

Secondary Care Quality Account 2014-2015

Commitment to quality



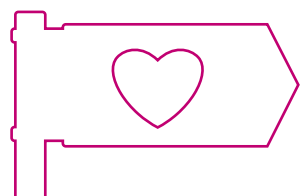
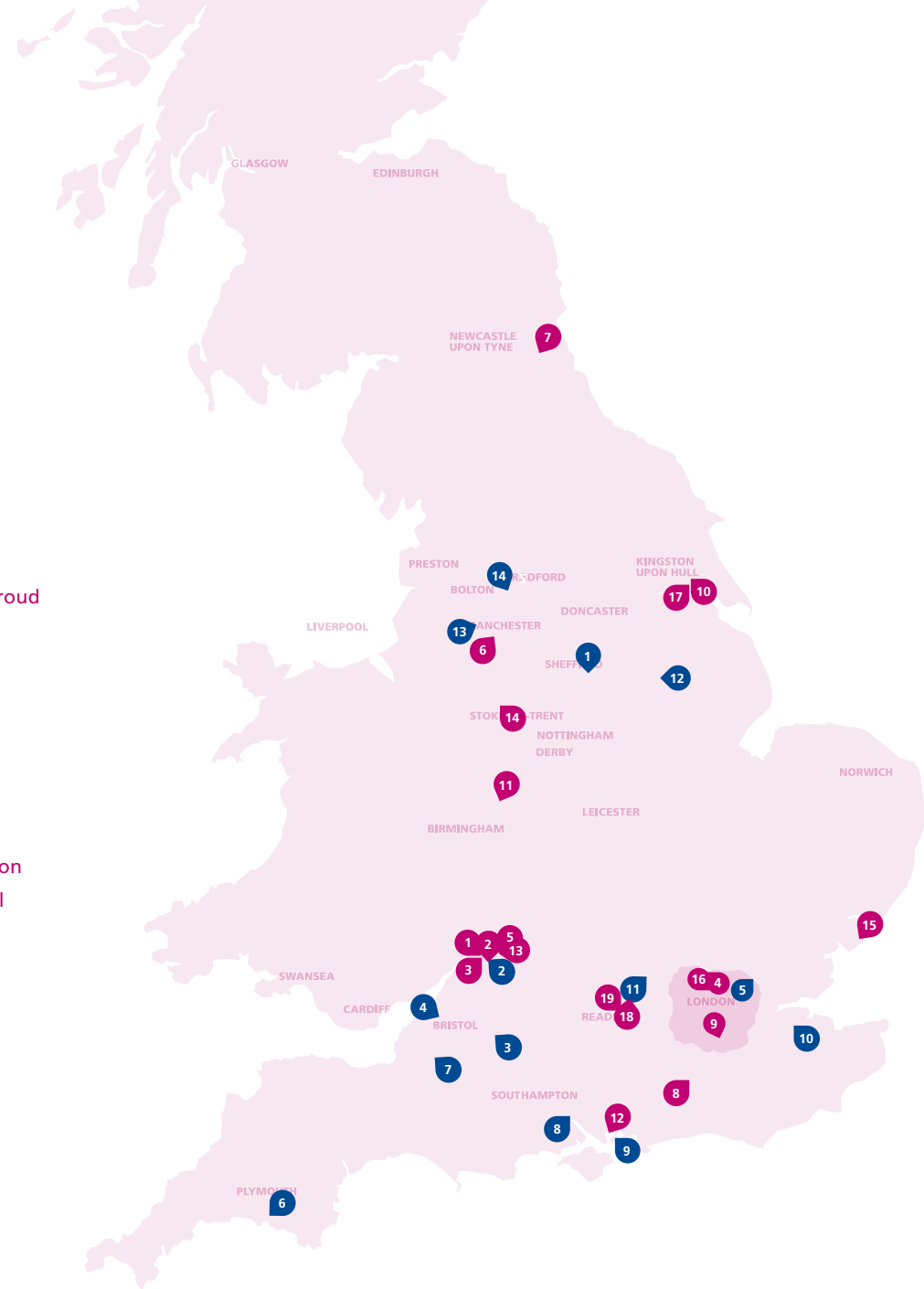
Our locations

Health Care

1. Barlborough NHS Treatment Centre – Chesterfield
2. Cirencester NHS Treatment Centre (AGW) – Cirencester
3. Devizes NHS Treatment Centre (AGW) – Devizes
4. Emersons Green NHS Treatment Centre (AGW) – Bristol
5. North East London NHS Treatment Centre – Ilford
6. Peninsula NHS Treatment Centre – Plymouth
7. Shepton Mallet NHS Treatment Centre – Shepton Mallet
8. Southampton NHS Treatment Centre – Southampton
9. St Mary’s NHS Treatment Centre – Portsmouth
10. Will Adams NHS Treatment Centre – Gillingham
11. Buckinghamshire Musculoskeletal Integrated Care Service – High Wycombe
12. Lincolnshire Intermediate Musculoskeletal Service – North Hykeham
13. Greater Manchester Clinical Assessment and Treatment Service – Manchester
14. Rochdale Ophthalmology Clinical Assessment and Treatment Service – Rochdale

Mental Health

1. Althea Park Education Unit – Stroud
2. Althea Park House – Stroud
3. Ashleigh House – Stroud
4. Avesbury House – London
5. Bisley Lodge – Stroud
6. Brierley Court – Manchester
7. Cragston Court – Newcastle
8. 78 Crawley Road – Horsham
9. Evergreen Lodge – South Croydon
10. Kingfisher Rise – Sutton-on-Hull
11. 255 Lichfield Road – Walsall
12. Nelson House – Gosport
13. Newcombe Lodge – Stroud
14. Park Villa – Macclesfield
15. Penfold Lodge – Clacton on Sea
16. Rhodes Farm – London
17. Riverbank – Hull
18. Rosebank House – Reading
19. Yew Tree Lodge – Reading



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Foreward by Jim Easton

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 are passionate about providing high quality, effective care for our patients.

We are committed to improving quality across all of our services. This report focuses on our Secondary Care Division of Care UK, which provides NHS services across:

- Ten elective surgery Treatment Centres,
- Six Specialist Mental Health units for young people
- 14 Mental Health Recovery services for those with severe and enduring mental health problems
- Minor Injury Units/Walk in Centres
- Diabetic Retinopathy Screening
- Community based Musculoskeletal and Diagnostic centres
- The Greater Manchester Clinical Assessment Treatment Centre

Over the past year, we've built on our strong commitment to quality. We're engaging our people and have empowered our front line teams in driving forward the quality agenda to ensure our services are safe, effective, caring, responsive and well-led. We continue to develop our leadership community with investment in our Academy of Excellence that offers a range of on line and face to face training and development opportunities for all staff. We actively embrace our duty of candour, promoting honesty and transparency at every level.

Our achievements include 0 reports of MRSA and Clostridium difficile, NHS Partners Network benchmarking where we have demonstrated that Care UK is one of the top performing NHS provider organisations in a range of quality indicators including Friends and Family scores, Patient Reported Outcome Measures, NHS Patient Safety Thermometer, CQC compliance; access to services and PLACE inspections where the feedback has been exceptional across all our services.

We received the Nursing Practice Award and The Laing & Buisson Independent Healthcare Awards for the work on falls prevention at Shepton Mallet where we were also fortunate to be part of the Wave 1 of the pilot CQC inspections for the independent sector and the inspection went very well with an exceptional report.

In line with the Department of Health guidance 2010-2011, Quality Accounts Toolkit, this document relates to the following areas:

- Independent sector treatment centres (ISTCs)
- Clinical assessment and treatment services (CATS)
- Mental health hospitals providing services to NHS patients
- Minor Injury Units

Care UK operated eleven treatment centres, one ceased to operate under Care UK in June 2014, and four CAT services during 2014-2015.

In the year April 2014 to March 2015 (Month 10 data extrapolated) Care UK's ISTCs carried out:

- 78,896 day case procedures (vs last year 76,873) – this includes CATs
- 8,834 inpatient procedures (vs last year 7,293)
- 316,563 outpatient consultations, including telephone consultations (vs last year 401,467)

Our mental health services provided care and support to around 424 service users across our homes, hospitals and specialist services. Of these, 102 people were supported by our eating disorders services and 28 by our self-harm services.

Our aim remains to be in the top 10% of all NHS providers. This can only be achieved through a process of continual improvement, responding to patient feedback, shared learning and responding to new developments in best practice. This Quality Account sets out our performance on a range of key measures for our patients, the wider public, commissioners and partners. We look forward to fully engaging with our stakeholder groups and increasing their involvement in our service delivery as we continue on our path to excellence.

Our priorities for next year 2015-2016 will reflect the 5 key lines of enquiry set by the Care Quality Commission:

- Safe
- Effective
- Caring
- Responsive
- Well-led

I am confident that, as we continue to listen and respond to our patients and service users, invest in our staff and keep quality centric in all that we do, we will provide a positive experience for those we are here to care for and help recover.

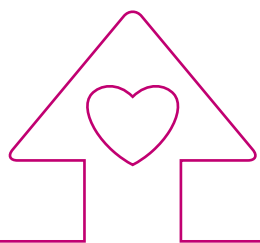
To the best of my knowledge, the information in this report is accurate.



Jim Easton
Managing Director, Health Care

Part 1

What is quality?



What is a Quality Report?

Quality Accounts were introduced by the Health Act 2009 to strengthen provider board-level accountability for quality and place quality reporting on an equal footing with financial reporting.

Quality Accounts are both retrospective and forward-looking. They look back on the previous year's information regarding quality of services, explaining both where a provider is doing well and where improvement is needed. Crucially, Quality Accounts also provide a forward look, explaining what a provider has identified (through evidence and/or engagement) as priorities for improvement over the following reporting period and how they will achieve and measure these.

The legal duty to publish Quality Account applies to all providers of NHS-funded healthcare services (whether NHS, independent or voluntary sector), including mental health and ambulance services. Providers of primary care services and NHS continuing care are currently exempt under the regulations. The content is set by the National Health Service (Quality Report) *Regulations 2012* and Monitor's *detailed requirements for quality reports 2014-2015*.

At Care UK we are committed to transparency in our reporting and follow the NHS guidance for our quality report where applicable.

The single common definition of quality which encompasses three equally important parts:

- Care that is **clinically effective**- not just in the eyes of clinicians but in the eyes of patients themselves;
- Care that is **safe**; and,
- Care that provides as positive an **experience** for patients as possible



Introduction

Care UK is in the first year (2014-2015) of a new approach to Quality, building upon the three domains of quality outlined above to align with the five key lines of enquiry (KLOE), as defined by the Care Quality Commission (CQC), and these five categories inform the quality and governance of our services:

Safe	We embrace and adhere to the report from Don Berwick <i>"A promise to learn – a commitment to act"</i> , and the ambitions defined in the <i>Keogh Mortality Review</i>	Care UK is a nationally recognised independent provider for the NHS across England. Our treatment centres provide inpatient and day patient surgery for a range of planned surgical procedures, endoscopy procedures, diagnostic tests and post-operative rehabilitation. Our facilities are modern purpose-built centres close to public transport links or in redesigned buildings close to, or within, NHS hospitals.	We have begun to gather patient evaluated data against Short Warwick- Edinburgh Mental Wellbeing Scale (SW EMW Bs) and we continue to use the Recovery Star and Health of the Nation Outcome Scales (HoNOS) and Health of the Nation Outcome Scales Child and Adolescent (HoNOSCA) to assess the efficacy of our care.
Caring	We continue to place a high emphasis on compassionate care	Our CATS provide clinical assessment, expert consultation, diagnostic services and minor treatments in convenient locations close to patients' homes ensuring patients receive first class, quality care.	Our residential recovery services provide individually tailored care and support for people with long-term mental health issues. We work with our service users to develop the motivation, insight and skills they need to move from highly supported settings, such as a hospital or care home, to living as independently as possible.
Responsive	We constantly seek to improve the timeliness and efficacy of care through careful planning and use of patient feedback to improve services.	In addition to the ten Treatment Centres and CATs we provide a range of children, young people and adult mental health services ranging from short-term problems through to severe and long-term illnesses. Ultimately all our mental health services have the same goal: to help each service user live the most independent and fulfilling life.	
Effective	We continue to monitor and audit our services regularly to ensure we are effective in our delivery and informed by NICE guidance and best practice		
Well-led	We have invested in a new Academy of Excellence which provides a suite of e-learning for all of our staff with a specific focus on leadership skills for managers		

Quality priorities 2015-2016

Health Care Quality priorities for 2015-2016

Care UK's Secondary Care Health Care division has identified a number of quality objectives for the forthcoming year. These priorities will be monitored through our internal reporting programme, shared with commissioners as part of their quality reviews and led through governance structures at a local and national level. The outcomes will be reported in next year's Quality Account.

Our aim is to provide the best patient and service user experience. To achieve this we have invested in our staff learning and development, provided them with the best of equipment they need to deliver the care to the quality standards expected and responded to feedback from patients, service users, staff and other key stakeholders.

This year we have identified five new quality improvement objectives and we will also be continuing to deliver some of last year's objectives.

The identification and development of these objectives involved numerous stakeholders, consideration of patient feedback, complaints, incidents that occurred and new national guidance.

Quality priorities 2015-2016

Quality Priority Domain	Priority Detail	Measure
Safe	<p>Improve the quality of incident reporting on Datix system, ensuring action is taken promptly</p> <p>To extend shared learning into national forums</p> <p>Care UK-wide change from using MEWS (Modified Early Warning Score) to using the National Early Warning Score (NEWS) without affecting our performance in recognising the deteriorating patient</p>	<p>72 hour reviews by manager or above and bi-annual audit of submissions by service</p> <p>At least 6 national shared learning events with evidence of change in practice or policy</p> <p>All Treatment Centres change over to National Early Warning Score (NEWS) within 12 months</p>
Caring	<p>To utilise patient stories across all services as a method for staff reflection and personal development</p> <p>Continue to improve on Friends and Family Tests in inpatient and other areas</p> <p>To ensure our mental health service users have a voice and quality of care is equitable</p>	<p>Each service to provide evidence of at least 4 examples where patient stories have been used for staff development</p> <p>Friends & Family tests for inpatients to achieve 90% and others areas to reach 80%</p> <p>Each mental health service will receive at least 4 Quality Assurance Visits per annum</p>
Responsive	<p>To respond to concerns and complaints in a timely manner</p> <p>Establish a supportive environment for those living with Dementia</p>	<p>Response to complainant within 3 working days to acknowledge the complaint, explain the process of managing the complaint and complete the investigation within 20 working days.</p> <p>100% of patients presenting with a diagnosis of Dementia have a care plan in place</p>
Effective	<p>Establish a zero tolerance to surgical site infections</p> <p>Establish a zero tolerance of non-compliance with the Mental Health Act</p>	<p>100% compliance with KPIs of good practice (e.g. room temperature) and Root Cause Analysis for any deep surgical site infections reported with evidence of follow on actions.</p> <p>All patients detained under the MHA will have documentation fully completed to comply with legal detention regulations</p>
Well-led	<p>Mandatory Training to be completed by all eligible staff</p> <p>To establish a culture of informed leadership</p>	<p>Compliance 100% for staff who are eligible (exception for maternity leave, long term sick etc)</p> <p>To introduce 360 degree feedback for all senior managers and respond to the staff attitude surveys to improve leadership where common themes are identified</p>

Safe

1. Improve the quality of incident reporting on Datix system

Why have we chosen this priority?

We want to raise the standard of incident reporting by Datix for all staff to ensure it is accurate, provides a clear statement of facts, is completed in its entirety and reviewed by the manager within 72 hours.

What are we trying to improve?

We are trying to improve the quality of information provided and the review rate within 72 hours for non-serious incidents.

What will success look like?

Success will be measured by 90 percent compliance with the review rate and an audit that demonstrates compliance with training of Datix completion.

How will we monitor progress?

Progress will be monitored through monthly reporting and quarterly audit.

2. To extend shared learning into national forums

Why have we chosen this priority?

Shared learning is well established at a local level but we want to improve our learning at a national level.

What are we trying to improve?

We are trying to improve the proactive and informed learning so staff are fully engaged and changes are made across all our services with their involvement and ownership.

What will success look like?

Success will be measured through standardization of practice provided through change in policy or local standard operating procedures.

How will we monitor progress?

We will evidence at least 6 examples in this reporting period that will be monitored via the quarterly Quality and Governance Assurance Committee. For example, where a concern has been responded to immediately by a manager, the patient listened to and agreed the action required together it has been resolved and not converted to a complaint. We want all our staff to learn from how we can all manage concerns well and sharing experiences across all our services will support continuous improvement and improve the patient experience.

3. Care UK-wide change from using MEWS (Modified Early Warning Score) to using the National Early Warning Score (NEWS) without affecting our performance in recognising the deteriorating patient

Why have we chosen this priority?

We recognise that we need to move to a national early warning score in line with the NHS and best practice.

What are we trying to improve?

We are trying to improve the tools we use to ensure early recognition of a deteriorating patient.

What will success look like?

Success will be demonstrated through the early intervention and prevention of a patient becoming avoidably acutely unwell.

How will we monitor progress?

Progress will be monitored at a local level through the governance and quality assurance meetings, local audit, nationally at business reviews monthly and quarterly at the Quality and Governance Assurance Committee.

