

Quality & Governance Report 2015/2016

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Pain Management Solutions (PMS) are registered with the Care Quality Commission (CQC). Our quality and governance process ensures that the care we offer meets the CQC fundamental standards that are everyone patients right.

1. Safeguarding

Our CQC registered manager and CQC registered provider are legally responsible and accountable for compliance with the requirements of the Health and Social Care Act 2008 and associated regulations, including the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

The Head of Clinical Excellence is the named Safeguarding Lead, Child Sexual Exploitation Lead and Freedom To Speak Up Guardian responsible for ensuring that staff are trained and facilitated to recognize and respond to safeguarding concerns promptly while considering the patient's capacity to consent, undertake best interest assessments, manage potential challenge of carer's and have knowledge of relevant legal aspects of adult safeguarding procedures.

We employed an external provider to deliver level 3 & 4 safeguarding training (Safecic) in-house in January 2016.

100% of senior managers attended.

This service included a 5-point health check of our safeguarding and associated policies.

All safeguarding and associated policies have been reviewed and updated by The Clinical Governance Committee against this health check. These include: -

- Exchange of Information Policy to protect patient confidentiality - The Head of Clinical Excellence is the Caldicott Guardian and has regular meetings with the Information Governance and IT managers to ensure that we protect the confidentiality of patient information and enable appropriate information-sharing.
- Record keeping Standard that is audited annually and reported to senior management and clinical teams.
- Chaperone Policy that patients are advised about in appointment letters
- Consent Policy that ensures mental capacity is assessed and informed consent always obtained before treatment
- Advocacy Policy to aid, assist, and enhance the communications process between the patient and all health professionals.
- Public Disclosure "whistle blowing" policy to safeguard and act in the interest of the public and its employees
- Lone Worker Policy and Person Safety Policy to ensure a safe and effective clinic environment

100% of staff completed their annual level two on-line mandatory training on safeguarding in 2015/16 with Pssitacus and this is logged and monitored at head office.

Updates to PMS policies including Freedom to Speak Up, Child Sex Exploitation, the PREVENT strategy, Human Trafficking and Female Genital Mutilation (FGM) training has taken place in 2016 and staff have been provided with a NHS England quick check list reference as a resource.

All staff are in the process of completing on-line domestic violence training in 2015/2016 with Independent Domestic Abuse Services (IDAS)

All staff have been signposted to an educational resource on Child sex exploitation on the NHS Choices website in 2016.

All staff sign to confirm that they have received updates and current policies and have read and understood them.

PMS have revised our safeguarding reporting process in 2016 which aims to ensure patient, carer's and families safety while minimizing disruption to clinics and patients care.

All safeguarding policies, reporting process and Local Authority Safeguarding contact details are stored electronically for rapid access off line in clinic.

All staff access Clinical Supervision on safeguarding through regular MDT meetings where it is a mandatory agenda item along with complaints and incident reports. Clinical supervision is also provided through a buddy system and individually with clinical managers as required.

Systems are in place for logging, recording and reporting all safeguarding concerns and appropriate actions that have been taken.

2. Patient centred care.

PMS have formalised our policy for patient experience and engagement aimed at promoting high quality, patient centred care in 2016.

To facilitate shared decision making we continue to provide education by our senior staff to GP's and other service providers to ensure they and their patients have a clear understanding of community chronic pain services and our focus on self-management strategies and rehabilitation.

We ensure alerts are present within the electronic referral system (ERS) to remind referrers to provide relevant patients medical histories and needs to meet impairments so that we can meet patient needs from first contact.

Our appointment letters offer patients opportunities to bring someone with them to clinic and include our website address www.pmsltd.co.uk as the website provides information and education on chronic pain management.

To ensure a rapid response to patient queries we offer a free telephone number to our central call centre and email contact is also provided for patient and GP queries. Emails are monitored and responded to daily at Head Office.

