

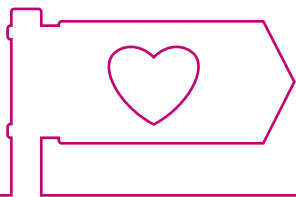
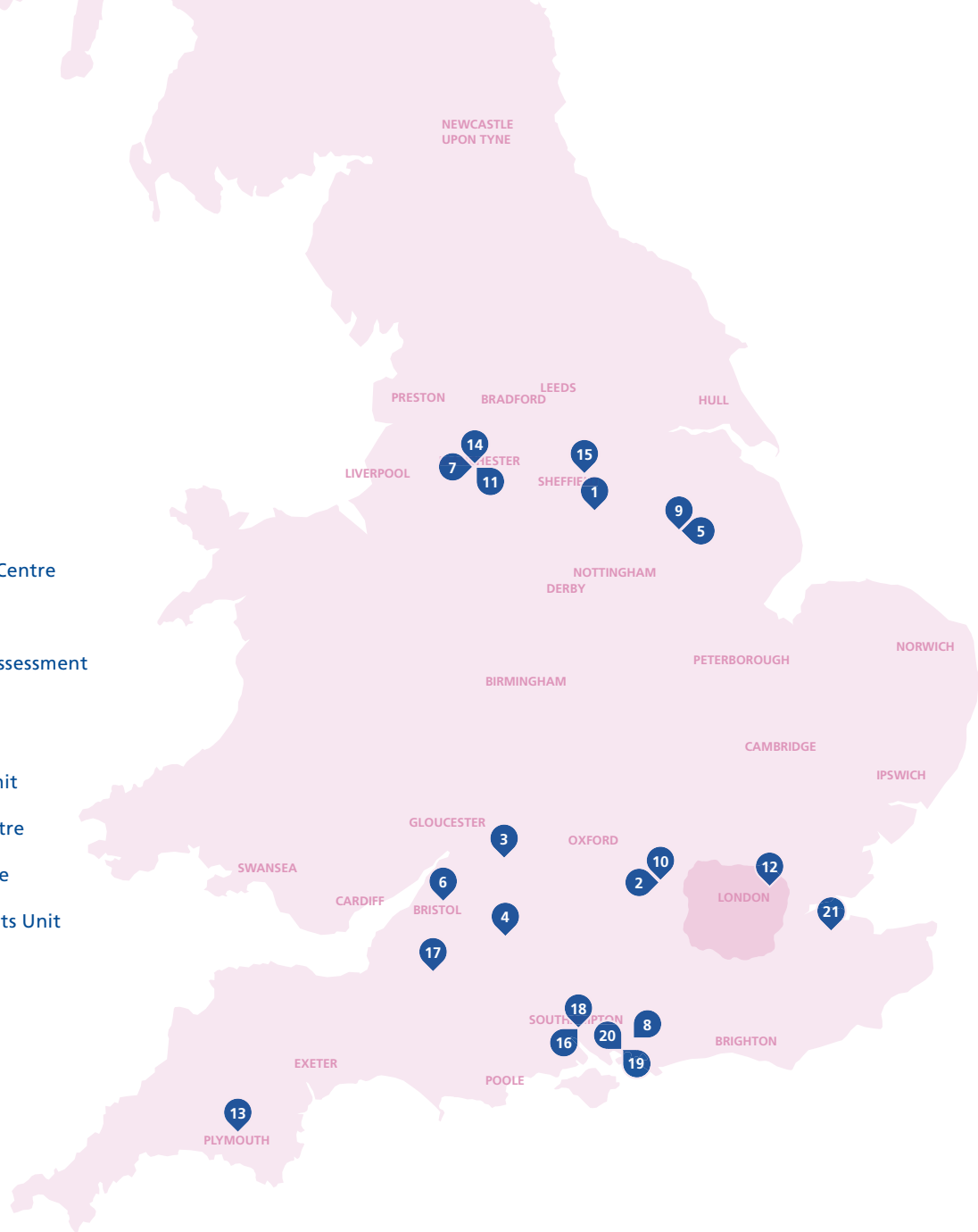
Secondary Care Quality Account 2015-2016

Commitment to quality



Our locations

1. Barlborough NHS Treatment Centre
2. Buckinghamshire Musculoskeletal Integrated Care Service
3. Cirencester Hospital Outreach Clinic
4. Devizes NHS Treatment Centre
5. East and West Lincolnshire Musculoskeletal Clinical Assessment and Treatment Service
6. Emersons Green NHS Treatment Centre
7. Greater Manchester Clinical Assessment and Treatment Service (GM CATS)
8. Havant Diagnostics
9. Lincolnshire Musculoskeletal Pain Assessment and Treatment Service (LPATS)
10. Mid and South Buckinghamshire NHS Diagnostic Centre
11. NHS Community Diagnostics
12. North East London NHS Treatment Centre
13. Peninsula NHS Treatment Centre
14. Rochdale Ophthalmology Clinical Assessment and Treatment Service
15. Rotherham NHS Diagnostic Centre
16. Royal South Hants Minor Injuries Unit
17. Shepton Mallet NHS Treatment Centre
18. Southampton NHS Treatment Centre
19. St Mary's Minor Injuries and Ailments Unit
20. St Mary's NHS Treatment Centre
21. Will Adams NHS Treatment Centre



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Foreword by Jim Easton

Quality is at the heart of everything we do at Care UK, and we are determined to deliver high quality healthcare that meets the diverse needs of the UK population in the twenty-first century.

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

We remain committed to improving quality across all of our services, and aim to be in the top 10% of all NHS providers for the key quality measures of the services we provide. Experience tells us that this can only be achieved through a process of continual improvement, responding to patient feedback, shared learning and new developments in best practice.

During the coming year, 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.

This Quality Account

This Quality Account sets out our performance on a range of key measures for our patients, the wider public, commissioners and partners. It demonstrates what we have achieved in 2015-2016, and plan to achieve in 2016-2017, within our Secondary Care Division, which currently provides NHS services across:

- Elective Surgery Independent Sector Treatment Centres
- Minor Injury Units/Walk-in Centres
- Community-based Musculoskeletal and Diagnostic Centres

- Clinical Assessment Treatment Centre (Greater Manchester)

NB: We transferred our Mental Health Recovery Services in June of 2015 to the Partnerships in Care organisation

In line with Department of Health guidance 2010-2011, this document focuses mainly upon the following areas:

- Independent Sector Treatment Centres (ISTCs)

Care UK operates:

- Nine Treatment Centres on behalf of the NHS (one ceased to operate under Care UK in 2015)
- Four Clinical Assessment and Treatment services (three Musculoskeletal and Diagnostic Centres, plus the Greater Manchester Clinical Assessment and Treatment Centre)

In the year April 2015 to March 2016 Care UK's Treatment Centres carried out:

- 48,626 day case procedures
- 55,054 inpatient procedures
- 145,946 outpatient consultations, including telephone consultations

Achievements 2015-2016

Over the past year, our achievements have included zero reports of MRSA or Clostridium difficile infection.