Caring

1. To utilise patient stories across all services as a method for staff reflection and personal development

Why have we chosen this priority?

Patient stories are a powerful way to relay the effect our care has on a patient and their family, we want to encourage our staff to reflect on the patient experience and consider their contribution to it.

What are we trying to improve?

We are trying to improve the quality of our care to patients through reflective practice.

What will success look like?

Success will be evident in the compassionate care delivered by staff and through the Friends and Family Tests.

How will we monitor progress?

Each service will be required to evidence at least four examples where staff have used patient stories for personal development and reflection. This will be reviewed quarterly in the Quality and Governance Assurance Committee.

2. Continue to improve on Friends and Family Tests in inpatient and other areas

Why have we chosen this priority?

The Friends and Family Test is an important part of capturing how satisfied our patients are with the services and care we provide. We have received very high scores within the inpatients and want to maintain that quality but we have work to do in other areas such as outpatients and diagnostics.

What are we trying to improve?

We are trying to improve the quality of our care in all areas and to achieve this we must be better at capturing that information.

What will success look like?

Success will be measured through 95 percent satisfaction feedback with Friends and Family tests for inpatients.

How will we monitor progress?

Friends and Family is monitored through our governance frameworks monthly and weekly in our units locally.

3. To ensure our mental health service users have a voice and quality of care is equitable

Why have we chosen this priority?

We want all of our service users to have open access to our senior leadership team in mental health services, this provides a forum to be heard, voice their concerns, share what is working well and have it formally recorded, acted upon and monitored throughout the year.

What are we trying to improve?

We remain proud of our services and the local engagement the staff have with service users but we think it is essential to provide a senior forum for service users to have a voice too.

What will success look like?

Success will be evident in the service user engagement forums where decisions on areas such as activities will be shared with the service users, concerns will be raised, discussed and resolved together and changes to the environment informed by service user preference for colour schemes.

How will we monitor progress?

Progress will be monitored in formal reports from the Quality Assurance Visits to the Quality and Governance Assurance Committee and Business Reviews. At a local level they will be monitored through action plans and minutes from the user group forums managed by the Registered Manager.

Responsive

1. To respond to concerns and complaints in a timely manner

Why have we chosen this priority?

We embrace a culture of transparency and accountability so when we get things wrong we want to resolve them with our patients and service users within an acceptable time period.

What are we trying to improve?

We are trying to improve the time within which we acknowledge in the first instance.

What will success look like?

Success will be measured through the number of acknowledgements sent within 3 working days and the investigation completed and full response sent within 20 working days.

How will we monitor progress?

This is monitored through our governance frameworks monthly and quarterly at the Quality and Governance Assurance Committee.

2. Establish a supportive environment for those living with Dementia

Why have we chosen this priority?

We recognize that within an increasing elderly population that the prevalence of Dementia is on the rise and we need to ensure the support we put in place is robust and inline with national guidance.

What are we trying to improve?

We are trying to improve the care and experience patients and service users will have whilst in our services.

What will success look like?

Success will be measured through staff training in dementia awareness, the built in longer appointment times for those living with dementia so they do not feel rushed or confused and creating dementia friendly environments.

How will we monitor progress?

This is monitored through our governance frameworks monthly and quarterly at the Quality and Governance Assurance Committee.

Effective

1. To establish a zero tolerance to surgical site infections

Why have we chosen this priority?

We want to focus on excellence in our operating culture. We already have very good results but when things do go wrong we want to understand why.

What are we trying to improve?

We already achieve very low rates but by concentrating on the root cause of any infection we can establish and continually improve on any avoidable factors.

What will success look like?

Success will be a further reduction in surgical site infections, a greater understanding of the root cause and 100 percent compliance with completed Root Cause Analysis (RCA) and follow on actions.

How will we monitor progress?

This is monitored through our audit of a range of Key Performance Indicators, including those already collated for infection prevention and control, reported into the bi-monthly Infection Prevention Control Committee and quarterly at the Quality and Governance Assurance Committee.

2. To establish a zero tolerance to non-compliance with the mental health act

Why have we chosen this priority?

We are confident in the care provision of our mental health services but documentation is not always as robust as it should be and can fall beneath the standard we would expect.

What are we trying to improve?

We are trying to improve the standard of recording that our staff completes so it reflects the actual care delivered.

What will success look like?

Success will be evident in the quality of documentation completed for all of our service users it affects their human rights and Care UK legal compliance with regulations.

How will we monitor progress?

This is monitored through the Quality Assurance Visits carried out by the Service Directors, Regional Managers and Governance team; the results will be reported into the monthly service reviews held by the Managing Director for Secondary Care and into the quarterly Governance and Quality Assurance Committee chaired by the Director of Nursing and Quality.

Well-led

1. Mandatory training to be completed by all eligible staff

Why have we chosen this priority?

It is essential that we have confidence our staff are equipped with the knowledge and skills to deliver safe, caring, effective and responsive care, to be assured of this we have established a set of mandatory training requirements for each staff group.

What are we trying to improve?

We are trying to improve compliance with this requirement across all staff groups.

What will success look like?

Success will be 95 percent compliance with mandatory training.

How will we monitor progress?

This is monitored at site level through our governance frameworks, at national level via the monthly business reviews (chaired by the Managing Director for Secondary Care) and quarterly at the Quality and Governance Assurance Committee.

2. Establish a culture of informed leadership

Why have we chosen this priority?

In response to the Francis, Berwick and Keogh reports and reflected in our company values, we are committed to ensuring the leadership of our senior team is founded on knowledge, training and skills; this way we can have confidence that our staff will be supported to deliver the best quality care.

What are we trying to improve?

We have a strong confident and competent leadership team but we want to improve the frame work within which we deliver leadership training and have invested in our Academy of Excellence to offer leadership training to all of our registered managers, regional managers and Heads of Nursing and Clinical Services.

What will success look like?

Success for us will reach beyond the completion of Care UK extensive training element and sponsorship for NHS Leadership Academy. We are introducing a 360 degree feedback initiative incorporating all those in Registered Manger, Regional Manager, and Heads of Clinical Services/Nursing roles. This will be underpinned by both local and organisational staff attitude surveys which generate indices and indicators to confirm how well led our people feel and how we can improve our approaches to informed leadership. Success will be measured by the feedback from staff who are managed by our leaders.

How will we monitor progress?

This is monitored quarterly at the Quality and Governance Assurance Committee and annually through the staff attitude surveys.

Part 2

Review of priorities for improvement 2014-15



Reporting Back on 2014-2015 Quality priorities

In our 2013-2014 Quality Account we set out our priorities for improving the quality of our services during 2014-2015. We have provided updates and a review of our progress for each priority below.

	Quality objective	Improvement target
Patient experience	To reduce clinical cancellations	To reduce the number of cancellations for clinical reasons on the day of surgery. No more than 1.5% in any treatment centre
	To improve our response to patient complaints	To have less stage two complaints through improvement in the responses to any complaint at stage one. Currently 1 in every 20
	To monitor the Friends and Family question at department level	A Friends and Family score greater than 85 for each part of the patient's Care UK pathway for all of our treatment centres and clinical assessment and treatment services
Patient safety	Recognition of the deteriorating patient including the introduction of the National Early Warning Scoring system (NEWS)	Care UK-wide change from using MEWS (Modified Early Warning Score) to using the NEWS score without affecting our performance in recognising the deteriorating patient
	To establish multidisciplinary ward rounds in all treatment centres with inpatient beds	Evidence that multidisciplinary ward rounds have been established in all Care UK treatment centres with inpatient beds. We anticipate a positive effect on patient experience and a reduction in unexpected transfers
	To improve the reporting of medication incidents	To be able to report the number and type of medication incident in relation to patient safety
	Reduce the incidence of peri-operative hypothermia	100% of patients will have a temperature >36 degrees centigrade when they enter the recovery room
Clinical effectiveness	Orthopaedics - to publish outcome information as part of our work to achieve excellence in hip and knee joint replacement	To publish information showing length of stay and infection rates for both hip and knee joint replacement surgery
	Endoscopy - to reduce variation in the comfort scores achieved by individual clinicians	By March 2015 no unit will have more than 4% reports of moderate or severe discomfort and no individual clinician will have more than 5% reports of moderate to severe discomfort
	Ophthalmology - to publish outcome information as part of our work to achieve excellence in cataract surgery	Care UK will aim to report PCR rates of less than 1.92%. More than 91% of patients will achieve driving standard vision

Patient experience - Priority 1:
 Quality objective: to reduce clinical cancellations

Improvement target										
To reduce the number of cancellations for clinical reasons on the day of surgery. No more than 1.5% in any treatment centre										
Care UK Apr - Dec 2014		Site Breakdown								
Site	Barlborough NHS Treatment Centre	Cirencester NHS Treatment Centre	Devizes NHS Treatment Centre	Emersons Green NHS Treatment Centre	North East London NHS Treatment Centre	Peninsula NHS Treatment Centre	Shepton Mallet NHS Treatment Centre	Southampton NHS Treatment Centre	St Mary's NHS Treatment Centre	Will Adams NHS Treatment Centre
% of clinical cancellations	1.58%	2.50%	1.49%	1.62%	2.65%	0.91%	1.27%	1.52%	0.86%	2.70%
Target <1.5%	Considerable work was carried out by all the centres to understand the causes of the cancellations that were occurring. A project was established to improve the letters and communications that patients receive before their operation and each individual centre reviewed their processes to ensure that common avoidable reasons (eating on the morning of the operation etc) are minimised.									
1.61%	This work has improved the rate within individual centres compared to last year but the target we set was stretching. Of the 1.64% of operations that were cancelled on the day only 0.7% could have been avoided.									

Patient experience - Priority 2:

Quality objective: to improve our response to patient complaints

Improvement target										
To have less stage two complaints through improvement in the responses to any complaint at stage one. Currently 1 in every 20 complaints proceeds to stage 2										
Care UK Apr 2014 - Mar 2015		Site Breakdown								
Site	Barlborough NHS Treatment Centre	Cirencester NHS Treatment Centre	Devizes NHS Treatment Centre	Emersons Green NHS Treatment Centre	North East London NHS Treatment Centre	Peninsula NHS Treatment Centre	Shepton Mallet NHS Treatment Centre	Southampton NHS Treatment Centre	St Mary's NHS Treatment Centre	Will Adams NHS Treatment Centre
% of complaints resolved at Stage 1	96.3%	100%	100%	95.7%	93.8%	100%	100%	95.5%	100%	100%
Target - 95%	The staff in our services made a concerted effort to be proactive with any patient concerns and to ensure that senior managers addressed complaints as they occurred, for example Southampton have appointed a Patient Liaison Manager who involves the complainant and their family or carers where appropriate to address concerns and resolve complaints together. Complaints are analysed at local governance meetings and themes identified to ensure that lessons are learned. Where appropriate patient facilitation roles were identified to assist with communication. Progress on this priority was tracked each month by senior management and the organization's Board.									
96.2%										

Across mental health services 93% of complaints were dealt with at Stage 1.

The service implemented the Datix system to capture incidents and allowing more accurate monitoring of how complaints were being dealt with.

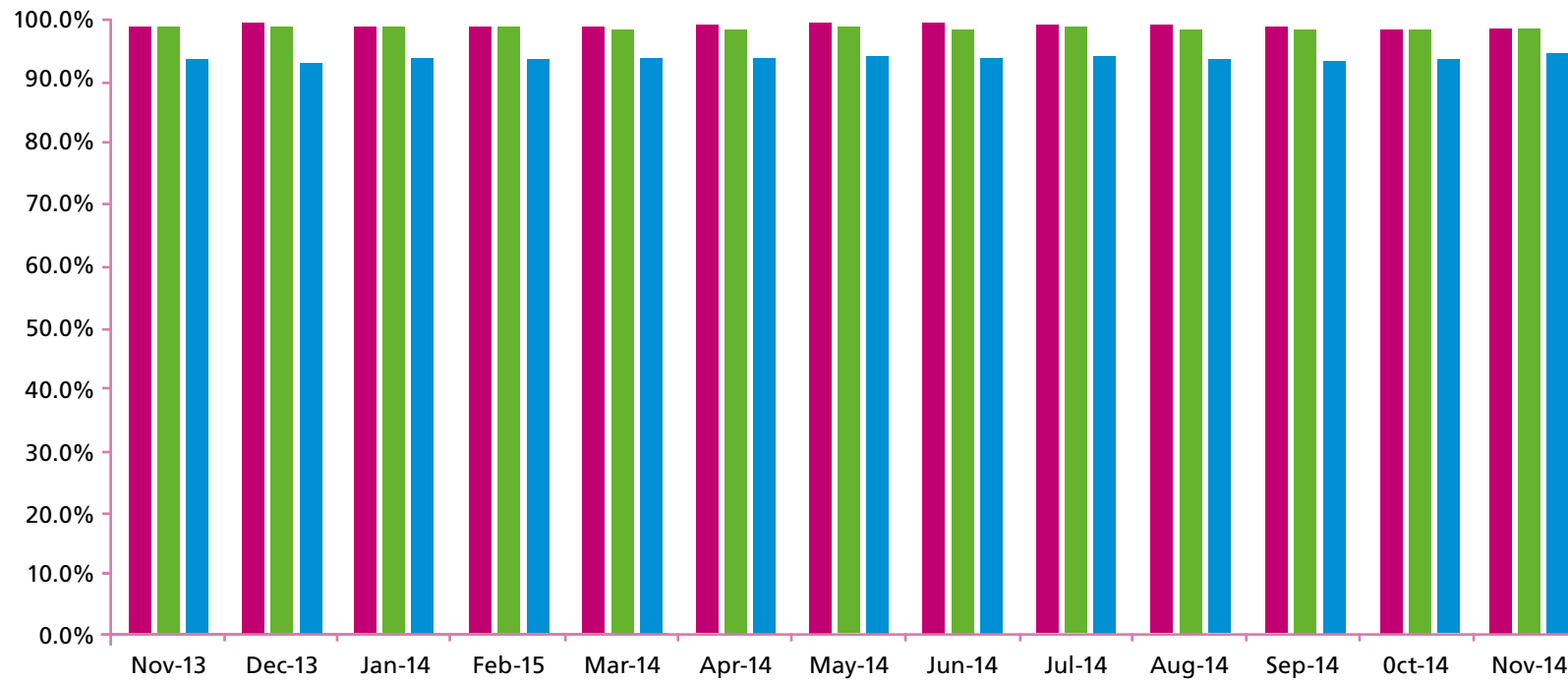
This has meant reporting and trend analysis of complaints has improved.

Patient experience - Priority 3:

Quality objective: to monitor the Friends and Family question at department level

Improvement target										
A Friends and Family score greater than 85 for each part of the patient’s Care UK pathway for all of our treatment centres and clinical assessment and treatment services										
Care UK Apr 2014 - Mar 2015										
Site Breakdown										
Site	Barlborough NHS Treatment Centre	Cirencester NHS Treatment Centre	Devizes NHS Treatment Centre	Emersons Green NHS Treatment Centre	North East London NHS Treatment Centre	Peninsula NHS Treatment Centre	Shepton Mallet NHS Treatment Centre	Southampton NHS Treatment Centre	St Mary’s NHS Treatment Centre	Will Adams NHS Treatment Centre
Friends and Family score Apr 2014-Sep 2014	92	90	92	91	77	91	87	92	95	94
Friends and Family % Oct 2014-Mar 2015	99%	99%	99%	98%	95%	98%	99%	97%	94%	100%
Target >85 for all departments overall	Care UK ranks highly in this area compared to both the NHS and other independent sector providers. The target and subsequent achievement of a score of 90 is based on the original Department of Health scoring methodology. The Department of Health changed the scoring methodology part way through 2014. Under this new methodology our score would have been 98%. North East London Treatment Centre is improving each month and is now reporting 95%.									
Old FFT score - 90 New FFT % - 98%	Comparison of our scores with the rest of the UK shows us to be one of the highest performing organizations in the country as can be seen from the chart below.									

Friends and Family Test scores (Inpatients)



Percentage of inpatients who would recommend their provider during the past 12 months.

■ Care UK ■ Independent providers ■ NHS orgs

Patient safety - Priority 1

Recognition of the deteriorating patient including the introduction of the National Early Warning Scoring system (NEWS)

The delivery of this has been delayed and will be delivered as a quality priority in 2015-16. This will be embedded in every treatment centre by October 2015.