The management of our Call Centre, NHS e-Referrals Directly Bookable Appointments System, Information Management & Compliance and Clinical Operations, are co-ordinated from Head Office (CQC Registered Location and Safe Haven) in Barnsley

An information leaflet on the content and aims of our service and clinic location is included with appointment letters for patient information.

We have a multi-disciplinary working party that have ensured that we have met the Accessing Information NHS Standard implementation date for identifying, recording and reporting impairment needs in April 2016. Our Accessible Information Policy was introduced in 2015/2016 and we are on track for meeting those needs by the implementation date in July 2016.

We use telephone interpretation services to provide prompt translation for non-english patients.

Our Equality, Dignity and Diversity policy assures equity in access to our services and we aim to create a friendly and welcoming environment to all: -

- Clinicians wear ID badges and have electronic records and clinic lists in advance that highlight patient details, any impairment/communication needs and how these should be met.
- We can offer longer appointments with our multi-disciplinary team, if required, to meet certain impairments and associated needs.

To further patient understanding of chronic pain management at initial assessment patients receive The Pain Tool Kit and signposting to www.pmsltd.co.uk www.paintoolkit.co.uk website for further information on the self-management approach that they can share with those close to them. The Pain Tool Kit is available in several languages and in written and audio versions.

All patients receive education to understanding of pain and signposting to video resources they can access at home to show those close to them.

These include www.youtube.com/watch?v=5KrUL8tOaQs 2 Oct 2014 - Uploaded by Brainman- Understanding Pain in 5 minutes.

At initial assessment patients are encouraged to set individual, meaningful goals and their care plans are devised through a shared decision making process.

Patients and GP's receive a comprehensive new patient and discharge summary with onward management and flare up plan on discharge. Patients can share these with others as they choose to gain support with their pain management.

Patients are encouraged to bring carers/those close to them to our Pain Management Programme (PMP) to gain an understanding of the PMP content.

Patients are given a range of educational material to support self-management strategies and physical exercises that creates a bespoke information pack for reference at home and sharing with others.

All PMS written material is developed in house with the involvement of patient representatives and we are on track to meet the Accessing Information NHS standard for meeting impairment needs.

We have introduced our communication strategy in 2015/2016 and we offer a range of opportunities for patient feedback to help monitor and develop our service. These include: -

The Family and Friends Test

Patient evaluation of pain management programme

Focus groups

Patient representation on clinical governance committee-we are actively seeking new members

Incident reporting process

Complaint process

3. Dignity and respect

Our Equality, Dignity and Diversity Policy has been reviewed in 2016 to ensure that we continue to meet the expectations of the NHS plan 2000. Our policy applies to the activities of all Pain Management Solutions (PMS) staff, including staff from agencies, contractors, volunteers and all students during their clinical placements. This policy is underpinned by the Contract of Employment confidentiality clause, Professional Codes of Conduct, the Human Rights Act 1998, the Freedom of Information Act, the Data Protection Act 1998 and the Equality Act 2010.

It is the policy of PMS to ensure all patients and their carer's that receive services from PMS will feel that they are treated with respect, and that their right to privacy and dignity is upheld and actively promoted.

We ensure that all relevant standards for employment and fairness in the management of staff are always followed and adhered to. This includes all UK Legislation relating to employment as well as standards for practice (e.g. Equal Pay, Public Functions and Associations, Human Rights and Equality Commission Code of Practice for Employment – see Equality Act 2010).

In implementing its Equality, Dignity and Diversity Policy PMS has the following objectives.

Courtesy, Honesty and Respect for Privacy and Dignity.

To ensure that principles of common courtesy are upheld by staff, especially when faced with challenging questions or working under difficult circumstances, between one another and by management.

To ensure patients (and carer's), visitors, and new staff are greeted appropriately and without undue delay when they first arrive in the relevant area.

To ensure the patient and working environment is welcoming and supports appropriate standards of privacy, confidentiality and dignity.

To ensure patient (and carer's) and staff privacy is respected in all interactions.

