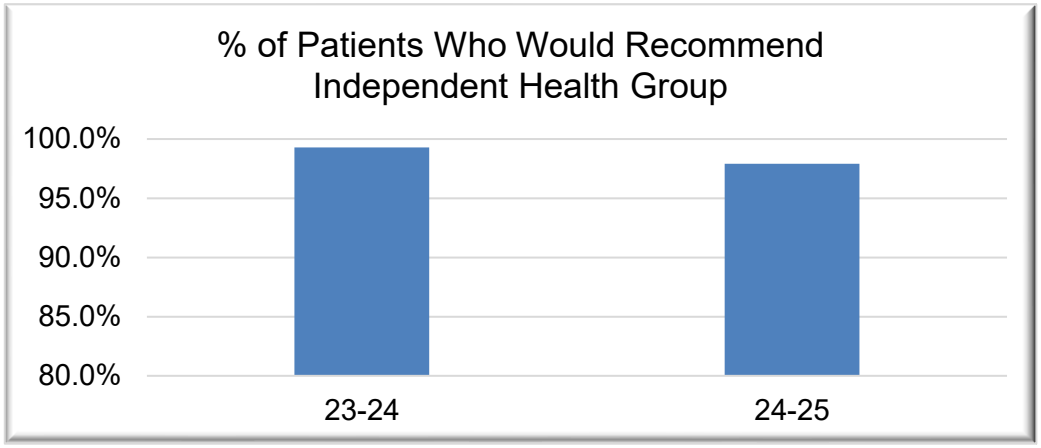
- We have digitised our fit note generation process, reducing reliance on paper and lowering the risk of omission.
- We launched a focused review of post-operative pain as part of our Patient-Reported Outcome Measures (PROMs) in hernia patients. This work is already helping to identify opportunities for improvement in pain management.
- We also conducted a full review of pre-, intra-, and post-operative pain scores across all surgeons. Where variation was identified, targeted support is being offered. Additionally, our pre-operative team, in partnership with our pharmacist, is now identifying patients who may be at higher risk of post-operative pain during pre-assessment, allowing for personalised analgesic plans to be put in place in advance.

These actions demonstrate our commitment to listening, learning, and continuously improving the quality of patient experience, particularly in our highest-volume service. We remain focused on delivering compassionate, safe, and responsive care, underpinned by strong clinical leadership and a culture of accountability.

Friends & Family Test (FFT)

Percentage of Patients that "Would Recommend"	Percentage of Patients that "Would Not Recommend"	Total Number of FFT Forms Completed & Returned	Response Rate by % (Pre & Post Digitalisation)	
			Apr – Jul 24 (Surgery Only)	Aug 24 – Mar 25 (Outpatients & Surgery)
92.52%	0.86%	4,303	81.6%	35.6%

Our Year-on-Year Data (2023-2025)



Patient Experience Quality Statement on FFT

Friends & Family Test (FFT)

We take pride in our consistently high levels of patient satisfaction, with the majority of patients describing their care as professional, friendly, and efficient, as reflected in our patient feedback word cloud.

In August 2024, we transitioned to a fully digital FFT process. This marked a shift not only in how feedback is collected but also in who is invited to respond. Previously focused solely on surgical patients at the point of discharge, the FFT is now sent to all patients, including those attending outpatient consultations.

While this change supports our aim of offering patients the opportunity to reflect and respond in their own time, it has also resulted in what initially appears to be a significant drop in response rates from 81.6% (April–July 2024) to 35.6% (August 2024–March 2025). However, this reduction coincided with both the shift to fully digital collection and, more importantly, the broadening of the sample to include all patients attending outpatient appointments, not just those discharged after surgery. The lower overall response rate primarily reflects the reduced uptake among outpatient attendees, who typically engage at a much lower rate than post-surgical patients. We do not believe this represents a decline in patient satisfaction, but rather a limitation in engagement from this expanded cohort.

Despite the lower response rate, the percentage of patients who would recommend us remains high at 92.52%, with only 0.86% indicating they would not recommend. Our ongoing analysis has shown that some of the negative responses may result from mis-clicks or misunderstanding, where narrative comments are in fact very positive.

To strengthen oversight, we have reviewed the terms of reference for our former Safeguarding Committee, which has now evolved into the Safeguarding and Patient Experience Committee (SPEC). This committee now provides a dedicated forum for discussing:

- FFT trends, including the positive comments received and the learning from any negative responses.

- Broader Patient Experience insights, including feedback received via post-operative phone calls, which we are wanting to log these as positive experiences or as excellence entries within our incident reporting system.
- Recurrent themes, which often echo feedback found in formal complaints, such as communication at clinic or dissatisfaction with onward referral decisions.

To further enhance our approach, we have implemented a bi-monthly FFT report, allowing for regular and structured discussion in a detailed way of emerging patterns and opportunities for learning. This also still forms part of our integrated performance report (IPR) presented to board and externally with our commissioners.

We are currently developing several new initiatives for 2025/26 aimed at:

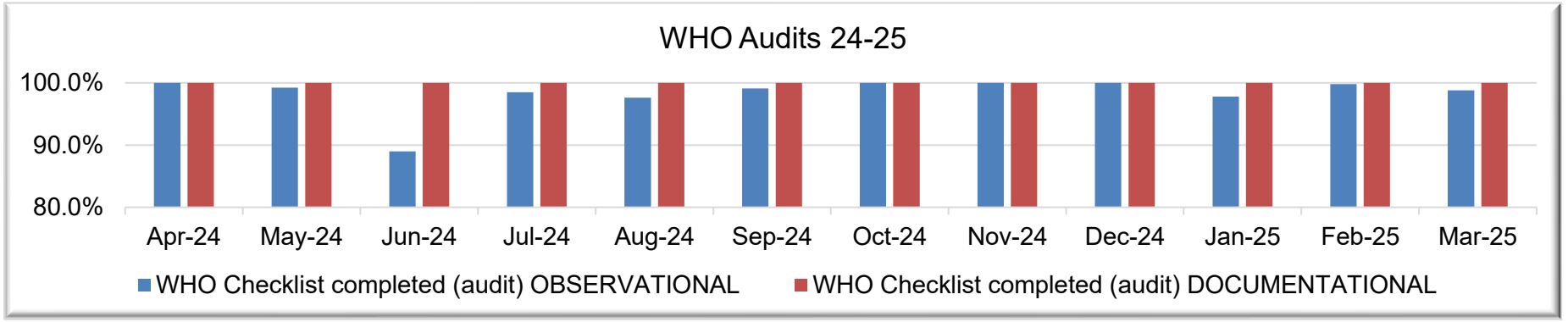
- Improving FFT response rates.
- Strengthening our ability to triangulate quantitative and qualitative feedback.
- Enhancing the overall patient experience across both outpatient and surgical pathways.

These actions will be tracked and reported in greater detail in our 2025/26 Quality Account, including outcomes, changes implemented, and patient impact.

2.3 Clinical Effectiveness

VTE Pre-Op Assessment (No. of Patients)	VTE Pre-Op Assessments (% Complete)	Organisation Acquired Thrombosis	WHO Checklist - Compliance (Observational Audit)	WHO Checklist – Compliance (Documentation Audit)
233	99.7%	0	98.3%	100%

Our Year-on-Year Data (2023-2025)



Clinical Effectiveness Quality Statement

Patient Reported Experience Measures (PREMs) & Patient Reported Outcome Measures (PROMs)

2024/25 marked another year of growth in surgical activity across the company. As demand for timely, high-quality elective care continues to rise, we are proud to have expanded our capacity and contributed to relieving pressure on the wider NHS. We take even greater pride in achieving this while maintaining exceptionally low levels of incidents and concerns and receiving consistently high levels of positive feedback through both PREMs and PROMs.

PROMs are fully embedded across all five surgical specialties and are reviewed quarterly through our Clinical Review Meetings (CRMs), ensuring that outcomes are discussed directly with the clinical teams responsible for care delivery.

Enhancing Outcome Measurement in a Community-Based Model

While we are already thorough in reviewing and responding to any PROMs that indicate lower-than-expected outcomes or ongoing symptoms, we are also committed to further developing the sophistication of our clinical effectiveness reporting.

In 2024/25, we have worked hard to develop the collection and use of Patient Reported Outcome Measures (PROMs) across all surgical specialties. As a provider of community-based surgical care under local anaesthetic, we recognise the importance of monitoring outcomes in a way that is proportionate, meaningful, and reflective of our service model.

Looking ahead to 2025/26, we will explore how we can use our digital systems to improve the extraction, analysis, and benchmarking of outcome data, balancing ambition with appropriateness for our setting. We will continue to consider opportunities to align with national datasets and peer providers, where doing so adds demonstrable value to patient care and supports continuous improvement.

Key areas under review include:

- **Hernia Surgery:** In 2024/25, we introduced 6-month chronic pain score collection via SMS. Where patients indicate ongoing pain, they are invited to complete a more detailed questionnaire to inform clinical review. In 2025/26, we will consider the feasibility of contributing to the National Hernia Registry, considering the nature and scope of our service model.
- **Podiatric Surgery:** PROMs are already collected at 6 months post-op. We will review opportunities to align more fully with the broader PASCOM-10 reporting model, where appropriate, to enhance comparability and completeness.
- **Cataract Surgery:** We continue to use Cat-PROM5 at 3 months post-op per eye, in line with national guidance. In 2024/25, we launched a new contract with Primary Eyecare Services to receive visual acuity outcome data following community-based follow-up. We will review this data alongside our existing patient feedback to better understand post-operative outcomes.
- **Hand Surgery:** PROMs are collected at 3 months using our IHG Hand PROM Tool. In the coming year, we will consider ways to improve response rates and explore alignment with national standards, such as those from the British Society for Surgery of the Hand (BSSH), where this adds value.
- **Vasectomy Surgery:** PROMS are collected after patients have completed semen analysis and are given clearance, using our in-house IHG Vasectomy PROM Tool. We will continue to review the consistency of this process and how best to use the data to enhance patient experience.

Leadership, Governance, and Medical Standards

As part of our commitment to quality, the organisation has strengthened its leadership and oversight structures. In 2024/25, we:

- Embedded the new formation of the Executive & Non-Executive Board.
- This included recruitment of a full-time Chief Nursing Officer (CNO).
- Expanded the Medical Director role to a substantive 2-day per week post.
- Invested in Clinical Director roles within our three largest specialties (Hernia, Cataract, and Podiatric Surgery).

Together, the Chief Nursing Officer (CNO) and Medical Director work closely to embed high standards of clinical governance, promote the GMC's Good Medical Practice, the RCS's Good Surgical Practice, and drive cross-disciplinary clinical leadership in alignment with all other professional standards - such as those set by the Nursing and Midwifery Council (NMC), Health and Care Professions Council (HCPC), General Optical Council (GOC), and the General Pharmaceutical Council (GPhC). In line with this, we have also completed a self-assessment against the Independent Healthcare Provider Network's (IHPN) Medical Practitioners Assurance Framework, ensuring our approach meets sector-wide expectations for safe, effective, and accountable care and plan to start a Medical Advisory Committee in 25/26.

Clinical Induction, Training, and Succession Planning

Recognising the unique nature of community-based local anaesthetic (LA) surgery, we enhanced our Clinician Induction Programme in 2024/25 to better support surgeons new to this setting. Induction now includes a structured local onboarding at each site, led by the relevant Clinical Director and supported by clinical suppliers where needed. Surgeons do not progress to operating independently until this has been completed. This approach ensures safe integration into our model and provides tailored support to develop the specific skills required. Following induction, clinicians are encouraged to expand their scope of practice, helping to increase patient access and build a more resilient and sustainable workforce.

VTE Risk Assessment

While IHG currently only performs local anaesthetic, day case procedures, we remain vigilant in mitigating the risk of venous thromboembolism (VTE). We aim to complete 100% of required VTE risk assessments, and where needed, implement appropriate prophylactic measures. In 2024/25, one assessment was missed, due to an oversight by a newly appointed consultant. There was no harm to the patient, and this has since been incorporated into our updated clinical induction programme to ensure learning is embedded.

Audit and Compliance

We conduct a wide range of local and national audits, including:

- WHO Checklist Compliance

- Hand Hygiene
- Environmental Cleanliness
- Documentation Audits
- Observational Practice Reviews

Audit compliance remained high throughout 2024/25. In 2025/26, we will migrate all audit activity into our Radar risk and quality reporting system, allowing for real-time tracking, trend analysis, and better integration with incident and patient experience data.

This digital transformation has also given us the opportunity to refresh our audit programme, with a new structure including:

- Weekly local audits by Site Seniors
- Monthly audits by Matrons
- 6-monthly audits by the Deputy Chief Nurse
- Annual audits by the Chief Nurse

This tiered approach ensures a robust “clinic-to-board” line of sight, encouraging peer challenge, visibility of standards, and a ‘fresh eyes’ perspective across clinical teams that is in line with our ethos of “Check & Challenge but with Support”.

External Standards and NICE Guidance

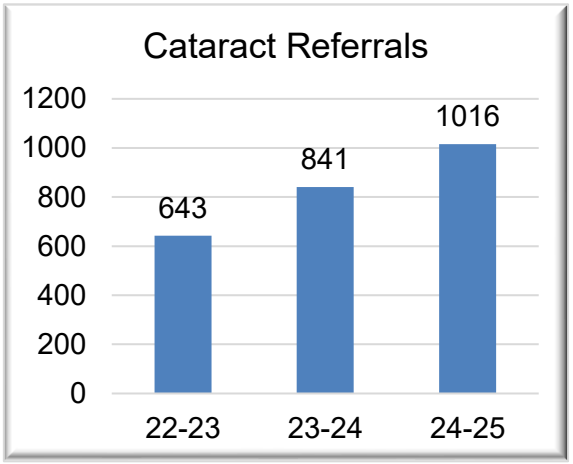
We continue to monitor and comply with all national audit requirements, CQUINs, and NICE guidance. These are reviewed monthly and reported through our Integrated Governance and Business Committee (IGBC) to ensure external standards are embedded into routine governance.