We have also demonstrated, using NHS Partners Network benchmarking data, 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
- Access to services and PLACE inspections - where the feedback has been exceptional across all of our services
- Care Quality Commission (CQC) compliance. CQC inspectors have rated our Treatment Centres as 'Good', with Barlborough and Southampton Treatment Centres rated as 'Outstanding' for patient care.

Priorities 2016-2017

Our priorities for the coming year are outlined within this Quality Account and once again reflect the 5 key lines of enquiry set by the Care Quality Commission:

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

This provides a well-rounded view of the factors that influence quality, and I am confident that, as we continue to listen and respond to our patients and service users, invest in our staff and keep quality-focused 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.

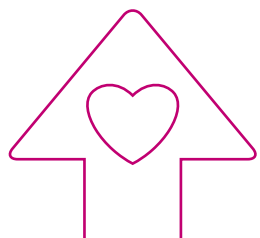


Jim Easton

Managing Director, Health Care

Part 1

What is quality?



What is a Quality Account?

Quality Accounts were introduced under the Health Act (2009) to strengthen healthcare providers' 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 about service quality to explain where a provider is doing well and where improvement is needed. Crucially, they also look forward, to explain what a provider has identified (through evidence and/or engagement) as the priorities for improvement over the coming year and how these priorities will be achieved and measured.

The legal duty to publish an annual Quality Account applies to all providers of NHS-funded healthcare services (whether they are NHS, independent or voluntary sector organisations). Only those providing primary care services or NHS continuing care are currently exempt under the regulations. The required content is set by the NHS (Quality Accounts) Regulations 2012 and Monitor's, Detailed requirements for quality reports 2015-2016.

At Care UK we are committed to transparency in all our reporting and follow the NHS guidance, as applicable, for our Quality Account.

This encompasses our adoption of the single common definition of quality that 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

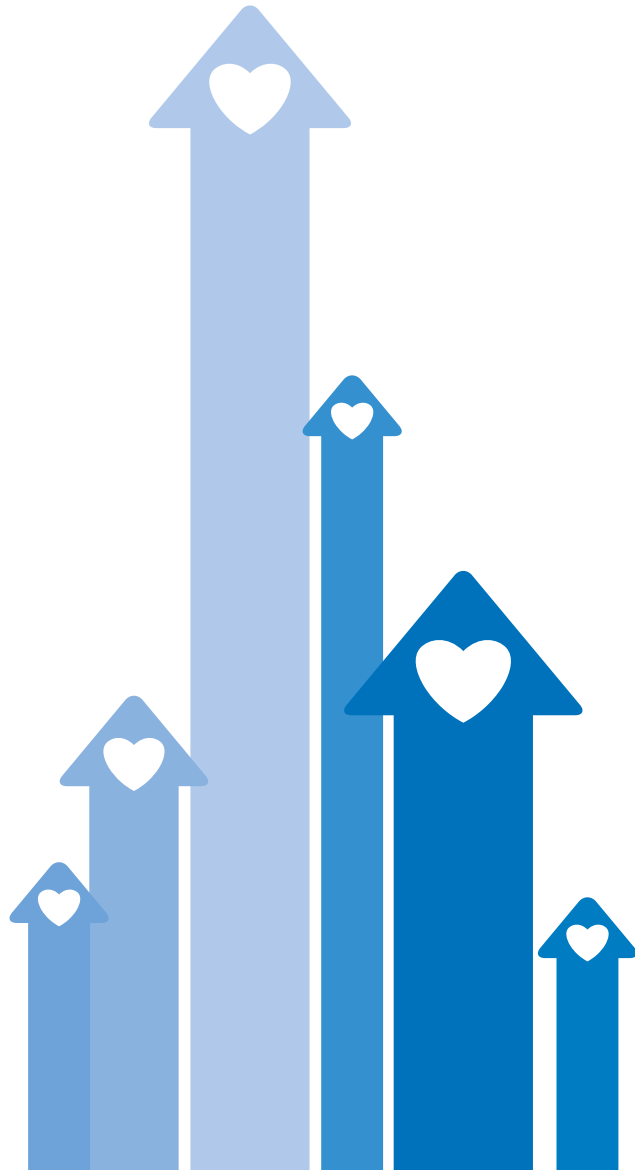
Our mission and values

Our values are:

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

Each of us at Care UK is committed to delivering the highest standards of quality and best practice, and to meeting and exceeding our compliance with all relevant quality standards across the healthcare sector.

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



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



1. Focus on quality

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



2. Lead change

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



3. Drive innovation

We have a key part to play in driving innovation, efficiency and effectiveness. We can do this by:

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



Introduction

Care UK's approach to quality builds upon the three domains of quality outlined on page 7. It also aligns with the five key lines of enquiry (KLOE) defined by the Care Quality Commission (CQC) to inform the quality and governance of healthcare services, namely:

Safe	We embrace and adhere to the principles outlined within the 2013 report from the National Advisory Group on the Safety of Patients in England, <i>'A promise to learn – a commitment to act'</i> , and to the ambitions defined within the 2013 Keogh Mortality Review.	Care UK is a nationally-recognised independent provider of healthcare services across England, on behalf of the NHS. Our NHS Treatment Centres provide inpatient and day surgery for a range of planned surgery, endoscopy procedures, diagnostic tests and post-operative rehabilitation. Our Treatment Centre facilities are modern and purpose-built and are situated close to public transport links or in redesigned buildings close to, or within, NHS hospitals. Our Clinical Assessment and Treatment Services (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.
Caring	We place a high emphasis on compassionate care.	
Responsive	We constantly seek to improve the timeliness and efficacy of care through careful planning and use of patient feedback to improve services.	
Effective	We continue to monitor and audit our services regularly to ensure we are effective in our delivery and that care delivery is informed by NICE/best practice guidance.	
Well-led	Care UK's in-house 'Academy of Excellence' provides a suite of eLearning modules for all of our staff, with a specific focus on further enhancing managers' leadership skills during the coming year.	

Quality priorities 2016-2017

Health care quality priorities for 2016-2017

Care UK's Secondary Care Health Care Division has identified six new quality improvement priorities for 2016-2017.