Patient safety - Priority 2

Quality objective: to establish multidisciplinary ward rounds in all treatment centres with inpatient beds

Improvement target												
Evidence that multidisciplinary ward rounds have been established in all Care UK treatment centres with inpatient beds. We anticipate a positive effect on patient experience and a reduction in unexpected transfers out to other facilities												
Care UK Apr 2014 - Mar 2015												
Site Breakdown												
Site	Barlborough NHS Treatment Centre		Emersons Green NHS Treatment Centre		North East London NHS Treatment Centre		Peninsula NHS Treatment Centre		Shepton Mallet NHS Treatment Centre		Southampton NHS Treatment Centre	
Time period	Apr 2013 - Mar 2014	Apr 2014 - Mar 2015	Apr 2013 - Mar 2014	Apr 2014 - Mar 2015	Apr 2013 - Mar 2014	Apr 2014 - Mar 2015	Apr 2013 - Mar 2014	Apr 2014 - Mar 2015	Apr 2013 - Mar 2014	Apr 2014 - Mar 2015	Apr 2013 - Mar 2014	Apr 2014 - Mar 2015
Unexpected Transfer rate	0.87%	0.96%	1.00%	0.97%	0.13%	0.64%	1.63%	1.45%	1.41%	0.39%	1.07%	0.89%
2013-2014 Overall unexpected transfer rate 1.02%	As anticipated, the unexpected transfer rate has improved compared to last year. This shows the effectiveness of multi-disciplinary ward rounds which are taking place in all in patient sites.											
2014-2015 Overall unexpected transfer rate 0.91%												

Patient safety - Priority 3:

Quality objective: to improve the reporting of medication incidents

Improvement target										
To be able to report the number and type of medication incident in relation to patient safety										
Care UK Apr 2014 - Mar 2015										
Site Breakdown										
Site	Barlborough NHS Treatment Centre	Cirencester NHS Treatment Centre	Devizes NHS Treatment Centre	Emersons Green NHS Treatment Centre	North East London NHS Treatment Centre	Peninsula NHS Treatment Centre	Shepton Mallet NHS Treatment Centre	Southampton NHS Treatment Centre	St Mary's NHS Treatment Centre	Will Adams NHS Treatment Centre
Number of Medication incidents	36	43	43	224	47	15	103	143	22	12
Target - yet to be set subject to observing trends	<p>A positive recording culture encourages the reporting of all medication incidents to ensure that the full range of data has been captured and is available for analysis and learning.</p> <p>Each site has implemented ways of working to ensure that harm from medication errors is reduced. These include multi-disciplinary ward rounds where a pharmacist is present to give advice and expertise as well as ensuring that issues are worked through in the Medicines Management Group. Emersons Green and Shepton Mallet included pharmacy interventions and that is reflected in the relatively high score in comparison to the other centres.</p>									
Care UK 688	<p>Mental Health services targeted a decrease in medication incidents. Two major projects were implemented:-</p> <ul style="list-style-type: none"> • Datix medication incident reporting was introduced allowing increased levels of reporting and subsequent analysis • All staff who administered medicines received updated training with targeted support for those needing it. <p>These steps meant that incident reporting increased by 22% through a better reporting culture but at the same time potential harm was reduced through improved training and supervision.</p>									

Patient safety - Priority 4:

Quality objective: Reduce the incidence of peri-operative hypothermia. This objective was carried over from 2013-2014

Improvement target										
Quality objective: Reduce the incidence of peri-operative hypothermia. This objective was carried over from 2013-2014										
Care UK Apr 2014 - Mar 2015		Site Breakdown								
Site	Barlborough NHS Treatment Centre	Cirencester NHS Treatment Centre	Devizes NHS Treatment Centre	Emersons Green NHS Treatment Centre	North East London NHS Treatment Centre	Peninsula NHS Treatment Centre	Shepton Mallet NHS Treatment Centre	Southampton NHS Treatment Centre	St Mary's NHS Treatment Centre	Will Adams NHS Treatment Centre
% of patients with temp >36 degrees	100%	100%	100%	95%	86%	99%	100%	98%	99%	87%
Target 100%	The drive to keep patients warm during operations is because allowing patients to become cold is linked to an increased risk of post-operative complications. It should be said that despite achieving this target in a number of centres it will remain a core indicator that will be monitored throughout 2015/16 via the audit programme with the expectation of full compliance.									
Care UK - 96.6%	<p>Four of our sites achieved the target, three were very close at 98/99% and two were lower. Issues that were encountered that contributed to missing the target in these areas were mainly to do with the audit and not recording the temperature of the patient before the operation began.</p> <p>Improvements have been made in North East London with the trial of air warming devices and surgical warming blankets. In the case of Will Adams theatre temperatures have been improved and new thermometers calibrated to ensure accurate temperatures are captured and recorded.</p>									

Clinical effectiveness - Priority 1:

Quality objective: to further improve outcomes for both hip and knee joint replacement

Improvement target												
To publish information showing length of stay and infection rates for both hip and knee joint replacement surgery												
Care UK Apr 2014 - Mar 2015		Site Breakdown										
Site	Barlborough NHS Treatment Centre		Emersons Green NHS Treatment Centre		North East London NHS Treatment Centre		Peninsula NHS Treatment Centre		Shepton Mallet NHS Treatment Centre		Southampton NHS Treatment Centre	
Time period	Apr 2013 - Mar 2014	Apr 2014 - Feb 2015	Apr 2013 - Mar 2014	Apr 2014 - Feb 2015	Apr 2013 - Mar 2014	Apr 2014 - Feb 2015	Apr 2013 - Mar 2014	Apr 2014 - Feb 2015	Apr 2013 - Mar 2014	Apr 2014 - Feb 2015	Apr 2013 - Mar 2014	Apr 2014 - Feb 2015
Hip Replacement Length of Stay	3.2	2.6	2.8	2.5	3.2	2.8	3.0	2.9	2.8	2.7	3.4	3.0
Knee Replacement Length of Stay	3.1	2.7	2.8	2.6	3.3	2.8	3.3	3.2	2.8	2.7	3.5	3.3
2013/14 Care UK Hip - 3.1 Knee - 3.1	Length of stay data is reported each month to the senior management team and Board. The overall annual figures show the organisation has shorter lengths of stay than for the previous year. Helping the patients mobilise as soon as possible improves outcome and allows patients to return home sooner after their procedure with the additional support of post-operative exercises to carry out at home using our innovative physiotherapy app and exercise information booklets.											
2014/15 Care UK Hip - 2.8 Knee - 2.9												

Clinical effectiveness - Priority 2:

Quality objective: to improve and maintain high comfort levels in endoscopy

Improvement target						
By March 2015 no unit will have more than 4% reports of moderate or severe discomfort and no individual clinician will have more than 5% reports of moderate to severe discomfort						
Care UK Apr - Dec 2014		Site Breakdown				
Site	AGW Contract – Devizes, Cirencester and Emersons Green NHS Treatment Centre	North East London NHS Treatment Centre	Shepton Mallet NHS Treatment Centre	Southampton NHS Treatment Centre	St Mary's NHS Treatment Centre	Will Adams NHS Treatment Centre
% of patients with moderate or severe discomfort	3%	2%	2%	2%	2%	2%
Target - overall moderate/severe discomfort score <4%	The organisation as a whole and all sites achieved the overall quality objective as can be seen by the scores. In addition each site monitored individual clinicians comfort levels, none of which exceeded the target of 5%.					
Care UK - 2%						

Clinical effectiveness - Priority 3:

Quality objective: to publish outcome information as part of our work to achieve excellence in cataract surgery

Improvement target								
Care UK will aim to report PCR rates of less than 1.92%. More than 91% of patients will achieve driving standard vision								
Care UK Apr 2014 - Mar 2015		Site Breakdown						
Site	Devizes NHS Treatment Centre	Emersons Green NHS Treatment Centre	North East London NHS Treatment Centre	Peninsula NHS Treatment Centre	Shepton Mallet NHS Treatment Centre	Southampton NHS Treatment Centre	St Mary's NHS Treatment Centre	Will Adams NHS Treatment Centre
PCR Rupture Rates	0.0%	0.7%	0.6%	0.0%	0.2%	0.0%	0.3%	0.7%
% of patients who achieve driving standard vision	95.7%	92.6%	95.2%	97.8%	93.7%		94.8%	89.2%
Target - PCR <1.92% Driving Standard >91%	All sites achieved these quality objectives							
Care UK - PCR - 0.3% Driving Standard - 93.4%								

Improvements in our Mental Health Recovery Services

Our Mental Health Service Philosophy launched in April 2013 was developed through consultations with service users and all levels of staff. The philosophy is about the way in which we deliver modern mental health care and it is our continued intent to embed it into everyday life within our services.

As part of the philosophy it is important that we can assess the mental wellbeing and positive progress that service users report. Our Recovery Advisory Panel (RAP) is made up of current and previous service users, and they developed a data collection tool called Real Outcomes.

This fits within the Service Philosophy and captures those things that our service users feel are important to ensure recovery. This was a new initiative and the first time that service users were instrumental in writing an outcome measure based on what matters to them. The RAP team collected the data by visiting and speaking to service users across the division and then worked with our governance team to collate and analyse the data and help to present it to the division's leadership team.

Targets and measures

Quarterly collection and analysis of quantitative data

This objective was achieved in the manner described above.

5 percent divisional increase in service user involvement with their own recovery plan

This objective has been exceeded. Between 2013 and 2014 there was a 60 percent increase in service users being involved in their recovery plans. All service users' recovery plans were reviewed by the Mental Health Governance team throughout 2014 and starting with a base figure of 35 percent of service users involved in their recovery plans at the end of 2013, this increased to 56 percent of service users being involved in their recovery plans up to the end of 2014.

3 percent divisional increase in service user involvement with their own risk (safety) plan

This objective has been exceeded. At the end of 2013, 14.7 percent of service users had involvement in their own risk or safety plan, this increased to 29.1 percent by the end of 2014, giving an overall increase of 97 percent.

Quarterly collection of Care UK PROMS

This was collected by a data tool, Real Outcomes, and measures qualitative measures that are important to our service users and defined in partnership with them. The outcomes were shared in service user community meetings at each site and improvements such as promoting independent provision of meals as part of the recovery plan has been implemented as a result.

To improve the monitoring of the physical health of mental health service users through assessments, monitoring, access to services, screening and education.

During the year we had set out to improve access to GPs for our service users and increase the amount of service users that have a physical health check that took into account smoking, alcohol and substance misuse issues.

The number of service users registered with GPs rose by 3 percent to 91 percent during 2014 and 96 percent had a recovery plan that focused on physical well-being.

We set out to ensure that all of our service users understand any physical conditions they have and are assessed, monitored and have access to the services available within primary and secondary care. The next step on this pathway is to introduce the Rethink – My Physical Health toolkit which enables service users to rate their own physical health and the personal priorities. This will then feed into the recovery plan for physical wellbeing.

Targets and measures

All service users to have a risk assessment completed for physical health

Up to the end of 2014, 91 percent of service users were registered with a GP, this increased from 88 percent in the 3 months previous. 96 percent of service users have a recovery plan relating to physical wellbeing which increased from 76 percent in the 3 months previous. The risk assessment forms part of the recovery plan for wellbeing.

All service users to have a recorded physical health check which includes screening for smoking, alcohol and substance misuse

Up to the end of 2014, all service users, as part of the recovery planning process staff in conjunction with service users have identified with staff issues surrounding smoking, alcohol and drug abuse in 96 percent of cases as part of the wellbeing recovery plan.

All service users with a long-term medical condition to be offered access to appropriate services

96 percent of service users have a recovery plan for wellbeing where long term medical conditions are documented and as a result of this are accessing appropriate services for these conditions.

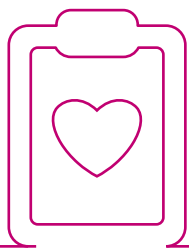
All service users to have access to medication reviews

All service users have access to medication reviews through MDT, CPA or GPs.



Part 3

Regulatory Statements for our services 2014-2015



Regulatory Statements for our services 2014-2015

In line with the National Health Service (Quality Account) Regulations 2011, Care UK is required to provide information on a range of quality activities.

From April 2014-March 2015, Care UK provided or sub-contracted all the services provided at the locations in the summary tables shown in the appendix 4

The Department of Health requires all healthcare providers to safeguard the people who use their services from abuse. The Care Quality Commission outcome statement says: "people who use services should be protected from abuse, or the risk of abuse, and their human rights be respected and upheld".

All staff working in our treatment centres (ISTCs) and CATS complete mandatory e-learning level 1 safeguarding training courses. Completing these is a mandatory requirement every year. All patient-facing staff within our services complete safeguarding training level 2 for children and adults; all clinical staff receive training at level 3 for safeguarding children.

In line with the Department of Health's guidance on Quality Accounts, the statement below summarises our approach to safeguarding within our treatment centres and CATS:

- Care UK meets the statutory requirement with regard to the carrying out of DBS checks on all staff
- Safeguarding policies for children, vulnerable adults and allegations against staff are up to date, robust and reviewed within the last year
- Safeguarding including training on the Mental Capacity Act, is included in induction and mandatory training
- Named professionals are clear about their roles and have sufficient time and support to undertake them
- There is a named lead for safeguarding all our vulnerable people including children, who have access to the Board as required

Participation in clinical research

The number of patients receiving NHS services provided or subcontracted by Care UK at any of our treatment centres from April 2014 to March 2015 who were recruited to participate in research approved by a research ethics committee was nil.

Our treatment centres participated in all national audits and confidential enquiries appropriate to the services we deliver.

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 are compliant with the essential standards of quality and safety. CQC inspected five sites from 1st April 2015 of which four were fully compliant and the fifth that was inspected in December 2014, Yew Tree Lodge, had an overall grading of requires improvement. However, a number of the improvements have been made and 3 months on the unit has put in place a number of changes to ensure the standards of Care UK and our regulatory bodies are maintained; these include consistency in management of complaints and a refresher of medicines management training. It is important to note that in the same CQC report there were a number of examples of good practice identified

such as: *“People had frequent one to one support sessions with staff and regularly discussed their needs. Staff communicated well with people and encouraged them to be as involved in decisions about their care as much as possible.”*

During the reporting period we have participated with CQC in one pilot inspection to test their new approach to inspections and ratings that will come in to force from 1st April 2015. Shepton Mallet Treatment Centre, who took part in the pilot inspections, received an excellent report from CQC stating:

“Surgical services provided at the Shepton Mallet Treatment Centre were safe, effective, caring, responsive and well led to a very high standard throughout.”

“Care provided was kind and compassionate. Patients were seen to be respected, valued and fully involved in the decisions about their care. Patients were seen to be at the forefront of all

actions and the needs of patients and quality of care was highly valued by staff. Patient feedback was actively sought.”

“The hospital provided a high standard of outpatient and imaging services. Patients were positive about their experiences and services provided. Staff were focused on providing caring and effective treatment and support. Patient feedback was actively encouraged and was acted upon where possible. Waiting times, the environment, equipment and clinical outcomes were robustly and regularly monitored in order ensure safe, high quality and continuously improving care. Staff felt valued and respected by experienced senior staff who were visible and approachable.”

The results of CQC visits and reports are discussed at local and national Quality and Governance Assurance meetings. The Care Quality Commission has not taken enforcement action against Care UK between April 2014 and March 2015.

Participation in Commission for Quality and Innovation (CQUIN)

In April 2009, the Department of Health launched the CQUIN framework to encourage healthcare providers to share and continually improve how care is provided, while achieving transparency and overall improvement in healthcare. The framework supports the vision set out in 'High Quality Care for All' (Darzi, 2008) where quality is an organisational principle and rewards excellence by linking a proportion of a provider's income to the achievement of local quality improvement goals.

A proportion of our income in 2014/15 was conditional on us achieving pre- agreed quality improvement and innovation goals as set out in the CQUIN payment framework. The use of this framework indicates our active engagement in quality improvement with our commissioners.

We're pleased to consistently achieve the local quality improvement CQUIN goals, including some of the following examples. CQUIN targets vary between treatment centres:

- Measuring and reporting on the number of patients who have a venous thromboembolic assessment on admission
- Measuring the responsiveness of our ISTCs to patients' personal needs, captured through five questions that measure patient experience.
- Implementing patient reported outcome measures (PROMs) using the Oxford Shoulder Score
- Improving the awareness and diagnosis of patients with dementia, using a pre-screen questionnaire for all eligible patients
- Improving communication with GPs, ensuring they have real time and constructive feedback on each referral that is rejected by the treatment centre

More details of the agreed CQUIN goals for each of our services for April 2014/15 and the following 12 month period are available from the hospital directors at the individual treatment centre or the director of CATS.

Participation in clinical audits and national confidential enquiries

The reports of the two national clinical audits (National Joint Registry and Patient Reported Outcome Measures) were reviewed in April 2014 – March 2015 (see table below) and Care UK intends to take action to improve the quality of healthcare provided; Care UK will seek to improve the average participation rates across each category in the national PROMS programme by sharing the processes that are implemented in the most successful services

Details of the national clinical audits and national confidential enquiries that Care UK did not participate in during April 2014 to March 2015 can be found in Appendix 2 together with the reasons why we did not participate in all of the national clinical audits.



Category	Name of National Clinical audit	% of cases submitted
Acute	National Joint Registry (NJR)	99%
Other	Elective surgery (National PROMs Programme)	65% - Varicose veins

Reporting against core indicators

The Department of Health requires independent sector 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)

The tables below show how well we have done in these areas by comparing over two reporting periods, our achievements with the average of all healthcare providers as well as the best and worst. In some cases we use our own information in this format too.

Patient Reported Outcome Measures (PROMs)

The NHS requires that providers ask patients to answer questionnaires for four procedures, before and after their operation, to find out how much difference the operation made to them. The four procedures are hip replacement, knee replacement, groin hernia surgery and varicose vein surgery.