4. Corporate Social Responsibility strategy

We are now the largest provider of community chronic pain services to an ever-growing number of Clinical Commissioning Groups (CCG-s) and work closely within those local communities to deliver these services. As an independent provider PMS has the flexibility to innovate and respond rapidly to develop new services and continue to provide high quality chronic pain services to the NHS in local communities.

PMS has always focused on improving the quality of life for patients through self-management strategies and physical rehabilitation aimed at reducing reliance on passive treatments and medication and will continue to do so. This evidence based approach serves to relieve the burden on health and social services as well as contribute to local communities by re-engaging patients with normal social, leisure and work related activities.

As an independent provider to the NHS PMS aims to ensure that the service is delivered in the most economically efficient and sustainable way. With this in mind we have developed our social responsibility strategy this year.

To achieve our aim PMS have strategic goals to ensure:-

- Evidence based best practice by trained and experienced staff
- Flexible and efficient use of community based and sustainable resources
- A responsive and accountable service
- A positive working and caring environment

This strategy reflects the national recognition of the importance of shared decision making and resources in ways that benefit the economic, social and environmental conditions in we operate.

This strategy sets out the context and framework we will use to remain responsible and sustainable in the way we fulfil our strategic goals.

A robust governance policy and communication strategy framework will ensure a coherent approach. The key areas we will work towards include:-

- Our staff
- The facilities they work in
- The travel our staff undertake
- Our engagement in the community

We continue to utilise clinic accommodation in local GP surgeries and health centres and accommodation for pain management programmes in local leisure and community centres with a good local geographical spread. This enables us to maximise access and de-medicalise chronic pain as well as support local businesses.

We have reviewed our infection control policy in 2015/2016 and conducted our annual Infection control audits to ensure all accommodation is fit for purpose. These audits are reported to the clinic venue managers and the Clinical Commissioning Group (CCG)

Appointments are booked with the appropriate member of our clinical team at a date, time and location of the patient's choice. Our inclusion criteria for service locations includes: -

- Convenience for patients
- Good transport links
- Good parking
- Disabled access

PMS ensures compliance with access requirements at each of the Service locations through our: -

- clinical and government & risk management policies and procedures to ensure that clinics are fit for purpose.
- complaint policy and patient safety reporting process ensures concerns around access requirements are resolved promptly.
- On-site inspections by clinical managers ensure ongoing compliance with access requirements.
- Service user surveys including Family and Friends Test, post programme evaluations and focus groups
- GP feedback

Initiatives to protect the environment include:-

Transferring to a paperless electronic patient record system that works off line in clinic.

Encouraging patients to accept written communication via email.

Emailing written communication to GP's via secure NHS emails

Introducing a strict travel policy to limit staff travel.

Employing local staff whenever possible

5. Complaints

We have reviewed our complaint policy and complaint process in 2015/2016 to ensure that we can handle and respond to patient concerns quickly. Complaints are logged, acknowledged, investigated promptly and we take immediate action if problems are identified. These are reported to all staff and the CCG so that lessons are learnt to prevent a reoccurrence and make further improvement to our service.

In 2015/2016 we received a total of 57 complaints from 5579 new patients across all of our contracts. Each CCG received details of complaints in regular quality/activity dashboards.

The themes of the complaints were as follows:

Themes	Number
Administrative errors	4
Delayed care	7
Data breach	2
Poor Communication	5
Complex patient complaint handled by CCG	1
PMS cancelled appointments and rescheduled	3
Venue access difficult	1
Patient dissatisfied with initial assessment	1
Patient dissatisfied with care	11
Patient dissatisfied as they could not have an injection	5
Patient dissatisfied with NHS, GP and PMS	1
Family dissatisfied with patients care plan	1
GP did not receive copy of new patient assessment summary	3
Inaccurate record keeping	2
Inadequate detail on post injection contact details	1
The injection clinic process	1
Side effects from injection	2
Lack of acupuncture availability	2
Delay with secondary care referral	3
Content of the pain management programme (PMP)	1

6. Good governance is facilitated by clear communication and robust policies and processes

Communicating well as an organisation is vital to our success in maintaining and improving a high quality pain service. We have agreed a Communications Strategy in 2015/2016 to provide a framework for the delivery of effective communications over the next three years which recognises the challenges we face while ensuring we are equipped to continue as a clinically-led provider of consistently high quality specialist care.

