

**HEART NETWORKS UK LIMITED**

**Annual Report**

**2019/20**

**Introduction & Background**

Heart Networks UK Limited (HN) is a Tier 2, Primary Care Cardiology Service. We are commissioned by Manchester Health and Care Commissioning to provide Cardiology services in the North and Central Manchester localities. HN delivers the Cardiology service at clinics located in Cheetham Hill Medical Centre and the Manchester Institute of Health and Performance with the administration offices located in Urmston.

HN is a cardiology assessment service that was initially formed in April 2016. Dr Washik Parkar, who has extensive knowledge in Cardiology is the Director of HN and this financial year he has been joined by Mrs Sarah Parkar as co-Director. The management team regularly takes the opportunity to carefully look at everything we do and ensure that we have robust systems and processes in place to ensure patient and staff safety and patient care remains at the heart of everything we do. Regular reviews of staffing including appraisals with personal development plans are also undertaken to ensure the correct staffing levels in the Organisation and as a result we have developed and upskilled the role of one of our Cardiac Nurses to a more comprehensive role and expanded the nursing team in October with the employment of a further HCA.

HN contracts Dr Naresh Kanumilli, Dr Anne Thomas and Dr Ivan Benett who are practitioners with an interest in Cardiology. They are supported by a Nursing Team of Sarah Parkar and Kathy Keen who are Cardiac Nurses and Health Care Assistants, Mehnaz Baloch, Olivia Keen and more recently Ioana Zamfor.

The HN team continues to deliver many benefits to the patients and staff alike. The team provides a great service which runs alongside primary health care and provides services in our dedicated clinics that were previously in carried out in hospital. We are a patient focussed service working in conjunction with patients’ GP’s and hospital consultants. Last financial year we saw over 3000 patients, which is an additional 1000 patients and the list is growing.

Our local GP surgeries and hospital departments experience high demand and this affects general practice and patient care. These concerns and financial pressures are experienced within the NHS Nationally. Manchester Health and Care Commissioning (MHCC) contracted HN to provide primary care Cardiology services for a 12 month period initially during 2017/18, and the contract was renewed annually following a review of the service HN provided for North and Central Manchester patients. HN prides itself on providing Cardiology services and support to primary care and we are delighted that MHCC are in the process of commissioning us to extend our footprint from North and Central Manchester to the South Manchester GP Practice area from April 2020.

During March 2020 our clinic location of Cheetham Hill Medical Centre became a COVID-19 hot site and the Manchester Institute of Health and Performance was utilised by the NHS at the start of the pandemic. Patient appointments were transferred to remote consultations were possible. On the 23rd March 2020 the Government imposed the COVID-19 National Emergency lockdown and the service was suspended.

***Mission statement:***

“We aim to provide a high quality Primary Care Cardiology Service for local people, delivered locally and close to their home, in a timely fashion in a friendly environment with a holistic approach.”

We are CREWS; caring, responsive, effective, well-led and safe.

**PERFORMANCE AGAINST OBJECTIVES**

**CARING**

Our last CQC Inspection in October 2018 found that the Organisation was providing a caring service in accordance with the relevant regulations. Staff demonstrated that they treat patients with kindness, respect and compassion and this was reflected in the feedback received through our patient surveys and also the CQC comment cards. Staff helped patients to be involved in decisions about care and treatment and interpretation services are available for patients who do not have English as a first language.

The privacy and dignity of patients is respected and promoted by all staff. Curtains are provided in consulting rooms to maintain patient’s privacy and dignity during examinations, investigations and treatments. Chaperones are also available should the patients wish to have them.

**Patient Experience**

We monitor the experience of patients receiving care at the organisation by reviewing the results of our Patient Survey, trends arising from any Significant Events, complaints and via regular meetings of our team. HN conducts continuous Patient Surveys to assess patient feedback regarding the service. HN receives positive results and excellent feedback from all our Patient Survey responses and also the MJOG Friends and Family texts. We will continue to use the results to further improve our Service. Patient experience is also monitored by MHCC as part of our contract quarterly KPI’s and we complete also complete a Patient Experience CQUIN.

Patients were also asked to complete CQC comment cards during our Inspection in September 2018. The CQC Inspector received 50 completed comment cards which were all very positive and indicated that patients were treated with kindness, dignity and respect and patients felt the service offered was ‘excellent’ and staff were ‘caring’, ‘professional’ and ‘friendly’.

HN includes patients and listens to them to involve them in decisions about their care and explaining tests and procedures. Patients initially see one of our nurses and always have a follow up appointment after a test is performed either in clinic or if they prefer via a telephone consultation. The Clinical team explain tests and procedures to allow patients time to consider options or better understand their conditions. For patients that require more co-ordinated care we have discussed their options with them and with the patient’s agreement, we onward refer them to Wythenshawe or Manchester Royal Infirmary.