These will be monitored through our internal reporting programme, shared with commissioners as part of our joint quality reviews and achievements monitored through our internal governance structures at a local and national level.

Achievements and outcomes will be reported in next year's Quality Account.

The identification and development of our new quality objectives involved numerous stakeholders, and took into account patient feedback, complaints, incidents that occurred throughout the past year, as well as new national guidance.

As well as focusing on these new priorities, will also continue to expand our achievements against some of last year's quality objectives – where we have already: invested in our employees' learning and development; provided them with the best of the equipment they require to deliver care of the expected quality standard; and responded to feedback from patients, service users, staff and other key stakeholders.

Our overall aim is always to provide the best possible experiences for those choosing to use Care UK's services.



Quality priorities 2016-2017

Quality priority domain	Priority detail	Measure
Safe	<ol style="list-style-type: none"> 1. Establish a frailty scoring system and associated outcomes framework for patients aged over 75 years undergoing planned inpatient surgery 2. Implement the National Safety Standards for Invasive Procedures (NATSSIPs) programme 3. Improve our reporting mechanisms for medication interventions and subsequent action planning 	<ol style="list-style-type: none"> 1. All sites to complete a frailty score for patients over 75 who are undergoing elective inpatient procedures. 100% of patients with scores over 7 will have care plans in place 2. Local services to have LOCSSIPs in place in line with NATSSIPs requirements identified centrally 3. All medication interventions to be recorded at all sites and action plans discussed at Quality Governance meetings
Caring	<ol style="list-style-type: none"> 1. To continue to improve Friends and Family Test response rates from outpatients 2. Maintain a supportive environment for those living with dementia by implementing a dementia strategy and introducing dementia link nurses for all services 	<ol style="list-style-type: none"> 1. To achieve a 60% response rate for 1st outpatient attendances 2. Dementia link nurses identified within all services to support the roll out of key priorities within the dementia strategy
Responsive	<ol style="list-style-type: none"> 1. Continue to respond consistently to patients' complaints and feedback 2. To deliver services free from discrimination and meet the needs of the Equality Act (2010) 	<ol style="list-style-type: none"> 1. The introduction of 'You said, we did' feedback mechanisms within all services so that is visible to patients in key patient areas 2. Continuation of our staff survey to identify areas for improvement. Implement the Workforce Race Equality Standard (WRES) and EDS2
Effective	<ol style="list-style-type: none"> 1. The implementation of electronic discharge (EDS) via our patient administration system (PAS) for improved continuity of care and to reduce unplanned follow up in primary care 2. To implement an antibiotic stewardship programme and strategy across secondary care 	<ol style="list-style-type: none"> 1. All Treatment Centres to have electronic discharge capabilities within their services 2. All services to have an antibiotic stewardship lead to support the delivery of key priorities within the strategy
Well-led	<ol style="list-style-type: none"> 1. Prepare secondary care diagnostic imaging services for Imaging Services Accreditation Scheme (ISAS) accreditation 2. To develop and implement a training programme for clinical staff in middle management roles 	<ol style="list-style-type: none"> 1. Develop a framework to support the ISAS application (through gathering supportive evidence, process review etc.) 2. Identification and enrolment of key managers to undertake a bespoke 12 month training programme

Safe

1. Record frailty scores for patients having planned inpatient surgery who are aged over 75 years Why have we chosen this priority

The rate of surgical procedures amongst older people is rising. Those who are also frail have a greater risk of poor surgical outcomes. The introduction of frailty scores, based on individual assessment, will help us to carefully plan each patient's care with a view to their achieving the best possible results.

What are we trying to improve?

Our elderly population is set to increase even further and we need to ensure that the support we put in place is as good as it can be and will continue to meet national guidelines.

What will success look like?

All patients aged over 75 who choose to have their surgery with us will have a scored frailty assessment. If they score 7 or more, we will work with them to develop an individual care plan designed to address particular needs arising from

their frailty and prevent problems after surgery.

How will we monitor progress?

We will closely monitor patients' progress and review results at our Quality Governance meetings. This will also help us to also refine and improve our approach over time.

2. To implement the National Safety Standards for Invasive Procedures (NATSSIPs) in all our secondary care services

Why have we chosen this priority?

Care UK is committed to the delivery of this national programme aimed at providing safer care for people having invasive procedures such as surgery, and preventing incidents/mistakes.

What are we trying to improve?

We want to make any necessary improvements to our surgical processes to ensure that they fully comply with this new national guidance and that we achieve best practice.

What will success look like?

We will develop and introduce local safety standards for invasive procedures (LocSSIPs) based on the national guidelines. These local standards will be jointly developed by clinical teams and patients, so that they fit local circumstances and requirements.

How will we monitor progress?

We will monitor compliance with these standards alongside any incidents that occur and review results at our Quality Governance meetings. This will also help us refine and improve compliance with standards, over time.

3. An improved reporting mechanism for medication interventions undertaken in Treatment Centres

Why have we chosen this priority?

The detailed and accurate recording and monitoring of patients' medications is an important aspect of patient safety. We want to improve this within our services and raise standards, where necessary.

Caring

What are we trying to improve?

We want to improve the quality of the information we record about medications and make certain they all medications are used appropriately for patients' benefit.

What will success look like?

An improved reporting tool will be introduced across all our services. This will ensure all medication interventions are being appropriately recorded and managed by all relevant staff.

How will we monitor progress?

Results will be monitored and reviewed through our Medicines Management and Quality Governance arrangements.

1. To continue to improve on friends and family responses within outpatients

Why have we chosen this priority?

Responses to the NHS Friends and Family (FFT) provide valuable feedback about patients' experiences of care. We have achieved high response rates for our inpatient services and want to replicate these within outpatient areas.

What are we trying to improve?

We are trying to increase the number of patients providing us with information about the quality of our care, using a recognised feedback mechanisms i.e. the FFT.

What will success look like?

A response rate of 60% or higher amongst those attending booked first outpatient appointments (with high or increasing levels of patient satisfaction demonstrated within responses).

How will we monitor progress?

Progress will be monitored through our Friends and Family Forum and reported to the Patient Experience Committee.

2. Maintain a supportive environment for those living with dementia

Why have we chosen this priority?

We recognise 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 in-line 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 the introduction of dementia Link nurses within services to support the delivery of the key priorities outlined in the dementia strategy.

How will we monitor progress?

We will closely monitor progress through our Quality Governance meetings.

Responsive

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

Why have we chosen this priority?

Care UK has developed a culture that values transparency and accountability. When we get things wrong we want to resolve it with our patients within an acceptable time period.

What are we trying to improve?

