

Quality Account 2019-2020



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Introduction

Our service locations

Our approach to quality

Highlights

We provide a uniquely diverse range of healthcare services for NHS patients, commissioned by, or working with, our NHS partners. Throughout our business, you will find colleagues who continuously demonstrate Care UK's values by delivering effective care that achieves the best possible outcome for each patient.

This Quality Account is our annual report to our ultimate stakeholders – the public – on the quality of the services our hospitals provide. It describes our key achievements during 2019/20 and our priorities for quality improvement during the forthcoming year. In developing our Quality Account we have identified and shared information across the organisation, with our patients, doctors, nurses, therapists and management.



Our locations



Clinical Assessment and Treatment Services	
1	Rochdale Ophthalmology Service, Heywood
2	Rochdale Ophthalmology Head Office, Rochdale
3	Rochdale Ophthalmology Service, Rochdale
NHS Treatment Centres	
4	Barlborough NHS Treatment Centre, Barlborough
5	North East London NHS Treatment Centre, Ilford
6	Will Adams NHS Treatment Centre, Gillingham
7	Devizes NHS Treatment Centre, Devizes
8	Emersons Green NHS Treatment Centre, Bristol
9	Shepton Mallet NHS Treatment Centre, Shepton Mallet
10	Southampton NHS Treatment Centre & UTC, Southampton
11	Havant NHS Diagnostic Centre, Havant
12	St Mary's NHS Treatment Centre & UTC, Portsmouth
13	Peninsula NHS Treatment Centre, Plymouth
Satellite Clinics	
14	Barlborough Satellite Clinic, Louth
15	Barlborough Satellite Clinic, Boston
16	Barlborough Satellite Clinic, Lincoln
17	Shepton Mallet Satellite Clinic, Frome
18	Shepton Mallet Satellite Clinic, South Petherton
19	Shepton Mallet Satellite Clinic, Bridgwater
Macular Services	
20	North West Macular Service, Preston
21	North West Macular Service, Preston
22	North West Macular Service, Chorley

Our approach to quality

Care UK vision and values

Our values are:

- Our customers are at the heart of everything we do
- Every one of us makes a difference
- Together we make things better



Each of us is committed to the highest standards of quality and best practice, to meeting and exceeding our compliance to all standards across the healthcare sector.

Our vision is **'fulfilling lives'**, and each of us works to achieve this every day.

By supporting our teams to focus on three key aims we will fulfil our vision. These are to:



Focus on quality

We want to be renowned for providing high quality services. We must always seek to be the best provider of each of our services, meeting and, ideally, exceeding our service commitments. Constantly engaging with commissioners and patients to understand and meet their needs will help us to achieve this aim.



Lead change

The way healthcare is organised across the NHS is often inefficient for commissioners and frustrating for patients. As a major organisation delivering healthcare and social care, we have an unrivalled opportunity, even a responsibility, to work with commissioners to spearhead a more integrated approach.



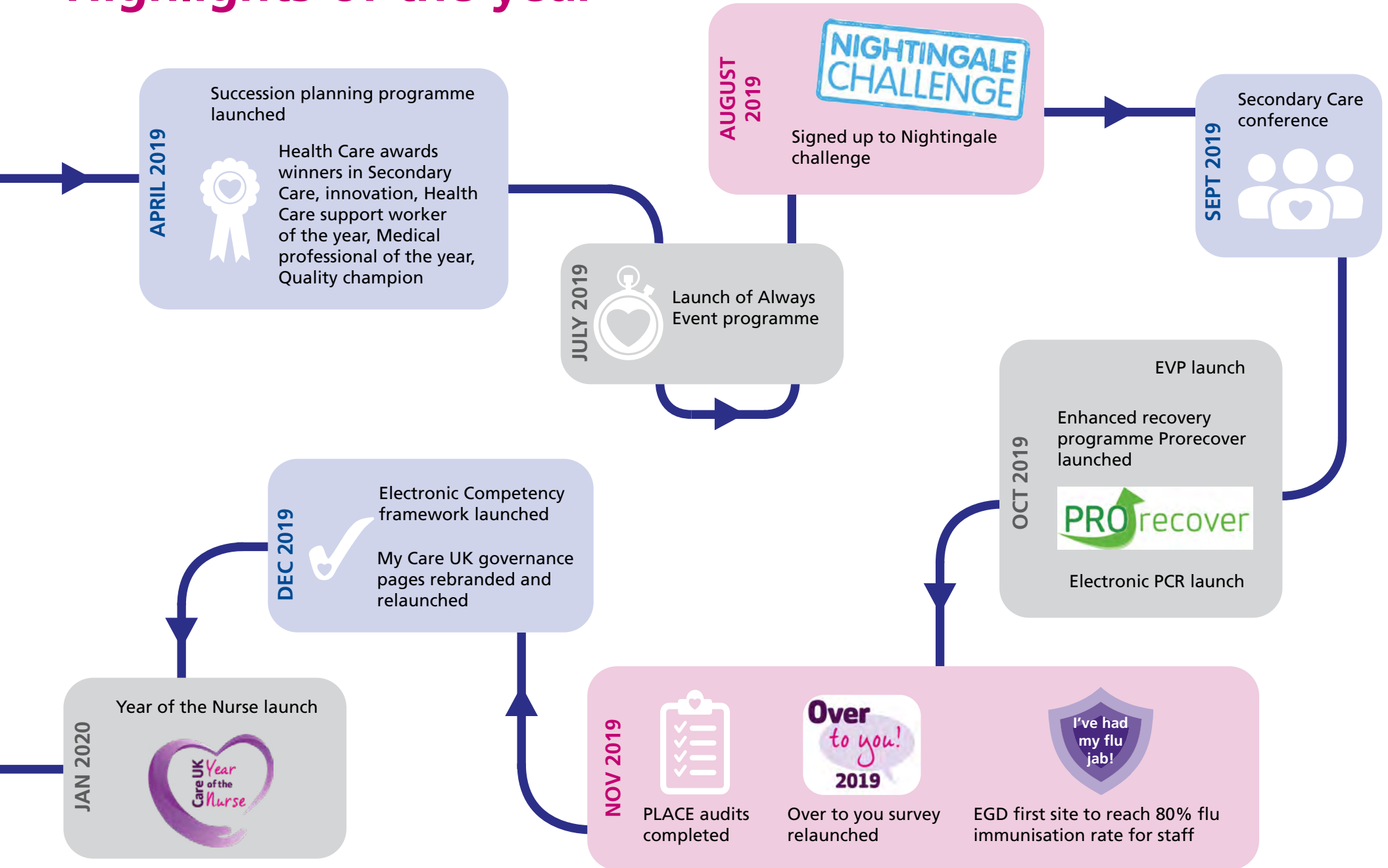
Drive innovation

We have a key part to play in driving innovation, efficiency and effectiveness.

We can do this by:

- Attracting, engaging, training and rewarding talented, compassionate and caring employees
- Investing in the development of new services aimed at providing the right care in the right place at the right time, integrated for convenience to patients
- Continuing to work closely with partners, suppliers and the many organisations and people we connect with to identify new ways of working.

Highlights of the year



Part One:

Statement on quality from the Chief Executive

Foreword

Jim Easton



I am delighted to introduce you to the Care UK Secondary Care Quality Account for 2019/20. This Quality Account evaluates our performance against a range of key measures and the quality targets we set ourselves over the past year, and shares our plans for improving our services in the coming year. As an organisation committed to delivering the highest quality care to our patients, it is a wonderful opportunity to not only celebrate our successes, but also to identify where we could have done better.

Our Secondary Care division currently provides NHS services across:

- Nine elective surgery independent Treatment Centres;
- Two Urgent Treatment Centres;
- One Ophthalmology surgery unit.

In the year April 2019 to February 2020 Care UK's Treatment Centres carried out:

- 69,922 day case procedures;
- 8,113 inpatient procedures;
- 191,081 outpatient consultations, including telephone consultations.

There are a number of achievements over the past year that I feel warrant a mention here, although more detail is included within the rest of the report. Yet again we have maintained our impeccable record of having had no cases of hospital acquired MRSA bacteraemia or C. difficile in our elective surgery patients since 2011, and no cases of E. coli bacteraemia or MSSA bacteraemia since national surveillance began.

This has been achieved through the dedication of our excellent staff to infection prevention and control and a high standard of cleanliness in all of our Treatment Centres. This is reflected by the excellent Patient Led Assessments of the Care Environment (PLACE) results which are consistently above 99%. Another factor that plays a valuable role in reducing the risk of patient infection, as well as many other benefits, is the enhanced recovery programme. The programme supports patients undergoing joint replacements to achieve early mobilisation and discharge home, with

many patients choosing to go home on the same day as they have surgery. Initial results have been encouraging with patients experiencing less pain and getting back to normal, daily life quickly. The introduction of the Quality Improvement Academy at our Emerson's Green and Devides Treatment Centres last year provides quality improvement methodology support for all staff to put into practice their visions for improved processes and outcomes for the patient that they serve. Staff involved in quality improvement initiatives are mentored and coached throughout the lifetime of the project, from conception to realisation. As a result of the success of the Quality Improvement Academy, the project is going to be replicated across Secondary Care, as will the enhanced recovery programme.

There have been no CQC inspection visits undertaken since last year's report, with all Secondary Care sites having been awarded "good" to "outstanding" ratings by the CQC in previous years. However, this has not resulted in complacency or a tendency to rest on our laurels. A regular review of processes and procedures is

undertaken by means of a structured, internal quality visit schedule. This programme of continuous quality improvement has ensured that high standards are maintained across all Care UK Secondary Care sites, and that being "CQC-ready" is recognised as business as usual.

Priorities 2020-2021

As we finalise this report we find ourselves in the midst of the COVID-19 pandemic. While the virus has necessitated huge changes to the way we work – and also seen us undertake new challenges as we adapt our services to support the NHS in its battle to respond – our focus on quality remains unfaltering. We are having to find innovative and agile approaches to delivering care but our fundamental dedication to quality still stands and will continue to do so.

The quality priorities that we have selected for the coming year are described in detail within this Quality Account and include:

- Development and implementation of an Internal Serious Incident Panel to ensure shared learning is identified and embedded;
- Identification of additional projects to increase mechanisms to capture patient feedback;
- The expansion of the enhanced recovery (PRO recover) programme;
- Development and introduction of a quality academy within each Secondary Care service;
- The introduction of wellbeing champions in each Secondary Care service.

As in previous years, our selection of priorities represent each of the five key lines of enquiry set by the Care Quality Commission. In doing so they encompass all of the dimensions that influence quality healthcare provision (safe, caring, responsive, effective and well-led) to ensure a balanced, holistic approach to improve yet further the quality of the services that we offer. To the best of my knowledge, the information in this report is accurate.

Jim Easton
Managing Director, Health Care

Part Two:

Priorities for improvement and statements of assurance from the board

Statements of assurance from the board



Priorities looking forward

Domain	Priority detail	Measure
Safe	Development and implementation of an Internal SI panel to ensure shared learning identified and embedded	All SI and NE final RCA monitored via panel and evidence of changes made provided
Caring	Identification of additional projects to increase mechanisms to capture patient feedback	Alternative mechanisms identified and tested with at least one mechanism used across all services
Responsive	The expansion of the Enhanced recovery (Prorecovery) programme	50% of our joint surgeons shall be trained to deliver day case surgery 200 day case arthroplasty in the year <5% readmission or failure to discharge Mean LOS below 48 hours for hips and knees for 50% of months across Care UK
Effective	Development and introduction of a Quality academy within each Secondary Care service	All services will have quality academy in place Replication of QI projects across services
Well led	The introduction of wellbeing champions for staff in each Secondary Care service	All services will have wellbeing champions in place with appropriate training in place The development of a Staff Health and Wellbeing strategy to include training staff as Mental Health first aiders/ Champions which is linked to EVP project

Safe - Priority – Serious Incident (SI) Review Panel

What are we trying to improve?
The mechanism for sharing learning following incidents of a similar nature to reduce the risk of recurrence and the approach to incident investigation and report-writing.

What will success look like?
A Serious Incident Review Panel will be established and audit identified to measure the impact of resultant changes.

Shared learning will be generated and implemented across the organisation as applicable for all serious incidents.

No recurrence of serious incidents of a similar nature that could have been prevented had the learning from previous incidents been implemented. Consistently robust incident investigations and high quality final investigation reports.

How will we monitor progress?
Progress against all of the priorities identified here will be monitored via a centralised system to ensure improvements are on track. This system will inform quarterly summarised reporting of progress to the Secondary Care Quality and Governance Assurance Committee.

Caring - Priority – Increase mechanisms for gathering patient feedback

What are we trying to improve?
Patient feedback is integral to identification of

improving services. There is a need to look to additional mechanisms for gathering and capturing patient feedback. This will allow triangulation with existing mechanisms.

What will success look like?
Alternative mechanisms identified and tested with at least one mechanism used across all services

How will we monitor progress?
Via the patient experience forum, in addition to the Secondary Care Quality and Governance Assurance Committee.

Responsive - Priority – To expand enhanced recovery (PRO recover) programme

What are we trying to improve?
The PRO recover pathway represents the best evidence based approach to achieve maximal benefit for patients, ensuring their most rapid recovery, and is key to early mobilisation and discharge. All patients are eligible to be considered for PRO recover day case surgery - stable patients with stable co morbidities are not excluded.

What will success look like?
50% of our joint surgeons shall be trained to deliver day case surgery. 200 day case arthroplasty in the year. Less than 5% readmission or failure to discharge, mean LOS below 48 hours for hips and knees for 50% of months across Care UK

How will we monitor progress?
Monthly performance reviews, in addition to the Secondary Care Quality and Governance Assurance Committee.

Priorities looking forward

Effective - Priority – Development and introduction of a quality academy within each Secondary Care service

What are we trying to improve?

The primary aim of the care UK Quality Academy is to be build and support the understanding of the staff in aspects of quality, planning, improvement and control of processes relating to our patients' care pathways. This is building on the existing quality projects already in place within services. The Quality Academy will allow a structured approach to quality improvement and consistent reporting of the impact of quality initiatives. The introduction of CPD will also allow recognition and personal development of individual staff members undertaking quality projects.

What will success look like?

All services will have Quality Academy in place
Replication of QI projects across services

How will we monitor progress?

Via the Clinical Audit and Effectiveness Group and Secondary Care Quality and Governance Assurance Committee.

Well led - Priority – The introduction of wellbeing champions for staff in each Secondary Care service

What are we trying to improve?

Staff welfare and wellbeing is of paramount importance. We need to ensure that staff are provided with an environment and opportunities that encourage and enable them to lead healthy lives and make choices that support their wellbeing. It is more important than ever that workplaces become environments that support staff to do this.

What will success look like?

All services will have wellbeing champions in place with appropriate training to support them in their role. The development of a Staff Health and Wellbeing strategy to include training staff as Mental Health first aiders/Champions which is linked to the Employee Value Proposition (EVP) project

How will we monitor progress?

Monitored via governance meetings, in addition to the Secondary Care Quality and Governance Assurance Committee.

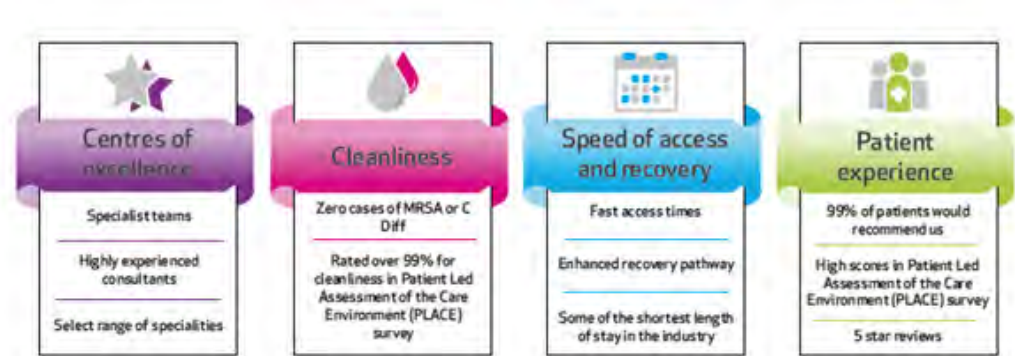


Care UK Cornerstones of quality

While everyone at Care UK would say that quality is one of the things that makes them proud of the work we do, it can sometimes be difficult to articulate exactly what we are so good at and why.

The Care UK Cornerstones of Quality were developed this year, to review our quality metrics and package them in a way that is simple to communicate to staff and patients alike. There are four quality pillars, which are: 'centres of excellence'; 'cleanliness'; 'speed of treatment and recovery' and 'patient experience', all of which contain facts and figures that we feel contribute to exceptional quality in these areas.

We believe these are the reason behind the ultimate hallmark of quality; that all our hospitals are rated 'good' or 'outstanding' by the Care Quality Commission.



National clinical audit

During 2019/20 ten national clinical audits and no national confidential enquiries covered relevant health services that Care UK provides.

During that period Care UK participated in 50% (i.e. 5/10) of the national clinical audits which it was eligible to participate in. However, there were no qualifying cases during the reporting period for three of the national clinical audits in which Care UK was eligible to participate (the National Cardiac Arrest Audit, the Serious Hazards of Transfusion and the Falls and Fragility Fractures audit programme), therefore it could be argued that Care UK participated in 71% (i.e. 5/7) of the eligible national clinical audits.

The national clinical audits that Care UK was eligible to participate in during 2019/20 are identified in the table opposite.

The national clinical audits that Care UK participated in, and for which data collection was completed during 2019/20 are listed in table alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry.

Participation in national clinical audits and national confidential enquiries

National Clinical Audit	Eligible to participate	Participated	# cases submitted	Participation rate	Comments
Assessing Cognitive Impairment in Older People / Care in ED	No	-	-	-	Care UK Secondary Care does not provide type 1 Emergency services
BAUS Urology Audit- Cystectomy	No	-	-	-	Care UK does not perform radical cystectomy surgery
BAUS Urology Audit - Female Stress Urinary Incontinence	Yes	✗	-	-	Care UK are considering participation in this audit in the future
BAUS Urology Audit - Nephrectomy	No	-	-	-	Care UK does not perform nephrectomy surgery
BAUS Urology Audit - Percutaneous Nephrolithotomy	No	-	-	-	Care UK does not perform percutaneous nephrolithotomy surgery
BAUS Urology Audit - Radical Prostatectomy	No	-	-	-	Care UK does not perform radical prostatectomy surgery
Care of Children in Emergency Departments	No	-	-	-	Care UK Secondary Care does not provide type 1 Emergency services
Case Mix Programme	No	-	-	-	Care UK does not provide critical care services
Elective Surgery - National PROMs Programme	Yes	✓	*	100%	*All cases with consent submitted. Data for this reporting period not available yet.
Endocrine and Thyroid National Audit	No	-	-	-	Care UK does not perform thyroid surgery
Falls and Fragility Fractures Audit programme (FFFAP)	Yes	✗	N/A	N/A	Care UK had no qualifying cases in the reporting period
Inflammatory Bowel Disease (IBD) Registry, Biological Therapies Audit	No	-	-	-	Care UK does not provide treatment of long-term conditions
Major Trauma Audit	No	-	-	-	Care UK does not provide major trauma services
Mandatory surveillance of bloodstream infections and clostridium difficile infection	Yes	✓			Please see page 26
Mental Health - Care in Emergency Departments	No	-	-	-	Care UK does not provide mental health services
Mental Health Care Pathway - CYP Urgent & Emergency Mental Health Care and Intensive Care	No	-	-	-	Care UK does not provide mental health services
National Asthma and Chronic Obstructive Pulmonary Disease (COPD) Audit Programme	No	-	-	-	Care UK does not provide treatment of long-term conditions
National Audit of Breast Cancer in Older People (NABCOP)	No	-	-	-	Care UK does not provide cancer services

Participation in national clinical audits and national confidential enquiries

National Clinical Audit	Eligible to participate	Participated	# cases submitted	Participation rate	Comments
National Audit of Cardiac Rehabilitation (NACR)	No	-	-	-	Care UK does not provide cardiovascular disease services
National Audit of Care at the End of Life (NACEL)	No	-	-	-	Care UK does not provide end of life care services
National Audit of Dementia (Care in general hospitals)	No	-	-	-	Care UK does not provide treatment of long-term conditions
National Audit of Pulmonary Hypertension (NAPH)	No	-	-	-	Care UK does not provide specialist pulmonary hypertension services
National Audit of Seizure Management in Hospitals (NASH3)	No	-	-	-	Care UK Secondary Care does not provide Emergency services
National Audit of Seizures and Epilepsies in Children and Young People (Epilepsy12)	No	-	-	-	Care UK does not provide paediatric services
National Bariatric Surgery Registry (NBSR)	No	-	-	-	Care UK does not perform bariatric surgery
British Obesity and Metabolic Surgery Society (BOMSS)	No	-	-	-	Care UK does not perform bariatric surgery
National Cardiac Arrest Audit (NCAA)	Yes		N/A	N/A	Care UK had no qualifying cases in the reporting period. Any cases of cardiac arrest would be investigated against the NCAA standards to determine whether there were any precursors that could have been treated to prevent cardiac arrest
National Cardiac Audit Programme (NCAP)	No	-	-	-	Care UK does not provide management of cardiac rhythm disorders
National Clinical Audit of Anxiety and Depression	No	-	-	-	Care UK does not provide mental health services
National Clinical Audit of Psychosis	No	-	-	-	Care UK does not provide mental health services
National Diabetes Audit – Adults	No	-	-	-	Care UK does not provide treatment of long-term conditions
National Early Inflammatory Arthritis Audit (NEIAA)	No	-	-	-	Care UK does not provide treatment of long-term conditions
National Emergency Laparotomy Audit (NELA)	No	-	-	-	Care UK does not provide emergency surgical services
National Gastro-intestinal Cancer Programme	No	-	-	-	Care UK does not provide cancer services
National Joint Registry (NJR)	Yes		*	100%	Please see page 17
National Lung Cancer Audit (NLCA)	No	-	-	-	Care UK does not provide cancer services
National Maternity and Perinatal Audit (NMPA)	No	-	-	-	Care UK does not provide obstetric services
National Neonatal Audit Programme - Neonatal Intensive and Special Care (NNAP)	No	-	-	-	Care UK does not provide neonatal services
National Ophthalmology Audit (NOD)	Yes		*	100%	*All cases with consent submitted. Data for this reporting period not available yet.
National Paediatric Diabetes Audit (NPDA)	No	-	-	-	Care UK does not provide treatment of long-term conditions

Participation in national clinical audits and national confidential enquiries

National clinical audit reports reviewed

National Clinical Audit	Eligible to participate	Participated	# cases submitted	Participation rate	Comments
National Prostate Cancer Audit	No	-	-	-	Care UK does not provide cancer services
National Smoking Cessation Audit British Thoracic Society (BTS)	Yes	X	-	-	Care UK chose not to participate but data relating to tobacco use is covered by a CQUIN
National Vascular Registry	No	-	-	-	Care UK does not perform major vascular surgery
Neurosurgical National Audit Programme	No	-	-	-	Care UK does not provide neurosurgical services
Paediatric Intensive Care Audit Network (PICANet)	No	-	-	-	Care UK does not provide paediatric services
Perioperative Quality Improvement Programme (PQIP)	No	-	-	-	Care UK does not perform the surgical procedures listed in the inclusion criteria
Prescribing Observatory for Mental Health (POMHUK)	No	-	-	-	Care UK does not provide mental health services
Sentinel Stroke National Audit programme (SSNAP)	No	-	-	-	Care UK does not provide acute medical care
Serious Hazards of Transfusion: UK National Haemovigilance Scheme	Yes	X	N/A	N/A	No qualifying cases this reporting period
Society for Acute Medicine's Benchmarking Audit (SAMBA)	No	-	-	-	Care UK does not provide acute medical care
Surgical Site Infection Surveillance Service	Yes	-	-	100%	Please see page 29
UK Cystic Fibrosis Registry Cystic Fibrosis Trust	No	-	-	-	Care UK does not provide treatment of long-term conditions
UK Parkinson's Audit	No	-	-	-	Care UK does not provide treatment of long-term conditions
National Confidential Enquiries					
Child Health Clinical Outcome Review Programme	No	-	-	-	Care UK does not provide paediatric services
Maternal, Newborn and Infant Clinical Outcome Review Programme	No	-	-	-	Care UK does not provide obstetric or neonatal services
Medical and Surgical Clinical Outcome Review Programme	No	-	-	-	Care UK does not meet the inclusion criteria for any of the 2019/20 studies
Mental Health Clinical Outcome Review Programme	No	-	-	-	Care UK does not provide mental health services

National clinical audit report	Actions in response to report recommendations
2017–2018 Prospective Annual Report of the National Ophthalmology Audit	Review confirmed that Care UK operating well within the national guidelines therefore no actions indicated.
National Joint Registry 16th Annual Report 2019	<p>Barlborough Treatment Centre noted as a negative outlier for total knee replacement surgery. A review of all knee surgeons operating at Barlborough was undertaken and the following actions agreed:</p> <ul style="list-style-type: none"> All surgeons working at BBL will share their NJR data; All employed surgeons will review the yearly NJR outcomes at an annual meeting. Visiting surgeons are required to discuss their NJR data with the orthopaedic lead; All unicondylar knees will be undertaken by two surgeons with particular expertise in this surgery; All revisions will be discussed with the local hub tertiary referral centre. This will then be fed back to the entire group at departmental meetings to ensure embedded learning. <p>Emersons Green Treatment Centre was identified as being a positive outlier, an accolade only two independent hospitals in the country achieved.</p>
Annual Serious Hazards of Transfusion (SHOT) Report 2018	The Blood Transfusion Coordinator incorporated issues raised in the SHOT report in the monthly Blood Transfusion sessions. The training presentation that is delivered every two years was updated and relevant changes to practice made.

The reports of three national clinical audits were reviewed by the provider in 2019/20 and Care UK intends to take / has taken the actions described in table to improve the quality of healthcare provided.



Local clinical audit reports reviewed

Local clinical audit reports reviewed

Local clinical audit report	Findings / actions
Audit of total knee replacement outcomes with/without tourniquet use	No significant difference in outcomes. To re-audit using larger sample and take into account other variables such as method of wound closure.
Audit of Patients' Satisfaction with Anaesthesia Care at NELTC	High degree of satisfaction reported
Collared or collarless stem in THA?	No advantages / disadvantages found with one prosthesis over the other
Hallux valgus audit	Joint stiffness could be minimised by starting range of movement exercises at 3 weeks;
Introduction of a PROMs questionnaire would provide useful, standardised evaluation	The Blood Transfusion Coordinator incorporated issues raised in the SHOT report in the monthly Blood Transfusion
Laparoscopic femoral hernia repair	TAPP laparoscopic approach for groin hernias in females is safe and recommended in uncertain clinical cases
Re-audit of post-operative macula oedema CMO	The incidence of CMO following cataract surgery has reduced from 1.73% (2012 – 2016) and 1.15% (2016) to 0.75% (2019-2020) following the routine introduction of Bromfenac for diabetic patients.
Fewer patients required intervention with injections and only required treatment with drops. Post treatment visual acuity has also improved.	The Blood Transfusion Coordinator incorporated issues raised in the SHOT report in the monthly Blood Transfusion
Audit of Outpatient Joint Replacements	An initial audit of 32 hip replacements and 20 knee replacements has shown very positive results in regards to outcomes and patient satisfaction. The audit is in the process of being extended to encompass 100 cases.
Sepsis Audit	All patients were appropriately screened for sepsis and two patients were appropriately re-directed to the local Trust.
Community ENT Service Audit	To create a 'one-stop' offer within the service, to better integrate the provision of Audiometry assessment at the time of first Community ENT service appointment. It would be envisaged that there would be a significant improvement in the current less than 10% proportion who are seen and appropriately assessed/diagnosed, and offered a treatment plan/recommendation within a single clinic visit.