Indicator	Care UK Overall data		Health and Social Care Information Centre Data Apr - Sep 2014		
	Apr - Mar 2013-14	Apr - Sep 2014	Highest reported nationally (Best performing)	Lowest reported nationally (Worst performing)	National Average
Patient Reported Outcome Measures (PROMS): Participation rates					
Hip Replacement surgery	95.5%	100%*	100%*	0%	86.1%
Knee Replacement surgery	100%*	92.9%	100%*	0%	96.6%
Groin Hernia surgery	83.3%	100%*	100%*	0%	58.3%
Varicose Vein surgery	70.7%	100%*	100%*	0%	42.4%
<i>Data Source: HSCIC April 2014 - September 2014 Provisional PROMs data (published February 2015) / HSCIC April 2013 - March 2014 Provisional PROMs data (published February 2015)</i>					

*100% = rate adjusted down to 10 0% as volume of Q1s received exceeded number of episodes submitted to SUS

Indicator	Care UK Overall data		Health and Social Care Information Centre Data Apr - Mar 2013-14		
	Apr - Mar 2012-13	Apr - Mar 2013-14	Highest reported nationally (Best performing)	Lowest reported nationally (Worst performing)	National Average
Patient Reported Outcome Measures (PROMS): Adjusted Health Gain					
Hip Replacement surgery - Oxford Hip Score	22.447	22.650	24.444	17.634	21.339
Knee Replacement surgery - Oxford Knee Score	16.702	17.040	19.792	12.049	16.247
Groin Hernia surgery - EQ-5D Score	0.089	0.078	0.139	0.008	0.084
Varicose Vein surgery - Aberdeen Questionnaire	No Score - insufficient data**		-14.555	0.617	-8.698
<i>Data Source: HSCIC April 2013 - March 2014 Provisional PROMS data (published February 2015) / HSCIC April 2012 - March 2013 Finalised PROMS data (published August 2014)</i>					

**Varicose Vein surgery - need more than 30 submissions to carry out statistical analysis. Care UK centres which do carry out this type of surgery submitted less than 30 records. (Please note a negative score shows an improvement in health)

Care UK considers that this data is 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:- PROMS information is regularly reported to the senior leadership team in a similar format that shows where there is room for improvement;

Treatment centres with PROMS scores that require improvement analyse their data with the assistance of a dedicated organisation Quality Health Ltd who provide specialist knowledge of PROMS information;

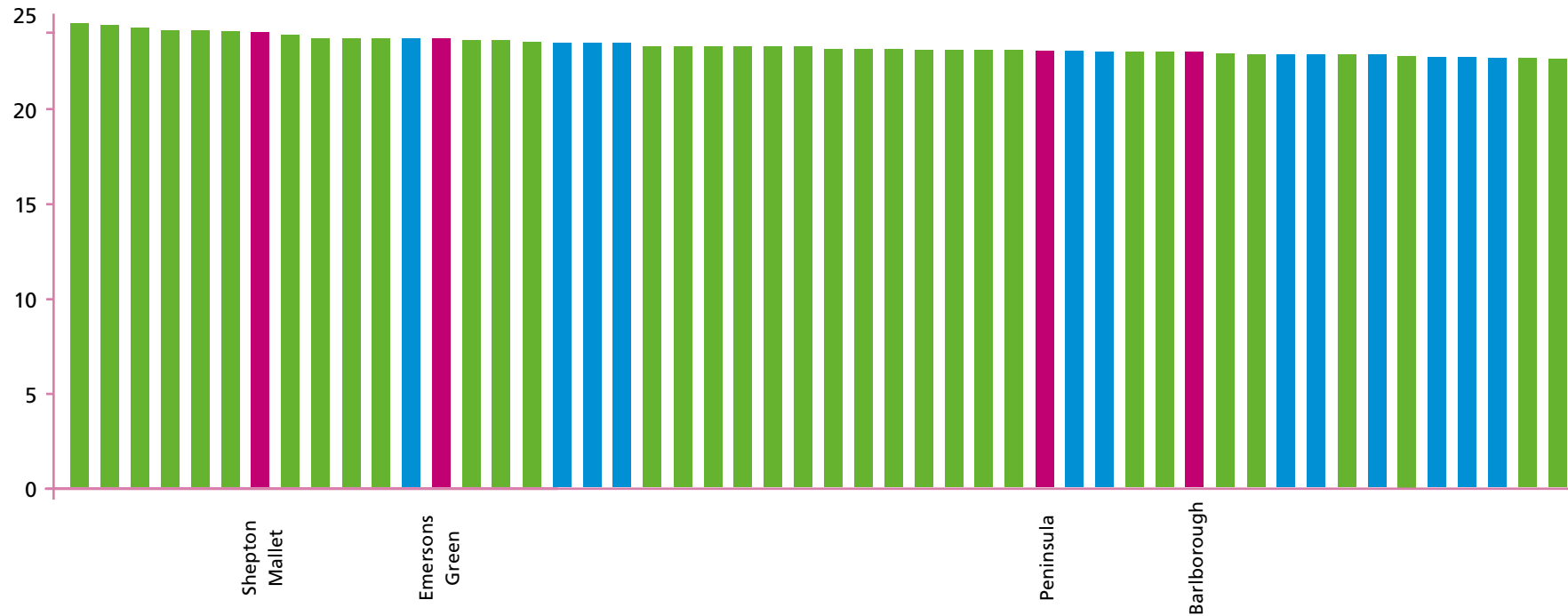
This analysis is used to produce an improvement action plan;

The success of the improvement action plan is tracked by the senior leadership team;

We rank our Treatment Centre PROMS scores against the rest of the Independent Sector and NHS every 3 months; currently half of our treatment centres are in the top 25 percent of providers for hip replacement (Oxford Hip Score).

PROMS adjusted average health gain - Primary Hip Replacement

Oxford Hip score April 2013 to March 2014 (Top 50 providers)



Graph shows average adjusted health gain on Patient Reported Outcome Measures (PROMS) reported by the Health and Social Care Information Centre.
 Care UK ■ Independent providers ■ NHS orgs

Data Source: HSCIC April 2013 - March 2014 Provisional PROMs data (published February 2015)

Emergency readmissions rate for patients aged 16 or over

This indicator looks at patients who have had an operation as an inpatient at a Care UK treatment centre, been discharged but are readmitted to Care UK within a month (28 days) of the operation.

Examples of this would be infection, pain or other complications to the surgery.

Indicator	Care UK Overall local data		Health and Social Care Information Centre Data Independent Sector 2011-12		
	Apr - Mar 2013-14	Apr-Jan 2014-15	Highest reported nationally (Worst performing)	Lowest reported nationally (Best performing)	National Average
Emergency readmission to hospital within 28 days of discharge - Percentage of patients aged 16 or over readmitted within 28 days					
All Treatment Centres	0.31%	0.22%	17.72%	0%	7.43%
Data Source:	Local data		HSCIC Indicator portal Data set: 'Emergency readmissions to hospital within 28 days of discharge: indirectly standardised percent, 16+ years, annual trend, P'		

* This rate includes only patients readmitted to our hospitals. Currently do not have access to readmissions to other providers.

Care UK considers that this data is 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 for each treatment centre each month 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 might be done to avoid any such future readmissions

Risk assessment of venous thromboembolism (VTE) for people admitted to hospital

People who undergo operations may have a risk of developing a potentially harmful blood clot (VTE).

This indicator looks at how efficiently Care UK assesses their risk of this.

Indicator	Care UK Overall data		Health and Social Care Information Centre Data Q2 2014-15 Jul - Sep		
	Q1 2014-15 Apr - Jun	Q2 2014-15 Jul - Sep	Highest reported nationally (Best performing)	Lowest reported nationally (Worst performing)	National Average
Percentage of admitted who were admitted to hospital and who were risk-assessed for venous thromboembolism					
All Treatment Centres	98.37%	99.26%	100%	83.82%	96.19%
Data Source: HSCIC Indicator portal - NHS England website					

Care UK considers that this data is 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 for each treatment centre each month and reported to the senior leadership team and Board.
- We set ourselves a target of 100 percent for this indicator and compare ourselves in this area against the independent sector (average 98.6 percent) and the NHS every three months.
- Reasons for not achieving 100 percent are examined each month by the senior leadership team and explained to the Board
- Next year we plan on adopting a 'Zero Tolerance' approach to screening for VTE risk – we will formally investigate (root cause analysis) every case where a patient is not assessed for VTE risk.

Infection with Clostridium Difficile

Indicator	Care UK Overall data		Health and Social Care Information Centre Data Apr-Mar 2013-14		
	Apr - Mar 2013-14	Apr-Jan 2014-15	Highest reported nationally (Worst performing)	Lowest reported nationally (Best performing)	National Average 2011-12
Rate of <i>Clostridium Difficile</i> (number of infections/100,000 bed days)					
All Treatment Centres	0	0	37.1	0	14.7
Data Source:	Local data		Public Health England July 2014 Annual Report		

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

It is taken from local data that is submitted to Public Health England.

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

- Care UK has a Director of Infection Prevention and Control (DIPCI) who provides Board oversight and leadership on all infection prevention and control issues
- This is further strengthened with a Head of Infection Prevention and Control who provides detailed guidance to the treatment centres each of which have a trained local Infection Prevention and Control lead with identified time and resource to carry out their role

Patient Safety Incidents

Indicator	Care UK Overall data		Health and Social Care Information Centre Data Oct - Mar 2013-14 Small Acute Trusts		
	Apr - Mar 2013-14	Nov - Jan 2014-15	Highest reported nationally (Worst performing)	Lowest reported nationally (Best performing)	National Average - Small Acute Trusts
Patient Safety Incidents					
Rate of patient safety incidents that occurred within the trust (per 100 admissions)	N/A	2.34	15.5	1.2	8.7
	Apr - Mar 2013-14	Apr - Jan 2014-15			
Number of such patient safety incidents reported that resulted in severe harm or death.	7	8	60	0	15
Rate of patient safety incidents resulting in severe harm or death (per 100 admissions)	0.01	0.01	0.37	0	0.06
Data Source	<i>Local data</i>		<i>HSCIC: NHS Outcomes Framework - uploaded Nov 2014</i>		

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

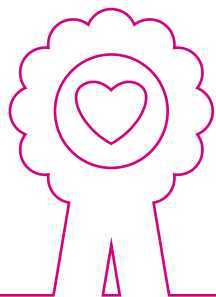
It is taken from local data that is to a national body.

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

- Each treatment centre has a dedicated Health and Safety lead that receives appropriate Health and Safety training as well as identified time to carry out their role;
- An incident reporting system, DATIX, is used to report all incidents;
- All incidents that are reported must be examined and initial lessons learned within 72 hours of the incident taking place. Compliance against this target is examined by the senior leadership team and reported to the Board each month;
- Serious incidents are subject to root cause analysis, reported to the Board. Lessons to be learnt are shared with all other relevant sites through the use of a shared learning tool. The Head of Governance and Quality ensures that these lessons learned have been embedded by checking compliance later on;
- Care UK also checks and compares its Accident Frequency Rate (AFR) each year and reports this to the Board.

Part 4

How we ensure quality



How we ensure Quality

Throughout Care UK we have a number of policies and procedures to guide staff in their everyday work caring and managing the patient's pathway.



We continually monitor our quality through local and national audit, governance meetings at a local and national level, at monthly business reviews and it forms a core performance indicator of all our senior leadership team.

We learn from lessons where things have not gone well both at a local and national level through local governance meetings where lessons shared are a fixed agenda item, at the Professional Leads meeting held bi-monthly and at our senior leadership team meeting held monthly.

We endeavor to embed a consistent high standard of quality and understanding of what good looks like across all of our services. For example, we have recently established a forum for the theatre managers and infection prevention and control leads to review practice and agree what will be the focus of improvement over the coming year. This group will meet quarterly and take learning back to their theatre staff to implement.

There are a number of approaches to ensuring the services we provide are the best they can be beyond accreditation with national bodies, for example JAG, and these are described below.

Diagnostic services

Care UK provides a range of diagnostic imaging services in treatment centres and clinical assessment and treatment services (CATS), including diabetic retinopathy screening, plain film X-ray, MRI, CT, non-obstetric ultrasound (NOUS) and dual-energy X-ray absorptiometry (DXA). These services are delivered using state of the art imaging systems at both fixed and mobile site locations and flexible opening hours including weekends and evening, providing patients greater accessibility and convenience. Our team of dedicated imaging staff, including consultant radiologists, radiographers and sonographers, are all highly experienced healthcare professionals, registered with their respective professional bodies.

Referrals into our imaging services come from a range of healthcare professionals, and most importantly, results are available to the referring clinicians within 24 hours of the patient's examination.

Care UK has a robust quality governance framework for diagnostics which includes elements such as clinical audit, use of latest evidence based policies, protocols & NICE guidance, competency assessment of staff and a highly innovative and unique Quality Assurance (QA) programme. The framework ensures that services delivered by our operational teams are safe and clinically effective and are ably supported by an experienced divisional clinical leadership team which includes a Clinical Advisor; A highly experienced Consultant Radiologist and a Diagnostics Lead responsible for all imaging services across Care UK's Health Care Division. The Quality Assurance (QA) programme used by Care UK reviews three key components of the clinical pathway for all imaging examinations: the referral, imaging and report. This enhanced quality improvement tool allows us to review the quality of each of the three particular areas and to provide valuable feedback to the referrer, the clinician who undertook the examination and the reporting clinician.

We score each part of the quality assurance case review on a scale from 1 to 5 (1 being lowest and 5 highest) and we review a minimum of 10 percent of completed imaging cases as part of our quality assurance programme. This programme is unique to Care UK.

Our QA programme helps us to:

- Ensure quality is continuously assessed in all aspects of the imaging pathway
- Identify whether the correct management of the patient is achieved following their diagnostic examination, and help to identify any areas that might require improvement in the pathway
- Offer assurances to our commissioners, patients and to our own organisation about the quality of the imaging services that we provide and the reports that we provide to our referrers

During the reporting period our QA programme has helped us to improve the quality of imaging produced by our staff. It has given referrers important feedback on appropriate imaging referrals for a range of examinations. It has also enabled any reporting discrepancies or errors to be identified in a timely manner, ensuring that the clinical outcomes for patients are always the primary focus.

Outcomes from the QA review continue to be excellent:

- 99.9 percent of referrals reviewed and accepted by Care UK were scored as appropriate against national imaging referral guidelines with only minor comments on the quality of information provided by our referrers
- 99.9 percent of cases reviewed in this period show the quality of images produced by our radiographers and sonographers to be excellent
- 99.5 percent of reports reviewed were also deemed to be accurate, clear & precise, and offering an excellent response to the referrer's clinical question and the reason for referring their patient

Unfortunately, there have been 5 incidents of missed pathology in Portsmouth Treatment Centre, this is highly unusual and is under investigation. Although we recognise the impact of the individual patients will be distressing we remain at a very low rate for errors at 0.6 percent.

Patient Led Assessment of the Care Environment

For the first time this year, Care UK included 5 mental health hospitals within the National Social and Health Service Information Centre PLACE scheme which assesses the care environment from the clients' perspective. Care UK are delighted that the environments scored above 80 percent in every category.

An example at Emersons Green Treatment Centre the indicator was:

" Thinking about the way in which the organisation ensures that patients and visitors are treated with dignity(for example how they are dressed)and that they are provided with appropriate privacy(for example things like personal conversations with staff or family), is there anything you would like to say which the assessment did not allow for? This would include any specific improvements you would like to see take place in the coming year."

The response was from the PLACE Inspectors:

" Changing rooms, we consider are the best accessible changing rooms seen by the team in any hospital. Privacy and Dignity is excellent."

In the summary statement the inspectors went onto state:

" A modern purpose built building which is spotless! It is welcoming, fully accessible and very patient friendly. It clearly has the ethos of being patient focused, with a staff who are motivated, showing job satisfaction – clearly well-led from the top!"

This is not an isolated example and our focus is to maintain these standards and to continually improve.



Employee engagement

Each year we carry out a staff survey 'Over to You' The purpose of the survey is to help inform us regarding our engagement strategies and each unit, department, and team are required to formulate action plans on the basis of the survey results which are reportable to Group. Each action plan has a section for issues to celebrate, areas where we need to make improvements, and anything that on the basis of the survey appears to necessitate further investigation. The key metric generated by the survey is an engagement index expressed as a percentage and divisional targets are set year on year to improve the scoring. The engagement index, and indeed the survey outcomes, can be stripped down to service line, unit, and teams within units to support the action planning process.

Survey content is proposed by the Group HR Director in conjunction with the divisional HR Directors and then adjusted accordingly and approved by the divisional Managing Directors. The same questions are used across the Care UK Group to ensure consistency in terms of measurement methodology.

This year the 'Over to You' survey, planned for October, was delayed due to the restructuring of the Health Care Division. It will now take place in May/June. In the meantime sites are carrying out their own local surveys to ensure they capture staff feedback. These local staff surveys are being carried out in February and March. The results are not yet known but will be shared with commissioners as part of the QUIN initiative

Infection prevention and control

Care UK is committed to ever improving standards of safe practice and environmental hygiene to ensure our service users benefit from a visible quality of safe care in premises that facilitate the prevention and control of infection.

Organisational Management

Following the recommendations of the Health and Social Care Act 2008 (2010), Care UK has a robust hierarchical structure of infection prevention and control guidance and supervision provided by the Infection Prevention and Control Committee, chaired by the Director of Infection Prevention and Control. The strategic direction is delivered through a range of operational processes that consistently assess risks of infection, measure these using audit and outcomes and plan the delivery of actions to address areas of concern. Each service has a named IPC lead who are supported by the Head of Infection Prevention and Control.

Systems of assurance

The internal Infection Prevention and Control systems of assurance including the monthly schedule of audit, incidences of surgical site and healthcare associated infections are collected at the end of each month and inform the information fed into the governance role of the Infection Prevention and Control Committee, the healthcare Board and at each local site.

