

The NHS logo, consisting of the letters 'NHS' in a bold, white, sans-serif font inside a black rectangular box. The background of the entire image is a photograph of a medical professional in blue scrubs and white gloves performing a procedure on a patient's face, with a bright light illuminating the surgical site. The background is overlaid with a blue gradient and a pattern of white dots forming concentric arcs.

NHS

SpaMedica

**QUALITY
ACCOUNT**

2021/22

3

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“Every patient,
every time:
No exceptions,
No excuses”

Introduction

SpaMedica is one of the leading providers of NHS and private ophthalmology services in England. We deliver cataract surgery, vitreo-retinal surgery, YAG capsulotomy and medical retina services for our patients. Our mission is to deliver excellent outcomes to our patients, improving their vision within reasonable waiting times, all of which provide efficiencies and cost savings to the NHS. We support the provision of training through 5 'dry labs' freely available to trainee NHS ophthalmologists.

In 2021/22, SpaMedica delivered 139,064 NHS patient surgeries/ treatments and remained the largest provider of NHS cataract surgery by volume of surgeries.

We worked to treat patients in 106 different CCG areas. As of 31 March 2022, we delivered ophthalmology services at 37 hospitals across England.

We opened 10 new hospital sites in the year to 31 March 2022 and welcomed 627 joiners to our staff team. Our patients and clinical teams are supported by our back office and administrative teams from our head office in Bolton, Greater Manchester and from regional hubs in Hull and Wokingham.

Our mission is to deliver excellent outcomes to all our patients, both NHS and private, improving their vision, within reasonable waiting times, all of which provide efficiencies and cost savings to the NHS

In 2021/22 SpaMedica delivered

**139,064
NHS patient
surgeries/
treatments**

We are the largest provider of NHS cataract surgery by volume of surgeries.

1.0 Chief Executive Officer's (CEO) statement

During 2021/22, SpaMedica has continued to deliver consistently high standards of service to thousands of patients, consolidating our commitment to patient safety, patient satisfaction and excellent outcomes. We are collectively performing more cataract surgeries than any other provider, and the National Ophthalmology Database Audit highlighted that our surgical outcomes are amongst the best in the country, with low complication rates across our hospitals.

We continue to put our patients at the heart of everything we do, and it's been wonderful to see the positive feedback we receive every single day through our patients' five-star NHS reviews and thank you letters.

Like many other healthcare providers, we're still feeling the ongoing effects of the COVID pandemic in 2021/22, and all our staff have been vigilant in following and implementing the latest Government guidance to keep our patients and colleagues safe. As one of our core values, safety remains paramount to everything we do at SpaMedica, and our infection prevention and control measures have remained highly effective throughout the pandemic.

During lockdown, many NHS waiting lists for elective eye procedures increased, and so we are delighted to be working in partnership with the NHS to ensure patients are seen and treated as quickly as possible.

We have taken several steps to help increase capacity:

- Opening ten new state-of-the-art hospitals to meet patient demand
- Extending and developing our medical retina services so patients can benefit from additional screening services and access injection clinics closer to home
- Recruiting and training 627 new employees to ensure we continue to deliver high-quality services across all our hospitals

- Taking on complex patients who were initially referred to NHS hospitals so they can be seen by specialist consultants sooner

We are continuing to develop, evaluate and improve our clinical practices so - even though we are dealing with higher volumes of patients than ever before - we have the infrastructure in place to ensure our standards remain consistently high, as evidenced during recent inspections by the Care Quality Commission, all of which have been positive.

Four of our hospitals are now equipped with dry lab facilities, with an additional mobile unit, and we are continuing to support the Royal College of Ophthalmologists and local trusts in the area by offering continuous professional development and training opportunities for NHS doctors and optometrists, where they can practise and refine their surgical skills.

Looking to the future, we have already established additional objectives for 2022/23 to support the NHS. These include:

- Extending our NHS surgeon training programme across further regions and introducing training theatre lists
- Continuing to develop and refine our training processes for staff, utilising a combination of face-to-face sessions and online learning modules
- Supporting more trusts and local hospitals – working in partnership to provide high-quality services for NHS patients
- Delivering further services based on discussions with local commissioners to meet the needs of their patients

We are privileged to be able to care for the thousands of patients that come to SpaMedica. We are dedicated to growing our reach across the UK, working with integrated care systems to reduce waiting times for treatment, delivering the highest quality care and supporting thousands more patients to achieve better vision. We are proud to be a true partner to the NHS.

Richard Woodward, CEO

2.0 How we measure...

how well we are doing, continuously improve our services and respond to checks by regulators.

2.1 Overview of past priorities for improvement

To measure our performance, SpaMedica uses the ophthalmic clinical quality indicators reported in section 2.2.

We calculate our progress against these indicators monthly, analysing the data and trends and reporting them through our Clinical Governance and Board meetings. Performance is reviewed and managed by our clinical managers, supported by our clinical governance team, engaging with our consultants and optometrists. Any outliers in performance are followed up with the leadership team and they are given extra support from our clinical governance team through extra coaching and supervision as required.

Our clinical quality is underpinned by an extensive suite of policies that is subject to continuous review. This review process is facilitated by our policy library, enabling us to share the latest version of each policy and evidence that all clinical staff have read them.

Compliance with these policies and referral criteria is monitored through a clinical audit program which has also been reviewed, moving our audit tools to a tablet-based program, designed to ensure that the emphasis is on timely and continuous review of the data.

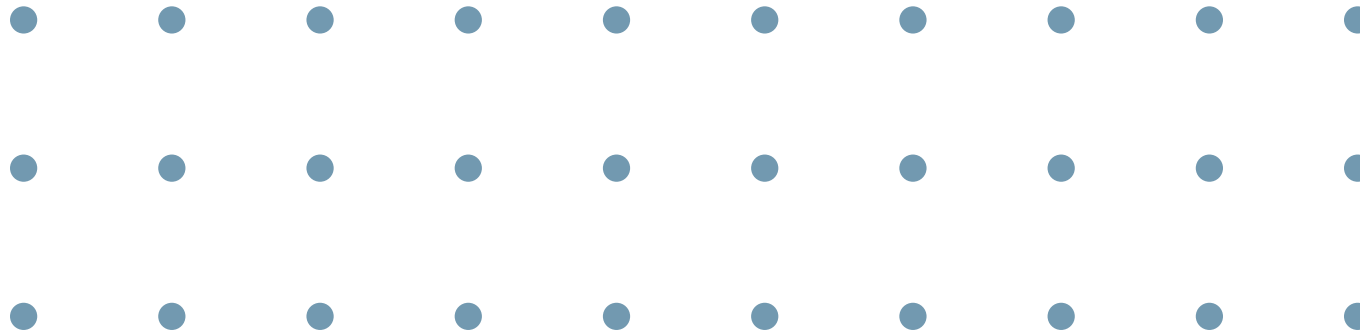
All incidents of non-compliance with our policies or clinical pathways are captured in our risk management system, which also hosts our risk registers and complaints logging and progression. Trends in incidents are reviewed through a structured programme of meetings.

Each meeting has Terms of Reference that are regularly reviewed to ensure that appropriate colleagues are engaged in the discussion and in sharing the lessons learned.

