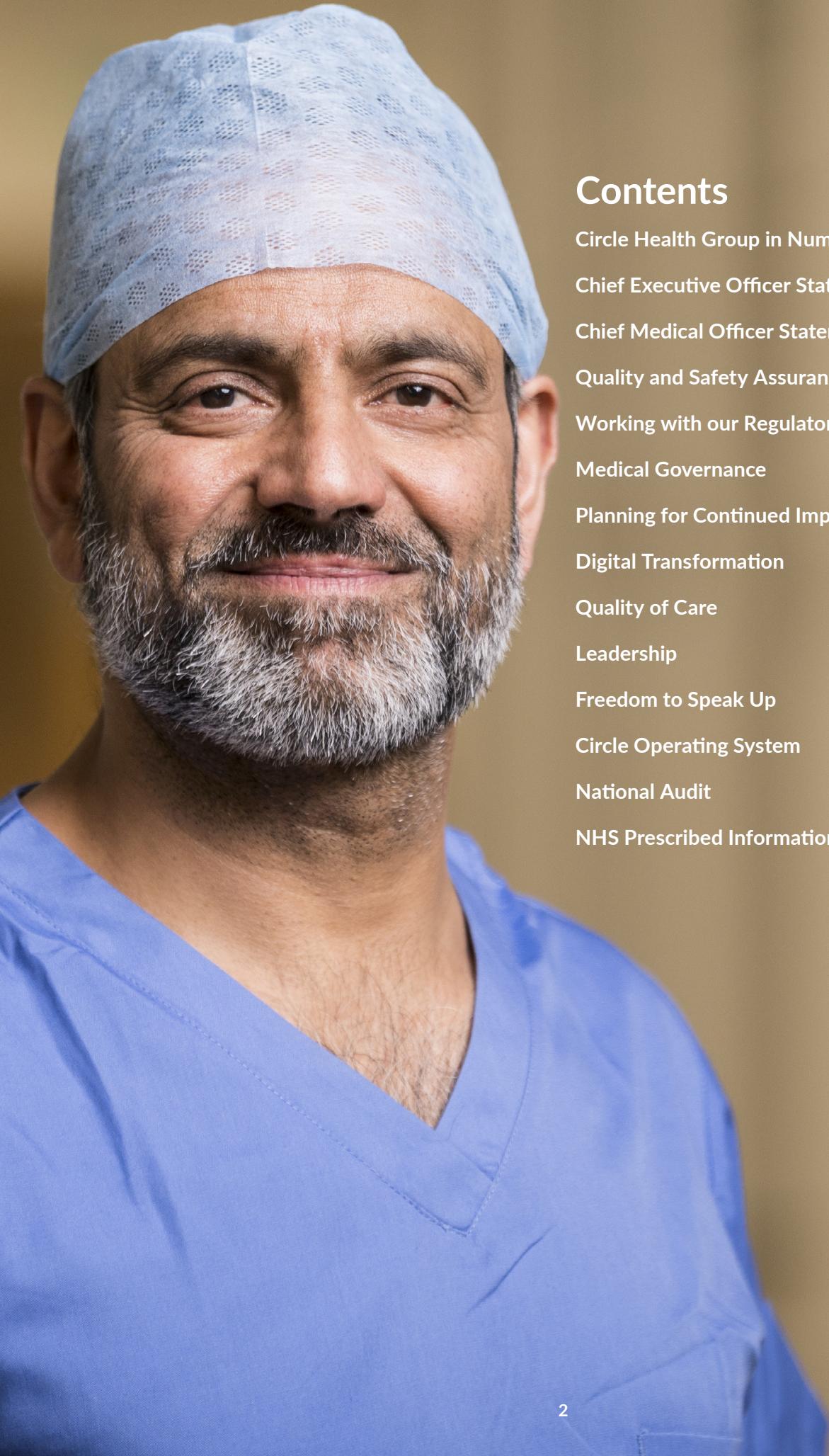




Health Group



Circle Health Group  
**Quality Account**  
2022/2023



## Contents

<b>Circle Health Group in Numbers</b>	<b>Page 3</b>
<b>Chief Executive Officer Statement</b>	<b>Page 4</b>
<b>Chief Medical Officer Statement</b>	<b>Page 6</b>
<b>Quality and Safety Assurance</b>	<b>Page 8</b>
<b>Working with our Regulators</b>	<b>Page 13</b>
<b>Medical Governance</b>	<b>Page 15</b>
<b>Planning for Continued Improvement</b>	<b>Page 22</b>
<b>Digital Transformation</b>	<b>Page 24</b>
<b>Quality of Care</b>	<b>Page 26</b>
<b>Leadership</b>	<b>Page 28</b>
<b>Freedom to Speak Up</b>	<b>Page 31</b>
<b>Circle Operating System</b>	<b>Page 32</b>
<b>National Audit</b>	<b>Page 34</b>
<b>NHS Prescribed Information</b>	<b>Page 36</b>

# Circle Health Group in Numbers



**8,841**

contracted staff



**54**

hospitals



**2,000+**

available beds



**400**

ambulatory  
care bays, pods  
and chairs



**160+**

theatres



**5**

cardiac  
catheter labs



**6,200**

Consultants

From 1 April 2022 – 31 March 2023



**59,000+**

inpatients



**192,000+**

day cases



**1.6m+**

outpatients



**300,000+**

physiotherapy  
sessions

# Chief Executive Officer Statement



**Paolo Pieri**  
Chief Executive Officer  
June 2023

In 2022, Circle Health Group (Circle) continued to drive forward an agenda of innovation and outstanding patient care. Technology has the power to transform lives and when deployed at scale in the hands of experienced people the possibilities are limitless. So far, our drive to innovate in the digital and technology spaces has continued with the launch of our first health subscription product, mobile imaging and diagnostic services alongside significant growth in our online booking and pathway management technology. We continue to see improvement in our regulatory ratings across the group and remarkable results for patient satisfaction indicators. The strive to deliver quality and consistency has been central to our approach in treating the communities we are at the heart of.

## Investment in Technology

In 2022 we continued to move at pace with our investment in facilities, services and patient care. Our pioneering 'Skyscanner' style online booking system was in its first full operational year and has enabled easy online booking in a first for the sector, complemented by an accessible patient portal to manage appointments and access records. Last year our telemedicine and product offering were enhanced with the creation of a new health subscription product, MyWay, which was developed throughout 2022 and has the potential to transform the way we interact with our patients. Offering fast access to virtual GP

services, diagnostics and specialist consultations, the product is an important step in expanding the number of patients visiting Circle facilities. In addition, 2022 saw the first full year of operations for the new-build facility Circle Rehabilitation in Birmingham, the UK's first large-scale, dedicated, rehabilitation service. Moreover, our capital investment included mobile MRI and CT scanners, which can be deployed across the country to support imaging and diagnostic needs where there is limited or no fixed scanning capability.

## People

Circle's unique selling point has always been its belief in the importance of staff engagement to deliver results. In 2022, Circle continued to prioritise a culture and work environment that is valued by its people. This work has been independently verified by a range of authorities as having been instrumental to our success. Circle was once again voted one of the UK's top 30 big companies and was ranked as one of the top 5 improvers amongst companies of equal scale. This was further underpinned by being ranked as one of the top 10 companies to work for in the health and social care sector in the Best Companies b-Heard survey. Last year we expanded our 'grow your own scheme' to 30 unique apprenticeship programmes, which has taken over 300 apprentices into clinical and administrative roles across our hospital and corporate

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**Circle's unique selling point has always been its belief in the importance of staff engagement to deliver results and in 2022, we continued to prioritise a culture and work environment that is valued by its people.**

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network. We are now recognised as having one of the largest and most comprehensive educational offerings of any business in the UK. 2022 also saw an improved staff retention rate with continued growth in the number of UK registered medical Consultants choosing to base their practice with us. Circle Health Group's work to support its people has made it stand out as the employer of choice for those looking to build a career in healthcare.

#### **Social Purpose**

Circle has always maintained a commitment to giving something back to communities it is part of. Last year was no exception and, as an organisation, we stood up and began a campaign to support six teaching hospitals in Ukraine to

continue caring for their patients. Not only did we provide a lifeline to Ukrainian medical professionals, we also played an instrumental role in the delivery of targeted medical aid. In 16 deliveries, 365 tonnes of medical aid was collected from partners and our own hospital network and driven the 1,500 miles to where it was needed the most. In total, £3 million worth of support was provided to doctors and hospital staff treating patients in their communities. This effort represented the largest single contribution made by a UK business to those affected by the conflict in Ukraine. The difference our people and partners made underpins our ongoing commitment to being a modern and socially conscious employer and healthcare provider.

# Chief Medical Officer Statement



**Paul Manning**  
Chief Medical Officer  
June 2023

Our clinical focus for 2022 has been continuous improvement in the clinical outcomes and regulatory ratings of our hospitals across the UK. Outstanding clinical governance and improved outcomes go hand in hand with improving the quality of life for the patients in our care.

In the last year we have continued to prioritise patient outcomes above all other metrics as being the key indicator of the effectiveness of our organisation. Our Patient Reported Outcome Measures were higher than the industry average in the hip surgery category and we continued to lead in knee surgery, achieving results significantly higher than the NHS and private sector average. Moreover, the quality of our patient outcome data capture improved remarkably, giving us a clear indication that the commitment of our people continues to make a difference to patients.

Improved regulatory ratings and accreditations were a key focus for the organisation over the last year and I was delighted to see that Circle Heath Group was recognised as having the largest number of Joint Advisory Group on Gastrointestinal Endoscopy accredited facilities in the independent sector.

Modern facilities, along with highly skilled and dedicated staff, is a powerful combination when it comes to clinical performance and our relentless drive to establish a best practice framework across the group bore significant

fruit, with two of our hospitals achieving an Outstanding rating from the CQC. 2022 saw a noticeable increase in the proportion of our hospitals rated as either Good or Outstanding and a major reduction in negative ratings nationally. This has provided a solid foundation for us to continue building a strong reputation for clinical and quality improvement in the years to come.

To support our work to improve our clinical outcomes, we embarked on the largest operating theatre accreditation project in partnership with The Association for Perioperative Practice. Not only was this an historic moment for Circle but it paved the way for a sector-wide best practice guide to be built, with learnings and approaches shared across the country. The results speak for themselves, with the majority of Circle's hospitals engaging with the programme and 14 receiving independent recognition for quality and delivery of treatment. The patients accessing our services expect the very best from the people caring for them and from the facilities they are seen in; this project is a commitment to providing them with that assurance.

Circle has shown in 2022 that our commitment to quality of care is second to none. Based on available data from the Private Healthcare Information Network and other bodies, we are consistently rated the top provider for patient experience.

“

**In the last year we have continued to prioritise patient outcomes above all other metrics as being the key indicator of the effectiveness of our organisation.**

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Our reviews continue to point to an approach to clinical care that places the patient firmly in the driving seat, with every effort made by our people and doctors to propel them towards a happy and healthy life post-treatment.