Performance 2014

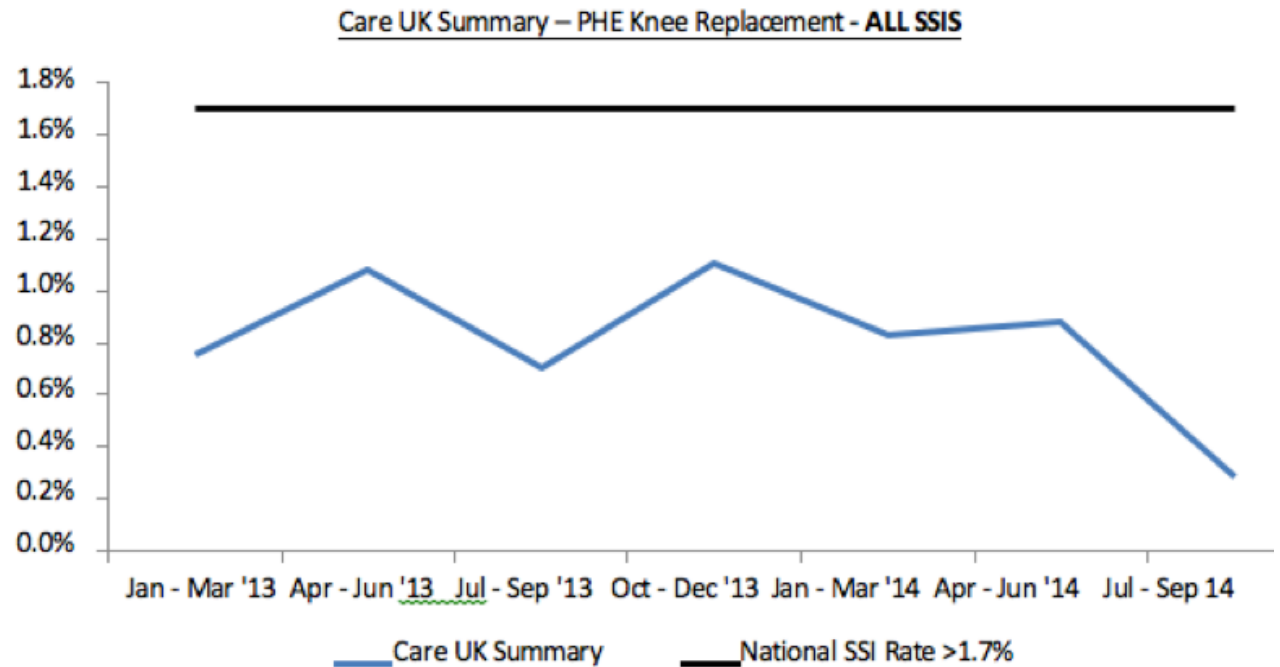
Healthcare Associated Infections(HCAIs)
Care UK have had no reported case of Clostridium difficile infection nor any incidence of meticillin resistant or sensitive staphylococcus aureus bacteraemia attributable to their care within 2014; this is the fourth year consecutive year of zero HCAIs as required under the PHE mandatory reporting programme.

Health Care Associated Infections 2011- 2014	Number
MRSA bacteraemias	0
MSSA bacteraemias	0
E.coli bacteraemias	0
Clostridium difficile incidence	0

**Surgical site infection rates
(Hips and knees replacements)**

Each Care UK secondary care hospital undertaking hip and knee surgery contributes to the national database of post discharge outcomes under the Public Health England National Surgical Site Infection Surveillance Scheme (NSSISS). Care UK report incidence of surgical site infections on a monthly basis; this exceeds the national minimum requirement of quarterly reporting.

This enhanced visibility of the post discharge outcomes of our patients undergoing hip and knee replacement promotes transparency and confidence in the true values of our reported rates of infection. We have had a number of surgical site infections at North East London treatment centre and these have been investigated thoroughly, improvements being made and has informed a quality priority for us this year.



Information Governance Data Quality

Secondary care Hand hygiene audit results by unit

Hand hygiene is one important element of the comprehensive Infection Prevention and Control suite of policies and procedures designed to minimise the risk of infection to our customers. There is an annual schedule of audit and training which covers standard infection prevention and control precautions including personal protective equipment, hand hygiene, decontamination and environmental cleanliness. Audit of individual staff hand hygiene is delivered by the site IPC lead and link practitioners within the departments on a quarterly basis and interspersed with focused training on aspects of essential hand hygiene practices.

Care UK sites consistently report hand hygiene scores of above 85 percent across all secondary care units. The impact of actions taken to further drive improvements in hand hygiene are identified in the scheduled re-audits.

We take our responsibilities very seriously to protect and maintain the confidentiality of patient information. The Caldicott Guardian, who is responsible for the security of patient information, leads this work and is committed to the highest standards. However, we have had a total of 56 information breaches within the year and as a result we have introduced double checking of patients information with the patient before giving them the discharge letter and take home medicines, only printing patient information as you need it and redefined basic administration processes so there is a focus on completing one task before starting another one and introducing the risk of error.

We have a range of policies to guide employees and we train all staff at their induction and then on an annual basis in managing information and confidentiality. We have achieved the quality standard ISO 27001-Information Security Management. This is an externally assessed demonstration of our commitment to high

standards in the management of information and security. Any serious breaches are reported to the Board, commissioners and information commissioner. Information governance is included in the annual audit schedule. Monitoring and managing data quality is key to providing a quality service. Our strategy is reviewed and refreshed each year to take into account new clinical and quality performance initiatives. As in previous years we use the Data Quality Dashboards published on a monthly basis by the Health and Social Care Information Centre (HSCIC) to monitor the ongoing data quality of the full range of commissioning dataset items for admitted patients and outpatients. Our Board receives a quarterly data quality statement detailing any issues and the actions taken to correct them.

Through these efforts we have achieved overall Data Quality Dashboard scores of 97.6 percent for admitted patient care, and 98.1 percent for outpatient care.

Clinical Coding

During 2014-15 we submitted records to the Secondary Uses Service for inclusion in the Hospital Episode Statistics. These are included in the latest published data. The percentage of records in the published data included:

- The patient's valid NHS number was 100 percent for admitted patient care and 100 percent for outpatient care
- The patient's valid General Medical Practice Code was 99.6 percent for admitted patient care and 99.8 percent for inpatient care

Information governance toolkit attainment

The Care UK Information Governance Assessment Report overall score 2015 version 10 was 100 percent and was graded green (satisfactory).

Same sex accommodation

In line with Department of Health guidance, it is standard practice in Care UK facilities to provide separate accommodation for men and women throughout the process of admission, treatment and discharge. Treating men and women separately enables us to maintain the appropriate standards of privacy and dignity.

Care UK can confirm that there have been no breaches of the Department of Health Mixed Sex Accommodation guidance during the past year and this has been successfully reported to the Health and Social Care Information Centre 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.”

Local clinical audit

The reports of 2376 local clinical audits were reviewed by the provider in April 2014 – March 2015 and Care UK intends to take the following actions to improve the quality of healthcare provided; Care UK's defined annual 'Clinical Audit schedule' for our Secondary Care services includes a range of 'core' audits which are applicable to all services including; Safeguarding, Information Governance & Security, CQC outcomes and Documentation. These are supplemented by 'service stream' specific audits such as VTE, peri-operative hypothermia, WHO surgical safety checklist & fluid balance.

The results of these audits are submitted to a dedicated Clinical Audit Manager for the Health Care Division who records the findings of the clinical audits and reports key outcomes to Care UK's Health Care Executive through the month end reporting cycle.

Services are responsible for undertaking any actions identified through audit practice, whilst identifying specific individuals assigned to complete actions and within defined timescales.

Care UK provides a range of tools, resource and expertise to facilitate clinical audit and prioritises audits that are included within the mandatory schedule to make sure these are meaningful and provide a positive contribution to quality improvement and clinical excellence across all of our clinical services.



National Joint Registry (NJR)

All of our treatment centres that undertake hip and knee replacement surgery submitted data to the National Joint Registry and have done so since they were set up seven years ago. The registry allows national comparisons by collecting data from hip and knee replacement surgery from April 2003. Nationally, a total of more than 1.6 million procedures are now reported to the NJR (11th Annual NJR report September 2014).




Care UK's present selection of implants for hip and knee replacement represents the most commonly used range in England and Wales. We have chosen these implants for their low revision rates. Our protocol for choosing implants takes into account the age of the patient because outcomes of individual types of implants, cemented and un-cemented, can be age dependent. This protocol is periodically reviewed in the light of the latest evidence and is based on available outcome data.

The NJR has also produced evidence that strongly supports our lower limb implant guidelines, which help surgeons to select the type of implant, fixation mode and bearing surface for each patient. The latest NJR report demonstrates that our selection and guidelines are supported by the best available evidence in this field. We aim to maintain these excellent results over the coming year.

Hospital	No. of procedures 2013	No. of consultants 2013	NJR consent rate	Average patient age at operation 2013	Outliers – mortality rate	Outliers – hip revision rate	Outliers –knee revision rate
Barlborough NHS Treatment Centre	1,280	9	100%	70.1			
Emersons Green NHS Treatment Centre	904	9	97%	69.8			
North East London NHS Treatment Centre	547	7	100%	69.6			
Peninsula NHS Treatment Centre	730	7	100%	69.8			1
Shepton Mallet NHS Treatment Centre	607	4	100%	70.4			
Southampton NHS Treatment Centre	532	6	95%	68.5			



Please note:

Compliance, consent and linkability are:

-  Red if lower than 80%
-  Amber if equal to or greater than 80% and lower than 95%
-  Green if 95% or more

- Compliance figures may be low due to delayed data entry
- Linkability for some hospitals will be lower than expected if they have private patients from outside England and Wales
- Part Four data covers procedures carried out between 1 January 2013 and 31 December 2013

Outlier analyses are:

-  1 Light red if units are outside 99.8% control limits (approx 3 standard deviations (SDs))
-  2 Dark red if units are outside 99.99% control limits

Management of Near Miss and Incident Reports

Care UK is committed to achieving high standards of safety for patients, visitors, staff and the organisation. It is a mandatory requirement that all providers of healthcare services have a procedure for reporting incidents. We aim to maintain a culture, underpinned by systems and processes, which creates and maintains a safe environment at all times for patients, visitors, contractors, staff, the community and the organisation. Incident reporting and management helps us to reduce risk and deliver safe services. We actively work in partnership with external organisations to ensure local knowledge is shared and risk is reduced, for example all of our treatment centres have a nominated senior staff member who takes part in the Local Information Network (LIN), which monitors and discusses incidents involving controlled drugs.

We promote the open reporting of all incidents and accidents, including no harm / prevented harm and near miss incidents. Our policies, procedures, tools and reports are based on the National Patient Safety Agency's published work and our policies are revised to reflect best practice guidance. If incidents do occur, we take immediate steps to minimise risk factors and prevent recurrence.

Never events are defined as 'serious, largely preventable patient safety incidents that should not occur if the available preventative measures have been implemented'. There were 5 never events reported in 2014-15 across secondary care services. 2 were related to wrong site prosthesis, 2 related to retained foreign objects (PIC line and drain) and 1 relating to wrong site surgery.

There was a case relating to a patient who had left total knee surgery in 2013, he attended for a review of his right knee in 2014. Whilst at this appointment the patient mentioned that he had some pain in his left knee so the Consultant Surgeon requested an x-ray. The x-ray of the left knee indicated that there was a foreign body in the tissue of the left knee that had the appearance of a drain that the patient had in his knee post -surgery. A full investigation was completed and a series of recommendations were identified and implemented.

A multidisciplinary approach to the practice of shortening drains has been established to be used by all surgeons when shortening the length of drains to assist in the identification of a damaged drain on removal. The recommendations included the request form for x-rays post -operatively being amended to ensure that the relevant clinical information is available to the Radiologist when reporting on post-operative x-ray. There have been no further never events of this nature within the service.

Table 1

This table provides the number of patient safety incidents as a percentage of patient attendances

	% of patient safety incidents as a percentage of patient attendances		
	All incidents including near misses	Severe Harm	Death
AGW Contract	1.039%	0.000%	0.0012%
Barlborough NHS Treatment Centre	1.538%	0.004%	0.0080%
Buckinghamshire Musculoskeletal Integrated Care Service	0.033%	0.000%	0.0000%
Greater Manchester NHS CATS	0.113%	0.000%	0.0000%
Lincolnshire Intermediate Musculoskeletal Service	0.288%	0.000%	0.0000%
North East London NHS Treatment Centre	0.499%	0.000%	0.0034%
Peninsula NHS Treatment Centre	0.699%	0.004%	0.0000%
Shepton Mallet NHS Treatment Centre	0.622%	0.000%	0.0000%
Southampton NHS Treatment Centre	0.358%	0.002%	0.0000%
St Mary's NHS Treatment Centre	0.205%	0.001%	0.0004%
Will Adams NHS Treatment Centre	0.944%	0.000%	0.0000%

Table 2

This table provides actual numbers of incidents Per treatment centre

	Severe Harm	Death	No Harm	Total
AGW Contract	0	1	697	856
Barlborough NHS Treatment Centre	1	2	284	383
Buckinghamshire Musculoskeletal Integrated Care Service	0	0	15	27
Greater Manchester NHS CATS	0	0	127	169
Lincolnshire Intermediate Musculoskeletal Service	0	0	46	54
North East London NHS Treatment Centre	0	1	71	147
Peninsula NHS Treatment Centre	1	0	104	158
Shepton Mallet NHS Treatment Centre	0	0	240	284
Southampton NHS Treatment Centre	1	0	148	215
St Mary's NHS Treatment Centre	2	1	247	315
Will Adams NHS Treatment Centre	0	0	78	134
Total	5	5	2057	2742

Once an incident has been investigated, we identify root causes, make recommendations and communicate to the whole organization the changes that need to be made to our practices. We monitor the implementation of changes made to practices, pathways and management across all sites. Where indicated we review policies and procedures in line with any changes.

Risks identified through the reporting and investigation of incidents are also recorded in Datix along with any action plans, and are reviewed frequently to ensure a proactive approach to reducing the likelihood of future incidents occurring.

We're pleased to report that for of the incidents recorded by our treatment centres and CATS for this period no harm came to patients or staff. Patient deaths within 30 days of discharge were reported over this period although none were the result of treatment or incidents occurring while patients were being cared for by our services.

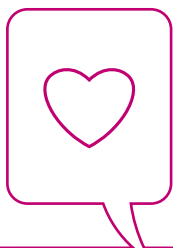
At a local level Quality and Governance Assurance meetings have lessons learned from incidents and complaints as a standard agenda item with additional individual feedback to staff involved. Working in partnership with our commissioners and external stakeholders is an essential part of learning and promoting transparency in our services; Southampton for example attends the commissioners panel review meetings which meet quarterly or as required where teams of experts including the senior management and clinical staff attend and discuss the RCAs and the learning from this, Inspections from the Dental deanery and from NHS England has bought positive reflections as a result of these meetings.

At a national level we not only monitor the action plans that come from the investigation but actively share across all our services lessons learned, particularly at our Professional Leads meeting where the Heads of Nursing and Clinical Services attend.



Part 5

Feedback from Key Stakeholders



We would like to thank all of the staff, patients, commissioning groups, healthwatch and other key stakeholders for reviewing and commenting on this Quality Account. Each year we learn something new and want to improve on how we present this account year on year. For example, there has been a request for more examples of patient stories from each location and we will ensure this is included in next year's Quality Account.

We have recently appointed a Head of Governance and Quality who will be leading the co-ordination of involving all of our key stakeholders in defining the quality priorities for 2016/17; this process will begin in July 2015 and we look forward to a continued strong partnership approach going forward.

The feedback below is verbatim unless stated otherwise.

NHS South West Commissioning Support Unit

Many thanks for sending this really good Quality Account through to me which I have also shared ... We both think it is a really good piece of work and provides some excellent information,

just one very minor comment we did think some of the actual narrative could have a little more substance - but just our personal view.

NHS Hardwick Clinical Commissioning Group

The commissioners have reviewed the report and we believe that the information published in this Quality Account that is also provided as part of the contractual agreement is accurate. We have continued to work collaboratively and positively with Barlborough Independent Treatment Centre, building on successes in previous years, and we continue to support the organisations priorities for quality improvement.

We commend the organisation on their continued work in improving outcomes and communicating with service users, careers and the public through service user engagement forums and local employee engagement. There are well established mechanisms to review and monitor performance and standards of quality with ongoing dialogue as required for further assurance of the quality of services provided to patients.

We note that the Trust has identified a number of areas which require further work and will be carried across into 2015/16, including reporting of medication incidents and implementation of the National Early Warning Scoring system (NEWS).

We believe that we have a highly positive relationship with Barlborough Independent Treatment Centre, and we look forward to further developing this in the pursuit of high quality mental health services for the people of Derbyshire. We will continue to work with the Trust in the monitoring of progress against the priorities outlined in this Account.

NHS Medway Clinical Commissioning Group

NHS Medway CCG has completed its review statement in accordance with the National Health Service (Quality Accounts) Amendment Regulations 2012 and is pleased to confirm that the necessary data requirements have been included and as far as can be determined the commentary and data presented are an accurate and honest reflection of progress made at WATC in improved service delivery and patient outcomes. This is a clear and well- structured

Quality Account and outlines the key service areas and achievements and developments across the year.