Our operations and management teams meet monthly and our Hospital Managers cascade what they have learned to their hospital teams at monthly meetings.

Our bi-monthly Clinical Governance Committee, in which we focus on compliance with policy and any trends in patient incidents, alternates with our Clinical Effectiveness Group meetings, which focus on continuous improvement of policies and processes.

All day-to-day matters relating to the clinical operations of our hospitals are included in a weekly email which the Hospital Managers use to share information with our hospital teams.



We also publish monthly newsletters containing updates from the Directors on the progress of their teams against our longer-term objectives.

We use a variety of patient feedback methods and measures, included in detail in this report. We collect these by asking patients to complete forms after each visit to our hospital. We also ask patients to give feedback online, via the NHS UK website, in their own time.

In 2021/22 we received 2,889 5-star reviews on the NHS website, with a cumulative total of 6,692 5-star reviews received up to the end of March 2022. 99% of our patients said they would recommend us to family and friends.

SpaMedica is committed to building partnerships with our commissioners and community optometrists, and we encourage them to visit our hospitals, observe our service delivery and discuss services with local staff.

When coding our activity, 100% of primary and secondary procedures were coded correctly.

The Healthcare Quality Improvement Partnership (HQIP) commissioned The Royal College of Ophthalmology (RCOphth) to produce the National Ophthalmic Database (NOD) so that quality information was available for cataract surgery outcomes. Most NHS Trusts participate in this national annual audit. We were proud to be the first independent eye hospital to submit data to the NOD. In 2021/22, SpaMedica's overall PCR rate of 0.46% indicates a significantly better rate than the national benchmark of 1.1%.

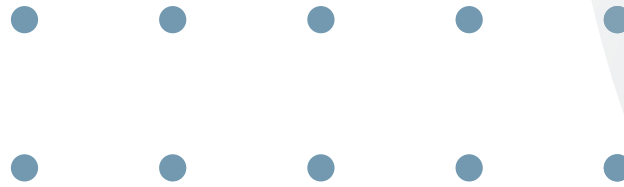
All our Hospital Managers maintain regular contact with their CQC relationship managers and use an audit tool to ensure evidence is available for them.

All feedback from the CQC is shared across all our hospitals to ensure that we make improvements and have a consistent approach to patient care and safety across all our hospitals.

Our main objective for 2021/22 was to deliver our patient services as a leader in UK ophthalmology in terms of outcomes, and to give exceptional patient care (measured by NHS UK reviews and Friends and Family reviews). We also prioritise patient safety throughout all our hospitals and have measures in place to minimise clinical incidents and ensure we learn from each one.

We use the NHS Data Security and Protection Toolkit to inform and support all our information governance, improve processes, if required, and set the priorities for any action points.

2.2 Clinical quality indicators



2.2.1 Clinical outcomes – cataract surgery

2021/22 Visual outcomes:

Royal College of Ophthalmologists
(RCOphth) guidelines of \geq +95%.

97.20%

of SpaMedica patients
achieved visual acuity of
6/12 or better

2020/21

96.93%

RCOphth guidelines of \geq +85%.

92.20%

of patients achieving \pm -
1.00D deviation
from predicted spherical
equivalent refraction

2020/21

92.51%

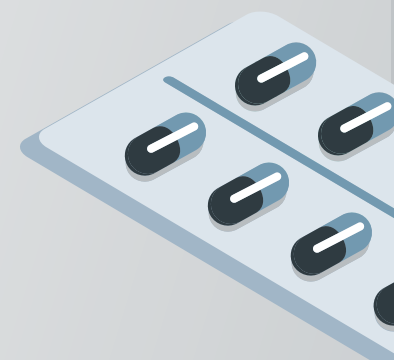
NOD/ RCOphth UK
national standard 0.9% or below.

0.39%

of SpaMedica patients had
significant loss of vision
(defined as more than
3 lines loss of vision on
the standard tests) after
cataract surgery

2020/21

0.43%



2.2.2 Year on year comparison

Infections, all sites:

2021/22

0.006%

Eyelid infections

2020/21

0.00%

Eyelid infections

0.007%

Endophthalmitis

(UK prevalence 0.08%)

0.02%

Endophthalmitis

Posterior Capsular Rupture (PCR) rate

PCR, a complication of cataract surgery, is widely accepted as the leading barometer for the overall quality of cataract surgery throughout the UK.

PCR unadjusted rate - all sites

2021/22

2020/21

0.46%

0.45%

Cataract surgeries by volume and PCR rates

SpaMedica is proud to work alongside the Royal College of Ophthalmologists (RCOphth) on their National Ophthalmology Database (NOD) Audit, sharing our results and outcomes. We're delighted to announce that the latest Audit has found that 99.5% of our patients encounter no inter-operative complications.

PCR (risk adjusted*) rate:

SpaMedica PCR rate

0.39%

(1 in 222 patients)

National Benchmark

1.10%

(1 in 91 patients)

* The NOD risk adjustment model is calculated from case complexity data sets from 2015-2021. The data are risk adjusted to acknowledge case complexity and provide credit to surgeons and centres undertaking complex work.

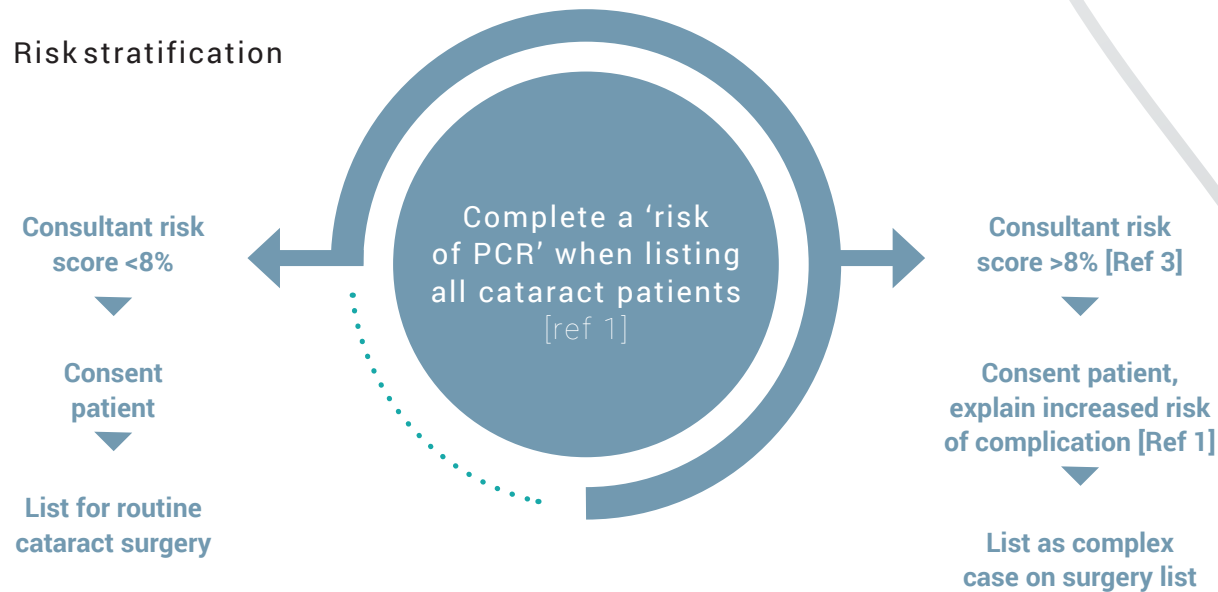
2.2.3 Clinical outcomes – complex cataract surgery

Ocular co-pathology is present in more than 25% of SpaMedica patients. Research [Ref 2] has shown that it is possible to predict the risk of complications, such as PCR. We have developed an in-house process to stratify our patients according to risk.