Local clinical audit report	Findings / actions
Physiotherapy audit: most effective pain management following total knee replacement	Overall the use of ice proved slightly more effective to help manage pain, increasing knee AROM and improving muscle function following TKR in comparison to the application of the physiocool bandage.
Live NEWS 2 Daily Audit – ensures that any patient deterioration is detected and appropriately escalated	Actions are taken immediately in response to the audit findings, therefore ensuring that inpatients NEWS 2 charts will be accurately scored and documented, detecting, escalating and acting on a deviation from the norm at the earliest opportunity.

The Clinical Audit and Effectiveness Group is being reinstated to facilitate Secondary Care clinical audit, as opposed to both Primary Care and Secondary Care combined, as was previously the case.

This will provide clinical audit support, with approval of clinical audit proposals, guidance to ensure a consistent, high standard of methodology and reporting is maintained and a repository of audit reports and the recommendations made accessible across Secondary Care.

The group will also be responsible for identifying national clinical audit reports applicable to Care UK and ensuring that the recommendations made are reviewed at the appropriate forum(a) and actions implemented.

National Joint Registry (NJR)

The NJR has, since 2003, monitored joint replacement surgery in terms of both its clinical effectiveness and the effectiveness of the surgical implants used.

The total number of procedures recorded in the NJR exceeds 2.8million, with 259,859 added during 2017/18 (16th Annual NJR Report, September 2019).

All Care UK consultants continue to register as high volume surgeons above the national average.

Emersons Green Treatment Centre has been reported as one of only two independent hospitals as a positive outlier for hip revision in the country.

Our data input and consent remains 100% at all sites (national 93.8%)

We are delighted to inform that the following hospitals have been recognised as an NJR Quality Data Provider for 2018/19.

- Barlborough NHS Treatment Centre
- Emersons Green NHS Treatment Centre
- Peninsula NHS Treatment Centre
- Southampton NHS Treatment Centre

Care UK's current selection of hip and knee replacement implants takes into account: the top performing outcomes demonstrated by the NJR; Orthopaedic Data Evaluation Panel (ODEP) ratings; and, the most commonly utilised implants in England and Wales. NJR continue to show improvement of revision rate and implant life which is also evident in our Care UK data.

The NJR show a steady increase in hybrid THR which our monthly audits also reflect. These protocols are regularly reviewed to take account of the latest high impact scientific evidence and the NJR data on revision rates.

In 2019 there has been further improvement in data sharing with the introduction of email notification at consultant level when procedures are revised or in the event of a patient death. There is also an updated on-line portal allowing more visible and easy to understand NJR data.

Hospital	No. of procedures Apr 2018 to Mar 2019	NJR consent rate	Number of surgeons	Outliers – mortality rate	Outliers - Hip Revision Rate (Aug 2013 to Aug 2018)	Outliers –knee revision rate (Aug 2013 to Aug 2018)
Barlborough NHS Treatment Centre	1,770	99.5%	23			
Emersons Green NHS Treatment Centre	1028	98.2%	17			
North East London NHS Treatment Centre	512	99.8%	15			
Peninsula NHS Treatment Centre	1389	99.4%	17			
Shepton Mallet NHS Treatment Centre	1184	100.0%	13			
Southampton NHS Treatment Centre	593	99.2%	19			

Participation in clinical research

No patients receiving NHS services provided or subcontracted by Care UK at any of our Treatment Centres from April 2019 to March 2020, were recruited to participate in research approved by a research ethics committee.

Our Treatment Centres participated in national audits and confidential enquiries appropriate to the services we deliver.

Participation in Commissioning for Quality and Innovation (CQUIN)

In April 2009, the Department of Health launched the CQUIN framework to encourage healthcare providers to continuously demonstrate improvements and innovation in the quality of the care they provide.

The framework supports the vision set out in 'High Quality Care for All' (Darzi, 2008) where quality is viewed as an organisational principle.

CQUIN rewards excellence by linking a proportion of the provider's income to the achievement of local quality improvement goals. A proportion of our income in 2019/20 was conditional upon us achieving pre-agreed quality improvement and innovation goals as set out in the CQUIN payment framework.

We are pleased to report that we have consistently achieved these goals, demonstrating our active engagement in quality improvement with our commissioners.

Details of the agreed CQUIN goals for each of our services for both 2019/20 and the coming year can be requested from the Hospital Directors at each treatment centre.

(NB: as CQUIN targets are locally agreed they may vary between Treatment Centres).

Care Quality Commission (CQC) registration

Care UK is required to register with the CQC and must comply with the Health and Social Care Act 2008 (regulated activities) Regulations (2010) and the CQC (Registration) Regulations 2009 (Essential standards of quality and safety 2010).

All of our services are registered with the CQC and work to ensure they remain compliant with the essential standards of quality and safety.

CQC ratings to follow.

CQC inspection results

Barlborough Treatment Centre

16th March 2015

Overall rating	Inadequate	Requires improvement	Good	Outstanding
Services are...				
Safe			✓	
Effective			✓	
Caring				★
Responsive			✓	
Well-led			✓	
Overall			✓	

Breakdown by service - surgery

Rating	Inadequate	Requires improvement	Good	Outstanding
Service is...				
Safe				
Effective				
Caring				
Responsive				
Well-led				
Overall			Good	

Breakdown by service - outpatients and diagnostic imaging

Rating	Inadequate	Requires improvement	Good	Outstanding
Service is...				
Safe				
Effective			not rated	
Caring				
Responsive				
Well-led				
Overall			Good	

The feedback received from CQC indicated that there were systems in place to identify and record patient safety incidents.

Where serious incidents had occurred investigations were completed to identify learning and cascade this to staff.

Not all incidents were reported to CQC as they should have been in 2014 but is now remedied.

Southampton Treatment Centre

September 2018

Overall rating	Inadequate	Requires improvement	Good	Outstanding
Services are...				
Safe			✓	
Effective			✓	
Caring				★
Responsive			✓	
Well-led				★
Overall				★

Breakdown by service - surgery

Rating	Inadequate	Requires improvement	Good	Outstanding
Service is...				
Safe				
Effective				
Caring				
Responsive				
Well-led				
Overall				Outstanding

Breakdown by service - outpatients and diagnostic imaging

Rating	Inadequate	Requires improvement	Good	Outstanding
Service is...				
Safe				
Effective			not rated	
Caring				
Responsive				
Well-led				
Overall				Outstanding

“Care was provided that was outstandingly kind and compassionate within the surgical ward and department”

“There were clear, open and transparent processes for reporting and learning from incidents.”

St Mary's Treatment Centre

2nd October 2015

Overall rating	Inadequate	Requires improvement	Good	Outstanding
Services are...				
Safe			✓	
Effective			✓	
Caring			✓	
Responsive			✓	
Well-led			✓	
Overall			✓	

"Staff treated patients with courtesy and respect, and patients were fully involved in decisions about their care."

"Staff took into account the needs of different people, for example, patients living with dementia, learning, or other disability conditions. And ensured they were seen as quickly as possible."

Breakdown by service - surgery

Rating	Inadequate	Requires improvement	Good	Outstanding
Service is...				
Safe				
Effective				
Caring				
Responsive				
Well-led				
Overall			Good	

Breakdown by service - outpatients and diagnostic imaging

Rating	Inadequate	Requires improvement	Good	Outstanding
Service is...				
Safe				
Effective			not rated	
Caring				
Responsive				
Well-led				
Overall			Good	

Will Adams Treatment Centre

9th August 2016

Overall rating	Inadequate	Requires improvement	Good	Outstanding
Services are...				
Safe			✓	
Effective			✓	
Caring			✓	
Responsive			✓	
Well-led			✓	
Overall			✓	

"Patients were positive about their experience and received care that protected their privacy and dignity."

"There were clear, open and transparent processes for reporting and learning from incidents."

Breakdown by service - surgery

Rating	Inadequate	Requires improvement	Good	Outstanding
Service is...				
Safe				
Effective				
Caring				
Responsive				
Well-led				
Overall			Good	

Breakdown by service - outpatients and diagnostic imaging

Rating	Inadequate	Requires improvement	Good	Outstanding
Service is...				
Safe				
Effective			not rated	
Caring				
Responsive				
Well-led				
Overall			Good	

Emersons Green Treatment Centre

30th March 2016

Overall rating	Inadequate	Requires improvement	Good	Outstanding
Services are...				
Safe			✓	
Effective			✓	
Caring			✓	
Responsive			✓	
Well-led			✓	
Overall			✓	

“There was good multi-disciplinary team working across all departments to ensure effective patient care.”

“All staff demonstrated genuine compassion for the people in their care, which was embedded into the culture of the departments.”

Breakdown by service - surgery

Rating	Inadequate	Requires improvement	Good	Outstanding
Service is...				
Safe				
Effective				
Caring				
Responsive				
Well-led				
Overall			Good	

Breakdown by service - outpatients and diagnostic imaging

Rating	Inadequate	Requires improvement	Good	Outstanding
Service is...				
Safe				
Effective			not rated	
Caring				
Responsive				
Well-led				
Overall			Good	

Peninsula Treatment Centre

13th July 2016

Overall rating	Inadequate	Requires improvement	Good	Outstanding
Services are...				
Safe			✓	
Effective			✓	
Caring				★
Responsive			✓	
Well-led				★
Overall				★

“Leaders empowered staff to promote caring and collaborative relationships with patients.”

“The multi-disciplinary team made exceptional effort to accommodate the cultural needs of patients, such as single sex room, all female staff teams for the duration of patients admission, specific dietary requirements.”

Breakdown by service - surgery

Rating	Inadequate	Requires improvement	Good	Outstanding
Service is...				
Safe				
Effective				
Caring				
Responsive				
Well-led				
Overall				Outstanding

Breakdown by service - outpatients and diagnostic imaging

Rating	Inadequate	Requires improvement	Good	Outstanding
Service is...				
Safe				
Effective			not rated	
Caring				
Responsive				
Well-led				
Overall				Outstanding

Devizes Treatment Centre

13th September 2016

Overall rating	Inadequate	Requires improvement	Good	Outstanding
Services are...				
Safe			✓	
Effective			✓	
Caring			✓	
Responsive			✓	
Well-led			✓	
Overall			✓	

“There was a patient centred culture in all departments with staff showing care, kindness and compassion to all patients.”

“Patients complimented the treatment and care they received, commenting that staff were courteous and respectful.”

Breakdown by service - surgery

Rating	Inadequate	Requires improvement	Good	Outstanding
Service is...				
Safe				
Effective				
Caring				
Responsive				
Well-led				
Overall			Good	

Breakdown by service - outpatients and diagnostic imaging

Rating	Inadequate	Requires improvement	Good	Outstanding
Service is...				
Safe				
Effective			not rated	
Caring				
Responsive				
Well-led				
Overall			Good	

Shepton Mallet Treatment Centre

October 2016

Overall rating	Inadequate	Requires improvement	Good	Outstanding
Services are...				
Safe				★
Effective				★
Caring				★
Responsive				★
Well-led				★
Overall				★

“High quality performance and care were encouraged and acknowledged and all staff were engaged in monitoring and improving outcomes for patients.”

“Multi-disciplinary team working was excellent throughout the surgery service.”

Breakdown by service - surgery

Rating	Inadequate	Requires improvement	Good	Outstanding
Service is...				
Safe				
Effective				
Caring				
Responsive				
Well-led				
Overall				Outstanding

Breakdown by service - outpatients and diagnostic imaging

Rating	Inadequate	Requires improvement	Good	Outstanding
Service is...				
Safe				
Effective			not rated	
Caring				
Responsive				
Well-led				
Overall				Outstanding

North East London Treatment Centre January 2019

Overall rating	Inadequate	Requires improvement	Good	Outstanding
Services are...				
Safe			✓	
Effective			✓	
Caring			✓	
Responsive			✓	
Well-led			✓	
Overall			✓	

Breakdown by service - surgery

Rating	Inadequate	Requires improvement	Good	Outstanding
Service is...				
Safe				
Effective				
Caring				
Responsive				
Well-led				
Overall			Good	

Breakdown by service - outpatients and diagnostic imaging

Rating	Inadequate	Requires improvement	Good	Outstanding
Service is...				
Safe				
Effective			not rated	
Caring				
Responsive				
Well-led				
Overall			Good	

“Patients commented on how helpful and kind staff had been in providing support.”

“The surgical service received consistent positive feedback from the Friends and Family test.”

Rochdale Ophthalmology CATS November 2016

Overall rating	Inadequate	Requires improvement	Good	Outstanding
Services are...				
Safe			✓	
Effective				★
Caring				★
Responsive			✓	
Well-led			✓	
Overall				★

Breakdown by service - surgery

Rating	Inadequate	Requires improvement	Good	Outstanding
Service is...				
Safe				
Effective				
Caring				
Responsive				
Well-led				
Overall				Outstanding

Breakdown by service - outpatients and diagnostic imaging

Rating	Inadequate	Requires improvement	Good	Outstanding
Service is...				
Safe				
Effective			not rated	
Caring				
Responsive				
Well-led				
Overall			Good	

“The service had a clear vision and strategy, which were understood by staff.”

“All patients were treated by staff compassionately and their privacy and dignity was maintained.”

St Mary's UTC

2nd October 2015

Overall rating	Inadequate	Requires improvement	Good	Outstanding
Services are...				
Safe			✓	
Effective			✓	
Caring			✓	
Responsive			✓	
Well-led			✓	
Overall			✓	

"Services reflected the importance of flexibility, choice and continuity of care."

"Staff treated patients with courtesy and respect, and patients were fully involved in decisions about their care."

Royal South Hants UTC

29th March 2017

Overall rating	Inadequate	Requires improvement	Good	Outstanding
Services are...				
Safe			✓	
Effective			✓	
Caring			✓	
Responsive			✓	
Well-led			✓	
Overall			✓	

"The service had good facilities and was well equipped to treat patients and meet their needs."

"We saw that staff treated patients with kindness and respect, and maintained patient and information confidentiality."

Information governance

We understand the need to protect and maintain the confidentiality of patient information, and take our responsibilities in this important area very seriously.

We pride ourselves on our accountability and transparency.

The Caldicott Guardian, who is responsible for the security of patient information, leads this work and is ably supported by the Senior Information Risk Owner and Data Protection Officer.

The past year has seen the continued enhancement to our Business As Usual compliance to

GDPR (General Data Protection Regulations) and the Data Protection Act 2018 legislation.

Our historic focus on accountability, audit and with transparency means that we are well placed to continually improve our compliance with the new legislation.

New training modules and resources were delivered to colleagues, internal policies have been updated, and patient privacy notices developed for all services.

We have continued to encourage staff to report incidents when they do take place.

We have had a total of 31 internal IT security incidents, and have had 4 SIRI Level 2 reportable incidents, 3 of which the ICO has closed with no enforcement actions taken against us. In all cases no harm was found to have come to any data subjects.

To complement our compliance with the ISO27001 framework, our annual Data Security and Protection (DSP) toolkit submission maintained our 100% compliance and we are on track to achieve the same in the new Data Security and Protection Toolkit Assurance Framework 2020 which now requires all organisations to complete an independent audit framework for the DSP Toolkit. We have also achieved the Cyber Essentials Plus Certification which demonstrates our high standards in Cyber Security.

Clinical coding

Within Care UK there is a programme of clinical coding audits focused on data quality, in accordance with Data Security Standard 1, Data Quality Clinical Coding Audit Guidance – Acute and Mental Health Trusts, Health & Social Care Information Centre, NHS Digital, 2019/20. The audits are conducted in-line with the Health and Social Care Information Centre (H&SCIC), NHS Digital Clinical Coding Methodology version 13.

As the requirement of the level of attainment provided by the Terminology and Classifications Delivery Service within Data Security Standard 1 the 2019-20 audit results demonstrated that Care UK Treatment Centres were achieving the standards met percentage accuracy, with the majority of Treatment Centres achieving standards exceeded.

Care UK clinical coders receive ongoing training in-line with Data Security Standard 3 Staff Training, Clinical Coding Specialist Training Guidance – Acute and Mental Health Trusts, H&SCIC, NHS Digital, 2019/20.

Learning from deaths

[All patient deaths that occur within 30 days of treatment have a full case record review and root cause analysis investigation undertaken to determine if any aspects of care are attributable to the death.](#)

Five patient deaths were reported within 30 days following surgery at a Care UK Treatment Centre during the period between April and December 2019. All of these deaths happened after discharge / transfer from a Care UK facility. The investigations found that four of these patient deaths during the reporting period are judged to be more likely than not to have been due to problems in the care provided to the patient. The fifth case is still under review, with the post mortem finding the cause of death to be unascertained.

Reporting against core indicators

Patient Reported Outcome Measures (PROMs)

The Department of Health requires independent healthcare providers such as Care UK to report against a core set of quality indicators, using information that is provided by the Health and Social Care Information Centre (HSCIC) to compare our results to others.

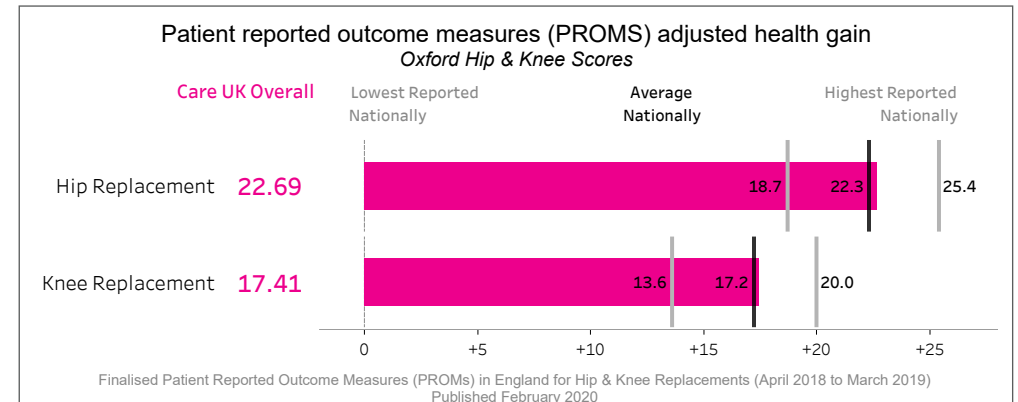
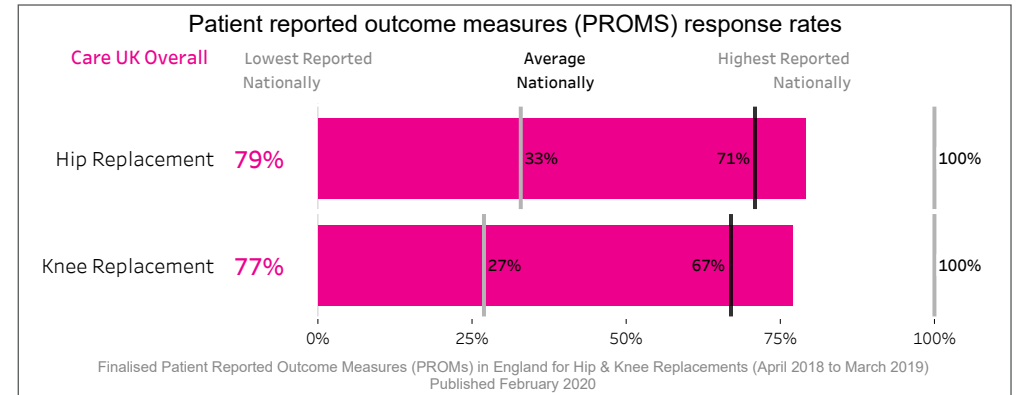
The NHS requires providers to ask patients having one of two specific procedures to complete questionnaires before and after their operation, to find out how much difference the operation has made to them. The procedures are hip replacement and knee replacement.

The tables below show how well we have done by comparing our achievements to the national average and to the best and worst performers.

Data

Care UK considers that these data are as described for the following reasons:

- It is taken from a national information provider.
- PROMS are an important quality indicator as they assess care quality from the patient's perspective. For this reason, Care UK is already taking the following action to improve our PROMs scores:
- PROMs information is regularly reported to the Senior Leadership Team in a similar format to the table shown, so that areas for improvement can be swiftly identified.
- Treatment Centres with PROMs scores that require improvement analyse their data with the assistance of Quality Health Ltd, who provide specialist knowledge of PROMs information.
- This analysis forms the basis for improvement action planning.
- The success of each improvement action plan is tracked by the senior leadership team.



Indicator	Care UK overall data	Health and Social Care Information Centre (HSCIC) data		
		Highest reported nationally (best performing)	Lowest reported nationally (worst performing)	National average
Patient reported outcome measures (PROMS) participation rates	April 2018 - March 2019			
Hip replacement surgery	79%	100%	33%	71%
Knee replacement surgery	77%	100%	27%	67%

Finalised Patient Reported Outcome Measures (PROMs) in England for Hip & Knee Replacements (April 2018 to March 2019) Published February 2020

Indicator	Care UK Overall data	Health and Social Care Information Centre (HSCIC) data		
		Highest reported nationally (best performing)	Lowest reported nationally (worst performing)	National average
Patient reported outcome measures (PROMS) adjusted health gain	April 2018 - March 2019			
Hip replacement surgery	22.69	25.4	18.7	22.3
Knee replacement surgery	17.41	20.0	13.6	17.2

Finalised Patient Reported Outcome Measures (PROMs) in England for Hip & Knee Replacements (April 2018 to March 2019) Published February 2020

Emergency readmission rate for patients aged 16 or over

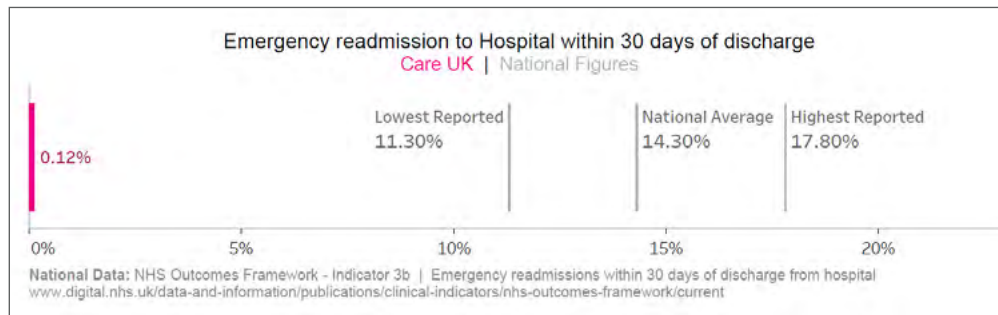
This indicator looks at the number of patients who have been readmitted to our Treatment Centres within 30 days of surgery. Reasons for readmission can include infection, pain or other complications arising from their surgery.

Care UK considers that these data are as described for the following reasons:

- It is taken from local data that is submitted to the Department of Health.

Care UK has taken and will continue to take the following actions to improve our scores and so the quality of its services:

- Emergency readmission rates are tracked monthly for each treatment centre and reported to the senior leadership team and board
- Each month the senior leadership team examines every instance of emergency readmission that occurred and discusses the causes and what can be done to avoid similar readmissions in the future



Indicator	Care UK overall data		NHS Digital	
	2018	Highest reported nationally (best performing)	Lowest reported nationally (worst performing)	National average
Emergency readmission to hospital within 30 days of discharge	0.12%	17.8%	11.3%	14.3%
Data source:	Local data	NHS Outcomes Framework - Indicator 3b Emergency readmissions within 30 days of discharge from hospital		

Friends and family test performance

The Friends and Family Test is the government's preferred measure of patient satisfaction that is applied across the NHS and the independent sector.

Around 99% of NHS inpatients would be "extremely likely" or "likely" to recommend independent providers compared with a national average of around 96%. Care UK's equivalent results of 99.02% compare favourably.

Appointment Type	01-Apr-19	01-May-19	01-Jun-19	01-Jul-19	01-Aug-19	01-Sep-19	01-Oct-19	01-Nov-19	01-Dec-19
Daycase	99.35%	99.47%	99.18%	99.49%	99.12%	99.03%	98.98%	99.02%	99.22%
Inpatient	98.58%	99.21%	99.31%	99.34%	99.33%	99.17%	98.93%	98.60%	98.67%
Outpatient	97.85%	97.74%	98.37%	97.86%	98.56%	98.74%	98.68%	98.46%	98.54%

Percentage of patients by appointment type who would recommend Care UK as a service provider

Risk assessment of venous thromboembolism (VTE)

People who undergo operations may have a risk of developing a potentially harmful blood clot or VTE. This indicator looks at how efficiently Care UK assesses their risk of developing a VTE.

Care UK considers that these data are as described for the following reasons:

- It is taken from a national information provider.

Care UK has taken and will continue to take the following actions to improve our scores and so the quality of its services:

- VTE risk assessment rates are tracked monthly for each treatment centre and reported to the senior leadership team and board.
- We set ourselves a target of 100% for this indicator and compare ourselves in this area against the independent sector (average 99.0%) and the NHS every three months.
- Reasons for not achieving 100% are examined each month by the senior leadership team and explained to the board with actions to remedy.

Care UK involved in NHS England and NHS Improvement, Getting it Right First Time (GIRFT) Venous Thromboembolism National Audit

Getting it Right First Time (GIRFT) is a national programme, led by frontline clinicians, created to help improve the quality of medical and clinical care within the health system in England by identifying and reducing unwarranted variations in service and practice. By tackling variations in the way services are delivered, and by sharing best practice between health providers, GIRFT identifies changes that will help improve care and patient outcomes.

Venous thromboembolism (VTE) is a condition in which a blood clot forms most often in the deep veins of the leg, groin or arm (known as deep vein thrombosis, DVT) and travels in the circulation, lodging in the lungs (known as pulmonary embolism, PE). Together, DVT and PE are known as VTE - a dangerous, potentially deadly medical condition.

The GIRFT Thrombosis and VTE Survey launched on 1st October 2019 and will run until 31st March 2020. Within Care UK Secondary Care services, we have committed to be part of this survey and to help share the clinical and safe care needed within this particular part of surgery.

The purpose of the survey is to:

- Identify the number of cases of HAT (Hospital Acquired Thrombosis) for a period of six months in each hospital.
- Identify the clinical areas where HAT occurs, identifying whether HAT has occurred after medical or surgical admission and the type of surgical admission.
- Identify common themes within cases of potentially preventable HAT.
- Assess local practice in the prevention of VTE.
- Provide GIRFT with information on the way we use mechanical prevention and the devices we use (compression stockings and/or compression pump devices)
- Share information about the use of medication and it's timing once patients identified as high risk.
- Nature and duration of VTE prevention measures
- Provide data from Care UK sites to benchmark against the national average and to drive better scrutiny and investigation



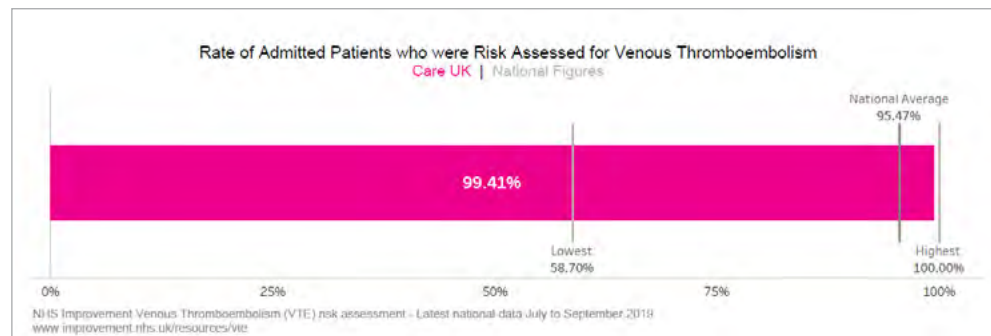
Risk assessment of venous thromboembolism (VTE)

Within Care UK secondary sites, the iAuditor platform is being utilised to help record, audit and up load information for this national survey. Medical, Pharmacy, Nursing and Governance teams at each site are engaged to work in a multi-disciplinary way to help identify patients and capture the data needed on a monthly basis.

