PennineMSK
PARTNERSHIP

Quality Account 2022/2023

"Providing an integrated community musculoskeletal service to the people of Oldham"

Contents

Part 1

1.1 Our Quality Account

This is the ninth Quality Account produced by Pennine MSK Partnership. The account is our public statement of our commitment to improving quality and safety in the service.

It presents:

- What we are doing well as an organisation
- Where improvements in quality are required
- How service users, carers, staff and the wider community are engaged in working with us to improve the quality of care within the service.

1.2 Board Statement

All providers of NHS healthcare services are required to produce a Quality Account – an annual report to the public about the quality of services delivered.

We welcome this opportunity to review our service during the reported year and to outline future improvements we aim to make.

We have worked with the following groups to produce our Quality Account:

- Clinical Governance Team
- Research & clinical audit team
- Information Governance Board
- Staff, service users and carers from across the organisation

1.3 Statement from our Lead Director

I am delighted to present this Quality Account on behalf of Pennine MSK. The service has been commissioned since 2006 to provide an integrated musculoskeletal community service to the population of Oldham and I am immensely proud of the whole team who all strive to continually improve the quality of care we provide to our patients.

Our Mission Statement is:

'We will keep the patient at the heart of everything that we do by providing outstanding care and support to every patient, every time.'

This statement is brought to life on a daily basis across the service and the whole team has a focus on continual improvement. This is shown in the amazing family and friends feedback we receive every day from the people who matter most – our patients.

In April 2022 the service was acquired by VITA Healthcare on the retirement of the Founding Directors. We hope to see mutually beneficial integration of some of our systems, processes and procedures over the next twelve months and look forward to working with our new colleagues across the VITA team to continue our focus on improving the quality of care for the community we serve.

Our staff are what makes our service so special and unique and so ensuring that they are happy, well and look forward to coming to work is of vital importance to me and the whole team of Directors.

As you will see in this report we have made some excellent improvements across many aspects of staff engagement but we will not rest on our laurels and hope to work further on staff engagement in the coming year.

In a year that has seen a lot of change and still some challenges of staff absence because of COVID-19 I am extremely proud to share our report set out below and am delighted to see the results of everyone's hard work.

I would like to personally thank all staff who are part of the Pennine MSK family who have contributed to making this another successful year and I am looking forward to seeing what further improvements the next year will bring.

This Quality Account has been endorsed by our Board of Directors. I confirm the accuracy of all content, to the best of my knowledge, as a true reflection of the service and its performance.

Ruth Holden, Lead Director

1.4 Statement from our Commissioners

Having been the Lead Commissioner of PMSK for 8 years, I have had the pleasure of working closely with the team throughout on the continuous improvements that the service repeatedly demonstrates. The PMSK team are always presenting opportunities to go further and faster for the Oldham patients, and whilst the main driver remains quality and improvements to patient experience, they also deliver financial efficiencies which supports the wider health system across Oldham.

In addition to the continued programme of service developments detailed in this report, PMSK have also recently re-established a community based Carpal Tunnel Service and we are delighted that our patients will now be able to access care closer to home, whilst also supporting the wider recovery of elective care and reducing wait times for our residents.

The recent acquisition of the service by VITA Healthcare presented as a seamless transition, and we look forward to working with the PMSK team and VITA Healthcare in the maintenance of excellence through our shared dedication to deliver continued improvements for the population of Oldham.

Sophie Spilsbury
Head of Scheduled Care (Oldham)
NHS Greater Manchester Integrated Care

1.5 Key Successes and Innovation delivered in 2022/2023

Customer Service Excellence

One of the ways in which we maintain a focus on service improvement is to be externally audited on an annual basis.

During 2022/2023 the service was accredited for the thirteenth consecutive year with the Customer Service Excellence Award.

Customer Service Excellence is a national quality mark that seeks to recognise organisations that have a truly customer-focused culture. It is also designed to promote continuous improvement. Certification to the Customer Service Excellence Standard is achieved through a rigorous assessment process including a review of documents submitted to an impartial assessor which demonstrate compliance against each element of the Standard, and an on-site visit to establish whether an organisation meets the requirements of the scheme.

We presented improvements to the following pathways:

- Dose Tapering – Project to work with patients in remission to taper the frequency of high cost biologic therapies across all diseases (rheumatoid arthritis, psoriatic arthritis and ankylosing spondylitis). This delivers cost savings on high-cost drugs but also enhances patient safety. One of the side effects of these drugs is the dampening down of the immune system and less drugs means an improvement to the system. The cost savings have been considerable and have been reinvested to recruit additional pharmacy staff to support safe prescribing and monitoring of medicines. This audit was presented as a poster presentation at the British Society for Rheumatology (BSR) conference in 2023.

- Navigate – Our team have produced and tested triage guidance to improve patient experience and outcomes through rapid assessment by the right person first time and effective care pathways. The work has proved successful with more than 90% of patients correctly triaged to the right person first time.

- Redesign of the orthopaedic triage – The aim was to reduce the waiting times of patients awaiting triage and to improve access to care by employing digital technology.

- Early arthritis clinic - NICE QS33 (Published June 2013 and updated January 2020) sets quality standards for the assessment, diagnosis, and management of early inflammatory arthritis. This project was to develop a one stop shop for these stages with a view to improve access to treatment. This means that patients can access consultant led assessment, ultrasound scanning and specialist nurse treatment education and counselling all within one clinic visit if required.

- Bone Health - Osteoporosis can be considered a 'silent condition', patients commonly have a lack of knowledge and understanding of their condition. The multi-disciplinary team worked together to adapt and test bone health care plans to support patient education and engagement.

The Customer Service Excellence Award report stated:

'The projects mentioned in this report demonstrates high level commitment to putting the patient first. PMSKP continued to map out the patient journey and look for ways to enhance the

process. Whilst projects to enhance the patient experience are driven from director level they would not be so successful without the involvement of both admin and clinical staff. All those interviewed are clearly dedicated to delivering the best possible service to patients.

