



QUALITY ACCOUNT

2022-2023

"Care with Passion"

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PART 1

Statement from the Chief Executive



I am pleased to publish our Quality Account for 2022-2023 which reflects positive changes made in what continues to be a challenging time for everyone in our Community and beyond.

In October 2022 we received confirmation following a remote assessment by The Care Quality Commission (CQC) that there was no current requirement to carry out further assessment following the assessment undertaken in 2021. We feel this demonstrates our commitment and dedication in providing high standards across all of our services.

We have continued to be responsive to the constant changing environment and upheld our mission to put patients first, albeit with different methods of delivering our services.

The current climate has given us an opportunity to test our technology and service methods to ensure that we continue to provide a high standard of care and be responsive to our patients in such uncertain and challenging times. This has included supporting local Trusts through the Increasing Capacity Framework to ensure patients are seen in a timely manner. This work is ongoing in line with the needs of the Community and the Organisation hopes to expand on this to provide the support needed across several services.

As with previous versions, the Quality Account has four themes - Safety, Clinical Effectiveness, Patient Experience and Quality assurance. These four themes go hand in hand in providing the best possible care to our patients. Monitoring and audit of all aspects of care provided supports the Organisation in implementing new ways of working and empowers our Staff to be the best in their field of practice.

Looking to the future we will continue to look at the Quality journey with focus on:

- Working together with our Commissioners to improve patient experience with our ethos of care with passion.
- Maintaining and delivering high standards of care whilst expanding the infrastructure of the Organisation.

We aim to provide a consistent, efficient, high-quality service for our patients and are committed to improvement. We hope that our Quality Account will illustrate our purpose.



Dr Tariq Chauhan, Chief Executive Officer

Welcome to Beacon Medical Services Group

We are an independent healthcare provider commissioned by the NHS to provide community-based services across Greater Manchester, Greater Preston, South Ribble and Chorley.

We offer the following services:

- Non-Obstetric Ultrasound scans
- Ear, Nose and Throat
- Minor Surgery
- Gastroenterology
- Audiology
- Magnetic Resonance Imaging (MRI) scans

Our Philosophy

We are a respected, caring, motivated team championing a shared vision of professional excellence in providing safe, timely and appropriate care for patients.

Our priority is safe patient care achieved through a committed team working effectively and in partnership with external organisations. Every member of our team, feels empowered to improve and to make a positive difference to our patient's experience.

We provide health care based on the principle of care closer to home. We ensure that treatment options are discussed with patients in order for them to make informed choices. With our Clinical teams including leading local GPs, our strong roots in the local community means that we can understand patients' needs.

About Us

We provide locally accessible, equitable, safe and excellent quality services and our main priorities are:

- **High standards of quality Clinical services** consistent with standards of the National Institute of Clinical Excellence, the Care Quality Commission and the Department of Health guidelines.
- **Care closer to home** - provided in local GP practices and community-based facilities
- **Increased access** – with a choice of location with interpreters, where required, to ensure patients are involved in decisions and their treatment.
- **Five Year Forward Plan** –to provide diagnostic services seven days a week and, in the evenings.

We have strong clinical leadership and all of our Clinical Directors have significant experience of working in their specialist areas. Our Chief Executive, who is also the Medical Director, has held key leadership positions in the NHS.

Our Objectives

We will provide:

- efficient and effective health care services
- services that are supported by national and local best practice and guidance
- services that are accessible to those that they are commissioned for
- services that are provided from best quality community-based environments
- services that are well respected and regarded by both patients and Commissioners of services.

We will achieve this by:

- Providing regular performance reports to the commissioning bodies for all services
- Listening and being guided by feedback from patients, service users and referrers
- Looking after our staff and supporting their development
- Annually achieving financial balance.

PART 2

Introduction to our Quality Account

This Quality Account is Beacon Medical Services Group's annual report to the public and our stakeholders about the quality of the services we provide. It shows our achievements in terms of clinical excellence, effectiveness, safety and patient's experience and demonstrates that our managers, clinicians and staff are all committed to providing continuous, evidence based, quality care to the patients that we treat.

It will also show that we regularly scrutinise every service we provide with a view to improving it and ensuring that our patients' treatment outcomes are the best they can be. It will give a balanced view of what we are good at and what we need to improve on.