In the coming 12-months we will continue to pursue an agenda of quality, transparency and outstanding care with the goal of further improving our regulatory ratings and establishing centres of clinical excellence in specialties like orthopaedics and spinal surgery at key locations across the UK. The modern patient is looking for outstanding care in a modern and cutting-edge facility. I am inspired by the work our doctors and medical staff have done to turn that expectation into a reality for the patients we treat.

# Quality and Safety Assurance

## The Circle Health Group Governance Assurance Framework

Circle's Governance Assurance Framework (GAF) integrates every aspect of governance and assurance and supports our commitment to compliance and transparency.

It provides everyone with whom we work clear vision of the governance of every aspect of our business as well as those charged with ultimate responsibility. It also maps out the cyclical inter-connectivity of accountability, information and continuous improvement – from department, then site, then region, then Board and back again.

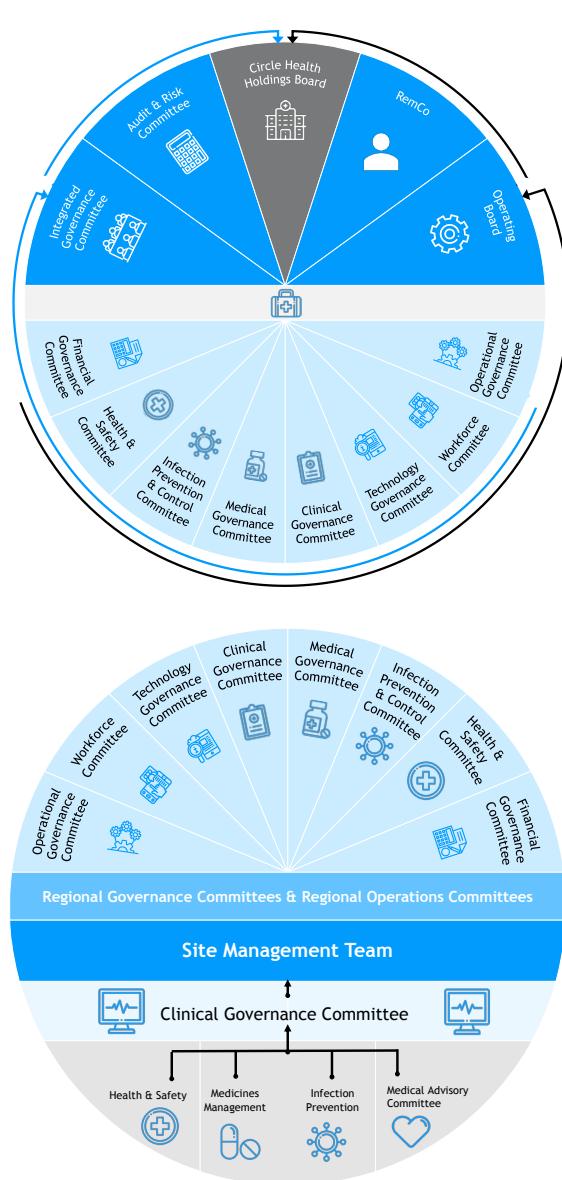
The GAF illustrates how every member of staff plays an integral and critical role in ensuring good governance in all that we do. Working within this framework means that discussions and decisions made at governance committees flows to every relevant part of the business. It supports better decision making, faster reaction and greater accountability throughout the business. By holding ourselves to account for delivery against the GAF, we can demonstrate that services are of the highest quality.

Since its launch in April 2021, the GAF has provided a framework which clearly maps out how decisions are made and how they are linked to individuals, their team and the part they can

play. The GAF illustrates each governance area of the business and those charged with ultimate responsibility.

Over the past two years, since the launch of the GAF, Circle has evolved, as have the strategic priorities and the ways in which we work.

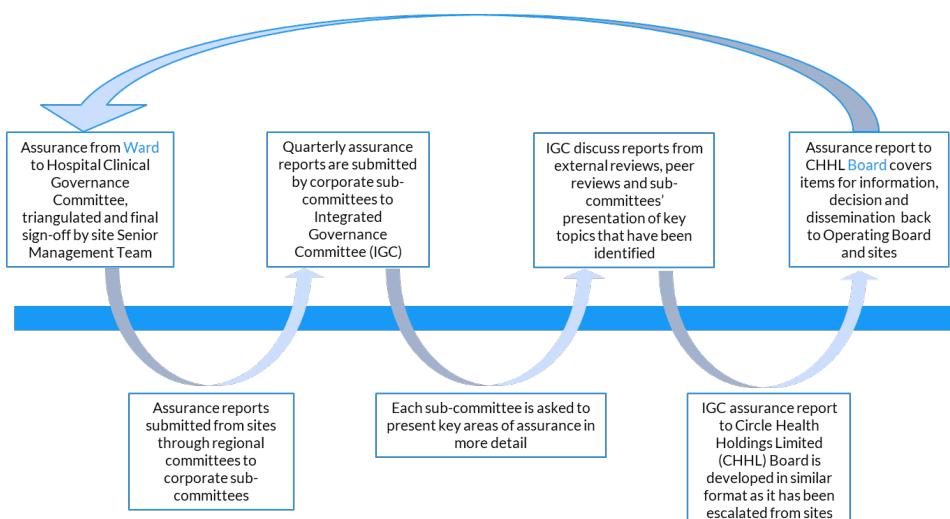
To ensure the GAF remains relevant, practical and useable by everyone throughout the business, a number of amendments have been made.



**Governance, assurance and quality is central to everything we do.**



## 'Ward' to 'Board; Assurance Process



and industry manufacturers. The registry collects high quality orthopaedic data to provide evidence to support patient safety, standards in quality of care and overall cost-effectiveness in joint replacement surgery.

The award recognises and rewards best practice, increases awareness of the importance of quality data collection and helps embed the ethos that thorough and accurate data contributes to improved patient outcomes.

## The Association for Perioperative Practice Accreditation

This important, nationally recognised award recognises hospitals' commitment to development of standards of perioperative practice.

Fourteen Circle hospitals' theatres have achieved The Association for Perioperative Practice (AfPP) accreditation and the remaining hospitals are working towards it. Accreditation provides validation of the theatre environment and patient experience, patient safety and consistent adherence to best practice and the process and practices in our theatres.

## Aseptic Non-Touch Technique Patient Protection Accreditation

Healthcare providers are increasingly required to demonstrate effective clinical governance to regulators and the public for the critical clinical competency of aseptic technique.

Aseptic Non-Touch Technique (ANTT) Accreditation, overseen freely by The Association for Safe Aseptic Practice, provides healthcare organisations with a mechanism by which to demonstrate effective clinical

## Venous Thromboembolism Exemplar Centres

The Department of Health first awarded our hospitals Venous Thromboembolism (VTE) Exemplar Centre status in 2011 and 2017, and again at the most recent revalidation process in 2023.

## Macmillan Quality Environment Mark

Nineteen Circle hospitals have a medical oncology service, 17 of which have already achieved the Macmillan Quality Environment Mark (MQEM) award, the detailed quality framework used for assessing whether cancer care environments meet the standards required by people living with cancer.

## Bupa Accreditation

All our hospitals have a minimum of one service-specific Bupa accreditation including bowel, breast, prostate, cataract, cancer services and critical care services. This enables Bupa to confidently signpost its members to our hospitals' accredited services.

## Joint Advisory Group on Gastrointestinal Endoscopy

Forty Circle hospitals are currently

registered with the Joint Advisory Group (JAG) and 30 of these are accredited, an increase of four in the last year. Accreditation provides independent and impartial recognition that a service demonstrates high levels of quality. This means that patients can feel confident in their endoscopy service and assured of receiving high quality, consistent care.

By participating in the accreditation process, Circle hospitals are enrolled in an ongoing programme of service and quality improvement. The remaining sites in the group that are registered with JAG are actively preparing for their accreditation assessment.

## National Joint Registry

Forty-one Circle hospitals participated in the National Joint Registry (NJR) audit in the past year and all achieved the NJR Quality Data Provider Award for 2021/2022.

The NJR monitors the performance of hip, knee, ankle, elbow and shoulder joint replacement operations, primarily to improve clinical outcomes for patients, and supports orthopaedic clinicians

governance for aseptic technique and commitment to infection prevention and patient safety.

All our hospitals are currently working towards Gold accreditation.

#### **ISO/IEC 27001:2013**

ISO/IEC 27001 is the globally recognised international standard for managing risks to information security. Our certification to ISO/IEC 27001:2013 allows us to prove to our stakeholders that we manage the security of the information we hold for the secure delivery of our hospital and patient services, including contracted NHS digital services applications. The accreditation is applicable to all our sites.

#### **ISO 13485:2016, ENISO 13485:2016 and ISO 9001:2015**

Our four decontamination units have all earned ISO 13485:2016, ENISO 13485:2016 and ISO 9001:2015 accreditation, which demonstrate audited quality management systems for products and medical devices.

#### **Institute of Leadership and Management**

The organisation is an accredited centre with the Institute of Leadership and Management (ILM) for delivery of ILM courses. This accreditation provides our staff with access to accredited courses in leadership and management and supports their career growth and aspirations.

#### **Quality & Safety Improvement Programme**

During 2022, Circle developed a Quality & Safety Improvement Strategy from which three areas of focus were identified and agreed to be the improvement initiatives

for the year.

**These were:**

- Effective Discharge – Group Quality Improvement Programme (QIP)
- Patient Voice – Group Quality Improvement Programme (QIP)
- Surgical Safety – Group Safety Improvement Programme (SIP)

Effective Discharge and the Patient Voice Group QIPs have run simultaneously from July 2022 – June 2023, with two cohorts of hospitals each undertaking each QIP for a period of six months before rotating onto the next QIP.

The **Effective Discharge QIP** was identified as an area of improvement for all sites to undertake, with a focus on listening to our patients' experiences of the discharge process, implementing a structured call back process using the SBARD framework, establishing safety net advice and developing the use of the Patient Hour to share feedback from patients whilst complying with the standards for a safe and effective discharge. During the programme the sites involved have had the opportunity to engage with the wider hospital teams resulting in improvements that have enhanced other national and local improvement projects, such as catering and the reducing length of stay programme.

The **Patient Voice QIP** was chosen to develop the patients' role as partners in their care and developing increased opportunities for patient feedback to be used to enhance the care and experience offered in all Circle facilities. Other areas of focus have been

increasing the opportunities and methods to gather patient feedback and the development of patient participation groups as opportunities for patients to be involved in service and environmental reviews. As part of this programme, the role of Patient Experience Champion has been launched – an individual with a keen interest to support all departments in enhancing patient experience across the organisation. This QIP has embraced, and so enhanced, staff's knowledge and use of elements of the Circle Operating System (COS) methodology.

The Patient Voice QIP was designed to further develop patient engagement methods and the use of patient feedback to shape services. Sites have been able to select one or more optional elements, including improving the impact of Patient Hours at both a departmental and hospital level, launching or relaunching Patient Focus Groups, engaging with local groups championing patients' individual needs, trialling a 'Patient Experience Champion' role and supporting increased patient involvement in incident investigations.