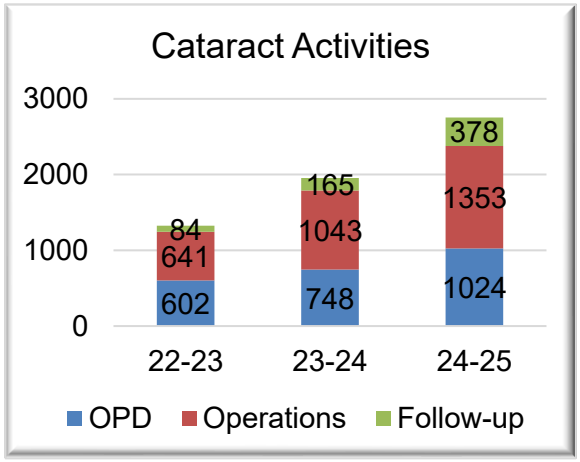
Part 3:
Review of Service Performance

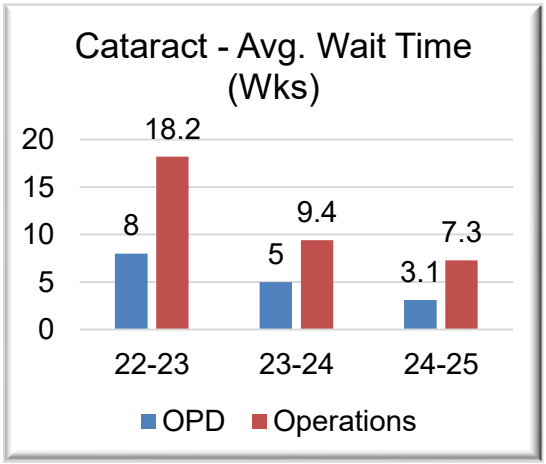
Referrals, Activity, Waiting Times, Service Improvements & Partnership Working

3.1 Cataract Surgery Service

Our Year-on-Year Data (2022-2025)







Surgical Site Infections, Patient Safety & Complaints

Year	SSI 0-7 Days	SSI 8-30 Days	SSI 31-365 Days	No. SSI Total	SSI % Rate	Serious Incidents	Never Events	Deaths	Complaints	Concerns	Claims
22/23	-	-	-	0	0%	0	0	0	1	0	0
23/24	0	0	0	0	0%	0	0	0	0	0	0
24/25	0	0	0	0	0%	1	0	0	0	0	0

Readmissions, Transfers & Pain Scores

Year	Emergency Re-admissions within 30 days	Emergency Transfer to Another Provider	Intra-operative Pain Acceptable	Pain Relief at Home Acceptable
22/23	0	0	99.8%	99.5%
23/24	0	1	99.66%	99.65%
24/25	1	0	100%	100%

Service Performance Statement

Service Delivery

The service has achieved continued growth and service enhancement in cataract care during 2024/25, building on the momentum of previous years and responding to increasing demand for high-quality, community-based ophthalmology services.

Key Performance Metrics

Referral Growth

- Referrals rose by 20.8% compared to 2023/24, and by 58% compared to 2022/23. This sustained growth reflects growing patient confidence, strong referrer relationships, and the reputation of the service for delivering efficient, high-quality care.

Activity Growth

- Outpatient Consultations: Increased by 36.9% from 2023/24.
- Cataract Operations: Increased by 29.7% year-on-year.

Improving Waiting Times

Despite the rise in referrals and activity, the service has maintained and improved access:

- Outpatient Appointments: Now average 3.1 weeks (improved from 5.0 in 2023/24 and 8.0 in 2022/23).
- Operations: Now average 7.3 weeks (down from 9.4 in 2023/24 and 18.2 in 2022/23).

These metrics demonstrate the service's ability to deliver timely, safe care and manage demand effectively, with wait times that remain among the shortest in the region.

Service Enhancements in 2024/25

- Clinical Leadership Strengthened - We appointed a Clinical Director for Cataract Surgery, enhancing clinical oversight, supporting decision-making, and helping to embed best practice across our sites in Westbury and Salisbury, Wiltshire.
- Post-operative Outcomes Service - A dedicated post-operative community-based acuity outcomes service will enhance the telephone follow-up service at day 10 to ensure early identification of complications. This has been implemented to ensure high levels of patient satisfaction, the provision of continued care post discharge, and enable us to formally demonstrate patient outcomes.
- Bilateral Cataract Surgery - The service now offers same-day bilateral surgery for patients where it is clinically appropriate and safe, improving patient convenience and reducing time to full visual recovery.
- Pathway Review and Equipment Investment - A comprehensive review of the cataract pathway was undertaken in 2024/25, leading to:
    - Investment in new ophthalmic equipment
    - Streamlining of internal clinical and administrative processes
    - Planning for further optimisation in 2025/26

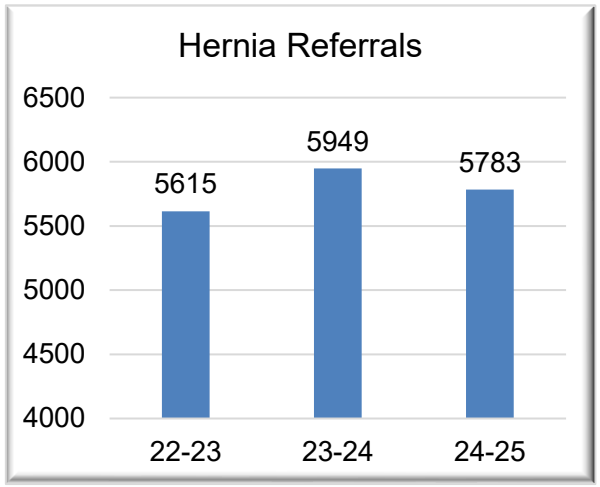
These changes ensure the pathway remains efficient, safe, and patient-centred, while supporting future growth.

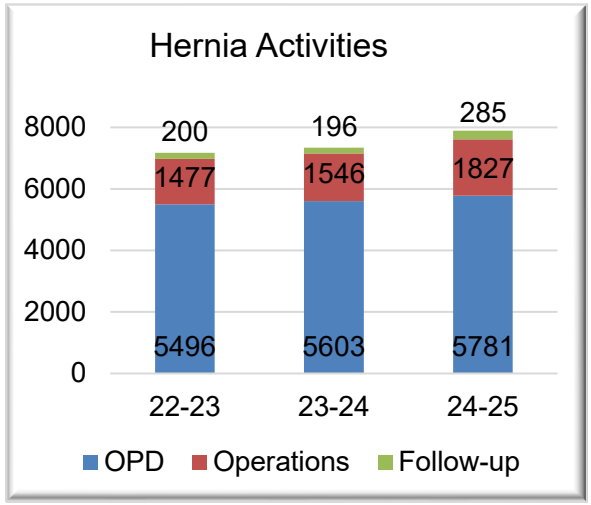
Collaborative Partnerships

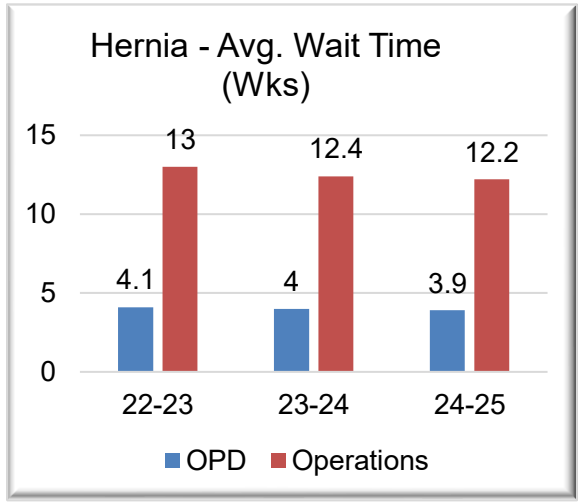
Our ongoing collaboration with Sarum Vision / Medcentres, Salisbury continues to mature. This partnership expands patient choice and enhances access, particularly in Wiltshire and the surrounding regions. Through shared facilities and integrated working, we are delivering seamless care closer to home.

3.2 Hernia Surgery Service

Our Year-on-Year Data (2022-2025)







Surgical Site Infections, Patient Safety & Complaints

Year	SSI 0-7 Days	SSI 8-30 Days	SSI 31-365 Days	No. SSI Total	SSI % Rate	Serious Incidents	Never Events	Deaths	Complaints	Concerns	Claims
22/23	-	-	-	16	1.08%	0	1	0	1	0	0
23/24	1	16	4	21	1.35%	2	0	0	2	0	0
24/25	1	6	1	8	0.44%	2	0	0	6	5	0

Readmissions, Transfers & Pain Scores

Year	Emergency Re-admissions within 30 days	Emergency Transfer to Another Provider	Intra-operative Pain Acceptable	Pain Relief at Home Acceptable
22/23	9	1	99.5%	97.6%
23/24	11	2	99.38%	97.2%
24/25	12	2	98.82%	97.64%

Service Performance Statement

Service Delivery

The service has achieved continued growth within conversion to surgery and clinic activity during 2024/25, maintaining our position as England's leading provider of local anaesthetic hernia surgery. Our consistent delivery of timely, high-quality care continues to support not only our patients but also the wider NHS at a time of increased elective care pressures.

Key Performance Metrics

Referral Growth

- Whilst referrals were down slightly, we have seen growth in operating activity and the number of outpatient consultations increased by 3.2% compared to 2023/24. This reflects sustained demand for our efficient, community-based surgical model which continues to provide good outcomes with limited conversion to GA requirement.

Activity Growth

- Operations: Increased by 18.2% compared to the previous year, further expanding our contribution to elective recovery and reducing surgical backlogs.

Improving Waiting Times

Our hernia service continues to achieve excellent access:

- Referral to Treatment (RTT): Completed pathway waiting times remain well within the NHS 18-week standard.
- Average Time from GP Referral to Treatment: Remains exceptional at 12.2 weeks, despite the rising demand.

These figures reflect our ongoing ability to deliver safe, effective surgery without delay, supporting patient choice and access to timely treatment in a local, less complex setting.

Service Enhancements in 2024/25

Clinical Leadership and Opportunities for Service Improvement:

- A Clinical Director for Hernia Surgery was appointed to lead service development, quality oversight, and clinical engagement.

  Under this leadership:

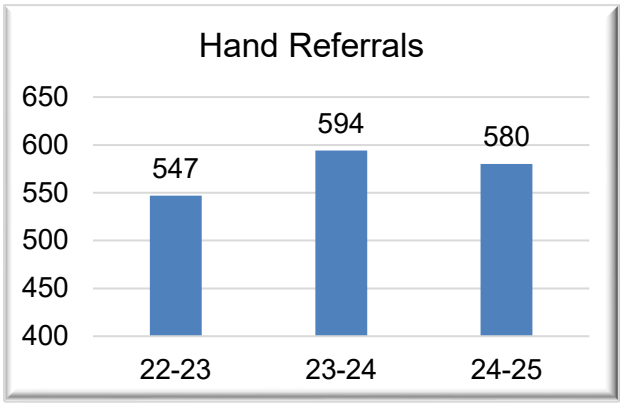
  - A review was undertaken to identify opportunities to further enhance pre-assessment clinic tasks, quality of consent and in turn improve patient outcomes and experience. Resulting in the recommendation to increase clinic slots from 15 to 20mins, which is supported by the board.
  - A new 6-month post-operative Patient Reported Outcome Measure (PROM) was introduced to better understand longer-term recovery, exploring pain and any learning or supportive onward referral processes.

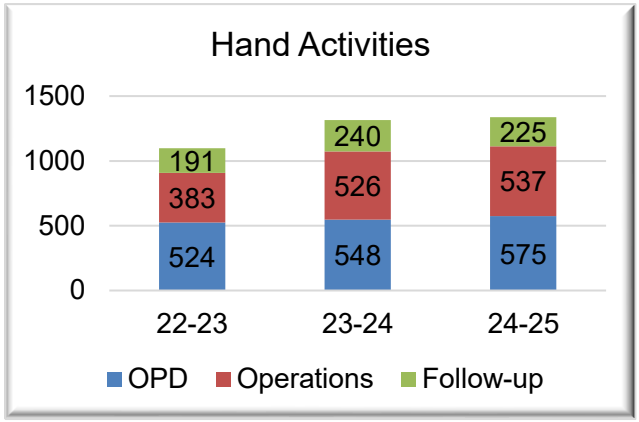
Collaborative Partnerships

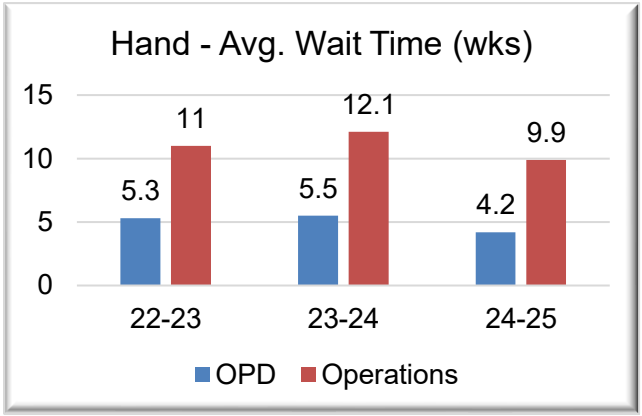
- In 2024/25, we entered into a collaboration with Medefer to support hernia patients from Staffordshire and Stoke-on-Trent, expanding our reach and helping reduce waiting times in underserved areas.
- Nearly 170 patients chose to attend our Leicestershire operating site, highlighting the value of cross-system collaboration and patient choice in community surgical pathways.

3.3 Hand Surgery Service

Our Year-on-Year Data (2022-2025)







Surgical Site Infections, Patient Safety & Complaints

Year	SSI 0-7 Days	SSI 8-30 Days	SSI 31-365 Days	No. SSI Total	SSI % Rate	Serious Incidents	Never Events	Deaths	Complaints	Concerns	Claims
22/23	-	-	-	2	0.52%	0	0	0	0	0	0
23/24	0	2	0	2	0.38%	0	0	0	0	0	0
24/25	1	1	0	2	0.37%	0	0	0	0	0	0

Readmissions, Transfers & Pain Scores

Year	Emergency Re-admissions within 30 days	Emergency Transfer to Another Provider	Intra-operative Pain Acceptable	Pain Relief at Home Acceptable
22/23	0	0	100%	N/A
23/24	0	0	100%	N/A
24/25	0	0	100%	N/A

Service Performance Statement

Service Delivery

The service continues to provide a safe, efficient, and high-quality hand surgery service, primarily offering carpal tunnel release and trigger finger release procedures under local anaesthetic. In 2024/25, we maintained strong operational performance, delivering timely care while also adapting to changes in referral patterns.

Key Performance Metrics

Referrals

- Referrals for hand surgery in 2024/25 decreased by 2.3% compared to the previous year. This modest reduction is in line with national trends in demand fluctuation and does not reflect any reduction in access or capacity.