The data for this survey for the division is then amalgamated together and uploaded via a GIRFT online portal and has three sets of questions – a HAT survey, a VTE prevention survey and an organisation survey.

At Care UK we believe that the great care we give in terms of VTE prevention will help to improve the quality of the data collected and thus benefit a wider range of patients across the entire health care sector.

Indicator	Care UK overall data		NHS Improvement Data July to September 2019	
	July - Sept 2019	Highest reported nationally (best performing)	Lowest reported nationally (worst performing)	National average
% admitted who were risk assesses for venous thromboembolism	99.41%	100.00%	58.7%	95.47%
All Treatment Centres	99.41%	100.00%	58.7%	95.47%
Data source:	https://improvement.nhs.uk/resources/vte/			



Infection prevention and control

Care UK is committed to the highest standards of safe practice and environmental hygiene in order to prevent and control risk of infection to our service users. Visibly clean, pleasant surroundings contribute to confidence in care and a well-managed environment helps to maintain the best possible outcomes for our patients.

Organisational management

Care UK's Deputy Director of Infection Prevention and Control (IPC) oversees a robust system of auditing and quality improvement processes which underpin the activity of the clinical and housekeeping staff at our sites.

Reporting into the Care UK Healthcare governance structures, outcomes of infection and infectious disease are actively monitored and benchmarked against national expectations to ensure we remain focused on maintaining the exceptionally low rates of infection associated with surgical treatment at our facilities.

Each site has a named IPC Lead practitioner who acts as the specialist on site and liaises with the Deputy Director of IPC to ensure expert opinion is available to guide appropriate, informed and evidence based practices.

Our programme of IPC activities are delivered within a framework of extensive policies which are actively reviewed within a defined period or as required in the event of novel information or nationally approved research recommendations. All changes to process or policy guidance undergo critical analysis prior to ratification via an appropriate corporate committee, usually the Care UK Healthcare Infection Prevention and Control Committee; chaired by the Medical Director of Secondary Care, Director of IPC.

Our IPC strategy is revised regularly and reflects national, global and local priorities for reducing risk of infection. The objectives of the strategy are broadly to ensure compliance with the Health and Social Care Act (2015) and enable us to demonstrate how we meet the requirements of the Hygiene Code (2006) on our approach to delivering clean, safe care.

Infection prevention and control

We believe in upskilling our clinicians and ensuring a standard of infection prevention practice that is uniformly applied regardless of what is known or not known about our clients. Bringing our network of IPC Lead and Link practitioners together on a quarterly basis enables us to deliver clinical supervision, shared learning and peer support within a candid and empathetic setting with prevention of infection at the heart of leadership approach.

The operational processes delivered by the Deputy Director and included within the development remit of the IPC Leads include site support, supervision, colleague education and detailed feedback and action planning as a result of collated audits designed to improve standards of clinical practice or environment.

Systems of assurance

Our internal auditing systems monitor expected standards of clinical practice known to reduce risk of infection including safe use of sharps and use of personal protective equipment. Of this we uphold hand hygiene as the most important element of our practices: in line with national agreement and WHO recommendations for hand hygiene, we use hand hygiene audits as a visible measure of patient safety. This year, we have developed our teams to be able to use hand hygiene observations as a reflective practice tool by which registered nurses and clinicians can seek to understand their own individual behaviours to improve their compliance.

As part of our annual evaluation, the IPC audit schedule, tools and the training templates are reviewed and revised to ensure they deliver the information that really provides the assurance

required of safe, clean care. This year the audits have been placed onto the iAuditor online profile which allows real time auditing and feedback to enable immediacy of response to issues and facilitates ownership and the subsequent planning of remedial actions.

Staff are trained on the mandatory elements of infection prevention and control as required by the Hygiene Code and within Care UK, we provide both face to face learning and opportunity for local on-site training delivered by the IPC site Lead. All training is recorded on the individual's personal record and also the Learning Management System.

IPC Lead practitioners and IPC link practitioners are supported to attend a formal training programme to equip them with the skills and knowledge required to deliver within the link or lead role.

This team of people report each month to the Deputy Director on incidences of surgical site and healthcare associated infections. Any lessons that arise from the investigations conducted into any deep surgical site infection are fed back to the local site and shared at the quarterly IPC Lead forums dedicated to quality improvement of infection prevention and control at our NHS Treatment Centres.

Performance 2019-2020

Healthcare Associated Infections (HCAs): Care UK maintains a vision and focus on a zero

tolerance to any avoidable infection. Care UK had no reported cases of healthcare-associated *Clostridioides difficile* (formerly *Clostridium difficile*) infection: this is the gastro intestinal infection associated with poor antibiotic control which can be

extremely dangerous for older people particularly. Further Care UK Healthcare had no incidences of methicillin resistant or sensitive *Staphylococcus aureus* bacteraemia attributable to their care during 2019 nor any incidence reported of bacteraemia caused by gram negative organisms.

Surgical site infection (SSI) rates (hip and knee replacement)

Care UK actively seeks information on how well our patients recover after their hip or knee replacement surgery. Every Care UK treatment centre undertaking hip and knee replacements submits outcome data on each patient to the National Surveillance Scheme database managed by Public Health England.

Infection is a rare but recognised risk of any surgery and at Care UK we are proud that incidents in all our Treatment Centres are extremely rare. In the rare event that a patient does experience an infection following their surgery or during their recovery period, this is reported to the site Infection Prevention and Control Lead and to the Deputy Director in Infection Prevention and Control.

We have a robust response to such an incident including an active investigation into possible causes or contributing factors and a documented analysis of this: any learning relevant to the wider healthcare economy is shared accordingly, always maintaining the patient at the heart of this process.

Infection prevention and control

Surgical site infection rates (hip and knee replacements)

Care UK actively seek the information which allows us to reliably report on our rate of infections after hip and knee replacement operations. Questionnaires are given to patients following their surgery and these are requested to be returned to us once the wound is healed. Some patients choose to come back to the Treatment Centres for the six week check of their surgical site wound and this provides an opportunity to complete the post discharge questionnaire. Others choose to return their questionnaires by post in pre-paid envelopes 30 days after surgery.

If these forms indicate there has been a possible infection, Care UK infection prevention and control leads contact the patient and the GP to confirm whether an infection was present.

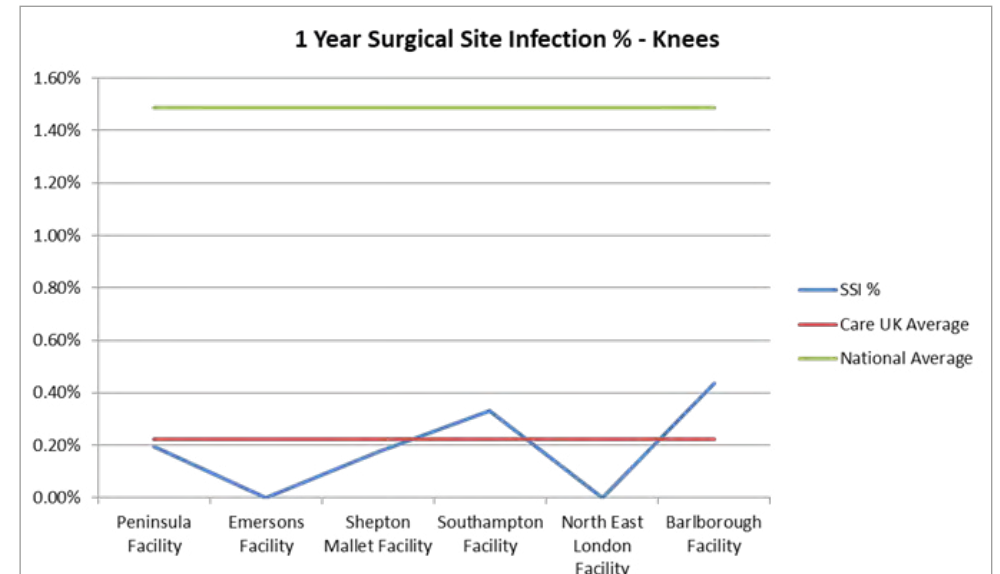
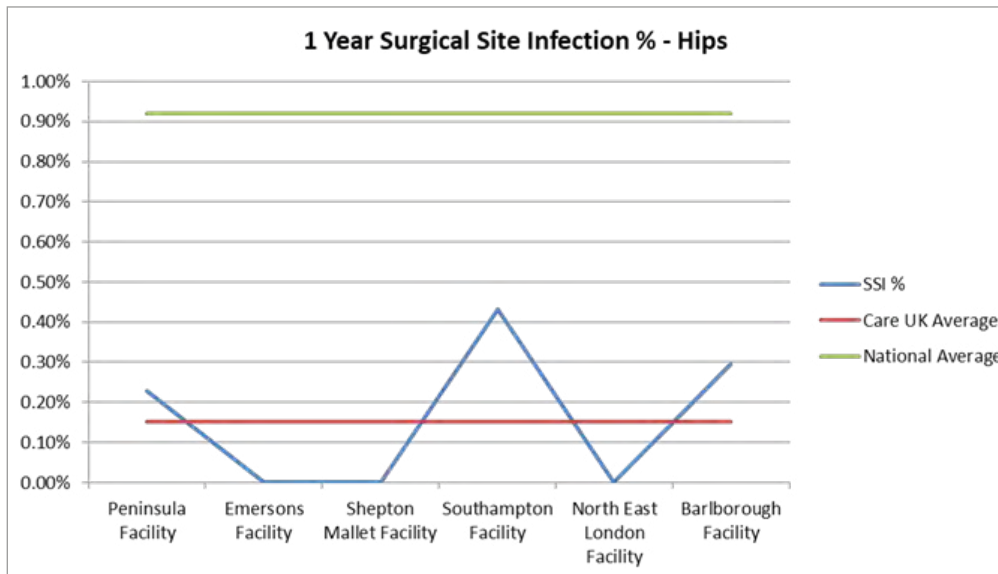
In line with our zero tolerance approach to avoidable infections, an investigation is undertaken to understand whether there was any area of care in which we could have done better and whether we can identify any lessons to be learnt from the incident.

This year Care UK have contributed to the national learning around incidents of infection being developed by the Get It Right First Time (GIRFT) approach. We shared information on outcomes of surgical site infection during a six month period and we shall be part of the benchmarking exercise to

understand how we compare with other providers in our rates of infection after surgery.

Safe clean care remains at the heart of our infection prevention and control practice.

Meticillin Sensitive Staphylococcus Aureus	0
Meticillin Resistant Staphylococcus Aureus	0
Gram negative bacteraemias	0
Clostridioides difficile (previously Clostridium difficile) infections	0



Infection prevention and control

Secondary care hand hygiene audit results by unit

Hand hygiene is a very important element of our comprehensive infection prevention and control (IPC) strategy, policies and procedures – all of which are designed to minimise the risk of infection amongst our patients.

An annual training and audit schedule covers standard infection prevention and control precautions, including hand hygiene, use of personal protective equipment (PPE), decontamination and environmental cleanliness.

Our IPC leads and link practitioners conduct scheduled audits of the hand hygiene practice of staff within each service area.

Last year we introduced a new tool which encouraged patients to assess the hand hygiene of the clinical staff caring for them. Staff and patients appreciate this open way of ensuring everyone's clinical practice is good. The results from these audits have been well received and highlighted areas including staff requiring additional training and support in their hand hygiene practices.

Comments from patients include:

'Very clean and efficient staff'

'Very happy with the whole hospital. Thank you very much'

'This is a great hospital'

Cleanliness

Cleanliness remains a key priority for effective infection prevention and control and is an important visual mark of quality for our patients and their visitors.

The cleanliness of the environment is a specific audit within the clinical schedule undertaken by all

Treatment Centres on a routine basis. The infection prevention and control lead practitioners manage cleanliness on a daily basis and respond to any issues that may challenge our high standards.

Scoring above 99% in the Assessments of the Care Environments as led by patients for another year running evidences the high standards of cleanliness to which all staff are committed. In addition to providing a safe, clean space which supports good infection prevention, we recognise how important it is to our patients that our facilities are well cared for.

Health Care Associated Infections (HCAIs)

There have been zero incidents of the following HCAIs associated with Care UK services this year for the 8th year running.

Care UK validates its data by publishing data extracted from the Public Health England Data Capture System. Surgical Site infection data is compared across our services and monitored for trends over quarterly, annual and 5 year period with the aim of a trajectory of continuous improvement.

The Infection Prevention and Control Committee oversee and critique performance at each quarterly meeting and the Director of Infection Prevention and Control provides Board assurance of quality care.

The leadership on all infection prevention and control issues is provided by the Deputy Director of Infection Prevention and Control, who with public health and specialist infection prevention and control qualifications to Masters' level provides detailed guidance to our Treatment Centres, each of which have a trained local infection prevention and control lead with identified time and resource to carry out their role.

A suite of policies are regularly reviewed and critiqued to ensure the latest robust evidence is applied to our services. Care UK policies are targeted to deliver effective safe care and include guidance on antimicrobial stewardship so our patients receive the optimal individualised care which support their well-being for not just this episode of care the years ahead.

Indicator	Care UK overall data			
	Apr-Mar 2018-19	Aggregate 2007-19	Apr-Mar 2017-18	Apr-Mar 2018-19
Rate of Clostridium difficile (number of infections/100,000 bed days)				
All Treatment Centres	0	28.20	13.6	12.2
Data source:	Local data	PHE Annual Epidemiological Commentary, 2019. Ref: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/843870/Annual_epidemiological_commentary_April_2018-March_2019.pdf		

Incident reporting

The number of patient safety incidents reported within Care UK Secondary Care during the period from April 2019 to December 2019, and the number and percentage of such patient safety incidents that resulted in severe harm or death, are shown in the table below.

Since Care UK is not included in the National Reporting and Learning System (NRLS), benchmarking data is not available for comparison nationally. However, benchmarking should be possible in the future, with the introduction of the national Patient Safety Incident Management System.

Number and percentage of patient safety incidents reported

Patient safety incidents reported that ...	Apr – Dec 2018		Apr-Dec 2019		Variance
	#	%	#	%	
...resulted in severe harm	2	0.1%	0	0.0%	↓
...resulted in death	3	0.2%	5	0.3%	↑
...were classified as Never Events	0	0.0%	4	0.2%	↑
...were classified as serious incidents requiring external reporting	7	0.4%	9	0.5%	↑
TOTAL NUMBER OF INCIDENTS REPORTED	1,762	100%	1,724	100%	↓

Care UK considers that this data is as described for the following reasons:

1,724 patient safety incidents were reported on the Datix incident reporting and management system which is in use across Care UK Secondary Care facilities. This number is comparable to the previous reporting period. Staff are encouraged to report all patient safety incidents in an open, fair-blame culture that values transparency. Although five patient deaths were reported, these were not attributed to problems in the care provided to the patient by Care UK (see Learning from deaths).

Care UK intends to take the following actions to improve the number of incidents reported, and so the quality of its services, by:

- Promoting incident reporting by means of feedback from the incidents reported;
- Improving the timeliness of incident investigation through site “league tables”;
- Provision of site-specific dashboards demonstrating relevant incident trends;
- Improving the sharing of lessons learned from incidents.

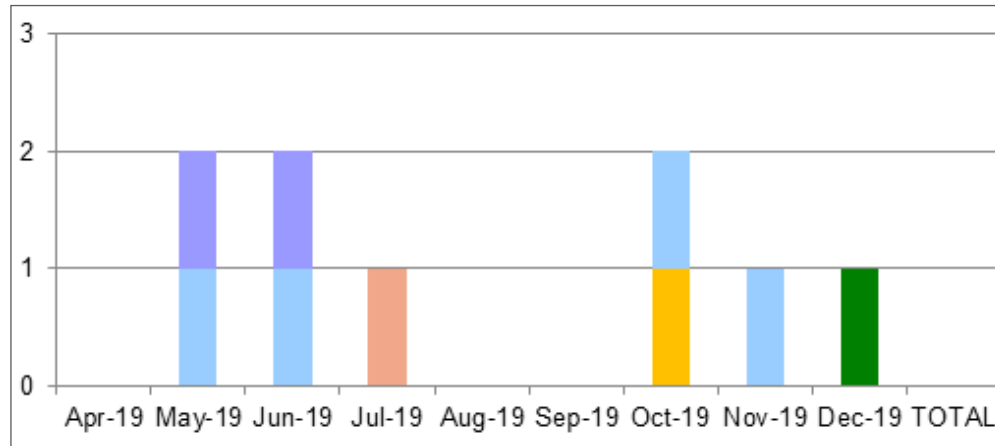
Care UK recognises the value of effective incident management in minimising the impact of the incidents reported and also to enable an investigation that will support staff in understanding why the incidents occurred and what they can do to keep their patients safe from avoidable harm in future.

The level of investigation undertaken in response to all incidents is proportionate to the associated degree of risk, and may change according to information or evidence that emerges as the investigation progresses. For low risk incidents and near misses a brief investigation to establish the facts takes place and any actions required to avoid recurrence identified and implemented. For more serious or complex incidents, a ‘questioning attitude that never accepts the first response’ approach is adopted, using recognised tools and techniques to identify:

- The problems (the what?) including lapses in care/acts/omissions;
- The contributory factors that led to the problems (the how?) taking into account the environmental and human factors; and
- The fundamental issues/root cause (the why?) that need to be addressed.

Incident reporting

Number and site of Serious Incidents Requiring Investigation (SIRI) - externally reportable



Barlborough	0	0	0	0	0	0	0	0	0	0
Devizes	0	0	0	0	0	0	0	0	0	0
Emerson's Green	0	0	0	0	0	0	1 NE	0	0	1
North East London	0	0	0	0	0	0	0	0	0	0
Peninsula	0	0	0	0	0	0	0	0	0	0
Shepton Mallet	0	0	0	0	0	0	0	0	1 NE	1
Southampton TC	0	1 NE	1	0	0	0	1	1 NE	0	4
St Mary's TC	0	0	0	1	0	0	0	0	0	1
Will Adams	0	1	1	0	0	0	0	0	0	2
TOTAL	0	2	2	1	0	0	2	1	1	9

N.B. The figures above include the four Never Events (NE).

A further eleven incidents were initially reported as serious incidents requiring investigation. They were subsequently downgraded to internal investigations when the findings revealed that the incidents were not attributable to the care that the patients had received at Care UK Treatment Centres.

Never Events are defined as 'serious, largely preventable patient safety incidents that should not occur if the available preventative measures have been implemented'. The Never Events described on the previous page have arisen as a result of similar, vulnerable points in the process for ensuring that the correct prosthesis is used in surgery. Instructions have been disseminated for no other activities to take place at times of key information verification (e.g. size and side of prosthesis) and this is being reinforced across sites.

Reviews of the circumstances surrounding Never Events typically expose process failures that could be addressed through modern Human Factor training. Meetings between our Human Factors trainers and the Secondary Care Medical Director are underway and further new guidelines from the British Orthopaedic Association / Getting It Right First Time will be considered in order to address these vulnerable points.



A Serious Incident Review Panel is in the process of being established to enhance the robust and consistent approach to serious incident investigation and report-writing across Care UK Secondary Care services, and to reinforce the process for sharing lessons learned.

The lessons learned from all serious incidents are shared with the relevant staff groups across the organisation so that actions can be taken to reduce the risk of recurrence in all services that could be affected. The report and recommendations are also shared with the patient / family, as appropriate.

The table below details the specific actions taken in response to the serious incidents investigated during the reporting period.

Specific actions taken in response to Serious Incidents Requiring Investigation (SIRI) – externally reportable

Serious Incident Requiring Investigation	Actions taken
Southampton Treatment Centre Wrong site surgery NE	Eradication of any ambiguity in marking the actual site and the description of procedure, including specifying individual digits/toes for surgery. Strict adherence to the Surgical Safety checklist to ensure discrepancies are noted and challenged.
Will Adams NHS Treatment Centre Post cataract Endophthalmitis	Implement a system of checking that patients who are re-booked onto a different list do not have a medical reason which prevents this change. All departments to have education on the possible complications of dialysis on the day of surgery. Refresh staff knowledge on the process for cataract post-op complication, advice and treatment to patients. Review of the communication to patients who ring the centre with complications following surgery.
Will Adams NHS Treatment Centre Delayed diagnosis of tumour	Patients who do not attend appointments are followed up and booked on next available clinic, with degree of urgency noted. Process for chasing supplementary results reports initiated. Multi-Disciplinary Team referral for all preliminary results of uncertain lesions.
Southampton Treatment Centre Delayed management of malignant tumour in parotid gland	MD meets with all new consultants at induction to explain the two week wait cancer pathway and demonstrate use of the clinical record keeping domains of Proxima (operation notes, out-patient clinic notes). A retrospective targeted review of patients seen by the consultant involved was undertaken with support from the ENT CD. Audit of quality of digital record of outpatient consultation and operation notes. Consent training for clinicians including importance of appropriate documentation. Specific discussion of role of poor documentation in this incident at monthly governance meeting.

Havant NHS Diagnostic Centre Delayed diagnosis of pancreatic tumour	Any rescans are booked at the earliest opportunity. Patients to be offered opportunity to contribute to investigation as they can provide additional detail and their questions can form part of the investigation. One of the requirements for future job descriptions is that sonographers need a minimum of three years' experience in an acute setting.
Southampton Treatment Centre Delayed recall of 82 patients for routine surveillance (colonoscopy / gastroscopy)	A clear process with identified ownership is being established, using a single database.
Emersons Green Treatment Centre Right knee prosthesis implanted in left knee NE	Reposition whiteboard in theatre for optimal view by all staff involved in component checks. To check all component boxes together as per LocSSIPs and then check individually to allow clear focus on all data. Introduce "Check and Challenge" – silence in theatre whilst components are being checked and environment of challenge if a deviation, discrepancy is noticed. Review LocSSIP and incorporate "Check and Challenge". Once checked, to write what the components are on the right side of the white-board, which should match the planned surgery written on the left. Implement checks/audits to ensure compliance with the LocSSIP changes. During check and challenge, use only words to confirm the component is correct. Planned surgery written in full, in a standardised way on the left hand side of the white-board, without shortening or abbreviations. Adopt nudge methodology feedback to positively engage behaviour change. Circulator to write down components rather than rely on memory. Consider education around human factors in confirmation bias and the importance of "cockpit" communication. Consider Foresight training for staff to equip them to view their working environment for ongoing, continuous improvement, rather than periodically assessing progress or quality through a look back approach.
Southampton Treatment Centre Left knee prosthesis implanted in right knee NE	Investigation underway.
Shepton Mallet Treatment Centre Size 28mm femoral head implanted rather than 32mm NE	Investigation underway.

NE is used to denote incidents classified as Never Events

Freedom to speak up guardian

The Directors of Care UK are committed to running the organisation in the best way possible and creating a safe culture and environment in which everyone feels able to highlight potential problems and make suggestions for improvement.

As part of the framework that enables us to do that a Whistleblowing policy is in place which is designed to reassure everyone at Care UK that it is safe and acceptable to speak up and raise any concern at an early stage and in the right way.

Rather than waiting for proof, our preference is that matters are raised when they are still a concern. These could be to do with alleged physical abuse or neglect, criminal activity, health and safety, fraud, any possible failure to comply with a legal, professional, or regulatory requirement, or any attempt to conceal such matters.

The Secondary Care HR Director acts as our Freedom to Speak up Guardian and, along with the Health Care Executive team, he ensures the policy and its associated content is routinely and widely communicated across the organisation.

This on-going communication assures everyone at Care UK that if in any doubt the issue should be raised and, provided that it relates to a genuine concern, it does not matter if an individual is mistaken. Anyone who raises an issue in good faith will not suffer any form of reprisal as a result.

In addition, we would not tolerate the harassment or victimisation of anyone raising a genuine concern and we would consider it a disciplinary matter to victimise anyone who has raised a genuine concern.

Whilst formal complaints are relatively few and far between, our exit interview data consistently conveys that staff at Care UK know how to make a complaint if it was felt necessary and are confident that it would be taken seriously and acted upon.

There have been no cases reported relating to whistleblowing in the past year.

Seven day services in the NHS

As part of the requirements of the quality accounts NHSI have indicated that providers of acute services are asked to include a statement regarding progress in implementing the priority clinical standards for seven day hospital services.

Ten clinical standards for seven day services in hospitals were developed in 2013 through the

Seven Day Services Forum, chaired by Sir Bruce Keogh and involving a range of clinicians and patients.

The standards were founded on published evidence and on the position of the Academy of Medical

Royal Colleges (AoMRC) on consultant-delivered acute care. These standards define what seven day services should achieve, no matter when or where patients are admitted.

These standards relate to emergency admissions and as such are not applicable to Care UK Treatment Centres who only undertake elective care services.



Part Three:

Other information



Quality visit schedule

To support the CQC requirements and to provide assurance for the CQC, a schedule of quality visits is arranged internally within Care UK.

These visits follow a regime of a visiting team comprising heads of service who visit all Secondary Care services at least once in a 12 month period complete an observational quality visit and provide a report to support observations on the day with a series of recommendations.

To support shared learning between services and peer review a Governance Manager will join the team to visit another service and provide additional review.

The quality visit consists of visits to each department following a set format aligned to NHS fifteen step challenge to provide assurance of implementation of national and local procedure and process.

Any actions identified during the visit are allocated using the real-time audit tool i-Auditor. These are monitored and managed via an action plan which is reviewed as part of the monthly performance meetings chaired by the managing director.

Any immediate concerns highlighted during the visit will be shared with the local site at the feedback session at the end of the day.

The final quality report is provided within six weeks of the visit and shared with the senior leadership team locally in addition to the Medical Director for Secondary Care.

The quality visit report is able to provide assurance to both CCG and CQC of regular review of processes and procedures at a national level by the organisation.

Quality improvement academy

In April 2019 - Emerson's Green & Devizes NHS Treatment Centre launched the Quality Improvement Academy. This means staff and patients have the opportunity to implement change improvements for patient safety and experience.

Aim

The primary aim of the Emerson's Green/Devizes NHS Treatment Centre Quality Academy is to build and support the understanding of the staff in aspects of quality, planning, improvement and control of processes relating to our patients' care pathways.

What is the Quality Academy?

A Quality Academy is a platform for staff to be involved directly in improvements for better outcomes for patient safety and experience.

Staff are able to develop skills in research, presenting and communication which can be further developed into mentoring and leadership skills for future QI projects.

It is recognised that improvements are regularly made throughout departments. The Quality Academy will bring structure to these improvements with a view to replicate, where possible, and give the opportunity to staff to share their findings. The aim is that the quality improvement projects will not be time intensive for the staff or require any formal accredited submission or exam.

Once a year the Treatment Centre will host a Quality Improvement (QI) presentation evening where staff can showcase their projects, however large or small, and present the improvements made. Patients, caregivers/partners, CCGs, Head Office Quality Team and staff will be invited to cascade the improvements made and celebrate the staff who have been involved. The staff involved will receive a recognition certificate.