Responding to the constantly shifting digital landscape is important for us all if we are to meet the expectations of those who interact with us. This Communications Strategy will equip Pain Management Solutions (PMS) for the future, enabling us to begin to make the critical shift toward a more balanced approach to the use of traditional and online communications methods to reach out to and engage our stakeholders.

As a health service provider we feel that effective two-way communication is essential to ensure that service users' needs are identified and met. Encouraging our patients feedback and opinion on service development also help to ensure that we are getting things right for the people we serve.

Good staff communication is also critical for us to effectively engage with our staff. From a financial perspective, the benefits of an engaged workforce are compelling, with numerous studies linking employee engagement with improved productivity. We want our staff to be aware of and support our vision and values, understand the reasons for the decisions we make and be able to inform and influence these.

At the level of the individual, good communication ensures all staff feel they are kept well informed, know where to go to find information, have a voice that is valued and have the opportunity to influence planning and decision making around service development.

Our Clinical Governance Committee, has clear terms of reference and continues to meet monthly to ensure evidence based and current clinical policies, processes and procedures are in place following wide spread consultation to ensure safe and effective high quality clinical care.

Sub-committees are co-opted as necessary and all staff are invited to volunteer to participate, in 2016 we have multi-disciplinary working groups reviewing the Pain Management Programme (PMP), implementing the Accessing Information Standard and developing the clinical education resource pack.

Patients are encouraged to participate.

Minutes are circulated to the senior management team (SMT) and Area Clinical Managers who disseminate information to all staff.

Clinical Managers hold fortnightly teleconferences

The MDT hold quarterly meetings, minutes are circulated

The MDT attend quarterly protected learning time (PLT) that alternates with MDT meeting dates allowing all staff to meet every six weeks for networking, clinical supervision, in-house education and training and two-way communication with managers.

All senior and Clinical Managers circulate weekly reports

The Information Governance Committee meet bi-monthly and minutes are circulated to the SMT

The SMT meet fortnightly to discuss matters arising from the above meetings and reports.

Our policies are available off line to all clinicians in an electronic form for rapid access and include: -

- Clinical Governance policy
- Equality, Dignity and Diversity Policy
- Accessing Information NHS Standard Policy to ensure that patient and carer's/family impairments and needs to meet them are known and provided for
- A Person safety policy with incident reporting form. Incidents are dealt with immediately as needed and reported to head office where they are logged and responded to as required. Incidents are reported to senior management and clinical teams and to CCG commissioners.
- There were no serious events to report to The National Patient Safety Agency
- Lone worker policy to ensure a safe environment at all times for staff, patients and carer's /families.
- Safeguarding policy
- Safeguarding reporting process-to keep patients, carer's and family's safe while enabling clinics to be continue with minimal disruption if a safeguarding concern arises
- Exchange of Information Policy to protect patient confidentiality
- Record keeping Standard that is audited annually and reported to senior management and clinical teams.
- Chaperone Policy that patients are advised about in appointment letters
- Consent Policy that ensures mental capacity is assessed and informed consent to treatment always given.
- Advocacy Policy to aid, assist, and enhance the communications process between the patient and health professionals.
- Public Disclosure "whistle blowing" policy to safeguard and act in the interest of the public and our employees.
- Infection control policy that is audited annually and reported to senior management and clinical teams, clinic venue managers and CCG commissioners. This is also referred to when choosing clinic venues.

