Quality Account for Pioneer Healthcare Elective Care Services
April 2024 to March 2025

Pioneer Healthcare is registered with the CQC, provider number 1-302081610.

Statement

Pioneer Healthcare provides elective services to support the NHS. The company aims to deliver services of the highest standard and by improving access to elective care we believe we enhance patient safety, clinical effectiveness and patient experience.

We remain committed to the principles of care set out by the CQC and complete all mandatory audits.

The elective care division has continued to perform well throughout the last 12 months achieving the targets set by our commissioning bodies, and delivering care in over 60,000 patient episodes.

The following account is a truthful and accurate review of the services provided.

Case report

Within the year we were commissioned to provide services for a large trust within the Northwest of England. After a very rapid mobilisation we saw over 10,000 new patients, and undertook 2,000 day-cases within 6 months. Within the specialities involved, the RTT was improved by 30% with 98% satisfaction.

Feedback from the joint delivery team "*closer collaboration and communication with the clinical specialities has improved our PTL management and greater knowledge of the patient pathway*." "*thanks to everyone for your work to date – C10,000 extra patients treated is a real achievement*."

2024-2025 Review

During 2024/2025 Pioneer Healthcare provided and/ or sub-contracted a large number of NHS services. The number of services delivered at any one point varied as old contracts were completed and new ones started.

As of April 2025 the following NHS contracts were in operation:

Pioneer

- North West Anglia NHS Foundation Trust: Insourced theatre support
- York & Scarborough NHS Foundation Trust: Oral & Maxillofacial Surgery
- Rotherham NHS Foundation Trust: Oral & Maxillofacial Surgery
- Mid Yorkshire NHS Trust: Neurophysiology
- Calderdale & Huddersfield NHS Foundation Trust: ENT outpatient and surgery services
- Cheshire & Merseyside ICB: Neuro-spinal surgery and outpatient services
- Spire Claremont Hospital: Neuro-spinal surgery and outpatient services
- Sheffield Teaching Hospitals NHS Foundation Trust: Spinal surgery and outpatient services, and Secondary Care Dermatology
- Manchester NHS Foundation Trust: Gastroenterology, Endoscopy, Gynaecology, Oral & Maxillofacial Surgery, ENT, Urology and General Surgery
- Greater Manchester ICB: Neurophysiology
- West Yorkshire ICB: Elective care services in general surgery, gynaecology, haematology, endocrinology, pain management, colorectal surgery, OMFS, ophthalmology, ENT, neurology
- Northern Care Alliance NHS Trust: Dermatology (ended June 2025)

The leadership team of the elective care division of Pioneer has reviewed all the data available to assess the quality of care delivered and to action change to enhance care in the future.

All elective NHS services undertaken by Pioneer are registered with the CQC. There are no conditions on these services.

Comment on Audit

Our elective care services comply with all mandated audits including those associated with infection control and prevention.

Forward look

As a leading provider of independent healthcare services, Pioneer Healthcare have a wealth of experience in running high standard services for the NHS. Their services are rated ‘Good’ by the CQC.

Priorities for improvement

Pioneer continues to enhance data handling and focus on key quality improvement priorities.

Specifically, within elective care we have identified the following areas of improvement for 2025-2026:

1. **Improve the overall number of pieces of feedback from our patients and those groups who commission our services and otherwise interact with our services.**

   While we have acted to increase feedback and maintain a high level of reflection and reaction to all individual inputs, we recognise that we can do more and that the organisation can improve with this input.

   All feedback will be tabulated and formally shared within the structure of the services. The volume of feedback will be used as a defined area of performance that we are asking leaders to improve.

   We will raise the profile of the request for feedback on correspondence giving easy access to online portals as well as continuing with paper where this can be used.

2. **We have identified a need to improve the recording of outcomes related to incidents and feedback.**

   In elective care all incidents will be reviewed through the monthly elective care governance meeting. All cases will be concluded on our Datix platform with a detailed record of what has been done to ensure we are consistently delivering higher quality.