Staff feel valued and included in decision making, working alongside their colleagues in embedding meaningful changes.

Staff are also able to share their work and be recognised for their involvement; this can lead to staff staying longer, performing better and working better as an overall team.

How will we monitor progress?

The Quality Academy has been implemented at the Emerson's Green and Devizes Treatment Centres. Based on its success, Care UK have identified this as a quality priority and each Treatment Centre will launch a Quality Academy in 2020.



Duty of candour

Promoting a culture of openness is a prerequisite to improving patient safety and the quality of healthcare systems.

It involves explaining and apologising for what happened to patients who have been harmed or involved in an incident as a result of their healthcare treatment. It ensures communication is open, honest and occurs as soon as possible following an incident.

It encompasses communication between healthcare organisations, healthcare teams and patients and/or their carers.

Care UK have robust appropriate processes for communicating with a patient and/or family/carer following a reportable patient safety incident and these are followed in conjunction with Care UK Incident Reporting Policy and Procedure.

There is clear guidance for staff which outlines Care UK's policy on its duty of candour and the processes by which openness will be supported.

This support allows Care UK to meet its obligations to patients, relatives and the public by being open and honest about any mistakes that are made whilst Care UK employees care for and treat patients.

Same sex accommodation

In line with Department of Health guidance on mixed sex accommodation, it is standard practice in Care UK facilities to provide separate accommodation for men and women throughout the process of admission, treatment and discharge.

Care UK can confirm that there have been no breaches of the Department of Health guidance during the past year and this has been reported to the Health and Social Care Information Centre (HSCIC) every month. We are proud of this achievement and intend to maintain this standard in the future.

“Treating men and women separately enables us to maintain the appropriate standards of privacy and dignity”

Equality, diversity and inclusion

We carried on our important work in this area over the course of this year. Our Divisional Equality, Diversity, and Inclusion Steering Group continued to lead our progress with energy and enthusiasm, including representation from across all of our service lines, representing and celebrating our diverse workforce.

The group has led an active programme of communications and educational activities across the year.

Some of the key highlights were as follows:

- Playing an active role in the NHSE Equality and Diversity Partners Group (we believe we are the only independent provider to have achieved this membership). Several members of our steering group have taken the opportunity to meet and engage with NHS colleagues to share and learn best practice
- Creation of a communications calendar centred on key equality diversity and inclusion milestones
- Generation and submission of the annual Workforce Race Equality Standards report to NHSE
- Successful completion of all CQC inspections with regard to the Equality, Diversity, and Inclusion aspects of the Well Led framework

Safeguarding annual review

Care UK produced the second published joint Safeguarding Adult and Children Annual Report which reflected upon the period April 2018 to March 2019.

The report sets out the effective work of Care UK, demonstrating an understanding of its duties and responsibilities to the statutory partnership arrangements and the legislative changes regarding the Children Act 2004, the Children and Social Work Act 2017, Working Together to Safeguard Children 2018 and the Care Act 2014.

It was intended to highlight the diversity of services delivered and how the corporate frameworks are adapted to meet the needs of each service. The report also aims to give patients, employees and commissioners alike an indication of how Care UK services are supporting the wider national safeguarding agenda.

Care UK key areas of work over the year have included:

- The development of a dedicated safeguarding page on MyCare UK facilitating direct access to a range of safeguarding resources and updated Care UK Policies. This includes a link to the NHS safeguarding app.
- Updates to our robust Health Care wide audit tool, namely the Safeguarding Assurance Framework.
- In light of the updated child intercollegiate document and the RCN adult safeguarding roles and competencies for health care staff 2018.

Care UK have undertaken a review of staff training requirements. Over the next year this will lead to the development of a robust training matrix for all staff groups and include a range of training resources

- Review of reporting and referral requirements for services. With the implementation of a new data capture element on Datix.

Care UK are committed to ensuring all safeguarding policies and procedures throughout primary and secondary Health Care reflect current legislation, statutory guidance, good practice guidance and variations identified by safeguarding partnerships, Local Safeguarding Children's Boards (LSCB) or Safeguarding Adults Boards (SAB). Both the adult and child policies have been updated to reflect recent changes.







Whilst a great deal of work has been undertaken in safeguarding over the report period, we acknowledge the detail within this report is generic in nature.

This is due to:

- The diversity of services
- Service lines recording incidents and concerns in differing ways both internally and against commissioner requirements.

Safeguarding Matrix

	Course name	Job role type	Course type	Refresher period
	Safeguarding Children Level 1	All staff that are not directly involved in delivering patient care and are not patient facing. For example, Administration staff, finance, IT, HR, Recruitment, Rota, Supplies and Store and Maintenance Staff	eLearning	Every 12 months with a 2-month grace period (14 months)
	Safeguarding Adults Level 1	All staff that are not directly involved in delivering patient care and are not patient facing. For example, Administration staff, finance, IT, HR, Recruitment, Rota, Supplies and Store and Maintenance Staff	eLearning	Every 12 months with a 2-month grace period (14 months)
	Safeguarding Children Level 2	All those who are directly involved in administering / assisting with patient care and/ or are patient facing. For example, Health Care Assistants, Receptionists and Health Advisors (111). This also includes any Nursing, AHCP and Medical Doctors / consultants in sites who provide care services to patient's over 18 years of age	eLearning	Every 36 months with a 2-month grace period (38 months)
	Safeguarding Adults Level 2	All those who are directly involved in administering / assisting with patient care and/ or are patient facing. For example, Health Care Assistants, Receptionists and Health Advisors (111). This excludes all Nursing, AHCP and Medical Doctors / consultants	eLearning	Every 36 months with a 2-month grace period (38 months)
	Safeguarding Children Level 3	Any Nursing, AHCP and Medical Doctors / consultants in sites who provide care services to patients under 18 years of age	eLearning (base learning) AND 3 hour practical face to face session	Every 36 months with a 2-month grace period (38 months)

	Course name	Job role type	Course type	Refresher period
	Safeguarding Adults Level 3	All Nursing, AHCP and Medical Doctors / consultants	eLearning (base learning) AND 3 hour practical face to face session	Every 36 months with a 2-month grace period (38 months)
	Safeguarding Children Level 4	All local safeguarding leads whose service is registered to include provision of care to patients under 18 years. Safeguarding in services who do not see Children (under 18) as patients would need Level 4 Adult and Level 3 child as a minimum	1 Day Face to Face	Every 36 months with a 2-month grace period (38 months)
	Safeguarding Adults Level 4	All local safeguarding leads	1 Day Face to Face	Every 36 months with a 2-month grace period (38 months)
	Safeguarding Train, the Trainer	All local safeguarding leads who will be presenting Level 3 courses locally	1 Day Face to Face	Every 36 months with a 2-month grace period (38 months)
	NHS Prevent Level 1&2	All staff except for Nursing, AHCP and Medical Doctors / Consultants	eLearning	Every 36 months with a 2-month grace period (38 months)
	Healthwrap Prevent Level 3	Nursing, AHCP and Medical Doctors / Consultants	eLearning	Every 36 months with a 2-month grace period (38 months)

Endoscopy

Care UK undertakes endoscopy procedures at eight units across the south of England. These are mainly diagnostic procedures undertaken at the request of GPs or our clinicians. In addition some sites work collaboratively with local NHS Trusts to reduce waiting times for their patients.

Quality standards are carefully monitored within endoscopy. Each unit reports monthly on ten key performance indicators. These indicators are reviewed by the clinical director and reported to the senior management team, to ensure procedures are completed appropriately and that waiting times are maintained (six weeks for routine tests, two weeks for urgent tests).

Endoscopy units have the option of applying for formal accreditation by the Joint Advisory Group for Gastrointestinal Endoscopy (JAG) which is the national group overseeing all endoscopy units. Achieving accreditation requires units to demonstrate compliance with numerous standards, to have clear policies and operating procedures to deliver safe and effective endoscopies, and to collect and act on patient and service user feedback. Currently all eight of our units have full accreditation with JAG - this is the first year this has been achieved for all CareUK Secondary Care endoscopy sites.

As part of the accreditation process, individual endoscopists are carefully monitored against 25 different standards. These are reported on and reviewed by the clinical director twice a year to ensure all our endoscopists are maintaining their practice.

Care UK has also signed up to the National Endoscopy Database quality initiative and was one of the first organisations to become compliant. Outcomes from endoscopy are uploaded and monitored on a central database, which allows us to closely track Key Performance Indicators, and also to understand endoscopists' 'whole of practice' performance. In addition CareUK is engaging with new national processes to audit and reduce 'false negative' colonoscopies.

Issues relating to endoscopy are managed through local clinical governance arrangements, and learning is shared across all sites at a quarterly endoscopy forum led by the clinical director. Any serious concerns are escalated to the Care UK senior management team.



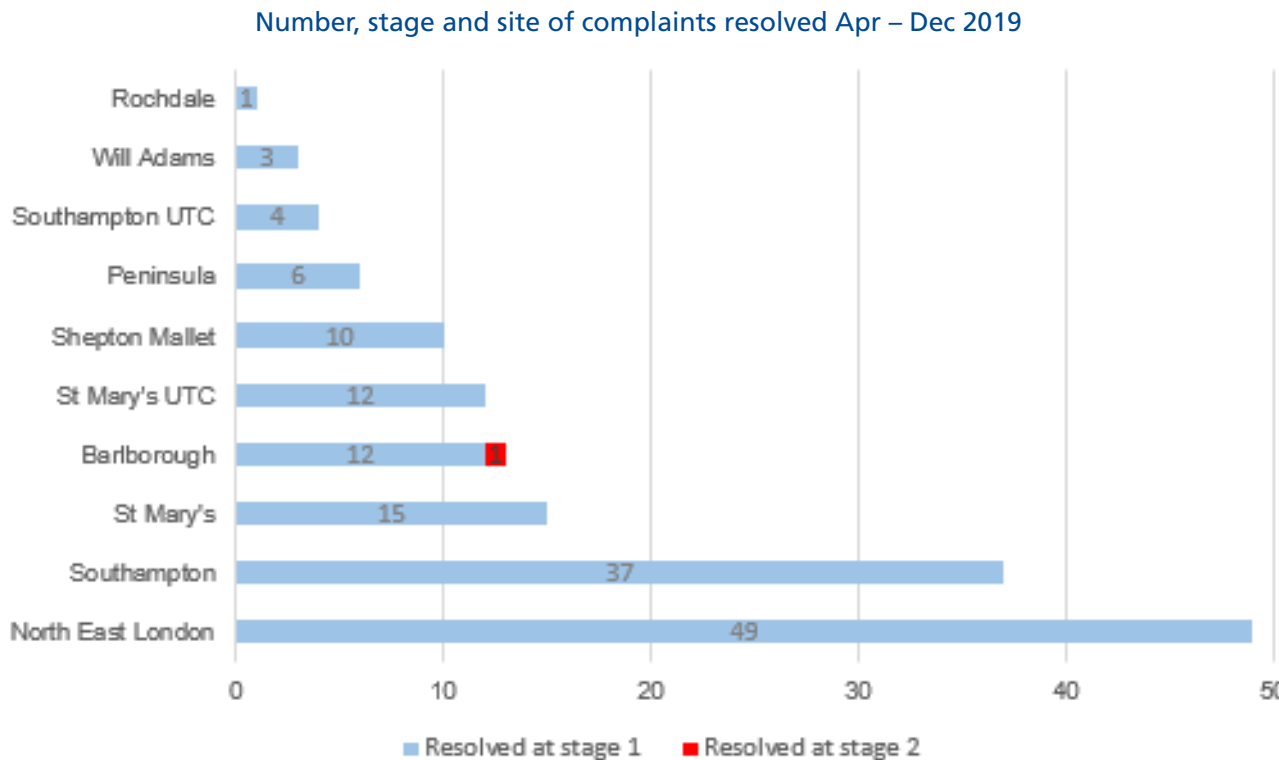
Complaints

In line with The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009, Care UK manages complaints as a three-stage process.

If the initial investigation and local response within 20 working days does not provide the complainant with a satisfactory resolution, they may request a review of the complaint by the Managing Director (stage 2).

If the complaint is still not resolved to the complainant's satisfaction following this review, it will be escalated to the Public Health Services Ombudsman as a stage 3 complaint.

From April to December 2019 a total of 150 complaints were resolved by Care UK, with only one complaint escalated to stage 2 (i.e. 0.7% of complaints made). There were no stage 3 complaints. The distribution of the complaints made across the Secondary Care sites is illustrated in the following figure.



Care UK PLACE Results 2019



Cleanliness

97.8%



Food

95.7%



Ward food

96.9%



Privacy, dignity and wellbeing

88.7%



Dementia

87.8%



Condition, appearance and maintenance

97.4%

PLACE

Care UK is known for its stringent hygiene regimes and its commitment to excellent facilities and maintenance - but not so well known is its dedication to supporting people living with dementia or disabilities.

This year's Patient-Led Assessment of the Care Environment (PLACE) scores revealed centres scoring significantly above the national average for the two categories marking support for patients with additional needs. The UK average PLACE score for supporting people with dementia was 80 per cent. On average, Care UK centres scored seven per cent higher, with several centres scoring 90 per cent or above and Shepton Mallet NHS Treatment Centre, which has its own dementia suite, scoring a perfect 100 per cent.

At St Mary's NHS Treatment Centre in Portsmouth, the team scored 93.3 per cent for their support for people living with dementia, more than 13 per cent above the national average. The centre also scored 91.5 per cent for its support for those living with disabilities, which is 12 per cent higher than the national average.

The centre's governance manager Tracey Davies said: "Visiting a hospital for tests, scans or surgery can cause anxiety, even for fit young patients. Our patients tend to be older members of the community. Some live with dementia and others with disabilities. We wanted to ensure that, every time they visit us, they can look forward to consistently high levels of care and support in an empathetic environment."

The team achieved this by ensuring all signage is dementia-friendly, showing a photograph of what is behind each door, and clocks have been replaced with a dementia-friendly display; this is not just larger, but also shows the day and clarifies whether the 12-hour clock is showing morning or afternoon.

In the toilets, seats are being changed to allow patients to distinguish between the seat and toilet, and the hot and cold taps are being made more easily distinguishable. In the lifts, mirrors can be covered over, as seeing reflections can cause distress and confusion for people with more advanced dementia.

Tracey said: "In order to ensure we can keep improving our understanding of the condition, I have joined the Portsmouth Dementia Action Alliance meetings, run by Solent Mind, who came and assessed the work we have done with very positive feedback. All clinical staff have become Dementia Friends and all areas have dementia leads.

"In 2020 we are planning to create a dementia-friendly atmosphere in one of

the rooms in our Urgent Treatment Centre (UTC). The UTC provides walk-in care for minor ailments and injuries; when someone who is living with dementia is in pain and confused, we want to create as warm and calm an atmosphere as possible."

Care UK's centres also showed their commitment to supporting those with disabilities through the PLACE assessments; the national average PLACE score for supporting patients with disabilities was 82 per cent, below the average achieved by Care UK centres. Around half the centres had scores in the 90s.

Care UK's Chief Nurse and Secondary Care Lead for patient care, quality and governance said: "I was delighted that assessors had rated us so highly on this section. There is a fallacy that our centres 'cherry-pick' healthy patients. We do not; we have supported patients with many pre-existing conditions, including Parkinson's disease, heart conditions and even a 102-year-old to have joint replacement. We are able to do this by the extra care and consideration our teams put into the care environment and not just the care they provide."

Another area Care UK excelled in was food, both throughout the centres and on the wards, with all centres achieving scores above the national average and three centres scoring 100 per cent. At Shepton Mallet the team have taken their culinary efforts to new levels.

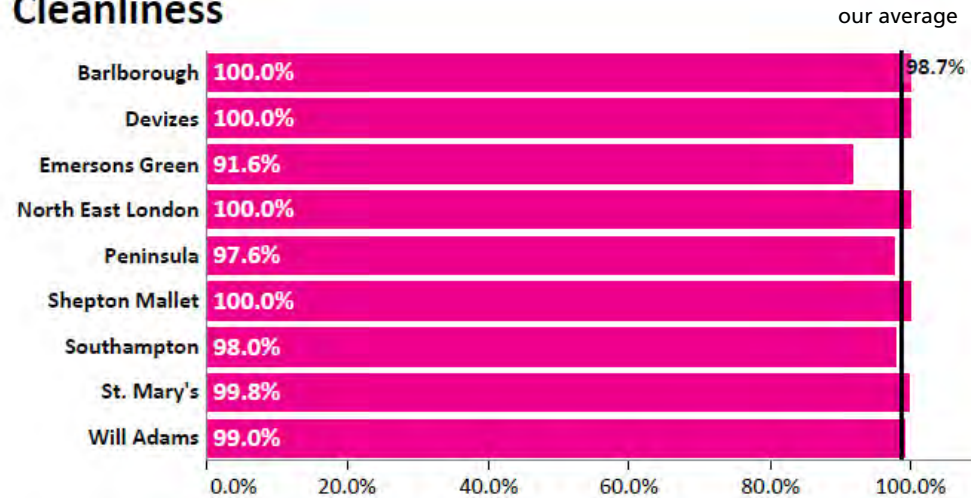
The hospital was the first in the South West to achieve the coveted Gold Soil Association Food for Life Catering Mark when it received the award in September 2015. At the time it was only the fourth hospital in the UK to gain this recognition and the hospital continues to hold the award, which recognises the hospital's determination to offer freshly cooked meals making use of fresh local ingredients in its café and to patients on the ward.

Many ingredients and food products are sourced locally from the Shepton Mallet area or the wider South West food and farming community, and all dishes are prepared from scratch. As well as providing delicious food to patients and visitors, the Shepton Mallet team also cater for patients at the neighbouring Shepton Mallet Community Hospital – which means that NHS patients in Shepton Mallet enjoy award-winning food.

PLACE scores

More than half Care UK's centres scored 100 per cent in the cleanliness, condition and maintenance sections. Devizes was one of the centres that attained the perfect score across both categories. The centre's general manager Lisa Self said: "Cleanliness is the cornerstone of excellent healthcare; without it, patients are not safe. In our 10-year history we have not had a single hospital acquired infection and that is due to the rigour of our processes and the professionalism of our cleaning and maintenance teams as well as our clinicians."

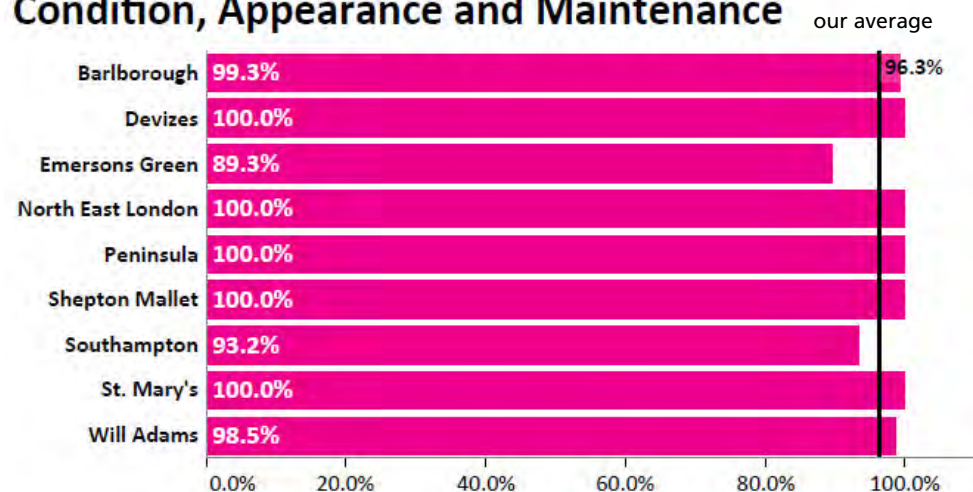
Cleanliness



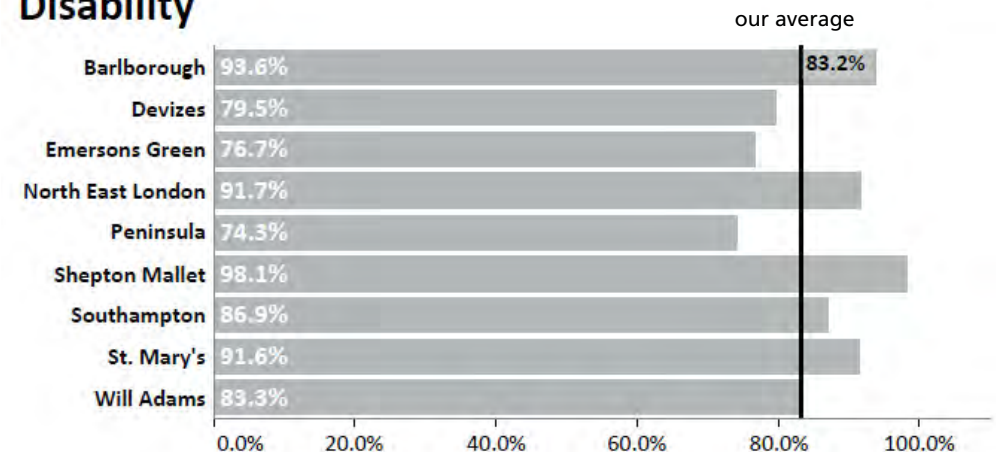
Dementia



Condition, Appearance and Maintenance



Disability

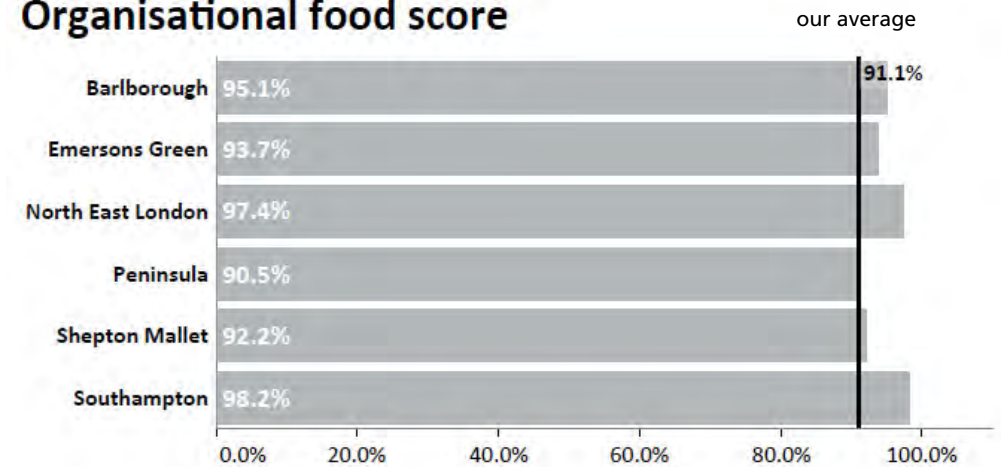


PLACE scores

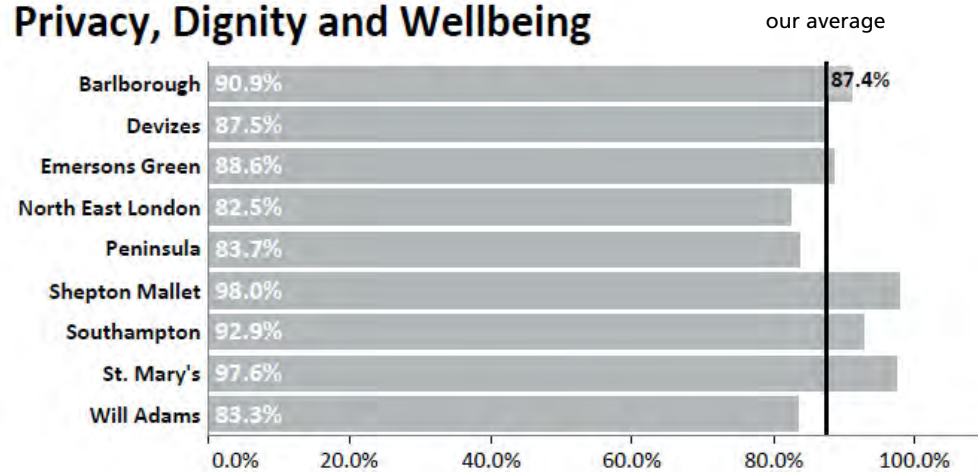
Food



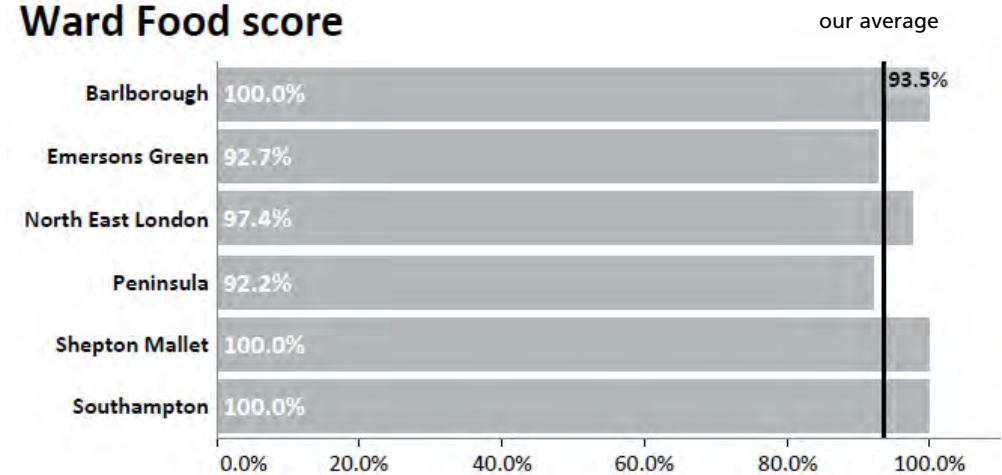
Organisational food score



Privacy, Dignity and Wellbeing



Ward Food score



Diagnostics

Care UK provides a range of diagnostic imaging services within its NHS Treatment Centres including: plain film X-ray; non- obstetric (NOUS), General and MSK ultrasound, Echocardiography and Magnetic Resonance Imaging (MRI).

These services are delivered using state of the art imaging systems at both fixed and mobile locations.

Flexible opening hours, which include weekends and evenings, offer patients greater accessibility and convenience. Our team of dedicated imaging staff, made up of consultant radiologists, radiographers sonographers and support staff, are all highly experienced healthcare professionals, registered with their respective professional bodies where required. We have introduced Reporting Radiographers into our service who are reporting cases in-house, with another three radiographers training in 2020.

Referrals to our diagnostic imaging services come from a range of healthcare professionals; doctors, nurses and allied health professionals - and the results of completed imaging examinations are usually available within 48 hours of the patient's attendance.

Care UK's robust quality governance framework for diagnostic imaging includes elements such as: clinical audit; use of latest evidence based policies, protocols and NICE guidance; competency assessment of staff; and our Quality Assurance (QA) programme.

This framework ensures that services delivered by our operational teams are safe and clinically effective. Service-based teams have been supported by an experienced divisional team which includes: a clinical director & advisor for Radiology; and a diagnostic imaging lead who oversees all diagnostic imaging services within Care UK's Health Care Division.

In addition support can be obtained from external providers, such as Alliance Medical, Cobalt, Everlight Radiology, InHealth, Hexarad Reporting and the various NHS trusts we work in conjunction with.

Our QA programme comprises an enhanced quality improvement and audit tool that we use to review and evaluate the quality of three key components of the clinical pathway for imaging examinations, namely: referral; imaging; and reporting.

We review a minimum of 5% of completed imaging cases, scoring each of the three key components against Royal College of Radiologists recommended reporting and discrepancy management standards which provides a basis of a 5 Level Quality assurance and discrepancy management guideline.