Patients are considered high-risk if the PCR risk score is $\geq 8\%$. High-risk patients are treated by one of our specialist vitreoretinal surgeons. This ensures that if any complication arises during surgery, they can be treated immediately by the specialist surgeon. This prevents distress for patients and reduces the number of visits and operations for patients; ultimately improving clinical outcomes for patients. It also reduces the financial burden on the NHS through avoiding multiple visits and surgeries.

Our specialist vitreoretinal surgeons are located in all regions across England.

Risk stratification



References:

1. NICE. *Cataracts in adults: management*. October 2017. <https://www.nice.org.uk/guidance/NG77>
2. Narendran N, Jaycock P, Johnston RL et al. *The Cataract National Dataset electronic multicentre audit of 55,567 operations: risk stratification for posterior capsule rupture and vitreous loss*.
3. Silvester, A., Pitalia, A., *Risk stratifying for posterior capsule rupture: validity and utility for senior surgeons performing high-volume cataract surgery (ESCRS 2019)*

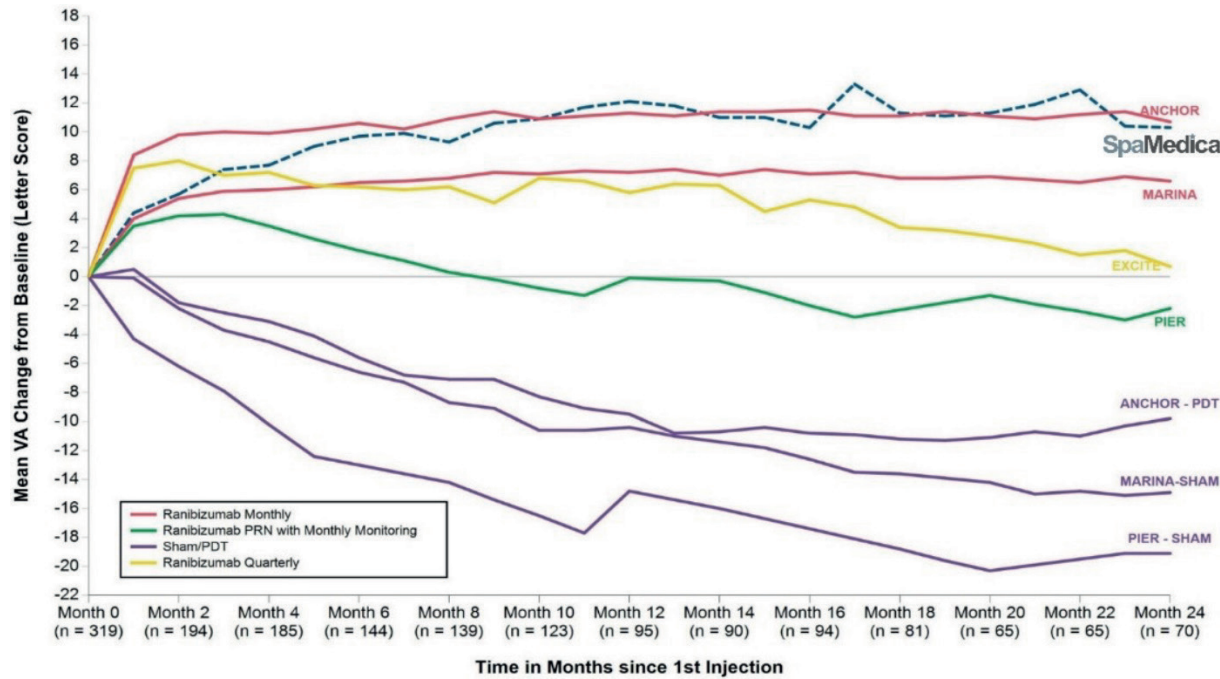
2.2.4 Clinical outcomes – medical retina services

Age-related macular degeneration (AMD) causes progressive loss of central vision, but this can be slowed or stopped with treatment. 'Dry' AMD usually progresses slowly, over years. 'Wet' AMD develops rapidly and a speedy appointment for the referral is essential.

Our specialists performed 6,049 macular treatments this year (20/21: 985). Our results are comparable to the landmark studies (ANCHOR & MARINA*) as shown in the graph overleaf, demonstrating the value of our macular treatment in improving patients' vision and maintaining the improvement over a sustained time period. SpaMedica patients showed a significant improvement in vision.

In 2021-22, we expanded both the range of services offered and the number of SpaMedica sites that offer AMD and other macular treatments. We continue to train both nurses and optometrists in-house to support this expansion of our services.

2.2.5 Clinical outcomes - Change in Visual Acuity over Time: Comparison against Ranibizumab trials



* The MARINA (Minimally Classic/Occlud Trial of the Anti-VEGF Antibody Ranibizumab in the Treatment of Neovascular AMD and ANCHOR (Anti-VEGF Antibody for the Treatment of Predominantly Classic Choroidal Neovascularization in AMD) 2010 trials were a combined 2-year analysis of the safety and efficacy of monthly ranibizumab vs PDT in classic wet AMD.

2.3 Data quality indicators

2.3.1 Data security toolkit score

Number of patient records with NHS number and GP information - 100% achieved/compliant

189,022	Total patients
0.00%	Missing NHS number
0.00%	Missing GP info

2.3.2 Data security toolkit score

Our CyberEssentials Plus certification is valid to 30 June 2023. This is an annual certification that was in place throughout the 2021/22 period of this report



2.3.3 Clinical coding

Our clinical coding team uses information from our electronic patient records and patient administration system, supported by national references, to code each episode of care. We contribute anonymised data monthly to the national NHS Secondary Uses Database and share appropriate details with commissioners to enable them to check our activity.

We have a comprehensive programme of checks by coding team supervisors to check the completeness and accuracy of coding and monitor the competence of each coder.

2.3.4 Data quality and security

Our Caldicott Guardian is our Medical Director. He is a key member of the Information Security Group chaired by the Chief Finance Officer. Our Data Protection Officer is our Head of IT. He supports our quarterly Information Security Group, owns all our IG and IT policies and procedures and regularly advises all SpaMedica staff on data security and information governance issues. We have achieved compliance with the Data Security and Protection (DSP) Toolkit mandatory requirements every year to date.

We use the NHS accessibility standard fonts in all our patient information booklets and regularly review and update these to ensure they remain accurate.