Care UK met most of their 2014/15 quality priorities relating to Patient Experience, Patient Safety and Clinical Effectiveness. The 2014/15 priorities WATC exceeded or excelled in were:

Patient Experience

Priority 2 – To have less stage two complaints through improvement in the responses to any complaint at stage one. NHS Medway CCG undertook a review of the complaints process at WATC and were assured in each of the complaints reviewed the complaint was handled in a timely manner. Overall complaints to WATC were minimal and there were no significant concerns identified in either themes and trends or the governance for managing and learning from complaints.

Priority 3 - The CCG notes the continued high levels of satisfaction within the national patient survey 'Friends and Families Test'. Will Adams achieved a score of 94 for the percentage of patients who would recommend Will Adams to their friends and family. This achievement

makes Care UK one of the highest performing organisations nationally and Will Adams exceeds the organisation target score of > 85.

Clinical Effectiveness

Priority 2 - By March 2015 no unit to have more than 4 percent reports of moderate or severe discomfort levels in endoscopy. WATC recorded 2 percent.

Priority 3 - To publish outcome information as part of work to achieve excellence in cataract surgery – target posterior capsule rupture (PCR) <1.92 percent, WATC achieved 0.8 percent.

The Care UK quality priorities that WATC did not achieve in 2014/15 were as follows:

Patient Experience

Priority 1 - Care UK set an improvement target across their NHS Treatment Centres to reduce the number of clinical cancellations on the day of surgery to no more than 1.5 percent. The organisation overall rate was 1.61 percent which was an improvement on 1.64 percent the previous year, however, the percentage of clinical cancellations for WATC was 2.47 percent which was the second highest rate across the organisation.

Patient Safety

Priority 1 - The delivery of the introduction of National Early Warning Scoring system (NEWS) 2014/15 priority has been delayed across Care UK and therefore the priority was not met. The organisation has advised this will be delivered as a priority for 2015/16 and will be embedded in every treatment centre by October 2015. The CCG will seek assurance of delivery of this priority at the quarterly provider Quality and Performance meetings.

Priority 4 - The objective to reduce the incidence of peri-operative hypothermia (percent of patients with a temperature of >36 degrees) was carried over from 2013/14. WATC did not meet the 100 percent target set by the organisation. Issues which contributed to missing the target were largely attributed to not recording the temperature of the patient before the operation began. To assist with meeting this target in 2015/16, theatres at WATC have been improved and new thermometers calibrated to ensure accurate temperatures are captured and recorded.

Clinical Effectiveness

Priority 3 - To publish outcome information as part of work to achieve excellence in cataract surgery – target 91 percent of patients will achieve driving standard vision. WATC achieved 88.9 percent.

Commissioning for Quality and Innovation (CQUIN)

WATC achieved all the national and local CQUIN goals set for 2014/15, these were around the national staff and patient 'Friends and Family Test' surveys, which required them to improve the response rates and the percent of staff/patients who would recommend their services; local Dementia CQUIN which required WATC to find, assess, investigate and refer patients aged 75 and over; and the local smoking CQUIN which required the recording of smoking status, advising GPs of patients with a positive smoking status and referral to local smoking cessation service.

2015/16 Quality Priorities

Care UK has identified five new quality improvement objectives across the organisation for 2015/16 which are aligned with the five key lines of enquiry as defined by the Care

Quality Commission, these being: safe, caring, responsive, effective and well-led. The quality priorities for 2015/16 which apply to WATC are as follows:

Safe

- Improve incident reporting
- Extend shared learning
- Implementation of NEWS

Caring

- Utilise patient stores for staff reflection and personal development
- Continued improvement on Friends and Family Test

Responsive

- To respond to concerns and complaints in a timely manner

Well-led

- Mandatory training to be completed by all eligible staff
- Establish a culture of informed leadership

In conclusion, the CCG can see that the organisation puts the patient at the forefront of its service provision and pro-actively ensures that quality is a key priority area. The CCG thanks the organisation for the opportunity to comment on this document and supports Care UK's quality priorities for 2015/16 which aims to further improve the quality and experience of services for patients, carers and their families and staff. NHS Medway CCG look forward to continuing to work closely with Will Adams NHS Treatment Centre colleagues to assure the quality of local services are maintained and to ensure the culture of continuous improvement is present throughout the organisation.

Somerset Clinical Commissioning Group

NHS Somerset Clinical Commissioning Group (CCG) has reviewed the information provided by provided by the Shepton Mallet NHS Treatment Centre (SMTC) in this report. In so far as we have been able to check the factual details, our view is that the report is materially accurate and that SMTC is now able to provide quarterly data earlier, bringing their reporting in line with other NHS service providers. The report is presented in the format required by the Department of Health

Toolkit. The information it contains accurately represents the SMTC quality profile.

The document should provide evidence of the quality of care provided enabling SMTC to discharge its accountability to the public and letting patients know how their feedback has been acted upon to improve the quality of services. Organisations are expected to put in place arrangements for the involvement of service users in the development of their Quality Accounts, there is no evidence of this in the Quality Account. This needs to be addressed in future Quality Reports.

NHS Somerset CCG has monitored the safety, effectiveness and patient experience of health services provided by SMTC during 2014/15. We have reviewed the identified Quality Improvement Priorities for inclusion in the Quality Account for 2014/15 and would comment as follows:

Quality

The CCG can confirm that SMTC regularly reviews the quality and safety of its services using a broad range of quality indicators, and these are reported to the CCG at the Clinical

Quality Review Meetings . These include the priorities identified for 2014/15 as part of the Commissioning Quality and Innovation (CQUIN) framework agreed with the Trust along with national and local indicators.

The CQUIN agreed with NHS Somerset CCG for 2014/15 include national mandated CQUIN for implementation of the Friends and Family test, national dementia identification and local leadership, local indicators for implementation of electronic discharge summaries, Patient Reported Outcome Measures for complex foot procedures and heavy menstrual bleeding and reduction in the rates of avoidable conversion to inpatients. These are all on target for achievement.

In December 2014 SMTC were one of the first independent hospitals to be inspected under the Care Quality Commissions new methodology. Patients were positive about their experiences in the hospital and the CQC found the service was highly responsive. Inspectors found there was clear leadership at all levels within the hospital and staff were told inspectors they felt valued and respected by the leadership team who were visible and approachable.

Patient Safety

The CCG notes SMTC's continued quality objective during 2014/15 was to improve the experience of patients, this has been supported by the phased expansion of the Friends and Family Test throughout the services area at the Treatment Centre. SMTC have stated their objective to capture more information about outpatient services, endoscopy services and day case patient experience in 2015/16.

During the year SMTC have reported a patient safety Never Event, the definition of never event is an avoidable incident and as such should never happen. In July 2014 the Treatment Centre informed Somerset CCG of a retained foreign body post procedure. The Treatment Centre have carried out a full investigation and evidenced learning. The patient suffered no harm as a result of the incident.

The falls stability programme has continued to provide advice to people undergoing lower joint replacement and is seeing a slowly increasing number of patients participating in the falls prevention programme. In December SMTC received the Nursing Practice Award and The

Laing & Buisson Independent Healthcare Awards for the work on falls prevention.

A specific objective during 2014/15 was to improve the unexpected transfer rate to other hospitals. In 2013/14 the unexpected transfer rate was 1.41 percent. In 2014/15 this reduced to 0.32 percent through increased clinical support for staff and patients particularly through provision of multi-disciplinary ward rounds.

Clinical Effectiveness

SMTC has participated in a significant number of national and local audit programmes, which provide assurance of the quality of treatment and care and the outcomes of care for patients. Patient Reported Outcome Measures (PROM) are National programmes which include Hip and Knee Surgery. The SMTC benchmark above average for patient health gain following procedures with 100 percent improved. The CCG can also confirm SMTC has used the PROM methodology to develop local PROM, the treatment centre benchmark very well compared to national. In 2014/15 the local PROM included Ear, Nose & Throat, complex foot procedures and treatment for women with heavy menstrual bleeding.

Patient Experience

It is very positive to see that the 2015-16 priorities identified by Care UK include the use of patient stories for staff reflection and development and therefore, for quality improvement. However, the monitoring of last year's priorities focuses mainly on processes, rather than on patient stories or experiences. The patient experience target, for example, was to reduce the number of complaints progressing to stage 2, but there is no commentary on the issues and themes raised by patients and carers through complaints or how Care UK has learned from them.

There is an interesting example of mental health patients shaping improvements in the care environment and three patient stories included in appendix one, but these examples are not drawn from the services provided in Somerset. From Somerset CCG's perspective, it would be most useful to see a summary of what Somerset patients have fed back to Care UK, how you have responded, and how quality and resilience have increased as a result.

Quality Improvement Priorities for 2015-16

Somerset CCG supports the quality improvement priorities identified by Care UK for the coming

year. A number of these have been included in the Commissioning Quality and Innovation (CQUIN) framework that we have agreed with SMTC, as set out below:

- Continue to reducing emergency admissions to acute providers **including the unexpected transfer rate**
- Local PROM for Hand procedures and Enhanced pain management

We look forward to continuing to work with SMTC during 2015/16 to support improved safety, clinical effectiveness and patient experience of the services provided."

Patient Forum – Shepton Mallet Treatment Centre

Feedback received included congratulating the Treatment Centre staff on *'receiving a fantastic CQC Inspection report'* and the *'detail of the Quality Account'*.

There was a request to display patient feedback publicly with a response from local leadership in the form of *'you said, we did'*, Friends and Family Scores and Patient Stories.

The last key point was to have Patient Forum meetings aligned with Contract Management

meetings in order to include patient views on service developments.

Southampton Health Overview and Scrutiny Panel

The Southampton Health Overview and Scrutiny Panel welcome the opportunity to comment on the Care UK Quality Account for 2014/15.

The Panel noted that, despite the Quality Account covering all of Care UK secondary care operations, because the report is well presented and laid out it enables performance at the Southampton Treatment Centre to be compared with other Treatment Centres. The report does not however provide details on the performance of the Minor Injuries Unit.

The Panel welcomed the performance improvements within the Southampton Treatment Centre during 2014 and are pleased to see how well services within the Southampton Treatment Centre are performing overall. The Panel made specific reference to the positive Friends and Family Test score reflecting patient satisfaction.

Quality priorities for 2015/16 are clearly identified, include a continuation of work from 14/15 as well as new work streams for 15/16, and are aligned with the five key lines of enquiry as defined by the CQC. In recognition that the pathways are becoming more seamless and the need for a whole systems approach, the Panel recommends that all Quality Accounts from providers operating in Southampton, when referencing the forthcoming challenges within the introductory section, include narrative on the importance of working with partners across the system in Southampton to improve outcomes.

Healthwatch Southampton

Healthwatch Southampton welcomes the opportunity to comment on the quality account of Care UK who provides the NHS Treatment centre in Southampton. As the quality account covers a large number of sites providing both health care and mental health facilities, it is not easy to identify comments that apply specifically to the Southampton treatment centre but where relevant separate data is provided and this is useful.

On the whole the document is very readable by the lay person and generally accessible to the

public. The use of graphs where applicable, is helpful.

We are particularly pleased that Care UK is improving its response to complaints and hope to see further improvement in the coming year.

We welcome the Health Care Quality priorities for 2015 -16 and Healthwatch Southampton will follow the progress of these for the Southampton Centre with interest. As far as we can judge the accounts are complete with no omissions.

Southampton City and West Hampshire Clinical Commissioning Groups

Commissioners in Southampton and West Hampshire welcome the opportunity to comment on the Care UK Quality account for 2014/15, and overall are pleased to see how well services within the Southampton Treatment Centre are performing.

This Quality Account covers all of Care UK; however they have usefully included STC in the report which is clear. The section on mental health services is not relevant to Southampton and sadly there is no mention of the MIU. Overall

it is a well presented report which covers the mandatory requirements of a quality account.

There are several national audits that they are eligible to participate in by nature of the work they undertake but they choose not to participate. Nationally they have invested in an Academy of Excellence with regard development of all staff but importantly that of leadership skills for managers.

Care UK have clearly defined quality priorities for the coming year are outlined on page 11 of report. STC consistently rank high with the public through the Friends and Family Test questions linked to patient pathways. This makes them one of the highest performers in the country.

Safe:

- Southampton STC has seen an improvement in the unexpected transfer rate of in-patients from 1.07 percent to 0.90 percent illustrating the effectiveness of the multi-disciplinary team approach
- Improve reporting of medication incidents: While there is no set target by Care UK Southampton STC has had the 2nd highest numbers (with a significant number) reported

within all 10 Care UK ISTC's. However, this may possibly reflect a better culture of reporting incidents once they have occurred in a 'no blame no shame' culture

- Perioperative hypothermia reduction: Southampton STC for the last 2 years have been 2 percentage points below the target of 100 percent. They highlight possibly two reasons for this Firstly, the audit process itself, highlighted at the last CQRM and secondly no baseline temperature obtained pre-surgery

Effective:

- Improve outcomes for joint surgery, monitored by the LOS of patients: Southampton STC has reduced its LOS from last year to 3.2/3.1 respectively while the Care UK average is a shorter stay of 2.9/2.8 respectively. Helping patients increase mobility improves patient

satisfaction. However, this places Southampton STC with a longer LOS than all the other sites. This could be an area of future work

- Improve and maintain high comfort levels in endoscopy. The Care UK target of <4 percent means Southampton STC is well within this target with a score of 2 percent

Caring:

- Seen as a caring organisation however little is written in the document around this
- Friends and Family Test score - Southampton STC score 92 percent which is very positive.

Responsive:

- Reduction in clinical cancellations: Southampton STC were slightly over the set target of <1.5 percent however they are below the average for Care UK of 1.61 percent
- Improve response to patient complaints: Southampton STC are marginally above the set target of 95 percent but below the average of 96.7 percent for Care UK

Well-led:

- Southampton STC has achieved an excellent Quality & Governance Assurance meetings process, they engage well within clinical quality review meetings with Commissioners
- Southampton STC has in place good systems reflecting an open & transparent system for the investigation of all incidents; in particular their engagement with commissioners in the panel process

Priorities for 2015/16

- These are clearly identified using the CQC domains and the Quality Priorities include a continuation of work from 14/15 as well as new work streams for 15/16

Portsmouth Clinical Commissioning Group
The Commissioners have a positive working relationship with St Mary's NHS Treatment Centre and Havant NHS Diagnostic Centre, Health Care Division (Care UK).

Report Structure

The Quality Account provides information on all aspects of Care UK's services. These cover:

- 10 Independent Sector Treatment Centres
- 6 Specialist Mental Health units for young people
- 14 Mental Health Recovery services for those with severe and enduring mental health problems.
- Minor Injuries/Walk In Centres
- Diabetic Retinopathy Screening
- Community based Musculoskeletal and Diagnostic Centres

- The Greater Manchester Clinical Assessment Treatment Centre

The Account is divided under the headings of:

- Statement from the Managing Director for Health Care
- What is Quality?
- Review of Priorities for Improvement
- How we ensure quality
- Feedback from Commissioners

The Account incorporates the mandated elements required. Care UK has internal and external assurance mechanisms. These include: Patient Led Assessment of the Care Environment, employee engagement and local audit.

Quality Improvement Priorities 2015/16

Care UK has identified five new quality improvement objectives for 2015/16 and will continue to deliver some from 2014/15. Stakeholder involvement in the development of these priorities was derived from patient feedback, complaints and incidents and new national guidance.

Commissioners are broadly in agreement with these priorities which relate to the organisation as a whole. They are related to each of the quality domains: Safe; Caring; Responsive; Effective and Well Led. Narrative in respect of the services commissioned in the locally health economy would have been helpful.

Safe

Commissioners welcome the priority to improve the quality of incident reporting on Datix system which informs serious incident reporting to the lead commissioner. Whilst private providers remain unable to access the national reporting system of serious incidents, it would be useful if that system's reference number could also be noted on Datix for each case.

Commissioners also welcome the proposal to extend shared learning to include patients' comments and concerns to improve the patient experience.

Commissioners note the change from using the Modified Early Warning Score (MEWS) to the National Early Warning Score (NEWS) which seeks to recognise early and treat adverse changes in the condition of acute patients. MEWS has been

subject to clinical audit locally which has been noted to be complaint at 100 percent.

Effective arrangements are also noted to be in place to safeguard vulnerable children and adults. These arrangements include safe recruitment, effective training and supervision of all staff to recognise and respond to concerns and working in partnership with other agencies.

Caring

The use of patient stories is welcomed by commissioners as a powerful mechanism to help staff understand the patient's perspective. This would be enhanced if by direct involvement of patients where this is used, where and if their agreement and consent could be obtained.

Continued improvement on Friends and Families Test in inpatient areas is welcomed. This aligns with improvements made in quality reporting during 2014/15 where overall patient experience is being reviewed against improvement in service delivery.

Responsive

Commissioners note the commitment to ensure timely response to patient concerns

and complaints. It is also noted that locally, there have not been concerns in this area, and monitoring will continue with the provider on a quarterly basis.

Commissioners note the priority to establish a supportive environment for those living with dementia. Explanation of application within the services commissioned locally would be useful.

Commissioners would welcome further information on measures to capture or make access easier for others, such as learning disabilities clients. In addition, information in respect of referral to treatment times would be useful in explaining how soon patients are seen from referral and how this compares with other areas that provide similar services.

