



Quality Account

2022-2023

Independent Health Group
Quality Unit

If you require a more accessible version of the Probus Surgical Centre Quality Accounts such as large print, please contact us directly or via our website.

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Welcome and Introduction to the 2022-2023 Probus Surgery Limited Quality Account

A Quality Account is a report about the quality of the services offered by providers of NHS funded activity that includes the independent health sector. An organisations Quality Account is an important way for them to report quality and evidence improvements in the services they deliver to local communities and stakeholders. The quality of the services provided to patients is measured by reviewing overall patient safety, effectiveness of treatments and direct patient feedback about care and experiences of the services provided. Quality Accounts are published annually.

Probus Surgery Limited has successfully provided surgical services throughout Cornwall under local anaesthetic in a primary care healthcare setting since 2005 and has been recognised by the Department of Health as an early implementer of the “care closer to home” model.

The main aim of Probus Surgical Centre (PSC) is to deliver high quality, accessible and patient informed low risk surgery in a community/primary care setting. PSC’s mission statement *“To improve the health and well-being of those we care for”* underpins the values and vision of the business.

Our **vision** is to deliver the right patient care, in the right place, at the right time, through a skilled and committed workforce, in partnership with our commissioning body. We also endeavour to provide a rewarding place to work, be part of a supportive team, and try to ensure a healthy work / life balance for those who work at Probus Surgical Centre.

Our values drive the approach we take to delivering our vision and how we will develop our organisation and its culture over the next two years ensuring that Quality is at the heart of what we do to maintain our role, reputation on the provision of local health care.

Our strength is the strong connections we have with the local GPs and the high-quality, personal care, patients receive. One weakness is the limited basket of procedures that we can offer under local anaesthesia. Changes in tariffs have also affected Probus Surgical Centre over the years. This means that to continue providing a high level of quality care, Probus Surgical Centre needs to be pro-active, innovative and develop new business strategies and development.

One major improvement over the last few years has been the continued collaborative work with the local secondary care hospital, the Royal Cornwall Hospital. This has been a successful model whereby patients from the RCHT are treated at Probus Surgical Centre by RCHT and local consultants. This allows patients to be treated promptly and free up RCHT operating theatres thus allowing RCHT to concentrate on the more complex and acute patients.

Our facilities have links to satellite centres across the County, our experience in primary care and of delivering care nearer patients’ home should place us in a strong position to be a leader in this new, financially challenging NHS. The Centre is commissioned for approximately 3,000 procedures and 3,000 outpatient attendances a year and is co-located with Probus Surgery, near Truro.

We have a long and well-established service providing:

- Excellent clinical outcomes
- High patient satisfaction rates
- Low infection rates
- Shorter waiting times
- Free car parking with disabled access

We offer a range of directly commissioned procedures under four specialties which are:

- Hernia repairs
- Vasectomy
- Hand procedures (carpal tunnel, trigger finger, ganglion)
- Ophthalmology (cataracts)

And in collaborative working with the Royal Cornwall Hospital provide services for:

- Ophthalmology
- Oral/Maxillofacial Surgery
- Urology

This Annual Quality Account is Probus Surgical Centre's annual report to the public and other stakeholders, compiled from data 1st April 2022 to 31st March 2023. This report has been produced by the Surgical Manager with the support of the Clinical Director and provides information regarding the quality of the services we provide and reports on the information that has been gathered in the production of other reports and audits throughout the year.

Probus Surgical Centre is committed to improving the quality of the services we provide to our patients, their families and carers. We endeavor to continuously improve our service and take on board patient comments and feedback, whether it is criticism or complementary will gives us a balanced view of what we are good at and what we need to improve on. The report will also show that we regularly scrutinise every service we provide with a view to improving it and ensuring that our patient's treatment outcomes are the best they can be.

For more information, please visit our website at:

www.probusurgicalcentre.co.uk

This Report

If you have any questions about anything in this report, would like to comment on it or would like to know more about the Surgical Centre, please email Kim Prowse, Surgical Manager on kim.prowse@nhs.net

This report was signed and approved on 06th October 2023 and is available on our website at <https://www.probusurgicalcentre.co.uk/high-quality-care>

If you would like to receive a paper copy of this report, or to see it in other formats, please email kim.prowse@nhs.net

PART 1 – QUALITY STATEMENTS

1.1 Statement of Assurance from the Surgical Manager

I am delighted to introduce Probus Surgical Centre's quality account for 2022-23, which reviews our performance, our activity and achievements over the last year, and sets out our quality priorities for the year ahead.

High quality patient care is always at the centre of what we do and I am very proud of Probus Surgical Centre's long-standing commitment to patient safety and how we continue to embed a culture of continuous improvement to improve the quality of care that we provide. We work closely together as a dedicated team, harnessing both clinical and non-clinical management expertise, to ensure that all patients receive safe and effective care.

The way we look after our patients and staff reflects the Centre's ethos, vision, and values, which support our mission *"To improve the health and well-being of those we care for"*.

Our robust infection prevention and control (IPC) procedures meant we kept service users and staff safe. I could not be prouder of what our staff have achieved, working to support other services.

The aim of this Quality Account is to provide information to our patients and commissioners to assure them that we are totally committed to maintaining a transparent culture, one where we share ideas and learn from each other, where mistakes are learnt, and staff of the Centre are supported to learn and grow. We robustly monitor ourselves and involve our patients in measuring and maintaining our services. We value our patients' feedback and use patient satisfaction questionnaires, to which we have a very good participation rate, regarding their treatment and clinical outcomes and are delighted by the results and comments we receive.