Our coding team have met all our deadlines



2.4 Patient feedback

We listen to our patients and value their feedback on our services. This helps us identify where we are performing well and which areas we need to improve. We have four different ways patients can use to provide feedback:

- Verbal feedback following treatment
- Patient questionnaire on discharge
- NHS UK website (**we received 2,889 five-star reviews from patients during the 2021/22 reporting year**)
- Regional patient focus groups

2.4.1 Patient feedback - consultant

1a. Patient reported no pain or mild pain in theatre

99.51% No/mild pain

0.49% Moderate/severe pain

1c. Did your surgeon give you the opportunity to ask questions?

99.79% Yes

0.21% No

1b. Did your surgeon introduce themselves by name?

99.92% Yes

0.08% No

1d. Were you reassured by your surgeon?

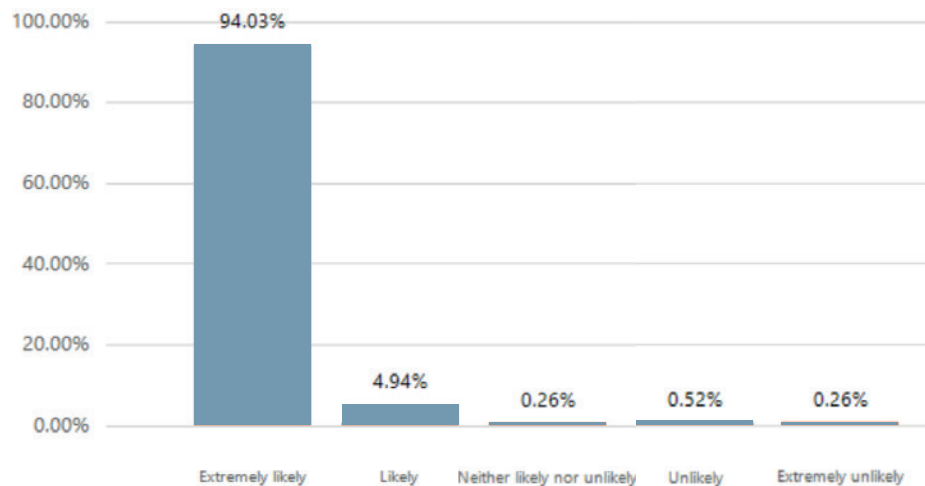
99.77% Yes

0.23% No

2. Would you be happy to recommend this surgeon to your friends and family?

98.97% Yes

98.97% patients would be happy to recommend their surgeon to friends and family. This is split between the 'Extremely likely' and 'Likely' bars on the chart below.



★★★★★ **NHS**

“Everyone was very welcoming and very reassuring. The operation/surgery was painless and over and done in 15mins. It was amazing and the after care instructions were explained thoroughly. If anyone said they were having a cataract removed and they were going to SpaMedica I would tell them not to worry and certainly reassure them they are in good hands.”

★★★★★ **NHS**

“First class in every way. The kindness and reassurance I was shown in the clinic was just wonderful. The people are just lovely in every way. I was so nervous and they put me at ease and now I have my first eye done the difference is amazing! Thank you so much to everyone at SpaMedica.”

★★★★★ **NHS**

“I cannot speak highly enough of the care and attention I received at SpaMedica. From my initial pre-op assessment to the actual operation, I was kept updated and given lots of information as to what would happen, every step of the way. All the staff are wonderful, from the reception staff, who greet you and offer refreshments, to the nurses and surgeons, whose care is first class. Post op, I know I can ring for advice anytime if needed and someone will get back to me. Excellent service.”

2.4.2 Complaints and compliments – number and types, analysed by activity

When we receive a card or letter of thanks from our patients, we record this positive feedback on Datix so compliments can be shared with staff. We received 678 cards or letters sent to our hospitals from patients with compliments in 2021-22 (2020-21: 69).

Any complaint or negative feedback is recorded on Datix, investigated by the appropriate person, tracked via our clinical governance team and a response is given to the patient or other person raising the issue. For most concerns, the Hospital Manager investigates and is supported by the Area Manager. We distinguish between informal feedback, always useful for learning and improving our processes, and the formal complaints that require a specific timeframe for response and action.

We received 202 formal complaints from patients in 2021-22, that is 0.145% of our 139,064 activity. (2020-21: 59, or 0.141% of our 41,878 activity).

We are improving our Datix Complaints module set up to enhance the reporting and analysis of complaint themes and other trends. In the past year we have updated our complaints policy and tools in line with the latest Ombudsman standards and invested significant time in training managers and delivering one to one coaching.

Analysis of complaints made in the year to 31 March 2022 prompted us to:

- target increased resources at training for new surgeons, to better support their on-boarding and improvement to SpaMedica standards
- increase resources for our on-call optometrists, both in and out of hours, to improve our urgent care provision for patients
- support more of our staff to become prescribers

Our emphasis is to learn from complaints and improve our processes. Often, the specific issues in one complaint can be used to improve training and communication more widely.