3. **Maintain high levels of pathway delivery.**

   All our services are focussed on the efficiency of care delivery recognising that the time to completion of a pathway is a significant marker of the quality of care.

   We will tabulate our pathways to show performance in each contract area.

Patient Safety

Pioneer have a Patient Safety Incident Reporting Framework policy in place.

We have identified 2 areas of specific patient safety concern for 25/26:

One is where a surgical procedure is undertaken but is performed or part performed in an unplanned manner. This can include wrong site surgery, additional steps not foreseen preoperatively and incomplete procedures. It is to be noted that these are all rare events and are investigated at the time of identification, but we wish to understand if there are mitigations we could undertake to further reduce or eliminate the risk entirely.

We will undertake a retrospective and prospective analysis of all the cases of emergency reoperation, readmission or transfer. Any findings will be enacted across the whole group.

In addition, we will undertake a comprehensive review of infection and deep venous thrombosis across all the elective services.

Clinical Effectiveness

Our services are almost entirely stand-alone with a very high discharge rate after treatment. We recognise that we ae not made aware of all later readmissions, retreatments or other ways our treatment could be judged to be less effective than ideal. We will investigate our own pathways for evidence of ineffective treatment and highlight this to our workforce. We will look for patterns and possible mitigations to improve effectiveness.

In addition, we will work with partner services to improve feedback on our services to look for additional evidence of the effectiveness of our care.

Patient Experience

There is always potential to enhance the patient experience. We remain conscious of the importance of improving the efficiency of our services and pathway delivery. We are committed to clear communication regarding processes such as appointment scheduling and clinical care provision. Recognising that conveying information about treatment options presents can be complex, we will revise our written materials and increase the use of digital tools to facilitate understanding. In addition, we plan to strengthen the role of support staff to ensure patients receive comprehensive communication throughout their care journey.

A commonly encountered issue in our pathways is where a patient is initially referred and accepted for treatment, but is subsequently found to be inappropriate for care in the facilities we work in. This is usually related to pre-existing medical problems – whether diagnosed or not. We will be enhancing our evaluation of patients coming into our pathways to ensure that as few cases of patient cancellation, deferral or redirection occur.

Access to treatment from disadvantage groups or those that may have geographical isolation. We will undertake a review of patient demographics to see where there may be deficiencies in our delivery.

Review

In 2024/2025 the elective care services were under the ownership of Totally PLC. The quality accountability structure sat under the Director of Nursing & Quality, with ultimate oversight from the Medical Director.

Activity data was collected on the Tableau analytics platform. Data on incidents, feedback, claims and inquests was collected on the Datix Cloud IQ (DCIQ) platform.

All services collected and reported data in the following domains:-

- Performance with respect to overall patient numbers and completion of care pathways.
- Patient Feedback, both formal and informal, including the friends and family test, and complaints, from both patients and other healthcare professionals. With respect to feedback, every comment was read and considered to see if changes could be made to enhance services with respect to safety, effectiveness or experience
- Incidents, including those of a most serious nature e.g. never events and professional misconduct.
- Information from litigation, inquests or other external evidence of performance.
- Audits carried out in the individual services.

The data was reviewed through the monthly Elective Care Governance meeting which was attended by the Medical Director, the Director of Nursing, the Director of Operations and Service Lead. There were additional representatives from the governance team. All data was reviewed and considered, and an action plan formed where substandard performance was identified.

The outcome from the Elective Care Governance meeting was reviewed in the monthly group wide Clinical Assurance Group before forwarding to the Executive Board.

In addition to this formal monthly meeting, incidents that required immediate action were investigated through our PSIRF approach and action taken as required.

In each clinical speciality there were regular meetings between the clinical staff, governance team and the operations team. The meetings addressed matters related to quality and governance as well as operational issues.