Effective

Commissioners welcome the commitment to establish a zero tolerance to surgical site infections. As above, clearer understanding of reference to locally commissioned services would have been helpful. This may have been through examples.

Well Led

Commissioners note the commitment to mandatory training. Establishment of a culture of informed leadership is welcomed in response to Francis, Berwick and Keogh reports. Further information on the framework developed and delivery of training as part of quarterly monitoring would be both useful and helpful when triangulated with aspects of patient care and feedback.

It is also noted that training compliance is stated to be "all in place" for safeguarding and compliant 100 percent overall. Commissioners will continue to monitor local compliance as part of quarterly reporting.

Achievements reported against 2014/15 priorities and overall quality performance

Commissioners note the excellent outcomes overall of Care UK's diagnostic imaging quality assurance programme. Commissioners have raised concern with Care UK regarding five missed diagnoses at St Mary's NHS Treatment Centre. This concern was subsequently discussed at a meeting with representatives from Care UK. It is noted that Care UK acknowledges these five incidents of missed pathology and that this

is under investigation. This will be subject to follow up and review by Commissioners.

The introduction of Patient Led- Assessment of the Care Environment is noted, and commissioners look forward to receiving the report in respect of local services in due course.

The delay in undertaking the staff survey due to restructuring is also noted. This has allowed for discussion with commissioners locally in respect of inclusion of questions relating to equality and diversity in line with national requirements. As indicated in the Quality Account, no incidents of health care associated infections have been reported to commissioners locally in the past year. Care UK's positive reporting against the core indicator of patient reported outcome measures for groin hernia surgery is also reflected locally, and is markedly higher than the national average of 58.3 percent at 85 percent in Quarter 4 2013/14 and above 90 percent in Quarters 1 and 2 2014/15.

Commissioning for Quality and Innovation (CQUIN)

Consistent achievement of quality improvement CQUIN goals is noted. Of those cited in the

Quality Account, improving communication with GPs was a CQUIN achieved by Care UK locally during 2013/14. The recent appointment of a Quality Manager locally whose role will include GP liaison is welcomed.

Data Quality

Commissioners note Care UK's commitment to data quality. Commissioners have worked with Care UK locally during the past year to improve the standard of quality data submitted for reporting. Significant improvement has been achieved and detailed quarterly reports are now being received to understand and enhance patient care.

Clinical Audit and Research

Commissioners note Care UK's participation in clinical audits and national confidential enquiries. It also notes the list in Appendix 2 of clinical audits undertaken, some of which are included on the local clinical audit annual programme.

Commissioners have welcomed the recent inclusion of an audit summary in each case as part of local quarterly reporting.

Commissioner Assessment Summary

This Quality Account relates to Care UK's secondary care operations across the country. Attention to local service provision is therefore limited.

Care UK has taken a robust approach to investigating serious incidents, particularly relating to missed diagnosis. Positive developments are noted. These include continued improvement in the Friends and Family Test, introduction of Patient Led Assessment of the Care Environment and proposals to extend shared learning to include patient experience and patient stories.

Commissioners continue to value the partnership working with Care UK's Clinical and Director Leadership and the quarterly Joint Service Review meetings.

Care UK's commitment to data quality as set out in this Quality Account is reflected locally by improved quarterly reporting to delivery and assure commissioners against the essential standards for quality and safety and the proposed quality improvement programmes.

Lincolnshire East Clinical Commissioning Group

The account is well set out and easy to read from a patient and public perspective.

I could not see any direct reference in the account in relation to the local population requirements, which is then difficult to assess how the organisation is working to address these needs, or what the means in relation to the configuration of the organisation.

I could not see details in the report in how the staff from the organisation have been engaged in developing this account, or key priority areas, again this would be useful as this would enable an assessment of organisational engagement processes.

I wonder if the organisation has assessed whether they should assess and respond to mortality indicators, or consultant level outcome measures; as this would provide wider information/assessment of clinical effectiveness indicators.

The patient level assessments are clear and provide a balance in relation to the quality account information.

In relation to the clinical audit section there is some audits that the organisation has decided not to undertake, and they have provided information about why they have made this decision, this is not clear for all audits that they have identified they are not participating in and this would be useful to understand.

NHS Heywood, Middleton and Rochdale Clinical Commissioning Group

There was a request to update service provided in appendix 3, which is now reflected in this final Quality Account.

On behalf of Healthwatch Somerset we would like to take the opportunity to thank Care UK for the opportunity to comment on the Shepton Mallet NHS Treatment Centre Quality Accounts for 2014-2015. Overall we were very impressed by the presentation, content and ease of reading for the lay person. An initial explanation of what a Quality Account is for is provided and Care UK have identified that care needs to be clinically effective, safe and a positive experience at this point. Details were provided in an understandable format and the inclusion of pictures, charts and tables were appropriate. As a minor point there are a small number of abbreviations used which need definition either in text or as an appendix as not all are well known.

2015-2016 priorities are directly linked to the 5 key lines of enquiry from the Care Quality Commission covering: -

- Safe
- Effective
- Caring
- Responsive
- Well-led

There is reference made to the development of the objectives for the coming year being made in conjunction with patient feedback, complaints and incidents as well as the national guidance indicating that patients are being listened to. There are clearly defined quantifiable targets provided where applicable and appropriate monitoring practices listed. The priority areas are shown below: -

1. Safe.

There are three areas listed. Firstly Care UK are looking to improve the quality of its incident reporting on Datix, secondly there is a defined path towards utilising the locally successful shared learning practices and promoting these on a national scale and thirdly to move all Care UK to a National Early Warning Score system to identify at an early stage patient deterioration. Communication is one of the key areas here with patient safety a priority which is high on the priorities for Healthwatch and a target we fully support.

2. Effective.

Care UK have targeted a zero tolerance to surgical site infections and a zero tolerance to non-compliance with the Mental Health Act. Root cause analysis will be used to identify causes of infection and to implement subsequent actions to try to eliminate all avoidable factors. There is reference made to current low levels of surgical site infections and the target is to reduce these further. This links closely with the SAFE targets. With respect to compliance with the Mental Health Act, Care UK acknowledge that documentation needs improvement and the main focus will be on the detailed and accurate completion of this by staff. It is mentioned that Care UK are confident in the actual care provided to patients. Accurate records are required in all areas of health care provision and it is encouraging to note that Care UK have identified a weakness which needs action. Mental health and the raising of its profile is a key area of the work of Healthwatch and this is an area we are keen to be involved with.

3. Caring.

The first section of this priority links to service user feedback and how any information gained is used and learnt from (reflective practice). Patient stories and the Friends and Family test are targeted as a key information source and reference is made to both users and staff. Feedback is to be used in the hospital and also nationally throughout the Care UK group. The second section of the priority is ensuring that mental health provision is on an equal level and that access to senior teams is available through engagement forums. The active use of feedback and complaints data is a method that Healthwatch Somerset review throughout the Healthcare sector from public feedback. As with point 2 above, mental health and the raising of its profile is a key area of the work of Healthwatch and this is an area we are keen to be involved with.

4. Responsive.

Two key areas are listed for this priority. The first links with response times to complaints and concerns raised. Care UK are looking to provide an acknowledgement within 3 working days and a full response

(following an investigation) within 20 days. This is targeted at patients and service users however in the future it may be worth considering a similar target specified for staff (if not already in place). The second area is working to provide a supportive environment for people with dementia. It is widely acknowledged that the number of people with dementia is increasing and there is a need for staff awareness training and consideration for surroundings and facilities to assist this group of patients. Care UK are proposing staff training and longer appointment times as priority actions with monthly and quarterly feedback. There is no mention of the actual hospital environment and how this could be changed such as signage but this may be raised internally following the staff training. Dementia is an area that work is progressively needed in and we fully support Care UK in this target.

5. Well-led

The two areas targeted link to training and information transfer to leadership teams. Care UK are looking to improve current training levels to achieve 95% of all mandatory training completed for each staff group.

This is designed to provide confidence in the ability of all staff to provide safe, caring, effective and responsive care. Care UK have invested in an Academy of Excellence to offer leadership training to eligible staff across the group in order to ensure that staff are fully supported in all roles. Training is key in all staff development and an area that Healthwatch Somerset fully support.

The Quality Account provides feedback on the Quality Targets set for 2014-2015 and gives a comparison between Shepton Mallet and other care providers within the group. In the information given Shepton Mallet have met or exceeded all quantitative targets set which is to be commended. We look forward to the feedback in next year's Quality Accounts on the proposed targets for the coming 12 month period.

Appendix



Appendix 1 – Examples of patient’s stories

A patient’s story

A young person from one of our eating disorder treatment centres has written an insightful piece on her experience of treatments for eating disorders that she has been kind enough to allow us to use.

“Having an eating disorder takes you away from ‘real’ life; everyday living tasks become irrelevant and all that matters is food. The washing up, the hoovering, the cleaning, it all ranks as less important. It’s like playing a computer game, being engrossed in what you’re doing and all you are interested in is winning. My thoughts tell me everything will be better once I’ve got to the finish post, but as soon as I reach the home straight it moves further away. In terms of my anorexia, this means a lower target weight or higher food restriction.

Focusing constantly on the goals set by anorexia allows you to escape from the world. In my case, the targets were raised too many times and intervention took place. I’ve now been in hospitals and eating disorder units for the past 5 years and I’m only just realising how different life is ‘inside’ than living at home.

Being reliant on carers to make you eat, having no flexibility outside of your rigid routine and missing out on life experiences or important lessons are just some of the disadvantages that come from being hospitalized. An eating disorder drives you to a hospital admission and because of its rules to self-destruct often a place in hospital is what’s needed to save your life.

The eating disorder is managed for you in hospitals and everything you need to ‘recover’ is served to you on a plate, often literally.

Although the fight has to come from the person hidden behind the eating disorder because as soon as the help is lifted then the eating disorder strives to undo what has been done. This is when the revolving door pattern takes place with many patients. The work needs to continue, the individual has to put into practice what has been learnt, a new way of living, a healthy way of living. I am at the stage where hospital has worked on the weight aspect, often called the ‘re-feeding’ stage, which I find hard to admit to but it is the most important part at first.

Now I have been placed in a rehab-style care home to focus more on the mental side of the illness, which could be what's needed to prevent the endless re-admissions and even save my life. I wouldn't have been ready to challenge the thoughts with staff support if hospital hadn't recovered my weight considerably.

Living in a supported care home, I am treated as an individual with feelings as opposed to a number passing through the system. The staff are interested in getting to know me rather than me with an eating disorder. I wish everyone in my situation could be given this opportunity; to see what life is like with the addition of a temporary safety net.

I'm now seeing what I can have out of life; I'm seeing a better life, I'm seeing a future."



Suzanne

An adult patient from one of our treatment centres has provided her experience to share with you:

Suzanne, a retiree from Portsmouth, suffered excruciating hip pain for two years. She initially went to see her GP about it but left it a further two years before she went back. By that time it seriously affected her everyday life as she could hardly walk across the room to answer the telephone. Eventually she went back to her GP and was referred to the Southampton NHS Treatment Centre.

After her referral, Suzanne's first appointment was very quick. Originally, she was offered an injection but she rejected the idea as she wanted a replacement. After this was agreed, Suzanne was very happy and she found all her initial appointments helpful, especially the physiotherapy part of her joint day. "I loved the information and the exercises the physiotherapists provided me. If you follow their advice it really does speed up your recovery" enthused a grateful Suzanne.

Suzanne was also very appreciative to the Consultant who carried out her operation as well as the whole team. She also felt that everything was explained to her fully and her husband noted the "relaxed and welcoming atmosphere" the staff created at the Treatment Centre.

After her hip replacement, Suzanne felt she recovered ahead of schedule; "I rested and followed all of the advice I was given. Exercise is the biggest thing and I recovered a lot quicker as a result of doing mine". Suzanne really felt the benefit of the hip replacement as she has noticed a "tremendous difference".

Suzanne was so pleased about how everything went she has already recommended the Southampton NHS Treatment Centre to her friends and family. "All the staff were so helpful, the Consultant took the time to go to every bed before they went home, the Anaesthetist and even the Hospital Director spoke to everyone. It was great" said a satisfied Suzanne.

Mental Health Recovery Services Service User Experience

Rajinder turned her life around after being admitted to a Care UK service and has now returned home.

Forty two-year old Rajinder was diagnosed with schizophrenia and epilepsy and had a long history of hospital admissions and a forensic history. Before moving to a Care UK service she was in locked rehabilitation, which she disliked and wanted to return home. However, her relationship with her mother had broken down to the point that she took a restraining order out against Rajinder.

When she was assessed by the multi-disciplinary team she was detained under Section 3 of the Mental Health Act and was both physically and mentally unwell. She was already undergoing various tests and a medication review, so the team took the decision to see her again when she could be more involved with her initial assessment.

The second assessment proved more successful and, using the Recovery Star recovery programme, it gave a clear picture of Rajinder's goals. Once admitted to Care UK service she moved swiftly through the intensive rehabilitation unit to the step down accommodation. She completed a monitored, self-medication programme and her epilepsy became more controlled. She learned to manage her mental health symptoms with support from staff, her mother started to visit and she provided positive feedback regarding Rajinder's recovery.

Rajinder's initial distrust of hospitals was overcome as she saw that the multidisciplinary teams were supportive of her goal to return home. Her Section 17 leave was increased and Rajinder started to get days leave, supported by the Walsall community team.

In the space of seven months, Rajinder was self-medicating, repaired the injured relationship with her mother and was spending more time at home. Plans were formulated in CPA and MDT meetings involving Rajinder for a discharge to her home under the condition of a community treatment order administered by Walsall mental health services. Rajinder has now returned home and continues to do well.

† Not service user's real name.

Appendix 2 – National clinical audits

Category	Name of National Clinical audit	Care UK eligible to participate in	Care UK participation (Yes / No)	Comments
Acute	Adult Community Acquired Pneumonia	Yes	No	Care UK chose not to participate in these audits
Acute	Case Mix Programme (CMP)	Yes	No	Care UK chose not to participate in these audits
Acute	Major Trauma: The Trauma Audit & Research Network (TARN)	No	No	Care UK does not provide Major Trauma services
Acute	Medical and Surgical Clinical Outcome Review Programme, National Confidential Enquiry into Patient Outcome and Death (NCEPOD)	Yes	No	Care UK chose not to participate in these audits
Acute	National Emergency Laparotomy Audit (NELA)	No	No	Care UK only provides elective surgery services from the Treatment Centres (N/A)
Acute	National Joint Registry (NJR)	Yes	Yes	N/A
Acute	Non-Invasive Ventilation - adults	Yes	No	Care UK chose not to participate in these audits
Acute	Pleural Procedure	Yes	No	
Blood and Transplant	National Comparative Audit of Blood Transfusion programme	Yes	Yes	Care UK Treatment Centres have taken part in this audit
Cancer	Bowel cancer (NBOCAP)	No	No	Care UK does not provide cancer services
Cancer	Glioblastoma Long term survivors	No	No	Care UK does not provide cancer services
Cancer	Head and neck oncology (DAHNO)	No	No	Care UK does not provide cancer services
Cancer	Lung cancer (NLCA)	No	No	Care UK does not provide cancer services
Cancer	National Prostate Cancer Audit	No	No	Care UK does not provide cancer services
Cancer	Oesophago-gastric cancer (NAOGC)	No	No	Care UK does not provide cancer services
Heart	Acute Coronary Syndrome or Acute Myocardial Infarction (MINAP)	No	No	Care UK does not provide treatment of cardiovascular illness from the treatment centres
Heart	Cardiac Rhythm Management (CRM)	No	No	Care UK does not provide treatment of cardiovascular illness from the treatment centres

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Category	Name of National Clinical audit	Care UK eligible to participate in	Care UK participation (Yes / No)	Comments
Heart	Congenital Heart Disease (Paediatric cardiac surgery) (CHD)	No	No	Care UK does not provide treatment of cardiovascular illness from the treatment centres
Heart	Coronary Angioplasty/National Audit of PCI	No	No	Care UK does not provide treatment of cardiovascular illness from the treatment centres
Heart	National Adult Cardiac Surgery Audit	No	No	Care UK does not provide treatment of cardiovascular illness from the treatment centres
Heart	National Cardiac Arrest Audit (NCAA)	Yes	No	Care UK did consider participation in the Cardiac Arrest audit but numbers of this situation occurring within our facilities were too low for inclusion.
Heart	National Heart Failure Audit	No	No	Care UK does not provide treatment of cardiovascular illness from the treatment centres
Heart	National Vascular Registry	No	No	Care UK does not provide treatment of cardiovascular illness from the treatment centres
Heart	Pulmonary Hypertension (Pulmonary Hypertension Audit)	No	No	Care UK does not provide treatment of cardiovascular illness from the treatment centres
Long term conditions	Chronic Kidney Disease in primary care	No	No	Care UK only provides elective surgery services from the Treatment Centres therefore does not manage long term conditions.
Long term conditions	Diabetes (Adult)	No	No	Care UK only provides elective surgery services from the Treatment Centres therefore does not manage long term conditions.
Long term conditions	Diabetes (Paediatric) (NPDA)	No	No	Care UK only provides elective surgery services from the Treatment Centres therefore does not manage long term conditions.
Long term conditions	Inflammatory Bowel Disease (IBD) programme	No	No	Care UK only provides elective surgery services from the Treatment Centres therefore does not manage long term conditions.
Long term conditions	National Chronic Obstructive Pulmonary Disease (COPD) Audit Programme	No	No	Care UK only provides elective surgery services from the Treatment Centres therefore does not manage long term conditions.