Other infection control related polices are:-

- Hep B
- Body fluid spills.
- Sharp needle stick injuries

Other clinical policies include:-

- Acupuncture policy
- Anaesthetic policy
- Anti-coagulation policy
- Resuscitation policy
- Standard for providing injections
- TENS policy and Protocol

- Death of a service user policy to guide the management of an unexpected and suspicious death

Our Risk Management policies in include: -

- Environmental management policy
- Health and Safety Policy
- Manual Handling Risk assessment

Safety Alerts – Central Alerting System: Patient Safety Incident Reporting and Responding To Patient Safety Alerts are checked and actioned daily

7. Fit and proper staff

PMS take care to employ people who can provide high quality care and treatment appropriate to their role. We have strong recruitment procedures in place and carry out relevant checks such as on applicants' criminal records and work history.

Our recruitment, selection and retention policies and procedures meet the requirements of the NHS standard contract, CQC Standards for Quality and Safety and English Law. Prior to employment all staff are required to have an enhanced DBS check and staff register to enable further random checking.

Staff complete a medical questionnaire, sign a confidentiality agreement, provide proof of right to UK work and three references. Employment contracts refer to staff handbook and company policies which are available electronically to staff in clinics.

professional registration and personal indemnity cover is checked at employment and annually.

100% of staff complete the IG toolkit level 2 annually and this is logged and monitored.

Staff competences are assured through a leaning needs assessment, induction programme, core competence framework, clinical development pack, appraisal and clinical supervision system. PMS are collaborating with The University of Sheffield to develop our clinical development pack into an on-line chronic pain module that will be live in September 2016. This is aimed at upskilling health professional in primary care who care for people living with chronic pain.

On-line mandatory training is provided annually with in-house basic life support training. Compliance is logged and monitored. Modules include: -

- Domestic Abuse
- Equality and Diversity
- Fire safety
- Health and Safety
- Infection Control
- Information Governance
- Moving and handling of objects
- Moving and handling of people
- Safeguarding

Our Multi-disciplinary team includes registered health care professionals from a range of traditional backgrounds as recommended by the Chronic Pain Coalition Core Standards for Pain Services (2015). We also employ Wellbeing Practitioners and Health Trainers, who are clinical team members, but not professionally registered.

This innovative skill mix allows a patient to be booked into the most appropriate members of the MDT according to the needs identified in the patient's individual care plan at initial assessment.

Our governance and leadership structure means that clinical teams are fully supported by the Head of Clinical Excellence, Caldicott Guardian, CQC registered manager, safeguarding lead and the Clinical Governance Committee (CGC).

Each MDT is led by a Clinical Manager (NMC or HCPC Registered) operating at non-medical Consultant level. The Clinical Manager supports staff, ensuring that training and development is

delivered, to create a cohesive body of clinical practitioners that understand chronic pain, the needs of patients, the objectives of the Clinical Commissioning Group (CCG) and the values of PMS.

8. Duty of Candour

PMS make it clear in our Person Safety Policy that was reviewed in 2015/2016 that we will meet the requirements of H&SC Act 2008 Regulation 20, by:

- Acting in an open and transparent way with relevant persons in relation to care and treatment provided by our service. To this end we have recently revised our patient information leaflets and consent forms.
- Telling the relevant person, in person, as soon as reasonably practicable after becoming aware that a notifiable safety incident has occurred, and provide support to them in relation to the incident, including when giving the notification.
- Providing an account of the incident which, to the best of our knowledge, will be true of all the facts that we know of about the incident as at the date of the notification.
- Advising the relevant person what further enquiries we believe will be appropriate.
- Offering an apology.
- Following up the apology by giving the same information in writing, and providing an update on the enquiries.
- Keeping a written record of all communication with the relevant person.
- Ensuring all our staff are appropriately trained in the relevant aspects of The Duty of Candour.
- Ensuring there is a culture of candour, openness and honesty

Display of ratings

We have been inspected by the CQC twice in our history and our 100% satisfactory quality reports are available on the CQC website.

We have continued in 2015/2106 to regularly audit our clinical outcomes and report to our commissioners to demonstrate clinical effectiveness of our service.

We collect, analyze and report Family and Friends Tests to commissioners and on our website www.pmsltd.co.uk