Patient Hours are a key element of COS - a methodology which outlines how we run healthcare facilities in 'The Circle Way'. A Patient Hour describes any period of time dedicated to exploring patient feedback and experience as a team, including how any successes can be maintained and whether any action is required to improve the patient experience. This popular aspect of the QIP has challenged teams to reflect on how effectively they are capturing

Patient Hour discussions and related quality improvements and has led to a greater number of local service improvements being recorded.

With some patient groups temporarily disbanded during the pandemic to minimise visitor numbers, the Patient Focus Groups element of the QIP supported sites to launch or relaunch such groups. Another popular aspect of the QIP, these groups will form a platform for both local and group-wide patient safety projects in 2023.

Engaging with groups championing patients' individual needs has seen sites starting to collaborate with groups such as Healthwatch, Dementia advocacy groups and the Macular Society to improve services for specific groups of patients. The learnings from this work will be collated and shared across Circle, to maximise the value of such local collaborative working.

With the new NHS Patient Safety Incident Response Framework (PSIRF) due to be rolled out nationally in 2023, a smaller number of sites began some preparatory work better involving patients in incident investigations. Their experiences and learning will be used to inform Circle's rollout of PSIRF from Q3 2023.

A number of sites have also trialled Patient Experience Champion roles, with the roles largely focused on collaborating with patients and/or using Patient Hours and patient feedback to effectively and continually improve patients' experience. Sites that appointed Patient Experience Champions in Cohort 1 demonstrated these individuals

and roles to have a significant local impact and it is anticipated that these individuals will continue to be a part of ongoing innovation in regard to patient experience at Circle.

As part of the programme, Quality Improvement methodologies have been introduced to support the specific programmes and enhance the improvement culture which exists within Circle. During the remainder of 2023 we aim to offer additional Quality Improvement training to various groups of staff who are interested and involved in improvement activities.

Several additional initiatives and enhancements have been identified through the course of these QIPs which will be considered during the reflective phase at the end of the programme and used to inform policy amendments.

The **Surgical Safety Programme** was implemented as a locally driven surgical safety campaign at every hospital, supported and endorsed by the corporate team to drive and embed a culture of compliance with current safety policies and procedures within our clinical teams.

### **[Surgical Safety Campaign - #CircleOfSafety](#)**

In the second half of 2022, extending into early 2023, Circle has run an organisational wide Safety Improvement Programme (SIP) in the form of locally driven surgical safety campaigns at every hospital, supported and endorsed by the corporate team, to drive and embed a culture of compliance with current safety policies and procedures within our clinical teams.

This was a structured programme of events, tasks, marketing and publicity to raise the understanding and importance of having robust safety measures in place to protect our patients and staff during invasive procedures.

The campaign aimed to drive a culture that patient safety is prioritised and reinforced in all interventional departments including Theatres, Radiology, Outpatients, Minor Procedure Rooms, Cath Labs and Endoscopy to significantly reduce Never Events and Serious Untoward Incidents from occurring.

### **The six core topics covered:**

- Prep, Stop, Block
- Prosthesis Verification
- 'Safe-tember'
- IPC in the Interventional Area
- Reconciliation of Item used in Interventional Procedures
- Five Steps to Safer Surgery

Feedback from the sites was that they found that the resources provided were useful to structure local discussions and Team Sessions to highlight policy and practices locally with the practical actions reinforcing safer practices.

Many sites fed back that they did not feel they had covered some of the topics to the level of detail they wanted in order to gain maximum value out of the programme, and so an extension from the planned 2022 conclusion to the campaign was made to the second half of 2023.

In February 2023 a new role was introduced within theatre departments in Circle:

### **Surgical Safety Guardians**

This portfolio role, recruited from the existing clinical workforce working in the operating theatre department, aims to further support and drive compliance to safety policies and processes already in place, look for opportunities for patient safety improvements and has a focus on highlighting innovative solutions to patient safety systems.

This role was launched at a Surgical Safety Conference, where a representative from every hospital attended. A day of keynote speakers, presentations, workshops and seminars supported discussion and examples of 'Gold Standard' safety practices. The Surgical Safety Guardians were left with a reminder of the COS tools to support them to be able to highlight opportunities for improvements and driving a positive change of a safety culture at every site with the support of their respective Clinical Services Manager and Director of Clinical Services.

### **Tissue Viability**

#### **Background**

Following an ongoing systemic review of incidents, of which several themes were noted across the organisation, the following actions and programmes were undertaken to ensure a high standard of patient care is delivered across Circle.

The initiatives were delivered in co-operation with other specialist services, resulting in

a multi-disciplinary approach and peer reviewed outcomes, and were launched at a series of engagement meetings taking place over the course of the year with the necessary key stakeholders and relevant staff.

#### **Skin integrity status handover to be performed post-surgery**

A skin integrity check is now performed both post-operatively and in the recovery setting. The outcomes are both documented and verbally handed over to the collecting staff, thus identifying skin integrity issues that may have occurred within the Theatre setting such as skin tears and pressure damage.

#### **aSSKINg Bundle**

The aSSKINg bundle has now been updated to ensure correct completion of skin integrity checks. It has been agreed with the National Lead - Pre-operative Assessment Services that the bundle is completed both at the pre-assessment stage as well as on admission to the clinical area.

It was also agreed that, should any skin integrity issues be identified at the pre-assessment stage, then these will be escalated to the Consultant for consideration prior to surgery.

#### **Tissue Viability Manual**

Both the Wound Management Policy and Pressure Ulcer Prevention Policy were merged to create the Tissue Viability Manual, with the addition of all tissue viability care plans and associated documentation within, thus creating a single point of reference for staff to access tissue viability information and guidance.

### **Site-based Tissue Viability Nurses and Tissue Viability Champions**

All sites have identified Tissue Viability Nurses at site, who will now undertake identified mandated training to become the first point of reference for tissue viability issues and training at sites.

Where identified by the Director of Clinical Services, sites also have Tissue Viability Champions for Theatres, Ward areas and Outpatients. Again, these staff will undertake an identified training programme.

#### **Patient Information Leaflets**

The following patient information leaflets have been developed.

#### **Pre-operative Skin Conditions**

The leaflet was designed to reduce the incidence of surgery cancelled on the day of admission due to skin integrity issues. The leaflet is given to the patient / carer at the pre-operative stage, requesting the patient contact the hospital prior to admission should they develop any skin integrity issues.

#### **Post-operative Discharge**

To be given upon discharge and contains all relevant information regarding wound care, sepsis and follow-up appointments.

#### **Pressure Ulcer Prevention**

To be given to patients / carers should the risk of pressure damage development be identified. The leaflet contains information to reduce the risks and identify the early stages of pressure damage.

# Working with our Regulators

Circle hospitals have continued to demonstrate their high and improving standards. Since the last period, our hospitals in England rated as 'Outstanding' or 'Good' by the CQC has risen from 76% to 82%. We continue to work closely with Healthcare Improvement Scotland (HIS) and Healthcare Inspectorate Wales (HIW), both of which have rated our hospitals in Scotland and Wales respectively as the equivalent of 'Good'.

**Our aim is for every Circle Health Group hospital and clinic inspected by the CQC in 2023/2024 to be rated at least 'Good'.**

Regulator	Hospital	Overall Rating
HIS	Albyn Hospital	G
CQC	The Alexandra Hospital	G
CQC	Bath Clinic	G
CQC	The Beardwood Hospital	G
CQC	The Beaumont Hospital	G
CQC	Bishops Wood Hospital	G
CQC	The Blackheath Hospital	G
HIS	Carrick Glen Clinic	G
CQC	The Cavell Hospital	G
CQC	The Chaucer Hospital	G
CQC	Chelsfield Park Hospital	G
CQC	The Chiltern Hospital	G
CQC	Circle Integrated Care	Not rated
CQC	The Clementine Churchill Hospital	G
CQC	The Droitwich Spa Hospital	RI
CQC	The Duchy Hospital	RI
CQC	The Edgbaston Hospital	RI
CQC	Goring Hall Hospital	G
CQC	The Hampshire Clinic	G
CQC	The Harbour Hospital	G
CQC	Hendon Hospital	G
CQC	The Highfield Hospital	O
CQC	The Huddersfield Hospital	RI
CQC	Kings Oak Hospital	G
HIS	Kings Park Hospital	G
CQC	The Lancaster Hospital	RI
CQC	The Lincoln Hospital	G
CQC	The London Independent Hospital	G
CQC	The Manor Hospital	G
CQC	The Meriden Hospital	G
CQC	Mount Alvernia Hospital	G
CQC	The Park Hospital	G

Regulator	Hospital	Overall Rating
CQC	The Princess Margaret Hospital	G
CQC	The Priory Hospital	RI
CQC	Circle Reading Hospital	G
CQC	Circle Rehabilitation - Birmingham	Not rated
CQC	The Ridgeway Hospital	G
HIS	Ross Hall Hospital	G
CQC	The Runnymede Hospital	G
CQC	Sarum Road Hospital	G
CQC	The Saxon Clinic	G
CQC	The Shelburne Hospital	RI
CQC	Shirley Oaks Hospital	G
CQC	The Sloane Hospital	G
CQC	Southend Private Hospital	O
CQC	St Edmunds Hospital	G
CQC	Syon Clinic	G
CQC	Thornbury Hospital	G
CQC	Three Shires Hospital	G
HIW	Werndale Hospital	G
CQC	The Winterbourne Hospital	RI
CQC	Woodlands Hospital	G

## What the regulators say about our hospitals

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There was a deeply embedded system of leadership development and succession planning. There was a proactive approach to succession planning at all levels within the service. Managers supported staff to develop their skills and take on more senior roles.

“

The service had an effective quality improvement strategy which was continuously reviewed. There were scheduled quality improvement initiatives throughout the year and the hospital kept a log with all the changes made and any follow-up that was required.

“

People were always treated with dignity by all those involved in their care, treatment and support. Consideration of people's privacy and dignity was consistently embedded in everything that staff do, including awareness of any specific needs as these were recorded and communicated.'

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Staff worked well together for the benefit of patients and used a wide range of multidisciplinary opportunities to explore opportunities for improved care. Staff advised patients on how to lead healthier lives, supported them to make decisions about their care, and had access to good information. Key services were available seven days a week and staff sought an expansion of some services where this would improve patient outcomes.'

“

Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers and adapted care delivery based on individual needs.

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# Medical Governance

## Providing safe, effective and well-led care

The safety of our patients, those that work and practice at our hospitals and those that visit them underpins everything we do and every decision we make. We make the avoidance of preventable harm and the reduction of risk of unnecessary harm fundamental to the care we provide.

We support our staff and Consultants by embedding a safety culture and setting out clear processes, procedures and ways of working. The organisation's leaders have a clear understanding that patient safety is their key responsibility; they use data to drive improvement and a cycle of continuous improvement ensures constant progress.

We strive to ensure our high standards of risk management and safety meet the expectations of our patients, the communities we serve and those with whom we work.

Over the past year we have continued to make improvements to processes and set aspirations for continuous improvements for the future.