We have extended our own in-house QA Programme to include Sonography Peer-Review, and have introduced 3 new Working committees which capture the service requirements of all our modalities and provide a basis for building upon clinical excellence.

This provides valuable feedback for referrers, clinicians undertaking examinations and the reporting clinicians.

In summary, our QA programme helps us to:

- Ensure quality is continuously assessed at all key points of the imaging pathway (referrals/ images/reports)
- Identify if the correct management of the patient is achieved following diagnostic examination

- Identify any areas that might require improvement in the imaging pathway
- Offer assurances to our commissioners, patients and to our own organisation regarding the quality of our imaging services and the reports that we send to our patients and referring clinicians.

During the reporting period (April 2019- March 2020) our QA programme has helped us review a significant number of cases as part of our quality improvement initiative.

This has provided assurance about the quality of the services that we deliver to patients.

It has also provided valuable feedback and opportunities for shared learning, both internally across Care UK and also externally with our key stakeholders.

It has enabled us to review the quality of images produced by our radiographers and sonographers, and the content and accuracy of imaging reports provided by consultant radiologists and sonographers.

We are also developing an internal clinical governance and discrepancy management service through our new working committees that will enable clinicians to 'quality assure' each other's clinical practice, observing colleagues when undertaking a range of examinations and providing professional feedback to drive continuous quality improvement within our imaging and in-house reporting services.

Diagnostics

This is supported with introduction of a new working protocols across our modalities, based on standards set by the Royal College of Radiographers, British Medical Ultrasound Society and NICE (National Institute for Health and Care Excellence) ensuring that our practice is of the highest quality and compliance.

Our QA programme also allows us to track any trends in reporting errors and to identify where additional training or education may be indicated.

However our discrepancy/error rates for the reporting of imaging examinations remain at a very low rate. We are wholly assured that the quality of our reporting is well above any suggested threshold within the published evidence on this topic, and that we continue to provide a high standard imaging service to our patients.

Where the QA programme reveals any discrepancies or errors from examinations undertaken within Care UK, a robust process including a full investigation, case review and the sharing of any lessons learned, is always undertaken in conjunction with external contractors where needed and necessary.

- 99% of referrals reviewed and accepted by Care UK were scored as appropriate against national imaging referral guidelines (iRefer) developed by the Royal College of Radiologists
- 99% of cases reviewed during this period show the quality of images produced by our radiographers and sonographers to be excellent.

This clearly demonstrates that our clinical teams are delivering high quality diagnostic images/ examinations that enable accurate and prompt diagnosis to be achieved for our patients.

- 99% of reports reviewed were also deemed to be accurate, clear and precise – offering a targeted response to the clinical question being asked by the referring clinician.



Nursing and AHP strategy

The safety of our patients is pivotal to everything we do and nurses and AHPs must take responsibility for reducing risks to patients, visitors and ourselves. We want every nurse to take this responsibility seriously and to understand the role they play in reducing risks.

We must promote a culture that encourages openness and trust in relation to how we manage risks to patients but also in how we learn from any incidents that do occur. Understanding the impact of incidents to our patients plays an important part of developing this.

Every healthcare professional should be sure that they are clinically effective. This means making sure that what we do is of the highest standard and in line with Care UK policy and guidelines. The care we deliver to our patients must be safe and evidence based with all clinical decisions clearly justified. Excellence in nursing should be achieved by every nurse regardless of role.

The development of staff in carrying out their roles and providing excellent standards of care to our service users is of paramount importance to Care UK. Nurses need to be pro-active in their development and work with their managers to ensure they are competent to undertake their role and where it is necessary take steps to remedy any lack of competency. The need to undertake annual appraisal is encouraged by the organisation as per staff charter that every member of staff has the right to this.

The information from the appraisal process will inform future plans for training and development opportunities to ensure staff receive the training that is required. This action links with the workforce and leadership elements of this strategy to ensure

the workforce are supported in their move towards high quality patient care. Clear understanding of the responsibilities and requirements of the role will be underpinned by robust job descriptions and person specifications which will allow nurses to work with their Lead Nurses to ensure clear learning plans are identified.

We need to establish clear but flexible career pathways so that nurses within the organisation can find new challenges and new opportunities as their skills develop. We should also ensure that there are opportunities for promotion and advancement within the clinical as well as management arena, through supporting further posts at Advanced Practitioner level. As an organisation we need to ensure that we educate and brief staff on Nursing Competency Framework and Policies.

Flexibility in achieving these competencies will allow nurses to acquire new skills whilst having clear guidelines of what is required for the role they wish to undertake.

Every nurse will have the opportunity to offer ideas and input to help this organisation improve productivity and efficiency. The benefits of achieving this will be understood by everyone involved through open, two way, communication that will develop a sense of ownership and achievement by staff.

In terms of cost effectiveness every nurse has a responsibility to ensure the most efficient use of resources. This includes the way we deploy our staff, how we manage sickness and absence and how we utilise equipment and stocks.

This means that we must plan our workforce to ensure we have the right people with the right skills and attitudes at the right time.

Workforce planning starts with understanding the current situation and then identifying key factors in the future that may impact upon the skill mix we have. It is by working together that we can develop this understanding and that managers can provide the right level of support to staff. It is also important for staff to provide the right support to each other.

We need to be clear about the direction of the nursing workforce and adapt new ways of working. We must also be able to provide assurance that our staff are competent and that they possess the required skills and attitudes to work in this organisation.

Delivering clinical excellence and taking pride in working within Care UK is our aim and we recognise that nurses need support to do this. Nurses must feel empowered in their roles and feel that their opinions and ideas about the service we provide really do matter.

To ensure that the vision of Nursing is communicated through the organisation there is a need to develop roles and pathways in the clinical structure. In response to the changing skill mix and workforce planning requirements the development of the associate practitioner role and nursing practitioner role with the inclusion of a training and development programme will allow greater flexibility and utilisation of staff throughout the services delivered by Care UK.

To enable Care UK achieve the above we were excited to officially launch the new Care UK Nursing and Professions strategy. The aim of the strategy is to provide a united vision for our nursing and allied health professionals. It is focused around staff, patients and the great service provided.

Nursing and AHP strategy

Sites received a pack containing pens for staff, a 12 page brochure that detailed the ambitions and commitments across all of our health care environments and a 2 page guide detailing our ambitions and commitments to share with staff, and display in communal areas of services.

There were posters for local services to complete to demonstrate the plans they have to actualise the commitments at site level.

Nightingale Challenge

The Nursing Now global movement aims to support nurses and midwives at every stage in their careers to be influential leaders, through creating more ways they can be nurtured and recognised alongside other young professionals.

One of these ways is through Nursing Now's ambitious Nightingale Challenge. Its goal is that by the end of 2020, there will be 20,000 nurses and midwives across the world, equipped and empowered to spearhead a culture change of influential leadership in their profession.

The Challenge is asking every health employer around the world to provide leadership and development training for a group of their young nurses and midwives during 2020, the Year of the Nurse and the Midwife, to support them as practitioners, and enhance their skills as advocates and leaders in health.

'Our ambition is to nurture and support the talent and potential that already exist in our young nurses and midwives across the world,' says Professor Lisa Bayliss-Pratt, who is Programme Lead for the Challenge.

'An investment like this is a simple and direct way of demonstrating how much we value our future nurse leaders. The Challenge is a way of recognising

the crucial contribution they can make to securing universal health coverage and improving the quality of care for their communities.'

"It is essential that nurses are enabled to play a bigger role in multi-disciplinary teams, working to their full potential to innovate, to lead and to advocate," said Annette Kennedy, President of the International Council of Nurses. "We hear, time and again, that nurses are being held back as leaders. We need to seize the opportunity that 2020 gives us to shape a different future for our profession by investing in the next generation. By accepting the Nightingale Challenge we give them new skills, experiences and confidence – together we will take down the barriers that hold nurses back and see our profession soar to greater heights."

The Nightingale Challenge aims to have at least 20,000 nurses and midwives aged 35 and under benefiting from this in 2020, with at least 1,000 employers taking part.

They will be offered the opportunity to join leadership and development programmes, tailored to local needs, resources and priorities, which will support their own skills and development, bring added value to their organisations, and help raise the profile and status of both professions.

Care UK are proud to be part of this programme and are adopting an exciting month by month approach to International Year of the Nurse and the Nightingale Challenge. Every month in 2020 has been assigned a theme and we are kicking off January 2020 with leadership.

Our new dedicated area on the internal MyCare UK website will promote the biographies of our senior nursing leaders within Care UK. The aim is to inspire, role model and provide a chance for our junior nurses to ask the questions they've always wanted to ask about our journeys to leadership

positions. The website details our leadership development activities such as Chrysalis and Springboard and provides monthly bite sized tips on how to succeed in leadership roles. Throughout the year we will continue to host interactive webinar sessions with management, and produce our leadership blogs to give young nurses greater insight into Care UK.

Post Paterson

The much awaited report into the activities of the surgeon Paterson, was finally published on 4th February by the Bishop of Norwich.

The report is critical of many of the processes integral to clinicians' performance and patient safety, at many levels, in both NHS and the Independent Sector. Central deficiencies in data acquisition, and indemnity have been identified.

15 recommendations have been made, with the thrust of the report aimed at putting patient safety, and rights back at the centre of the process of care delivery.

Many of the recommendations do not affect Care UK as we operate a different employment model for the majority of our regular Consultants. Care UK has already taken significant steps to ensure a rigorous vetting process of any external doctor working for Care UK is in place, and that they are all properly qualified and regulated for the procedures they will be undertaking for us.

The full ramifications of the report are currently under consideration by the IHPN for the Independent sector, and Care UK is taking an active role in that process.

Secondary Care Conference

2019 saw the continuation of our divisional conference schedule, which was launched in response to colleague feedback in our 2017 staff engagement survey. The idea of the conference is to strengthen communication both to and amongst senior managers from across our treatment centre sites and central support functions.

Over 50 managers attend, with a good mix of clinical and operational roles present. It is a fantastic opportunity to share best practice, discuss ideas and relay important clinical and commercial information to delegates who can then confidently cascade to their teams back at base.

The 2019 conferences, held in March and September, covered topics such as the innovative work our teams are doing to embed day case arthroplasty, an update on our flu vaccination campaign and information about our approach to celebrating Year of the Nurse and recognising local initiatives to make quality improvements.

Healthcare Awards

Every year Care UK holds an internal awards ceremony to recognise outstanding achievements from across the business. Colleagues nominate each other across a total of 13 categories and finalists are invited to attend the glittering lunchtime ceremony, held at Lords Cricket Ground.

2019 was a successful year for secondary care teams, with a number of winners including the day case hip replacement team from Barlborough Treatment Centre who took the Innovation and Improvement award. A North East London Treatment Centre theatre nurse was awarded the Health Support Worker of the Year title and a consultant from Peninsula Treatment Centre was crowned Medical Professional of the Year.

Employee engagement

The annual Care UK employee survey, “Over to you!” not only informs us about what our colleagues think, but also helps us measure the effectiveness of our employee engagement strategy.

Each unit, department, and team must formulate action plans based on survey results, and report on their progress. Each action plan has sections detailing: ‘areas to celebrate’; ‘areas where we need to make improvements’; and other factors that appear to merit further investigation.

The key measure generated by the survey is an engagement index, expressed as a percentage. Divisional targets are set year on- year to increase our engagement index score – with outcomes stripped down as far as service line, unit, and teams within units, to support improvement action planning.

The survey is undertaken regularly and the survey content is comparable to the NHS National Staff Survey content.

Overwhelmingly, our most recent survey indicated that our people know what is expected of them at work, feel proud of the work they do, view patient care as our top organisational priority, and know what to do if they wish to raise a formal concern at work regarding the provision of health care services.

Broadly speaking, results compare favourably to the NHS staff survey outcomes and in particular with regard to the care of patients being the top priority, employee health and well-being, providing the tools and materials required to do the job, and feeling able to raise a complaint (whistleblowing).

Whilst the outcomes to our equality and diversity questions (sourced directly from the Workforce Race Equality Standards) were broadly comparable to outcomes in the last NHS survey, we nevertheless maintained a divisional wide education campaign, driven by the health care equality, diversity and inclusion steering group, as a direct response to the survey.

The steering group manages a programme of communication and events throughout the year ensuring that equality, diversity, and inclusion retains an organisational profile and continues to be central to our everyday working lives. Care UK became the first independent sector provider to become part of the NHS Employers Equality and Diversity programme, recognising the strong work that we have undertaken in this area.

Succession planning

Secondary Care has a formal Succession Planning process (known as “Evolve”) which aims to;

- Identify high-potential employees capable of rapid advancement to positions of higher responsibility than those they presently occupy
- Ensure the systematic and long-term development of individuals to promote into key roles as the need arises
- Provide a continuous flow of talented people to meet the organization’s management needs
- Grow our own leaders and place the needs of individuals at the heart of the planning process.
- Promote this Policy on leadership development to internal employees and external candidates.

High potential candidates for key roles are selected for bespoke programmes to develop our leaders for the future. This is driven predominantly by the appraisal process which identifies those with the potential to develop into senior management and medical leadership positions, following a centralised review and moderation process.

Thus far we have achieved a number of pleasing outcomes including appointments to Hospital Director, Operations Manager, and Head of Nursing positions, sourced through this internal succession planning process.

Employee Value Proposition (EVP)

The Care UK Secondary Care Division is committed to recruiting, retaining, and engaging high quality and motivated individuals. An important part of this is identifying our employee value proposition, to understand and articulate why our colleagues choose to work with us.

It is about understanding the “deal” struck between us as an employer and colleagues as employees, what our colleagues receive in exchange for their hard work, time and dedication. This messaging needs to be threaded through all our internal communications and the foundations of our employer brand in recruitment activities.

Identifying our employee value proposition is also about understanding areas where we as an employer can make changes to improve our colleagues time spent at work, thus improving our retention of valued staff.

To support this an Employee Value Proposition Steering Group is in place, comprised of representation across varying occupational groups and ensuring our EVP is accurately articulated and suggested areas for change will make real improvements to the time all colleagues spend at work.

A programme of workshops and interviews across all services is currently in place to capture the views of all staff groups. The results of the workshops and interviews will be combined with the results of the Over to You Staff survey to identify key themes and trends. This will allow robust action plans to be developed to support the final employee value proposition.

Review of last year's priorities

Priority - To review antibiotic prescribing for post-operative wounds.

What are we trying to improve?

As part of the national and global approach to keeping antibiotics working, we are analysing how and where we can improve our stewardship of drugs used to treat infections wherever we deliver care.

What will success look like?

We will be following an antibiotic stewardship programme which will use appropriate monitoring and management of prescribing to reduce unnecessary antibiotic prescriptions. Antibiotic prescribing for our inpatients and our patients seen in clinics will be in line with nationally evidenced guidance and will confirm that the infection was appropriately diagnosed, treated and managed. This will be measured using prescribing and patient experience audits and feedback mechanisms as part of the wider Care UK antimicrobial stewardship programme.

How will we monitor progress?

Audit outcomes will be reviewed by the internal Clinical Governance committees and governed by the pharmacist on site supported by the infection prevention and control lead practitioners. Our Chief Pharmacist will oversee these results and deliver on site checks of prescribing including standards of good practice such as documentation and follow up. Benchmarking between our services takes place at the Medicines Management forum where trends and areas of good practice can be shared and celebrated.

Issues and outcomes of concern will be analysed and where these require changes in clinical practice, presented at the Infection Prevention and Control Committee and monitored at the Secondary Care Governance Quality and Assurance meetings held quarterly.

Report

Situation

Within Care UK elective services, the antibiotic audits varied in how well they reflected prescribing patterns, especially within the post-operatively period. A review was therefore indicated and members of the Infection Prevention and Control Committee conducted a national critique of available and evidence based audit research and frameworks. We then worked with front line staff and risk assessment experts to construct an antibiotic stewardship audit. This focused on all antibiotic prescribing, most importantly those associated with post-operative wounds. This was a multidisciplinary team project and the resultant audit template is led by pharmacists but engages the whole healthcare team.

Background

The term antimicrobial stewardship is defined as an organisational or healthcare-system-wide approach to promoting and monitoring careful use of antimicrobials to preserve their future effectiveness. Antimicrobial resistance is defined as the loss of effectiveness of any anti-infective medicine, including antiviral, antifungal and antibacterial medicines.

Antibiotics are sometimes given as a precaution to prevent, rather than treat, an infection. This is called antibiotic prophylaxis. Situations where antibiotics are given as a preventive treatment include:

- if you're having an operation
- after a bite or wound that could get infected
- if you have a health problem that means you're at higher risk of infection such as if you've had your spleen removed or you're having chemotherapy treatment

Antibiotic prophylaxis is effective for preventing surgical site infections in certain procedures. The aim of surgical prophylaxis is to reduce rates of surgical site and healthcare-associated infections and so reduce post-operative complications. However, the use of antibiotics for prophylaxis carries a risk of adverse effects (including Clostridioides difficile-associated disease) and increased prevalence of antibiotic-resistant bacteria. The choice of antibiotic prophylaxis should cover the bacteria most likely to cause infection, balanced with the need to protect against unwanted side effects. Using a local antibiotic formulary should ensure that the most appropriate antibiotic, dose, timing of administration and duration are used for effective infection prevention.

Surgery that requires antibiotic prophylaxis is:

- clean surgery involving the placement of a prosthesis or implant such as an artificial hip or knee joint components
- clean-contaminated surgery
- contaminated surgery
- surgery on a dirty or infected wound (requires antibiotic treatment in addition to prophylaxis)

Assessment

The antibiotic audit constructed for Care UK Secondary Care (elective) services, poses a number of key questions, including: reasons for admission, timings and regimens, rationale, prescribing assessments and date for review. All of these elements provide the required information which indicates safe and effective use of antibiotics in line with our stewardship policy.

Priority - to improve the uptake of the winter flu vaccination and immunisation of all clinical employees across Treatment Centres.

What are we trying to improve?

Through increased vaccination of our frontline employees we hope to minimise the risk of vulnerable patients contracting the virus while in our facilities. We also hope to see a decrease in employee absence due to the influenza virus; this will in turn help improve continuity of care.

What will success look like?

Our target is a 5% increase in employees who are vaccinated against flu.

How will we monitor progress?

Flu champions in each service will monitor influenza immunisation of employees locally. These figures will be reported via monthly performance meetings.

Report

Situation

The annual winter flu immunisation programme remains a vital part of Care UK operational deliverables for all clinical employees and the patients we serve.

Flu (influenza) is a common infectious viral illness spread by coughs and sneezes. It can be very unpleasant, but you'll usually begin to feel better within about a week. You can catch flu all year round, but it's especially common in winter, which is why it's also known as seasonal flu. Flu isn't the same as the common cold. Flu is caused by a different group of viruses and the symptoms tend to start more suddenly, be more severe and last longer.

Some of the main symptoms of flu include:

- high temperature (fever)
- tiredness and weakness
- headache
- general aches and pains
- dry, chesty cough

Cold-like symptoms, such as a blocked or runny nose, sneezing, and a sore throat, can also be caused by flu, but they tend to be less severe than the other symptoms you have. Flu can make you feel so exhausted and unwell that you have to stay in bed and rest until you feel better.

Within Secondary Care, we have nominated and tasked local flu champions to lead a campaign for flu vaccination for all staff, prioritising front line staff in the first instance, and to aim for an uptake rate over 80%, a target which if achieved, exceeds the quality priority set.

Background

Working with a small multi-disciplinary team, substantial work has gone into designing a delivery programme of vaccination for our staff across sites. A number of key work streams evolved around supporting and informing staff on the importance of being vaccinated, with a focus on

the professional responsibility each healthcare professional has to their colleagues, patients and family members.

Similarly to previous flu vaccinations season, there were a number of national launch days which engaged with local sites and nominated flu champions. This day focussed on providing local champions and sites with the relevant tools and knowledge to help deliver a vaccination to staff on the front line. It covered some key topics including:

- patient group directives which allow us to prescribe vaccinations and anti-viral medications on a greater scale without delay
- national and global Public Health priorities
- general flu myth busting
- outbreak management
- data analysis
- marketing information, including consumables such as pens, lanyards and posters designed specifically for the flu season

This year we focused on a number of key themes with a dedicated approach to increasing the numbers of staff taking up the offered vaccination.

These were:

- staff engagement and education so they are equipped to educate their patients and others
- positive and accurate information on the content of the flu vaccine
- the benefits to the workplace, colleagues and family of having the free vaccination (herd immunity)
- how to access the vaccine

The launch days and the additional supporting documents allowed key staff within the service lines to become up skilled and informed in the rationale for the flu vaccination need. They were then able to take this knowledge to their teams at their respective bases and cascade this new information to a larger audience.

We focused the key message of flu and being vaccinated as the professional responsibility of all staff to help protect themselves, their families, the staff around them and the patients that they care for.

Assessment

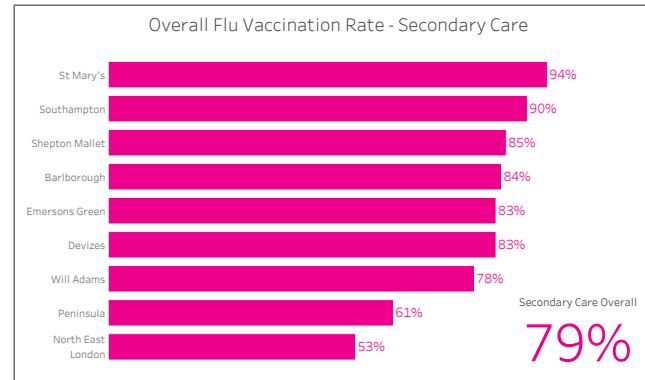
Educating and informing staff, patients and the public on the benefits of flu vaccination is a difficult yet crucial part of the flu season. Many have misconceptions or ill formed judgements that flu vaccines are ineffective or actually cause flu.

Thanks to “herd immunity,” so long as a large majority of people are immunised in any population, even the unimmunised minority will be protected. With so many people protected, an infectious disease will never get a chance to establish itself in reservoirs from which to spread. This is important because there will always be a portion of the population – infants, pregnant women, elderly, and those with weakened immune systems – that can’t receive vaccines. But if too many people don’t vaccinate themselves or their children, they contribute to a collective danger, opening up opportunities for viruses to survive in a population and spread.

Within Care UK a lot of effort went into ensuring all sites, services and staff were informed of the importance of obtaining their vaccine.

Review/Results

Care UK Secondary Care services have successfully exceeded the quality account target of a 5% increase in uptake rates for the season of 2019/2020.



Priority - Undertake a Datix review to support incident management trending and greater use of dashboards for monitoring

What are we trying to improve?

The Datix incident management system will be reviewed to allow a comprehensive update of categories and functionality. This in turn will lead to an improved review and monitoring of incident management. As a result trending of incidents both at local and national level will be able to become more embedded in incident management as a whole.

What will success look like?

An annual increase in reporting rates which are benchmarked against NHS results. This will result in patient harm and no harm incidents more easily identified and monitored.

How will we monitor progress?

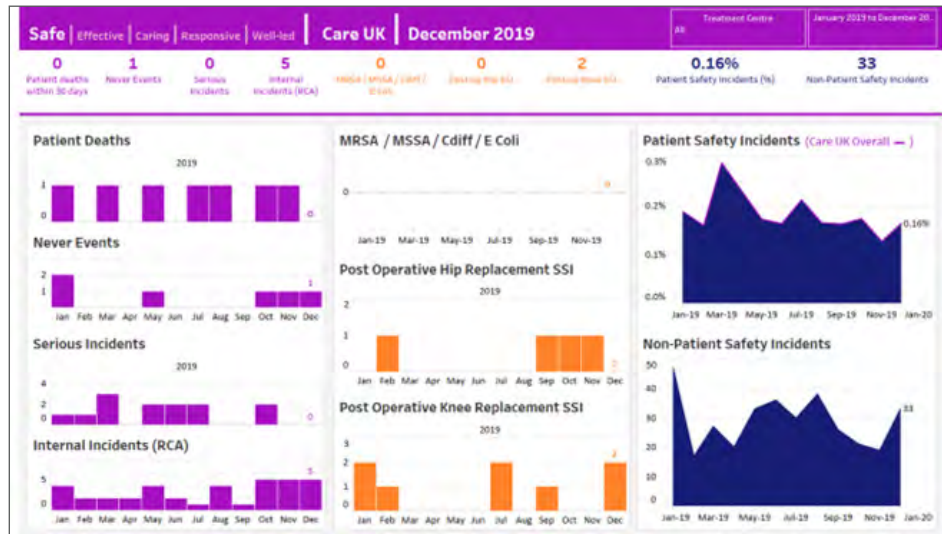
This will be monitored via the Secondary Care Governance Quality and Assurance meeting on a quarterly basis, in addition to the monthly business reviews.

What we have achieved:

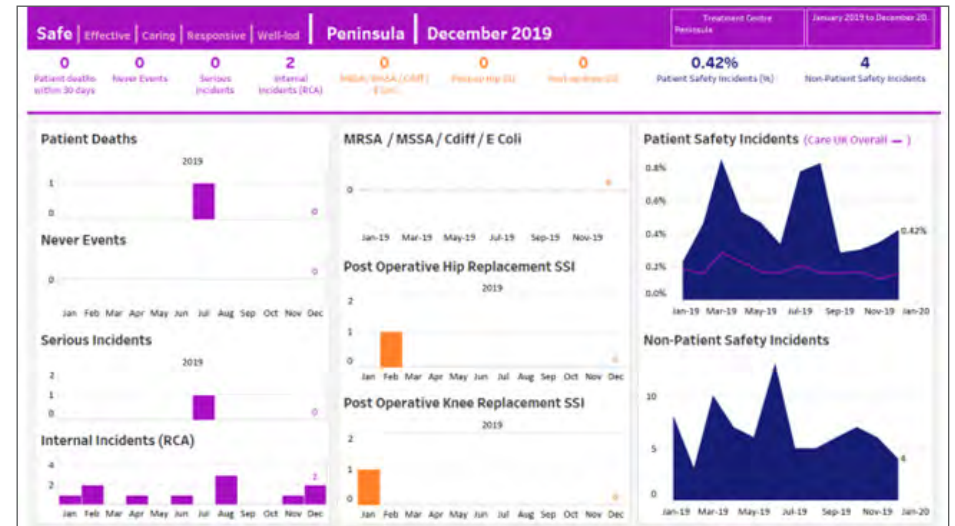
Monthly Quality Governance Dashboards have been developed which show trending of the incidents reported, both across Care UK Secondary Care and individually for each of the Secondary Care sites. These also include internal incidents, serious incidents, patient deaths, Never Events and surgical site infections on both a national and local level.

The dashboards facilitate improved monitoring of trends and promote the discussion of appropriate interventions at the local governance meetings. They also inform the areas for focus during the annual Quality Visits to each of the Secondary Care sites by the Governance Team and provide assurance on incident management to the quarterly Secondary Care Governance Quality and Assurance meeting.

National Quality Governance Dashboard example:



Local Quality Governance Dashboard example:



The Datix incident management system has been reviewed and a comprehensive update of categories and functionality proposed. However, the system needs to meet the requirements of the entire Care UK business, which includes Health in Justice and Primary Care, in addition to Secondary Care. Consequently not all updates have been implemented and meetings are underway to gain agreement across the business.

Incident reporting rates have plateaued across Secondary Care and further promotion of incident reporting is underway. Site-specific dashboards with real-time information on each site's top five risks, most-frequently reported incidents, incident management performance etc. will be created in order to raise awareness and encourage reporting amongst staff, in tandem with improved feedback to staff who report incidents.