Activity Growth

- Outpatient Consultations (OPD): Increased by 5.0% from 2023/24, demonstrating improved flow and efficiency in clinical assessment.
- Operations: Increased by 2.1% year-on-year, reflecting sustained delivery despite fewer incoming referrals.

Improving Waiting Times

Our hand service continues to exceed access standards:

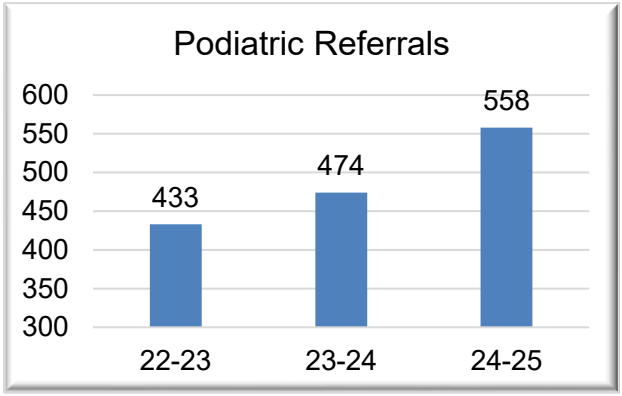
- Referral to Treatment (RTT): All completed pathways remained well within the NHS-mandated 18-week standard.

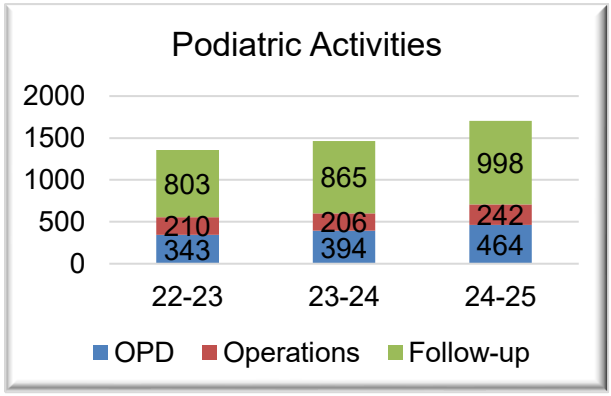
- Average Time from GP Referral to Treatment: Achieved an average of 9.9 weeks, inclusive of any patient-initiated delays, maintaining our reputation for prompt access to surgical care.

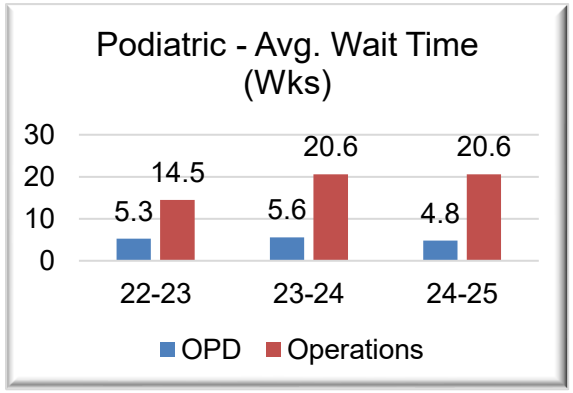
These results reflect the effectiveness of our streamlined pathway for hand surgery under local anaesthetic, delivered in a safe and community-based setting.

3.4 Podiatric Surgery Service

Our Year-on-Year Data (2022-2025)







Surgical Site Infections, Patient Safety & Complaints

Year	SSI 0-7 Days	SSI 8-30 Days	SSI 31-365 Days	No. SSI Total	SSI % Rate	Serious Incidents	Never Events	Deaths	Complaints	Concerns	Claims
22/23	-	-	-	3	1.43%	0	0	0	0	0	0
23/24	0	2	0	2	0.97%	0	0	0	0	0	0
24/25	**0**	**0**	**0**	**0**	**0%**	**0**	**0**	**0**	**0**	**0**	**0**

Readmissions, Transfers & Pain Scores

Year	Emergency Re-admissions within 30 days	Emergency Transfer to Another Provider	Intra-operative Pain Acceptable	Pain Relief at Home Acceptable
22/23	3	0	100%	91.6%
23/24	0	0	100%	92.5%
24/25	0	0	100%	94.97%

Service Performance Statement

Service Delivery

The service has achieved continued growth and service enhancement in podiatric surgery during 2024/25, building on the momentum of previous years. As a specialist community-based surgical service under local anaesthetic, our podiatric pathway supports patients requiring a range of foot and ankle procedures delivered safely and locally.

Key Performance Metrics

Referral Growth

- Referrals for podiatric surgery rose by 17.7% in 2024/25 compared to the previous year, reflecting growing demand and confidence in the service across our sites.

Activity Growth

- Outpatient Consultations (OPD): Increased by 17.7%, in line with referral growth.
- Operations: Grew by 17.5%, maintaining high conversion rates from assessment to treatment

Improving Waiting Times

- Referral to Treatment (RTT): The average RTT for completed pathways was 20.6 weeks, slightly above the NHS-mandated 18-week standard, however this is driven by patient-initiated delays to plan their recovery times along with some additional delays awaiting referrals for diagnostics from within the acute providers. Despite this, our patients are clinically prioritised and supported with continuity throughout their care to ensure appropriate and timely treatment and we are committed to reducing these waits wherever possible, in 2025/26.

Service Enhancements in 2024/25

Workforce Expansion:

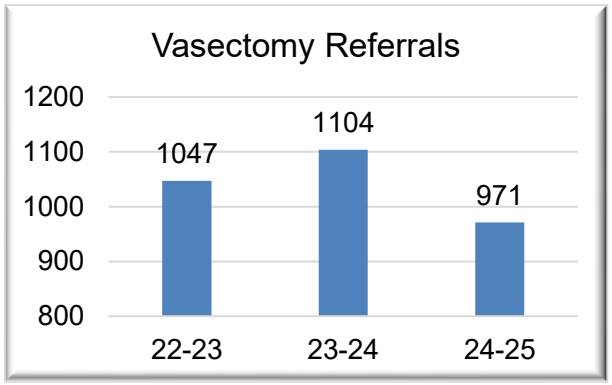
- Additional Podiatric Surgeon capacity was recruited in Q3 of 2024/25, significantly increasing clinical capacity and enabling the service to respond to rising demand.

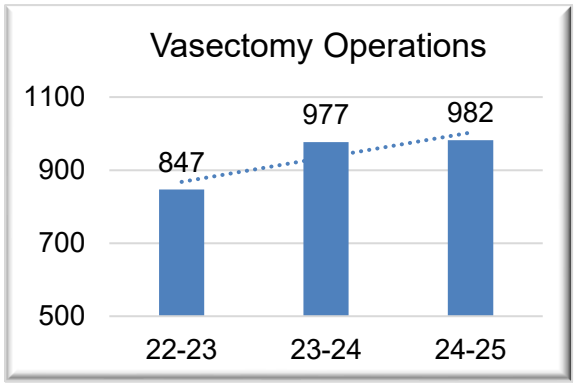
Leadership and Pathway Review:

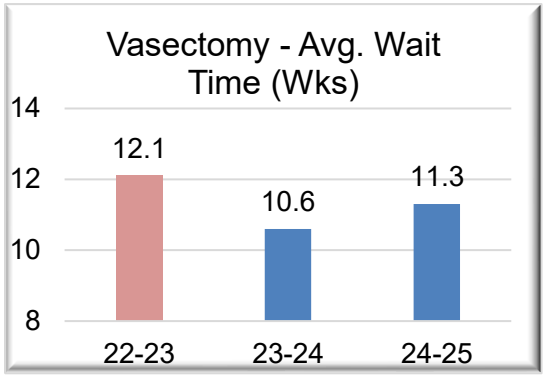
- A Clinical Director for Podiatric Surgery was appointed to lead on clinical quality, service development, and workforce support across sites.
- A fixed term project manager carried out a service review, encompassing equipment needs, current practice, and opportunities to expand the scope of care, this will be developed in 25/26.
- Procurement exercise to understand the best use of products to perform the types of procedures was undertaken.
- Business case approval to invest in our own imaging platform and portable x-ray machines to support timely imaging and ease of access for review.

3.5 Vasectomy Surgery Service

Our Year-on-Year Data (2022-2025)







Surgical Site Infections, Patient Safety & Complaints

Year	SSI 0-7 Days	SSI 8-30 Days	SSI 31-365 Days	No. SSI Total	SSI % Rate	Serious Incidents	Never Events	Deaths	Complaints	Concerns	Claims
22/23	-	-	-	7	0.83%	0	0	0	1	0	0
23/24	1	7	1	9	0.92%	0	0	0	0	0	0
24/25	5	3	0	8	0.81%	0	0	0	0	0	0

Readmissions, Transfers & Pain Scores

Year	Emergency Re-admissions within 30 days	Emergency Transfer to Another Provider	Intra-operative Pain (PROMS)	Pain Relief at Home Acceptable
22/23	0	0	Not Collected	Not Collected
23/24	0	1	Not Collected	Not Collected
24/25	0	0	Not Collected	Not Collected

Service Performance Statement

Service Delivery

The Vasectomy service achieved continued growth and service enhancement during 2024/25, despite a reduction in overall referrals. This decrease reflects our strategic decision to close to new referrals from Devon following a detailed review of the service viability. As a core component of our urology portfolio, the service continues to offer patients safe, effective, and timely surgical sterilisation under local anaesthetic, delivered within a convenient and accessible community setting.

Key Performance Metrics

Referral Growth

- BSW and across boarder referrals increased by 4.6% compared to 2023/24, reflecting sustained demand and continued confidence in our model of care and an area we are looking to address by increasing our provision in 2025/26.

Activity Growth

- Operations: Activity saw a slight overall increase compared to 2023/24, despite a reduction in geographical footprint.

Improving Waiting Times

- Referral to Treatment (RTT): Waiting times remain excellent, which contributed to an increase in Non-Contracted Activity (NCA) - 15% of procedures were delivered to patients referred from neighbouring ICBs.

Service Enhancements in 2024/25

- Geographic Expansion - A new vasectomy clinic was mobilised in Swindon, enhancing access for patients in the northern part of the Bath and North-East Somerset, Swindon and Wiltshire (BSW) ICB region.
- Adaptability and Service Continuity - Although the Devon vasectomy service was closed in 2025 following a detailed assessment of service viability. With Outside of Deven activity, overall activity remained above 2023/24 levels thanks to increased surgical volumes in BSW and growing referral partnerships across borders.

Part 4:
Quality Improvements (QI)

Quality Priorities, CQC & Workforce Development

4.1 Quality Improvement from Historic CQC Actions

At Independent Health Group, continuous quality improvement is not only a core principle but a cultural imperative. Following our Care Quality Commission (CQC) inspection in April 2022, we received two focused actions for improvement:

- To improve the timeliness of clinic outcome letters in outpatients
- To create more frequent opportunities for staff development and professional engagement

We took both actions seriously, implementing immediate improvements and embedding them into our broader quality improvement and organisational development strategy. These areas have since evolved into embedded strengths that align with our ambition to deliver safe, high-quality, patient-centred care through both clinical excellence and workforce investment.

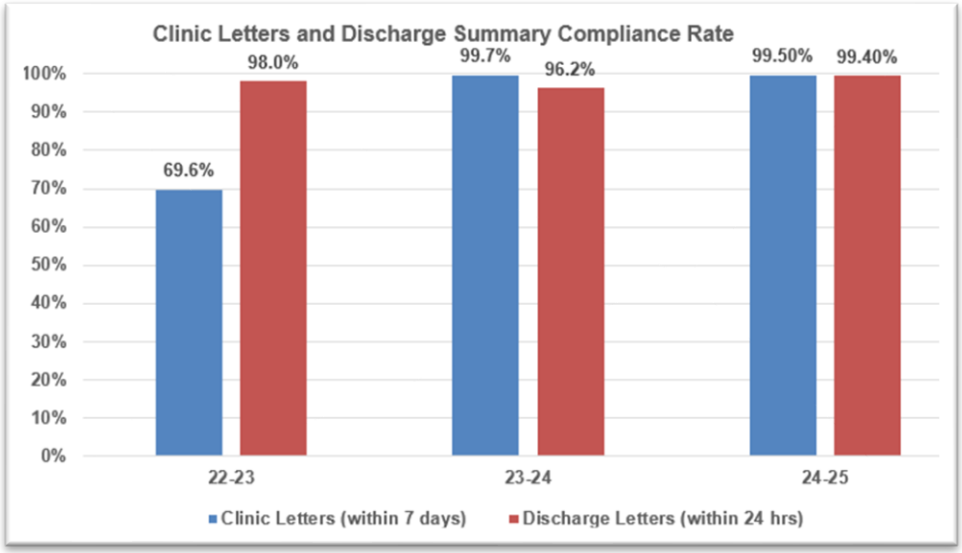
i. Improving Communication and Clinical Documentation

We recognised that timely communication following outpatient consultations and surgical procedures is critical to patient safety, continuity of care, and professional accountability. As a result, we strengthened our systems, introduced internal tracking mechanisms, and engaged operational and clinical teams in shared ownership of this improvement.

The chart below illustrates our sustained gains in compliance:

- Clinic letter timeliness (issued within 7 days) improved from 69.6% in 2021/22 to 99.5% in 2024/25
- Discharge summary compliance (issued within 24 hours) increased from 98.0% to 99.4% in the same period

These results demonstrate not only a strong response to CQC recommendations but a mature system of continuous monitoring and feedback, ensuring high reliability in clinical communication.



ii. Strengthening Workforce Engagement and Professional Development

We have also made significant progress in strengthening our organisational development offer, ensuring that staff across all roles and services feel engaged, connected, and supported in their professional growth. Notable developments include:

- Quarterly Nursing and AHP Development Days - Led by our Chief Nursing Officer, now form part of our core calendar. Clinical activity is stood down to enable full participation, and we also support our valued bank staff to attend.
- Expanding Our People Team - In 2024/25, we invested in organisational capability with the appointment of a Learning & Organisational Development Specialist and a Rostering & Compliance Lead. Further supporting our commitment to staff having access to development, timely appraisal, statutory training, and high levels of workforce policy compliance, including tracking technical and core competencies.
- The launch of a bi-monthly Professional Forum - Open to all clinical and non-clinical colleagues, provides a dedicated space for shared learning, service feedback, and cross-disciplinary dialogue. This complements our existing quarterly Clinical Review Meetings (CRMs), where clinical leaders, surgeons, and operational leads collaborate on clinical excellence.