Following the recruitment of a new Group Medical Director and Group Associate Medical Director in 2021, Circle has further strengthened its medical leadership by recruiting two additional Associate Medical Directors to fulfil the role of

Medical Examiner. The addition of the Medical Examiner provides independent scrutiny for all patient deaths that occur across sites. This is a significant addition to improve our governance and learning structures.

In our constant drive to be at the forefront of best practice we further reviewed our Practising Privileges Policy, taking learning from the launch of our new policy in January 2022. We continue to ensure that the learnings from the Bishop of Norwich Report are embedded. We have also worked hard to implement and embed the guidance set out in the Medical Practitioners Assurance Framework (MPAF) set by the Independent Healthcare Provider Network (IHPN). The MPAF contains key principles to strengthen and build upon the medical governance systems already in place in the private sector and sets out expected practice in a number of key areas. Circle used the launch of the refreshed MPAF in September 2022 to undertake a full review of compliance and implement further actions, where needed.

With an increasingly strengthened medical and clinical leadership team, the quality of guidance and support to the sites and teams has increased substantially. The Medical Governance Committee, which sits monthly in line with Circle's GAF, cascades its discussions with local sites and encourages a two-way dialogue.

The Medical Governance Committee is supported by the Medical Performance Advisory Group, which also sits monthly and provides advice and guidance to sites and decision-making groups, which are held as necessary to deal with issues as they arise.

In 2022 we established a Urology Steering Group, which complements our existing suite of Specialty Steering Groups comprising orthopaedics, spinal, breast cancer, ophthalmology and cardiology.

The specialty steering groups continue to inform strategic and operational decisions at a specialty level through the evaluation and continuous improvement of the quality of services delivered across Circle. Current key areas of development include the spinal group's focus on multidisciplinary team (MDT) provision and the breast cancer group's optimisation of the minimum standard timeline for new early breast cancer referrals and molecular pathology testing. Throughout 2022 we broadened the use of the day case arthroplasty pathway as a result of its development by the Orthopaedic Steering Group.

## Getting It Right First Time

In follow-up to the Getting It Right First Time (GIRFT) orthopaedic and spinal programme undertaken across Circle in 2021, ongoing monitoring of the key recommendations continues. Of particular note in orthopaedics is the focus on an annual orthopaedic sub-specialty peer review for the sharing of Consultant-level NJR data for governance and assurance purposes and evaluation of individual and unit arthroplasty Patient Reported Outcome Measures (PROMs). With regards to the spinal recommendations, we are continuing to maintain the GIRFT momentum through seeking assurance from our sites in terms of their links to local revision networks, their surgeons' data submission to the British Spine Registry and MDT provision for complex spinal cases.

## Clinical Chairs

Each Circle hospital and service has the benefit of a Clinical Chair, a post held by experienced Consultants, who provide clinical leadership which serves to embed a culture of safety, quality and continuous improvement. The Clinical Chairs ensure the development and operation of robust systems of clinical governance, oversee medical performance and the application of medical professional standards.

Our Clinical Chairs work closely with their Executive Directors, Directors of Clinical Services, and Medical Advisory Committee (MAC) members to ensure the engagement of the medical and clinical workforce, and that the hospitals' strategic and operational priorities incorporate

quality and safety. Their work ensures each hospital or service develops and operates a robust system of clinical and medical governance in line with the GAF, as well as regular assurance on clinical compliance matters, including those relating to clinical safety, clinical effectiveness, caring, clinical responsiveness and leadership. To support this, the Clinical Chair holds the role of chair at the local Clinical Governance Committee and MAC.

Following the success of Circle's inaugural Clinical Chairs' Conference, we have continued to hold regular meetings and engagement sessions and planning for our second conference is well underway. The Clinical Chairs are now embedded within Circle's leadership teams, providing operational and strategic guidance to our hospitals.

## Consent

Circle recognises the importance of consent in all aspects of patient care. Comprehensive patient information leaflets are provided to aid with a shared decision-making process between the clinician and the patient for all procedures. The consent process itself, which is regularly audited, adheres to the Montgomery principles and is a two-stage process. Further improvements are in train with the introduction of a digital consent platform to enhance patient information and experience to embed best practice in this area.

## Prevention

Healthcare Attributable Infections (HCAIs) cause significant concern for patients, the public and healthcare staff. Prevention of

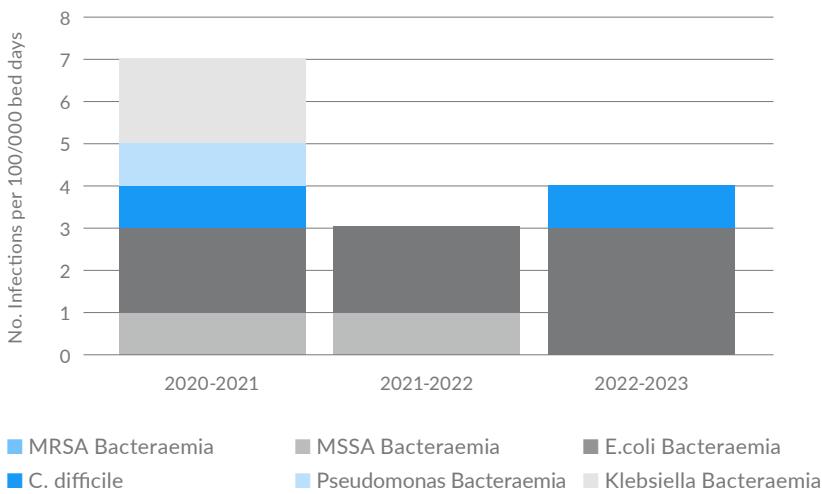
HCAIs is a constant focus for Circle, as is compliance with the Health and Social Care Act 2008: Code of Practice on the prevention and control of infections. We use these principles and related guidance to ensure patients are provided with a clean environment which is fit for purpose and where infection risks are minimised.

The GAF makes management of infection prevention a key priority, both at corporate and hospital level. Effective infection prevention contributes to the overall quality and governance agenda, protecting patients, visitors and staff.

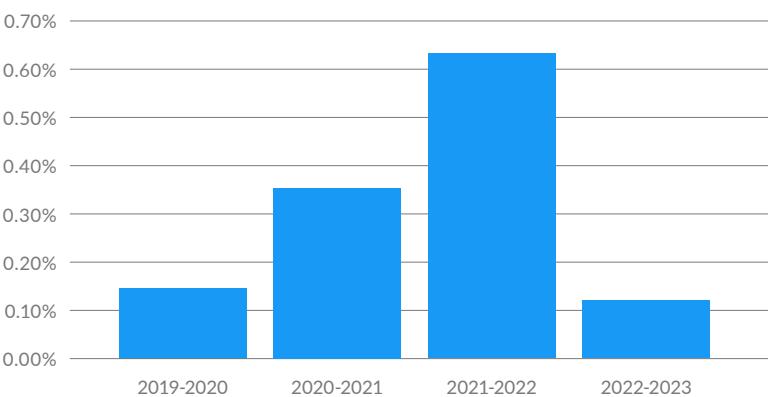
Infection prevention and control is a key element in ensuring that Circle is safe. The Infection Prevention and Control (IPC) Committee is very clear on the actions necessary to deliver and maintain patient safety. Equally, we recognise that infection prevention and control is everyone's responsibility and must remain a high priority for all to ensure the best outcomes for patients.

During the Covid-19 pandemic, and this reporting period, all Covid-19 guidance was embedded via the governance and IPC structures dynamically, with all changes based on government guidelines communicated safely and effectively throughout the organisation. A wide range of stakeholders provided assurance regarding the maintenance of staff and patient IPC safety and practice relating to the pandemic to ensure prompt escalation of any areas of concern and provide assurance regarding actions required.

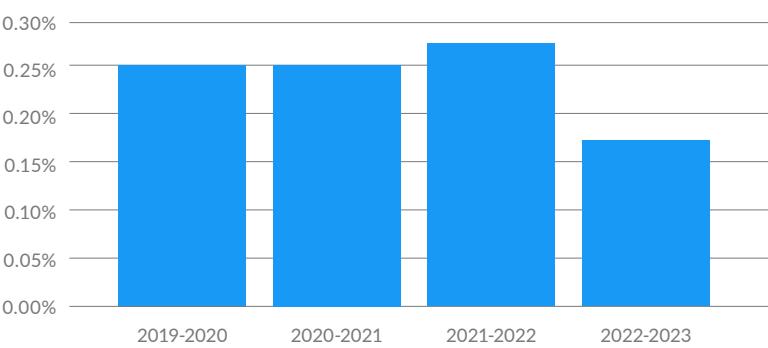
### Number of Circle Health Group Hospital Attributable Infections



### Surgical Site Infections - Knee



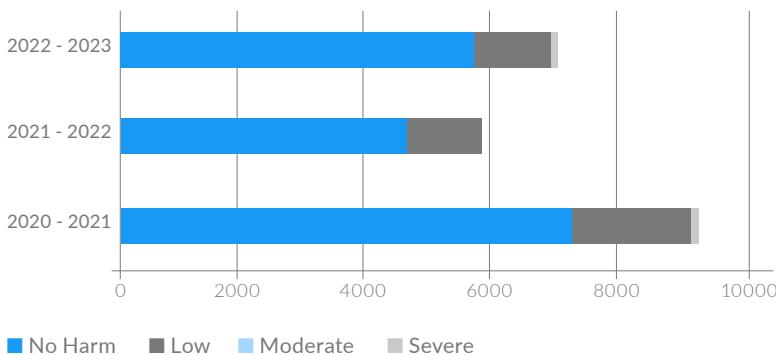
### Surgical Site Infections - Hip



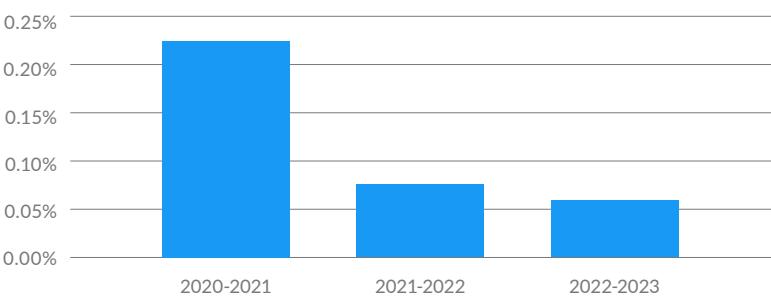
IPC leadership continues to provide responsive and timely advice and support throughout the organisation. Improvements were made to the IPC training of our Directors of Clinical Services who are responsible and accountable for IPC as the Director of Infection Prevention and Control, as well as the IPC Lead and IPC Link Practitioner staff.

Moving further into 2023, there will be an emphasis on expanding the IPC training of our IPC Lead practitioners with an in-house conference specific to this key role, as well as outlining the minimum education requirement with university accreditation.