As the Surgical Manager, I am committed to lead the team at Probus Surgical Centre and ensuring that all our patients receive the best possible high-quality patient care, is at the centre of everything I do. I feel very lucky and privileged to have excellent clinical leadership plus committed support from our surgeons, nursing, and administrative staff. It is likely that there will be many more challenging times ahead – not just from potential further waves of infection but also the transformational changes that will occur for the health system. Reassuringly, we have already built strong strategic collaborative working with the ICB and RCHT, which will stand us in good stead for the future.



Mrs Kim Prowse
Surgical Manager, Probus Surgical Centre
15/08/2023

1.2 Probus Surgical Centre Accountability Statement

To the best of my knowledge, as requested by the regulations governing the publication of this document, the information in this report is accurate.



Mrs Kim Prowse
Surgical Manager
10/08/2022

PART 2 – 2022-2023 QUALITY IMPROVEMENTS AND MANDATORY STATEMENTS

2.1 Priorities for Quality & Service Improvement

In this section, we provide an overview of our approach to quality improvement, our improvement priorities for the upcoming year and review of the previous years.

Quality within the organisation

Probus Surgical Centre has a well-deserved reputation for high quality, patient centred care and is determined to place the patient and staff at the centre of our decision making and service planning. Performance against this is monitored and reviewed at Board level and throughout the organisation on a regular basis.

Our 2023-2024 Improvement Priorities:

Each year we are required to define several quality priorities.

Priority 1: Implement the Patient Safety Response Framework

Priority 2: To improve staff well-being and engagement

Priority 3: As an organisation need to work collaboratively with other organisations and to be integral to healthcare transformation to deliver care to the population of Cornwall in the best way

Priority 4: To improve the behaviours across the organisation related to safety

Improvement Priority	Rationale for Selection	Progress and Measurement
Priority 1: Implement the Patient Safety Response Framework	The Patient Safety Incident Response Framework (PSIRF) is a replacement for the NHS Serious Incident Framework. The Patient Safety Incident Response Framework (PSIRF) sets out the NHS's approach to developing and maintaining effective systems and processes for responding to patient safety incidents for the purpose of learning and improving patient safety.	The PSIRF supports the development and maintenance of an effective patient safety incident response system that integrates four key aims for us to implement: <ul style="list-style-type: none">• Compassionate engagement and involvement of those affected by patient safety incidents• Application of a range of system-based approaches to learning from patient safety incidents• Considered and proportionate responses to patient safety

		<p>incidents</p> <ul style="list-style-type: none"> Supportive oversight focused on strengthening response system functioning and improvement
Priority 2: To improve staff well-being and engagement	One of our strengths is the dedicated, committed workforce that the organisation has. We will look to improve the staff well-being and engagement by amending and enhancing our annual PDR, on-going support, and staff satisfaction survey	We have continued this within our improvement prioritise for another year. We have to continue to improve and strengthen our staff well-being and engagement with the team. We will seek an improvement to the annual staff survey response rate.
Priority 3: As an organisation need to work collaboratively with other organisations and to be integral to healthcare transformation to deliver care to the population of Cornwall in the best way	The provision of healthcare is going through a transformational period for which we, as an organisation, need to be involved	We will look to integrate with the relevant Boards, ICB and other organisations to enable to respond to and be integral to the transformation of patient pathways.
Priority 4: To improve the behaviours across the organisation related to safety	Review the current incident reporting mechanism as high rates of incident reporting is a strong indicator that staff value safety, feel able to raise concerns and can learn to continuously improve services.	We will measure the number of incidents whether open or closed compared to that of previous years. All incidents will continue to be discussed at the governance and Board meetings where learnings will be disseminated.

Our progress against previous improvement priorities are detailed below:

Improvement Priority		What did we achieve?	
Improvement Priority	Rationale for Selection	Progress and Measurement	
Priority 1: To improve the Family and Friends Test (FFT) response rate	Improving the number of responses will allow us to better understand the positive and negative experiences of patients.	Increased FFT response rate using an online platform.	Priority achieved - we want to continue to improve this via an online platform.
Priority 2: To improve staff well-being and engagement	One of our strengths is the dedicated, committed workforce that the organisation has. We will look to improve the staff well-being and engagement by amending and enhancing our annual PDR, on-going support, and staff satisfaction survey	We will change the annual performance and development review process to incorporate a review to support the mental health and well-being of our staff. We will also provide staff with a mechanism to access additional support if required and we will seek an improvement to the annual staff survey response rate.	Priority achieved – we want to continue to improve on this.
Priority 3: To ensure that internal reporting	Patient feedback is an internal indicator for enhancing and improving	We will ensure that the patient satisfaction survey responses are audited, with an analysis to	Priority achieved – we are up to date with our audits.

includes patient feedback to identify areas of improvement	service provision.	provide evidence at the Board and Governance meetings to identify any improvements required in our service.	
Priority 4: To improve the behaviours across the organisation related to safety	Review the current incident reporting mechanism as high rates of incident reporting is a strong indicator that staff value safety, feel able to raise concerns and can learn to continuously improve services.	We will measure the number of incidents whether open or closed compared to that of previous years. All incidents will continue to be discussed at the governance and Board meetings where learnings will be disseminated.	Priority achieved/continued
Priority 5: As an organisation need to work collaboratively with other organisations and to be integral to healthcare transformation to deliver care to the population of Cornwall in the best way	The provision of healthcare is going through a transformational period for which we, as an organisation, need to be involved	We will look to integrate with the relevant Boards, KCCG and other organisations to enable to respond to and be integral to the transformation of patient pathways.	Priority achieved/ continued

2.2 Mandatory statements relating to the quality of the NHS services provided.

The following section contains the mandatory statements common to all Quality Accounts as required by the regulations set out by the Department of Health.

Review of Services

During 2022/23, Probus Surgical Centre provided four NHS services and subcontracted three NHS services. The income generated by the NHS services reviewed in 2022/23 represents 100% of the total income generated from the provision of NHS services by the Probus Surgical Centre for 1st April 2022 to 31st March 2023.