We want to improve the quality of the information patients receive in response to their concerns and complaints.

What will success look like?

Success will be measured in terms of the implementation of 'You said, we did' feedback mechanisms within our services. This tells patients what we did in response to the issues they raised, e.g. through poster displays in service areas.

How will we monitor progress?

We will monitor progress through our Quality Governance meetings.

2. To deliver services free from discrimination and meets the needs of the Equality Act (2010)

Why have we chosen this priority?

It is recognised that organisations with a diverse leadership are more successful and innovative than those without. We want to ensure that all Care UK employees can make the best of their abilities and rise through the organisation, without experiencing prejudice.

What are we trying to improve?

We want to make certain that our employees have equal access to training and development within a supportive and fair working environment.

What will success look like?

Success will be measured in terms of our implementation of the Workforce Race Equality Standard (WRES). Our in-house staff survey will contain specific questions on how we are doing in relation to this, and where we can improve things.

How will we monitor progress?

The results of the staff survey will be fed back to services. Where areas for improvement are identified, service staff will develop improvement action plans.

Action plans will be monitored through local Quality Governance meetings and reported quarterly to the Quality Governance Assurance Committee.

Effective

1. The implementation of electronic discharge (EDS) via PAS for improved continuity of care

Why have we chosen this priority?

EDS benefits patients by providing their GPs/referrers with up-to-date information about the care they have received from us as soon as they are discharged. It also improves the efficiency of our patient administration system (PAS).

What are we trying to improve?

The speed with which discharge information is sent to GPs/referrers.

What will success look like?

All Care UK services will send discharge documentation electronically and securely.

How will we monitor progress?

The Care UK Business Systems Team will develop and implement a series of project plans for setting up EDS within each service area. Progress will be monitored through the achievement

of project goals within set timescales and will be reviewed at monthly performance meetings.

2. To implement an antibiotic stewardship programme and strategy across secondary care Services

Why have we chosen this priority?

We want to support the national antibiotic stewardship programme and related local microbiology strategies designed to reduce the number of drug-resistant infections.

What are we trying to improve?

We want to ensure that we use antibiotics appropriately and in accordance with national and local guidelines.

What will success look like?

We will set up clinical forums for each service to ensure that the all of the key priorities for good antibiotic stewardship put into practice.

How will we monitor progress?

Progress will be monitored and reviewed through our Medicines Management and Quality Governance arrangements.

Well-led

1. Preparation of diagnostic services for the Imaging Services Accreditation Scheme (ISAS)

Why have we chosen this priority?

ISAS will help us to compare and evaluate the quality of our diagnostic imaging services using a nationally recognised accreditation scheme.

What are we trying to improve?

We want to assure our patients, commissioners and ourselves of the quality, safety and clinical effectiveness of our diagnostic imaging services.

ISAS will allow us to effectively demonstrate this. It will also be a valuable tool for driving the continuous improvement and development of our diagnostic imaging services over the years to come.

What will success look like?

This year, at least one of our diagnostic imaging services will complete the initial 'Traffic Light Ready' stage (to determine our current level of compliance and

what we still need to do to achieve accreditation), with the goal of achieving full ISAS accreditation over the next two years.

How will we monitor progress?

Progress will be monitored at our quarterly Diagnostic Imaging Quality Governance and Professional Development meetings.

2. Develop and implement a training programme for clinical staff in a middle management role

Why have we chosen this priority?

We want to ensure that all our nursing and allied healthcare professionals (AHPs) are well led, and that all our teams are caring and responsive to the needs of patients. The training programme will help us achieve this through the development of efficient and competent nursing and AHP managers and leaders.

What are we trying to improve?

We already have a strong confident and competent leadership team but we want

to improve the framework within which we deliver leadership training.

We want to create an innovative and bespoke training programme for nurse and AHP managers (using the Care UK Management Essentials Programme as a foundation) that reflects Care UK's patient-centred values and is transferable across service lines and teams.

What will success look like?

We will have implemented a 12-month bespoke management training programme for identified clinical managers.

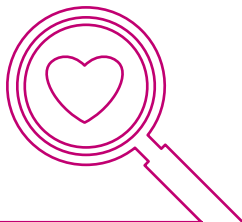
How will we monitor progress?

Progress will be monitored at Professional Leads meetings and reported quarterly to the Quality Governance Assurance Committee. Feedback will also be sought from course participants and through our annual staff survey.



Part 2

Review of priorities for improvement 2015-2016



Reporting back on 2015-2016 quality priorities

In our 2015-2016 Quality Account we set out our priorities for improving the quality of our services during 2015-2016, and, have provided updates and a review of our progress for each priority below.

Safe- Priority 1:

Quality priority domain	Priority detail	Measure
Safe	<p>Improve the quality of incident reporting on our Datix system, ensuring action is taken promptly</p> <p>To extend shared learning into national forums</p> <p>Change from using MEWS (Modified Early Warning Score) to using the National Early Warning Score (NEWS) without affecting our performance in recognising patients whose condition is deteriorating</p>	<p>72-hour reviews by a manager or director and bi-annual audits 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 to change over to NEWS within 12 months</p>
Caring	<p>To utilise patient stories across all services as a mechanism for enhancing staff reflection and personal development</p> <p>Continue to improve Friends and Family Test scores in inpatient and other areas</p> <p>To ensure our mental health service users have a voice, and that the quality of the care they receive 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 to have a dementia 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 To establish a culture of informed leadership</p>	<p>Compliance 100% for staff who are eligible (exception for those on maternity leave, long term sickness absence etc.)</p> <p>To introduce 360 degree feedback for all senior managers and respond to the staff surveys to improve leadership where common themes are identified</p>

Safe- Priority 1:

Quality objective: to improve the quality of incident reporting on our Datix system.

Following a benchmarking exercise in December 2014 a bi-annual quality audit of our incident reporting system, Datix, was undertaken between March and December 2015 to measure our Treatment Centres' (TCs) performance against key criteria that are integral to high quality incident reporting. The audit looked at:

- The time taken for incidents to be initially reviewed on Datix. This should be done within 72 hours of the incident being reported
- Whether incidents were correctly classified. In this context we found that: serious Incidents (SIs) were often classified incorrectly as SIs on Datix making it difficult for us to track whether root cause analysis investigations had been adequately

managed; and, inappropriate use of the 'Other' sub-category on Datix was an obstacle to the identification of incident trends and hotspots.

The outcomes of all audits were collated by our Central Support Team before being: shared amongst all services; discussed at local Quality Governance and national Professional Leads meetings; reviewed at a divisional level. The audit findings led to us commissioning changes to the Datix system, including removing the 'Other' sub-category as an option for incident classification - with no adverse impact on reporting rates (see Table 1).