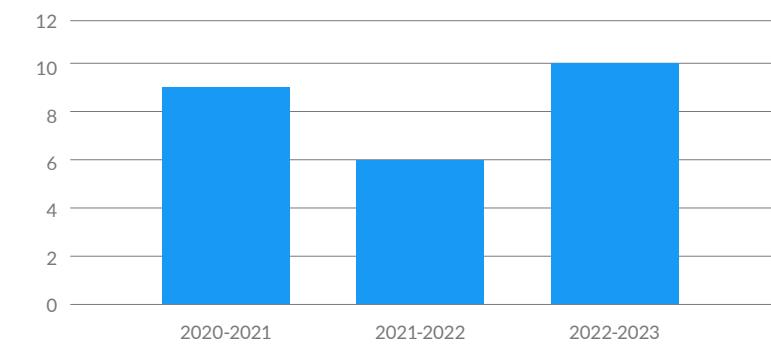
### Patient Incidents (Count)



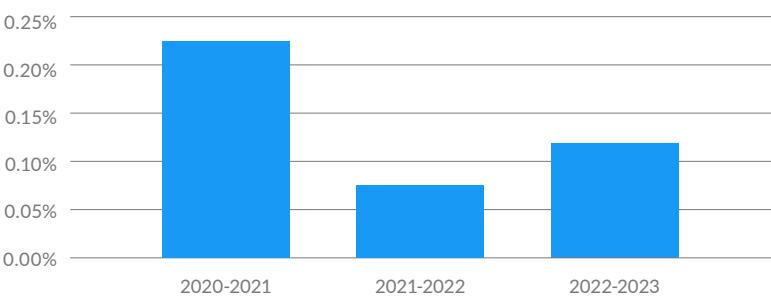
### Serious Incidents (per 100 Total Admissions)



### Unexpected Deaths (Count)



### Unexpected Deaths (Rate)



### Adverse Events

Using the RiskMan safety information system, Circle monitors all adverse incidents. We undertake root cause analysis and put action plans in place to reduce risk and share lessons learnt both locally and across the group to ensure continuous quality improvement. The transition to, and implementation of, the new reporting system, Radar Healthcare, is currently ongoing.

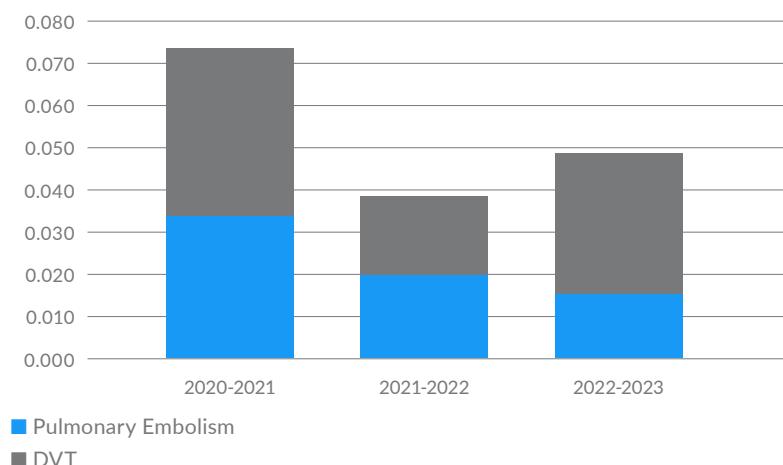
All serious incidents, unexpected deaths and Never Events are reviewed in a Serious Incident Multidisciplinary Review Panel to ensure medical oversight of investigations and the whole organisation can learn, embed change and continuously drive the quality of care.

Continuous reassessment of policy, strategy and training needs are considered at every review and in 2021 our Incident Management Policy underwent a significant rewrite to put systems and processes in place for the entire, newly combined, organisation. With the implementation of the new PSIRF, the Incident Management Policy will be revised in the coming year to ensure alignment

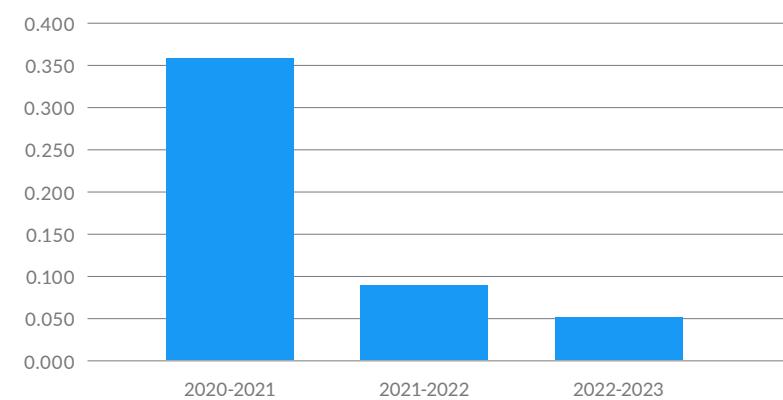
### Learning from Deaths

Now well-established and effective, our multidisciplinary Learning from Deaths Committee reviews all deaths in accordance with our Learning from Deaths Policy, which was revised in February 2023. The structure of the policy and the group's work has enabled us to identify where further improvements can be made. Our Care

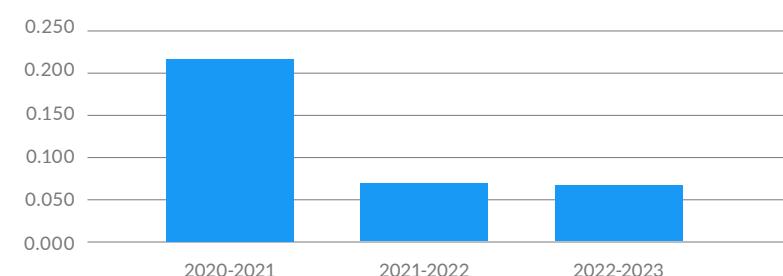
### VTE Incidents (per 100 Total Admissions)



### Unplanned Transfers (per 100 Total Admissions)



### Return to Theatre (per 100 Theatre Visits)



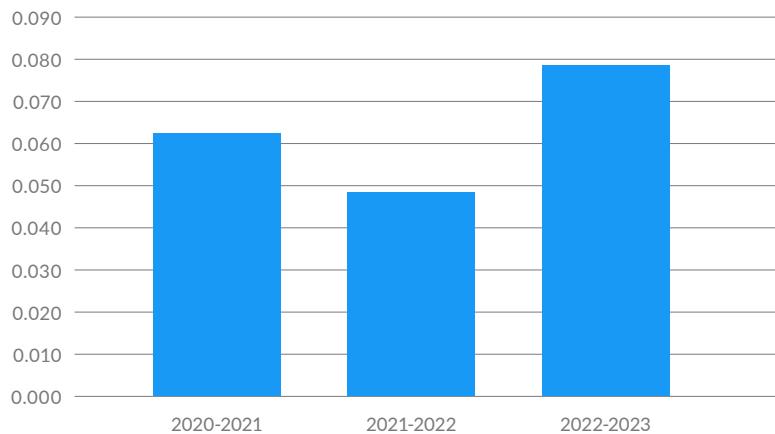
and Communication of the Deteriorating Patient training has been reviewed and updated to provide a systematic approach to assessing confusion.

To support the revised policy, Structured Judgement Review training has been implemented in 2023 with two cohorts of 25 staff, including corporate clinical team members, Area Directors of Clinical Performance, Directors of Clinical Services and Quality & Risk Managers undertaking specific training to enhance the quality of reports and extrapolate key learnings as the group moves away from Mortality Case Reviews.

### **Venous Thromboembolism**

VTE is a significant patient issue in hospitals. The first step in preventing an adverse event from VTE is to identify those at risk so that preventable treatments can be used. We continue to use our learnings in our continued drive to improve the outcome for our patients. VTE affects not only patients undergoing surgery but is a widely recognised complication for patients undergoing treatment for cancer.

### Re-admissions (per 100 Total Admissions)



### Constant Improvement

We strive for constant improvement in the effectiveness of our care by considering the impact of our response to individual incidents and themes or trends. The GAF supports our commitment to compliance and transparency.

As a result of the support provided to the NHS during the Covid-19 pandemic, we treated patients with an increased level of complexity in some of our hospitals and, in particular, those with critical care facilities. Our trend reduction in transfers and returns to theatre provides assurance in our robustness of pre-assessment, especially in the face of growing complexity and living within an endemic. This is further supported by the standardisation of the pre-operative assessment (POA) service, which is in progress following the appointment of a National Lead - Pre-operative Assessment Services. Standardisation will ensure quality, efficiency and parity of service provision for our patients in line with national guidance. To support the standardisation of service provision, a digital POA solution is being considered following the pilot of a digital health questionnaire at three hospitals.

During the Covid-19 pandemic our hospitals were classified as 'Green Sites', which restricted patients being readmitted to our hospitals and meant that patients were readmitted to NHS hospitals.



# Planning for Continued Improvement

This year has been a strong year for continuous improvement across Circle.

In almost every area, objectives were achieved with some projects still going through an embedding and implementation phase. Progress was significant; indeed, our plans to improve facilities at every Circle hospital will never be complete as our aspiration for improvement will be perennial.

Our 2022/2023 infrastructure investment programme was as remarkable in scale and scope as last year and we completed upgrades across the network of Circle hospitals. Our sites have seen the installation of new laminar flows in theatre departments, new imaging departments and mobile MRI and CT units are in place. In addition, patient rooms in many hospitals have been refurbished.

Objective 2022/2023	Details	Status
Develop our safety culture	Ensure Circle is leading in all aspects of patient safety and align with the National Patient Safety Strategy	Achieved
	Drive improvements in incident management and shared ways of learning	Achieved
	Enhance and standardise the pre-operative assessment of patients undergoing surgery across the group	Achieved - ongoing implementation
	Embed the GIRFT principles for orthopaedics and spinal surgery and progress GIRFT to other specialties	Achieved - ongoing implementation
	To ensure the highest standards of medical care and compliance with all aspects of the Medical Practitioners Assurance Framework and Bishop of Norwich recommendations	Achieved
Assuring we are well-led	Support the wellbeing of all staff within Circle	Achieved
	Continue to use the insight from our staff survey to enhance our culture of safety, adherence to effective practices and be responsive to staff and patient needs	Achieved
	Embed our Clinical Chairs within our drive for improved medical governance and effective leadership	Achieved
	Use our leadership programme to ensure leaders and managers enable teams' alignment with our Philosophy and purpose to deliver high quality, safe and compassionate care	Achieved
	Develop our ward-to-board and board-to-ward governance structure to drive safety throughout the patient journey	Achieved
Excel in patient experience	Further develop patient engagement methods and the use of patient feedback to shape services	Achieved
	Continue to deliver a nationwide programme of facility improvement at every Circle hospital	Achieved
	Improve patient outcome and satisfaction data collection to ensure optimised care via benchmarking	Achieved

## 2023/2024 Objectives

Objective	Details
Develop our safety culture	Continue to ensure Circle is leading in all aspects of patient safety and align with the National Patient Safety Strategy, including the full implementation of PSIRF
	Continue to drive improvements in incident management and shared ways of learning including the implementation of a new governance IT system
	Ensure full implementation of the revised pre-operative assessment operating model for patients undergoing surgery across the group, including the centralisation of appropriate services
	Continue to deliver the Safety Improvement Programme
Assuring we are well-led	Continue to support the wellbeing of all staff within Circle
	Continue to use the insight from our staff survey to enhance our culture of safety, adherence to effective practices and be responsive to staff and patient needs
Excel in patient experience	Further develop patient engagement methods and the use of patient feedback to shape services
	Continue to deliver a nationwide programme of facilities improvement at every Circle hospital
	Improve patient outcome and satisfaction data collection to ensure optimised care via benchmarking
	Continue to deliver the Quality Improvement Programme

# Digital Transformation

## Governance IT System - Radar

In late 2022, Circle partnered with Radar Healthcare to deliver a new governance IT system, with the goal of bringing together several standalone systems currently in use across the organisation. The project, which began in October 2022, will run through until September 2023.