Probus Surgical Centre uses a balanced scorecard approach to give an overview of quality indicators across the critical areas of patient care. In the period for 2022/23, the indicators on the scorecard which affect patient safety and quality were:

Probus Surgical Centre Performance Summary Scorecard 2022/23																	
Category	Requirement	Target	2020/2021	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Trend	YTD
Operational Standards	Percentage of Service Users on incomplete RTT pathways (yet to start treatment) waiting no more than 18 weeks from Referral	92% at specialty level	86.38%	79.60%	81.80%	79.89%	79.70%	83.30%	80.70%	80.90%	75.30%	67.20%	68.20%	68.10%	67.00%		75.97%
	Percentage of Service Users waiting less than 6 weeks from Referral for a diagnostic test	>99%	97.92%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	50.00%	0.00%	25.00%	25.00%	0.00%	30.00%		60.83%
	Mixed sex accommodation breach	>0	0	0	0	0	0	0	0	0	0	0	0	0	0		0
	All Service Users who have operations cancelled, on or after the day of admission (including the day of surgery), for non-clinical reasons to be offered another binding date within 28 days, or the Service User's treatment to be funded at the time and hospital of the Service User's choice	>0	0	0	0	0	0	0	0	0	0	0	0	0	0		0
	Zero tolerance methicillin-resistant Staphylococcus aureus	>0	0	0	0	0	0	0	0	0	0	0	0	0	0		0
Quality Requirements	Minimise rates of Clostridium difficile	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0
	Zero tolerance RTT waits over 52 weeks for incomplete pathways	>0	0	3	1	0	0	0	1	0	2	0	0	0	0		0
	No urgent operation should be cancelled for a second time	>0	0	0	0	0	0	0	0	0	0	0	0	0	0		0
	VTE risk assessment: all inpatient Service Users undergoing risk assessment for VTE, as defined in Contract Technical Guidance	95%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%		N/A
	Duty of candour	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%		0.00%
Activity	Completion of a valid NHS Number field in mental health and acute commissioning data sets submitted via SUS, as defined in Contract Technical Guidance	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%		100.00%
	% volume against IAP - Elective	100.00%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A		N/A
	% volume against IAP - New	100.00%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A		N/A
	% volume against IAP - FU	100.00%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A		N/A
	% cost against IAP - Overall	100.00%	100.00%	?	?	?	?	?	?	?	?	?	?	?	?		100.00%
	% cost against IAP - New	100.00%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A		N/A
	% cost against IAP - FU	100.00%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A		N/A
	Number of new Never Events declared in month	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0
	Number of new Serious Events declared in month	0	N/A	0	0	0	0	0	0	0	0	0	0	0	0		N/A
	Safeguarding - Number of Safeguarding referrals in month	0	N/A	0	0	0	0	0	0	0	0	0	0	0	0		N/A
CQUINS	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A		N/A	

Participation in Clinical Audit

For the Quality Account, the Department of Health publishes an annual list of national audits and confidential enquiries, participation in which is seen as a measure of quality of any organisation providing NHS services, clinical audit programme. This list is not exhaustive, but rather aims to provide a baseline for organisations in terms of percentage participation.

During 2022-2023, Probus Surgical Centre participated in one National Audit which is the GIRFT National Ophthalmology Audit.

Probus Surgical Centre submitted vasectomy data as part of the Association Surgeons in Primary Care annual audit which demonstrated that our post-operative complication rate was 0%.

Probus Surgical Centre submitted Carpal Tunnel data as part of the Association Surgeons in Primary Care annual audit which demonstrated that our post-operative infection rate was % compared to an average of 3.3% as detailed in the ASPC annual audit.

We also have our own internal audit programme, the results of which are reviewed by the Clinical Director, Surgical Manager and ICB. Where actions are identified, an action plan is implemented which is then shared and discussed with the relevant staff and is regularly monitored and reviewed through the PSL Governance Meetings.

Participation in Research

There were no patients recruited during 2022-2023 to participate in research approved by a research ethics committee.

Goals agreed with Commissioners

The Commissioning for Quality and Innovation (CQUIN) payment framework enables commissioners to reward excellence by linking a proportion of a health care provider's income to the achievement of local quality improvement goals. The Surgical Centre's CQUIN goals are set by the ICB at the beginning of each financial year.

In 2022/23, the CQUIN framework was paused by NHS England because of the COVID-19 pandemic. The Quality Accounts do not include any information related to CQUIN, although we continued to implement relevant schemes.

Care Quality Commission Registration

Probus Surgical Centre is required to register with the Care Quality Commission and its current registration status on 29th July 2011 was registered without conditions. Probus Surgical Centre has not needed to participate in any special reviews or investigations by the CQC during the reporting period. Currently the registered manager is Mr Spencer Casey (Business and Strategic Partner) and is registered to conduct the following activities:

- Surgical procedures
- Diagnostic and screening procedures

Due to the Coronavirus, all routine activity, both directly commissioned and sub-contracted work was suspended from 25th March 2020. On 4th May 2020, Probus Surgical Centre, started supporting Royal Cornwall Hospital with urgent ophthalmology, which is still on-going. On 15th July 2020 we also started supporting RCHT with urgent patients from the oral/maxillofacial service, as detailed in Appendix 1. On 13th July 2020 we were permitted to start seeing urgent directly commissioned patients with an understanding that once the urgent local anaesthetic patients had all been seen within the Cornwall system, PSC would resume seeing routine patients, which we are now doing.