**RESPONSIVE**

The CQC Inspection found that the Organisation was providing a service responsive service to people’s needs in accordance with the relevant regulations. They found the service took account of patient’s needs and preferences and organised and delivered services to meet patients’ needs by using the electronic system to project demand and plan clinics and staffing requirements. The service also provides an ‘SOS’ service whereby patients with intermittent symptoms can attend for an assessment and examination and they are able to contact the service when their symptoms re-occur to better diagnose their condition.

Reasonable adjustments have been made so that people can access and use the service on equal basis to others and all staff have been trained in equality, diversity and inclusion. All needs of patients are considered according to the 9 Protected Characteristics. Facilities and premises are fully accessible with interpreters and chaperones available if required.

HN has responded to increased patient demand by developing and upskilling existing staff and employing a HCA to ensure the correct staffing levels which actively responded to patient demand and appointment availability.

At the beginning of 2020 when the COVID-19 Emergency commenced, the service moved appointments to remote consultations where appropriate to continue to provide the service and accommodate patients.

**Use of technology**

**Website**

Our website, [www.heartnetworks.org](http://www.heartnetworks.org) is regularly updated with the organisation’s news and any relevant topical cardiac and health news. It is a fantastic vehicle for us to connect with our patients and for them to leave feedback on the service.

**Access**

We are pleased to have cared for over 3100 patients last year. Analysis showed that during 2019/20, time to first OPD (Out Patient Department) appointment was 32 days. HN has always strived to provide good access to appointments. Our objective is to have an initial appointment available within 28 days and we monitor availability and actively respond to patient demand dependent on availability of clinicians and clinical rooms. It is noteworthy that the overall increasing demand on general practice and hospitals alike does create pressure on appointments.

Our access audits conducted throughout the year highlighted that we operate within the CCG contract threshold. Independent CCG analysis of eRS has demonstrated that we have appointment availability with 28 days.

HN recognises that it is sometimes difficult for patients to rearrange their schedule to attend appointments and patients like to utilise our telephone appointments for results and follow ups with the doctors to fit in

with their busy life schedules. Following feedback from our previous patient survey, on which we asked “Where appropriate would you be happy for a telephone appointment by a Doctor?” all patients are now asked at their initial appointment with the clinician, if they would prefer to be contacted by telephone by a Doctor or attend a face-to-face appointment? We continue to promote this option to patients. The patient’s preference is recorded on their electronic patient notes and where clinically appropriate we will telephone the patient regarding their care.

In addition, to ensure that patients have access that cannot easily get into one of our clinics during normal working hours, we have provided Saturday morning appointments at Cheetham Hill Medical Centre and also evening appointments at Manchester Institute of Health and Performance which had access to a doctor and a nurse.

Unfortunately, a few patients do not attend (DNA) for appointments that they book. The Administration team contact the patients 24 to 48 hours before their appointment to remind them of the time and location and confirm that the patient has directions to the clinic. This system has proved to be very successful with the DNA rate being 6% (validated by CCG search). From April 2018, HN has also be used MJOG to provide a text reminder service to patients who have provided a mobile telephone number. For those patients without a mobile telephone number, the Administration team will continue to contact these patients to ensure the success of our DNA rate for the service.

We have also collected ECG and Blood Pressure monitors from home for patients who have mobility difficulties.

**Complaints**

We adhere to the NHS complaints policy. All complaints and concerns are dealt with seriously and viewed as an opportunity to improve our quality of care. These are discussed at multidisciplinary team meetings and learning taken on board. During the year, we had 1 verbal complaint regarding the lack of parking at Cheetham Hill Medical Centre. The patient attended her appointment with her niece, she required assistance as she was in a wheelchair and they had been unable to find a parking space at the clinic and had to park in the neighbouring side-street. The delay in parking unfortunately led to the patient being significantly late resulting in her missing her appointment.

An apology and explanation was given to the patient. We rearranged the patient’s appointment to our other site which has easily accessible and we also arranged patient transport services for the patient.

**EFFECTIVE**

The CQC Inspection found that the Organisation was providing an effective service in accordance with the relevant regulations. They found clinicians ensured they had adequate knowledge of the patient’s health, medical history, relevant test results and medicines in order to support their proposals for care and treatment pathways. Clinicians maintained clear records about the outcome of assessments and provided informative reports detailing their suggestions for treatment plans which are shared with the patient’s registered GP.

Feedback from patients was very positive about the quality of information they received about their condition and discussions about their potential treatment plans. Staff had the skills, knowledge and experience to carry out their roles and worked with other organisations to deliver effective care and treatment.

Information and leaflets are provided by staff to patients with guidance to support them to manage their condition and maximise their health and the referring GP is advised to refer the patient for social prescribing, dietary advice and smoking cessation.