Our priorities for improvement

We will support our skilled staff to continue to improve our patient-centred, high-quality services for the benefit of the communities we serve. We must be sustainable and will seek appropriate opportunities for growth. Our accountable and effective governance will ensure we remain transparent in all that we do.

We have set out in this Quality Account how well we have performed against local and national priorities and have also set out our Quality Priorities for 2021 and look forward to reporting on our progress against these in next year's Quality Account.

Quality Priorities for improvement for 2022-2023

We continue to play a key role in the delivery of health care services within the local community, working with our partners to ensure that services are personalised for all of our patients.

Our Quality Account splits our priorities between those agreed with our Commissioners and those identified as part of our own Strategic Objective Framework.

The continuing pressures in the Healthcare system mean that we must ensure that we are not only delivering a high volume of care but also a high standard of care. It is with this in mind that we have looked at our previous objectives to determine if these should change. Whilst we have included some new objectives to support the changing environment of healthcare delivery, we believe that our existing core objectives remain not only important, but integral to the success of our Organisation.

OUR MISSION

To deliver accessible, efficient and effective health care services

OUR VISION

Professional excellence in providing safe, timely and appropriate care for patients

OUR VALUES

Care with passion- high quality, safe care
Dignity & Respect towards all patients,
relatives, carers & colleagues
Good Communication- Listen, be
responsive to the needs of our patients

IDENTIFIED PRIORITY	How will we achieve them?
1.Accessible, efficient and effective health care services	1.Support the Increasing Capacity Framework by offering services in the Community, reducing pressure in Secondary Care 2.Continue to offer a blended approach to services through face to face & digital access to services 3.Utilise highly skilled staff 4.Adhere to current national & local guidelines and evidence-based practice 5.Develop strategies to manage waiting lists whilst adhering to environmental/safety restrictions
2.Growth and Sustainability	Continue to expand Organisational infrastructure in line with seeking appropriate growth opportunities, whilst maintaining the Organisation's ethos of care with passion.
3.Accountable and effective Governance	1. Ensure Quality & Performance is regularly monitored and any actions to improve are addressed. 2. Sustain an effective Governance Structure 3. Develop a Quality & Performance Assurance annual Report
4.High Levels of patient satisfaction	1.Obtain ongoing patient feedback & develop new mechanisms to obtain feedback through various methods 2. Be responsive to complaints, concerns & compliments

	3. Continue to provide assurance of safety measures in place across all services
5. Skilled people, proud to work at Beacon Medical Services Group	1. Provide a safe, effective service, considering the needs of the staff by enhancing staff engagement processes & ensuring risk assessments & safety measures are in place for all staff 2. Ensure processes are in place to support staff with personal development, training, and performance

Commissioner Agreed Priorities for improvement for 2022-2023

The priorities below are based on existing goals identified within our contractual obligations. There are currently no Commissioning for Quality and Innovation (CQUINs) set for the reporting period.

The Organisation continues to complete an annual Quality & Risk Stratification Tool (QRST) on an annual basis. The Organisation has previously been able to consistently demonstrate compliance with reporting requirements (and 'RAG' rated green). The QRST is due for submission in December 2022.

Identified Priority	Requirement Domain	Local/National
Ultrasound 'imaging Services accreditation scheme' (ISAS)	Contractual requirement	National
Audiology - 'improving quality in physiological services' (IQIPS)	Contractual Requirement	National
Endoscopy - Joint Advisory Group for Gastroenterology (JAG) Accreditation	Contractual Requirement	National

Participation in audits

This part of the Quality Account focuses on the audits undertaken by us during this year so far. A rolling audit programme is in place across all of our services to ensure that all elements of clinical and administrative functions could be monitored, audited and action plans developed. The audit programme includes quality measures and auditable outcomes in line with national requirements for UKAS and JAG Accreditation. The audit programme is reviewed regularly to ensure that we are auditing all relevant aspects of care.