The introduction of the national Patient Safety Incident Management System (anticipated during 2020) will enable Care UK to benchmark against NHS incident reporting rates. This information will be incorporated into the dashboards, along with comparison against Care UK Secondary Care average incident reporting rates.

Priority - Always Events

NHS England, in collaboration with the Institute for Healthcare Improvement (IHI) and Picker have developed a programme to implement Always Events within the NHS in England.

What are we trying to improve?

In the busy world of clinical care, all too often what matters to patients, service users, and their carers is not understood or adequately addressed. Always Events are those aspects of the patient and family experience that should always occur when patients interact with healthcare professionals and the delivery system.

Always Events® are aspects of the patient experience that are so important to patients and family members that health care providers must aim to perform them consistently for every individual, every time. With a move from – “doing for patients” – to “doing with patients”

What are Always Events:

- They are reliable processes or behaviours that ensure optimal patient, care partners & service users experience of the service
- They are co-designed with patients, care partners and service users.
- They are integrated into overall personcentred care strategies.
- “Triple aim” of measuring the Always Events
- To enhance better outcomes
- To provide better experiences
- The better use of resources

What will success look like?

That all services will identify and implement at least one identified Always Event within their service.

There was an initial launch event where nominated Always Event Champions from each service were invited to attend. A number of workshops took place and each service was allocated a steering group member to support their progress.

All services have implemented the Always event programme within their Treatment Centre and are at differing points in the patient journey.

Centre	Progress
Barlborough Treatment Centre	The Barlborough team have called a group of patients within the Prorecovery cohort to discuss what additional measures could be put in place to enhance the patient journey.
Rochdale CATS	The team have invited patients to a meeting to discuss the patient pathway and how this can be improved.
Peninsula Treatment Centre	The team have invited patients to a meeting to discuss the patient pathway and how this can be improved.
Shepton Mallet Treatment centre	The team have invited patients to a meeting to discuss the patient pathway and how this can be improved. The patient meeting has occurred and the team are ready to agree what The Always Event theme will be.
Emersons Green Treatment Centre	Have completed the first annual cycle of improvements and are in the process of reviewing the next year priorities.
Southampton Treatment Centre	The local team have invited groups of patients to an initial meeting to discuss patient views on what should be included in the programme
St Mary's Treatment Centre	The team have hosted patient meetings and have identified a patient passport to be used within the service.
North East London Treatment Centre	Invitations have been sent to patients to invite to an event in April to discuss what areas to focus on to identify always events topics.
Will Adams Treatment Centre	Invitations have been sent to patients to invite to an event in April to discuss what areas to focus on to identify always events topics.

How will we monitor progress?

This pathway will be monitored through a number of clinical forums to review the clinical outcomes achieved in addition to a quarterly review at the Secondary Care Governance Quality and Assurance meeting. There was a launch event arranged where all sites identified Always Event Champions who would lead the project at a local level.

The Always Event programme and tools were presented and support framework shared. Each of the centres have received monthly monitoring and support telephone calls from a member of the

steering group. This has allowed sites to discuss issues as they arrive and manage the Always Event programme at a local level. An additional meeting has been arranged for all Always Event Champions from local sites to be able to present their Always Events programme progress. This will allow for sharing of ideas between services and to showcase patient pathways.

There have been regular follow up calls with the NHSI Always Event programme leads to share good practice and assist with any issues arising with the implementation of plans.

Priority - To implement an improved and augmented enhanced recovery programme across Treatment Centres.

Care UK was an early adopter of the Department of Health's Enhanced Recovery Programme for hip and knee replacement surgery. Patients' recovery is enhanced through careful pre-operative assessment, the use of modern techniques for anaesthesia and post-operative pain relief, and support for early mobilisation.

As a result, patients have shorter hospital stays and better outcomes. The current average length of stay at our NHS Treatment Centres are: 2.1 days for hip replacement and 2.2 days for knee replacements.

This year Care UK has been working hard to support patients to return home to continue their recovery after hip and knee surgery as soon as they can. For some patients this is the same day as they have their surgery.

We are pleased to report that initial evidence suggests this approach is beneficial for everybody and enables people to get back to normal functioning quicker and with less pain.

What are we trying to improve?

At least 10% of eligible hip and knee arthroplasty patients are discharged within 24 hours whilst achieving identified key milestones.

What will success look like?

That 10% of eligible hip and knee arthroplasty patients are discharged within 24 hours whilst achieving identified key milestones and a measurable reduction in catheterization rate.

All services are moving towards identification of patients suitable for discharge within 24 hours of surgery under the PRO recover pathway. The numbers of discharges within 24 hours within services are starting to increase as teams adopt the learnings from the pilot site Barlborough Treatment Centre.

PRO recover is Care UK's positive, proactive approach to treatment and rehabilitation, helping more patients to achieve a rapid recovery.



Day case joint replacements

- Pioneering work
- Safe and effective joint replacement day case surgery pathway
- Shortlisted for the Innovation in Care category of the Laing Buisson Awards

Enhanced recovery pathway

- Modern, evidence-based approach
- Helps patients recover more quickly after having major surgery
- Holistic physiotherapy support
- Physiotherapy App - 'PocketPhysio' - to help with rehabilitation at home.

Patient choice is paramount to the success of discharge and patients are able to stay longer than 24 hours if clinically required or patients amend their decision.

Method adopted

- Patient Selection – relatively healthy, American Society of Anesthesiologists (ASA) physical status score 1- 2, mobile, patient motivated to discharge in the timeframe, family support and safe home environment, access to transport.
- Pre-Assessment – detailed information given to patient and family, assessment of motivation level, assessment of home environment and patient health.
- Pre-Operative – physiotherapy session practising post op exercises and use of assistive devices
- Surgical – short operating time, limited soft tissue damage and blood loss. But same surgical technique as for in-patient cases.
- Anaesthesia – pre-medication with paracetamol, etorocoxib, omeprazole. No pregablin. Surgical spinal anaesthesia with short acting local anaesthetics (heavy prilocaine, chloroprocaine). No spinal opioids.
- Post Operative – Early mobilisation and physio support
- Discharge Criteria – Same as in-patients, stable circulation, no urine retention, no discharge on day if more than 500ml of blood loss
- At Discharge – Patient information (expected symptoms after discharge), TTO (medication to take home) with rescue pain killers, 24 hour phone number for patient to call with any queries or concerns, follow up call from Treatment Centre next day, follow up with surgeon at 6 weeks (as per inpatients).

There have been an ongoing decrease in the rate of routine pre-operative catheterisation as the move to reduction of opiates in spinal anaesthesia.

Barlborough Treatment Centre have completed over 100 cases of hip and knee arthroplasty with the following outcomes recorded.

Clinical Outcomes

- No Readmissions, catheterisation or sickness
- No additional (rescue) pain medication after discharge
- 100% "Excellent" satisfaction rated by all patients
- 100% "No regrets" when asked about being a day case and would do it again

Knees

- Average age 66 (range 48-81)
- Average BMI 31 (range 18-37)
- Average operation time 55mins (47-70)
- Mobilisation time 140mins (95-240)
- 55% Unicodylar 45% Total

Hips

- Average age 60 (range 46-77)
- Average BMI 28 (range 20-37)
- Average operation time 55mins (46-65)
- Average blood loss 230ml (range 100-500ml)

Impact on Length of Stay

Obviously the Day Case patients will reduce the average length of stay (LOS) for patients undergoing hip and knee replacements.

However, Barlborough Treatment Centre have also discovered that patients that used to stay two nights are now typically staying one night as a result of the day case programme and earlier mobilisation of all patients. They have increased next day discharges from 20% to 50%. As a result in the last year their LOS has reduce from circa 2.2 days to 1.8 days for hip replacements and 1.9 days for knee replacements.

Pain relief is managed through the use of local infiltration analgesia which allows for early mobilisation post operatively.

What will success look like?

This pathway has been monitored through a number of clinical forums to review the clinical outcomes achieved in addition to a quarterly review at the Secondary Care Governance Quality and Assurance meeting.

The monthly performance meetings held with each service also review the PRO recover pathway and a revised workbook has been implemented to capture the required data for monitoring purposes.



Local Quality Updates



Barlborough Treatment Centre

Dignity

What we were trying to improve

- Promote dignity in care
- Increase the number of dignity champions in the treatment centre
- Share good practice
- Encourage staff to sign up to *Treat Me Well* Campaign
- Always events – Improve patient pathway and communication to ensure patient involvement and satisfaction

Why we are trying to improve

- Improve patient experience
- Work towards a dignity award –Submitted January 2nd 2020
- Keep in line with care UK values
- To be best the provider in Health Care

How we monitored progress

- CQUINS
- PLACE Results
- Patient satisfaction
- NHS Choices
- Customer comments cards
- PROMS
- NJR
- CQC Feedback

Dementia

What are we trying to improve

- Improve the patient pathway for dementia sufferers
- Improve the carer / family member experience

- Raise awareness within the treatment Centre
- Deliver relevant training to staff
- Improve the knowledge and awareness of staff
- Empower staff to deliver outstanding care

Why we are trying to improve

- Improve patient experience
- Improve carer / family member experience
- Keep in line with Care UK values
- To be the best healthcare provider

How we monitored progress

- CQUINS
- PLACE Results
- Patient satisfaction
- NHS Choices
- Customer comments cards
- CQC Feedback
- Staff feedback

Supporting health & wellbeing of staff

What are we trying to improve

- Promote the benefits of the flu vaccine and increase uptake in all staff -
- Staff wellbeing and work life balance
- Physical activities for teams & individuals – Bowls, walks
- Staff will be allowed to access fitness equipment in the physiotherapy gym out of hours
- Staff social events
- Support Mental Awareness Day
- Mental Health Awareness training delivered by Derbyshire CCG

- Suicide Awareness Training delivered by Derbyshire CCG
- Conflict Resolution Training Delivered to all patient facing staff

Why we are trying to improve

- Reduce the risk of infections
- Support staff to remain healthy and happy
- Staff retention
- Happy staff promotes a happy environment and improves patient care

How we monitored progress

- “Over to you!” survey
- Number of vaccinations administered
- Staff turn over / vacancies
- Number of staff over 10 years
- Circle meetings
- Staff feedback
- Open door policy for staff to raise concerns and receive support

Local outcomes

	Local results
NJR	Number of ops - 1217. Consent rate 100%
VTE (%)	January 98.6 February 100 March 100 April 100 May 99.3 June 99.5 July 100 August 100 September 97.9 October 100 November 100 December 100

PROMS

Procedure	Measure	Health Gain
HR-PRIMARY	EQ5D	0.454
HR-PRIMARY	VAS	8.314
HR-PRIMARY	OXFORD HIP	23.767
KR-PRIMARY	EQ5D	0.296
KR-PRIMARY	VAS	3.631
KR-PRIMARY	OXFORD KNEE	17.311

Details of next year's priorities

- Derbyshire Dignity award
- Day case joints - ongoing
- Evidence based practice – hip precautions
- Always Events
- Change of format for CIRCLE based on feedback from staff
- CQUINS Q3/4 – Health & Wellbeing of staff, Autism and Dignity
- HON and CG Manager to attend Learning from Incidents forum (Derbyshire CCG)
- External links with other providers
- Archiving Medical Records
- Preparation for QIST Presentation
- Continue to achieve >80% cemented hips over 70
- Work in partnership with local authority to provide health & wellbeing assessments for staff

What are we trying to improve?

- Patient experience
- Clinical effectiveness
- Share good practice
- Staff health & wellbeing

What will success look like?

- Excellent patient satisfaction scores
- Excellent patient outcomes
- Staff retention
- Happy & healthy workforce
- Financially viable
- CQC rating Outstanding
- For Barlborough to be the number 1 choice for orthopaedic surgery
- Strong relationships with other providers
- No Never Events / SI

How will we monitor progress?

- OTY Survey
- Low staff turnover
- Length of stay
- Patient satisfaction
- CQC

Patient story

Thelma Reddish, from North Wingfield, joined her local walking group 10 years ago with her husband, as he attempted to overcome ill health. They made close friends and shared not just walks but socialising and holidays. Sadly, Mr Reddish lost his battle with cancer 18 months ago and the walking group and a close family network were there for Thelma.

She said: "I am very lucky to have good people in my life. Unfortunately, it was at this time the problems with my knee started to worsen. A few years ago I had a really bad fall on the way to meet the group for a long walk and badly injured my knee and instead of turning back, I made the wrong decision to carry on.

"The pain from the osteoarthritis was so bad that sleeping was hard. I was put on morphine tablets,

but they made me ill. I took weaker medication; however, that was not strong enough to control the pain."

An X-ray revealed why. The cartilage on one side of the knee had completely gone, leaving bone rubbing against bone.

Mrs Reddish's GP referred her to Barlborough NHS Treatment Centre. She said: "I researched hospitals on the internet, and several friends had surgery at the centre and were very pleased with the treatment they received.

"I had never been in hospital before - I have been fortunate never to be ill - so I faced going into hospital with trepidation. I was delighted when, at my assessment, they told me I was a suitable candidate for day surgery knee replacement."

The surgery went to plan and Mrs Reddish returned home by 6pm on the day of her operation. She said: "It is an amazing service and everyone was so kind. They treated every patient with kindness and dignity as well as excellent care and humour, but that didn't mean I wasn't still pleased to spend the night in my own home."

Mrs Reddish worked at the exercises she was given by the centre's physiotherapist, both before and after the surgery, and within the fortnight she was delighted to be back out with the walking group.

She said: "No one could believe my recovery. They all laughed and said that if this is knee surgery, they want to sign up for it!"

Hospital director Steve Booker said: "I am delighted that Mrs Reddish has benefited from our day surgery joint replacement programme. We developed it over a number of years, to ensure safety and comfort, and the results have been exceptional. For the right people, the option to go home on the same day is an excellent outcome: they feel more comfortable and recuperate better.

Peninsula Treatment Centre

What we were trying to improve

- Achieving JAG accreditation
- Expansion of the ophthalmology services to meet local demand
- Improved working with the local NHS trust
- Reduction in the use of urinary catheters for knee Arthroplasty patients
- Replacement of X-ray (C-arm) equipment
- Introduction of clinical scheduling to ensure smooth running of theatres and
- Reduction in clinical cancellations on the day of operation.

Why we are trying to improve

- To become a centre of excellence in the South West offering state of the art endoscopy equipment.
- Local demand dictates the expansion of the Ophthalmology service to ensure patients are seen and treated in a timely fashion.
- Better choice for the patients within the South West region, positive outcomes and timely treatment.
- Reduction in the requirement for catheterisation and reduction in catheter related urinary tract infections.
- New state of the art portable X-ray machine delivering an affective service to all Orthopaedic patients in and out of theatre.
- Reduction in clinical cancellation on the day of surgery by 50%.

How we monitored progress

- To become a centre of excellence in the South West offering state of the art endoscopy equipment.

- Local demand dictates the expansion of the Ophthalmology service to ensure patients are seen and treated in a timely fashion.
- Better choice for the patients within the South West region, positive outcomes and timely treatment.
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- Reduction in clinical cancellation on the day of surgery by 50%.

Local outcomes

	Local results
NJR	100% submission
PROMS	100% submission for THR/TKR
VTE	99%
Complaints	17
Incidents related to patient harm	5 Moderate

Details of next year's priorities

- Use shared learning to reduce possibility of Never Events
- Review format of Governance meetings to ensure shared learning of Incidents, RCA's and complaints.
- Continue to review and share patient feedback and move forward with Always Events

What are we trying to improve?

- Use shared learning to reduce possibility of Never Events
- Review format of governance meetings to ensure shared learning of Incidents, RCA's and complaints.
- Continue to review and share patient feedback and move forward with Always Events

What will success look like?

- Success will see no Never Events.
- By sharing RCA's and complaints with staff we will see a reduction in the number of complaints we receive. Continue to answer all complaints within specified timeframe.
- Length of stay reduced to below 48 hours and same day discharge of patients increased.

How will we monitor progress?

- Clinical outcomes will monitor all reports of Never Events.
- RCA's and complaints will continue to be monitored regularly.
- We will be visiting other Care UK sites to look at sharing information on reduced length of stay for patients.

Patient stories

64 year old patient had suffered from chronic pain in her right knee for two years. When she was told that she would have to wait for a further 12 to 14 months for surgery on the NHS, she decided that she could not live with the pain for that much longer and opted to have her operation sooner using the self-pay option at Peninsula NHS Treatment Centre.

"It all began just over two years ago when I started to get pain in my knees," said Sue. "I saw my doctor who began the process by referring me for physiotherapy. The physio thought I might have psoriasis arthritis so I was referred to the rheumatology department at my local NHS hospital. They put me on medication which did not agree with me and in fact led to a bowel bleed."

She added: "At this point my knee was really bad and I was referred to an orthopaedic consultant who told me that I would need a knee replacement, but that I would have to wait a further 12 to 14 months before I could have one on the NHS – I was devastated."

By this point Sue's pain was so bad that it was interfering with her sleep and work, which as a care coordinator for a care company involves training home care staff in areas such as manual handling. "There is an element of physicality to my job and it was becoming impossible to do this without experiencing excruciating pain," said Sue.

The pain was also delaying a move to Spain for Sue and her partner – "I would not have been able to use the stairs or even get to the pool unaided at our apartment."

A work colleague gave Sue a leaflet from Peninsula NHS Treatment Centre outlining its self-pay option for patients. This is a route to care which does not need private medical insurance and which is cheaper than local private care alternatives.

Said Sue: "I discussed it with my partner and we decided to look into it. I spoke to Paula Thompson at Peninsula and she was really helpful. I booked a consultation and was impressed by the thoroughness of the process – all the tests and questions were completed in one go and I was able to meet everyone who would be involved in the care."

She added: "This was last November and I was booked in for surgery on 30th December, just a few weeks later. Every aspect of my care was fantastic and my treatment was totally patient-focused – something I provide training for in my work, so I recognise good practice when I see it. The care even continued after I was discharged – no call or question was too much trouble."

Sue has now had her six-week follow-up and all is well with her new knee. She plans to have her left knee replaced at Peninsula NHS Treatment Centre, this time on the NHS – "I wouldn't go anywhere else."

"For years I used to apologise to people because I came with sound effects – every step and movement would be accompanied by a groan of pain. Now I can get around and I feel that I've got my life back. I'm only 64, which nowadays isn't considered old, and I was seriously concerned that I would never be able to work again and that we would have to keep on putting off our move to Spain," said Sue.

When a patient who is , 56, and a GP at Saltash, cellist and novelist, needed treatment for trigger thumb and a carpal tunnel decompression, she turned to Peninsula NHS Treatment Centre in Plymouth.

Susanne, who lives in Launceston, and is also a clinical assistant in radiotherapy at Derriford Hospital, had been experiencing pain in her arm and hand on and off for over three years. She said: "It was becoming difficult at work, with driving and using the computer, affecting my cello playing and my sleep so that I was tired all the time. I'd had a couple of injections over the years which worked in the short term, but it became apparent that I might need surgery to resolve the problem."

Susanne is now recovering from her operation at Peninsula NHS Treatment Centre and is looking forward to returning to her cello, which she plays with two orchestras, including the South West Peninsula Orchestra and Choir. "Getting full function back in my arm and hand will be important for my music," she said, "especially the modern pieces we perform from musical theatre, films and gaming, which are often more difficult than traditional classical music."

Also she is hoping, one day, to start writing again, following the success of her novel "Without Borders, Syria."

Of her care at Peninsula NHS Treatment Centre, Susanne says: "As a GP, I refer my patients to Peninsula, and I am also one of its satisfied patients. The experience as a patient is brilliant – the staff are lovely, helpful, friendly and professional and the hospital is efficiently-run and spotlessly clean."

She added: "Whilst excellent quality of care and good outcomes are important, so too, is the welcome and friendliness of those who look after you – as a patient that makes you feel more at ease and confident in the care you are getting. For all of this, I would thoroughly recommend the Peninsula Treatment Centre"

North East London Treatment Centre

What we were trying to improve

- Over the last year we have tried to improve the following:
- Reduction in falls

Why we are trying to improve

- We had an increase in the number of falls our patients had experienced and wanted to reduce this number to prevent patient harm

How we monitored progress

- All falls are reported on Datix, our electronic risk management system. Posters are in place for "Call, don't fall". Patients are advised by the physio team to use their buzzers prior to mobilizing. The ward has an active falls group who review the Datix on a regular basis and make changes if required to the actions taken on the ward, this has resulted in a reduction of the number of falls experienced (11 in 2018 and 8 in 2019).

We have also been focusing on improving our Friends and Family test results:

Inpatient Friends and Family Test - Would recommend %	ISTC - 99% NHS - 94%
Inpatient Friends and Family Test - Response rate %	>50%
Daycase Friends and Family Test - Would recommend %	ISTC - 99% NHS - 94%
Daycase Friends and Family Test - Response rate %	>50%
Outpatient Friends and Family Test - Would recommend %	ISTC - 99% NHS - 94%
Outpatient Friends and Family Test - Response rate %	>50%

The greatest improvement has been in OPD where the team has made a massive effort in capturing more responses across the year.

Local outcomes

	Local results
NJR	100%
PROMS	100% submission for THR/TKR
VTE	99.56%

Details of next year's priorities

What are we trying to improve?

- We will be trying to improve the number of day case hips and knees that we perform at NELTC.
- We are also going to aim to improve our surgery start times

What will success look like?

- An increase in the number of patients undergoing day case arthroplasty, resulting in a shorter average length of stay, a reduction in the risk to patients of infections, thrombolytic risk, chest infections etc.
- Surgery start times will start at 8.15am in 95% of cases- currently the average start time is 8:32am.

How will we monitor progress?

- Bi-monthly reporting at our Quality and Governance Meetings

Patient stories

I attended the treatment centre on November 25th for Gastroscopy and Colonoscopy. This was never going to be pleasant. It wasn't so bad because of the excellent care that I received.

The only small thing that let it down was the diet sheet and instructions when to take the bowel prep was not sent to me. This was not a problem as I got the info from the Admin lady on the Friday before procedure, she was extremely helpful.

On the day of procedure, the nurse told me she would be looking after me. She was one of the nicest nurses I have ever met. She was so helpful, nothing seemed too much bother. The Dr and his theatre nurses were also very nice towards me. I also had a phone call from the treatment centre a few days after procedure to check I was ok. {I thought this was a very nice gesture.}

I am simply writing to thank you for all of your care and attention- my only regret is that the surgeon is going to have to repeat the hospitality in a few weeks' time.

As a pre-op transgender woman I was extremely anxious at being in a female ward for fear of causing anyone anxiety, particularly in the light of the persistent current stories in the media of individuals identifying as transgender behaving in unsavoury and on the face of it criminal behaviours. Equally the thought of being in a male ward would cause me to self-harm at the earliest opportunity.

So when I was asked how I felt I had been treated, being to my surprise being the first transwoman or transman at your hospital, everyone was totally lovely and in no way was I given cause to feel different.

Shepton Mallet Treatment Centre

What we were trying to improve

- Implementation and review of Personalised Activation Measures (PAMs) for all patients who are admitted for primary joint arthroplasty aged over 70 and for all at risk of falls (an enhancement of the previous years objective).
- The enhanced recovery pathway leading to commencement of day case total hip replacements.
- The management of the pre-operative treatment for patients who are anaemic, prior to elective joint replacement

Why we are trying to improve

- An decreased PAMS score for those patients who return to SMTC for further surgery following primary involvement made as a result of the GPs being informed of the need for interventions to enable their management of their long term conditions.
- The successful same-day discharge of appropriate patients following total hip replacements
- The reduction of any delays to surgery for patients who are diagnosed with pre-operative anaemia

How we monitored progress

- The comparison of PAMS scores for patients who return to SMTC for further orthopaedic surgery or were identified as at risk of falls – unable to proceed due to license availability if not a CQUIN
- The number of patients who were successfully discharged on the same day as their total hip replacement procedure
- No patient rejections for pre-operative anaemia that is treatable within the pathway

Local outcomes

	Local results
NJR – Data Quality	
Consent rate	100%
Linkability for hospital	100%
Total primary hips	502
Total revision hips	29
Total primary knee	452
Total revision knee	16
PROMS	Return Rate THR – 94.34% Average 62 pm. Return Rate TKR - 98.84% Average 49pm Equates an increase in returns of 9.8% THRs and 13.7% for TKRs from 2018/19
VTE	98.6%
Complaints	10
Incidents related to patient harm	1

Details of next year's priorities

What are we trying to improve?

- We will be trying to improve the number of day case hips and knees that we perform.
- We are also going to aim to improve our surgery start times

What will success look like?

- Agreed cohort of staff will have received Staff health and Well Being training, a formalized group will be established with terms of reference. Group will lead on staff events to improve morale.
- Always Events – Patient attendance at planned meeting groups and then introduction of changes identified.
- Development of the SMTC Academy of Excellence. Employee values Programme and engagement
- There will be a register of staff supervisor/ supervisee/ attendance at sessions

How will we monitor progress?

- Minutes of meeting into Governance which will identify staff events undertaken/planned and number of staff who have accessed the service
- Action plan updated to reflect progress – audit where appropriate. Final event including patients to celebrate improvements
- Participation at annual event, presentation of achievement awards

Patient stories

Retired nurse, social worker and child care expert crossed from Devon for his treatment.

Over the past year, more than 1 in 8 patients at Shepton Mallet NHS Treatment Centre have exercised their right to choose where they are treated and to swap to a shorter waiting list, by crossing a county border for their care.

Latest figures from the hospital show that 2,472 patients came from outside Somerset, some 13.21% of the total number of people treated at Shepton Mallet NHS Treatment Centre over the past year. While most cross-border patients have attended from Devon and Dorset, there are examples of patients travelling from as far afield as Cornwall and Gloucestershire.

The news comes against a national backdrop of waiting list woe, ranging from the 'rationing' of some surgical procedures in some parts of the country to a rise in the number of people giving up on the wait and seeking treatment overseas.

An example of a Shepton Mallet NHS Treatment Centre 'border-crosser' is David Hipkiss, 80, from Torrington in North Devon. When David experienced a rapid and painful deterioration in his right hip, he knew as a retired nurse that he needed treatment quickly.

Like many patients from North Devon, he shortened his waiting time for surgery by exercising his right to choose and opting to be treated at Shepton Mallet NHS Treatment Centre in Somerset.

"Over about a year the pain in my hip deepened from general soreness to excruciating, debilitating pain," said David. "I had my hip X-rayed and the radiologist commented on the fact that I was experiencing a pretty rapid onset of arthritic deterioration."

The pain was so bad that activities he enjoys, such as gardening and walking the dog, became impossible. Even something simple such as climbing the stairs was difficult.

David was referred to his local general hospital for an assessment, and was told he would need to have his hip replaced. He was put on a waiting list, but months went by with no date for surgery.

"I was told I would have to wait for a year, then someone recommended Shepton Mallet NHS Treatment Centre as somewhere I could be seen faster," commented David. "It seemed that a lot of people from North Devon were opting to go there so we made enquiries. The Shepton team could not have been more helpful. We contacted them in January and I went in for surgery on 7th March."

David, whose career has included nursing, social work and working with vulnerable children and their families in the courts system, is full of praise for the treatment he received.

He said: "I can't see how the treatment could have been better. Without exception the care was amazingly good. Morale was high and everyone was happy, friendly, proficient and professional."

David added: "I'm aware that I'm one of a number of patients from North Devon who are choosing Shepton Mallet NHS Treatment Centre for their treatment. We stayed in a local hotel the night before my operation and there was another guest due for surgery at the treatment centre staying at the same time. I have recommended the hospital to everyone and know of at least one neighbour and the receptionist at our local vets who have gone there for their care."