All staff are recruited and trained to be part of the customer focused organisation. This applies to admin staff and front-line clinicians. Their positive approach to patient care was clear from both observation and interviews with staff.

PMSKP has a wide catchment area and works with the local GP communities to deliver this service both in the Integrated Care Centre and other clinics. They are therefore an integral part of the community.'

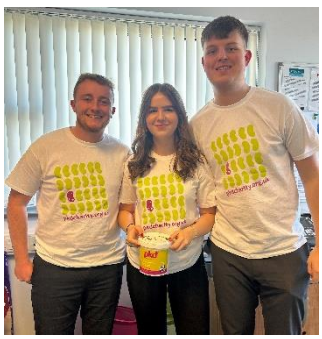
A summary of the assessment is presented here:

	1 - Customer insight	2- Culture of organisation	3 - Information and Access	4- Delivery	5- Timeliness & Quality of Service
Non-Compliance	0	0	0	0	0
Partial Compliance	0	0	0	0	0
Full Compliance	11	11	12	13	10
Compliance Plus	0	0	2	1	0

User Experience

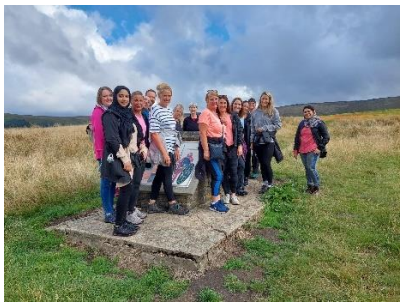
Supporting staff and asking for feedback

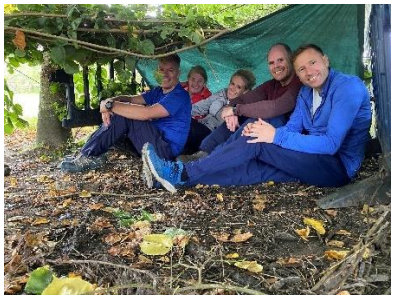
Throughout the year we have maintained a focus on staff health and wellbeing. We gave staff half a day off at the start of the New Year to do something that makes them happy! Weekly operational updates have had a regular update on staff health and wellbeing and provided sources of support for staff to access. We continue to work hard at keeping staff up to date with regular team briefings and Operational updates.



We support staff with various charitable causes throughout the year and hold bake sales and fund-raising activities. We have a dress down day in the admin team every Friday and staff donate food for Oldham Foodbank.

We also hold an annual team build day for all staff, both employed and contracted. This year we held the away day at Castleshaw Activity centre in Oldham where staff enjoyed a variety of outdoor activities and had the opportunity to get to know each other better.





Staff are rewarded in various ways – we have a team member of the month and an annual Extra Mile with a Smile Award.

Here are a few of the nominations received for this year's awards:

- 'What can I say - a role model, never seems like he is having a bad day unlike most of us - always has a smile - boundless energy and enthusiasm and we are lucky to work with him.'
- 'She has helped the rheumatology nursing team so much this year, with taking on additional roles and responsibilities whilst we have been short staffed and to also enable other nurses to have study time for courses. She's always offering to help us in any way she can, and it has been really appreciated.'
- 'For his amazing work in setting up the new orthopaedic triage. He's had some great ideas and coordinated it brilliantly.'
- 'Is always the first person to volunteer to help. is relentless in pursuing service improvement ideas and has brought so many fabulous ideas to the service this year. Her template building skills are legendary. Many times she has gone the extra mile this year without being asked and she is an absolute asset to the service!'
- 'She has worked above and beyond supporting her colleagues and working extra when short staffed. Also training new starters when she has not been at MSK that long, nothing is ever too much, she has definitely gone the extra mile'
- 'For going the extra mile in terms of the support and guidance that she offers in her role.'

We undertake a Staff Friends and Family Survey each quarter and the results this year showed that 100% of staff would recommend our service to family and friends if they needed treatment which is a 5% improvement on last year against a national target of 75%.

We also undertake an Annual Staff Opinion Survey which mirrors the NHS staff survey. This year it was pleasing to see that we had improved on a wide range of measures.

We have compared our results to NHS National, NHS North West results as well as our nearest Trust Organisation, Northern Care Alliance and a selection of the comparators are shown below.

Staff Survey Question	Answer Choices	PMSK 2022 Results	PMSK 2021 Results	NHS National Results	NHS NW England Results	Northern Care Alliance Results
I look forward to going to work.	Positive response - either often or Always	91.00%	69.00%	53%	85%	48%
I always know what my work responsibilities are	Positive response - either Agree or Strongly Agree	94.00%	91.00%	85%	67%	84%
How satisfied are you with the recognition you get for good work?	Positive response - Satisfied or Very Satisfied	88%	76.00%	52.00%	53%	51%
The team I work in has a set of shared objectives.	Positive response - either Agree or Strongly Agree	100.00%	89.00%	72%	72%	71%
Teams within the service work well together to achieve their objectives.	Positive response - either Agree or Strongly Agree	94.00%	72.00%	51%	52%	51%
My immediate Manager encourages me at work	Positive response - either Agree or Strongly Agree	97%	81%	71%	71%	68%
My immediate Manager takes a positive interest in my Health and Well being	Positive response - either Agree or	100%	83%	69%	69%	65%

	Strongly Agree					
When errors, near misses or incidents are reported, my organisation takes action to ensure that they do not happen again.	Positive response - either Agree or Strongly Agree	88%		59%	59%	58%
My organisation treats staff who are involved in an error, near miss or incident fairly.	Positive response - either Agree or Strongly Agree	91%		44%	44%	43%
Care of patients is PMSKP's top priority.	Positive response - either Agree or Strongly Agree	94%	98%	74%	73%	71%

Comments from the survey included:

I feel lucky to work here.