- Our Annual Company Meeting (ACM) - Continues to bring staff together every July to reflect, celebrate success, and align on strategic priorities for the year ahead.

Together, these initiatives represent our clear and sustained commitment to building a connected, capable, and high-performing workforce - a team that is empowered to deliver the exceptional care our patients expect and deserve.

Photos of IHG Staff at various events over 2024/25

4.2 Quality Priorities – Looking Back Over 2024/25

At Independent Health Group, our core values; Patients First, Continually Improving, and Working Together, remain the touchstone for every clinical and strategic decision. These principles drive our reputation for safe, high-quality, person-centred care and ensure that patient benefit is considered first whether at the bedside or in the Board room.

Performance against our Quality Priorities is overseen through robust governance, with regular scrutiny at Senior Management Team and Executive Board level. During 2024/25 we welcomed a new Chief Nursing Officer role and expanded Medical Director role, bringing fresh clinical leadership and prompting a targeted review of priorities in line with emerging operational needs. Consequently, some objectives were completed, others were refined, and a small number were prudently carried forward to 2025/26 - reflecting our commitment to keep improvement efforts relevant, be brave to re-focus if need be but remain proportionate, and patient-focused.

Beyond these formal priorities, we strengthened our patient-safety culture by commissioning bespoke training to embed the Patient Safety Incident Response Framework (PSIRF). Delivered to all nursing staff and Board members, the programme fostered systems thinking, psychological safety, and just-culture principles; it will be rolled out to governance teams, Matrons, and operational leads in 2025/26.

We also reinvested savings from a vacant post to secure specialist support for a full Radar reconfiguration, aligning incident-reporting and audit modules with PSIRF and enhancing our capacity to track, learn from, and act on safety data.

The tables that follow review progress against the Quality Priorities set at the end of 2022/23 for delivery during 2023/24, using a Red Amber Green (RAG) rating to highlight achievement levels. This retrospective view underpins our refreshed Quality Improvement Priorities for 2025/26, detailing why each has been selected and how progress will be monitored and reported throughout the coming year.

Quality Priority 1 – Patient Safety

‘Continue to promote a learning culture through embedding the National Patient Safety Incident Response Framework (PSIRF)’

Executive Lead / Sponsor	Chief Nursing Officer
Why have we chosen this priority?	Patients always come first is a key value for the Independent Health Group. In embedding PSIRF we will further enhance effective systems and processes for responding to patient safety incidents to promote learning and improvements to patient care and experience.
How We Said We Would Improve	How We Did
Implement Weekly Safety Huddles Across Clinical & Non-Clinical Teams.	Outcome Achieved Since July 2024, we have successfully implemented weekly corporate safety huddles to support a proactive and transparent approach to patient safety. These huddles bring together the Chief Nursing Officer, Deputy CNO, Head of Performance & Operations, Governance Team, Safeguarding Lead, and all Matrons and Operational Leads. During these meetings, all recent incidents and complaints are reviewed to identify immediate actions taken, assess potential themes, and agree on any further steps to mitigate risk and share learning. As part of embedding the Patient Safety Incident Response Framework (PSIRF), we have also broadened the use of huddles through the introduction of: • Swarm huddles following more serious or complex incidents to secure immediate mitigations, • Early Action Reviews (EARs) to establish a detailed timeline and context, and • After Action Reviews (AARs), potential multidisciplinary (MDT) discussions or full PSII, to promote deeper learning. These approaches are now embedded within our wider PSIRF-aligned incident response process and support consistent, proportionate, and learning-focused reviews. On the ground, our clinical teams in theatres continue to conduct start- and end-of-list safety huddles, and our administration teams regularly huddle to share updates and learning. Looking ahead to 2025/26, we aim to digitise the

	recording of these huddles within our incident reporting system, improving the visibility of themes, trends, and learning across the organisation over time.
Patient Safety Learning Included in the Weekly Newsletter.	Outcome Partially Achieved. Although our aim was to incorporate patient safety learning into the organisational newsletter throughout 2024/25, this was only partially achieved due to staff shortages within the HR team, which led to the newsletter being paused for much of the year. In response, the Governance Team trialed a "Blue Light Alert" system to share urgent safety learning; however, this approach created some confusion and was subsequently discontinued. During this period, we ensured that key safety messages continued to be shared on a case-by-case basis via direct emails and discussed at relevant clinical and operational meetings. The newsletter was relaunched in June 2025, and going forward will include a dedicated section on patient safety and learning. Additionally, for 2025/26, we are developing a fortnightly safety briefing aligned with our electronic auditing platform, which will be available to support clinical and non-clinical huddles, ensuring safety learning is more routinely and consistently disseminated across the organization for a period of two weeks to ensure staff who are part time or who have been on leave receive the messages.
Engagement Of At Least 1 Patient Safety Partner.	Outcome Not Achieved. While we made efforts to recruit a Patient Safety Partner (PSP) local to our Head Office in Bath during 2024/25, the outcome of the recruitment process was unfortunately unsuccessful. This continues to be a challenge due to the geographical spread and community-based nature of our services, which span multiple sites across areas such as Wiltshire, Gloucestershire, and Leicestershire. Following the departure of our Head of Quality Governance, the organisational focus shifted towards recruiting into that critical role, with the new postholder due to start in June 2025. Despite this, we have made progress in reshaping our approach. The appointment of a dedicated Safeguarding Lead enabled us to refresh of the Safeguarding Committee, now evolved into the Safeguarding and Patient Experience Committee (SPEC). Through this forum, discussions took place around reframing the PSP role to attract broader interest. Plans are now underway to co-design a revised PSP/volunteer role description, building on the traditional PSP model. This updated role includes:

	• A broader remit combining PSP responsibilities with on-site volunteer support during operating days to improve patient experience. • Site-specific volunteers to enable them to observe the full patient pathway, enhancing the value of their contribution to safety discussions as well as supporting improvement in FFT engagement and completion. • The opportunity to attend relevant governance meetings remotely, allowing a broader scope of geographical recruitment along with hopefully recruiting a former patient who will have a lived experience and service insight when attending patient safety forums. Importantly, this work has directly informed the development of the new Non-Executive Director (NED) Lead for Quality & Safety, with a Job Description and Person Specification which are now formally in place. One of our existing NEDs will work closely with both clinical leadership (CNO/MD) and our evolving PSP model to ensure patients remain at the heart of our governance and quality assurance. This objective has been carried forward into our 2025/26 Quality Priorities, with renewed focus and leadership oversight to progress recruitment and implementation.
Patient Stories as Standing Agenda Item for Key Meetings.	Outcome Partially Achieved. During 2024/25, several patient stories were shared at Senior Management Team (SMT), Executive, and Board meetings and quality / patient care is the first agenda item in all meetings. However, these were primarily linked to patient safety incidents or cases where specific learning or reflection was required. While such examples are valuable, patient stories should be more than a response to when things don't go to plan, they should also showcase what has gone well and celebrate excellence, compassion, and patient-centred care. Stories offer a powerful way to humanise the data we review, remind us of the real people behind the pathways, and enable leaders at every level to stay grounded in the lived experience of care. They bring qualitative depth to our assurance processes and help ensure we remain focused on the impact our services have on individuals. As a result of discussion at our main governance and assurance committees, the Chief Nursing Officer has committed to carrying this objective forward into 2025/26, embedding patient stories as a standing item at Board and other key committee meetings.

Quality Priority 2 – Clinical Effectiveness

'Demonstrate the best possible outcomes for patients.'

Executive Lead / Sponsor	Medical Director
Why have we chosen this priority?	Continuous improvement is a key value for the Independent Health Group. Reviewing how we capture and use patient outcome information to identify opportunities to improve care is fundamental to this.
How We Said We Would Improve	**How We Did**
Review Our Clinical Audit Programme.	Outcome Achieved. In 2024/25, we undertook a comprehensive review of our clinical audit programme, with a particular focus on key priority areas such as: • Hand hygiene audits, including compliance with the '5 Moments for Hand Hygiene' and the *One Together* national guidance. • WHO surgical safety checklist audits (both observational and documentary) to assess compliance and quality. • Environmental audits to ensure continued high standards of cleanliness, infection prevention, and overall clinical readiness in a proactive and regular manor. This review has been strengthened by new clinical leadership, including the appointment of a substantive Medical Director and the creation of Clinical Director roles within key specialties. Together, these leaders are supporting further development of specialty-specific dashboards for outcome data, clinical audit tracking, national benchmarking, and quality improvement planning. To modernise and consolidate our audit process, in 2025/26 we will begin the migration of all audits into the Radar audit and IPC module, ensuring our processes are digital, auditable, and consistent across sites. This will also facilitate thematic learning and allow us to embed audit outcomes directly into clinical governance processes. To further enhance data-driven decision making, we have:

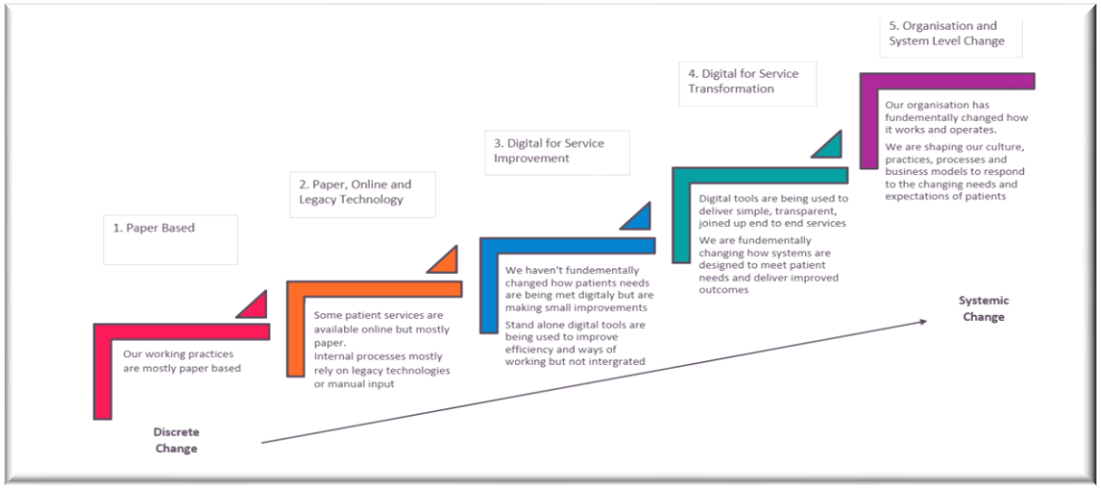
	• Purchased and licensed Power BI software, enabling the Business Intelligence team to design dynamic dashboards and begin automating extraction and analysis of key outcome data from our electronic patient record system (SystmOne). • Started planning for self-service dashboards to enable clinicians and operational leads to view near real-time data to support local quality improvement. In support of these efforts, a refreshed Corporate Clinical Audit Policy will be developed in 2025/26. This will define: • Our working definition of clinical audit, • The framework and governance for effective clinical audit systems and processes, • Standards for oversight, including regular scrutiny of the audit programme and action plan delivery where assurance gaps are identified. These collective actions demonstrate our ongoing commitment to continuous improvement and delivering the best possible outcomes for patients through evidence-based practice.
Conduct Clinical Audit Training for Key Clinical Staff.	Outcome Partially Achieved. During 2024/25, significant progress has been made in strengthening the clinical leadership structure and laying the foundations for future audit training and capability development: • All three Regional Matron posts and associated Site Senior roles have now been substantively appointed. • These roles have been supported by updated Job Descriptions aligned with national standards, including the National Matron Handbook and Ward/Unit Leader Handbooks, reinforcing their leadership responsibilities around clinical quality and audit. • Matrons have been moved to a fully supervisory model, and from 2025/26 once recruited into backfill, our Site Seniors will also benefit from additional supervisory time, supporting their ability to engage with local audit and improvement initiatives. • We have launched quarterly leadership away days, providing a structured forum for reflection, development, and training. As part of this, each leader has undertaken a bespoke self-assessment to identify their development needs. • Some bitesize teaching sessions have already been delivered to begin building confidence and understanding.

	• A Learning & Development Specialist role has been developed and recruited to support the creation of core and technical competencies, which will include training on audit methodology, quality improvement cycles, and reporting standards. While not all technical elements of the clinical audit training programme were delivered during 2024/25, a clear framework has been established. The focus for 2025/26 will now shift to formalising and rolling out these competencies and training packages to ensure key clinical staff are equipped to lead, participate in, and act upon local and corporate clinical audits.
Implementing an Electronic Infection Monitoring System.	Outcome Partially Achieved. During 2024/25, meaningful progress has been made toward developing a fully digital, integrated system for infection monitoring: • The organisation has procured the Infection Prevention & Control (IPC) Module within Radar Healthcare and appointed a Specialist Advisor to oversee the reconfiguration of the system. This project will enable a full transition of infection surveillance and audit processes into the digital platform with all potential infections reported. • Collaborative work with the Business Intelligence team led to the design of a digital infection monitoring and surgical site infection (SSI) template, to embed into the patient record in SystmOne. This will support consistent documentation and reporting once infection episodes are clinically validated by the Matron. • The reconfigured Radar system, including the IPC and Audit modules, is scheduled to be implemented by September 2025. Our infection rates remain consistently low, reflecting robust clinical standards and strong adherence to IPC practices. We continue to demonstrate unwavering compliance with deep cleaning protocols and Air Handling Unit (AHU) verification, maintaining high environmental safety standards.
Review Opportunity to Strengthen Our Outcome Reporting & Benchmark with Other Healthcare Providers. Services to Meet the Needs of Patients, Healthcare Commissioners, Healthcare Regulators, & Others	Outcome Partially Achieved. In 2024/25, IHG made progress in improving outcome measurement and enhancing our ability to benchmark against peer providers, though further development is required: • PROMs Expansion: A new 6-month chronic pain PROM was introduced in Hernia Surgery, enabling earlier identification of patients experiencing post-repair pain and allowing for clinical review or intervention. • Ophthalmology Enhancements: The development of a partnership with Primary Eyecare Services (PES) has allowed for the collection of visual acuity outcome data post cataract surgery, providing a pathway to evidence and review the excellent verbal feedback often reported by patients. • Benchmarking Aspirations: We continue to explore opportunities for engagement with national datasets. Some of our hernia surgeons already contribute to the National Hernia Registry through other roles, and we are actively exploring the feasibility of wider IHG participation.