James Harmer, 20, from Templecombe was involved in a motorcycle accident which caused considerable damage to his right knee. His doctor initially

recommended physiotherapy, but when this did not help he went to a knee specialist who referred him for an MRI at Shepton Mallet NHS Treatment Centre.

"I really wanted to know what was going on with my knee," said James. "Before my accident I was thinking about joining the Army, and I wanted to make sure that the damage to my knee would not stop me."

The MRI scan revealed that James had a bruised bone. He is now building up his fitness so that he can fulfil his dream of joining the Army.

James was the first patient to use the new MRI facility at Shepton Mallet NHS Treatment Centre. He said: "It was really smart, very clean and everyone was very friendly – I can commend them on that. Anyone due for an MRI at Shepton Mallet shouldn't worry. It's not stressful and they play music to cover the noise from the machine. It may look daunting but it's very comfortable."

St Mary's Treatment Centre

What are we trying to improve

- 1 - Flu immunisations
- 2 - Dignity audits
- 3 - Maintain 0% bacteremia MRSA C difficile
- 4 - Quality assurance review
- 5 - Patient reported hand hygiene audits
- 6 - Local Safety Standards for Invasive Procedures (LocSSIPs)

Why we are trying to improve

- The aim of St Mary's NHS Treatment Centre is to continually improve in the CQC domains of Safe, Effective, Caring, Responsive and Well Led. These domains have the patient at the heart of the improvements and is the culture developed at the Treatment Centre.

How we monitored progress

- 1 - Flu immunisations – 97.8% immunisation rate achieved for St Marys NHS Treatment Centre
- 2 - Dignity audits – reviewed feedback from Friends and Family results post Endoscopy works on the ward, there are no negative responses relevant to privacy and dignity. Our Patient Led Assessment of the Care Environment (PLACE) scores for Privacy, Dignity and wellbeing improved from 90% to 98%.
- 3 - We have maintained 0% bacteremia MRSA C difficile
- 4 – Quality Assurance review – A successful Quality Visit was completed by our Commissioners, awaiting CQC assessment, currently rated good.
- 5 - 85% of healthcare workers will be seen decontaminating their hands as reported by patients. 100% results for Day Surgery/ Outpatients/Theatres.

- 6 - Full implementation with LocSSIP audit process in place. Audit tools have been implemented and audits taking place.

Local outcomes

	Local results
NJR	Not relevant
PROMS	Not relevant
VTE Patient Pathway Audit	98.88% average
VTE Full Audit	97.25% average
WHO Surgical Safety Checklist Audit	99.5% average
WHO Observational Audit	100% average
Outcomes Audit	99% average
Patient Falls	0 Patient Falls
Complaints – Upheld or Partially upheld	17 complaints = 0.045% of patients seen
Incidents related to patient harm	1 Serious Incident = 0.002% of patients seen

Details of next year's priorities

What are we trying to improve?

- Ophthalmology pathway review.
- Dementia friendly improvements onsite.
- Continuing to support local trusts such as Portsmouth Hospital, Isle of Wight Trust and West Sussex.
- Maintain excellence in Quality indicators reported monthly to the Board.

- Continue to provide training and advice to local referrers such as Endoscopy/Ophthalmology education evenings.
- Introduction of virtual clinics for our Dermatology service.
- Maintain and improve Pisces performance.
- Increase patient satisfaction response rate.
- Increase staff mandatory training completion rate.
- Improve quality of incident reporting.
- Increase in off-site Outpatient Services.
- Improved results from last year's survey with actions implemented from report findings.

What will success look like?

- Increased efficiency identified in Ophthalmology to support increased demand from the local community.
- Taking part in NHS England Always Event with a working action plan.
- Maintain and increase transferred activity.
- Maintain excellence in Quality indicators reported monthly to the Board (results this year versus last year).
- Decrease inappropriate referrals and increase referrals following on from Endoscopy/ Ophthalmology education evenings – continue to host and gain feedback from these events
- Virtual clinics for Dermatology patients to be implemented.
- Maintain and improve Pisces performance demonstrated by year on year results by focus and ownership from Day Surgery leadership team to take the necessary actions needed.
- % increase in patient feedback.
- Increase in % of staff mandatory training achievement.

- Monthly review of reporting by the Governance manager and learning events at Governance meetings.
- Review of off-site services with patient and staff feedback.
- Results from this year's survey v next year's survey with actions implemented.

How will we monitor progress?

- This will be led by Ophthalmology Lead and supported by the Operations manager reviewing patient and staff feedback.
- This will be led by Clinical Governance manager ensuring actions are implemented.
- This will be led by the Hospital Director and support by the Operations manager.
- This will be monitored and managed by the Clinical leads and Head of Clinical services.
- This will be monitored and managed by the Data Quality manager via monthly reporting.
- This will be a key focus for all management for 2020 and will consist of regular meetings and all deadlines achieved with a quality submission.
- Led by Clinical Lead.
- Day surgery leadership team will own this and it will be monitored by Operations manager.
- Monthly reporting led by the Hospital Director.
- Monthly review by Governance Manager.
- Action plan in place from findings of this year's report.

Patient stories

The team at St Mary's NHS Treatment Centre are always pleased to receive positive feedback from patients so they were delighted when they received a very special thank you from a patient who chose to tell them how happy she was about surgery by writing them a poem.

Eighty-year-old Mrs Lilah Fennell has been writing poems since she was 15 so when she was delighted at the care she received during her cataract treatment she decided to put pen to paper to give her thanks. "I have never been treated so well," Mrs Fennell, from Portchester, explained. "I had some trepidation on my assessment visit. I don't think anyone really likes going to hospital and eye procedures in particular cause anxiety. But I needn't have worried, from the moment I walked in the door. The receptionist was warm and welcoming and even walked me to my treatment room. "The consultant was very reassuring and when I went in to have the operation the theatre team were wonderful. I was put in a very comfortable wheelchair; my surgery was quick and painless; and after I was offered tea and biscuits. I felt as if I were being treated like the Queen. As soon as Mr McLean Hunter gives me the OK we will move on to the second cataract and I would not dream of going anywhere else. Penny Daniels, the hospital director, said: "We were all delighted to receive the poem. Any letter of thanks is gratefully received but the extra special attention that went into creating the verse touched us. The team work hard to create a calm and empathetic environment in a modern and professional setting and it is nice to hear Mrs Fennell agree in rhyme."

She wrote:

I was worried I cannot deny
As I had problems with my left eye
To my opticians I soon went
A referral to St Mary's was soon sent
Who were very busy it did seem
But what a lovely, caring team
Reception staff, so helpful and kind
Rushed off their feet, but didn't mind
Consultants, nurses, all so nice
Please don't lose them at any price
Lots of different tests I had
Everyone lovely, so they were not too bad
Cataracts not one but two
But we will take care of you
Now this procedure has begun
I have an appointment for eye number one
I don't feel worried, gosh oh golly
Ophthalmic team are expert, jolly
So thank you all, where do I start
My gratitude comes from my heart
I don't need lots of wealth
Just our lovely National Health

SMTC Day Surgery via NHS Choices:

I came to have a gastroscopy procedure on Tuesday. I was treated with respect by the admissions nurse. He put me at ease by explaining everything to me, in a friendly manner. I had previous surgery on my throat that I was concerned about, so he explained this to the Doctor who performed the scope investigation.

He was also very friendly. The procedure was much easier than I had expected and was over before I knew it. I was escorted back to the waiting bay, where a nurse came promptly to give me my good news. The department is very clean and everyone is friendly, even though they were very busy. We are very lucky to have this facility available to us. Thank you one and all.

Emersons Green and Devizes Treatment Centres

1. Quality Improvement Academy

What we were trying to improve?

The primary aim of the Emerson's Green/Devizes NHS Treatment Centre Quality Academy is to build and support the understanding of the staff in aspects of quality, planning, improvement and control of processes relating to our patient's care pathways.

How does it work?

Quality improvement efforts can be large or small, simple or complex and involve few or many people. Having as a Treatment Centre adopted a no blame, learning culture, the Quality Academy facilitates the opportunity for staff to make meaningful improvement changes for patient experience and outcomes. Initially this will be run as an internal Quality Academy with the aim to later gain accreditation. Regardless of the size and complexity of the improvement effort, staff will be supported through the basic flow-step sequence of improvement such as PDSA (Plan, do, study, act), LEAN principles, Process Mapping.

Staff involved in quality improvement projects are mentored and coached via the quality team with 6 weekly brief meetings to discuss progress/challenges/results. This involves teaching sessions on quality improvement toolkit structure, mentoring and coaching.

How will we monitor progress?

Using improvement framework models enables staff to test out changes on a small scale, build on the learning from small test cycles in a structured way before whole scale implementation. This gives the opportunity to see if the proposed change will succeed and is a powerful tool for learning from ideas that do and don't work. This way, the process

of change is safer and less disruptive for patients and staff.

What we have achieved

In April 2019 Emerson's Green & Devizes NHS Treatment Centre launched our Quality

Improvement Academy. Staff and patients have the opportunity to implement change improvements for patient safety and experience.

Local outcomes

	Local results
PROMS	Total Knee replacements Patient reported outcomes were well within the expected range. The results below compares favourably to the England average. Total Hip replacements Patient reported outcomes were well within the expected range. The results below compares favourably to the England average.
VTE	100%
Complaints	Emerson Green total = 22 Devizes = 7 All complaints were acknowledged within three working days, investigated and responses sent within 20 working days.
Incidents related to patient harm	Emerson Green = 26 Devizes = 2 All safety incidents are investigated and discussed at our monthly MDT risk meeting where actions are implemented and monitored. There were no reported safety incidents that contributed to moderate or serious harm this year. All incidents were no or low harm. There have been no reported serious incidents this year.

There are currently 8 projects going through the Quality Improvement Academy – please see brief outline for each one below:

Cannulation pro-forma pathway	To implement consistent documentation of cannula insertion. Implement document to evidence cannula inspection and care whilst an inpatient. To remove cannulas at the earliest opportunity.
Infant-feeding/prayer/quiet room	To identify a room to be used for “multi-purpose” use for staff/patients/visitors – for infant feeding, prayer, quiet room. Room to contact relevant advice information. If a room cannot be identified to consider a “grab bag” where an available room can be utilised and the “grab bags” contain the relevant information.
Dementia patients identification	To implement a sticker system/symbol that can be used on notes/whiteboards to identify the patient has dementia, therefore ensuring the staff communicate to the patient in a way that is understandable to them, ensuring that patients dignity and privacy are respected.
Outpatient notes system project.	To implement a system/pathway to ensure that patient’s notes, who are returning to outpatients in a short period of time, are returned to outpatients dept in a timely manner.
Discharge information – translated into 6 languages.	To implement the availability of the discharge information given to day-case patients to be available in the 6 most common languages used within the region of the treatment centre. To consider replication of the project on other areas within the project design and methodology used.
VTE	VTE is one of the few main negative outcomes in our TCs which could lead to a patient major injury/disability/fatality. A thrombosis committee was implemented in 2015 and we are now in a position to acquire a certification to demonstrate our expertise. This certification also opens the access to a number of resources and thrombosis experts which will be useful in the future to maintain our excellent record as well as support us if needed now that we have changed our practice and introduced aspirin for lower limb joint replacements.
10 @ 10 Safety Huddle	To implement a daily safety huddle (10@10) in Emerson Green NHS Treatment Centre (to incorporate also Devizes NHS treatment Centre with the aim to: Establish timely and proactive review and mitigation of clinical and operational risks. Ensure patients receive optimal care.
Reduce, reuse, recycle	To investigate ways in which we can preserve energy and reduce waste. How we use lighting, heating, supplies, waste disposal and resources.

2. Always Event

During 2018/2019 An Always Event was implemented in EGTC. This was planned during the PDSA methodology, with each step introduced over a quarter, therefore the aim was completion and embedding as “business as usual” was by the end of quarter 4. The always Event was co-designed with a group of patients and partners/carers who had used the service within 6 months prior. During quarter 1 we established a co-design team, pilot site (EGTC) and statements encompassing the theme of communication. Our Always Event was:

“I will be communicated to in a way that is important to me and includes me”.

From this 6 Always Event statement were agreed and identified for quality improvement.

1. I will always know what the “outpatient hand-held buzzer” is for and what to do with it.
2. I will always be kept updated if I am waiting.
3. I will always have the opportunity to asked questions during ward round.
4. I will have a realistic idea of when I will be discharged and be included in the decision.
5. I will always know what my TTO medication is and when to take it.
6. I will always know where to contact if I have any concerns.

Each statement had individuals actions assigned and measurement tools applied to ensure that it was implemented and monitored to measure outcomes. These were documented within a SMART action plan and monitored by the Always Event team. The team also met with the co-design team quarterly to update them on the project progress and actions. At the end of quarter 4 (March 2019), the project milestones were met. Through the project assurance process, the

prospective actions fully met the original trajectory of the project.

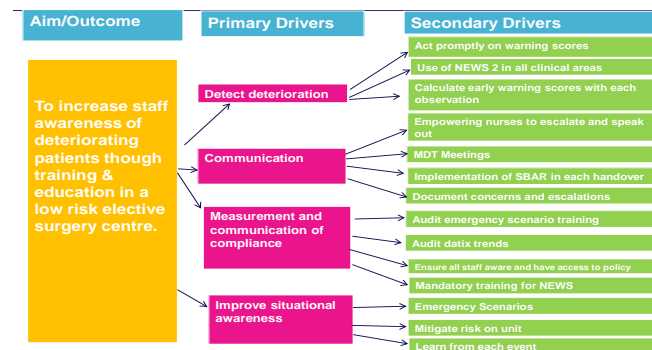
At the end of quarter 4 it was agreed that the Always Event improvement changes were of value to the experience of our patients and became “business as usual”. This continued throughout 2019 with positive engagement from the staff involved and gave appetite for staff to be involved in quality improvement projects.

Throughout 2019 the Never Event project lead joined the Facilitator Team for all Secondary care to provide education and facilitator support for implementation of Always Events in every Care UK treatment centre.

3. Deteriorating Patient Quality Improvement Project

Emersons Green and Devides launched and implemented NEWS 2 in May 2018.

The quality team also joined with the South West Academic Health Science Network – deteriorating patient quality improvement.



The project focussed on ensuring that NEWS 2 was implemented with education and acted upon in a timely manner. The aim of the project was: to increase staff awareness of deteriorating patients

through training and education in a low risk elective surgery centre.

The team implemented SBAR handovers for all patients on the inpatient ward and then rolled out throughout the Treatment Centres. This ensured that escalation of concerns were clear, concise and acted upon promptly, where appropriate.

The team also changed their handover sheets to include the handover of a NEWS score for each patient. This ensured that correct NEWS scores were being added up after every observation and subsequently acted upon where appropriate.

All patient transfers to an acute provider, returns to theatre or patients who deteriorated – a short RCA was undertaken for each. Within the investigation we also looked at: was the deterioration detected at the earliest opportunity: was the patient, if appropriate, transferred or returned to theatre at the earliest opportunity.

From April 2018-March 2019, 9 x patients were transferred to an acute provider and 6 x patients were returned to theatre.

The investigations found that all patients’ deterioration was detected at the earliest opportunity, as was the transfer or return to theatre.

The project also focussed on managing emergencies as a team. As an elective treatment centre we do not have many transfers or returns to theatres or emergencies of deteriorating patients, therefore emergencies scenario drills were implemented by the project team to ensure that all staff were aware of where equipment was, processes and policies for transferring and how to escalate and organise a patient transfer overnight and at weekends. Nursing staff feedback was that they felt more involved in the decision making and more confident to speak up and escalate concerns.

Details of next year's priorities

1. Launch an Internal Quality Improvement Academy

What are we were trying to improve?

To continue to build on the foundations laid in 2019/2020 to establish the Quality Improvement Academy.

AIM

To continue with the projects currently committed to the academy.

To commence 2020 cohort projects from April 2020.

To implement Silver Level to the Quality Academy - This would focus on training modules to invest and build on our staff. These modules would be aimed at QI facilitators, HODS, Team Leaders, Supervisors etc. The areas we would run modules in are:

- RESILIENCE IN THE WORKPLACE
- FORESIGHT TRAINING – continuous improvement outlook
- QUALITY ACADEMY FACILITATOR TRAINING
- MANAGING STRESS IN THE WORKPLACE
- STAFF ENGAGEMENT TOOLKIT (to include “enjoyment at work”).
- WORKING SMART (using SMART action plans, writing reports, spreadsheets, time management)
- LEADERSHIP TRAINING.

2. To achieve an 80% uptake of flu vaccinations by patient facing staff.

What are we were trying to improve?

We aim to achieve an 80% or more uptake of flu vaccinations for patient facing staff for 2019 and 2020.

How we will monitor progress?

To recruit Flu Champions to educate and update information and progress to staff via a “nudge” methodology (continuous positive feedback).
To adopt a positive and passionate culture of embracing the flu vaccination in order to protect ourselves, our families, our patients, our colleagues.

Protecting yourself. Protecting your family. Protecting your colleagues. Protecting your patients’.

To produce monthly progress reports to monitor progress and areas where education is needed or resilience to the vaccination exists.

3. To implement three high impact actions to prevent hospital falls.

We aim for 80% of inpatients age 65 years and above with the length of stay at least 48 hours to have been assessed and had the following falls prevention actions met:

1. Lying and standing blood pressure recorded at least once.
2. No hypnotics or antipsychotics or anxiolytics given during stay OR rationale for giving hypnotics or antipsychotics or anxiolytics documented (British National Formulary defined hypnotics and anxiolytics and antipsychotics).
3. Mobility assessment documented within 24 hours of admission to inpatient unit stating walking aid not required OR walking aid provided within 24 hours of admission to inpatient unit.

4. Staff health and wellbeing

To implement steps for staff to work in a supportive environment that includes:

- Feeling valued
- Managing stress
- Mental health awareness and support
- Physical health



Patient stories

I would like to start by telling you a little of my experience as a patient here in Emerson Green Treatment Centre. Just over a year ago I came for my hip replacement operation. I arrived early in the morning to be greeted by a smiling receptionist who directed me to the ward. On the ward I was met by a very welcoming nurse, from that moment my previous worries drifted away. I, of course had the normal anxieties about my operation, but know I was in safe hands. I will spare you the details but my operation was a success.

There were four beds in the ward and I would say my three colleagues would agree we all had a good experience of hospital procedures, caring staff, caring medics and good hospital food. If good hospital food makes for a quicker recovery then this is the place to be. On my return to the ward, because I had not eaten before coming in I was looking forward to the evening meal. I chose a ham and cheese omelette, I still sing the praises of the chefs and kitchen staff and still order this meal now as a volunteer.

Recovery depends on after operation care. Besides the caring nurses there were also the caring therapists who, although firm in their instructions, guide you through the exercises to help you back to good health.

To conclude I would say that from the moment you walk through the doors of EGTC you are not only in safe hands but are made to feel very special and safe. I have heard this said many times by patients – this place is just like a hotel.

I would like to crave your indulgence a little longer to tell you my experience as a volunteer in Emerson Green Treatment Centre. Because I was so well cared for as a patient I wanted to give something back, so I became a volunteer.

I enjoy my duties and the best is when I hopefully help patient to obtain satisfaction from their visit. Patients are not aware of the admin staff but without them the medics would not be so equipped to carry out their duties.

Everyone I have met in my short time has been a great support to me, patients are always their priority. I hope the little I do is helpful and they will keep asking me to come back. I enjoy meeting the patients and helping to ease their way through their procedure.

This was my second visit to Emerson's Green, having had a right hip replacement in 2012. My return visit in August 2019 was to replace my left hip. I requested via my GP to be referred back to Emerson's Green due to their excellent service from referral to surgery, to aftercare patient service.

They have an excellent hygiene rating which is very important. Arriving in the early hours of the morning of the surgery, the staff were very helpful and explained the whole process for my operation, taking extreme care to make sure I was comfortable and at ease.

On arrival on the top floor which is where the operating rooms are, the staff again were attentive, polite and very informative, as to my surgery.

One by one the surgeon and his team introduced themselves to me, telling me what part they were about to play in my operation. They each double checked all the necessary paperwork and what procedure was to be carried out to my left hip.

I felt totally at ease the whole time. The operation was a total success and I was soon back on the ward with my partner, together with an excellent team of nurses to take over my care for the rest of my stay.

The service by all the staff was 5 stars. The surgeon came to see me the next day to discuss the success

of the operation and the nurses and physio carefully tended to me. The food was a delight to eat. I shared a large ward with 3 other patients', we were like a little family in a way, the atmosphere helped our stayed even better and I am sure speeded up our recovery.

Just over 24 hours later I was given a clean bill of health to go home. The medication was explained and further physio treatment booked. Thank you to all the staff – from a very please and happy patient.



Southampton Treatment Centre

Details of last year local quality priorities

What were we trying to improve?	What did success look like?	How did we monitor progress?	Outcomes
Flu immunisations	80% immunisation of front-line health care workers	Review of data	23/12/2019: 90% of staff immunised
Maintain 0% bacteraemia MRSA and C difficile	0% bacteraemia	Review of infection prevention and control data	To date 0%
Quality assurance review	Over all improvements resulting in less recommendations	Review of data	All recommendations actioned
Patient reported hand hygiene responses	85% of healthcare workers will be seen decontaminating their hands as reported by patients	Review of data	Asked monthly. Patients report average of 97% of healthcare workers decontaminating their hands.
Acute kidney injury prevention and provision of care to those affected	Correct management of patients and easy identification of risk factors	Audit of AKI	Compliant
Sepsis management	0% of potential sepsis patients missed	Audit	Compliant
Local Safety Standards for Invasive Procedures (LocSSIPs)	Full implementation with audit process in place	By quality assurance and governance process	Quarterly reports show compliance

Local outcomes

	Local results
NJR	Revision rates are within the expected range for both hips and knees. Mortality ratio also within expected range.
PROMS	Not outliers for PROMs.

VTE	2 in 2019 both were unavoidable.
Complaints	April – Dec 2019: 38
Incidents related to patient harm	From April – Dec 2019: No harm: 117 Low harm: 30 Moderate harm: 10

Details of next year's priorities

What are we trying to improve?

- Local Culture of Care Barometer Survey undertaken, results will be reflected in action plan for Care UK's Over to You Survey.
- Alcohol and Tobacco and Falls CQUINs.

What will success look like?

- Actions will follow results of surveys.
- Aim for 80% of inpatients to be assessed for tobacco and alcohol use and falls prevention.

How will we monitor progress?

- Quarterly audits/reports for CQUINs.



Patient stories

The patient contacted us regarding self funding cataract surgery, as her vision was very poor. However, she was very anxious about having surgery.

Our local administration team supported the patient throughout the process with regular telephone conversations offering reassurance and answering any questions asked. On the day of surgery staff arranged for the patient's partner to sit with her whilst she awaited her surgery and he also joined her on the ward post-surgery.

The HPPC also went to see the patient for some light hearted chat before and after the surgery to help her relax as much as possible. The HPPC also went to see the patient when she attended her post operatively follow up appointment.

The patient was so impressed with the level of care received and the outcome of her surgery on 19 July 2019, that she confidently opted to have her second eye done. This surgery was completed on 31 October 2019.

The patient sent the team individual thank you cards stating as follows:

HPPC – "You are a treasure!! Your sunny personality and efficiency were much appreciated."

Surgeon – "Thank you for doing such an amazing job on my eyes. I am so grateful for your kindness and your skill"

The patient was initially very anxious about having surgery, but was so impressed with her initial experience that she opted for surgery on her second eye straightaway.

Both of her surgeries were a great success and she is very happy with the outcome.

Patient was under the care of QA Hospital but was facing a long wait for treatment. Patient asked to transfer his care to our service due to our favourable waiting times.

The patient was very anxious about his treatment (extraction of 4 teeth via IV sedation) and contacted us on almost a daily basis whilst awaiting his treatment with questions about what would happen on the day and as his surgery was planned for 20 December 2019, where he could go for help if he experienced post-operative issues such as dry socket.

The dental nursing team answered each of the patient's questions and concerns and provided the reassurance he was seeking.

The surgery went ahead as planned on 20 December 2019 and was uneventful.

The patient sent in a thank you email on 6 January 2020 thanking the oral surgery team for a smooth and stress free experience. The patient also wished to specifically thank his oral surgeon for doing a great job in a friendly and relaxed manner.

The patient was extremely anxious and due to the reassurance and support provided by the oral surgery team leading up to, and on the day of surgery, the patient had a great experience. This may help alleviate any future anxiety should the patient require any further oral surgery in the future.



Will Adams Treatment Centre

What are we were trying to improve

- Storage facilities for patient’s valuables.
- Ensuring the Patient Satisfaction remains above 98%. Reducing the amount of complaints received about waiting times and cancellations of procedures.

Why we are trying to improve

- To provide a more efficient service.

How we monitored progress

- Monthly reporting and discussion of Patient Satisfaction and Clinical Cancellations and complaints at HOD’s, SMT and QGA meetings. All clinical cancellations must be discussed with the SMT prior to agreement. Weekly discussions of Clinical cancellations.

Local outcomes

	Local results
NJR	Not applicable for this service
PROMS	Not applicable for this service
VTE	98%
Incidents related to patient harm	14

Details of next year’s priorities

What are we trying to improve?

- Ensure that where possible complaints are responded to within the guidelines and reduce the amount of second stage responses. This can be achieved by increasing the verbal communication between Care UK and the complainant.
- Decrease the number of on the day clinical cancellations by making improvements to the pre assessment and pre op phoning of patients. Weekly cancellation meetings are held where individual cancellations are discussed, the patient pathway is reviewed and if necessary changes made to prevent re-occurrence.
- Review of the local histology processes in conjunction with the Spire Laboratory. Create a local SOP to ensure that histology reports are received in a timely manner therefore improving the histology pathway within WATC.

What will success look like?

- Reduction in stage 1 and 2 complaints.
- Reduction in clinical cancellations. New Ward and Theatre Managers in post who attend week
- Histology will be sent to GP’s in a timely manner with fewer patients phoning in to request their results.

How will we monitor progress?

- This can be monitored through Ward & Theatre Meetings, HOD’s, SMT and QGA.
- This is monitored at a meeting which is held on a weekly basis where clinical cancellations are discussed with the Ward & Theatre Manager, Head of Nursing, Operations Manager, Quality and Standards Manager and the Admin Team Leader.
- The local SOP will ensure both Spire and Care UK are aware of the expected timeframes. Local reporting by the Medical Secretary if timeframes are exceeded.

Patient story

Situation – Patient attended the Outpatient Department for a hernia repair.

What happened – The patient was HIV positive and misunderstood the Consultant who saw him thinking that he was refused to his HIV but it was due to the fact he needed a Laparoscopic repair which wasn’t available at WATC. The patient complained to the CQC as well as Care UK.

Changes – The patient was treated at NELTC where laparoscopic procedures are carried out.

Patient benefit – The patient was delighted with the quick response to his complaint, treatment and its outcome, he even re contacted the CQC praising our response and service. He was also able to resume his work as a professional dancer quickly. The CQC then informed us of this and thanked us.

Diagnosics and Urgent Treatment Centres

What we were trying to improve

- To change to an initial assessment system within the Urgent Treatment Centres to ensure that every patient is seen within 20 minutes of arrival and has an assessment which offers the most appropriate care along with health promotion activities.
- To explore the reporting radiographer role within the X-ray department to enhance recruitment, rotation and training support.

Why we are trying to improve

- The aim of St Marys NHS Urgent Treatment Centre, Royal South Hants NHS Urgent Treatment Centre and St Marys and Havant NHS Diagnostic Centre is to continually improve in the CQC domains of Safe, Effective, Caring, Responsive and Well Led. These domains have the patient at the heart of the improvements and is the culture developed in all the centres.