BMSG Rolling Generic Audit Programme

Service/s	Audit	Due dates	AUDIT LEAD
All Generic BMSG	Review of Local policies & procedures	Annual or every 2 years or earlier if change in national/local guidelines/polyp	J. Bergin
All BMSG services	Infection Control processes/hand hygiene/PPE audit	Quarterly	J. Bergin
All BMSG staff	Annual Staff survey	Annual March	Service Co-ordinators
All BMSG services	DNA rates	Review trends & audit services as required.	J. Bergin/ Service Co-ordinators
All BMSG services	Patient Experience - Compliments/complaints/themes & trends	Quarterly	J. Bergin
All BMSG services	Adverse Incidents/Safeguarding	Quarterly	J. Bergin

Service Specific Audit Programmes

Minor Surgery

AUDIT	FREQUENCY	AUDIT LEAD
Referrer Feedback	Annual May	S. Hussain
WHO/consent/pain scoring/documentation	Quarterly	J. Birchall
Patient satisfaction	Quarterly	J. Bergin
Histology turnaround & Reporting Times	Quarterly	J. Birchall
Reporting times (procedure to GP timescales)	Quarterly	J. Birchall
Waiting times	Quarterly	J. Birchall
Post procedure complications	Quarterly	J. Bergin/ J. Birchall
Peri-operative Pain scores	Quarterly	J. Bergin

ENT

AUDIT	FREQUENCY	AUDIT LEAD
Referrer Feedback	Annual May	S. Hussain
Decontamination Audits- Tristel	Biannual	Designated HCA
Patient Satisfaction/compliments/complaints	Quarterly	J. Bergin
GP letter turnaround times	Quarterly	J. Bergin
Onward referral turnaround times	Quarterly	J. Bergin
Waiting list performance	Quarterly	M. Wasim
DNA rates	Quarterly	M. Wasim
Quality of Clinical Letters	Biannual	M. Wasim

Clinical management review	Biannual	M. Wasim
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Audiology

AUDIT	FREQUENCY	AUDIT LEAD
Referrer Feedback	Annual May	S. Hussain
Patient Satisfaction/compliments/complaints	Quarterly	J. Bergin
Stage A Checks	Designated Audiologist	Designated Audiologist/ J. Bergin
COSI Assessments/intervention outcomes	Quarterly	M. Jama/ J. Bergin
Consent Audit	Quarterly	M. Jama/ J. Bergin

Non Obstetric Ultrasound & MRI

AUDIT	FREQUENCY	AUDIT LEAD
Referrer Feedback	Annual	S. Hussain
Patient Satisfaction/compliments/complaints	Quarterly	J. Bergin
NOUS Scan quality of imaging & reporting	Monthly	S. Mohindra
Re scan for clinical reasons	Quarterly	S. Mohindra
Re scan for non-clinical reasons	Quarterly	S. Mohindra
Vetting of referrals & Refer backs	Quarterly	S. Mohindra
Reporting times to referrer	Quarterly	C. Taker
Referral to scan waiting times	Quarterly	C. Taker
Report to correct referrer	Monthly	C. Taker

Gastroenterology

AUDIT	FREQUENCY	AUDIT LEAD
Patient information booklets	Two yearly from authorised date	J. Bergin
Patient satisfaction survey -Comfort -Privacy and dignity -Aftercare -Compliments/complaints	Quarterly (JAG format)	J. Bergin / V. Patel
Individual KPI data Audits of BSG quality & safety indicators	Biannual (JAG format)	V. Patel
Annual review of referral guidelines	October	V. Patel/ J. Bergin
Decontamination Audits- scope tracking, environment, water testing	Quarterly	J. Birchall
Mortality & Morbidity audit	Bi-annual	J. Birchall / J. Bergin
Re-scope for Gastric Ulcer audit	Bi-annual April October	V. Patel / J. Bergin
Controlled drugs	Quarterly (JAG format)	J. Bergin
Barrett's oesophagus surveillance	Quarterly (JAG format)	V. Patel / J. Bergin
Vetting of Referrals audit	Quarterly (JAG format)	V. Patel
Histology turnaround & Reporting Times	Quarterly (JAG format)	J. Birchall
Reporting times (procedure to GP timescales)	Quarterly (JAG format)	J. Birchall
Consent Processes	Quarterly (JAG format)	J. Birchall
Waiting times	Quarterly (JAG format)	J. Birchall
Onward Referrals to secondary care	Quarterly	J. Birchall
WHO Safety Checklist	Quarterly	J. Birchall
One stop model/direct to Test monitoring	Quarterly	J. Birchall