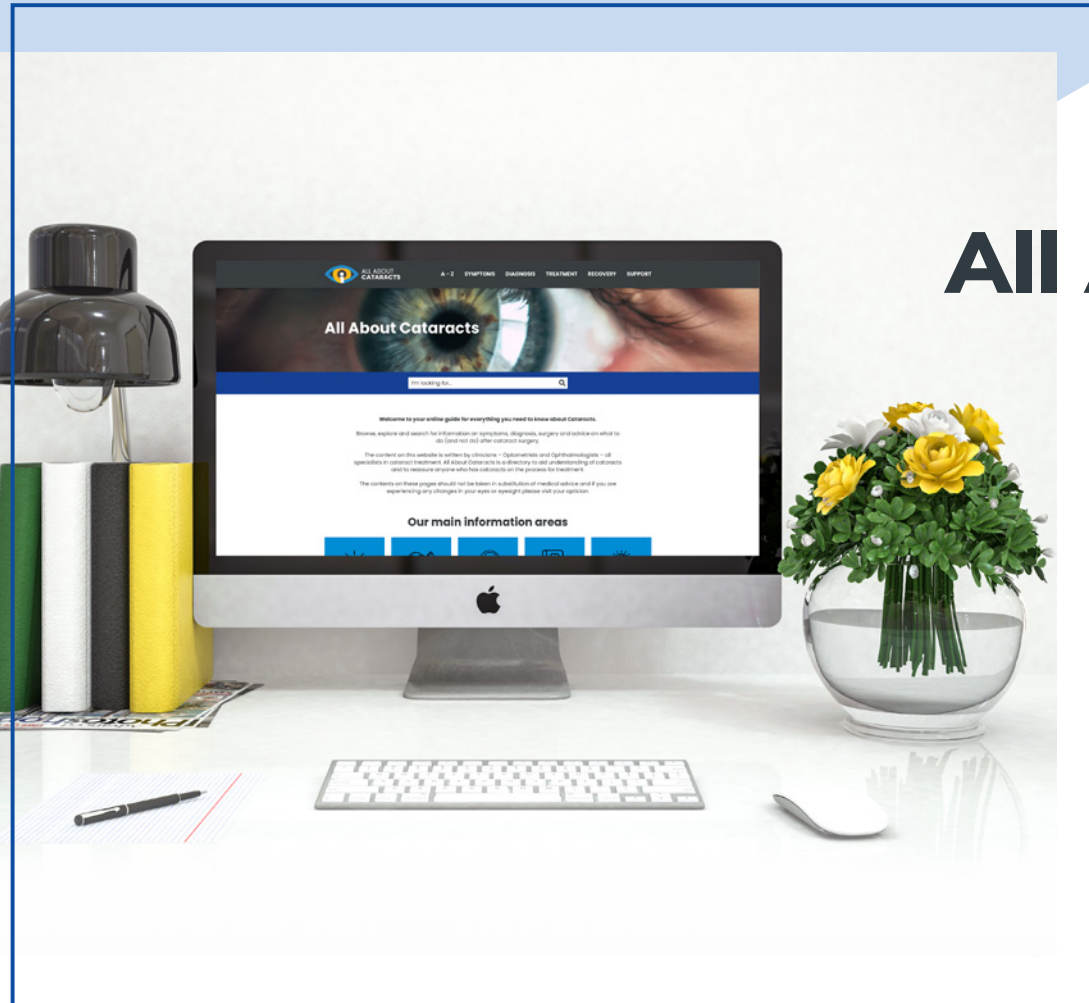
2.4.3

All About Cataracts

All About Cataracts is an online directory created by SpaMedica to aid the understanding of cataracts and to reassure anyone who has cataracts on the process for treatment.

It has been written by our clinicians – Optometrists and Ophthalmologists – all specialists in cataract management.

It is a guide for everything patients need to know about Cataracts – people can find information on symptoms, diagnosis, surgery and advice on what to do (and not do) after cataract surgery.



The AAC website went live in September 2020 and had 237,257 visitors from April 2021-March 2022.

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

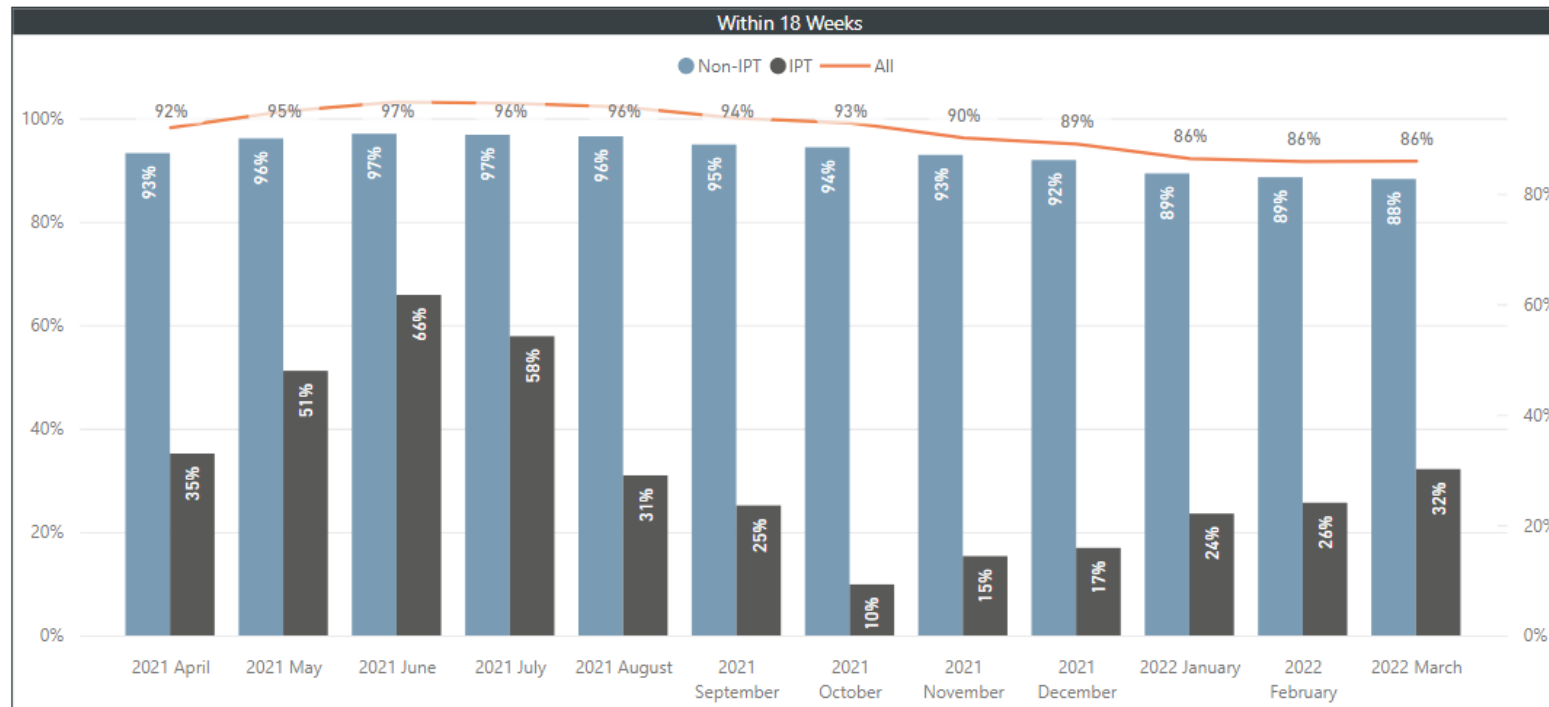
2.5 Referral to treatment (RTT) times

2.5.1 RTT statistics

SpaMedica aims to treat all patients within the recommended 18-week referral-to-treatment time set out in the NHS Constitution, but like many other providers, we are still feeling the ongoing effects of the pandemic. The temporary cancellation of elective procedures during 2020, combined with the number of patients who opted to delay their treatment because they were wary of visiting a healthcare provider during the pandemic, created an unprecedented strain on waiting lists, which continued throughout the 2021/22 reporting year. We have worked closely with the NHS to help reduce waiting times, and have accepted a significant number of inter-provider transfers (IPT) from our NHS partners, often inheriting long waiting lists in the process.

In spite of these challenges, by the end of March 2022, we recovered to a position where 91.67% of our patients were treated within 18 weeks of referral - just 0.33% below the operational standard of 92%. The graph below shows that the remaining long waits are predominantly due to inter-provider transfer.

We are hopeful that our new hospitals will continue to increase capacity, so that we can further reduce waiting times, and this remains one of our foremost priorities going forward.



2.6 Patient support

Each patient is called by SpaMedica to offer a choice of appointment date and obtain consent to view their NHS medical history. We book appointments, send confirmation letters, and ring and text patients with a reminder two days before every appointment.

Our in-house contact centre team manages on average over 10,000 inbound calls each month and deals with both patient and community optometrist queries. In 2022, we increased the number of contact centre staff and this is reflected in the rising number of calls taken by our teams. We also regularly analyse the reasons for calls and have used this information, after suitable research, to revise our prescribing and some SOPs to improve patient care and prevent common misunderstandings.

In addition to our contact centre, we have a dedicated emergency patient helpline. This is available 24 hours per day, 365 days per year, and is supported by both

an optometrist on-call service and senior management "on-call" system, where there are 2 senior managers/board members rostered accordingly. To support our national growth in activity, we increased the number of optometrists supporting our 24/7 on-call service to ensure that patients get the specialist support they need both during the day and out of hours.