The project has already seen the introduction of an audit module and a safety alerts module with further modules, including incident and risk management, introduced throughout the rest of 2023.

A fundamental part of this project will see Circle become aligned to the Learning from Patient Safety Events service. This has been introduced by the NHS to support learning from the patient safety events that are recorded each year across both the NHS and independent sector.

This alignment, coupled with the GAF, further strengthens Circle's approach to patient safety and commitment to its purpose: to provide the high quality, safe and compassionate care our patients need and expect.

Circle is excited for the future partnership with Radar Healthcare and the opportunities that it will bring to continue improving governance whilst also identifying efficiencies and improvements that can be made to the user experience for its frontline staff.

## EPR/EHR

In August 2022, Circle signed a multi-year agreement with System C for the supply and implementation of a strategic electronic medical record (EMR), which will be rolled out progressively to all Circle hospitals, plus the supporting teams at Circle's National Enquiry Centre and Circle Business Services. This is a complex, multi-year programme of work which, over time, will deliver major operational and clinical benefits to patients, Consultants, and Circle staff.

The project began in early 2023 with a focus on the patient administration and theatre administration areas, which form the foundation of the full EMR. The deployment of the theatre administration module will provide detailed data on theatre activity, which can in turn be used to drive increased theatre utilisation.

The first proof of concept deployment will be to The Harbour Hospital in Q4 2023, followed by a second hospital deployment in Q2 2024. The main rollout of the administration functionality will occur in 2025 as this is dependent on the new finance and supply chain system, which goes live over year end 2024/25.

Data collected through the pathway can be used to support clinical audits and drive insights relating to clinical performance.

The introduction of electronic prescribing and medicines administration will also lead to a reduction in drug errors.

## Digital PROMs – My Clinical Outcomes

As a group, we are required to capture PROMs data from patients undergoing particular elective surgical procedures for submission to PHIN and NHS England (for NHS funded hip and knee replacements) and have recently rolled out a specialist digital platform called My Clinical Outcomes to replace our existing pen-and-paper process for collecting PROMs.

The new platform allows our patients and clinicians to track their results over time and helps us to monitor and ensure high levels of uptake and engagement in the process across our hospitals. The platform is scalable such that new pathways can be added to support innovative care delivery in any condition and specialty in the future. As well as helping us meet our reporting requirements, the platform will give us new valuable and dynamic insight into the quality of care being delivered across the group and allow us to continue to ensure we are delivering high quality care for all our patients.

## Digital Patient Satisfaction – Reputation

In 2022, Circle committed to improving its patient satisfaction data collection methods and the use of patient feedback to shape services. Feedback from our patients was that they felt asked to provide feedback on too many occasions, with processes overly paper-based. Feedback from our hospital teams was that collecting

and analysing feedback was more time-consuming and labour-intensive than it needed to be.

In Q2 2023, Circle will launch a new, more streamlined approach to collecting feedback, minimising the number of feedback requests made to patients whilst also ensuring feedback is immediately available to sites in one, primary system. To collect this feedback Circle has expanded its existing

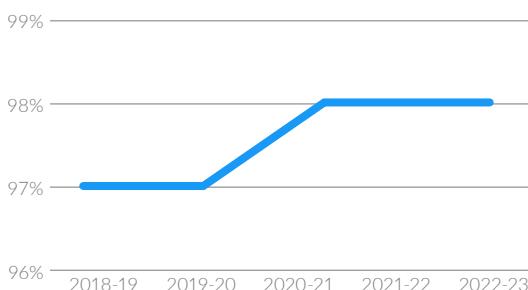
partnership with Reputation, an innovative service user experience platform with an aligned passion for turning service user feedback into actionable insights. We hope that this partnership will further our teams' ability to continually innovate to meet and exceed our patients' needs and expectations.



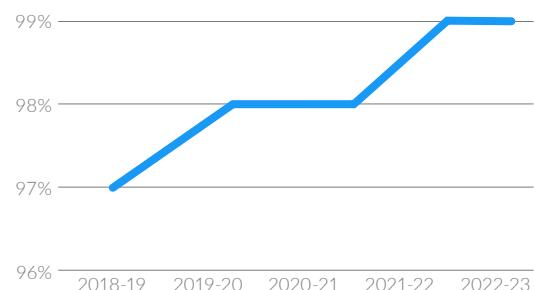
# Quality of Care

Our patient satisfaction survey identified that 98% of patients who responded were satisfied with the overall level of care they received from Circle and 99% were satisfied with the overall experience of the service we provide.

Overall Satisfaction with the Level of Care



Overall Satisfaction with Experience of Service<sup>\*1</sup>



<sup>\*1</sup> Previously 'Would recommend to friends and family'.

Our patient satisfaction surveys help to ensure that our patients' needs and expectations remain at the centre of everything we do, including our continuous improvement and innovation agenda. We are grateful to every patient who takes the time to provide feedback via our survey and we are committed to using survey feedback to consistently identify areas for improvement.

In 2022, we committed to improving our patient satisfaction data collection methods and to further advance patient engagement methods. We are also committed to improving the use of patient feedback to shape services. We have progressed both of these commitments. Our new patient feedback process will launch in Q2 2023, which is designed to streamline the number of feedback requests made to patients and ensure

feedback is immediately available to sites. We have also expanded the ways in which patient voice shapes our services, such as our Patient Voice QIP and increasingly using the patient experience insights available on social media platforms and from our insurers.

Our commitment to patient experience has achieved some great successes in 2022/23. In addition to our group satisfaction statistics, Southend Private Hospital, Bath Clinic and The Highfield Hospital were all awarded 'Outstanding' ratings for the 'Caring' domain by the CQC in 2022 and, in early 2023, a number of sites received external awards and recognition for their online patient feedback achievements. These included Goring Hall Hospital and The Park Hospital being awarded a 'Certificate of Excellence' from 'iWantGreatCare', and 19 sites achieving 'The

'800 Award' from Reputation, recognising consistently excellent patient feedback as well as a strong commitment to collecting and responding to online feedback.

In 2023 we will continue our work to amplify the patients' voice, with a focus on more effectively involving patients in patient safety initiatives and in incident investigations. We will achieve this through the introduction of Patient Safety Partners, whilst also launching the PSIRF and the Centre for Perioperative Care's revised National Safety Standards for Invasive Procedures (NatSSIPs 2).

## What our patients said

“

The whole experience, from checking in to discharge was easy, professional and carried out with a smile. Nobody was rushed or preoccupied, and nursing and medical staff had time to ask and answer questions. Ancillary staff were also outstanding - polite, friendly, obliging. It was how healthcare should be for everybody.

”

“

Outstanding staff in all departments, it was like a home away from home.

”

“

Care was excellent; treated with respect at all times and staff listened well to my concerns and acted on them.

”

“

I love the Bath Clinic, it has the feel of a cottage hospital; intimate, friendly, fabulous staff and excellent team of medical experts.

”



# Leadership

## The Circle Health Group Philosophy

The Circle Health Group Philosophy, launched in 2021, brings together our purpose, principles and values. Collectively these underpin the way we work and our approach to everything we do.

Our purpose, to provide the high quality, safe and compassionate care our patients need and expect, reflects our commitment to putting patients at the heart of everything we do.

The Philosophy embodies the exemplar principles and values which are the foundation of the company's belief system as both care provider and employer. Circle values compassion, agility

and collaboration in order to provide safe, high-quality care to patients. It believes in empowering people to do their best to reach the best results.

Our philosophy provides clarity, and a supportive and aspirational framework for both existing staff and those who look to join us. Our principles and values are fundamental to the way we recruit and develop our staff and in the way we celebrate their success as they provide high-quality, safe and compassionate care.

## Values-based behaviours

Our values-based behavioural framework works alongside our Philosophy.

Our culture is a result of the way our people live and breathe our Philosophy, which combines our purpose, principles and values. Our Philosophy is embedded throughout our organisation and touches every part of our people's lives and our patient pathways. Regardless of role, everyone at Circle plays their part and makes a significant and valued contribution. We take great care to celebrate our people and their successes as they consistently provide the high quality, safe and compassionate care we universally embrace.

## Our purpose

To provide the high quality, safe and compassionate care our patients need and expect.

## Our principles

We believe that **patients** come first.



We believe in our **people**.



We believe that "**good enough**" never is.



We believe in being **open-minded** and **innovative**.



## Our values

We value people who are **selfless** and **compassionate**.



We value people who are **collaborative** and **committed**.



We value people who are **agile** and **brave**.



We value people who are **tenacious** and **creative**.



## Continuous development of our staff

We believe in our people and recognise that the best results will come from providing opportunities for all our people to develop and grow. We empower them to take advantage of the wide range of learning opportunities and tools available to them.

We support our employees to develop and achieve career success: our career progression pathway is designed to be accessible and relevant for every employee and enables them to develop within Circle and fulfil their aspirations. In turn, this enables us to build a strong, constantly evolving, and stable workforce.

Circle has a holistic and inclusive approach to learning and development opportunities for every member of staff. We offer a wide range of options to support learners, including apprenticeships, accredited courses, internal and external opportunities, virtual and face-to-face, in-house and external. We have built a people development team which ably supports employees to develop within their chosen specialism, apply their experience to move into other disciplines and develop as managers and leaders. To increase personal accessibility of information and resources to support ongoing development, Circle has a career development hub, accessible from both home and work, which supports our staff to explore their options, how and when it is best for them.

We believe everyone's career path starts with great conversations and, in the last year, focussed on developing line managers' ability to

have meaningful, productive and supportive conversations with their team members. Over 90% of our staff have an annual appraisal and the value they place on this and the quality of the conversations, has been confirmed as increasing year-on-year.

In the last 12 months, Circle imagined, planned for, and launched, its Academy in Birmingham. Since its launch it has provided an outstanding learning environment and experience for over a hundred international nurses. The Academy team has successfully supported our overseas recruitment through the preparation for their NMC OSCE examination to practice in the UK. Our overseas nurses have achieved a 97.9% pass rate, substantially over the national success rate of 79%.

The environment, style and location of the Academy's clinical skills village also provides easy access for our 'hero' courses, including pre-operative, scrub, recovery and anaesthetics. We continue to build levels of accessibility with plans for virtual access to academic input and maintain the level of outstanding evaluations we achieve from our learners.

## Leadership Development

In 2022/23 we continued to build on our Leadership and Management Development framework which supports our commitment to having strong dynamic leaders throughout our business. We give our leaders the opportunity to reach their full potential and share their own perspective, knowledge and skills with others which, in turn, supports their continued growth and development.