	• PASCOM-10: Outcome data for Podiatric Surgery continues to be collected and uploaded to PASCOM-10, ensuring alignment with Royal College of Podiatry guidance and enabling sector-specific benchmarking. Digital Infrastructure: We recognise the need to ensure our electronic patient record (EPR) system is suitable for structured data capture and automated outcome reporting. While digital PROMs and national-level benchmarking remain a developing space, our clinical teams have worked hard to maximise current functionality within existing systems. As national PROMs reporting becomes digitalised, there will be greater opportunity to compare our performance and outcomes with peer providers, supporting transparency, shared learning, and continuous quality improvement. In 2025/26, this area remains a strategic focus, with plans to review how our clinical systems support service-specific reporting dashboards, enable more robust reporting, and ensure proportionate outcome collection aligned to our model of care.

Quality Priority 3 – Digital

‘To adopt digital technology to improve patient and staff experience.’

Executive Lead / Sponsor	Chief Operating Officer
Why have we chosen this priority?	Our Digital Strategy sets out our future vision. Using technology to help our teams to communicate with patients more easily and enable patients to access the information and care they need quickly and easily, and when it suits them, will allow us to capture information that can influence how we evaluate and improve our services. Below shows our digital maturity matrix (Scale 1 to 5), we are currently rated at a score of 2.1. 
How We Said We Would Improve	How We Did
Implement a Digital Process to Capture Friends & Family Test (FFT) Results.	Outcome Achieved. In August 2024, Independent Health Group successfully transitioned to a fully digital Friends and Family Test (FFT) process. This change has enabled us to collect feedback across all care settings, including outpatient consultations and follow-up appointments, rather than solely at the point of surgical discharge. Patients can now provide feedback more

Implement a Digital Process to Capture Patient Reported Outcome Measures	conveniently and at a time that suits them, without requiring prompting or supervision from staff. Additionally, we have made the survey accessible via our website to allow feedback at any time. Since implementation, we've achieved our internal response rate target of 35%, which is notably above the current NHS average of 22%. While we are pleased to report we have met this target marking a significant step forward, we are clear that this is not our end goal. We are ambitious about deepening patient engagement and will be exploring a range of initiatives throughout 2025/26 to further increase response rates and reach. Equally important is ensuring we understand and act on the small but significant number of responses where patients indicate dissatisfaction. These insights are being closely reviewed to ensure we identify and address any emerging themes, however rare, and continue to improve the experience of every patient in our care. Outcome Partially Achieved. In 2024/25, we introduced a new digital process to capture Patient Reported Outcome Measures (PROMs) specifically for our Hernia Surgery service at the 6-month post-operative point. This enables us to better understand longer-term patient experiences following surgery, particularly around persistent pain or delayed recovery, and provides an opportunity for timely clinical review and intervention where appropriate. This has been a valuable first step toward improving how we gather meaningful outcome data across the organisation. Building on this, during 2025/26, we will expand our efforts to fully digitalise PROMs and PREMs collection across all surgical specialties, enabling more comprehensive analysis, easier access to outcome data, and better benchmarking to support clinical effectiveness and quality improvement.
Introduce a Digital Platform for Patients to View & Manage their Information Leaflets & Letters.	Outcome Partially Achieved. While the development of a fully functional digital patient portal remains ongoing, we have made tangible progress in increasing digital communication with patients. Appointment letters are now routinely sent via SMS and email, significantly reducing the reliance on postal correspondence. Additionally, our website has been further enhanced to provide patients with up-to-date information on our services and surgical pathways, including current average waiting times. This forms an important foundation as we work toward a more integrated solution where patients can securely access and manage their care-related information in one place. Completion of the portal remains a priority for 2025/26. See below some detail through our research as to why this work has been so critical for us and our patient demographic:

The NHS APP

Subscriptions

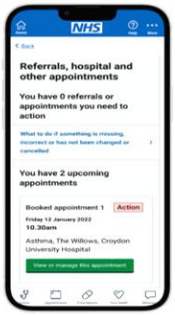
NETFLIX = 16.7m

NHS App = 33.6m

What about our Patients?

Referrals by Age

- 18-30 3%
- 30-50 29%
- 50-60 16%
- +60 52%



Over 66 years old is 62% of all users

*as from Dec 2023

Patient Experience Portal (PEP)

VIEW REFERRALS AND APPOINTMENTS IN ONE PLACE

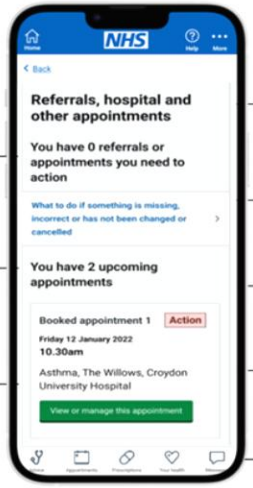
View referrals and future hospital appointments

VIEW SUPPORTING INFORMATION FOR APPOINTMENTS

View additional material, support or guidance

VIEW A SINGLE POINT OF CONTACT FOR APPOINTMENTS

Available for all secondary care appointments



BOOK, CHANGE AND CANCEL APPOINTMENTS

Allows patients to manage their referrals and hospital appointments

NOTIFICATIONS AND MESSAGING

For any changes or actions to take about their appointments, questionnaires or documents

QUESTIONNAIRES

Complete pre-consultation or waiting list validation questionnaires

DOCUMENTS

Access appointment and outcome letters and discharge summaries

PAPERLESS PREFERENCES

Access hospital appointment documents without the need for receiving a paper copy

Quality Priority 4 – Workforce

‘Ensure our staff have opportunity to learn and develop as our business grows.’

Executive Lead / Sponsor	Head of People / Chief Nursing Officer
Why have we chosen this priority?	Teamwork underpins all that we do at Independent Health Group. Our staff have told us through the staff survey that they would like greater opportunity to learn. Developing our staff is fundamental to developing our services. Improving staff learning opportunities and professional development will improve staff satisfaction and patient care.
How We Said We Would Improve	How We Did

Develop a Nursing and ODP strategy.	Outcome Achieved.
	A dedicated Nursing and Operating Department Practitioner (ODP) Strategy has been developed and launched to align with IHG’s organisational objectives and strategic vision. Built around the core pillars of ‘The Rights’, the strategy focuses on leadership development, role clarity, skills enhancement, and competency frameworks. It champions an ethos of *“Check, Challenge & Support”* as the foundation of our leadership and assurance culture.
	
	Key Achievements in 2024/25:
	• Staff Engagement: The strategy was co-developed with engagement from nursing and ODP teams during quarterly away days, reinforcing shared ownership and alignment.
	• Leadership Frameworks: Standardised leadership expectations have been embedded using national references such as the NHS Matron Handbook, Department Leader Handbook, and Pathway to Excellence Principles.
	• Leadership Development:
	  ○ Introduced bespoke leadership development plans informed by self-assessments, appraisals, and 1:1s.
	  ○ Recruited a Learning & Development Specialist to guide training delivery.
	  ▪ Piloted bitesize modules on leadership and communication, including Insights Discovery, Difficult Conversations, Coaching & Mentoring, Conflict Resolution and Management vs Leadership
	• CNO-Led Mentoring: Daily visibility and mentoring by the Chief Nursing Officer and Deputy Chief Nursing Officer has reinforced compassionate leadership and a just culture in practice.
	• Leadership Recruitment: Now includes an explicit focus on values-based leadership and cultural alignment.

Review Opportunities for Introduction of New Roles.	• Quarterly Away Days: Delivered consistently for both site-level leaders and all Nursing and ODP staff to promote shared learning, strategy awareness, and wellbeing. Looking ahead to 2025/26, the focus will be on embedding a long-term in-house leadership development programme, supported by e-Learning for Health and NHS Leadership Academy tools. Continuing to build leadership capability that supports implementation of PSIRF, clinical excellence, and empowered teams at every level of the organisation. Outcome Achieved. In 2024/25, we made significant strides in strengthening and expanding its workforce to support service growth, clinical safety, and future sustainability. Through the recruitment of new roles, targeted development of existing posts, and system-wide rostering reform, we have laid the groundwork for a more responsive and capability-driven workforce model. New Roles Recruited in 2024/25: To meet growing operational and clinical needs, we successfully appointed to a number of strategic roles: • Deputy Chief Nurse • Safeguarding Lead • Clinical Directors for Hernia, Cataract, and Podiatric Surgery • Learning & Organisational Development (L&OD) Specialist • Recruitment Officer • Quality & Governance Administrator • Project Coordinator • Rostering & Compliance Lead • Digital Project Manager - To accelerate our digital transformation agenda • Performance & Operations Manager In addition, we made temporary specialist appointments to support priority projects: • Radar Reconfiguration Specialist Advisor (IPC, Audit, and Incident Module implementation) • Podiatric Surgery Trainee • Podiatric Expansion Project Manager • Interim Commercial Director

	Development of Existing Roles: A key focus of our workforce strategy has been on role enhancement and ensuring clarity of scope, supervision, and leadership: • Matrons and Site Seniors were formally moved to supervisory roles with dedicated time protected for leadership. • Standalone Medical Director role expanded to ensure clinical oversight and enhanced availability. • Pre- and Post-operative Matron post reformed to improve leadership and QI around safety, flow and support. • Lead Pharmacist role expanded beyond advisory input to include proactive medication safety, develop projects (digital prescribing), and anticoagulation risk reduction. These workforce developments - spanning strategic appointments, role design, rostering transformation, and future planning, reflect our commitment to delivering safe, high-quality, patient-centred care through a sustainable and empowered workforce.
Roll Out a Suite of Role Specific Competencies for Nursing & ODP Staff.	Outcome Partially Achieved. During 2024/25, significant progress was made towards developing and implementing standardised clinical competencies for Nursing and ODP staff to support safe, high-quality care and role clarity across services, but there is still more work we want to do. Key Achievements: A suite of core and pathway-specific competencies have been developed for: • Clinic-based skills (e.g., venepuncture, cannulation, wound care) • Theatre-based skills (e.g., scrub, admit/discharge, runner/circulator) • Leadership roles (e.g., Practitioner in Charge, Safe2Go safety briefing) • Pathway-specific knowledge (e.g., Cataract, Hernia, Hand, and Podiatric Surgery) • Pre-op assessment (e.g., clinical flags, HBA1C & BP management) Next Steps for 2025/26: • The Learning & Organisational Development (L&OD) Lead will coordinate further competency development, rollout and embed these competencies and others – noting what is core and technical to each role.

	• The Professional Forum will provide oversight to ensure alignment with national standards (e.g., NICE, GIRFT, AFPP as well as NMC etc.). • Competency development will be delivered via theatre teaching, internal workshops, quarterly away days, and external courses. • The Allocate Rostering System will be used to track verified competencies and ensure staff are deployed based on skill mix and patient need – providing us the ability to start formally reporting on Safer Staffing. • We will map competencies across teams to support workforce planning, succession planning, and future recruitment based on clinical demand. These developments aim to embed safe, consistent practice and enable teams to grow within a structured and supportive professional framework.

4.3 Quality Priorities – Looking Forward 2025/26

Quality Priority 1 – Patient Safety & Just Culture

‘Build on our existing culture of learning and continuous improvement that aligns with the principles of the National Patient Safety Incident Response Framework (PSIRF), embedding innovation and system learning at all levels.’

Executive Lead / Sponsor	Chief Nursing Officer
Why have we chosen this priority?	Putting patients first is a core value of IHG. By enhancing how we respond to patient safety incidents, we aim to strengthen learning and drive meaningful improvements in care and experience. Embedding the principles of the PSIRF supports this goal by ensuring our systems are compassionate, proportionate, and focused on what matters most to patients.

To Achieve this, We Will:

- Equip staff at all levels with bespoke training on PSIRF principles and tools (e.g. SEIPS, EAR, AAR), and support effective use of systems like Radar.
- Enhance how we share patient safety learning, QI initiatives, and innovations across the organisation through a clear communication strategy.
- Use weekly incident huddles and Radar analytics to identify themes and trends early, enabling smarter, timely responses.
- Hold quarterly development days for clinical leaders and the wider Nursing & AHP teams to support safety-focused learning.
- Establish a Medical Advisory Committee (MAC) to lead on patient safety and QI within the medical portfolio.
- Broaden the role of Patient Safety Partner to allow for contribution to the patient experience e.g. engagement with patients, families and carers, QI projects.
- Include patient stories as a standing agenda item at IGBC and Board to ensure learning remains grounded in lived experience.

In Order to Ensure Success?

Progress against this quality priority will be reported quarterly by the Executive Lead. Reports will be presented to the IGBC and escalated to the Board, providing assurance on delivery, learning, and impact. Reporting will include narrative updates, metrics where available, and key developments aligned to PSIRF principles.

Quality Priority 2 – Clinical Effectiveness

‘Demonstrate the best possible outcomes for our patients by strengthening the use of outcome data, audit, and evidence-based practice to support learning, improvement, and high-quality care delivery.’

Executive Lead / Sponsor	Medical Director
Why have we chosen this priority?	Delivering the best possible outcomes for patients is central to our commitment to continuous improvement at Independent Health Group. By making better use of patient-reported outcomes and experiences (PROMs and PREMs), as well as strengthening how we use digital tools, clinical audit, and data analytics, we can ensure care is both effective and responsive to what matters most to patients. We are committed to learning from outcome data at every level, from frontline teams to the Board, to enable smarter working, better decision-making, and clearer clinical assurance.

To Achieve this, We Will:

- Review and strengthen our clinical audit programme, incorporating both digital and observational/peer audit methods to promote shared learning and enhance clinic-to-board assurance.
- Provide specific audit training for clinical staff to improve audit quality, promote data confidence, and support reflective practice.
- Implement IPC and clinical audit systems through Radar to enable real-time surveillance and prompt intervention through automated reporting. Using Radar analytics to identify trends, track actions, and share insights.
- Strengthen outcome reporting through BI to highlight patient unmet need, reveal areas of opportunity, and support benchmarking with other providers where appropriate.
- Ensure learning from PROMs and PREMs is proportionately triangulated with audit and outcome data to inform quality improvement priorities and patient-centred care.

In Order to Ensure Success?

Progress against this quality priority will be reported quarterly by the Executive Lead. Reports will be presented to the IGBC and escalated to the Board, with a focus on outcome data, audit activity, and learning. Reporting will draw on business intelligence and benchmarking to provide meaningful assurance on the quality and effectiveness of care.