Category	Name of National Clinical audit	Care UK eligible to participate in	Care UK participation (Yes / No)	Comments
Long term conditions	Renal replacement therapy (Renal Registry)	No	No	Care UK only provides elective surgery services from the Treatment Centres therefore does not manage long term conditions.
Long term conditions	Rheumatoid and Early Inflammatory Arthritis	No	No	Care UK only provides elective surgery services from the Treatment Centres therefore does not manage long term conditions.
Mental Health	Mental health (care in emergency departments)	Yes	No	Care UK chose not to participate in these audits
Mental Health	National Confidential Inquiry into Suicide and Homicide for people with Mental Illness (NCISH)	Yes	No	Care UK chose not to participate in these audits
Mental Health	Prescribing Observatory for Mental Health (POMH)	Yes	No	Care UK chose not to participate in these audits
Older People	Falls and Fragility Fractures Audit Programme (FFFAP)	Yes	No	Care UK chose not to participate in these audits
Older People	National Audit of Dementia	Yes	No	Care UK chose not to participate in these audits
Older People	Older people (care in emergency departments)	Yes	No	Care UK chose not to participate in these audits
Older People	Sentinel Stroke National Audit Programme (SSNAP)	No	No	Care UK only provides elective surgery services from the Treatment Centres therefore does not manage long term conditions or acute stroke
Other	Elective surgery (National PROMs Programme)	Yes	Yes	N/A
Other	National Audit of Intermediate Care	Yes	No	Care UK chose not to participate in these audits
Other	National Ophthalmology Audit	Yes	No	Care UK chose not to participate in these audits
Women's & Children's Health	Epilepsy 12 audit (Childhood Epilepsy)	No	No	Care UK does not provide children's services within the elective treatment centres
Women's & Children's Health	Fitting child (care in emergency departments)	No	No	Care UK does not provide children's services within the elective treatment centres

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Category	Name of National Clinical audit	Care UK eligible to participate in	Care UK participation (Yes / No)	Comments
Women's & Children's Health	Maternal, Newborn and Infant Clinical Outcome Review Programme (MBRRACE-UK)	No	No	Care UK does not provide children's services within the elective treatment centres
Women's & Children's Health	Neonatal Intensive and Special Care (NNAP)	No	No	Care UK does not provide children's services within the elective treatment centres
Women's & Children's Health	Paediatric Intensive Care Audit Network (PICANet)	No	No	Care UK does not provide children's services within the elective treatment centres
TBC	British Society for Clinical Neurophysiology (BSCN) and Association of Neurophysiological Scientists (ANS) Standards for Ulnar Neuropathy at Elbow (UNE) testing	No	No	Care UK only provides elective surgery services from the Treatment Centres therefore does not manage long term conditions
TBC	Specialist rehabilitation for patients with complex needs	No	No	Care UK only provides elective surgery services from the Treatment Centres therefore does not manage long term conditions

Specialty	Audits	Care UK participation	Reason
Peri & Neonatal	1. Neonatal intensive and special care - NNAP	No	Care UK does not provide peri or neonatal services within our ISTCs
Children	1. Paediatric pneumonia - British Thoracic Society 2. Paediatric asthma - British Thoracic Society 3. Paediatric fever - College of Emergency Medicine 4. Childhood epilepsy - RCPH 5. Paediatric Intensive Care -PICANet 6. Paediatric Cardiac Surgery -NICOR 7. Diabetes - RCPH	No	Care UK does not provide children's services our ISTCs
Acute Care	1. Emergency use of oxygen - British Thoracic Society 2. Adult community acquired pneumonia - British Thoracic Society 3. Non invasive ventilation NIV - adults - British Thoracic Society 4. Pleural procedures - British Thoracic Society 5. Cardiac Arrest - NCAA 6. Adult Critical Care - Case Mix Programme 7. Potential Donor Audit - NHS Blood and Transplant	No	Care UK does not provide emergency care within our ISTCs. Elective pre-planned surgery only. Care UK did consider participation in the Cardiac Arrest audit but numbers of this situation occurring within our facilities were too low for inclusion.
Long Term Conditions	1. Diabetes - NADA 2. Heavy Menstrual Bleeding - RCOG 3. Chronic Pain - NPA 4. Ulcerative Colitis & Crohn's Disease - IBD Audit 5. Parkinson's Disease - National Parkinson's Audit 6. COPD - British Thoracic Society 7. Adult Asthma - British Thoracic Society 8. Bronchiectasis - British Thoracic Society	No	Care UK only provides elective surgery services from the treatment centres therefore does not manage long term conditions.

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Specialty	Audits	Care UK participation	Reason
Cardiovascular Disease	<ol style="list-style-type: none"> 1. Familial hypercholesterolaemia NCA of mgt of FH 2. Acute Myocardial Infarction & other ACS - MINAP 3. Heart Failure - HFA 4. Pulmonary Hypertension - PHA 5. Acute Stroke - SINAP 6. Vascular surgery VSGBI Vascular Surgery Database 	No	Care UK does not provide treatment of cardiovascular illness from the treatment centres.
Renal Disease	<ol style="list-style-type: none"> 1. Renal Replacement Therapy - RR 2. Renal Transplant NHSBT - UK Transplant Registry 3. Patient Transport National Kidney Care Audit 4. Renal Colic - College of Emergency Medicine 	No	Care UK does not provide renal services
Cancer	<ol style="list-style-type: none"> 1. Lung cancer - National Lung Cancer Audit 2. Bowel Cancer - National bowel cancer Audit Programme 3. Head & Neck cancer - DAHNO 	No	Care UK does not provide cancer services
Trauma	<ol style="list-style-type: none"> 1. Hip fracture - National Hip Fracture Database 2. Sever Trauma - Trauma Audit 3. Falls and Non Hip Fractures - National Falls & Bone Health Audit 	No	Care UK does not provide trauma services
Psychological Conditions	<ol style="list-style-type: none"> 1. National Audit of Schizophrenia NAS 2. National Audit of Dementia TBC 	No	Care UK chose not to participate in these audits
Blood Transfusion	<ol style="list-style-type: none"> 1. O neg Blood Use - National Comparative Audit of Blood Transfusion 2. Platelet Use - National Comparative Audit of Blood Transfusion 	No	Care UK chose not to participate in these audits
Elective Procedures	<ol style="list-style-type: none"> 1. Hip, knee and ankle replacements - National Joint Registry 2. Elective Surgery National PROMs Programme 3. Cardiothoracic Transplantation NHSBT - UK Transplant Registry 4. Liver Transplantation NHSBT - UK Transplant Registry 5. Coronary Angioplasty - NICOR 6. Peripheral Vascular Surgery - VSGBI 7. Carotid Interventions - CIA 	Yes 100% inclusion Yes 100% of patients asked to participate No No No No No	Care UK does not provide transplant or cardiovascular services

Audit title	Purpose of audit	Frequency	ISTC	CATS
Documentation (Clinical)	Supports best practice in patient documentation and guidance from professional bodies	Quarterly	✓	✓
Patient falls	Patient safety and compliance to assessment tool	6 monthly	✓	
Prevention of VTE (venous thromboembolism)	Assess compliance to NICE guidance and best practice clinical protocols for assessment and the provision of prophylaxis	Monthly	✓	
Peri-operative hypothermia audit	Assess compliance to NICE guidelines CG65	Monthly	✓	
Pain and nausea audit	Assess effectiveness of pain management protocols	6 monthly	✓	
WHO surgical site safety checklist audit	Assess compliance to WHO surgical site safety checklist	Monthly	✓	
WHO observational audit	Assess compliance against WHO checklist (Sign in, Time In & Sign out)	Quarterly	✓	
MEWS (Modified Early Warning Score) audit	Usage of MEWS audit to identify early signs of the deterioration of a patient's condition	Bi-Monthly	✓	
Fluid balance audit	To assess fluid management in patients	Bi-Monthly	✓	
Blood transfusion audit	Compliance with blood safety and national transfusion guidance	6 monthly	✓	
Traceability audit - endoscopy	Compliance to JAG standards and re-accreditation	Monthly	✓	✓
Endoscopy environmental audit	Compliance to JAG standards and re-accreditation	Monthly	✓	✓
Medicines management – controlled drugs, stock control and administration	To monitor all aspects of medicines management across our clinical services	6 monthly	✓	✓
CQC (Care Quality Commission) outcomes audit	To assess services against the CQC's Essential Standards	Quarterly	✓	✓

Care UK, Secondary Care Quality Account 2014–2015

Audit title	Purpose of audit	Frequency	ISTC	CATS
Safeguarding children audit	To ensure safeguarding procedures and appointed leads are effective in all services	Quarterly	✓	✓
Safeguarding adults audit	To ensure safeguarding procedures and appointed leads are effective in all services	6 monthly	✓	✓
CAS alert & NICE guidance audit	To ensure that all alerts (CAS & MHRA) are reviewed, documented and circulated accordingly	6 monthly	✓	✓
Agency/Locum/Temporary staff audit	To ensure that appropriate checks and local inductions are undertaken for all agency and temporary clinicians	Quarterly	✓	✓
Information Governance & Security audit	To monitor compliance against IG Toolkit requirements and ISO27001 accreditation	Quarterly	✓	✓
Emergency scenario audit	To ensure that all staff are aware of their responsibilities in the case of an emergency	6 monthly	✓	✓

Appendix 3 – List of Services and Locations

Services	Facilities	Specialties
Barlborough NHS Treatment Centre	Inpatients, Day patients, Diagnostics	Minor and major orthopaedic procedures
Cirencester NHS Treatment Centre (AGW)	Day patients, Diagnostics,	Dental, ENT, general surgery, gynaecology, minor orthopaedic procedures and urology
Devizes NHS Treatment Centre (AGW)	Day patients, Diagnostics,	Dental, ENT, endoscopy, general surgery, gynaecology, minor orthopaedic procedures, ophthalmology and urology
Emersons Green NHS Treatment Centre (AGW)	Inpatients, Day patients, Diagnostics	Dental, ENT, endoscopy, general surgery, gynaecology, minor and major orthopaedic procedures, ophthalmology and urology
North East London NHS Treatment Centre	Inpatients, Day patients, Diagnostics	General surgery, minor and major orthopaedic procedures, dental surgery, ophthalmic surgery including oculoplastics and endoscopy
Peninsula NHS Treatment Centre	Inpatients, Day patients, Diagnostics	Minor and major orthopaedic procedures, ophthalmology and general surgery
Shepton Mallet NHS Treatment Centre	Inpatients, Day patients, Diagnostics	ENT, endoscopy, general surgery, gynaecology, minor and major orthopaedic procedures, fracture management, ophthalmology and urology
Southampton NHS Treatment Centre	Inpatients, Day patients, Diagnostics	General surgery, gynaecology, minor and major orthopaedic procedures, oral surgery, chronic pain service, endoscopy, ENT, ophthalmology and urology
St Mary's NHS Treatment Centre	Day patients, Diagnostics	General surgery, ophthalmic surgery, minor orthopaedic procedures, walk in centre, diabetic retinopathy screening and endoscopy
Will Adams NHS Treatment Centre	Day patients, Diagnostics	General surgery, urology, ophthalmic surgery, minor orthopaedic procedures and endoscopy
Buckinghamshire Musculoskeletal Integrated Care Service	Outpatients, Diagnostics	Musculoskeletal services
Lincolnshire Intermediate Musculoskeletal Service	Outpatients, Diagnostics	Musculoskeletal services
Greater Manchester NHS Clinical Assessment and Treatment Service	Outpatients, Diagnostics	General surgery, endoscopy, gynaecology, urology, podiatry, audiology, physiotherapy, minor orthopaedic procedures and ENT
Rochdale Ophthalmology Clinical Assessment and Treatment Service	Outpatients	Ophthalmology

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Specialist Mental Health Services	Facilities	Specialties
Althea Park Education Unit - Stroud	Education unit for up to 12 male and female students, aged 13-18 years, who have experienced difficulty and trauma in their lives and for whom mainstream education is not a suitable option	Tailored curriculum based on the needs of the young person. Personalised timetables and where possible, one-to-one tuition
Althea Park House - Stroud	Inpatient treatment and care for adults and children with acute and severe and enduring eating disorders	Inpatient treatment and care for adults and children with acute and severe and enduring eating disorders
Ashleigh House - Stroud	Inpatient treatment and care for adults and children with acute and severe and enduring eating disorders	Treatment and therapeutic services for eating disorders and associated co-morbidities and personality issues
Bisley Lodge – Stroud	Medium to long term therapeutic residential care and education for women aged 13-21 who self-harm, have attachment difficulties associated with multiple risk taking behaviours and complex presentations	Quick and responsive taking emergency or respite admissions An alternative to or step down from psychiatric intensive care units or secure care placements
Newcombe Lodge - Stroud	Medium to long term therapeutic residential care and education for women aged 13-21 who self-harm, have attachment difficulties associated with multiple risk taking behaviours and complex presentations	Quick and responsive taking emergency or respite admissions An alternative to or step down from psychiatric intensive care units or secure care placements
Rhodes Farm - London	Inpatient treatment and care for adults and children with acute and severe and enduring eating disorders	Treatment and therapeutic services in relation to eating disorders and associated co-morbidities and personality issues

Recovery Mental Health Services	Facilities	Specialties
255 Lichfield Road – Walsall	Inpatient recovery services for informal service users and those detained under the Mental Health Act	Therapeutic recovery in preparation for community placement which includes intensive support apartments and self-contained bungalows depending on service user need
78 Crawley Road – Horsham	Inpatient recovery services for informal service users and those detained under the Mental Health Act	A step down service from mental health acute services to intensive supported apartment or self-contained bungalows depending on service user need
Avesbury House – London	Inpatient recovery services for informal service users and those detained under the Mental Health Act. Avesbury House will be the first low secure mental health service that Care UK runs.	A step down therapeutic recovery service for males with enduring mental health problems and a forensic history
Brierley Court – Manchester	Inpatient recovery services for informal service users and those detained under the Mental Health Act	Continuing treatment and rehabilitation for adults with severe and enduring mental health problems
Cragston Court – Newcastle upon Tyne	Independent recovery care services for those with severe and enduring mental health issues	Therapeutic recovery support enabling greater independence and community access
Evergreen Lodge – Croydon	Independent recovery care services for those with severe and enduring mental health issues	Therapeutic recovery support enabling greater independence and preparation for the community for males with a forensic history
Kingfisher Rise – Hull	Tenancy style living and support for those recently discharged from hospital	Therapeutic recovery and support leading to own full tenancies
Nelson House – Gosport	Purpose built mental health high dependency recovery and rehabilitation hospital for people with severe and enduring mental health problems	Working with service users with histories of offending A step up from community services or a step down from more secure services
Park Lodge – Romiley	Inpatient recovery services for informal service users and those detained under the Mental Health Act	Supporting service users with severe and enduring mental health problems to develop daily living skills and builds on these skills to create education and employment opportunities
Park Villa – Macclesfield	Inpatient recovery services for informal service users and those detained under the Mental Health Act	Specialising in supporting adults with complex mental health problems including personality disorder and treatment resistant psychosis
Penfold Lodge – Clacton-on-Sea	Independent recovery care services for those with severe and enduring mental health problems	Therapeutic recovery support enabling greater independence and preparation for the community
Riverbank – Hull	Tenancy style living and support for those recently discharged from hospital	Therapeutic recovery and support leading to own full tenancies
Rosebank House – Reading	Inpatient recovery services for informal service users and those detained under the Mental Health Act	Therapeutic recovery in preparation for community placement
Yew Tree Lodge – Reading	Independent recovery care services for those with enduring mental health issues	Therapeutic recovery support enabling greater independence and preparation for the community including crisis admissions with external psychiatric support

Appendix 4 – Table of CQC Inspections (Secondary Care) April 2014-March 2015

Site	Inspection Date	Compliant /Non-compliant	Notes
Cirencester NHS Treatment Centre	19/8/2014	Fully Compliant	This was a follow up inspection from the visit in Nov 2013. Concerns had been raised regarding the "Supporting Workers" Outcome. CQC judged this outcome to be compliant at this inspection
Shepton Mallet NHS Treatment Centre	Dec-14	Fully Compliant	This inspection was part of CQC's pilots to test their new approach to inspections. The report judged the service as Safe, Caring, Responsive, Effective and Well-led in line with the five Key Lines of Enquiry.
Cragston Court	16/5/2014	Fully Compliant	CQC judged the following outcomes compliant - Care and welfare, meeting nutritional needs, safety and suitability of premises, requirements relating to workers, and assessing and monitoring service provision
Penfold Lodge	13/6/2014	Fully Compliant	CQC judged the following outcomes compliant - Respecting and involving people, care and welfare, safeguarding, supporting workers, and assessing and monitoring service provision
Riverbank	14/4/2014	Fully Compliant	CQC judged the following outcomes compliant - Consent, care and welfare, cooperating with other providers, management of medicines, staffing, and assessing and monitoring service provision
Yew Tree Lodge	4/12/2014	Requires Improvement	CQC judged that in line with Safe, Caring, Responsive, Effective and Well-led the service requires improvement

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