Forward plan for Audits 2023

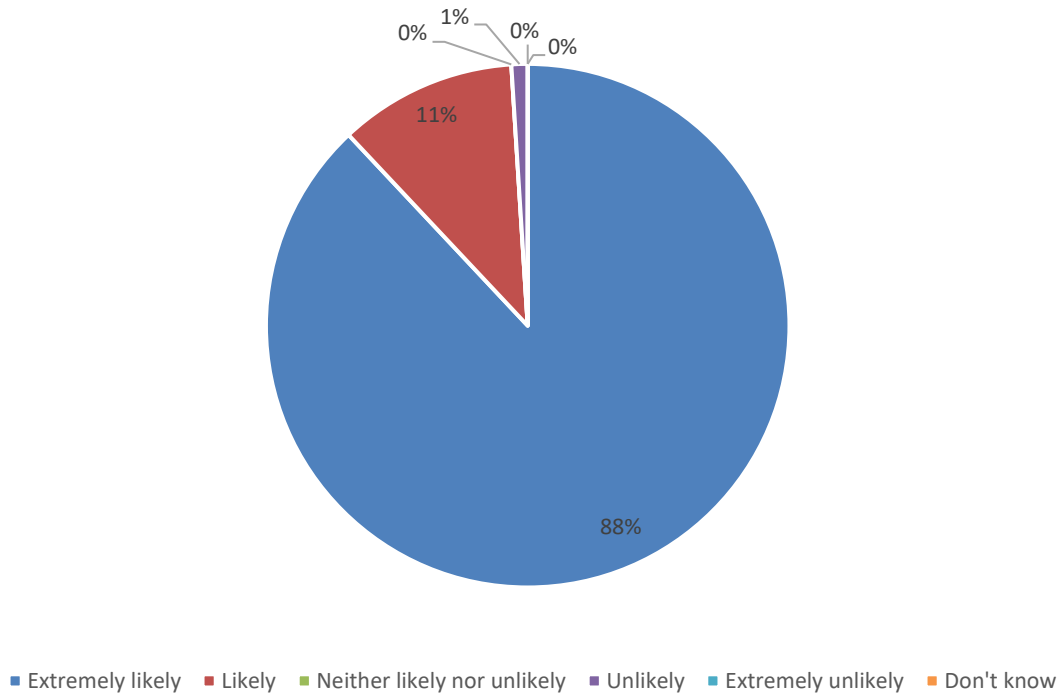
The rolling audit programme will continue through 2022-2023 which will form the foundation for evidencing our strategic objectives. New audit programmes may be added dependent upon changes to national and local guidance and best practice.

Patient satisfaction

Obtaining meaningful feedback supports our Organisation to constantly improve whilst providing assurance to patients and Commissioning bodies that we are able to consistently deliver high standards of care.

We have developed additional feedback mechanisms to ensure there are several ways that patients, relatives and carers can share their experience of our services. This is in addition to through our website and the feedback function available through NHS Choices. These are utilised alongside existing Patient satisfaction surveys to ensure all patients are provided with the opportunity to provide feedback. The results of these are shared with the teams so any actions can be taken for improvement or change. The results are also shared with our Commissioning bodies on a quarterly basis. The Patient satisfaction survey incorporates the Friends & Family Test (FFT) and the most recent formal audit was carried out in Quarter 2 of this year, shown below, covering August, September and October 2022. The findings are positive and are in keeping with previous results.

How likely are you to recommend us to Friends & Family



Staff Survey

In the coming year one of our main objectives is to repeat the success of undertaking staff surveys. Additionally we are working hard to develop staff engagement strategies. This will help us plan teamwork for the future and also establish if there is anything we could or should be doing differently. We value our staff and want them to enjoy working for our Organisation as a motivated and valued workforce that delivers high quality patient care to maximise patient satisfaction and patient safety.

We want to ensure that our staff are supported and given appropriate training related to their roles. A rolling programme of 1:1 meetings and appraisals are already in place to ensure that we can plan for the future developments of the team as required.

Workforce Race Equality Standard (WRES) Data

The NHS Equality and Diversity Council announced on 31 July 2014 that it had agreed action to ensure employees from black and ethnic minority (BME) backgrounds have equal access to career opportunities and receive fair treatment in the workplace. This resulted in the implementation of the Workforce Race Equality

Standard (WRES) which requires organisations to demonstrate progress against a number of indicators.

We are committed to this agenda and share all reports and findings with our Commissioners within our Equality and Diversity Report. Growth of the Organisation and changes to the infrastructure meant that we revisit our WRES alongside our Equality Delivery System report (EDS2) on an annual basis. This was undertaken again in April 2022. Both reports are designed to ensure that we are taking active steps to ensure:

- Better health outcomes for all
- Improved patient access and experience
- Empowered, engaged, and included staff
- Inclusive leadership at all levels

We are confident that our findings are indicative of positive staff experience, with 97% staff self-reporting ethnicity (an increase of 9% from last year) and zero reports of any concerns in relation to treatment in the workplace. We are proud to have such a diverse workforce.