Data Quality and Information Governance

Clinicians, managers, and staff rely upon good quality information to support the effective delivery of patient care. Probus Surgical Centre understands the importance of using good quality data to support patient care and is committed to pursuing a high standard of accuracy, completeness, and timeliness within all aspects of data collection in accordance with NHS Data Standards. Data contained in medical records are audited monthly and actions are taken to improve quality as required. All staff understand that they are accountable for recording data accurately which is supported by training, guidance, and feedback on an ad-hoc basis and via internal and external audits. Regular monitoring of key data is undertaken, and issues are addressed promptly.

We submit monthly data reports to the KCCG and liaise closely with the KCCG on any data quality concerns they may have. We also submit all performance data to the Department of Health via NHS Digital and submit Secondary Uses Services (SUS) for inclusion in the Hospital Episodes Statistics, which are included in the latest nationally published data. 100% of patient records were checked and in the published data to include both a valid NHS number and a valid GMC practice code. This was for both admitted and outpatient

activity. Probus Surgical Centre does not provide accident and emergency care so there is no SUS data submitted for this group.

The data security and protection toolkit is an annual online self-assessment tool that all organisations must use if they have access to NHS patient's data and systems to provide assurance that they are practicing good data security and that personal data is handled correctly. We have implemented and achieved IG Governance Level 2 and completed the 2022 Data Security and Protection Toolkit (DSPT).

Learning from Deaths

The learning from deaths national guidance is for NHS providers on working with bereaved families and carers. There have never been any deaths attributable to surgery from Probus Surgical Centre.

Seven Day Hospital Services

Probus Surgical Centre is not subject to the audit program for seven-day services in the NHS as we do not provide services for emergency admissions, however, Probus Surgical Centre is committed to high-quality care for all patients regardless of which day they are admitted for a planned surgical procedure.

Freedom to Speak Up

Freedom to Speak Up (FTSU) promotes and encourages the raising of concerns from NHS workers, sub-contractors, and volunteers to ensure patient safety is always maintained and to make the health service a better place to work. We are committed to embedding an open and transparent culture in which staff members feel empowered to raise concerns, with the confidence that these concerns will be acted upon and without fear of detriment for speaking up.

We have a Freedom to speak up - raising concerns policy, which details the different ways in which staff can speak up, including through their line managers. We are working with the ICB to use their FTSU guardian. As we are a small organisation, we do not have a FTSU guardian ourselves. This is available to all staff on the shared drive and on the intranet.

PART 3 - REVIEW OF QUALITY PERFORMANCE

3.1 Patient Safety

Learning Experiences/Event/Incidents

The safety of patients in our care and the prevention of avoidable harm is our highest priority. The rating from the 2016 CQC inspection for Safety was 'Good' and we have completed all the "Must and Should do" actions of that report.

Probus Surgical Centre has an incident reporting system that specifically enables any member of staff to highlight incidents, so that any potential case can be reviewed rapidly. This provides a culture of openness and the duty of candour to our patients.

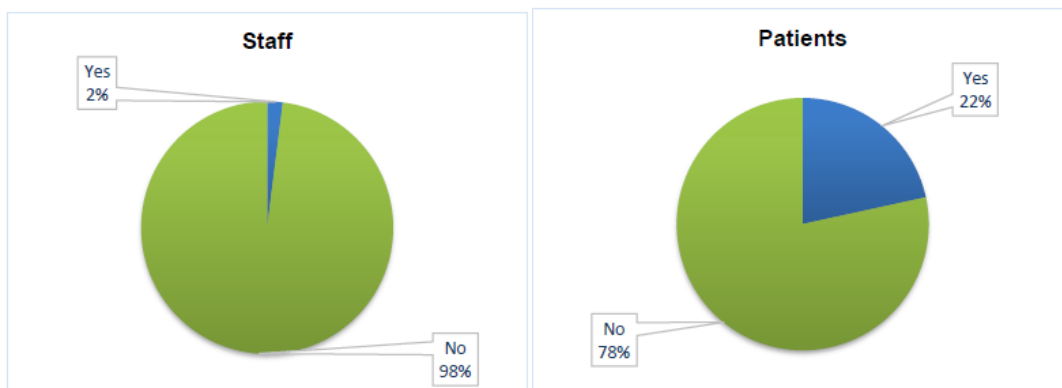
At the time of this report all incidents have been investigated and improvements made including the purchase of an uninterrupted power supply to ensure that there is no disruption to services in a power cut. The harm arising from incidents is measured for each incident and this continues at a very low level. We continue to work hard to learn from these incidents and to introduce change and improvement to enhance the safety and quality of care we deliver.

There were no serious incidents, significant Incidents or never events, reported in 2022-2023. We are working towards implementing the Patient Safety Incident Response Framework (PSIRF) in 2023.

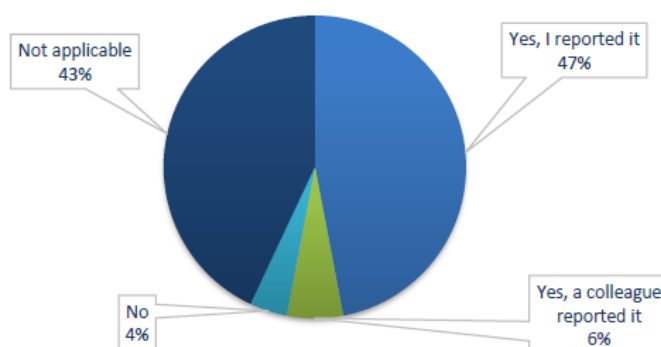
Staff Survey responses relating to incident reporting

The staff survey results provide a clear indication of the significant improvement made in regard to “The organisation does not blame or punish `people who are involved in errors, near misses or incidents”, and we are creating a culture where staff feel safe to report incidents and are actively encouraged to do so. Please see the summary of results in the tables below:

Q23	In the last month have you seen any errors, near misses, or incidents that could have hurt...	
	Yes	No
Staff	2%	98%
Patients	21.6%	78.4%



Q24	The last time you saw an error, near miss or incident that could have hurt staff or patients, did you or a colleague report it?				
	Yes, I reported it	Yes, a colleague reported it	No	I don't know	Not applicable
	47%	6%	4%	-	43%



Serious Incidents Requiring Investigations (SIRIs)

There were no serious incidents reported during 2022-2023.