Datix was updated in November 2015 to capture the serious incident category, with prompts based on National

Reporting and Learning System (NRLS) and National Patient Safety Agency (NPSA) definitions to guide users towards correct classification. This has led to visible improvements (see Table 2).

To enhance quality assurance, improvements are still required to ensure that Datix is used to hold all relevant documentation relating to SI investigations. We will closely monitor this in the coming year and beyond, using reports that became available following a recent Datix upgrade, in February 2016.

Table 1

	Mar-Dec 2014		Mar-Dec 2015	
	All Incidents	% Categorised as 'Other'	All Incidents	% Categorised as 'Other'
Emersons Green NHS Treatment Centre	451	17.07%	462	0.87%
Devizes NHS Treatment Centre	105	15.24%	142	1.41%
Barlborough NHS Treatment Centre	278	39.93%	279	23.30%
Havant NHS Diagnostic Centre	12	16.67%	19	5.26%
North East London NHS Treatment Centre	117	23.93%	119	23.53%
Peninsula NHS Treatment Centre	126	29.37%	139	25.90%
Shepton Mallet NHS Treatment Centre	196	33.67%	319	7.52%
Southampton NHS Treatment Centre	147	19.05%	154	16.88%
St Mary's NHS Treatment Centre	208	43.75%	250	22.40%
Will Adams NHS Treatment Centre	115	39.13%	106	32.08%

Table 2

Quality Indicator	Dec 2014 Audit	Mar 2015 Audit	Sept 2015 Audit
Reviewed within 72 hours	39%	99%	94%
Correctly categorised as an SI	33%	17%	100%

Safe - Priority 2:

Quality objective: to extend shared learning into national forums

Opportunities for shared learning are identified at a local level following incident investigations or complaints. Lessons learned are then cascaded across services and discussed at the local Quality Governance meetings as a standard agenda item. This enables local services to determine any actions they need to take to prevent similar occurrences.

Learning is also now shared at bi-monthly national Professional Leads meetings and quarterly Secondary Care Safeguarding meetings, to ensure relevant information is widely disseminated.

Safe - Priority 3:

Quality objective: Care UK wide change from using MEWS (Modified Early Warning Score) to using the National Early Warning Score (NEWS) without affecting our performance in recognizing the deteriorating patient.

Care UK has successfully achieved its priority of changing from the Modified Early Warning Score (MEWS) to the National Early Warning Score (NEWS). NEWS is a nationally recognised system that is being introduced across the NHS to standardise the assessment of acute illness severity and rapidly alert clinicians to any deterioration in a patient's condition. This key change has now been achieved within all of our Treatment Centres.

We audited performance at all of our Treatment Centres to ensure that NEWS was being appropriately implemented and to provide assurance that any deterioration in a patient's condition would be escalated appropriately. The table below demonstrates high levels of compliance in the use of NEWS, in line with best practice.

	May-15	Jul-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16
Barlborough NHS Treatment Centre	99%	96%	94%	99%	99%	95%	99%
North East London NHS Treatment Centre	96%	99%	98%	100%	100%	96%	100%
Southampton NHS Treatment Centre	100%	100%	100%	98%	96%	100%	98%
St Mary's NHS Treatment Centre	97%	98%	100%	91%	92%	92%	99%
Will Adams NHS Treatment Centre	100%	99%	100%	100%	100%	100%	N/A
Devizes NHS Treatment Centre	100%	100%	100%	100%	100%	100%	99%
Emersons Green NHS Treatment Centre	100%	84%	99%	94%	98%	97%	96%
Peninsula NHS Treatment Centre	90%	99%	96%	100%	99%	100%	94%
Shepton Mallet NHS Treatment Centre	94%	96%	100%	80%	89%	89%	91%

Caring - Priority 1

Quality objective: to use patient stories across all services as a method for staff reflection and personal development.

All our secondary care services begin their local Quality Governance meetings with a patient story that reflects learning or feedback we have received about a patient's care.

Stories are collated (locally and at a divisional level) to ensure that any themes are identified and improvements made, where indicated.

Staff are encouraged to also reflect on their own practice as part of their appraisal, revalidation and development process, to ensure they maintain a focus on safe patient care.

All of our Treatment Centres have submitted patient stories for this Quality Account, which are included in Appendix 1.

Caring - Priority 2

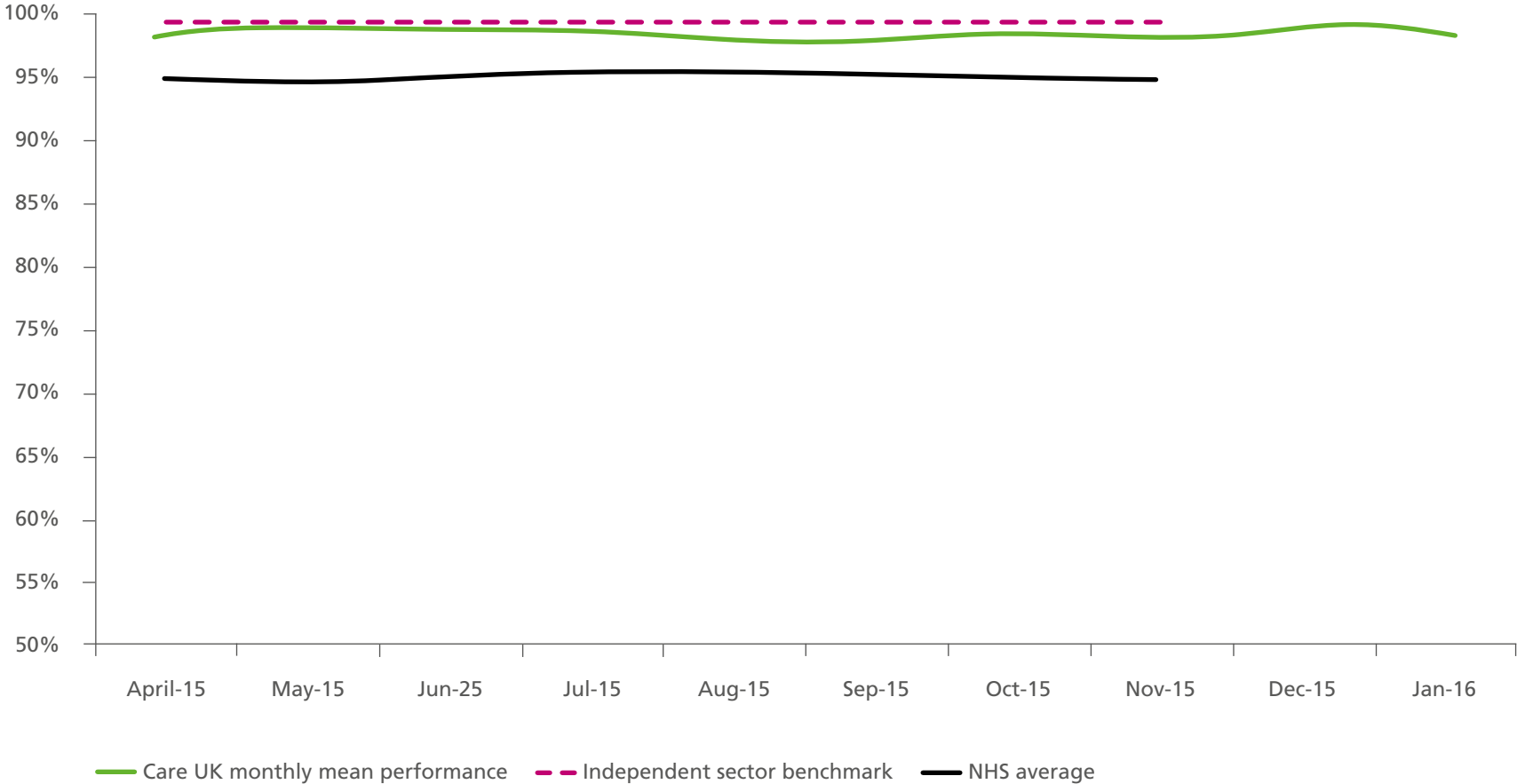
Quality objective: to continue to improve Friends and Family Test (FFT) scores in inpatient and other areas.