PMSK Regularly act upon feedback. Always putting the patient first.

Great place to work, approachable family orientated management

Always able to provide feedback regarding improvements to pathways. Listened to and taken on board.

The new team of Directors are supportive and encouraging

We have recently added Staff Engagement as a formal responsibility for one of our Directors who will now formulate a strategy to ensure we build on what we are already doing well and improve where necessary so that all staff feel their voices are heard and they can contribute positively to service development.

Fracture Liaison Service

We have recognised that it has not been possible to meet the Royal Osteoporosis Society clinical standards for FLS and NICE guidance without a service specification designed to meet unmet need and staffing to support delivery. We have recruited a specialist pharmacist and specialist nurse to work in this pathway this year and a service redesign is in progress.

We continue to contribute date to the **Fracture Liaison Service Database (FLS-DB)** which is a clinically led web-based mandated national audit of secondary fracture prevention in England and Wales commissioned by HQIP as part of the Falls and Fragility Fracture Audit Programme. We anticipate that our performance will improve over the next year with resources in place.

Virtual Consultant Clinics

Virtual consultant clinics in Rheumatology provide valuable support to clinical staff across all pathways in the service and enable a speedy expert opinion for patients with potentially serious or uncertain diagnoses. The Orthopaedic Consultant employed in the service responds promptly to Orthopaedic queries from clinicians and provides an expert opinion either during the patient appointment or soon after, avoiding any unnecessary additional appointments and delays within their pathway.

The clinical staff find these virtual clinics invaluable in terms of feeling supported with difficult clinical decisions and helping support their personal development.

Advice Lines

We provide three advice lines for Rheumatology, Specialist Rheumatology Physiotherapy and Occupational Therapy which provide valuable support and guidance to our patients. This resource enables us to provide advice to patients who may not have a forthcoming appointment but may need general advice about their health or treatment. We also provide advice and guidance to GPs via the advice lines. We have responded to over 4500 calls this year.

MDT meetings in Tier 2 of the Persistent Pain Service provide support to staff who are caring for patients within the Persistent Pain Pathway and ensure that patient's journeys through the service are timely and that they are treated and assessed by the most appropriate clinician.
The Tier 3 MDT meetings have resumed this year, having been paused during COVID, which are ensuring patients who need specialist input from a Pain Consultant or Psychiatrist are appointed to the right specialist in a timelier manner.

Pain Service Discussion Meetings

These meetings to provide staff with peer support have returned to face-to-face meetings this year which has enabled the persistent pain team to get to know each other better. The meetings are run quarterly and are designed to provide support for clinicians working within the pain service to share case studies and promote discussion about care proposed or provided. The aim is to enable the clinicians within the peer group to provide support and share knowledge and experience.

Making Every Contact Count (MECC)

We adopt a holistic approach to our patients' wellbeing and ensure that we use every opportunity to support people to make positive changed to their physical and mental health and wellbeing. This includes signposting support for self-care where needed.

We have developed a specific template for care, with all referral forms embedded to ensure that clinicians have easy access in clinic to all relevant information and therefore can focus on the needs of the patient.

Discussions and signposting can involve:

- Weight management
- Physical activity
- Alcohol awareness
- Smoking cessation
- Loneliness and social isolation
- Emotional wellbeing
- Work stability
- Bone health

- Support from national and local groups such as Versus Arthritis, Lupus UK and NRAS.

This year we have documented over 1500 discussions with patients which have resulted in over 900 referrals to one or more of the services listed above.

Part 2

2.1 Achievement against 2022/2023 Priorities

Our mission statement is to keep the patient at the heart of everything that we do by providing outstanding care and support to every patient, every time.

Priority1: Ensuring service quality, safety, and enhanced user experience. Providing excellent clinical outcomes, and meeting and exceeding relevant standards and regulatory arrangements.

We continue to achieve a significantly high level of feedback through our friends and family feedback, our average score of patient satisfaction throughout 2022-23 was **95%**.

We pride ourselves in our extremely high levels of patient satisfaction and embed outstanding customer service in all training. We have introduced clinical induction sessions to ensure that our ethos and commitment to patient centred care is shared with new employees at the start of the employment.

A key component in improving the quality of health and care services is to analyse and understand patients' satisfaction with their experience of services. This initiative is intended to support the provider to embed a patient experience programme within the service and to act on learning from patient feedback to improve the delivery of care and support. With an improved patient engagement programme, we use patient feedback in service design and improvements at the earliest opportunity.

The aim is to collect patient feedback in a systematic way, evidencing the mechanisms for patients to provide feedback and the process for analysing feedback whilst identifying any areas for improvement.

To achieve this, we continue to send the Friends and Family tests to all patients and code both compliments and complaints in the clinical system, allowing for regular monitoring of all feedback received service wide and through other various channels.

Some examples of the feedback we received is detailed below:

Clinical Treatment

"The nurse practitioner that I spoke with was very supportive of my symptoms, she made me feel calm and listened to. She dealt with my concerns as appropriate and was very friendly and easy to speak to. She advised me on how to continue managing my health and appointed me for further treatment and I felt less anxious about how I was feeling. Thank you."

"MSK staff are very professional with loads of kindness and respect, they made me feel at ease while my treatment was given. Thanks to all at MSK Oldham."

"The Doctor listened to my concerns and gave me a thorough examination. I came away confident he was going to do everything he could to get to the bottom of my health condition."

Staff Attitude

"An excellent consultation where I was able to provide an account of the problems I was having. The consultant didn't rush the consultation and provided a clear way forward to treat my condition. Very professional, clear guidance and provided reassurance with my prognosis."

"The kindness and care that I received were outstanding, my treatment over the years has been outstanding, the Biologic treatment I receive keeps me walking and my RA suppressed. The staff and health workers, consultants and physios are kind, caring and attentive to your needs. I can't thank them enough; without them I would be wheelchair bound."