Complaints - We strive to ensure that each patient will be happy with the care they receive. However, we understand that sometimes things go wrong, and appreciate it when patients and families raise issues with us so that we can make them right. We value all patient and family feedback and use comments and concerns to learn and improve our services for others.

Our Comments and Complaints Service has three core elements: -

- **Listening** – to hear and take seriously all feedback that is acquired, whether that is a formal complaint or a compliment.
- **Responding** – to provide a full written response to complaints. All responses are investigated by the Surgical Manager and Clinical Director.
- **Improving** – our Complaint Service to not only provide an investigation and formal response to the complainant but to identify gaps in service provision and changes that may need to be made to improve services for patients. This is achieved through the investigation process.

There were 1 complaint received between April 2022– March 2023, which was partially upheld.

All complaints are reported to the PSL Board and staff meetings every month and to our Commissioners via the monthly Integrated Quality and Performance Report.

	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22	2022/23
Complaints Received	3	1	4	4	2	3	8	1

Compliments – Numerous compliments are received from patients in several ways – *Friends and Family Test, Patient Satisfaction Questionnaires, cards, emails, and verbal appreciation.

*Friends and Family Test was created to help service providers and commissioners understand whether their patients are happy/satisfied with the service provided or where improvements are needed.

Friends and Family Test (FFT) Results

We submit the national Friends and Family Test (FFT) results monthly, shown below. The % of patients responding that overall the care was very good has not significantly changed month on month in 2022-23,

Below is a selection of comments received from our March 2023 FFT results:

I would like to thank surgeon, nurse and all the team, fantastic what an experience treated like a queen I can see everything. Roll on my second cataract, a Hugh thank you
Excellent service from the team
excellent care from all at the Surgical Centre
very helpful members of staff, the nurses were extremely kind and talked to me during my operation, which put me at ease as I was really nervous.
Absolutely brilliant surgical team. Super kind and empathetic. Huge thanks to the surgeon, all the nurses and the lovely HCA.
Everyone was so professional, so nice, understanding and thorough, and I feel very fortunate to have had my procedure at Probus.

I do not recall the surgeon mentioning type of lens before the op
Excellent all the staff were very polite and nothing was too much trouble for then Excellent service
I was very nervous, But the team made me feel at ease I didn't feel a thing and I can't thank them enough
simple stress free appointment, made to feel very at ease
Very good and very helpful
Fantastic service and very friendly staff. Thank you all
The appointment was on time and the consultant and nurse couldn't have been better. Their attitude made me feel easy and totally at ease
A very nice surgery and excellent staff the only problem was having a dent put in my drivers car by a older woman because of the tight parking spaces, otherwise great
Absolutely brilliant Thankyou so much!!! 1drop every 4 hours 😊
Very good, an excellent team very professional and polite. A credit to the NHS
The whole experience was excellent. All staff, from reception to operating theatre, were courteous, considerate and professional. The pre-op, surgeon consultation and operation were all conducted with calm professionalism and care. I look forward to my second cataract removal with pleasure. What a team!
Excellent service.
Fantastic treatment looked after from beginning to the end of surgery staff were exceptional The team new and treated me as they should with care season to none they looked after me and if there was a score to give them it would be 10 out of 10 thank them so much from this old fella
Well organized and everyone very helpful. No pain during op or afterwards. Less than 3 days post-op and just walked the dogs for 30 min without painkillers. Very impressed. Many thanks to all involved.
The assessment I had went very well all the questions that were asked by me were and answered very satisfactory
I found the entire process from the initial consultation to discharge, to be first rate. All the staff where friendly, helpful and kept me well informed.
Very professional and friendly. Kept fully informed at each stage of the procedure. Very impressed and thank you.
I found everything very good, well organised and the staff were all very friendly and efficient
The treatment I received yesterday was very good. Everyone was very kind and I felt confident that at the end of my appointment my sight was going to be much improved. Today that is very much the case and I would like to say a big thank you to everyone. I will be back to have the cataract on my right eye removed when I get the appointment date.
Would just like to say, how kind and considerate all the staff were to me and other patients. My procedure was done in an amazing calm and professional way by really lovely staff. Thank you so much .?
I had a very good experience and am happy with the result. Many thanks to your excellent team.
I thank surgeon and all the staff for giving me my sight back.

A star service. Absolutely put at ease, staff were wonderful, after care explained clearly. I just have to do my bit to make sure their work heals without any issues. Very grateful.
What an amazing, friendly team. I couldn't have been better cared for. I can't speak highly enough of them. Just brilliant. Very grateful to have had it done so promptly too.
The surgeon, surgeon was efficient and friendly as were her staff. Procedure went well and they helped me feel relaxed.
Thank you very much. An amazing team.
my experience was very good, thanking you.
Everyone was Very kind and made me feel at ease.
My experience was very good. Everyone who interacted with me were helpful and gave me relevant information about my procedure.
Thank you to all the staff at Probus Surgical Centre, first class treatment. 100% satisfied.
Helpful and pleasant staff.
The attention and service were excellent. I could not fault it.
A very good impressed with the service
Excellent service. I have had medical and surgical services in Manchester, Salford and Liverpool, but Probus Surgical Centre is by far the most excellent, courteous and enjoyable service I have ever received.
Very good experience both for first and second cataract ops. Thank you
The service was excellent, I was a bit nervous but was put at ease by your lovely staff
Very good, excellent, everyone was pleasant, friendly and helpful and understanding, thank you
Please pass on my thanks to surgeon and the lovely nurses at Probus. Everyone was so welcoming and friendly and made me feel totally comfortable and at ease. Thank you for my operation.
Please pass on my thanks to surgeon and the lovely nurses at Probus. Everyone was so welcoming and friendly and made me feel totally comfortable and at ease. Thank you for my operation.
Made to feel at ease. Everyone smiled and said hello. On time for my appointment. Very professional
Very good & professional, made you feel relaxed.
Superb service, every one so polite with a smile on their face. Couldn't have been looked after any better. Operation went very well. Looking forward to the next one now. Thank you for a perfect service
Felt comfortable n calm. Staff was helpful n pleasant. Thank you.
My recent experience was excellent...all the staff are lovely and caring....and my cataract op went as expected...thank you to everyone involved.
Everyone was so nice and professional, great service.