HN adapted the service to continue to operate during the COVID-19 National Emergency by offering remote consultations and providing domiciliary Ambulatory ECG monitoring.

**Consent**

All staff understand the requirements of legislation and guidance when considering consent and decision making. Staff will support patients to make decisions and where appropriate, assess and record a patient’s mental capacity to make a decision.

**Key Performance Indicator’s (KPI’S)**

KPI’s are a marker of quality around how we identify and manage patients according to evidence based care. It is based on patients with specified conditions being invited into the organisation for tests and review by a Cardiac Clinician or a Nurse. We closely monitor our performance to ensure we meet the KPI’s set within our contract by commissioners. The number of referrals to the service has increased during the year but we have maintained our performance figures for appointments by providing additional clinics where we can.

We do on occasion have to onward refer patients to hospital departments when we feel that their care requires further intervention and to ensure the patient reduces risk and receives the appropriate care. We also actively promote healthy lifestyle and provide patients with a range of additional information to increase their knowledge and awareness of their health and lifestyle choices.

We continue to achieve great results for the KPI’s despite the increase in patient demand which is as a result of a great team effort. HN met CCG service level specifications. Examples are shown below for:-

Average first OPD appointment 32 days - SLA 28 days

Onward referral 3% - SLA 10%

Communication back to GP < 7 working days 100% - SLA 95%

**Audits**

HN conduct monthly audits relating to our KPI’s, which relate to appointment waiting times, onward referrals and communication back to GP.

In addition to producing our monthly KPI results, HN also conducts regular audits to ensure safety and compliance within the Organisation. Our Nurse Lead/Infection Control Lead has conducts independent Infection Control and Handwashing audits, which is in addition to the Infection Control audits that are routinely carried out by the responsible manager at our three locations. Independent Health & Safety audits are carried out by the Business Manager, who is the Health and Safety Lead.

HN has completed a further Documentation Audit this year which evaluates the letters we are sending out to patients and GP’s following their appointments with HN. The aim of the audit is to ensure a consistency in the format of the letters which should include a detailed explanation of any findings and a clear management plan.

Clinical audits are carried out to assess if the care and treatment being provided is in line best practice and improve the quality of outcomes for patients. HN has conducted audits reviewing the optimisation of treatment for patients with heart failure, the assessment and diagnosis of patients referred with palpitations and referral rates to secondary care.

**Alerts**

Any alerts from the Central Alerting System are reviewed by the Director and where required, fed into the monthly meetings, along with the findings of audits undertaken. Action to be taken is then determined and a review set.

**Commissioning**

We actively manage patients appropriately in our organisation, utilising direct access investigations and ensuring that the clinicians are utilising NICE guidelines and local and National Map of Medicine pathways. Best practice guidance is reviewed by the lead GP and where appropriate, audits conducted and discussed at the organisation’s Clinical Meetings.

Our clinicians are qualified to perform diagnostic tests such as ECG, blood pressure monitoring that also reduce secondary care appointments. We are always looking in to further expanding these services.

**WELL-LED**

The CQC Inspection found that the Organisation was providing a well-led service in accordance with the relevant regulations. This was evidenced by leaders having the capacity and skills to deliver high quality, sustainable care and promote good outcomes for patients. There was a clear vision and set of values which all staff are aware of and they understood their roles and responsibilities in meeting them.

During 2019, we reviewed our admin requirements and we have an established cohesive admin and management team with a clear vision that is communicated to and developed with our staff. Upon review of our clinical team, we have developed and upskilled one of our nurses to the Cardiac Nurse Specialist role and employed a further HCA. As the service continues to grow, we will continue to monitor both admin staffing and clinical staffing requirements.

**Meetings**

We have a more robust and effective meetings structure to improve understanding and communication. We have a structured meetings schedule and we hold Annual General Meetings which are a mixture of round table discussions and presentations on developments, made by a range of Clinical and Admin staff.

**Governance**

HN has clear responsibilities, roles and systems of accountability to support good governance and management. Policies, procedures and activities are reviewed regularly and updated when necessary to ensure safety. HN have systems in place for monitoring the quality of the service and making improvements, these include KPI’s, regular audits, carrying out risk assessments and actively seeking feedback from patients and staff.

**Contracts and Development**

All staff had their contracts reviewed and where staff have undertaken new roles, job descriptions and objectives have been revised. All staff had an appraisal and personal development plans have been discussed and agreed.

**Training**

Training for both employed and contracted staff is in line with statutory and job requirements. A staff training matrix is held which identifies staff training undergone and when training is due, which is monitored by the Business Manager. Staff are provided with training opportunities linked to their roles and professional development goals.