"I think that Pennine MSK have a great understanding of the relationship between physical and mental pain. This may be common knowledge these days, but the way Pennine MSK have acted on this with my particular case has been extremely helpful."

Communication

"Always receive the best care and advice, all staff are very knowledgeable, it's a comfortable environment and its nice when you can speak to someone who understands your condition."

"Excellent appointment with the Rheumatology Nurse. Appointment wasn't rushed - able to talk about current treatment and some ongoing pain. Got back to me as promised after speaking with the Consultant and hand therapist with details of a follow up appointment. Very professional throughout the appointment."

"On time, professional and friendly service. I saw a fantastic Doctor who listened and gave thorough explanations - this gave me great confidence. The bloods team were also professional and friendly. At long last a service that feels like they are giving you end to end care. The NHS should be very proud of this team."

Any comments received that cause concern or any low scoring replies are all asked to contact us to give us more information if they wish. This feedback is then acted upon to make improvements to the service.

We have a very low threshold for recording, investigating and responding to any element of concern or complaint from a patient which ensures we retain our high standards.

In our persistent pain service we have recently restarted group work and aim to gather individual feedback from all patients at the end of each 6 week group.

Shared Decision Making

We continue to strive for best practice across our clinical team in ensuring patients are fully involved in decisions about their care. We have a national profile in the development of shared decision-making initiatives. Dave Pilbury, our Director for MSK was involved in the creation of the Decision Support Tools for Versus Arthritis focusing on primary and secondary intervention for hip, knee, shoulder and back pain. Dave sits on the panel for annual review of these resources and NHSE have co-badged their Decision Support Tools with Versus Arthritis and are freely available and free to use on the NHSE website.

Dave Pilbury leads a programme of shared decision-making training for all new clinical staff and offers refresher training when needed. The local teams, who sit under the Northern Care Alliance, have also undertaken this training with Dave and have rolled out the use of Observer Option 5 across their MSK team and FCPs. May sees the launch of the CollaboRATE and Option 5 programme across the Oldham MSK services.

Dave remains involved in Personalised Care programmes at the Personalised Care Institute, AQuA and the Royal College of GPs.

The service holds Shared Decision Making and Personalised Care at its heart and is committed to remaining at the forefront of innovations in this area.

National Early Inflammatory Arthritis Audit

This a national audit for patients seen in specialist rheumatology departments with *suspected* inflammatory arthritis. The aim is to improve the quality of care for people living with inflammatory arthritis by assessing the performance of rheumatology units across England and Wales against NICE Quality Standards. The 4th year annual report on data collected 1st April – 31st March 2022 was published in October 2022. Pennine MSK performance is consistently good as measured against both NICE Quality Standards (target 80%) and national performance. A more detailed summary of our performance can be found in Section 2.4

Quality Reporting

We report across a wide range of quality measures which include:

- Incident Reporting
- Healthcare Associated Infections
- Complaints
- Patient Experience
- Workforce & Staffing
- Compliance with Safety Alerts
- Training Compliance

These reports are submitted at the end of each quarter, the table below shows the average monthly outcomes:

		Average for 22/23
	QUALITY REPORTING REQUIREMENTS - NUMERICAL	**Monthly**
1	**Incident reporting including lower-level overview as well as more detail serious incident reports**	
	Number of Serious Incidents reported (in line with NHS SI Framework)	**1per annum**
	Of reported SIs: Number of Never Events reported	**0**
	Of reported SIs: Number of Duty of Candour Breaches	**0**
	Of reported SIs: Number of Safeguarding Incidents - Adults and Children	**0**

	Number of lower level Incidents reported (clinical and non-clinical)	**4**
	Number of Regulation 28 (Coroner's Prevention of Future Deaths) Notifications received	**0**
2	**Health Care Associated Infections**	
	Number of Healthcare Associated Infections reported (breakdown by type)	**0**
3	**Complaints**	
	Number of complaints received	**7**
	Number of complaints acknowledged & responded to within required timescales	**7**
	Number of complaints referred to ombudsman	**0**
4	**Patient Experience**	
	Number of compliments received	**245**
	Number of patients referred to the service who have had their experience of using that service formally captured including the friends and family test	**792**
	Percentage of patients referred to the service who have had their experience of using that service formally captured including the friends and family test	**12%**
	Number of patients who reported a "very good" or "good" experience of the service	**678**
	Percentage of patients who reported a "very good" or "good" experience of the service	**95%**
5	**Workforce & Staffing (including Medical Staff)**	
	% of staff with up to date appraisal completed	**100%**
	% of clinical / patient facing staff who are absent from work through sickness	**1%**
6	**Compliance with safety alerts**	
	Number of relevant National Patient Safety Alerts (Central Alert System) acknowledged within 5 days of target date	**2**
	Percentage of National Patient Safety Alerts (Central Alert System) acknowledged within 5 days of target date	**100%**
7	**Safeguarding**	
	Number of safeguarding incidents / concerns reported	**2**
8	**Training Compliance**	
	Mandatory training compliance rates	**82%**
	Safeguarding Training compliance rates	**98%**

<u>Priority 2</u> Robust Governance: fostering safeguarding and quality assurance processes which are standardised across the service.

We make continual improvements to our Directors assurance work and at monthly Directors assurance meetings challenge and support each other to continually strive for excellence across all of the CQC domains.

We hold regular Directors away days to ensure we can focus on service improvement.

We have implemented staff induction mornings with all staff led by our Lead Director to ensure that important policies and procedures and governance processes are fully explained to all new recruits.

<u>Priority 3:</u> Continue to be recognised as an Employer of Choice:

Clinical Peer Review

We had a welcome return to face-to-face meetings for our Clinical Peer Review which have proved invaluable to staff to provide training and learning from colleagues. We are supported at Clinical Peer Review by Dr Rajesh Annamalaisamy, Radiology Consultant at Northern Care Alliance, who reviews imaging of interest and for further review to give his expert opinion.