Workforce Disability Equality Standard (WDES)

The Workforce Disability Equality Standard (WDES) was launched in 2019 and aims to improve the workplace and career experiences of disabled colleagues.

WDES is a set of ten specific measures (metrics) that will enable the Organisation to compare the experiences of disabled and non-disabled staff. This information will then be used to develop any required action plans which will enable the organisation to demonstrate progress against the indicators of disability equality.

Completion of the WDES in April 2022 provided assurance that we are committed to developing and embedding a culture of inclusivity which promotes and protects a diverse workforce.

Disability Confident Employer



Following our successful attainment of becoming a disability confident employer we took the next step in our disability confident journey and were successful in achieving the status of Disability Confident Employer, demonstrating that our Organisation strives to be inclusive of everyone.

Comments, complaints, and compliments

Whilst we work hard to ensure all of our patients, relatives and carers have a positive experience of our services, there may be occasions where we do not always get it right. Although the number of complaints we receive is small, our priority is to listen and learn to ensure that patient safety and patient satisfaction are maintained. We ensure that we record and monitor this as part of our Quarterly Patient Experience Report which we share with Commissioners.

We make sure that we act on any concerns raised and also review all comments, complaints, and compliments as part of our Quarterly Governance meeting. We have a dedicated Lead for overseeing any complaints across the Organisation. We have a

very clear process for anyone to provide us with feedback, be it good or bad; raise concerns or complain. Our process for this can be found on our website.

<https://www.beaconmedicalservices.co.uk/>

Data Quality and Performance

Data quality is essential in the delivery of quality care and we are committed to the continuous improvement of data quality within our Organisation. Accurate and timely data also enables us to be clear on how we are performing and allows us to gain an overview of service activity and identify areas for improvement.

We comply with national reporting requirements through NHS Digital, namely Referral to Treatment Times (RTT), Monthly Diagnostic waiting times (DM01) and activity datasets alongside our contractual reporting of Key Performance Indicators (KPIs).

Enhanced data quality supports the front-line staff in their ability to deliver safe and effective care to our patients, giving practitioners across the system confidence that the data that they access is accurate and up to date.

We use several data systems and have clear rules in place to ensure that the systems are only used by the staff who require access to them. We take our responsibility for protecting personal data very seriously and comply with all General Data Protection Regulations.

We complete an annual Data Protection and Security toolkit to evidence this compliance.

A Quarterly Governance meeting ensures that we are actively monitoring our current performance and gives focus and direction in achieving our set targets. We also complete monthly performance reports for our Commissioners along with Quality Reports and Quality Risk Stratification Tools on both a Quarterly and Annual basis.

We are also in the process of developing a Board Performance Report which will demonstrate an annual round up of all Quality and Performance measures, allowing

us to ensure we have the right processes in place to meet our Organisational and Commissioner Quality and Performance objectives.

PART THREE

Review of Quality and Performance Measures for 2022-2023

What is important to us

Accessible, efficient & effective healthcare services

Accountable & Effective Governance

Growth & sustainability

High levels of patient Satisfaction

Skilled staff who are proud to work at Beacon Medical Services Group Ltd

What will this look & feel like?

Proactive, flexible & high-quality services

Compliant, safe, accountable services with assurance reporting systems

Efficient & effective use of resources. Profitable growth/Increased Infrastructure

A common goal & culture of patient centred care/patient participation

Caring & cared for staff with the right skills

PART FOUR

How to provide feedback on our Quality Account

We welcome any feedback in relation to the contents of our Quality Account.

If you have any issues, questions, concerns, or recommendations in relation to this report, please contact us via any of the methods below and we will ensure that the most appropriate person responds to you as quickly as possible.

In Writing

Mrs J. Bergin
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Northenden
Manchester
M22 4DB

Via Email

bmsg.beacon-enquiries@nhs.net

By Telephone

0161 445 7451



Provider:
Beacon Medical Services Group Limited

Overall Good Read overall summary	Safe	Good ●
	Effective	Good ●
	Caring	Good ●
	Responsive	Good ●
	Well-led	Good ●