Great staff very helpful
Very good. Thank you.
Thank you so much for my eye operation on Monday everyone was so kind and helpful
Excellent service and staff were lovely couldn't do enough for me excellent
Very good the staff were excellent
The nurses there were lovely, and put my mind at rest. Thank you
I am full of praise for the smooth procedure. All the staff were so kind, helpful and friendly and made me feel very much at ease. And many thanks to surgeon.
Absolute fantastic service and wonderful staff
Service experience was very good. Everything was clearly explained pre and post the operation and any questions I had were answered. The procedure itself went well and the surgical team were very professional and considerate. Thank you.
Very good : But the waiting made me more nervous ! Thank you to all your Marvellous staff and the one nurse letting my wife know how I was .
Good morning, my experience was (a) very good. Thankyou to all the staff on shift during my visit.
My experience was excellent
Very very good service from the doctor and the nurse very efficient. Booked an appointment for a procedure to be done in two weeks time. Supered
Very clean and tidy surgery, very friendly staff, very good experience.
Amazing team and brilliant care. Can't thank them all enough.
My second cataract operation went very well. Every member of staff was kind and efficient. My thanks to them and also to surgeon for his wonderful work.
Excellent friendly service thank you
Absolutely wonderful staff were amazing and helped me feel so much at ease
Very pleased with operation and the staff were super. Very helpful and kind
Vary happy with everything at probus. Staff were great.
Very good care with excellent Staff that made my experience a whole lot better as I was very nervous. I won't fear my second Surgery as I know I'm in Very good hands, Thank you all very much
My treatment when I arrived on the 17th March was excellent. Looking forward to my next visit. Please thank the staff that deal with cataracts
excellent! Thank you very much.

My Treatment at the Center on 17/3/23 for cataract operation was excellent from start to finish , excellent care , kind and caring staff Thank you
Very good service. Special thanks to surgeon for excellent care and attention. Much appreciated
I'm feeling good with no problems no swelling or bruising, vision is not so blurry now , really happy, thank you so much,
Very efficient punctual and pleasant personnel Thank you for the service.
My treatment at Probus surgical centre was excellent. Thank you to all staff concerned with the procedure that I had for trigger finger.
The treatment I received from Probus was very very good and the doctor also was great.

Duty of Candour

We are committed to the principles of openness, honesty, and transparency. We aim to learn from all incidents and engage service users and families in the review process. Our being Open and Duty of Candour policy defines the incidents to which Duty of Candour applies and sets out the duties and responsibilities of senior staff after an incident. All staff have access to this policy and can access support from the Surgical Manager or Clinical Director.

NICE Quality Standards and Guidance

All NICE standards and guidance are assessed for the applicability to the organisation and its services to patients. Any that require action are addressed and an action plan is developed. The whole process is managed by the Theatre Clinical Team Leads. Probus Surgical Centre frequently reviews clinical practices to ensure that we are always delivering quality care and services.

3.2 Infection Control

100% MRSA screening and low infection rates (currently at 0.9%) are backed up by 99% patient satisfaction scores with our cleanliness and infection precautions, all these are high quality outcomes.

In July 2022 we had an infection control visit from the ICB Nurse Consultant Director of Infection Prevention & Control who identified a few actions, which are all now complete. Below copy of sections of the report:

3 Assessment tool: 4.1 Maintaining asepsis – surgical practice

4.1 MAINTAINING ASEPSIS – SURGICAL PRACTICE				
The principles of aseptic technique must be adhered to by staff involved in the surgical procedure.		Defined standard Present in local policy N = 0; Partial = 1; Yes = 2	Standard is applied Evidence that element is performed N = 0; Partial = 1; Yes = 2	Comments If 'partial' – specify where non-compliant
1	Operating staff are trained and assessed as competent in performing surgical hand antisepsis, gowning and gloving scrub.	2	2	Incised drape not impregnated with iodine. Eye drops (iodine) applied pre - op and cleaned with iodine around surrounding area (draping area).
2	Operating staff performing surgical hand antisepsis, gowning and gloving correctly immediately prior to commencing surgery.	2	2	
3	Operating staff are trained and assessed as competent in the maintenance and management of the sterile field.	2	2	
4	Operating staff maintain and manage sterile field correctly.	2	2	
		(Sum of scores ÷ 8) x 100 = % 8 divided by 8 = 1 1 x 100 = 100	(Sum of scores ÷ 8) x 100 = % 8 divided by 8 = 1 1 x 100 = 100	Overall % compliance (Sum of all scores ÷ 16) x 100 = % 16 divided by 16 = 1 1 x 100 = 100%

GUIDANCE ON COMPLETING 4.1 MAINTAINING ASEPSIS-SURGICAL PRACTICE

- Check if theatre protocols include this standard.
 - Query different grade/types of staff involved in operating to determine if/how they have been trained and assessed as competent.
 - Review theatre held competency assessment records.
- Observe different grade/types of staff prior to commencing a few operative procedures to determine if hand antisepsis, gowning and gloving is performed correctly.
- Check if theatre protocols include this standard.
 - Query different grade/types of staff involved in operating to determine if/how they have been trained and assessed as competent.
 - Review theatre held competency assessment records.
- Observe different grade/types of staff during a few operative procedures to determine the sterile field is maintained and managed correctly.