**SAFE**

The CQC Inspection found that the Organisation was providing safe care in accordance with the relevant regulations with clearly defined systems, processes, and practices to keep patients safe and safeguarded from abuse. These included premises suitable for the service provided with up-to-date risk assessments and safety checks on all fire safe and electrical equipment. Clinical equipment is maintained and serviced in line with the manufacturer’s guidelines.

Systems assess, monitor and manage risks to patient safety with risk assessments conducted to ensure appropriate control measures are in place. Staff deliver safe care and treatment to patients with systems in place for sharing information with other agencies to enable them to deliver safe care and treatment.

All our staff undergo safeguarding training at a level appropriate for their role and understand their responsibilities and are aware of how to contact for further guidance if they any concerns about a patient’s welfare.

Enhanced infection control and prevention measures were implemented in 2020 in response to the COVID-19 National Emergency. Patient and staff safety continues to be at the forefront of HN priorities.

**Significant Event Audits (SEAs)**

Inevitably, with a service delivered by humans, significant events and near misses occur. HN actively encourages reporting and learning from SEAs, including those where things go well and we can share best practice. All of our staff adher to the ‘Duty of Candour’ and are open and honest with patients when something goes wrong with their treatment or care causes, or has the potential to cause harm or distress and will apologise to the patient or where appropriate the patient’s advocate, family or carer. HN records SEA’s which is then discussed within the HN team for improvements and learning to be implemented. There were only 3 SEA’s during the year which are detailed in the SEA analysis attached.

**HR – staff investment / appraisal**

Staff recruitment procedures are followed to ensure staff are suitable for their role and appropriate recruitment checks are undertaken prior to employment. All staff undergo an induction and are provided with training. All staff have had an appraisal and new members of the team or those who have been promoted into new roles have had had at least one interim review. From these, individual objectives are set that links to our overall organisational development and training determined and accessed. It is our ethos that, where possible, we develop our team from within, providing capable individuals with the opportunity to progress professionally. The NMC and GMC website is checked annually for any changes to our contracted clinician’s registration.

All contracted staff had an appraisal with their regular manager. HN are happy to contribute to contractor’s and we ask the them to update us with any relevant information

All mandatory training for our employees and contracted staff has been completed and those who have required training specific to their role or development have undertaken this.

**Summary**

Finally, HN has continued to thrive and develop during 2019/20. The service has adapted and continued to operate despite the COVID-19 National Emergency and current lockdown of the country.

**Appendix A**

**SEA ANNUAL ANAYLSIS 2019/20**

SEA’s are a very important source of information about our significant events and the quality of services and care provided. All SEA’s are fully documented in line with the SEA policy. All staff are encouraged complete SEA’s to aid the organisation in learning and developing systems.

The purpose of this report is therefore to:

* Analyse SEA trends.
* Show examples in which data from SEA’s and lessons learned from them have been used to improve the quality of the services we provide during the year.

|  |  |
| --- | --- |
| **Area** | **2019-20** |
| Clinical  | 1 |
| Clinical GP | 1 |
| Clinical Nurse | 1 |
| **Total** | **3** |

**Examples of Lessons Learnt and Actions taken**

**Clinical**

**SEA**

Patient’s wife felt unwell

**Lesson Learnt**

Patient’s wife felt unwell and if not acted upon, it could have resulted in a more serious adverse health outcome

**Action**

Organisation procedures and policies were followed, the situation could not have been handled differently or better. Ensure all staff are kept up-to-date with Basic Life Support training and are aware of emergency procedures, where emergency drugs and equipment are located etc.

**Clinical GP**

**SEA**

Echocardiogram result incorrectly assessed and recorded

**Lesson Learnt**

Human error. Clinician reported Echo as normal, should have been abnormaldue to Bicuspid valve reported by PDS Medical on their report summary.

**Action**

Care to be taken when reviewing patients results. Protected time to be allocated.

**Clinical Nurse**

**SEA**

Patient returned to clinic after Blood Pressure monitoring. Patient’s arm has a painful blister underneath the BP cuff.

**Lesson Learnt**

Correct procedures followed. Nurses to reiterate to patients that if any monitors become very uncomfortable they need to contact the service or seek further advice

**Action**

Patients given instructions on how the monitors operate and what to expect in their appointment. Patients given contact details of the service if they require any further advice.

**Summary**

Heart Networks is satisfied that lessons learnt, actions and outcomes are being openly shared, discussed and cascaded to the team in relevant scheduled meetings and by email.

The Organisation will continue to focus on what steps we can take to continue to record significant events that occur within the organisation and share and learn the outcomes accordingly by:

* Policies and procedures being regularly reviewed and updated to implement improvements.
* Updating the staff’s desktop folder to enable all staff easy access to policies, procedures and relevant documents.
* Updating and monitoring the staff forum area which has been created on the organisation’s website.