The number of times we need to use the emergency call out team is very few, but we move quickly to minimise risk, opening our hospitals to treat patients, day or night. Dedicated emergency surgery and consultation slots are available for patients in every SpaMedica clinic and theatre list.

We continue to provide free interpreters where patients require this. We are careful to publish leaflets and display signs in fonts that are clearly legible for those with poor eyesight.

We also continue to offer patients a free transport service from home to their hospital appointments and back again if they live 10 or more miles from our hospital site or need that service. In the year to 31 March 2022, a total of 15,156 patients were booked into SpaMedica transport slots.

In some of our sites we engaged directly with key charities to support and influence our clinical environments and practice, these have included:

- The Macular Society
- The Alzheimer's Society

Where patients live 10 or more miles from our nearest hospital, or need our transport service, our team provide free transport to and from our hospitals in our SpaMedica patient minibuses.

2.7 Patient safety

SpaMedica remains well below the average UK rates for serious eye infections. As mentioned previously, we maintain a 24/7 helpline and any patients with suspected endophthalmitis are brought in and seen by a qualified team whenever that needs to happen. One of our recent innovations was the use of an 'Endophthalmitis Grab Bag' for clinical staff in the event of such emergencies.

We continued to develop our infection control processes and management of our cleaning services to improve compliance with appropriate cleaning standards. We are working towards compliance with the new National Standards of Healthcare Cleanliness. We exceed the frequencies for cleaning and amended our policy to define roles and responsibilities and the blended functional risk category. We have trialled the cleaning specification and are aiming to award star ratings for cleaning for each hospital at the end of 2022.

We continued to monitor and manage COVID cases within our staff teams whilst complying with national COVID guidance since the start of the pandemic. Amendments were made to SpaMedica policy as national guidance changed.

We maintained a COVID-secure environment throughout 2021-22, with staff completing twice-weekly lateral flow tests and all staff wearing appropriate PPE for their role. Patients were required to isolate before coming in for appointments, we tested them on arrival and provided PCR tests where this was needed. We allowed as many staff as possible to work from home some or all of the time to reduce the risk to our hospital teams and patients. We had very few transmissions between work colleagues and, due to our close tracking of infections, were able to act very swiftly on the rare occasions this did happen.

2.7.1 Serious Incident Management and Review

Responsibility for management of serious incidents at SpaMedica lies with the Medical Director and Director of Clinical Services, reporting to the Chief Executive and Chief Operating Officer respectively. The Director of Clinical Services and the Clinical Governance Lead support completion of detailed root cause analysis investigations to establish learnings for employees and the organisation. Information about serious incidents or complaints is communicated promptly to the relevant healthcare regulator (CQC, HIW, RQIA) in addition to our NHS commissioners/colleagues, in line with NHS England's Serious Incidents framework. SpaMedica has developed strong working relationships with the CQC, enabling effective communication and sharing in addition to the required formal notification processes.

Investigation findings and learnings are shared across the company through the Clinical Governance Committee. We have facilitated 'human factors' training, we have an employee assistance support scheme, and we provide 'mindfulness' sessions for staff in support.

2.7.2 Key learnings and changes from significant incidents during 2021/22 that will influence future practice and process include:

- A 'Minimising Patient Falls' project working group has been created, with a multi-disciplinary team, to review the whole patient pathway and consider how we can best mitigate the risk of potential falls in a cohort of visually impaired patients, often with mobility needs.
- There are Dementia Champions in each of our hospitals who have undergone additional training to enhance skills in compassionate care. We have a Dementia Strategy and plan to enhance our existing internal training, with the support and direction of the Alzheimer's Society.
- 2022 – Introduction of Emergency Grab Bags in addition to (or replacement of) existing resuscitation trollies to enhance our response to the low number but significant emergencies occurring outside but near our buildings.
- 2022 – High Visible labelling for minus powered lenses, in response to an actual and near miss incidents of wrong powered lens insertion.
- To support the continued growth of SpaMedica and increased patient activity, we now have two national safeguarding leads. All safeguarding concerns identified in 2021/22 were passed on appropriately. All staff complete level 1 and 2 safeguarding training for adults and children. Hospital Managers are level 3 trained. Our Director of Clinical Services (Safeguarding Lead) and Clinical Governance Lead are level 4 trained. There is a safeguarding policy in place and the NHS safeguarding desktop application on all hospital computers for easy reference, with local contact numbers.
- There was an increase in the number of inoculation injuries in staff this year, whilst still a very low % of the treatments we have provided and no harm as a result or theme. We instigated several measures to help minimise these, including highlighting the need for caution and concentration when dealing with sharp instruments, posters on appropriate placement of items in trays and amendments to our theatre procedures.

2.7.3 Clinical effectiveness/improving outcomes

Our Clinical Effectiveness Group (CEG) continued to meet bi-monthly and consider improvements in processes. We have the capacity to test proposed changes at one or a few SpaMedica sites before determining whether or not this is something that should be rolled out nationally. New processes introduced during the year to 31 March 2022 included direct deliveries from our pharmaceutical supplier to sites of pre-labelled medication and a revised WHO checklist for theatre use.



2.7.4 Clinical audits

Clinical Audits are routine to measure the effectiveness of care delivery. All SpaMedica hospital sites undertake monthly observational audits, using a hand-held digital tool, which creates bespoke reports routinely and regularly shared regionally and nationally through Clinical Governance, regional and board meetings. The audit programme includes (but is not limited to) WHO safe surgery, consent, resuscitation, hand hygiene, environmental infection control, medicines management and clinical documentation.

There is an established programme of infection control audit in place to ensure our key policies and practices are being implemented appropriately. The audit outcomes are reviewed at the Clinical Governance Committee and the Medical Advisory Committee. The audits specifically assess hand hygiene practice and compliance with aspects of infection prevention policy, environmental/facilities, bare below the elbow and appropriate glove use as well as actual hand hygiene practice. The average outcome standards are consistently above 95% compliance. Along with all our other clinical audit topics, the questions are amended annually depending on any themes that have emerged.

2.8 Staff training and development

We provide opportunities for our staff to grow, through learning and development, to achieve their full potential. Individual personal development plans are agreed when staff join the team and are reviewed at least annually.

All new employees receive a tailored induction programme when they join us. This includes our comprehensive mandatory training. We hold monthly induction events, so all staff receive an induction within their first few weeks with SpaMedica. All SpaMedica's clinical staff are trained to the highest standards, with clinical competencies for each area formally assessed. We have ten core competencies for RGNs and 12 core competencies for HCTs.

We are proud to once again have been awarded gold status from Investors in People (IIP), positioning us within the top 4% of companies achieving world-class performance for staff engagement.



INVESTORS IN PEOPLE®
We invest in people Gold

2.8.1 Maintain high quality and low complication rates

We use a RAG-rated surgeon assessment tool that monitors treatment complication rates, visual outcomes, and patient-reported data pertaining to the surgery experience. These are all scrutinised regularly at board meetings and Medical Advisory Committee (MAC) meetings. Our standards are clear, and we have metrics to assure ourselves that they are being met or there are remedial action plans in place. Our Regional Lead Surgeons work alongside newly recruited surgeons for a defined period to assess and confirm that surgical skill and standards are high and appropriate.