Quality Priority 3 – Digital Enablement & Transformation

‘Harness digital innovation to enhance patient experience, support staff, and enable smarter, data-driven care.’

Executive Lead / Sponsor	Chief Operating Officer
Why have we chosen this priority?	Digital innovation is a key enabler of accessible, responsive, and high-quality care. A Digital Strategy would set a clear vision to improve how patients interact with services, how staff work, and how data is used to inform improvement. Using digital tools to support communication, streamline pathways, and enable patients to access care and information when it suits them is essential to enhancing outcomes and experience. It also allows us to capture meaningful data that informs service evaluation, operational insight, and transformation.

To Achieve this, We Will:

- Onboard and embed our new Digital Lead who will drive forward strategic delivery.
- Review and update through co-design, our digital roadmap and implementation strategy that is operationally led and clinically informed.
- Progress our digital maturity from a foundational level to a more advanced, integrated one.
- Ensure all digital procurement considers future resilience, interoperability (e.g. APIs), and the ability to support real-time data access and Power BI reporting.
- Evaluate our current electronic patient record (EPR) and explore ways to capture and extract data (e.g. PROMs) digitally or identify appropriate alternatives.
- Develop digital tools such as electronic pre-operative assessments (Health Questionnaire) and e-Consent to reduce paper reliance and improve patient convenience. As well as a new HR Management System.
- Eliminate unnecessary scanning through integrated digital solutions that enhance the quality and flow of patient information.

In Order to Ensure Success?

Progress against this quality priority will be reported quarterly by the Executive Lead. Reports will be presented to the IGBC and shared with the Board. Reporting will focus on delivery against the digital road map, improvements in patient and staff experience, and measurable gains in digital maturity and data quality.

Quality Priority 4 – Workforce Development

‘Ensure our staff have the opportunity to learn, grow, and thrive as our services evolve.’

Executive Lead / Sponsor	Head of People / Chief Nursing Officer
Why have we chosen this priority?	Teamwork and staff development underpin the culture and success of IHG. Feedback from the NHS Staff Survey and our clinical teams highlights a strong appetite for greater development opportunities, clearer career pathways, and more structured onboarding and leadership support. We know that investing in our people is key to delivering excellent patient care, retaining talent, and growing safely as a business.

How Will We Improve?

- Embed our new Learning & Development Specialist to lead the delivery of structured induction, bitesize leadership development, and appraisal-aligned competency frameworks.
- Launch a refreshed company-wide competency framework to support professional growth and clarify role expectations known as “Core Competence” and “Technical Competence”.
- Develop standardised leadership training for those with line management responsibility, aligned to our values and behaviours.
- Support career development through structured pathways for Nursing, ODPs, and HCAs, including enhanced clinical and non-clinical role opportunities and hybrid roles.
- Roll out role-specific competencies across teams, embedding these into appraisal and supervision.
- Develop the Nursing & AHP strategy, ensuring that *“the right people, with the right skills and the right behaviours, are in the right roles at the right time, with the right support in place”* to enable them to thrive and deliver excellent care.
- Build peer support and leadership at site level by strengthening the Site Senior & Deputy Site Senior roles as well as the Matron.
- Continue to celebrate staff through our new Events Committee, recognition initiatives, and the Summer Awards Ball.
- Strengthen workforce planning via the People Committee, informed by workforce data.

In Order to Ensure Success?

Progress against this quality priority will be reported quarterly by the Head of People, supported by the Executive Lead for quality priority 4. Reports will be presented to the IGBC and shared with the Board. Reporting will include qualitative and quantitative feedback on staff development, engagement, and workforce initiatives.

Quality Priority 5 – Quality, Innovation, Productivity & Prevention (QIPP)

'QIPPs drive pathway-specific improvements to optimise care, reduce variation, and enhance outcomes across all surgical services.'

Executive Lead / Sponsor	Clinical Leads for Each Service (Chief Nursing Officer)
Why have we chosen this priority?	Embedding continuous improvement within each surgical speciality is essential to delivering safe, efficient, and high-quality care. Through our QIPP Delivery Groups, we bring together clinical and operational teams to review end-to-end pathways, standardise care, and identify opportunities for innovation and productivity. This work ensures services are sustainable, patient-centred, and aligned with best practice, while supporting our growth ambitions across NHS and private care models.

To Achieve this, We Will:

- Review and standardise care pathways from referral to discharge, ensuring alignment with national guidance, PSIRF, and patient feedback.
- Embed digital tools such as Power BI and SystmOne templates to support pathway analysis, service efficiency, and real-time insight.
- Reduce unwarranted variation in care through the implementation of pathway-specific Staff Handbooks and SOPs.
- Develop and maintain live improvement and risk registers to support continuous learning and accountability.
- Strengthening visibility of pathway risks, workforce needs, equipment replacement, and capital investment priorities.
- Support growth planning across existing services, new localities, and private care models, ensuring pathway readiness.

In Order to Ensure Success?

Progress against this quality priority will be reported quarterly by each Clinical Director through their QIPP Delivery Group, with a consolidated report submitted to the Clinical Review Meeting (CRM) and the Chief Nursing Officer who will include in their IGBC and Board report. Reporting will include key achievements, risks, forward objectives, and an updated QIPP spreadsheet detailing actions, leads, and timelines.

4.5 Our People – Workforce Engagement, Communication, Development & Recognition

Workforce				
No of Staff Employed (Average Over Year)	No. of Staff Recruited (Over 24/25)	Agency Staff Usage	Mandatory Training Compliance	Staff DBS Rate
75	40	0%	94%	100%

People & Workforce Quality Statement

Overview

At Independent Health Group, our people are at the heart of everything we do. We know that delivering safe, high-quality, and compassionate care for our patients depends on a well-supported, skilled, and motivated workforce. That's why we continue to prioritise staff wellbeing, professional development, inclusion, and engagement - ensuring we nurture our teams so they can give their best.

This year, we employed an average of 75 staff across the organisation, with zero reliance on agency staffing and full adherence to best practice safer recruitment principles. We have significantly strengthened our People Team, investing in key roles including a dedicated Recruitment Officer, Learning and Development Specialist, Rostering and Compliance Lead, as well as maintaining our existing Team Administrator, HR Advisor, and Head of People roles. With 94% of staff up to date with mandatory training, we continue to demonstrate strong compliance - reflecting our commitment to professional standards, safe care, and a well-supported workforce.

Staff Feedback

Staff feedback continues to reflect the strong sense of belonging, value, and pride felt by those working at Independent Health Group. Comments shared through internal engagement and surveys include:

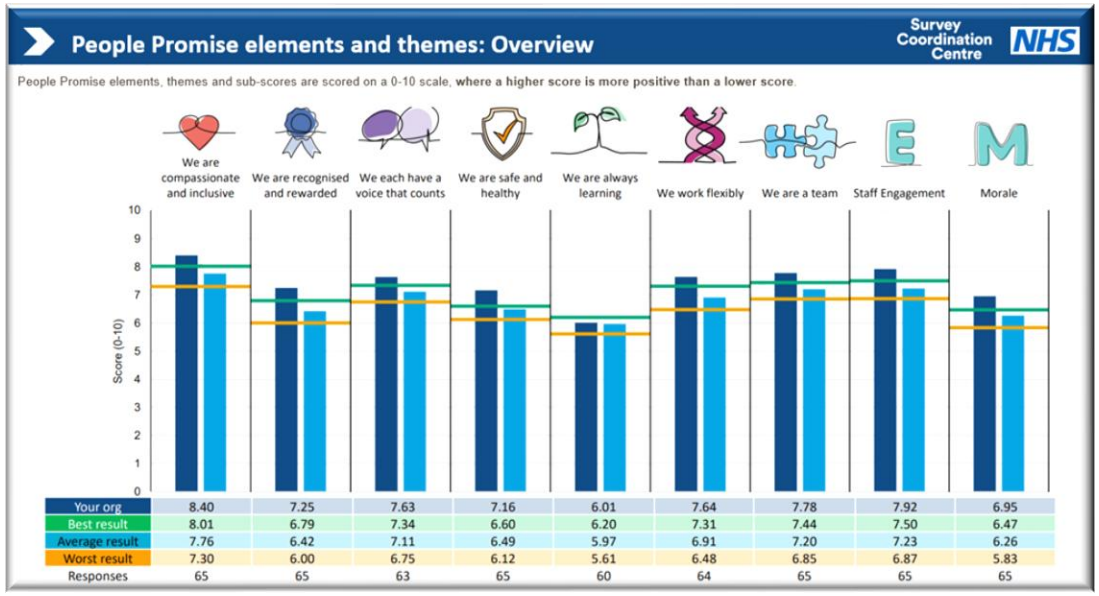
- *"I absolutely love working for the Independent Health Group. Best job I have had!"*

- *"Very personal organisation. The CEO goes above and beyond, always ensuring a personal touch."*
- *"IHG is a great place to work, with amazing values and leadership."*

This positive culture is central to our success - and we remain committed to nurturing it as we grow.

Listening to Our People - 'The Staff Survey'

In 2024/25, we once again participated in the NHS Staff Survey - a voluntary step for independent providers, but one we view as essential in understanding how our people feel and what matters most to them. We were proud to achieve an 84% response rate, a significant increase from 72% the previous year, and well above the 61% average for similar organisations. This places Independent Health Group as the best-performing provider in our category for staff engagement, reflecting the trust our teams place in the organisation and their commitment to shaping a positive and inclusive working environment. These results reinforce our belief that a supported and engaged workforce is central to delivering safe, high-quality care.



The results were overwhelmingly positive, speaking to the pride and confidence our teams have in the care we deliver. However, we have seen a reduction in the number of staff saying they would be happy for a friend or relative to receive care at IHG. This reduction from 100% to 89% is still much higher than comparators but we recognise the importance of understanding and addressing the perspectives of the 11% who would not yet offer that same recommendation. With recent investment into our People Team, we are now better positioned to listen, respond, and learn from this valuable insight.

The survey clearly highlighted two priority areas for improvement:

- "We are always learning"
- "Reward and recognition"

We understand these are critical drivers of engagement, motivation, and retention. In response, we have made a renewed commitment to invest in both areas—launching new development programmes, celebrating staff achievements more visibly, and embedding recognition into our everyday culture. The feedback we receive from our people will continue to shape how we evolve as an employer, as we work to create an environment where everyone can grow, feel valued, and thrive.

i. Investing in Growth and Development

We know that when staff feel valued and supported, they thrive - and as a result they give outstanding patient care. We have committed to the appointment of the Learning & Development Specialist, who has begun implementing structured, supportive learning programmes across the organisation.

This year's learning and development priorities have included:

- Launch of a company-wide competency framework aligned to our appraisal system.
- Introduction of structured induction programmes and bitesize leadership development for those with management responsibilities.
- Ongoing rollout of clinical competencies for Nurses, ODPs, HCAs, and support for Care Certificate completion.
- Development of role-specific learning pathways, supporting long-term career progression and retention.

We believe that providing our teams with clear expectations, tools for growth, and accessible training is key to building confidence and ensuring high standards of care. In 25/26 we commit to rolling out a new HR Management System that supports good record management whilst also allowing for our workforce data to be stored and accessed easily.

ii. Recognition and Reward

Creating a culture where staff feel seen, appreciated, and celebrated is a core part of how we support our people. This year we launched a new Engagement Committee to lead internal celebration, connection, and creativity. Activities have included:

- Planning our first Summer Awards Ball, with staff-led nominations.
- Introducing Employee of the Month, Long Service Awards, and a Celebration Corner.
- Completing an external pay benchmarking review, which led to targeted uplifts—particularly for junior staff.
- Expanding our benefits offer, including salary sacrifice pensions and a 'Recommend a Friend' bonus scheme.

These steps are all part of our ongoing commitment to recognising the hard work and dedication of our teams.

Communication Strategy - Strengthening Connection Across a Dispersed Workforce

Given our geographical spread, range of services, and the increasing number of communication platforms in use today, establishing an agreed communication strategy remains a core priority. Clear, timely, and consistent communication is essential to maintaining staff connection, engagement, and alignment across all areas of the organisation.

To better support and connect our teams, we:

- Relaunched our People Committee, ensuring strategic workforce planning meets the future needs of the organisation in a way that is informed, inclusive, and action focused.
- Introduced a new rostering system with a mobile app and live feed, designed to offer real-time updates.
- Are working closely with our Digitalisation Lead to streamline internal communications and improve access to key information.

Promoting Inclusion and Fairness

We are committed to embedding equality, diversity, and inclusion (EDI) at every level of our organisation. In line with NHS contractual requirements, we continue to proportionately meet the expectations of EDS22, the Workforce Race Equality Standard (WRES), and the Workforce Disability Equality Standard (WDES). We use workforce data to guide our actions, ensuring fair treatment in recruitment, progression, and reward, while continuing to monitor how inclusive our culture feels to those working within it.

In 2024, we established an EDI Focus Group however for 2025/26, we are adopting a more structured approach: patient-focused EDI will be overseen by the Safeguarding & Patient Experience Committee (SPEC), while workforce EDI will be governed through the People Committee. The Chief Nurse and Head of

People will ensure learning is across both areas to maintain a shared leadership model, supported by dedicated monthly steering groups to ensure coordinated, inclusive, and sustained progress.

Safe Staffing, Effective Governance, and Freedom to Speaking Up (FTSU)

Safe staffing and workforce planning are monitored closely through our IGBC. In 25/26, we will refine the People Committee to ensure the right mix of skills and experience are in place to support our services now and as we grow. The CNO will report on the safer staffing data bi-annually via IGBC and Board. This work is central to our ability to maintain high-quality, sustainable care.

We are also proud to report that in 2024/25, there were no Freedom to Speak Up referrals, and survey results suggest that staff feel safe and confident to raise concerns if needed - a clear reflection of the positive and open culture we continue to nurture. The Head of People acts as the FTSU Guardian and presents to board through the People Report on any events or learning.

Summary

In summary, our work this year has been shaped by a simple but important belief: looking after our workforce means we can look after our patients better. We will continue to invest in the development, recognition, and wellbeing of our people, because a thriving team leads to outstanding care.

4.6 Information Governance (IG)

IG Performance Statement

Overview

Information governance and data security are essential to delivering safe, effective, and trustworthy care. Over the past year, the Information Technology and Information Governance (IT/IG) Steering Group has continued to strengthen the infrastructure, policies, and systems that underpin how Independent Health Group manages and protects patient and organisational information.