Clinical learning sessions covered this year have included:

- Nerve Conduction Studies and EMG's Dr Deshpande Neurophysiologist
- Significant Event Analysis -Bone Tumour – David Pilbury MSK Director
- Thyroid – Dr Rob Ley, Clinical Director and Rheumatology Consultant
- Coccydynia and Meralgia Paraesthetica - David Pilbury, MSK Director
- Ultrasound guided hip injection audit – Mr Aslam Chougle, Orthopaedic Consultant
- Myeloma screening – Dr Rob Ley, Clinical Director and Rheumatology Consultant
- Learning from Excellence – Safeguarding - Andrew Swan, Clinical Specialist Physiotherapist
- Red Flags and Investigations - Dr Vinodh Devakumar, Rheumatology Consultant
- MSK HQ audit findings – Kath Kinsey, Research Nurse

We always include an operational update for all staff and take the opportunity to say thank you to staff.

The weight management scheme, operated in conjunction with Slimming World, continues to be offered to all staff who have at least 7lb to lose to reach a healthy BMI.

To promote a healthy workforce, we continue to provide a supply of fruit twice weekly to encourage staff to eat healthily. We fund 50% of gym/sports club annual memberships to encourage employees to partake in exercise and maintain an active lifestyle.

We are continuing with the MSK physio assessment service for staff. Any member of staff can complete a referral form which is then triaged by one of our MSK physio's for assessment and care. This service has proven very popular with staff either to quickly resolve any minor MSK conditions or to signpost any further intervention that may be required.

We continue to offer blended working across the service with some staff being able to undertake part of their role from home.

2.2 Priorities for 2023/2024

User Experience

<u>Priority 1:</u> Ensuring service quality, safety, and enhanced user experience. Providing excellent clinical outcomes, and meeting and exceeding relevant standards and regulatory arrangements.

We continue the Friends and Family test for all appointments in the service, using the feedback constructively to improve the service.

We will update the video content on our website filmed by our Persistent Pain Physios so that patients can access the content in a variety of languages and work at their own speed from the comfort of their own homes.

We will continue to build on our Directors Assurance work to ensure we are striving to continually improve on all aspects of the CQC regulations and ensuring we are up to date with the CQC's new regulatory approach.

We aim to work closely with our colleagues at Greater Manchester Integrated Care and partners to contribute to providing improvements in the health and wellbeing of the Borough's residents.

We aim to improve our collaborative working with our colleagues in Primary Care in Oldham by offering advice via Consultant Connect and uploading pathways and offering support via Teamsnet.

We will re start our Carpal Tunnel Surgery service with two orthopaedic consultant colleagues and capture patient outcomes and patient feedback.

We will be working closely with the partner organisations across health and social care in Oldham, such as Oldham Community Leisure, A Better Life Oldham and Action Together Oldham to improve the wellbeing of the residents of Oldham. We will make referrals to all these partner services using our Making Every Contact Count Strategy.

We will continue our FLS service redesign to ensure that we improve access and outcomes for patients with osteoporosis.

Priority 2: Rheumatoid Arthritis and Inflammatory Arthritis National Audit

National Early Inflammatory Arthritis Audit is a national audit for patients seen in specialist rheumatology departments with suspected inflammatory arthritis. The aim is to improve the quality of care for people living with inflammatory arthritis by assessing the performance of rheumatology units across England and Wales against NICE Quality Standards.

We will continue to recruit and collect data for the national audit of RA and IA. This will inform our ongoing service improvement plans for patients with suspected RA and IA.

Priority 3: Continue to be Recognised as an Employer of Choice:

We have recently added Staff Engagement as a formal responsibility for one of our Directors who will now formulate a strategy to ensure we build on what we are already doing well and improve where necessary so that all staff feel their voices are heard and they can contribute positively to the Organisation.

To monitor and expand the e-learning concept wherever appropriate across the service.

To continue to support the training and development opportunities of all staff groups to encourage staff to extend and enhance their skills and experience.

To hold an all service Team Build in September 2023.

To fully utilise the strengths of the whole team in reviewing our Risk register and Directors and CQC domain work to ensure we capture ideas from across the whole team and collaborate with them to improve the service.

<u>Priority 4:</u> Robust Governance: fostering safeguarding and quality assurance processes which are standardised across the service.

We plan to continually make improvements to our Directors Assurance work to ensure the board are collectively assured of all aspects of the service including the CQC domains and outcomes.

This will ensure there is a full understanding of what was happening in the service and also help us identify further service improvements we could make to benefit our patients.

We will invest in training for our Information Governance Lead.

We will further our work in embedding a systems approach to Patient Safety in reviewing incidents and complaints.

As part of VITA Healthcare we aim to pilot Radar which is designed to underpin operational processes, so provide us with the necessary performance and compliance information in order to facilitate quality improvement. Radar offers a comprehensive and sustainable approach to improving overall quality and compliance outcomes. The functionality of radar will help to address operational challenges and encourage a standardised approach to quality monitoring / operational frameworks.

We aim to improve our clinical coding templates and link these to clinical letters to streamline administrative processes where appropriate.

2.3 National Clinical Audit Participation

We maintain a rolling programme of audit activity aligned to local and national service priorities and support clinicians to produce annual audit aligned to pathways and service priorities and action plan that addresses any variation from standards.

2.4 Core Services Clinical audit programmes 2022/2023

National Early Inflammatory Arthritis Audit is a national audit for patients seen in specialist rheumatology departments with *suspected* inflammatory arthritis. The aim is to improve the quality of care for people living with inflammatory arthritis by assessing the performance of rheumatology units across England and Wales against NICE Quality Standards.

Table 1 summarises each quarter NEIAA audit performance in comparison with the five previous years. There are improvements in the achievement of NICE Quality Standards over the four quarters for patients seen within 3 weeks of referral.