The Leadership and Management Development Framework is designed to give all our leaders, regardless of their experience, role or academic background, the chance to reach their leadership potential and better support their teams.

- **Future Leaders**

Our Future Leaders programme introduces early-career professionals to key leadership and management skills that will support them and the teams they will manage later in their career.

- **Learning to Lead**

The Learning to Lead programme is designed to support leads and supervisors by introducing them to key leadership and management concepts that will enable them to manage their teams effectively. The programme shows our leaders how to apply Circle's Philosophy, Values, Principles and Behaviours in practical and meaningful ways.

- **Recognising Leaders**

The Recognising Leaders course, for new, aspiring, or existing leaders with no formal management qualifications, shows how established leadership and management techniques can be used to lead and manage teams in a progressive way in a dynamic environment.

- **Operational Leaders**

Circle leaders benefit from a formal focus on developing their ability to lead, motivate and inspire their teams, exploring operational leadership as well as improving day-to-day people and process management.

- **Towards Outstanding**

Working in partnership with Liverpool Business School at Liverpool John Moores University, Towards Outstanding is a programme of learning designed for Circle's senior leaders. This programme allows our leaders to develop their leadership skills and knowledge for now and the future. Using a combination of action learning, workshops, projects and coaching, leaders are enabled to examine their own ability and effectiveness and gain exposure to evidence-based leadership and management theory and concepts across a range of disciplines.

- **Chartered Managers Degree Apprenticeship**

Utilising the apprenticeship levy we provide our leaders with the opportunity to complete a Leadership and Management bachelor's degree. This programme enables leadership apprentices to develop skills knowledge and behaviours required to embrace a global mind-set and lead and manage safe, high quality and effective healthcare.

- **Senior Leaders Degree Apprenticeship (MBA)**

Building on the skills and knowledge gained during the Towards Outstanding Programme, the Senior Leaders Apprenticeship MBA is designed to grow our leaders into strong and confident strategic leaders. With a real-world focus, leaders are able to learn from respected experts and business practitioners.

- **Senior Leaders Degree Apprenticeship (MSc)**

The Senior Leaders master's degree Apprenticeship is designed to develop inclusive leaders who are responsible for developing ethical, innovative and supportive cultures alongside the ability to deliver results, manage complexity and instigate change within a healthcare environment.

- **Guide and Grow**

In early 2023 we launched Guide and Grow, our coaching and mentoring platform. Collaboratively sharing leadership skills and insight across the business is an important part of developing our learning culture. Guide and Grow gives any member of the Circle team the opportunity to engage in a coaching and mentoring relationship with leaders in our business, based on individual need and interest. Guide and Grow matches coachees and mentees with coaches and mentors able to offer support, skills and knowledge which support an environment of constant personal and professional growth and development.

## **Staff Survey**

Circle began measuring workplace engagement by partnering with Best Companies in 2021. Building on previous years' successes, 70% of all Circle staff took part in our most recent annual b-Heard survey in early 2023. We believe this is important because it demonstrates that our staff have faith that taking part in the survey drives and shapes change.

Having previously been identified as 'One to watch' and one of the UK's top 25 Best Big Companies to Work For, in 2023 Best Companies confirmed Circle has been awarded two stars; a rate of improvement rarely seen and testament to the work we have done to create Circle as an employer of choice.

# Freedom to Speak Up

Circle actively supports a culture of openness and honesty, encouraging staff to speak up in confidence about any concerns that they have regarding the conduct of others in the business or the way in which the business is run.

Our Chief Executive Officer is ultimately responsible for Freedom to Speak Up and our Group Medical Director provides Executive Sponsorship; both are supported by a Corporate Freedom to Speak Up (FTSU) Guardian who provides overarching direction and support to locally based FTSU Guardians within our hospitals or other facilities.

Together, the Executive Sponsor and Corporate Guardian have been instrumental in leading and supporting the FTSU Guardian's role and in promoting a robust culture around speaking up.

Circle is committed to listening to staff and to improving patient care and workplace safety. Every 'Speak Up' is recorded, investigated and, wherever possible (if the concern is not raised anonymously), feedback is given and lessons learnt are shared.

In the last year we have continued to embed the importance of 'Speak Up' throughout Circle and reinforce awareness of the role and purpose of the FTSU Guardians. This has included:

- Holding quarterly calls with hospitals' FTSU Guardians to provide updates and share best practice.
- Creating a central reporting tool to enable us to have a live, overarching view of the number of cases, themes, and feedback.

- Promoting the annual NHS October Speak Up month - #speakuptome – to both senior management teams and all staff.
- Encouraging staff to undertake the relevant training modules developed by the National Guardian's Office which are available on Circle's *Learning Space*.
- Actively encouraging our hospital FTSU Guardians to meet with their local NHS Trust counterparts. We know we have much to learn from the experience of NHS FTSU Guardians and we are eager to work with them for the benefit of our patients and all our stakeholders. Our Guardians participate in forums with the regional networks across the UK.



# Circle Operating System

The Circle Operating System (COS) embraces the essential elements for setting up and running healthcare facilities 'The Circle Way'. Using the COS framework, every member of staff has the ability – and is encouraged to – take ownership and accountability for the care they provide. Making COS the fundamental way in which we work, means that every member of staff feels they can make a difference, knows their contribution is valued, understands their responsibilities, and takes pride in the outcomes they achieve.

Since the launch of COS in 2020 across the organisation, staff have been empowered and encouraged to use the tools at a local level to ensure patient and staff safety, plus enhance team engagement and involvement in service development both at a local and corporate level.

A survey carried out in early 2022 identified several areas where the use of COS had not been embedded as expected and, as a result, a focussed approach was taken to address this. The areas identified included reporting of Stop the Lines (STLs) and Swarms, induction to COS for new employees, the role of the COS Champion and using Patient Hour in practice. These areas have been the focus during 2022:

- The use of STL and Swarm is now well established across the organisation and is included in the quality management systems. The data collated is used to inform policy and practice reviews plus allows group learning to be disseminated across the organisation. This will continue to be developed and enhanced in 2023.
- COS is now included in all employee inductions.
- Promoting the use of Patient Hour has been developed by discussions with teams, encouraging a short five-minute focus on patients to be included at the start of each meeting and using the Patient Hour in practice to discuss patient feedback and identify areas for improvement. This focus has been used to enhance and develop the patients' voice in Circle and remains an ongoing improvement project at this time.
- In addition, the use of STL, Swarm and Patient Hour is being encouraged and developed in the non-patient facing functions of the organisation.

At the start of 2023, and to enhance the progress already achieved, the network of established COS Champions from across Circle were brought together at a national conference. The aim of the COS Champions Conference was to provide an opportunity to network, share learnings from across the organisation, create a community forum and agree the next steps in using the COS methodologies in all aspects of providing safe and effective care across Circle, including the non-hospital units and support functions.

This focus will continue during 2023, including the establishment of a COS Champions' regular forum, developing the use of Team Sessions and promoting the use of the Quality Quartet across the whole organisation as a reporting template.

# Circle Operating System



Anyone who encounters a situation that may cause harm, or requires support to continue an activity safely, is empowered to immediately make a report to the person in charge and 'Stop the Line'. This activates a collective problem-solving process called a 'Swarm'. Stop the Line is about resolving an issue at source, as it happens, and as a team, to create and maintain a strong safety culture.



A 'Swarm' is Circle's approach to solve a problem or explore an opportunity. A Swarm can be called by anyone and enables the right group of people to come together quickly to discuss an issue in order to understand it fully and agree steps to resolve it.



The Quality Quartet provides a simple structure for information gathering, planning activities, monitoring progress and measuring impact by focusing and ensuring balance across four key areas:

Patient Experience

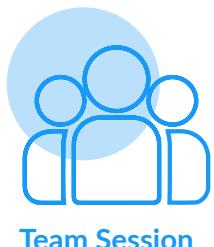
Clinical Outcomes

Staff Engagement

Optimal Value



Patient Hour describes any period of time dedicated to exploring patient feedback and experience as a team. During a Patient Hour we question whether our patients received the best experience possible and if we gained and retained their loyalty. We learn from this and, if we were successful, the team explores how to maintain this success. If we failed, we challenge ourselves to identify what we need to do to improve – and then we make that happen.



A Team Session provides a dedicated time for a department or wider team to share information and review performance. It is an opportunity for clinical, non-clinical and medical staff to come together to collaborate, think differently and break down silo working, if it exists. The agenda is designed by the staff to meet their needs and is often focused on learning about how other teams work to better understand the overall patient pathway.

# National Audit

## Clinical Audit

By definition, “clinical audit is a quality improvement cycle that involves measurement of the effectiveness of healthcare against agreed and proven standards for high quality and taking action to bring practice in line with these standards so as to improve the quality of care and health outcomes.”<sup>1</sup> Considered a pillar

of clinical governance, it is a key component for improving patient safety and care delivery.

It is also a quality assurance process as it involves measuring outcomes against well-defined standards set on the principles of evidence-based medicine. It highlights the discrepancies to identify the changes needed to improve the quality of care.

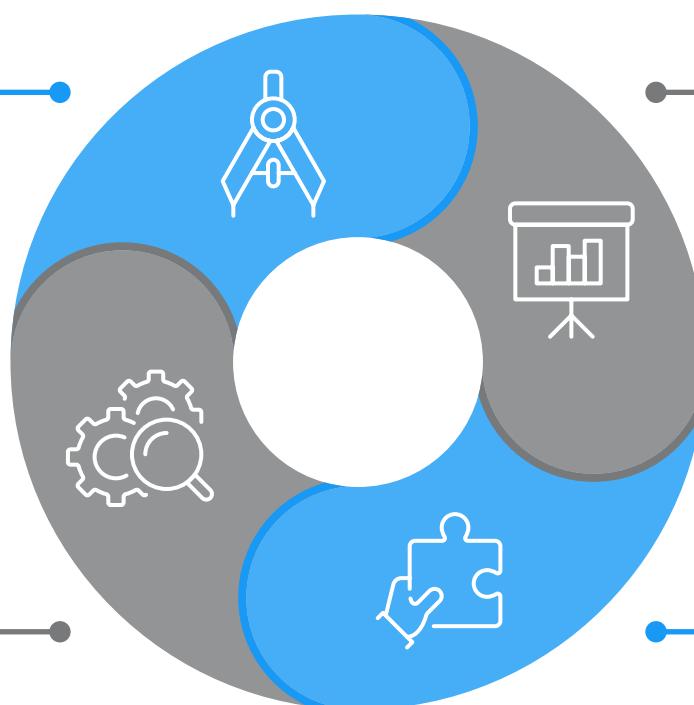
From a methodological point of view, clinical audit consists of a ‘quality loop’ where a chosen topic, measurable sample and standard is set, clinical processes and practice evaluated, and potential improvement developed or applied and then the cycle can begin again when necessary.