We are pleased to report that IHG maintained a *'Standards Met'* rating in its submission to the NHS Digital Data Security and Protection Toolkit (DSPT) demonstrating compliance with national standards for data handling, security, and privacy.

Throughout the 2024/25 reporting period, there were no data breaches requiring notification to the Information Commissioner's Office (ICO). This reflects our ongoing commitment to robust governance processes, staff training, and proactive risk management in all areas of information security.

Part 5: Statements of Assurance

Our Medical Director, Chief Nursing Officer, Board Declarations & Commissioners

Statement of Assurance by The Medical Director

In 2024 we saw further increases in both the numbers of patients we have seen and operated on. Being able to increase our provision to support not only our patients, but also the wider NHS during its challenges is particularly rewarding. This is especially so when feedback via PREMs and PROMs on our services remains so extremely positive and with a level of incidents and concerns that is exceptionally low.

We continue to look at opportunities to support training, particularly for surgeons for whom exposure to community-based surgery under local anaesthesia will broaden their experience, widen their own provision to patients and of course enhance succession planning for these hugely important services.

As an intensely patient focused healthcare provider our monthly Integrated Governance and Business Committee (IGBC) meetings ensure there is simultaneously transparency and cohesion between governance and corporate areas driving both learning as well as quality improvement. These are supplemented by monthly Clinical Review Meetings (CRM) as well as monthly speciality specific Quality, Innovation, Productivity and Prevention (QIPP) meetings with information flowing freely between these and the IGBC.

Our commitment to quality is ensured with delivery of services by our skilled, experienced, patient focused, enthusiastic and committed workforce supported by our excellent administrative teams.

Each of these aspects of our work helping, supporting and caring for our patients has and continues to contribute to our CQC ‘outstanding’ rating.

Excellence is our standard and each of us is committed to maintaining this provision. As Medical Director of the Independent Health Group I am immensely proud of the consistently high-quality services we are able to deliver.

Wyn Parry
Medical Director
Responsible Officer & Caldicott Guardian

Statement of Assurance by The Chief Nursing Officer

It is a privilege to serve an organisation where quality and safety are not just priorities but defining principles. Independent Health Group places patients first in every decision - from frontline care to board-level strategy - and fosters a clinically led, values-driven culture where all clinical and operational teams are empowered, supported, and know they make a difference every day.

It is rare to work in a healthcare environment where waiting times are measured in days or weeks, not months, and where patient feedback consistently reflects high levels of satisfaction, compassion, and safety. We receive daily statements of appreciation from those whose lives have changed because of their care - this drives our teams, and it drives me.

Over the past year, we have strengthened our culture of continuous learning and professional development. Our QIPP Delivery Groups create a forum where frustrations and learning are translated into meaningful improvement. Our quarterly Nursing and ODP Development Days, during which all clinical activity is stood down, remain a hallmark of our commitment. These are not passive training sessions - they are immersive, shared learning spaces where I, as Chief Nurse, sit alongside staff to explore how we can improve care and the environments we work in. They are foundational to our values, growth, accountability, and excellence.

Infection Prevention and Control remains a central priority. We are proud of our low SSI rate of 0.3% in 2024/25. Yet IPC is never static - we are actively digitising our audit programme, embedding both local and peer auditing into our governance platform. This move to real-time, visible assurance ensures we continue to meet and exceed national expectations and act swiftly when required.

Our approach to safety has been redefined through the implementation of PSIRF. This work has brought not only timely review and action, but more importantly a culture where learning is prioritised and fear has no place. Staff are encouraged and supported to speak up, reflect openly, and contribute to improvement. We are also advancing our digital safety platform to enhance visibility, trend analysis, and action tracking throughout 2025/26.

Safeguarding has seen a step change in maturity this year, underpinned by the NHS SAAF. The appointment of a dedicated Lead has enabled a more relational, reflective model, focused not only on protection, but also on human dignity, staff safety, education, voice, and empowerment.

Looking ahead, our ambition is that every staff member, regardless of role or setting, feels skilled, valued, and confident in their ability to provide safe, person-centred care. We will continue to invest in clinical leadership and digital transformation and maintain a culture where every voice matters and every patient counts.

I am proud to lead a workforce that delivers excellence every day, and even prouder to be part of an organisation where people thrive, not despite the challenges of healthcare, but because of the culture, compassion, and clarity of purpose that Independent Health Group offers.

Gavin Hitchman
Acting Chief Nursing Officer,
Director of Infection Prevention & Control, Executive Lead for Safeguarding

Statements of Declaration from The Board

Please accept this signed declaration by the Board, collectively vouching for the report's accuracy.

Executive Directors

Claire Damen
Chief Operating Officer
(CQC Nominated Individual & RM)

Wyn Parry
Medical Director
(Responsible Officer & Caldicott Guardian)

Gavin Hitchman
Acting Chief Nursing Officer
(DIPC & Exec Safeguarding Lead)

Scott Godley
Chief Operating Officer

Andrew White
Chief Financial Officer

Non-Exec Directors

Justin Jewitt
Chair

Dr. Matthew Wordsworth
Founder & Non-Exec Director
(Quality & Safety Lead)

Nigel Hopps
Non-Executive Director

Statement from Our Commissioners

Statement from Bath and Northeast Somerset, Swindon, and Wiltshire Integrated Care Board (BSW ICB). Inclusive of our Gloucestershire Service.

NHS
Bath and North East Somerset, Swindon and Wiltshire
Integrated Care Board

NHS Bath and North East Somerset, Swindon, and Wiltshire (BSW) Integrated Care Board (ICB) welcomes the opportunity to review and comment on Independent Health Group's (IHG) Quality Account for 2024/2025. In so far as the ICB has been able to check the factual details, the view is that the Quality Account is materially accurate in line with information presented to the ICB via contractual monitoring and aligns to NHSE Quality Account requirements. BSW ICB notes the comprehensive overview of IHG's achievements, challenges and future priorities for 2025/26. It is the view of the ICB that the Quality Account reflects on IHG's ongoing commitment to continuous improvement in patient care and safety, and recognises the key achievements in the following areas:

- Promoting a Learning Culture: IHG has successfully implemented weekly safety huddles across clinical and non-clinical teams, where any reported incidents or complaints are reviewed to identify relevant actions, themes, and further steps. It is noted that patient stories have been integrated into governance processes at Senior Management Team (SMT), Executive, and Board level meetings to further promote a strong organisational learning culture.

- Recognising the importance of the patient's voice and reframing the approach to recruiting Patient Safety Partners (PSP) by building on the existing PSP model and utilising a co-design approach. This will ensure that patient perspectives are integral to safety initiatives.

- Demonstrating the Best Possible Outcomes for Patients: The completed review of IHG's clinical audit programme has demonstrated focused reviews in critical areas such as hand hygiene and World Health Organisation (WHO) surgical safety. IT is noted that the clinical audit training programme has been strengthened, with the appointment of key roles that supports ongoing improvement in clinical leadership and supervision.

- Adopting Digital Technology to Enhance Patient and Staff Experience: The transition to a fully digital Friends and Family Test (FFT) process has enabled the ability to expand areas of feedback, improve patient experience by making feedback more convenient, and improve response rates. Additionally, the implementation plan for a digital process that captures patient-reported outcome measures within the Hernia surgery service, allowing for a digital assessment of any persistent pain or delayed recovery at the 6-month post operative stage. This initiative will enable comprehensive analysis and better benchmarking to support clinical effectiveness and quality improvement.

- Fostering Staff Development: There is a noted commitment to support staff development, evidenced by the introduction of a Leadership Development Framework, which includes daily visibility and mentoring by the Chief Nursing Officer and Deputy Chief Nursing Officer.

BSW ICB also recognises the areas identified for further development for 2025/26 and supports the plans to address these priorities, including:

- Patient Safety and Just Culture: Building on the existing culture of learning and continuous improvement that aligns with the principles of the National Patient Safety Incident Response Framework (PSRIF), embedding innovation and system learning at all levels.

- Clinical Effectiveness: Demonstrating the best possible outcomes for patients by strengthening the use of outcome data, audit, and evidence-based practice to support learning, improvement, and high-quality care delivery.

- Digital Enablement and Transformation: Harnessing digital innovation to enhance patient experience, support staff, and enable smarter, data-driven care with the development of a digital patient portal.

- Workforce Development: Ensuring staff have the opportunity to learn, grow, and thrive as services evolve by embedding a long-term in-house leadership development programme.

NHS Bath and North East Somerset, Swindon and Wiltshire ICB are committed to sustaining strong working relationships with Independent Health Group and together with our wider stakeholders will continue to work collaboratively to achieve our shared priorities as an Integrated Care System in 2025/26.

Gill May
Chief Nursing Officer
BSW ICB

Statement from Leicester Leicestershire & Rutland (LLR) Patient Care Locality (PLC) Board.

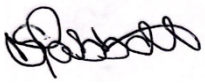
PCL welcomes IHG's Quality Account for the year 2024-25 and we thank them for this opportunity to comment.

This account covers all areas of quality and patient safety undertaken by IHG over the past year, it shows where they have made significant improvements in the safe, effective and patient centred delivery of care, provided to our local population.

The Quality account has been enhanced with detailed narrative regarding the quality improvement that has been achieved throughout the year, evidencing improving patient care and patient safety.

PCL and IHG continue to have a good quality relationship, and we are happy to support IHG in future quality accounts.

PCL looks forward to continuing our relationship with IHG and achieving excellent quality outcomes for the people of Leicester, Leicestershire and Rutland.



Sarah Mabbott
Head of Nursing, Quality and Patient Safety

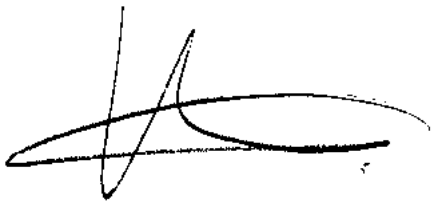
On behalf of Danah Cadman
Chief Executive Officer - LLR PCL

Statement from Medefer Board.

On behalf of Medefer, we are pleased to provide this response to the IHG Quality Account for 2024/25. As a partner in delivering hernia services, we have been consistently impressed by the professionalism, transparency, and commitment to continuous improvement demonstrated by the Independent Health Group. The account offers a detailed and candid reflection on performance, and we particularly welcome the emphasis on patient safety, strong clinical governance, and person-centred care—all of which align with Medefer's own values and approach to quality.

We are especially pleased to see the significant investment IHG has made in strengthening its pre-operative pathways, patient communication, and outcome measurement through initiatives like the extension of clinic consultation times and the implementation of a 6-month post-operative PROM for hernia patients. These enhancements not only support a high-quality patient journey but also reflect a deep organisational commitment to learning and excellence. The structured audits, strong infection prevention controls, and digital innovation—including PROM and FFT digitisation—demonstrate a mature and forward-thinking quality infrastructure.

Our collaboration supporting hernia patients from Staffordshire and Stoke-on-Trent has been a resounding success, with nearly 170 patients benefitting from timely access to care at IHG's Leicestershire site. This is a clear example of how effective partnership working can reduce waiting times, expand patient choice, and deliver measurable improvements in care. We look forward to building on this foundation in the year ahead and commend IHG for its leadership and dedication to delivering outstanding, locally accessible surgical care.



Christopher Peters PhD, FRCS (General Surgery)
Medical Director

On behalf of
Dr Bahman Nedjat-Shokouhi PhD, FRCP
Chief Executive Officer & Founder

Appendices

Appendix 1: Safeguarding Annual Report

2024/25

Jane Murray – Safeguarding Lead

Safeguarding Annual Report – 24/25

Introduction

This report highlights the work undertaken by the Independent Health Group (IHG) in respect to its commitment and responsibilities in maintaining the safety and protection of all adults and any associated children who may be at risk of abuse and neglect. All health providers are required under statute and regulation to have effective arrangements in place to safeguard and promote the welfare of anyone who may be at risk of harm and abuse in every service that they deliver. This report covers the period from 1st April 2024 to 31st March 2025 and provides assurance that systems are in place and being further developed to ensure that patients using the services of IHG are effectively protected, and that staff are trained and supported to respond appropriately should they become aware of a safeguarding concern.

Governance Arrangements

The Chief Nursing Officer is the Executive Lead for safeguarding and has responsibility to ensure that the contribution towards safeguarding is discharged effectively throughout the organisation.

The BANES, Swindon and Wiltshire Integrated Care Board (BSW ICB) Designated Nurse for Adults (Wiltshire locality) provides supervision as part of oversight for the Lead Professional for Safeguarding and has standing invitations to the Safeguarding Committee ensuring oversight of the organisation's safeguarding work.

Clinical Outcomes and Quality Assurance reports are produced quarterly and submitted to our commissioning ICBs. These reports monitor adult safeguarding activity against the Quality Schedule Key Performance Indicators. In the next financial year, performance and key messages will be reported to the Safeguarding and Patient Experience Committee (SPEC) and to The Board, quarterly.

The Safeguarding Lead works in collaboration with the Wiltshire Safeguarding Vulnerable Peoples Partnership (SVPP) although also attends the BANES Safeguarding Health Forum and has close networking with both Named and Designated safeguarding colleagues throughout BSW ICB.

Mentorship to the Safeguarding Lead is provided by Wiltshire Health and Care Safeguarding Adult Lead Professional.

The Safeguarding Lead has designated time (15 hours per week) to carry out safeguarding related activities and development and takes the lead on the following themed areas; - Female genital mutilation, Sexual exploitation, Domestic violence and abuse, Modern slavery and human trafficking, Care Leavers, Prevent and Mental Capacity Act and DoLS.

Safeguarding and Patient Experience Committee (SPEC)

This committee has been re-formed and re-designed with the commencement in post of the Safeguarding Lead in December 2024. The SPEC met for the first time on 24-03-25 and will initially meet on a monthly basis to allow for the embedding and development phase. It will then move to bi-monthly for the next phase. Terms of reference have been agreed to include wide representation from the organisation. The committee derives its authority from the Integrated Governance and Business Committee (IGBC) and the IHG Board. Its function is to provide assurance to IHG which runs alongside advisory, learning, strategy and development processes. SPEC is the focal point of Safeguarding governance and assurance and is chaired

by the Safeguarding Lead. The purpose of this is to provide an organisational overview of the safeguarding systems and processes and ensure that this agenda remains core to IHG's values and that the organisation remains compliant with all statutory and regulatory requirements.