		Qtr 4 22/23	Qtr 3 22/23	Qtr 2 22/23	Qtr 1 22/23	*Year 5 01/04/ 22 to 31/03/ 23*	*Year 4 01/04/ 21 to 31/03/ 22*	Year 3 *08/05/ 20 to 31/03/ 21*	Year 2 *08/05/ 19 to 07/05/ 20*	Year 1 *08/05/ 18 to 07/05/ 19*
	Total number recruited *n*	73	36	61	57	228	192	114	270	263
1	N patients referred within 3 working days	49/73 (67%)	21/36 (58%)	28/61 (46%)	25/57 (44%)	123 (54%)	99 (52%)	62 (54%)	160 (59%)	131 (50%)
2	N patients seen within 3 weeks	62/73 (85%)	29/36 (81%)	47/61 (77%)	38/57 (67%)	177 (78%)	172 (90%)	101 (89%)	207 (77%)	151 (57%)
	N eligible for EIA FU	10/73 (14%)	6/36 (17%)	9/61 (15%)	16/57 (28%)	41 (18%)	37 (19%)	23 (20%)	51 (19%)	53 (20%)
3	N started DMARD within 6 weeks*	8/10 (80%)	5/6 (83%)	7/9 (78%)	10/16 (63%)	30/41 (73%)	22 (60%)	16 (70%)	36 (71%)	20 (38%)
4	N received written info at baseline	9/10 (90%)	6/6 (100 %)	9/9 (100 %)	14/16 (88%)	39/41 (95%)	33 (89%)	22 (96%)	41 (80%)	46 (87%)
4	N received self-management ed at 3/12	4/4 (100%)	3/3 (100 %)	1/1 (100 %)	5 (100 %)	33/33 (100%)	24 (86%)	22 (96%)	42 (93%)	43 (90%)
5	N with agreed treatment target	8/10 (80%)	6/6 (100 %)	9/9 (100 %)	13/16 (81%)	37/41 (90%)	32 (87%)	18 (78%)	35 (69%)	30 (57%)
6	N given advice line details	8/10 (80%)	6/6 (100 %)	9/9 (100 %)	13/16 (81%)	38/41 (93%)	34 (92%)	21 (91%)	43 (84%)	45 (85%)
7	N that has had a formal annual review	NA	NA	NA	NA*	3 (7%)	0 (0%)	0 (0%)	1 (2%)	6 (11%)

* Data pending next quarter

From the 1st April eligibility will change with only new patients with a confirmed diagnosis of EIA (*Rheumatoid arthritis, Psoriatic arthritis, Axial spondyloarthropathy, Undifferentiated inflammatory arthritis*) will be inputted in the audit at the point of diagnosis data from the previous year suggests this will be a 65% reduction in data burden. In addition, there will no longer be data collection at 12 month follow up for the clinician.

A once weekly **Early Inflammatory Clinic (EIA)** was introduced on the 17th November 2022 as a service improvement initiative to speed the patient pathway. Patients are triaged directly into

one of the allocated slots with either a Rheumatologist, Registrar or GPsi. We aim to provide same day Ultrasound and drug education if required.

The Biologics NICE & GMMG adherence to biologics pathways internal audit data is captured through Virtual Biologics MDT clinic review. 100% (110) of patients who commenced on a biologic medication inflammatory arthritis since 1st April 2022 were treated within the NICE and GMMMG guidelines. 67 had moderate or severe RA; 16 had PsA and 27 had axial spondyloarthropathy.

Table 2 summarises audit performance in relation to NICE response criteria in Quarter 3. Analysis continues to be performed quarterly: three months in arrears for PsA and AS patients and 6 months in arrears for RA patients. This schedule of data analysis incorporates the maximum number of patients who have undergone review of disease activity as specified by NICE.

Diagnosis	N meeting NICE response criteria	N pending assessment	N with inadequate response
RA on treatment for 6/12 (n=18)	16	2	0
PSA on treatment for 3/12 (n=3)	1	2	0
AS on treatment for 3/12 (n=6)	2	2	2 - both had dose increases

In QTR 3, a total of 28 patients were commenced on a biologic medication (16 RA, 6 PSA and 6 AS). These patients all met NICE criteria for the commencement of biologic therapy but their response to treatment will be assessed and reported when they meet the time frame for assessment at 3 or 6 months. We will provide an annual report of response to treatment in the next quarterly report.

The **Fracture Liaison Service Database (FLS-DB)** is a clinically-led web-based mandated national audit of secondary fracture prevention in England and Wales commissioned by HQIP as part of the Falls and Fragility Fracture Audit Programme. The FLS-DB is a continuous audit to measure performance against NICE technology assessments and guidance on osteoporosis, and the ROS clinical standards for FLSs. Pennine MSK started recruiting to the database in June 2018.

Table 3 shows PMSK FLS performance in comparison with national data:

	Qtr 4 Sep 22-Nov 22	Qtr 3 Jun 22-Aug 22	Qtr 2 Mar 22-May 22	Qtr 1 Dec 21-Feb 22
Number Identified *n*	244	323	286	194
Number of responding patients	29%	19%	34%	43%
Assessment within 90 days	8%	20%	25%	27%
Assessment within 90 days (of those who responded)	29% *(68% nationally)*	35% *(68% nationally)*	75% *(71% nationally)*	73% *(71% nationally)*
Patients offered bone protection treatment	11%	14%	23%	23%
Bone protection treatment (of those who responded)	39% *(51% nationally)*	65% *(53% nationally)*	64% *(53% nationally)*	55% *(52% nationally)*
Under 75 offered a DXA	29%	22%	35%	36%
Under 75 offered a DXA (of those responding)	80% *(71% nationally)*	90% *(71% nationally)*	76% *(71% nationally)*	80% *(74% nationally)*

There is a new process in receiving the FLS spreadsheet from radiology and we now receive these every two weeks. There continues to be a delay in assessments, investigation and treatment times due to low response rates and unmet staffing need. We recruited a pharmacist to work in this pathway in January 2023 who is completing a training period and have recruited a specialist nurse who is due to start work in the FLS pathway in May 2023.