Summary of data, incidents and investigations – data for the whole of the current elective care division. This does include the data for insourcing, outsourcing and a former subsidiary under Totally plc which is now managed separately.

Overall activity

Our elective services have approximately 5,000 patient interactions per month. This includes outpatient appointments, day cases and in patient episodes.

Feedback

Friends and Family Test

Total number of responses = 7,309. Overall, 83% reported that they were likely or very likely to use the service again. These numbers are in line with previous years. It is noted that the relatively small number of respondents makes statistical analysis of the data difficult.
All comments and text were reviewed individually and action taken. Where we are able to do so, information is fed back to individuals, recognising that much of the information is anonymous.

Compliments
The services received 13 formal complimentary messages. All compliments are shared with the team and where a specific individual is mentioned, this is reported directly. Topics include the efficiency of the service, clinical care given and understanding when difficulties arose.

Complaints
(note these include another elective care subsidiary under Totally plc).
There were 82 formal and 27 informal patient complaints, mostly about clinical treatment, staff attitude, and communication. Most complaints were resolved within five weeks, but we have found that 42% became overdue. This was identified and a new complaint policy drawn up. Work was done with the governance team on early resolution of complaints and a new governance structure was made following the introduction of PSIRF with improved oversight of the complaints process. Early indications from 2025-26 shows improvement, this will be monitored and further action taken if performance is poor.

Most complaints were resolved informally. Where appropriate staff received one to one feedback. This was undertaken by the individual's line manager, or where appropriate feedback was given by senior personnel including the Director of Nursing and the Medical Director.

Key learning was circulated to appropriate staff.

It is an ambition to ensure fuller documentation of this feedback within the Datix platform.

Following two complaints, Dermatology now reviews each outpatient appointment to ensure suitable timing for new and follow-up patients. Previously, scheduling focused too much on new patients.

Due to a personal error an anaesthetist was double booked and unable to attend a theatre list. An alternative anaesthetist was found, but due to the delay, 2 patients were cancelled on the day. We have improved staff scheduling by sending timely reminders, allowing us to make alternative arrangements if staffing issues arise.

Other examples of improvement following feedback include:

- Expanding the locations of community service in the North to reduce travel times for patients.
- Increasing operational days to provide full 7 day services, benefiting both working patients and patients reliant on family or friends for transport.
- We increased the number of clinical assistants providing phlebotomy support to the gynaecology service to prevent patients having to return to the Trust on another day.
- A clinic cleanliness concern led to a review of cleaning protocols, increased cleaning frequency and audits.
- We introduced our own suture removal clinic to improve patient access due to difficulties accessing GP services.

We continued to use the approach of early post operative calls following analysis of complaints in previous years. This approach is now embedded across our services and remains a valuable tool to improve quality.

Never Events

During 2024-25 our services had 2 Never Events (NHSE 2018).

Both events occurred within partner organisations and were rigorously investigated by those organisations with input from us and our contractor surgeons.

1. A patient was consented for hysterectomy with ovary preservation but underwent hysterectomy and ovary removal. Key learning included the performance of the WHO checklist at the start of surgery. It was found that not all members of the team were present for the check list and that staff engagement in the check list was variable. So important lessons include that all staff are present and that all members of staff have responsibility for understanding the information discussed. In addition, all members of staff need to be able to voice concerns of they are aware of variance from what has been discussed in the meeting. The surgeon involved was temporarily withdrawn from that aspect of the service but is being reintroduced gradually with ongoing review of their performance.

2. A patient was listed for a spinal nerve root injection. Despite it being clear which side should be treated the patient had their injection on the wrong side. The outcome of the investigation was that all consenting, marking and staff engagement for spinal injections should be the same as for a spinal operation. The surgeon involved was temporarily suspended from the service. They have since been allowed to recommence once the learning from the investigation was completed and they had accepted the findings.

Incidents

A total of 86 incidents were identified related to the relevant services (note this included another elective care subsidiary under Totally plc).