The tables below show we have had consistently positive feedback in relation to the NHS Friends and Family Test questions, in both our inpatient and day surgery settings. This test asks patients how likely they would be to recommend our services to others. Care UK welcomes feedback from all our patients and aims to increase the number of people completing the FFT in our outpatient settings during the coming year.

	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16
Barlborough NHS Treatment Centre	97%	99%	99%	96%	94%	99%	97%	97%	100%	98%
Emersons Green NHS Treatment Centre	99%	100%	99%	99%	99%	98%	100%	98%	98%	99%
North East London NHS Treatment Centre	100%	100%	95%	98%	100%	97%	100%	98%	100%	99%
Peninsula NHS Treatment Centre	99%	100%	96%	100%	100%	94%	98%	99%	99%	97%
Shepton Mallet NHS Treatment Centre	98%	100%	99%	99%	99%	97%	97%	98%	100%	100%
Southampton NHS Treatment Centre	100%	99%	100%	99%	100%	100%	100%	100%	98%	98%
Independent Sector Average*	99%	99%	99%	99%	99%	99%	99%	99%	-	-
NHS Average*	95%	95%	95%	96%	96%	96%	95%	95%	-	-

*Source: NHS England Friends and Family Test Data, Organisational Level Tables, Inpatient and Daycase FFT Data. Published at www.england.nhs.uk/ourwork/pe/fft/friends-and-family-test-data

Friends and Family Test – ‘would recommend’ scores - Inpatients April 2015-January 2016



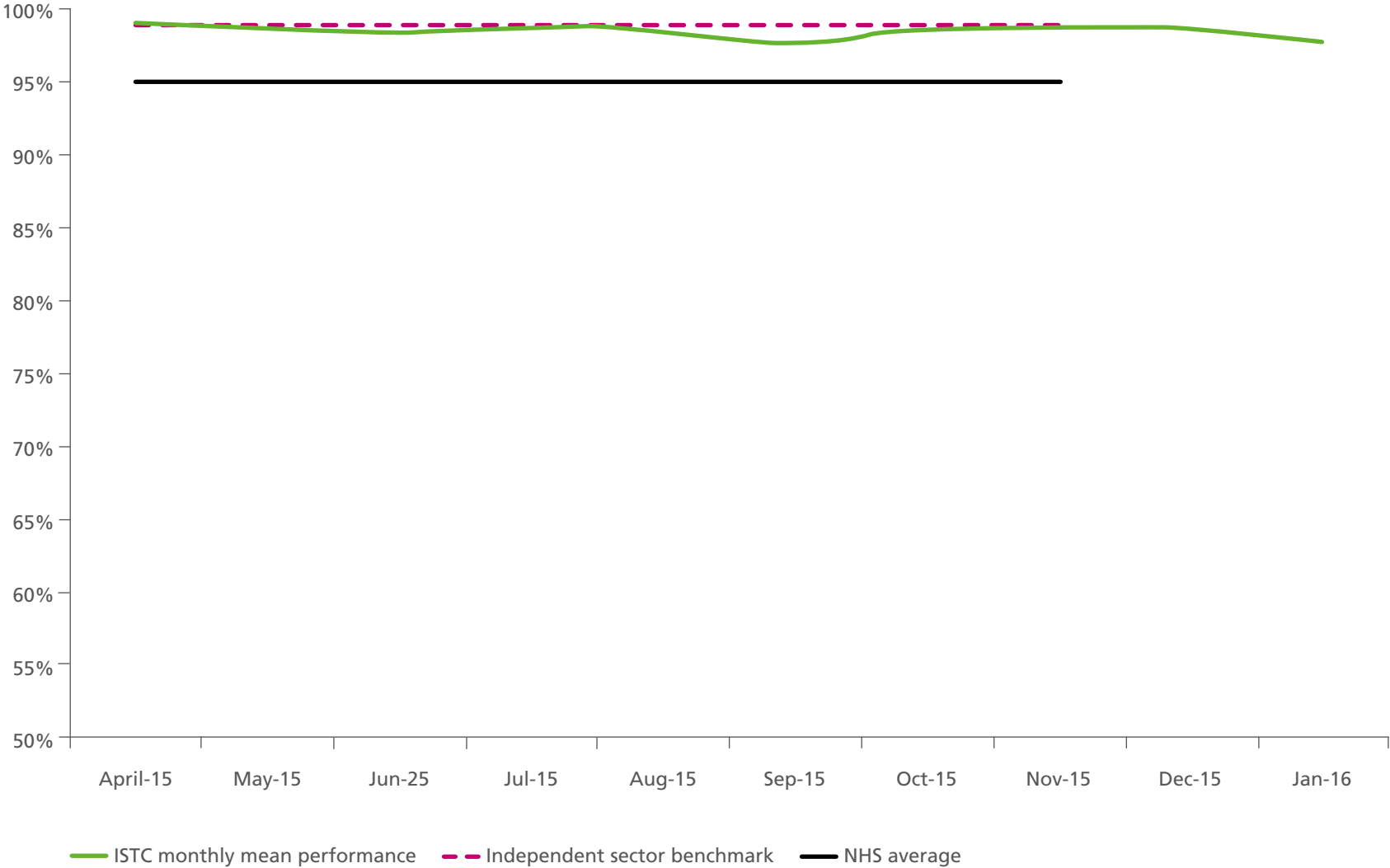
Source: NHS England Friends and Family Test Data, Organisational Level Tables, Inpatient and Daycase FFT Data Published at www.england.nhs.uk/ourwork/pe/fft/friends-and-family-test-data
(Note that there is a 3 month delay in publication of nationally collated data)