Our Responsible Officer (RO) at our MAC meetings supports the onboarding of new surgeons and their practising privileges procedures and ensures that these surgeons are connected to a designated body other than SpaMedica to receive the same scrutiny through contact with their own ROs.

2.8.3 Improve monitoring of surgeons and optometrists

We introduced an Associate Medical Director to facilitate improved monitoring of surgeons and support our Medical Director.

The feedback we receive on our optometrists is consistently good. We monitor average time in clinic, completion of electronic patient records and percentage of patients listed for complex and normal lists from cataract clinics. We have expanded the optometrist Regional Lead Team. Rolling out the new Regional Optom Lead posts nationally will help improve governance and support within the in-house optom team.

2.8.2 Leadership development

We have begun to invite colleagues to join our new Leadership Development Training programme in 2022. This is for all managers, with modules tailored to different levels of experience and the skill set required for the roles. It will support effective leadership and quality during the ongoing expansion. This is in response to staff feedback requesting non-clinical development in addition to our clinical training and development.

Also, in 2022, we launched a Hospital Peer Review program where, following training, Hospital Managers review the quality and effectiveness of service delivery on their peers' hospital sites. The focus and standardised tools are based upon the CQC key lines of enquiry, using the CQC interpretations of what 'good' and 'outstanding' care looks like, with a process based on appreciative enquiry. The objective is to positively improve care for our patients by sharing and embedding good practice, identifying and sharing areas for improvement and encouraging networking of different manager/ team skill sets and experience across the company. Outcomes are shared across the company through committees or meetings; with learnings, improvements, and shared good practice reviewed to influence policy, practice and strategic plans.

Our in-house team of optometrists expanded in number during 2021/22. We also enhanced skills, with four more of those qualifying as non-medical prescribers during the year, taking the total to eight. Our medical retina work is supported by 25% of our optometrists, who carry out injections on patients with macular disease. Increasing the resource to our on-call specialist service meant that our optometrists could respond to every query promptly.

Our national team of optometrists have monthly (evening) education sessions and are also supported by weekly tutorials for each optom with their line manager.



2.8.4 Improve managers' skills at tracking and reporting trends in incidents or complaints and linking with risks

We are placing a greater emphasis on investigation training for our teams, with a continued open, transparent, patient focussed approach.

SpaMedica records all incidents or near misses on Datix. Employees are trained on the process during induction and entries are reviewed several times a week by the Director of Clinical Services and Clinical Governance Lead. Datix is configured to ensure any incidents causing severe harm are automatically escalated to the relevant Board members and Director of Clinical Services, in addition to the immediate notification to our healthcare regulators from the area witnessing the incident.

Themes and trends in incidents and complaints are reviewed and discussed as standing agenda items at our bi-monthly Clinical Governance and other formal committees including Medicines Management, Risk, Health & Safety and Medical

Advisory Committee. We also have a Clinical Effectiveness Group, where proposed changes to clinical practice and process are discussed and agreed. Themes and trends are routinely shared at monthly board meetings.

In 2022 we instigated a Clinical Incident Review Committee, chaired by our Medical Director, involving the Clinical Governance Team, Responsible Officer and key senior staff; reviewing serious clinical incidents, reflecting on root causes and agreed actions, and tracking progress. This will evolve and enable more effective, multi-disciplinary assurance that practice has improved. We will be incorporating our practice, processes and standard in line with the new NHS Patient Safety Incident Response Framework (PSIRF).

2.8.5 Safe staffing model

We have an agreed safe staffing model, with minimum headcounts for different types of clinics or surgery. The practising team can only work and be 'in numbers' where they have evidenced competency sign-off for the relevant skills. Clinics or surgery only proceed when the appropriate skill-mix is confirmed. If we believe that a team will benefit from additional resources due to the potential complexities of the service or skill-mix of team members, the headcount is increased to ensure there is appropriate support.

All staff complete a mandatory training programme. This is a combination of e-learning and face to face, practical training with bespoke additional training where required. We use 'EyeLearn', an interactive digital learning platform of mandatory training, providing access to NHS learning resources and our bespoke training modules.

Our clinical teams are trained and assessed in competency by a designated training team who provide a full training package for staff; mostly on site, always enabling the correct skillset. This is tailored to the role and tasks the individual undertakes. Training is provided on a one-to-one basis and each person shadows a more experienced, skilled person as they progress through their competency

assessment programme. There are training matrices and competencies for Administration, Clinical and Reception staff. Our standard is that individual staff members can only work unsupervised once they have completed all the necessary competency assessments for their role and have been signed off as such by their training mentor and Line Manager. Competencies for clinical staff are renewed every 3 years or individually more frequently wherever deemed necessary.

In the year to 31 March 2022, we trained and signed off a total of 82 staff as scrub nurses, this includes four staff who were reassessed to maintain their accreditation for the scrub nurse role.

To enable our clinical teams to respond effectively to clinical incidents, our mandatory training includes basic life support for all staff and intermediate life support for Registered practitioners. There is a programme for all hospital sites to undergo mock emergency scenarios, audited by an external Advanced Life Support Instructor. Our clinical audit programme includes resuscitation, urgent care checks, medicines management and infection prevention to monitor standards and identify areas for practice improvement.

2.9 Care Quality Commission Regulatory Requirements

We maintain an environment of openness and transparency with all stakeholders, including the CQC. We aim to meet with our CQC relationship managers every 6 months wherever possible for each of our sites.

We continue to strive for 'Outstanding' overall CQC ratings in all our hospital sites and in 2022 to date we achieved this at two of our hospital sites, with the remaining hospital sites inspected throughout 2021/22 receiving a 'Good' overall rating, with 'Outstanding' for effectiveness. Feedback and actions from any CQC or Commissioner inspections are routinely and promptly shared through our operational and governance meetings to ensure the whole organisation makes the necessary improvements.

Our Hospital Managers complete a specific, monthly 'self-assessment' audit against the CQC KLOEs to monitor and maintain practice in line with the necessary standards, reports of which are reviewed and submitted to the Board for review every 3 months. Hospital Managers and teams are coached and supported by the Chief Operating Officer, Medical Director and Director of Clinical Services to consistently strive to meet and exceed standards aspiring to an 'Outstanding' inspection outcome.