1. There were 5 incidents of post op infection. No common features were identified and no long-term harm was caused.
2. 6 episodes of surgical complication were identified.

   There was one additional procedure needed as a result.
   There was one operation abandoned due to adverse pathology not identified preoperatively. At review it was not felt that this could have been avoided
   Two incidents of skin preparation igniting were documented. Consequently, the skin preparation protocol has been revised across all services.

3. 13 incidents related to the mislabelling and mishandling of samples. No common themes or patient harm was identified. In every case the cause for the error was investigated and action taken to avoid recurrence.
4. 4 cases of patient threatening self-harm – all were appropriately referred to other services.
5. 3 errors in prescription, with no common themes. One patient did become pregnant while on Lymecycline. It was confirmed that appropriate information had been given. The patient elected to have a termination.
6. 8 Breaches of confidentiality were identified. All were investigated and no common themes found. Action was taken in all cases with full disclosure to the patients. In one case the breach involved sharing of patient data on a messaging platform. It was confirmed with the individual that this was explicitly against company policy and would never be tolerated again. The details of the incident was disseminated across all services.
7. An episode where there was a high Triglyseride level not detected by the first clinical to see the patient was managed by personal communication with the doctor who undertook reflection and made changes to clinical practice.
8. A failure to refer a patient for basal carcinoma removal, we changed our policy to copy onward referrals details from E-referrals onto the patient record on Systmone.

A number of incidents related to one partner organisation. We were supportive of their quality improvement processes, but ultimately we suspended activity due to a lack of assurance that processes were improving.

In addition, there were:

- 37 information requests
- 3 safeguarding referrals

Overall incidents took 35 days to complete the actions

Litigation and Inquests

In 2024 /2025 there were a total of 6 litigation processes open involving our elective care services. During the year there were 2 letters of claim filed.

There were no inquests related to our elective care services in 2024/2025. We did take an interest in an inquest related to one of our partner organisations, where there was substantial learning.

Audit

Audit included both service specific enquiry and assessment of national functions that interfaced with elective care.

Service Specific Audits

Insourcing and Outsourcing
Resuscitation trolley checklist (M);
Family and Friends (M);
Comfort score (Q);
Histology Management (Q);
Privacy and Dignity (Q);
LocSSIP – JAG standards (Q);
Clinical Records (6 monthly) and Consent (Q).

All audits were completed with no significant exceptions.

Dermatology
Basal Cell Carcinoma Excision Margins review (6 monthly);
Family and Friends (M);
Clinical Records (6 monthly);
Minor operations biopsy infection rates (M);
Safeguarding observed practice and notes (M).

All audits were completed with no significant exceptions.

Infection Control (IPC)

Annual Deep dive, monthly IPC spotlight, peer observational hand hygiene, hand asepsis – scrub technique.

National Functions interfacing with Elective Care
Isotretinoin (Q), Emergency Drugs (M), Safeguarding Children (Q), Safeguarding adults (Q), Safeguarding incidents (m), Quality of Safeguarding referrals (Q), Was not brought (M), Safeguarding observed practice and notes (Q).
In early 2024/25 the parent company conducted a staff survey of all areas. The feedback was used to identify specific areas to improve including greater senior engagement with local services and company wide appraisal.

We engage with commissioning bodies through regular operational and clinical meetings to ensure our services meet the requirements of patients and local partner organisations.

Data Quality

We are transitioning to an alternative Datix platform to integrate with our new owners. We will be using this transition to enhance our data collection and review.

Within the new structure to the services all data impacting on quality will be reviewed by the senior leadership team in the monthly elective care division governance meeting to ensure the process has been completed and outcome developed.

All our SUS transmissions are reviewed with no known issues. NHS number and GP codes are mandatory on our submissions.

In all cases our coding is independently verified and no problems have been identified.

Signed by J McMullan, Medical Director of the Elective Care division of PHL, dated 15-9-25