How we monitored progress

- Initial Assessment implemented - Patients are now booked directly onto our medical system on arrival at the centres. They are then seen in initial assessment within 20 minutes of booking in, this allows us to diagnose and plan individual's treatment and be aware of the urgency of their condition, this is now a safer and quicker process which enables staff to identify sicker patients sooner and arrange onward referral if necessary.
- A Reporting Radiographer now in post which has increased the speed and accuracy of plain film and image reporting which can be critical to the delivery of early diagnosis for patients; 5% of their work is audited by an external provider with no issues being identified.

Local outcomes

Complaints upheld or partially upheld.	
St Marys and Royal South Hants Urgent Treatment Centre's	12 complaints = 0.010% of all patients seen
St Marys and Havant Diagnostics	2 complaints = 0.004% of all patients seen
Incidents related to patient harm.	
St Marys and Royal South Hants Urgent Treatment Centre's	0 Serious Incidents = 0% of all patients seen
St Marys and Havant Diagnostics	1 serious incident = 0.002% of all patients seen

Details of next year's priorities

What are we trying to improve?

- Increasing numbers of reporting radiographers on site.
- Redefining of Nurse Practitioners role to support progression.
- GP Leadership in both UTCs to support quality and audit.
- Dementia friendly improvements onsite.
- Improve quality of incident reporting to ensure lessons are learnt and information is disseminated appropriately.
- Staff Over to You survey results ensuring staffs concerns are listened to and acted upon.

What will success look like?

- Increased number of reporting radiographers enhancing to recruitment and retention.
- Nurse practitioners will be paid on their skill set

to enhance recruitment and retention.

- Leadership provided by our employed GP team and shared learnings.
- Taking part in NHS England's Always Event with a working action plan to ensure Dementia patients are treated with respect and dignity and as an individual.
- Monthly review of incident reporting by the Governance manager and learning events at Governance meetings.
- Improved results from last year's survey with actions implemented from report findings.

How will we monitor progress?

- This will be monitored by the Diagnostic Manager and Head of Clinical Services reviewing staff numbers and feedback along with the annual staff survey.
- This will be monitored by Clinical lead for UTCs and the Head of Clinical Services quarterly to ensure pay is in-line and benchmarked for each individuals skill set.
- This will be monitored by two Lead Nurses at Portsmouth and Southampton Urgent Treatment Centre's ensuring all training is documented on staff's learning records.
- This will be monitored by Clinical Governance manager via quarterly reviews of the action plan.
- This will be monitored by Clinical Governance manager monthly and results/improvements required discussed with all staff at Governance meetings.
- This will be monitored by the Hospital Director and Operational manager once the report has been received with quarterly reviews on any relevant actions identified.

Patient story - SMTC UTC & Diagnostics

Having injured my ankle at home and aware I had probably fractured it I attended the unit and was greeted by a friendly receptionist.

I was told there was a three hour wait but was seen quickly for assessment and given pain relief and then asked to wait for X-ray. This was done quickly and efficiently and then after about another hour I was seen and informed I had fractured my ankle.

I was given appropriate advice, crutches and a fracture clinic appt.

I was shown respect at all times by thoroughly professional staff.

Thank you.

Patient story - RSH UTC

Just want to say thank you for the fantastic service today (21/04/19). Needed a surgery wound to be checked on my back and couldn't have been "served" by two friendlier, funny and more helpful staff members.

The lady at the reception desk was superb as well. Don't know how she remained so upbeat despite so many whinges and excuses about filling in the form on arrival.

Sadly I didn't make a note of anybody's names but they were an absolute credit to the department.

Thank you!



Assurance



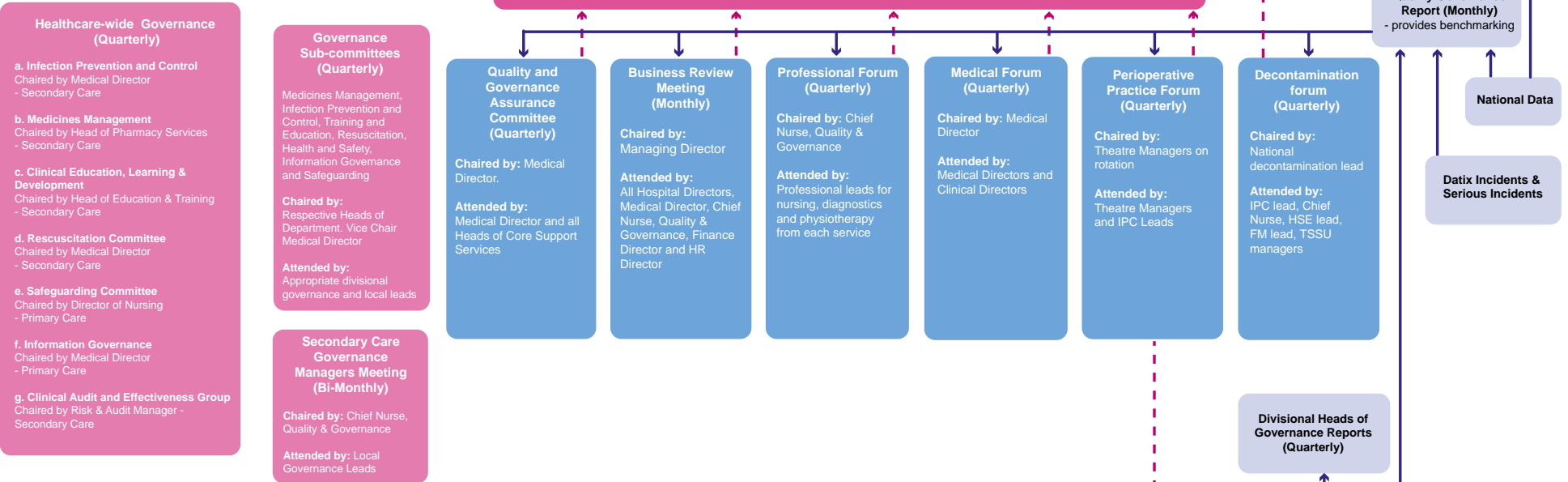
Care UK Assurance Framework

Secondary Care Quality and Governance Review and Assurance Framework

Board Level

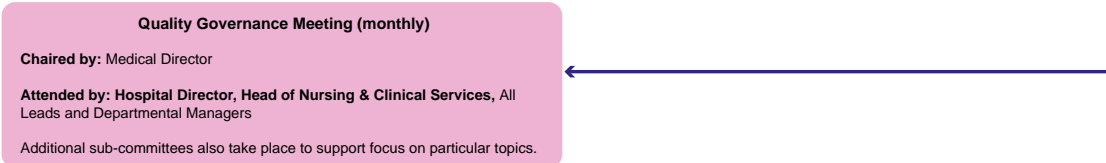


National Level



Required actions and lessons learned cascaded by attending Divisional Heads of Governance, Heads of Nursing, Professional Leads and Clinicians

Local Level



Care UK Organisational Chart

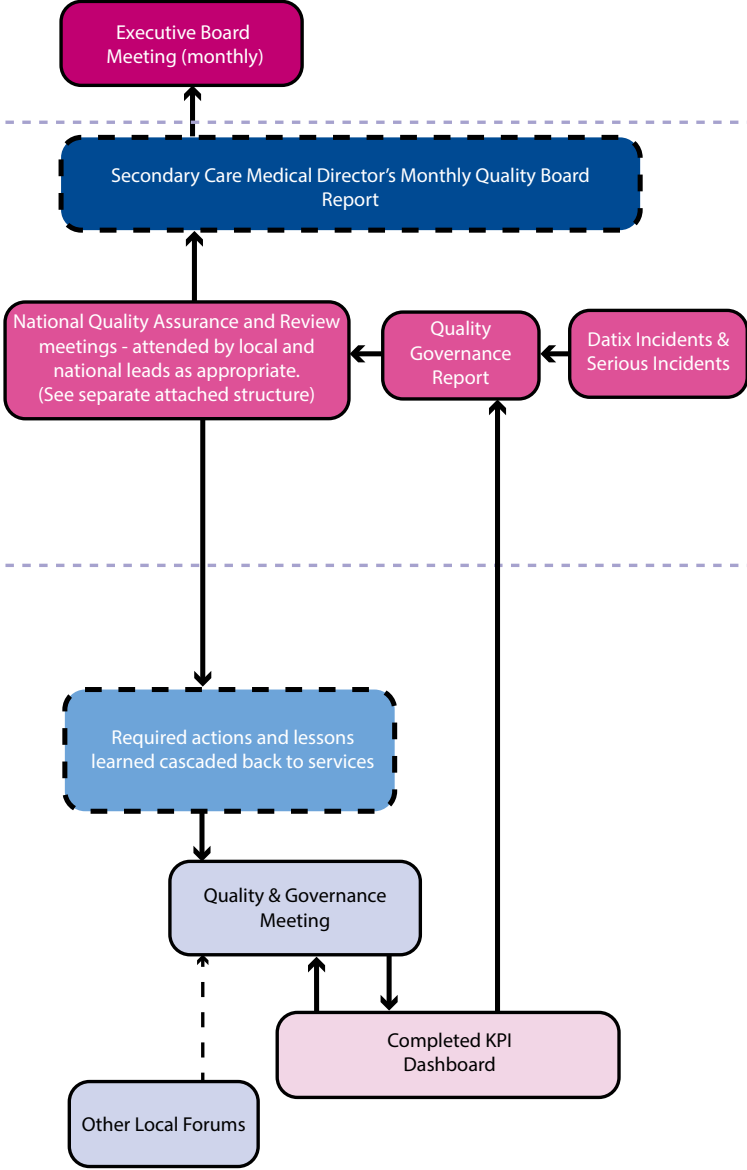
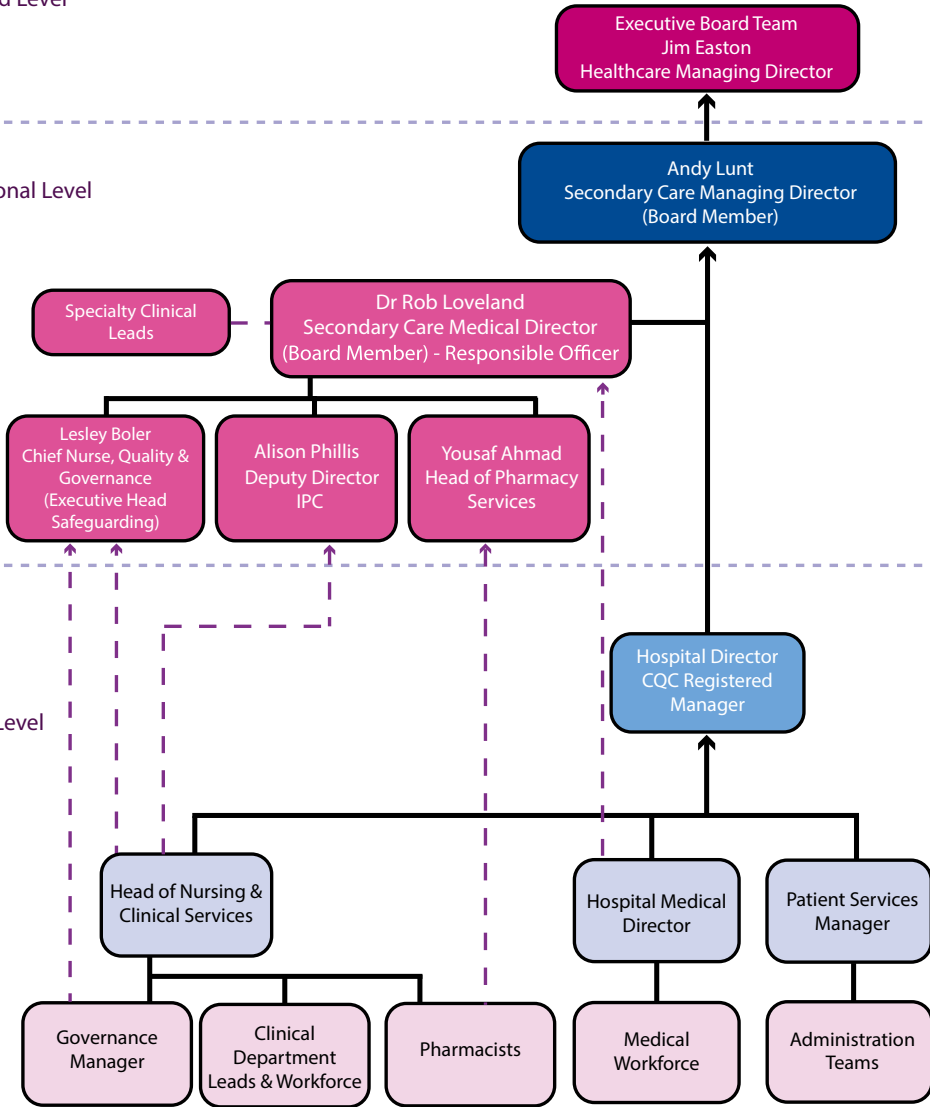
Overview Local and National leaders:

Quality & Governance Review structure:

Board Level

National Level

Site Level



Local clinical audit schedule

2019/20 Local audit schedule

Audit	Purpose	Frequency
VTE Full	Assess compliance with NICE guidance to reduce the risk of venous thromboembolism	Quarterly
VTE Patient Pathway	A shorter audit covering key components of the full VTE audit	2-monthly
WHO Surgical Safety Checklist	Assess compliance with the World Health Organisation checklist, designed to improve the safety of surgical procedures by bringing together the whole operating team to perform key safety checks during vital phases of perioperative care	Bi-monthly
WHO Observational	Assess compliance with WHO checklist sign in, time in and sign out procedures	Bi-monthly
NEWS - Real time Audit	Compliance with the use of National Early Warning Score to identify and act on early signs of deterioration in patients	Daily
Perioperative Hypothermia	To assess compliance with NICE CG65, designed to reduce the risk of perioperative hypothermia	Quarterly
Fluid Balance	To assess management of fluid balance in patients	6-monthly
Pain	To assess management of pain in patients	6-monthly
Blood Transfusion	Compliance with blood administration safety and national transfusion guidance	Annually
Anaesthetic Observation	Assessing quality of anaesthetic practice	6-monthly
Ward Round (MDT)	Assessment of ward round practices and the involvement of key team members	6-monthly
Emergency Response /Scenario	To ensure that all staff are fully prepared and aware of their responsibilities in an emergency scenario	Monthly
Falls	Patient safety and compliance assessment tool	Monthly
Documentation	Supports best practice in clinical documentation and guidance from professional bodies	6-monthly

Audit	Purpose	Frequency
Information Governance / Security	To monitor compliance with IG Toolkit and ISO 27001 accreditation requirements	6-monthly
Agency/locum/temporary staff	To ensure that the appropriate checks and local inductions are undertaken for all agency, locum and temporary staff	Quarterly
Safeguarding Assurance Framework	To ensure that safeguarding concerns are referred and logged, providing assurance that safeguarding responsibilities are discharged	Quarterly
Accessible Information Policy	Information to be accessible to all care users, including those with a disability	Annually
Site compliance (non-FM)	To assess compliance with the statutory Health and Safety Executive regulations	Annually
Endo Decontamination QMS Assurance Audits	To assess compliance with standards for decontamination of endoscopes	6-monthly
TSSU Decontamination QMS Assurance Audits	To assess compliance with standards for decontamination of reusable sterile equipment	6-monthly
CD Documentation	Compliance with the documentation element of Controlled Drugs	Quarterly
Medication Reconciliation	To ensure compliance with NICE guidance, focusing on reconciliation of medicines	Quarterly
Omission of Medications	To ensure compliance with NICE guidance, focusing on medicine omissions	Quarterly
Inpatient Medication Documentation	To ensure compliance with NICE guidance, focusing on the documentation of medicines for inpatient services	Quarterly
Antibiotic Stewardship	To reduce the risk of inappropriate antibiotic usage in line with Care UK policy and national Antibiotic Stewardship guidelines.	6-monthly
Medication Deep Dive	To ensure medication management processes and arrangements are robust and controls are comprehensive	Annually
X-Ray Interpretation	To monitor the accuracy of x-ray interpretation	Monthly
Rejection Analysis (data capture)	To determine the rate and rationale for rejecting imaging	Quarterly

Local clinical audit

2019/20 Local audit schedule

Audit	Purpose	Frequency
DVT Ultrasound	Assessment of compliance with standards for DVT ultrasound	Quarterly
Diagnostics Clinical Practice and Documentation	Assessment of compliance with the diagnostics standards for documentation	2-monthly
Dose Referral Level Audit	To ensure that local dose levels of radiation for common imaging examinations are in line with National Regulatory Dose reference levels.	Bi-monthly
Health & Safety and Environment Departmental Audit Tool	Routine H&S inspections of departments and offices by individual department H&S Representatives	Bi-monthly
Health & Safety	Audit of wider statutory H&S requirements by H&S Leads	Quarterly
IPC 01 Strategy and Scope	Assessment of compliance with the IPC Strategy	6-monthly
IPC 02 Standard Precautions	All standard precautions are observed to reduce the risk of infection	6-monthly
IPC 03 Hand Hygiene	Hand hygiene is performed by staff at every appropriate opportunity according to the Five Moments of Hand Hygiene	Annually
IPC 03a Patient Led Hand Hygiene	Results from patient observations of the hand hygiene employed by the staff treating them	6-monthly
IPC 04 Environment – Decontamination of Equipment	To ensure that re-usable equipment is managed in accordance with best practice to reduce the risk of infection	6-monthly
IPC 05 Practice - Sharps Handling	To ensure that sharps are managed safely to reduce the risk of inoculation injury	Monthly
IPC 08 Linen	To ensure that linen is managed in accordance with best practice to reduce the risk of infection	Annually
IPC 09 Practice – Management of Infection Risks	Contaminated waste/specimens are managed safely and in accordance with legislation so as to minimise the risk of infection or injury	6-monthly
IPC 10 Assessment of the Care Environment	To ensure the care environment complies with infection prevention and control best practice	Quarterly
IPC 13 Aseptic Technique	The risk of infection is minimised through implementation of evidence-based practice	6-monthly

Audit	Purpose	Frequency
IPC 16 Peripheral Vascular Devices	Evidence-based best practice is being consistently applied to prevent peripheral vascular device infections	6-monthly
IPC 23 Urinary Catheter Care	Evidence-based best practice is being consistently applied to prevent urinary catheter infections	Annually
Mattress Audit	To ensure that all mattresses are in a good state of repair and meet infection prevention and control standards	Annually
One together Assessment (Theatres)	Prevention of surgical site infection	6-monthly
Annual Validation Assessment	Assess compliance with CQC Essential Standards for Quality and Safety	Annually
External Sharps	A site visit and audit of compliance with safe sharps practice undertaken by an external company	Annually

The local clinical audit schedule above describes the mandatory compliance audits undertaken across the organisation as part of a recurring programme. Compliance issues identified by means of these audits are addressed on an individual basis, as they are encountered.

In addition to the scheduled local audits, individual sites undertake audits of their own choice according to local requirements.

Statements from commissioners, local Healthwatch organisations and overview and scrutiny committees

Statement from Bath and North East Somerset, Swindon and Wiltshire Clinical Commissioning Group on Care UK 2019/20 Quality Account

NHS Bath and North East Somerset, Swindon and Wiltshire Clinical Commissioning Group (CCG) welcome the opportunity to review and comment on the Care UK (CUK) Quality Account for 2019/2020. In so far as the CCG has been able to check the factual details, the view is that the Quality Account, is materially accurate in line with information presented to the CCG via contractual monitoring and is presented in the format required by NHS Improvement 2019/2020 presentation guidance. The CCG supports CUK's identified quality priorities for 2020/21.

It is the view of the CCG that the Quality Account reflects CUK's on-going commitment to quality improvement and addressing key issues in a focused and innovative way, as well as utilising the nationally set CQUIN schemes to support the achievement of many of the 2019/20 quality priorities.

CUK's Quality Account has outlined achievement in:

- Introduction of audit to review antibiotics prescribing for post-operative wounds to ensure safe and effective use
- Introduction of a Quality Improvement Academy within Emersons Green and Devizes, supporting and mentoring staff in the delivery and completion of quality improvement initiatives
- Continued achievement in staff uptake of winter flu vaccination across all treatment centres, noting 83% in both Emersons Green and Devizes, above the required threshold

The CCG welcomes continued focus on:

- Identification of additional projects to increase mechanisms of capturing patient feedback
- Expansion of the enhanced recovery (PRO recover) programme to support further reducing the risk of patient infection
- Implementation of the Quality Improvement Academy within each secondary care service
- Continued focus on incident reporting and alignment with the Patient Safety Incident Management System to allow for benchmarking

In addition to the progress against 19/20 priorities, the CCG recognise a number of other positives, in particular the multidisciplinary team working and patient centred culture across all departments.

The CCG notes and commends CUK on the focus on infection prevention and control and for reporting no cases of acquired MRSA bacteraemia, Clostridium Difficile or MSSA during 2019/20.

NHS Bath and North East Somerset, Swindon and Wiltshire CCG is committed to ensuring collaborative working with Care UK to achieve continuous improvement for patients in both their experience of care, safety and outcomes.

Gill May
Director of Nursing and Quality

NHS Derby and Derbyshire Clinical Commissioning Group

Noted a good quality report which clearly outlines the organisations commitment to quality and improvement priorities.

Helen Golding
Senior Clinical Quality Manager

NHS Portsmouth Clinical Commissioning Group

I have circulated the Account to Quality & Commissioning colleagues across the 3 commissioning CCGs for information and can advise that we are supportive and appreciate of this document. There were no questions or issues raised.

Stephen Orobio
Clinical Quality Manager

NHS Somerset Clinical Commissioning Group statement for inclusion in the Care UK Quality Account

NHS Somerset Clinical Commissioning Group is the lead commissioner for Shepton Mallet NHS Treatment Centre (SMTC). Whilst we recognise the Quality Account report covers the corporate position covering all Care UK hospitals, our commentary relates to SMTC. Somerset CCG has a close working relationship with SMTC and the overall content of the care UK Quality Account is consistent with our view of the local Somerset service at SMTC. We have also sought comments from our colleagues in NHS Devon Clinical Commissioning Group. We therefore feel able to comment and welcome the opportunity to provide this statement on their Quality Account 2019/20.

The Quality Account presents a summary and balanced overview on the progress made by Care UK against their local and national quality priorities, the quality improvement work undertaken within 2019/20; as well as reporting on the required content set out by NHS Improvement's Quality Account reporting requirements. It provides a positive overall position which reflects our local experience of the SMTC in Somerset. In recent years, quality arrangements have been evolving to embrace a collaborative, partnership approach as Somerset transitions to an integrated care system. This has been a continuous process and is progressing well with a commitment from SMTC in partnership with other health and care providers locally alongside the CCG working together to improve patient outcomes.

It is acknowledged that managing the response to COVID-19 has had an impact on progressing some of this work as the Somerset system has worked at pace and scale to put in place new arrangement for the care and treatment of our Somerset population. Current reporting arrangements are outlined in 'Reducing the Burden¹' which sets out the work that can be paused during the pandemic.

¹ <https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/03/C0113-reducing-burden-and-releasing-capacity-at-nhs-providers-and-commissioners.pdf>

COVID-19 Pandemic

SMTC has responded well and should be commended in their response to the COVID-19 pandemic. They have been undertaking elective care work for NHS patients at the site and they also demonstrated a positive and proactive attitude to collaborative working through their offers of assistance and the mutual aid of Personal Protective Equipment (PPE) across the county when stocks were low for other providers.

Patient Experience

We wish to commend SMTC for the scores they achieved in the PLACE (Patient-Led Assessment of the Care Environment) survey. Of particular note is that they scored 100% in the areas of: supporting people with dementia, cleanliness, condition, appearance and maintenance, and ward food. This is a great achievement.

The Over to You survey is a strong staff survey which is given the time and leadership support to drive change at several levels within the organisation.

The Care UK commitment to 'Freedom to Speak Up' is admirable, it may also be worth considering less senior staff supporting the role of Guardians, so that staff at all levels have an accessible Freedom to Speak Up lead to raise concerns with.

Patient Safety

The strong engagement with the Nightingale Challenge by Care UK on leadership in nursing demonstrates a commitment to staff and staff upskilling. Whilst there is no update on the outcomes/learning from the Always Event priority, we recognise that this has the potential to be a genuine driver for positive change.

Linked to this, we note that a new priority for SMTC for

Care UK, Secondary Care Quality Account 2019-2020

the coming year, will be improving the number of day cases of hip and knee surgery they perform.

We have observed how SMTC have open and learning culture, evidenced in the manner in which they handled a serious patient safety incident which occurred during the year. The hospital team adopted both a process design and 'human factors' approach to analyse the problem and learn from their mistake. The internal Serious Incident panel will be an important step forward in sharing learning from incidents.

Commissioning for Quality and Innovation (CQUIN)

SMTC engaged with a number of schemes in accordance with the national NHS contract specification during the year. There was a national contractual suspension of CQUINs in Quarter 4 due to COVID-19 although SMTC did submit data.

We wish to commend SMTC on achieving a staff flu vaccination rate of 85% against a threshold target of 80%. This is a great success.

We note the challenge SMTC had with the ambulatory care CQUIN and acknowledge the work they achieved in this area.

Audit and Research

We note the continued commitment of Care UK to improving outcomes for patients through their extensive audit schedule, but that sometimes it has not been possible to undertake some of the national audits due to Care UK not having any qualifying cases.

We note that Care UK are currently considering participating in the British Association of Urological Surgeons (BAUS) Urology Audit - Female Stress Urinary Incontinence and we would encourage them to undertake these.

We would like to explore the learning from the local audits being taken forward by SMTC and understand the benefit realisations for patients.

Quality Improvement and Clinical Effectiveness – overview

The structured quality visit schedule results in continuous quality improvement and challenge, demonstrating a commitment to quality, this is in addition to and separate from CQC inspections.

We anticipate that capturing additional patient feedback will lead to valuable insight and improvement. We welcome the decision to invest in staff with the quality academy work and the wellbeing champion role introduction. Both of these initiatives demonstrate their commitment to quality improvement at all levels of the organisation.

We note the work undertaken last year to review antibiotic prescribing for post-operative wounds and would welcome further detail on the results and recommendations.

Quality Improvement - Review of local priorities for 2019/20

We note the excellent PROMS (Patient Reported Outcome Measures) data and 100% NJR (National Joint Registry) data quality consent rate. The patient stories show high patient satisfaction and good outcomes, reflecting the work underpinning quality at the centre. We also note the very good outcomes on recovery and reduced length of stay across the board, but due to the corporate summary are unable to identify the impact this may have had on Somerset patients.

Local Priorities for 2020/21

CARE UK has identified the following local priorities SMTC for 2020/21:

- improve the number of day case hips and knees that they perform
- improve surgery start times

We recognise the work Care UK has undertaken in 2019/20 to improve patient safety and the quality of services and we appreciate their continued support

and commitment to working in partnership across the whole health and care system in the Somerset CCG area. However, we recognise the challenges they will encounter in the coming year in sustaining their focus on improvement work as the NHS enters the second phase of COVID-19 and also as Somerset moves further along the journey of an integrated care system.

There is still much work that we all need to do and we look forward to the positive contribution that Care UK will make in achieving better outcomes for all of our residents.

Please do not hesitate to contact me at the address above if you wish to discuss our comments or statement further.

[Sandra Corry](#)
Director of Quality and Nursing