Pain Service Review

Each patient is assessed on referral to the pain service using the PSEQ score. This score is compared with the same assessment on discharge from the service, and a CGI-I score is reported for patient improvement based on the clinician's opinion.

Table 4 displays the reported figures for the last 12 months.

OUTCOME MEASURES	Qtr 4 JAN-MAR 2023	Qtr 3 OCT-DEC 2022	Qtr 2 JUL-SEP 2022	Qtr 1 APR-JUN 2022
Number of patients discharged in last QTR	198	211	169	164
N (%) of patients with Pre PSEQ	187 (94%)	194 (92%)	166 (98%)	161 (98%)
N (%) of patients with Post PSEQ	121 (61%)	116 (55%)	95 (56%)	86 (52%)
N (%) of patients with CGI	133 (67%)	106 (50%)	107 (63%)	106 (65%)
N (%) of patients with all 3 scores	108 (55%)	83 (40%)	92 (54%)	82 (50%)
N (%) of patients discharged due to DNA*	27 (14%)	41 (19%)	40 (24%)	50 (30%)
N (%) of patients with no PSEQ or DNA Dx*	49 (25%)	54 (26%)	35 (20%)	35 (21%)
N (%) of patients with no CGI or DNA Dx*	38 (19%)	65 (31%)	25 15%	14 (8.5%)
Mean change in PSEQ	11.1	10.4	12.7	10
Median change in PSEQ	10	9.5	11	7.5
Number (%) of patients showing no improvement or deterioration in PSEQ	31 (27%)	30 (39%)	20 (22%)	20 (30%)
N (%) of patients who showed clinically significant improvement in PSEQ (Improvement of 8 or more)	62 (54%)	56 (52%)	57 (61%)	42 (51%)
N (%) of patients who showed some improvement in PSEQ	84 (73%)	78 (72%)	73 (78%)	60 (72%)
Mean change in CGI	2.3	2.3	2.4	2.5
Median change in CGI	2	2	2	2
N (%) of patients showing no improvement or deterioration in CGI	21 (16%)	25 (24%)	27 (25%)	28 (26%)
N (%) of patients who showed some improvement in CGI	111 (83%)	81 (76%)	80 (75%)	78 (74%)
N (%) of patients who showed much/very much improvement in CGI (score of 1 or 2)	79 (60%)	63 (59%)	65 (61%)	51 (48%)

* Analysis commenced Quarter One 2022 to inform measures to improve engagement and data capture.

2.5 Research Statement

We continue to recruit to the **British Society for Rheumatology Biologics Register for patients with RA**. We have recruited a total of 13 this year With the introduction of biologic virtual clinics all eligible patients are identified and invited to contribute to either the BSR-BR or other research studies open in this pathway.

Dr Bluett is the CI and PI for the **BIOTIPRA research study**. BIOTIPRA is studying the drug levels and antibodies of RA patients commenced on Amgevita, with 50% of patients having their results fed back to the clinician to make informed treatment decisions. As BIOTIPRA was originally a sub study of BRAGGS, we have also been recruiting patients to BRAGGS study. BRAGGS collects data from patients treated with biologic therapy to evaluate the role of genetic variation, psychological status, clinical variables, serological measures and environmental factors in determining response to treatment. We had an initial recruitment target of 2-3 participants, but we have been able to exceed our recruitment target to support the study and have recruited 6 participants.

Remote Monitoring of Rheumatoid Arthritis (REMORA) application to NIHR Programme Grants for Applied Research (PI Will Dixon) was successful. REMORA remains the only published example internationally of tracked daily symptoms integrated into an EHR. The pilot study in 2015-2017 at Salford showed the benefits of symptom tracking for both patients and clinicians, with data graphed and integrated into the electronic health record (EHR) available during the consultation. Since then, a more scalable infrastructure was developed to allow us to run this at multiple sites, and we opened the feasibility arm of the study to recruitment of adults with RA on the 9th January 2023.

We have achieved our recruitment target of 30 and backfilled two withdrawals. We are now reviewing patients who are symptom tracking in clinic and assessing the impact on the consultation. There will be optional consent for clinic consultations to be observed and/ or recorded if both patient and clinician provide consent.

We also recruited 4 participants who decline symptom tracking to an interview to identify barriers to digital inclusion. The target for decliners was 6 but we achieved our tracking target early as a result of the positive response from patients and therefore unable to identify the additional two. Three Urdu-speaking patients were also recruited to interviews to understand barriers, explore co-design and support required to promote digital inclusion.

Outcome and Prognosis of Supported Self-management in Thumb Base Osteoarthritis: A Prospective Cohort Study aims to investigate the outcomes, prognosis, and experiences of care in patients receiving usual NHS care which consists of a supported self-management programme, and to generate recommendations for optimising care for thumb base OA). This is a prospective longitudinal cohort study linked with a qualitative interview and focus group study. Four NHS sites will recruit 150 people with symptomatic Thumb base OA. The primary outcome is the AUSCAN hand pain scale, additionally baseline assessments will be carried out for measures of hand function, quality of life and known musculoskeletal prognostic factors. The study endpoint is six months. Outcome assessments will be conducted by postal/online survey (as applicable) at three and six months. The qualitative and quantitative results from this study will be integrated and presented to a stakeholder group meeting, where participants will be guided to generate recommendations for future care. This NIHR funded study is currently pending ethics approval and has an anticipated start date of May 2023.

Other Projects

Pennine MSK has been operating triage for all adult referrals since the start of the service many years ago. This has always been one of the most important steps in the patient journey as this is how we place the patient in the correct pathway, with the correct clinician. However, having developed Rightpath it has become apparent that the adult triage has developed organically over many years and has never been subject to a more formal development process and guideline development as the Rightpath pathway has, resulting in some unwanted variation across pathways.