Friends and Family Test – ‘would recommend’ scores – patients having day surgery

	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16
Barlborough NHS Treatment Centre	100%	97%	97%	100%	98%	100%	98%	99%	100%	98%
Devizes NHS Treatment Centre	99%	98%	99%	99%	99%	99%	99%	99%	99%	100%
Emersons Green NHS Treatment Centre	99%	99%	98%	99%	99%	99%	98%	99%	98%	100%
North East London NHS Treatment Centre	98%	98%	97%	99%	95%	90%	97%	99%	97%	96%
Peninsula NHS Treatment Centre	100%	100%	98%	99%	99%	98%	98%	98%	98%	98%
Shepton Mallet NHS Treatment Centre	99%	99%	99%	100%	99%	99%	99%	98%	100%	100%
St Mary's NHS Treatment Centre	100%	98%	99%	97%	99%	99%	99%	99%	98%	98%
Southampton NHS Treatment Centre	98%	98%	99%	99%	99%	98%	98%	97%	98%	97%
Will Adams NHS Treatment Centre	100%	100%	100%	99%	99%	100%	100%	99%	100%	99%
Independent Sector Average*	99%	99%	99%	99%	99%	99%	99%	99%	-	-
NHS Average*	95%	95%	95%	95%	95%	95%	95%	95%	-	-

*Source: NHS England Friends and Family Test Data, Organisational Level Tables, Inpatient and Daycase FFT Data. Published at www.england.nhs.uk/ourwork/pe/fft/friends-and-family-test-data

Friends and Family Test – ‘would recommend’ scores- Patients having day surgery
April 2015-January 2016



In June 2015, the management of mental health services previously delivered by Care UK was transferred to Partners in Care. This means we are unable to report on achievements related to the quality priorities for mental health that we identified in our 2014-2015 Quality Account.

Caring - Priority 3:

Quality objective: to ensure our mental health service users have a voice and quality of care is equitable.

Effective - Priority 2:

Quality objective: to establish a zero tolerance to non-compliance with the Mental Health Act.

Responsive - Priority 1:

Quality objective: to respond to concerns and complaints in a timely manner

We know from the data available to us that our services are not always responding to patients' complaints within 20 days. In 2015 we identified an issue with our complaints management system, Datix, which made it difficult for local services to accurately record and monitor their complaint response times, and for us to capture consistent data centrally. This

was addressed through a system upgrade in February 2016. It should also be noted that complaint response timescales are agreed with the patient, and may sit outside the target of 20 days. With more reliable and consistent data available in 2016/17 we will be able to accurately monitor whether complaints were responded to within the agreed timescale,

providing a more useful measure of success.

Complaints management is an area that Care UK is continuing to focus upon, with key measures being monitored within our monthly Quality Governance meetings and addressed through staff training and quality governance communications.

Replied within 20 working days?	Total	Yes	No	Investigation Ongoing
Emersons Green NHS Treatment Centre	28	32%	68%	0%
Devizes NHS Treatment Centre	5	20%	80%	0%
Barlborough NHS Treatment Centre	27	48%	44%	7%
Havant NHS Diagnostic Centre	9	78%	22%	0%
Peninsula NHS Treatment Centre	5	60%	40%	0%
Shepton Mallet NHS Treatment Centre	18	44%	44%	11%
Southampton NHS Treatment Centre	57	30%	63%	7%
Royal South Hants Minor Injuries Unit	18	100%	0%	0%
St Mary's NHS Treatment Centre	73	90%	10%	0%
Will Adams NHS Treatment Centre	69	40%	0%	60%
North East London NHS Treatment Centre	46	41%	54%	4%
Grand Total	295	56%	40%	4%

Acknowledged Within 3 Working Days?	Total	Yes	No	Investigation Ongoing
Emersons Green NHS Treatment Centre	28	96%	0%	4%
Devizes NHS Treatment Centre	5	60%	0%	40%
Barlborough NHS Treatment Centre	27	89%	7%	4%
Havant NHS Diagnostic Centre	9	56%	0%	44%
Peninsula NHS Treatment Centre	46	78%	9%	13%
Shepton Mallet NHS Treatment Centre	5	40%	20%	40%
Southampton NHS Treatment Centre	18	61%	33%	6%
Royal South Hants Minor Injuries Unit	57	74%	26%	0%
St Mary's NHS Treatment Centre	18	89%	6%	6%
Will Adams NHS Treatment Centre	73	56%	10%	34%
North East London NHS Treatment Centre	69	100%	0%	0%
Grand Total	295	73%	12%	15%

Responsive - Priority 2:

Quality objective: Establish a supportive environment for those living with dementia

During 2015-2016, three of our nine Treatment Centres audited their performance against this objective – see table.

Two services used the standard Excel reporting template. One with a non- standard word document.

Site	Comments
Emersons Green Treatment Centre	There were 6 patients who required 1:1 supervision, but did not have a diagnosis of dementia. 14 patients required a review by our multi-disciplinary team and as a result changes were made to our Integrated Care Pathway to accommodate their needs. This was communicated to all relevant staff.
Shepton Mallet Treatment Centre	15 patients were identified with a diagnosis of dementia. All of them had a Dementia Care Plan put in place.
Will Adams Treatment Centre	During a 3 month period, between October and December 2015, 5 patients were identified with a diagnosis of dementia. All of those patients had a falls assessment carried out. Four of the patients required a Falls Prevention Plan as their score was above 9, and plans were put in place for all four. 'Falls alert' stickers were also attached to the front cover of their notes. Three of the patients audited were observed as having a 'helping hands' sticker on their notes.

Effective - Priority 1:

Quality objective: to establish a zero tolerance to surgical site infections

Care UK offers hip and knee replacement surgery at six NHS Treatment Centres across the country, with exceptional standards of post-operative recovery demonstrated through surgical site infection rates well below the national average.