Care Quality Commission (CQC)

Safeguarding means protecting an adult's right to live in safety, free from abuse and neglect, as well as promoting good practice for responding to concerns and partnership working. The Care Quality Commission (CQC) role is to support, monitor, inspect and regulate services to make sure they meet the fundamental standards of quality and safety.

Independent Health Group was last inspected by CQC in April 2022 and was rated as Outstanding.

Learning Development and Training

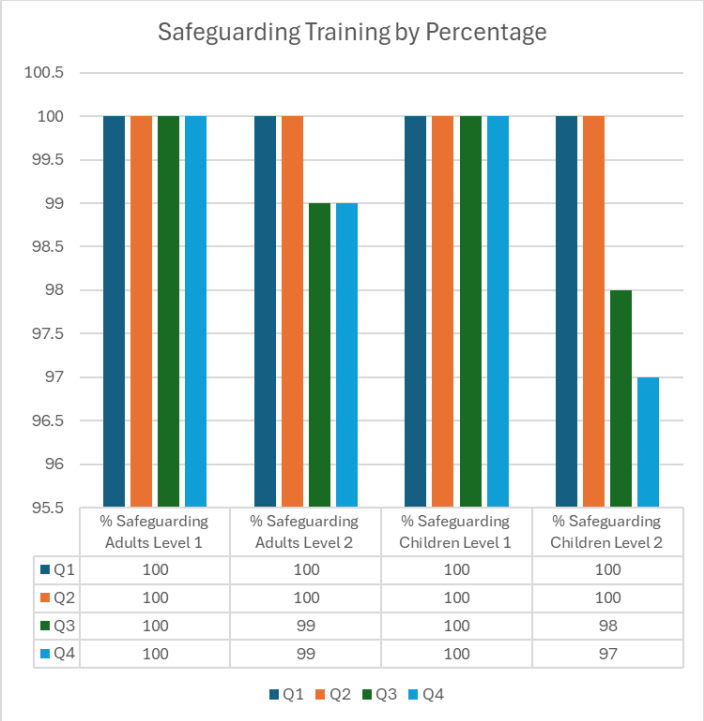
The Intercollegiate Document Guidance underpins safeguarding training for Safeguarding Adults, NHS England (2024). The document describes roles and responsibilities and details the level of training required. Each level of training requires that staff complete a minimum number of hours training over a three-year period.

Training compliance is excellent in terms of Level 1 and 2 Safeguarding Children and Adults see table below and was in line with the agreed training expectations set. The Board has sanctioned the increase to Level 3 training for clinical staff, and this will be rolled out over the next financial year. The Safeguarding Lead aims to have achieved 90% compliance by end of Q4 2025/26 financial year. Level 3 training will be delivered face-to-face by the Safeguarding Lead and delivered locally at sites to all team members of mixed professions and seniority, ensuring that all staff, regardless of their role receive excellent, relevant Safeguarding training. The development of the Safeguarding 'Influencers' will be key to identifying key themes and trends to use as scenarios within the training.

Training for the Board will take place in Q2 25/26, using the Annual Report as a basis for ensuring that board members are clear and knowledgeable about their Safeguarding responsibilities.

There is an induction process for all new staff, and they are mandated to complete this within 3 months of commencing in post. In the interest of continual quality improvement and the appointment of the new Learning and Development specialist we will together review the induction process and aim to do this by end of Q1 25/26.

Training is a key area in the Safeguarding Strategy which has been shared with the Safeguarding Committee and will be ratified and improved in Q1 of the new financial year.



Supervision and Reflective Practice

All staff have access to informal support and advice from the Safeguarding Lead. This is commonly accessed by phone and email and face-to-face when on site. Advice focuses on assessment of safeguarding risk supporting referral processes as well as reviewing care options in response to safeguarding risk. The Safeguarding Lead receives supervision from the Designated Nurse Safeguarding Adults on a bi-monthly basis and receives mentorship from the Named Professional Safeguarding Adults from Wiltshire Health and Care. The Safeguarding Lead regularly accesses learning and discussion from the Independent Sector Safeguarding Network and the Safeguarding Adult Network.

Polices and Guidance

The policies are all up to date and reviewed at least 3 yearly or when there are changes in legislation. The Safeguarding Policy will be reviewed and updated in Q1 of 25/26 to ensure that it continues to be fit for purpose and easy to use, for all staff, regardless of their role and where they are in the country. To facilitate this, the NHSE Safeguarding app will be downloaded by the IT provider to all desktops across the organisation to allow up-to-date contact details for Adult and Children's Safeguarding Social Care Teams by the end of Q1 25/26.

The Safeguarding Lead and other key members of the Senior Team attend a monthly Professional Forum where all new policies, procedures, and guidance are reviewed.

Safeguarding Activity

We are strengthening how safeguarding concerns are recorded and reviewed to ensure greater consistency and visibility. While concerns are already captured on Radar, we are working to optimise the system to allow all safeguarding activity to be recorded in a structured, digital format.

A new Standard Operating Procedure (SOP) will detail how to log concerns on Radar, with plans underway to embed our initial concern and outcome proformas into both Radar and our overarching patient information system, SystmOne. This will support staff with clear prompts and streamline escalation and oversight.

Weekly safeguarding incidents are reviewed by the Safeguarding Lead and senior clinical staff, ensuring new incidents are quickly and collectively reviewed, with any actions identified being promptly addressed, and learning shared.

Risk Register

At the end of the 2024/25, there were no safeguarding risks on the Organisation's risk register.

Statutory Safeguarding Reviews

Statutory reviews are processes for learning and improvement and all health providers are required to provide and share information relevant to any statutory review process. Safeguarding Adult Reviews (SAR) and Domestic Homicide Reviews (DHR) form an essential part of the multi-agency partnerships safeguarding strategies.

IHG have not been involved in any statutory reviews in 24/25.

Safeguarding Priorities for 2025/26

- To complete the Safeguarding Strategy by the end of Q1.
- To review the Safeguarding Policy by the end of Q1.
- Identify, launch, train and utilise the 'Safeguarding Influencers', so that safeguarding is relevant and accessible to all parts of the workforce by the end of Q2.
- To develop and deliver Level 3 training to site teams with an aim of 90% compliance by Q4 25/26.
- To develop and deliver training for Board Members by the end of Q2.
- To continually develop the Safeguarding SOP in line with any updates to our systems to remain ratified and supportive to our teams.
- To develop a digital, measurable process for the recording of safeguarding concerns through the Radar System by the end of Q2.
- To ensure the Board and Integrated Care Board (ICB) are assured that safeguarding is a golden thread running through all aspects of IHG's care and service delivery, with assurance provided through quarterly reporting and consideration at all stages of service planning, including in response to new legislation or national guidance.

Closing Statement from Chief Nursing Officer & Executive Lead for Safeguarding

As the Chief Nurse and Executive Lead for Safeguarding at Independent Health Group, I am proud to reflect on the progress we have made in strengthening our safeguarding arrangements over the past year.

One of my key priorities has been to ensure that safeguarding is recognised not just as a reactive process in response to abuse or neglect, but as a broader framework that actively promotes safety, dignity, and human rights in every aspect of care. Safeguarding includes how we recruit, train, and supervise staff; how we assess and manage risk; how we listen and respond to patient concerns; and how we build cultures of psychological safety and reflection. These principles are embedded across the NHS Safeguarding Accountability and Assurance Framework (SAAF) and have shaped the direction of our work in 2024/25.

This year, the appointment of a dedicated Safeguarding Lead has significantly enhanced our capability and maturity as an organisation. Their skills in mentoring, action learning, and restorative reflection—alongside their role in professional nurse advocacy (PNA)—have brought a fresh, compassionate, and values-led dimension to our safeguarding culture. They have helped us look beyond compliance to create spaces for meaningful professional dialogue, clinical reflection, and continuous improvement after incidents or concerns. These approaches not only strengthen individual practice but also build team resilience and deepen our collective learning.

We have used the *'SAAF 14 Standards' to* guide our self-assessment and development planning, ensuring robust governance, safer recruitment, clearer accountability, accessible training, and more effective multi-agency working. These are not tick-box exercises; they are about ensuring every part of the organisation understands their role in safeguarding and feels confident, supported, and empowered to act when needed.

Our newly formed Safeguarding and Patient Experience Committee (SPEC) provides a strategic platform to align safeguarding and patient voice. This ensures that learning from concerns, compliments, incidents, and wider feedback all inform how we improve care and services for the future.

As we move into 2025/26, our focus will be on embedding our safeguarding strategy, refreshing our training and reporting pathways, and ensuring safeguarding remains everyone's responsibility from clinic to board. We are also increasing the required level of safeguarding training across the organisation, with a move to Level 3 training for all relevant staff. This is not only to ensure compliance but also to equip our teams with the knowledge, confidence, and skills to recognise, respond to, and support patients more effectively, particularly those who may be at risk or in vulnerable circumstances. Supporting our staff in this way strengthens our culture of safety and compassion and reinforces our commitment to delivering truly person-centred care.

Thank you to those who have contributed to this report.

Jane Murray
Safeguarding Lead

Glossary of Terms

Glossary of Terms:	
Term / Word / Acronym	Definition
18 weeks RTT	Referral To Treatment (RTT) - The NHS Constitution sets out that patients should wait no longer than 18 weeks from GP referral to treatment.
Acceptable Intra-operative Pain	The patients' pain scores during surgery, whilst under Local Anaesthetic was acceptable to them.
Acceptable Post Op Pain Relief (At Home)	Are patients' pain scores overnight following surgery under Local Anaesthetic acceptable to them.
Agency Staff	Temporary staff employed through a third party
BSW ICB	Bath and North-East Somerset, Swindon, and Wiltshire Integrated Care Board
C-Diff	Clostridium difficile, also known as C. difficile or C. diff, is a bacterium that can infect the bowel and cause diarrhoea. The infection most commonly affects people who have recently been treated with antibiotics but can spread easily to others.
Claims (Clinical Negligence Claims)	A breach of duty of care by members of the health and care profession employed by NHS bodies which could be negligent via a legal process
Complaints	A process whereby patients can formally complain about the quality of treatment received.
Concerns	A process whereby patients can express concerns about the quality of treatment received.
CQUIN	Commissioning for Quality and Innovation – a framework for supporting improvements in the quality of services the creation of new, improved patterns of care.
DBS	Disclosure and Barring Service - Employers can check the criminal record of someone applying for a role. This known as getting a Disclosure and Barring Service (DBS) check
Deaths by Patient Safety Incidents	An event where death occurred as a direct or possible result of care provided by an organisation

Duty of Candour	The duty of Candour is a general duty to be open and transparent with people receiving care from you. It applies to every health and social care provider that CQC regulates.
DVT	Deep vein thrombosis (DVT) is a blood clot that develops within a deep vein in the body, usually in the leg. Blood clots that develop in a vein are also known as venous thrombosis. DVT usually occurs in a deep leg vein, a larger vein that runs through the muscles of the calf and the thigh.
Emergency Readmissions within 30 days	All known patients, who following surgical intervention with IHG have been re-admitted to an emergency setting within 30 days of surgery. Admission involves an overnight stay.
Emergency Transfer to another provider	Any IHG patient who has had to be transferred to another provider in an emergency setting during surgery.
Follow-Ups	Clinic (non-surgical) appointments which occur after the first initial appointment. These can take place before or after surgery.
Freedom to speak up	Freedom to Speak Up is about encourage and support a positive culture where people feel they can speak up and their voices will be heard, and their suggestions acted upon.
Friends and family Test (FFT)	A feedback tool to enable patients to indicate how likely they would be to recommend services to their friends and family.
Incident - Near Miss	A patient safety incident that did not cause harm but had the potential to do so.
Incident with Harm	A patient safety incident that resulted in harm to a patient, including harm resulting when a patient did not receive their planned or expected treatment.
Incident - Low Harm	Any unexpected or unintended incident that required extra observation or minor treatment and caused minimal harm to one or more persons.
Incident - Moderate Harm	An incident that results in the patient requiring a moderate increase in treatment and significant, but not permanent harm.
Incident - No Harm	A patient safety incident occurs but does not result in patient harm.

Incident - Severe Harm	Any unexpected or unintended incident that appears to have resulted in permanent harm to one or more persons.
Mandatory Training	Mandatory training is compulsory training that is determined essential by an organisation for the safe and efficient delivery of services.
MRSA	Methicillin-resistant Staphylococcus aureus (MRSA) is a bacterium that causes infections in different parts of the body. It's tougher to treat than most strains of staphylococcus aureus or staph because it is resistant to some commonly used antibiotics.
MSSA	Methicillin-sensitive Staphylococcus Aureus (MSSA) is a type of bacteria which lives harmlessly on the skin and in the nose, in approximately 30% of the population. People who have MSSA on their skin or in their nose are said to be colonised.
Never Events	Serious, preventable safety incidents that should not occur if relevant preventive measures and safe systems of work are in place.
NHSR	NHS Resolution is an arm's length body of the Department of Health and Social Care. Who provide expertise to the NHS on resolving concerns and disputes fairly, sharing learning for improvement and preserving resources for patient care.
NICE	National Institute for Clinical Excellence.
OPD	Outpatient Department.
Patient Reported Experience Measures (PREMs)	PREMs are questionnaires that capture a patient's experience of the care they received, such as communication, respect, timeliness, and overall satisfaction. They focus on how care was delivered from the patient's perspective.
Patient Reported Outcome Measures (PROMs)	PROMs are tools used to measure a patient's health status or quality of life based on their own assessment, often before and after treatment. They help evaluate the effectiveness of care by capturing improvements in symptoms, function, or wellbeing.
PREVENT	Training to help identify and prevent radicalization which sits alongside long-established duties on professionals to safeguard vulnerable children, young people, and adults from exploitation from a range of other harms such as drugs, gangs and physical and sexual exploitation.

Safeguarding referral / concern	The act of reporting safeguarding concerns to the right people at the right time.
Serious Incidents	Where the potential for learning is so great, or the consequence to patients, families, carers, staff, or organisation requires a more comprehensive review.
Surgical Site Infection Rate	Total number of confirmed SSIs per specialty, based on total number of patients who have undergone that surgical procedure within the service.
Surgical Site Infection Surveillance (SSI)	Surgical site infection is a type of healthcare-associated infection in which a surgical incision site becomes infected after a surgical procedure.
VTE	Venous thromboembolism (VTE), a term referring to blood clots in the veins, if underdiagnosed is a serious, yet preventable medical condition that can cause disability and death.
WHO	The World Health Organisation - United Nations agency working to promote health, keep the world safe and serve the vulnerable.

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