We have established a project group to look at and develop adult referral triage guidance and pathways, based upon the Rightpath model, called Navigate. The guidance has been reviewed and approved by the Navigate team. This will further evolve as guidance changes. Evaluation of inter-rater reliability of triage decision–making using guidance is now underway: data collection will include 50 triage decisions made by the triage team prior to using the guidance. A triage decision made by a second assessor (consultant rheumatologist) blinded to the decision made by the triager will be recorded. Any areas of discrepancy will be used in the development of the guidance and discussed in the bi-monthly training and support sessions to identify areas of clinical and pathway uncertainty and will be used to inform the iterative process of refining the triage guidance. After three months of using the guidance a further 50 triage decisions will be dually recorded to establish whether inter-rater reliability has improved.

2.6 Statements from the CQC

Our services are required to register with the Care Quality Commission (CQC) and we have no conditions attached to our registration.

In March 2022 we had a full inspection from the CQC which led to an overall rating of Good for the service. We were particularly proud that in the domain of well-led we received a rating of 'Outstanding'.

The key findings from the inspection were:

- There were systems and processes in place to safeguard patients from abuse and staff were able to access relevant training to keep patients safe.
- The service learned and made improvements when things went wrong.
- Regular and ongoing training was provided to ensure staff were suitably qualified for their role.
- Staff worked together and worked well with other organisations to deliver effective care and treatment.
- Staff treated patients with kindness, respect and compassion.
- Staff helped patients to be involved in decisions about care and treatment.
- The service took complaints and concerns seriously and responded to them appropriately to improve the quality of care.
- Leaders had the capacity and skills to deliver high-quality, sustainable care.
- Structures, processes and systems to support good governance and management were clearly set out, understood and effective.
- There were clear and effective processes for managing risks, issues and performance.

We saw the following outstanding practice:

Leaders consistently demonstrated a commitment to best practice performance and risk management systems to ensure staff had the capacity and skills to deliver high quality sustainable care.

There were systems in place to review all aspects of the service for ongoing improvement with identified problems being addressed quickly and openly.

There were systems to support improvement and innovative work, such as:

- There was a detailed and ongoing programme of clinical audit. This work linked to National audits and those carried out within the organisation.
- The provider was involved in ongoing research and worked closely with both Newcastle and Southampton University.
- The clinical team were involved in developing various health-related Apps for people across ethnic backgrounds.
- Systems and processes were proactively analysed and reviewed with time set aside to reflect on best practice.
- Significant events were carefully monitored with working parties set up to analyse information in detail to find solutions to ensure improvements.

This has resulted in Pennine MSK providing a high-quality service that was well led and responsive to patients changing care needs.

2.7 Safeguarding Statement

We are committed to safeguarding and promoting the welfare of adults, children and young people and to protect them from the risks of harm. We promote a 'Think Family' approach.

The service has in place safeguarding guidance and practices in line with statutory and national requirements.

Our Clinical Governance and Safeguarding Committee provide board assurance that our services meet statutory requirements.

Named professionals are clear about their roles and have sufficient time and support to undertake them.

Safeguarding policies and systems for children and vulnerable adults are up to date and robust. All appropriate staff have undertaken and are up to date with safeguarding training at Level 1 and 2A. This is included in induction and repeated at regular intervals via our mandatory training schedule. The safeguarding lead has undertaken level 3 training.

Staff complete Prevent training at Induction and every 3 years.

Learning from Northwest Region safeguarding newsletters and alerts is shared regularly with staff via operational updates and also discussed with staff at Clinical Peer Review.

2.8 Data Quality

This is a rolling programme with submissions of information during 2022/2023 to the Secondary Users Service (SUS) for inclusion in the Hospital Episodes Statistics which are included in the latest published data.

The percentage of records in the published data which included the patient's valid NHS number was 100%.

The percentage of records in the published data which included the patient's valid General Practitioner Registration code was 100%.

2.9 GDPR and Data Protection Toolkit attainment

We have again achieved all standards for the Data Security and Protection Toolkit.

Our Information Governance Board meet quarterly to address any issues and to ensure we maintain compliance.

We are on target to ensure compliance with the Toolkit by June 2023.

Part 3

3.1 Review of Quality Performance

We pride ourselves in offering an excellent experience for all our patients.

We achieved all but one of our Key Performance Indicators each month and our achievements against a selection of our main ones are provided:

- **Referral to Treatment (RTT)** - We have a target to treat 95% of patients within 18 weeks from referral. We achieved an average of 97% monthly.

- **Appointment waiting times**– We achieved our target to see all new referrals within 6 weeks. With an average of 96% against a target of 95%.

- **Patient satisfaction score using the Friends and Family test survey:** We averaged a positive score in 95% of patients against a target of 75%. A detailed summary of our performance in the Friends and Family Test for this year is detailed in 1.3 Part 2.

- **We are targeted to cancel no more than 3% of appointments within 5 days** – last year we consistently achieved this with an average of 1.45%

- **100%** of our staff have had their performance review by appraisal in the last year.

Appendix 1

Glossary of Terms

Virtual Consultant Clinics

These are scheduled clinics where a consultant's time is secured, to review the records of patients for whom clinical colleagues would value a consultant opinion. It allows the opportunity for the consultant to speak directly to their clinical colleague and to enable the patient journey to be effected in the most efficient way.

Care Quality Commission

The Care Quality Commission (CQC) replaced the Healthcare Commission, Mental Health Act Commission and the Commission for Social Care Inspection in April 2009.The CQC is the independent regulator of health and social care in England. It regulates health and adult social care services whether provided by the NHS, local authorities, private companies or voluntary organisations.

Clinical Audit

Clinical audit is a process that has been defined as a quality improvement process that seeks to improve patient care and outcomes through systematic review of care against explicit criteria and the implications of change.