3 Assessment tool: 5 Surgical environment

5 SURGICAL ENVIRONMENT				
Ensuring that the risk of airborne contamination entering the operative site is kept to a minimum.		Defined standard Present in local policy N = 0; Partial = 1; Yes = 2	Standard is applied Evidence that element is performed N = 0; Partial = 1; Yes = 2	Comments If 'partial' – specify where non-compliant
1	The required air pressure and ventilation systems across the operating theatre (including anaesthetic and scrub rooms) is defined.	2	2	
2	There is a defined process to ensure that the doors to the operating theatre remain closed while an operation is in progress.	2	2	
3	There is a defined number of staff that may be present within the operating theatre for each procedure.	2	2	
4	There is a defined process to monitor traffic in and out of the operating theatre to ensure it is kept within agreed limits.	2	2	
5	There is a defined process to ensure that equipment is cleaned to remove all dust prior to it being brought into the operating theatre.	2	2	
		(Sum of scores ÷ 10) x 100 = % 10 divided by 10 = 1 1 x 100 = 100%	(Sum of scores ÷ 10) x 100 = % 10 divided by 10 = 1 1 x 100 = 100%	Overall % compliance (Sum of all scores ÷ 20) x 100 = % 20 divided by 20 = 1 1 x 100 = 100%

GUIDANCE ON COMPLETING 5 SURGICAL ENVIRONMENT

- Check if theatre protocols include this standard.
 - Query staff to establish how they ensure the standard is met.
- Check if theatre protocols include this standard.
 - Query staff to establish if standard is met.
 - Observe a few operative procedures to determine if doors remain closed.
- Check if theatre protocols include this standard.
 - Query staff to establish if standard is met.
 - Observe a few operative procedures to determine how many people in theatre during procedure and if this meets defined standard.
- Check if theatre protocols include this standard.
 - Query staff to establish if standard is met.
 - Observe a few operative procedures to determine how many people go in and out of theatre during procedure, and if this meets defined standard e.g. was the movement essential.
- Check if theatre protocols include this standard.
 - Query staff to establish if standard is met.
 - Observe a few operative procedures to determine if equipment is cleaned prior to being brought into the theatre.

3 Assessment tool: 7 Surveillance of Surgical Site Infection (SSI)

7 SURVEILLANCE OF SURGICAL SITE INFECTION (SSI)				
SSI is monitored using a standardised surveillance methodology to provide feedback to surgeons and the surgical team about the quality of infection prevention in the operating theatre, and to provide patients with accurate information about the risk of SSI associated with the operation.		Defined standard Present in local policy N = 0; Partial = 1; Yes = 2	Standard is applied Evidence that element is performed N = 0; Partial = 1; Yes = 2	Comments If 'partial' – specify where non-compliant
1	Patients are provided with verbal and written information about the risks of SSI associated with their operation. This includes how and when they should report problems with their wound.	2	2	
2	There is a planned programme of SSI surveillance that covers major surgery over a defined period, e.g. 5 years.	N/A	N/A	
3	There is a robust process for data collection to assess rates of SSI based on a standardised surveillance methodology.	2	2	
4	There is a system in place to capture data on SSI that develop after the patient has been discharged from hospital. E.g. detection of patients readmitted with SSI and/or post-discharge patient review or questionnaire.	2	2	
5	Results of surveillance are reviewed by the surgical teams, theatre staff and hospital Governance structures.	2	2	
6	High or increased rates (or unusually low rates) are investigated and appropriate action taken to address any problems identified.	2	2	
		(Sum of scores ÷ 12) x 100 = % 10 divided by 10 = 1 1 x 100= 100%	(Sum of scores ÷ 12) x 100 = % 10 divided by 10 = 1 1 x 100= 100%	Overall % compliance (Sum of all scores ÷ 24) x 100 = % 20 divided by 20 = 1 1 x 100 = 100%

3.3 Range of Services Provided

Indicator	2015/16	2016/17	2017/18	2018/19	*2019/20	2020/21	2021/22	2022/23
Directly commissioned services – number of patient attendances	4,623	5,926	6,173	6,352	6,004	5,987	5,987	
Sub-contracted services - number of patient attendances	502	718	862	1,589	1,655	1,348	905	
Serious Incidents	0	0	0	0	0	0	0	0
Never Events	1	0	0	0	0	0	0	0
Significant Incidents	2	1	0	0	0	0	0	0
Concerns, Near Miss, Learning, Events and Minor Incidents	22	42	23	37	24	35	77	

* All activity suspended from 25th March 2020 due to the COVID-19 pandemic. On 13th July 2020 we were permitted to start seeing urgent directly commissioned patients with an understanding that once the urgent local anaesthetic patients had all been seen within the Cornwall system, PSC would resume seeing routine patients, which we are now doing.

3.4 Stakeholder views on the 2022 - 2023 Quality Accounts

Commissioner Feedback



Date 4 September 2023

Kim Prowse
Surgical Manager
Probus Surgical Centre
Tregony Road
Probus
Truro
TR2 4JZ

Nursing and quality directorate
Part 2S Chy Trevail
Beacon technology Park
Dunmere Road
Bodmin
PL31 2FR

Tel: 07442 937014
Email: jane.mitchell39@nhs.net

Dear Kim,

Thank you for providing NHS Cornwall and Isles of Scilly integrated care board (CIOSICB) with an opportunity to respond to Probus Surgical Centres quality account for the year 2022/23. The CIOSICB have reviewed the report and believe it is a good reflection of the centres performance and acknowledges the ongoing high quality of care provided.