**01**  
Preparation and Planning  
(including for repeated cycles)

**01**  
Sustaining Improvement  
(including for repeated cycles)

**02**  
Measuring Performance

**03**  
Implementing Change



In 2022, a full review of our clinical audit programme was undertaken. The review was in conjunction with members of the clinical team, subject matter experts (national leads from various specialties and disciplines). We also took learnings from the previous year based on patient safety related incidents, regulatory inspections and clinical assurance / peer reviews.

We were also preparing for the launch of our electronic software, Radar Healthcare, which aims to revolutionise our clinical audit programme by making auditing easier, faster and more valuable to both our clinical and non-clinical professionals. Through this digital project, the corporate team will have more oversight of the audits as well as within each of our

hospital teams. As an organisation, this will enable us to continuously drive improvement and maximise efficiencies. To our frontline staff, this will mean reduction of time spent on administrative tasks and focus more on direct patient care.

<sup>1</sup><https://www.hqip.org.uk/wp-content/uploads/2020/05/FINAL-Best-Practice-in-Clinical-Audit-2020.pdf>

For 2023, Circle has put in place regular clinical audit programmes (list below) scheduled across the calendar year and reflects two of the four pillars of our Quality Quartet: Clinical Outcomes and Optimal Value.

### Infection Prevention & Control

- Theatre asepsis
- Hand hygiene
- Invasive devices
  - Peripheral line bundle
  - Central line bundle
  - Urinary catheter care bundle
- IPC general principles and practices
- Mattress audit

### Medication Safety & Security

- Pharmacy department audit
- Anti-Microbial Stewardship
- Controlled drugs (CDs) (including CD balance and checks)
- Missed doses
- Administration of drugs

### Local & National Safety Standards

- AfPP
- Imaging
  - Clinical practice, documentation and observation
  - PACS & RIS
  - Medicines
  - Radiation protection and compliance
  - Quality and Governance
  - Employee procedures
- WHO Checklist
  - Imaging
  - Cataract
  - Endoscopy
  - Minor operations
  - Pain procedures
  - Surgical

### Patient Care & Documentation

- Theatre temperature checks
- MUST and Waterlow
- VTE
- Fasting
- Early warning scores
- Resuscitation trolley checks and governance
- SBAR communication and consent
- Falls risk assessment
- Cosmetics
- Contemporaneous patient records
- Pathology and blood transfusion
- Pre-assessment
- Pain management
- Physiotherapy
- Children and young people
- MDT governance and patient specific
- UKONS triage and cancer documentation

### Our Plan Forward

In 2022, we implemented an event audit programme to monitor compliance and provide assurance on patient safety incidents, for example, falls with harm, deteriorating patient, sepsis, skin integrity damage and VTE. This helped us measure our compliance and identify lapses in care, particularly in the months when we had an increasing number of skin integrity and VTE incidents.

For 2023, we have added an event audit for acute kidney injury. This will link in with the launch of the incident module through Radar around June/July 2023.

In addition, based on our audit findings and building on the work that has commenced, we will continue to focus on improvement to our safety standards and

update our audit programme. In line with this, and as a learning organisation, we will continue to review and revise our current clinical audit programme with various specialties within the clinical discipline. We will also continue to work with all our staff at hospital level to ensure they are involved and engaged with it. We have also commenced an audit working group which our Quality and Risk Managers actively participate in and where a shared learning and in-depth discussion on best practice for clinical audit takes place.

Furthermore, we will celebrate the Clinical Audit Awareness Week (19-23 June 2023) in line with the national campaign set by Healthcare Quality Improvement Partnership (HQIP). During this time, we will promote and celebrate the benefits and impact of clinical audit. We also recognise the hard work of our staff and the award of 'Clinical Audit Hero' will highlight their contribution in the safe delivery of quality care.

Lastly, we will strive to enhance our clinical audit programme so that it will be responsive on the assurance needs of the organisation and regulatory bodies, as well as reflective of our clinical practice against the standards. It is also part of our overall strategic plan in gaining accreditation and building a culture of quality and safe care.

# NHS Prescribed Information

The main body of this element of the Quality Account provides our statements on quality improvements, accuracy and assurance that apply to all the products and services, and shows data and information over a two-year period. In line with requirements, we have provided a number of relevant statements.

Circle is an independent sector provider and is currently not eligible to submit to NHS Summary Hospital-level Mortality Indicators (SHMIs). All deaths, either Circle in-hospital or within 30-days of discharge (where known) are reported to the relevant national regulator and therefore the number reported overleaf will include patients who died in NHS Trust hospitals and will be recorded in those SHMI results.

## PROMs score

PROMs for:

- groin hernia surgery
- varicose vein surgery
- hip replacement surgery and
- knee replacement surgery

Due to changes made in processing the Hospital Episode Statistics, NHS England have currently paused the publication of PROMs data and, as a result, there is no update available since the last published Quality Account.

NHS England have now caveated their PROMs measures with this statement:

'In 2021 significant changes were made to the processing

of Hospital Episode Statistics (HES) data and its associated data fields which are used to link the PROMs-HES data. Redevelopment of an updated linkage process between these data are still outstanding with no definitive date for completion at this present time. This has unfortunately resulted in a pause in the current publication reporting series for PROMs at this time. We endeavour to update this linkage process and resume publication of this series as soon as we are able but unfortunately are unable to provide a timeframe for this. We will provide further updates as soon as this is known.'

## Re-admissions of NHS patients

The percentage of NHS patients readmitted to a Circle hospital within 28 days of being discharged from a hospital within the group for the reporting period:

- 0-15 years: 0%
- 16 years or over: 0.143%

Circle considers that this data is as described because people are effectively helped to recover from episodes of ill health or following injury. We intend to improve the quality of services by improving the pre-operative assessment process, theatre pathway and discharge process, and by reviewing and analysing any trends in reasons why patients are readmitted (including to another hospital) and sharing information for quality improvement across Circle.

## Friends and Family Test – Staff

Circle undertook its most recent staff survey in March 2023 which included an approved Friends and Family Test (FFT) question. When asked about their friends and family, 89% of respondents confirmed they would recommend Circle for care and treatment.

We consider that this is because Circle continues to provide people with a positive experience and staff are fully engaged in continually improving care and are willing to recommend to their friends and family. We intend to improve this score by continually focusing on our Philosophy, Purpose, Principles and Values to ensure they are fully embedded with all those engaged in delivering care to our patients.

## Friends and Family Test – Patients

When asking an approved FFT question of our patients, 99% confirmed they would recommend Circle to their friends and family.

Circle considers that this level of positivity is because we undertake surveys with patients who reflect their evaluation of their overall experience of our service. We intend to use this information to ensure that we gain assurance of the quality of our services by continually focusing on our Philosophy, Purpose, Principles and Values to ensure they are fully embedded with all those engaged in delivering care to our patients.

## VTE Risk Assessment

At Circle, 99% of our admitted patients were risk assessed for venous thromboembolism.

Circle considers that this data is as described because we identify those at risk so that preventable treatments can be used. We intend to improve the quality of services by continuing to use our learnings in our continued drive to improve the outcome for our patients.

## C. difficile

Circle's rate of C. difficile infection is 3.09 per 100,000 bed days.

Circle believes this is because we treat and care for people in a safe environment and protect them from avoidable harm by having high standards of infection prevention and control, including using single patient bedrooms. Circle intends to maintain this rate, and so the quality of its services, by continual review

of our already high standards of infection prevention, including leading in training and development of all staff in their individual roles in maintaining hygiene standards and practice.

## Patient safety incidents relating to NHS patients:

- Number of all patient safety incidents: 7132
  - Rate (percentage of episodes): 0.7%
- Number resulting in severe harm/death: 11
  - Rate (percentage severe harm/death): 0.012%

Circle considers that this is because we treat and care for people in a safe environment and protect them from avoidable harm. We follow a robust process of reviewing incident investigations and ensure we can evidence that we are open and honest when things go

wrong through a thorough understanding of the principles of Duty of Candour.

We are committed to ensuring continual improvement in patient safety, including continuing to progress quality assurance activities such as audit and peer reviews. Adhering to the World Health Organisation (WHO) checklist and enhanced WHO checklists for specific clinical pathways, implementation of NatSSIPs 2 and PSIRF, and strengthening and embedding our safety improvement programmes. We strive to carry on with empowering staff to drive a positive safety culture, particularly by embracing and using the principles of the Circle Operating System.

# NHS Response



## South East London ICB statement in response to Circle Health Group Quality Account 2022-2023.

We would like to thank Circle Health Group for sharing their Quality Account with South East London ICB for review and response. South East London ICB commissions a range of healthcare services from Circle Health Group on behalf of the population we serve. An integral part of the work undertaken by South East London ICB includes the quality assurance of the services provided for the South East London Population.

In alignment with agreed contractual quality requirements, South East London ICB has continued to receive quarterly quality monitoring reports alongside further insight into on-going quality improvements. These are discussed at the quarterly Contract Management Board meeting with Circle Health Group which covers the following sites host commissioned by South East London ICB: The Blackheath Hospital, Chelsfield Park Hospital, The Sloane Hospital and Shirley Oaks Hospital. South East London ICB is therefore in a position to confirm the content presented in this Quality Account appears accurate.

We commend Circle Health Group for its drive for continuous improvements in quality outcomes, regulator ratings and accreditations. We acknowledge the following achievements:

- The development of the Quality & Improvement strategy and delivery of improvement initiatives.
- Increase in the portion of hospitals rated as either Good or Outstanding and
- Attainment of JAG accredited facilities.

We note that the three main objectives for 2022-2023 were either achieved or are in progress. It was positive to see progress made in the following areas within the objectives:

- Driving improvements in incident management and shared ways of learning
- Enhancing and standardise the pre-operative assessment of patients undergoing surgery across the group.
- Supporting the wellbeing of all staff within Circle Health Group.
- Developing ward-to-board and board-toward governance structure to drive safety throughout the patient journey.
- Further developing patient engagement methods and the use of patient feedback to shape services.
- Improving patient outcome and satisfaction data collection to ensure optimised care via benchmarking.

It is welcomed to see that as part of Circle Health Group's continued commitment to improving safety standards and learning, the three main objectives for 2022-2023 remain a continued focus for 2023-2024.

South East London ICB acknowledges that Circle Health Group continues to pursue an agenda of quality, transparency and outstanding care with the goal of improving regulatory ratings and establishing centres of clinical excellence. The Quality Account details some of the planned projects for 2023-2024 such as:

- Clinical audit programmes,
- The new patient feedback process,
- The rollout of the Patient Safety Incident Response Framework (PSIRF).

South East London ICB is pleased to confirm that there has continued to be a high level of satisfaction with the services provided by Circle Health Group sites: The Blackheath Hospital, Chelsfield Park Hospital, The Sloane Hospital and Shirley Oaks Hospital throughout 2022-2023.

South East London ICB wishes Circle Health Group every success for 2023- 2024. Our commitment to drive healthcare improvements across South East London remains steadfast and we look forward to our continued relationship with Circle Health Group as system partners.



**Sarah Cottingham**

**Executive Director of Planning and Deputy Chief Executive  
South East London ICB**

1 Chair: Richard Douglas CB

Chief Executive Officer: Andrew Bland

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