SpaMedica hospital sites inspected between 1 April 2021 and 31 March 2022:

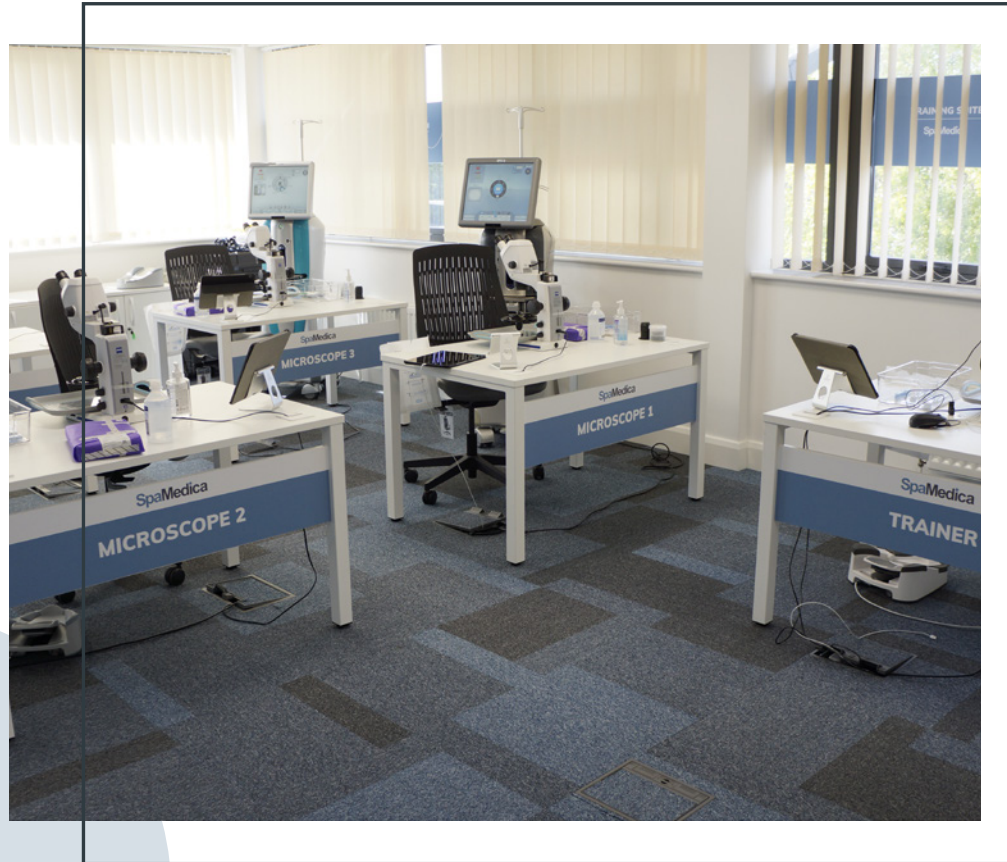
Year of inspection	Site	CQC Rating
2021	Birmingham	Good overall
	Wakefield	Outstanding overall
	Epsom	Good overall
	Chelmsford	Good overall
2022	Skelmersdale	Outstanding overall
	Bradford	Good overall - Outstanding effective
	Brighton	Good overall - outstanding responsive

2.10 Post-op accreditation scheme summary

We offer our cataract surgery patients the opportunity to have their post-operative follow-up assessment at their local optician's practice where possible. Patients are therefore treated back in the community, closer to their home. COVID lockdowns and restrictions affected much of this year, however elective surgery continued. Complex patients, or those that develop postoperative complications, will always be seen at a SpaMedica hospital for their post-op follow up.

We only use qualified, registered optometrists that have personally completed our accreditation process for post-op follow ups and we have service level agreements in place with key national organisations supplying community optometry services. Since our post-op accreditation scheme began in 2019, we have accredited 4,363 community optometrists. During the pandemic, some of our accreditation events had to be held via webinar and our Demio platform, where we gave virtual tours of our hospitals, shared our COVID practices and videos of surgery, and live streamed interactive presentations by our Medical Director. Where restrictions and guidance allowed, we also held live events face to face under the rules set by the professional bodies for safety and social distancing.





2.11 NHS Staff Training and Development

SpaMedica is supporting NHS doctors and optometrists via the 'dry lab' facilities at four of our hospital sites: Widnes, Wolverhampton, Stockton-on-Tees and Wokingham.

We also introduced pop-up training facilities, to ensure our free training is accessible to all thirteen Deaneries and their trainee doctors. Trainees can practise and refine their cataract surgery techniques using synthetic model eyes in digital dry labs that replicate the feel, texture and characteristics of a human eye with cataracts, using the same microscopes and phacoemulsification equipment used in theatres.

We have invested in additional equipment to support in-theatre training of Ophthalmology trainees and are working with Deaneries to roll this out across our hospitals.

Our CNST registration covers all our NHS clinical activity.

3.0 SpaMedica services overview

3.1 Cataract surgery

- 110,066 cataract surgeries in the year to 31 March 2022.
- 99.69% of cases performed under topical anaesthesia.
- All patients assessed for risk of complications, with complex cataracts put on a specialist vitreo-retinal surgeon list.
- Excellent outcomes and low complication rates compared to other providers.
- 12-week average discharge for both eyes surgeries.
- Patient satisfaction: 99.8% of patients who used the NHS UK feedback site rate SpaMedica as a five-star service.
- Post-operative appointments provided close to patient homes through accredited community optometrists.

3.2 YAG capsulotomy

- 21,144 YAG laser treatments in the year to 31 March 2022.
- Target RTT - six weeks.

3.3 Vitreo-retinal (VR) surgery

- 2,647 VR appointments in the year to 31 March 2022
- This includes VR operating lists, VR assessments and specialist follow up.
- All patients with complex cataracts are put on a complex theatre list and operated on by our VR surgeons with support from specialist clinical team.
- We follow up complications ourselves.

3.4 Macular/Medical Retina Services

- 16,265 retina clinic appointments in the year to 31 March 2022, across ten SpaMedica hospitals.
- Dedicated Macular (medical retina) clinic co-ordinators assist our patients on their treatment journey.
- Timing of treatment is a key factor in determining the successful outcomes of anti VEGF treatment. Every single one of our medical retina patients had appointments within seven days of referral to SpaMedica. The national UK standard is to treat all patients within fourteen days of receiving the referral.
- We offer all the latest (NICE approved) anti VEGF treatments to our patients.
- Our patients benefit from individualised treatment plans most appropriate for their condition and suitable to their needs.
- We train our own in-house optometrists to support the Macular Service.
- We have a comprehensive audit and quality control system, using virtual reviews for all patients and multi-disciplinary team meetings to discuss complex cases.

3.5 SpaMedica Hospitals

The services and data in this Quality Account are reported from the following 37 SpaMedica hospitals. This table shows where and when our hospitals were open during 2021-22 and offering services to NHS patients.

HOSPITAL/CLINIC	APR-21	MAY-21	JUN-21	JUL-21	AUG-21	SEP-21	OCT-21	NOV-21	DEC-21	JAN-22	FEB-22	MAR-22
Bedford												
Birmingham												
Bolton												
Bradford												
Brighton												
Bristol												
Bromley												
Chelmsford												
Coventry												
Derby												
Epsom												
Exeter												
Gateshead												
Gloucester												
Hull												
Kendal												
Leicester												
Liverpool												
Manchester												
Newark												
Newcastle-under-Lyme												
Norwich												
Peterborough												
Poole												
Preston												
Romford												
Sheffield												
Sittingbourne												
Southampton												
Stockton-on-Tees												
Wakefield												
Watford												
West Lancashire												
Widnes												
Wirral												
Wokingham												
Wolverhampton												

**Thank you for taking the time
to read our Quality Account.**

*Your comments and feedback are very welcome and
we are happy to answer any questions you may have.
Please contact us by using the details below:*

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SpaMedica