We would like to thank all our colleagues at Probus Surgical Centre for their hard work and dedication in working with system partners throughout a year when significant pressure, increased demands, longer waits, and complexity continued to be placed on the health system. We would like to extend our gratitude and appreciation for your part in ensuring business continuity especially in supporting elective recovery and increasing access to place based care.

Evidence of a positive patient experience continues to be apparent in your high patient satisfaction metrics and I am pleased to hear that the priority of moving to an online platform has been achieved facilitating even more feedback.

Achievement against the actions to ensure patient safety regarding increased awareness and reporting of patient safety incidents is commendable and the move towards PSIRF builds on this. I look forward to reviewing progress against this priority in 2023/24 when you have implemented PSIRF and would like to understand your mechanism for sharing learning from incidents across the wider integrated care system.

The remaining priorities for 2023/24 build on your achievements and include the drive to focus staff wellbeing and engagement focusing on mental health and freedom to speak up along with improving incident reporting. Increasing collaboration across the integrated care system to support the transformation of patient pathways will also contribute to place based care and care closer to home for our residents. Your stated priorities are fully supported by NHS CIOSICB.

NHS Cornwall and Isles of Scilly Integrated Care Board

Call us on 01726 627 800
Email us at ciosicb.contactus@nhs.net
Visit our website: cios.icb.nhs.uk



Part 2S, Chy Trevail,
Beacon Technology Park,
Dunmere Road,
Bodmin, PL31 2FR
Chair: John Govett
Chief executive officer: Kate Shields

We look forward to continuing to work collaboratively with Probus Surgical Centre and system partners to strengthen the improvement of quality and safety of services available across the health and care system to our population. We confirm to the best of our knowledge that the information contained in the report is accurate and consistent with that which has been shared with CIOSICB.

Yours sincerely

Jane Mitchell
Quality Manager

CC: **Susan Bracefield**
Nikki Thomas
Lisa Nightingale
Rebecca O'Connell

Statement of Directors' responsibilities for the Probus Surgical Centre Quality report

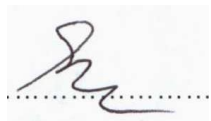
The directors are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations to prepare Quality Accounts for each financial year.

Probus Surgical Centre has worked extremely hard to ensure that its focus on the continuous improvement of quality of care is at the centre of the services it provides. In preparing the Quality Report, the directors are required to take steps to satisfy themselves that:

- the content of the Quality Report meets the requirements set out in the NHS annual reporting manual 2019/2020 and supporting guidance
- the content of the Quality Report is not inconsistent with internal and external sources of information including:
 - o board minutes and papers for the period 1st April 2022 to 31st March 2023
 - o papers relating to quality reported to the board over the period 1st April 2022 to 31st March 2023
 - o feedback from commissioners dated 4th September 2023.
 - o CQC inspection report dated 09th February 2017
- the Quality Report presents a balanced picture of Probus Surgical Centre's performance over the period covered
- the performance information reported in the Quality Report is reliable and accurate
- there are proper internal controls over the collection and reporting of the measures of performance included in the Quality Report, and these controls are subject to review to confirm that they are working effectively in practice
- the data underpinning the measures of performance reported in the Quality Report is robust and reliable, conforms to specified data quality standards and prescribed definitions, is subject to appropriate scrutiny and review and

The directors confirm to the best of their knowledge and belief they have complied with the above requirements in preparing the Quality Report

By order of the board:



Date. 06th October 2023Clinical Director



Date. 06th October 2023 Surgical Manager

Probus Surgical Centre

We would welcome any comments on the format, content, or purpose of this Quality Account. If you would like to comment or make any suggestions for the content of future reports, please contact us in one of the following ways:

Via our website: www.probusurgicalcentre.co.uk

Email: psc.enquiries@nhs.net

By Post: Mrs Kim Prowse
Surgical Manager
Probus Surgical Centre
Tregony Road
Probus
Truro
Cornwall
TR2 4JZ

This report has been reviewed and approved by:

Dr Gaetan Lin, MBBCh, MRCS, MRCGP, DRCOG, Clinical Director and CQC Nominated Individual, Probus Surgical Centre

Dr Rawlins Murthy, MBBS, DRCOG, MRCGP, Executive Director, Probus Surgical Centre

Mr Spencer Casey, Business and Strategic Manager, LLB Hons

Kernow Clinical Commissioning Group

Appendix 1 – Services covered by this Quality Account

Procedures Performed

Hernia Repairs - Mr Arumugam, Mr Gopalswamy & Mr Clark

- Groin hernia repairs (femoral / inguinal)
- Abdominal wall hernia repairs (Umbilical /peri-Umbilical / epigastric)

Genitalia - Mr Lin & Dr Murthy

- Vasectomy
- IGTN

Hands & Feet - Miss Tyers, Mr Moonesamy

- Carpal tunnel injection / release
- Excision of Ganglion
- Trigger finger / thumb release
- Toenail Ablation / Zadek's procedure

Ophthalmology - Mr Kumar, Mr Murjaneh, Mr Toumia & Mr George

- Cataract removal and IOL implant

Sub-contracted Procedures Performed

Ophthalmology – Mr Westlake & Miss Hale

- Naso-lacrimal duct washout
- Oculoplastic surgery

Minor oral and Maxillo-facial surgery - Mr Chandanara and Mr Roche

- Minor Oral Surgery & See and Treat Oral Outpatients
- Oral Pathology
- Oral Medicine
- Maxillofacial surgery under LA

Urology - Mr Vennam

- Circumcision surgery