This year we introduced a policy of zero tolerance for surgical site infections. In practice, this means that we actively follow up each patient's experience by:

- Asking all patients having hip or knee replacement surgery to complete and return a post-discharge questionnaire, so we have a better knowledge and understanding of their outcomes
- If patients report any symptoms of infection, we call them
- If they have had antibiotics prescribed, we contact their GPs to clarify whether these were prescribed for a surgical site infection

We perform an investigation every time a patient is readmitted after surgery with an infection. This helps us identify possible factors that could have led to the infection. Where there are lessons to be learned these are shared throughout Care UK via our Professional Leadership, Quality Governance and Infection Prevention and Control forums.

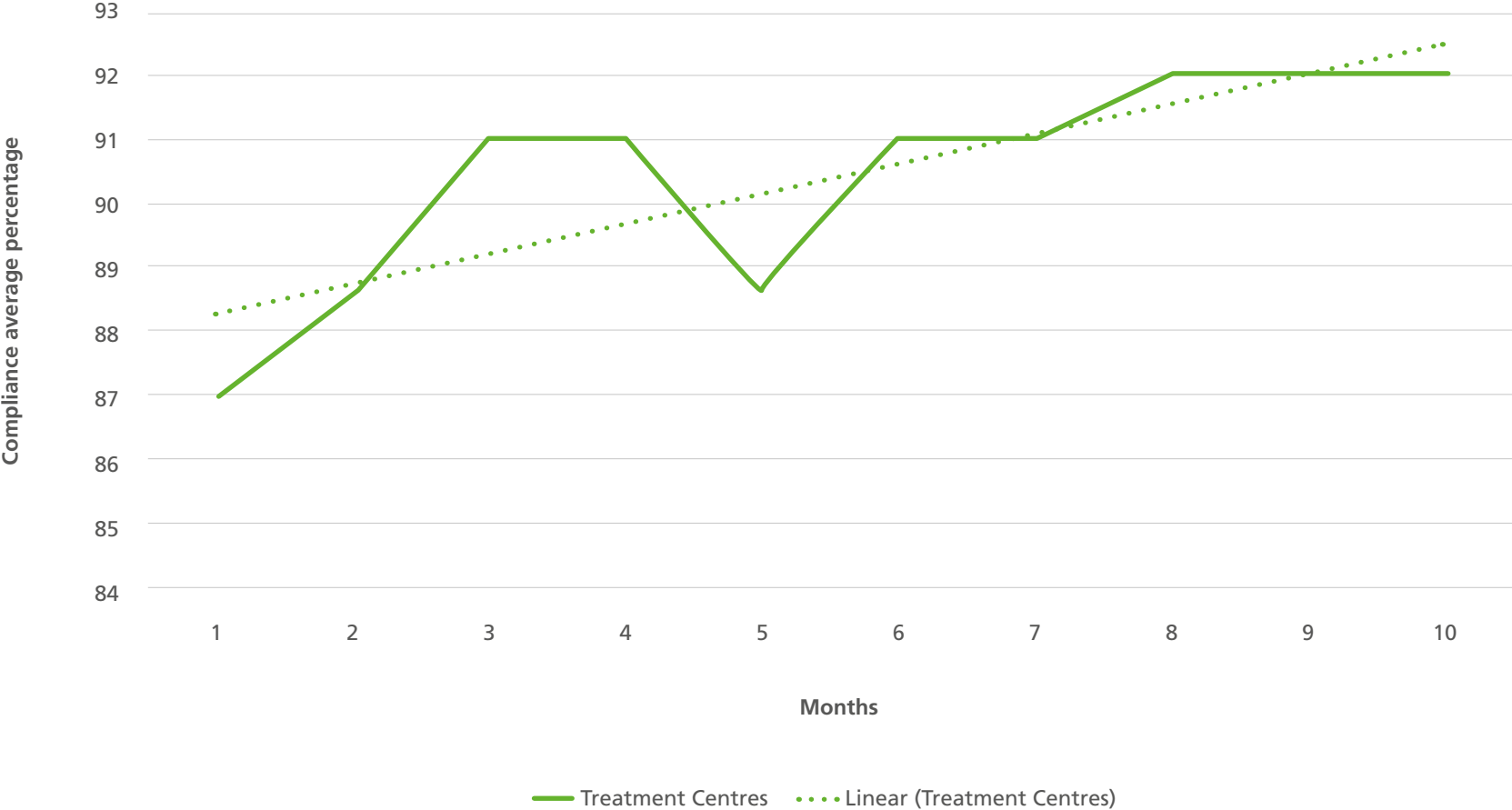
In 2016-2017, we intend to provide more visibility about patients' experience of infections, by increasing the number of patient responses to the post-discharge questionnaire. Encouraging more patients to do this will enable us to better capture the true quality of our care.

Well- Led – Priority 1:

Quality objective: mandatory training to be completed by all eligible staff

Secondary Care	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Year average	● 92
Treatment Centres	● 87	● 89	● 91	● 91	● 89	● 91	● 91	● 92	● 92	● 92	● 90	
Barlborough NHS Treatment Centre	● 85	● 90	● 92	● 90	● 91	● 91	● 95	● 93	● 91	● 91	● 91	
Cirencester NHS Treatment Centre	● 88	● 90	● 96	● 92	● 90	● 90	● 86	N/A	N/A	N/A	● 90	
Devizes NHS Treatment Centre	● 95	● 93	● 97	● 96	● 92	● 92	● 94	● 98	● 98	● 98	● 95	
North East London NHS Treatment Centre	● 84	● 85	● 90	● 90	● 90	● 90	● 96	● 98	● 96	● 96	● 91	
Peninsula NHS Treatment Centre	● 85	● 85	● 86	● 90	● 85	● 90	● 91	● 87	● 89	● 90	● 88	
Shepton Mallet NHS Treatment Centre	● 87	● 86	● 90	● 90	● 85	● 90	● 86	● 90	● 88	● 90	● 88	
Royal South Hants Minor Injuries Unit	● 88	● 91	● 87	● 91	● 90	● 91	● 90	● 88	● 90	● 90	● 90	
Emersons Green NHS Treatment Centre	● 86	● 91	● 90	● 90	● 88	● 89	● 88	● 90	● 92	● 91	● 90	
Southampton NHS Treatment Centre	● 86	● 89	● 89	● 90	● 86	● 91	● 89	● 90	● 90	● 90	● 89	
St Mary's NHS Treatment Centre	● 84	● 89	● 90	● 91	● 90	● 92	● 90	● 90	● 91	● 91	● 90	
Will Adams NHS Treatment Centre	● 89	● 91	● 94	● 93	● 92	● 92	● 96	● 94	● 95	● 94	● 93	

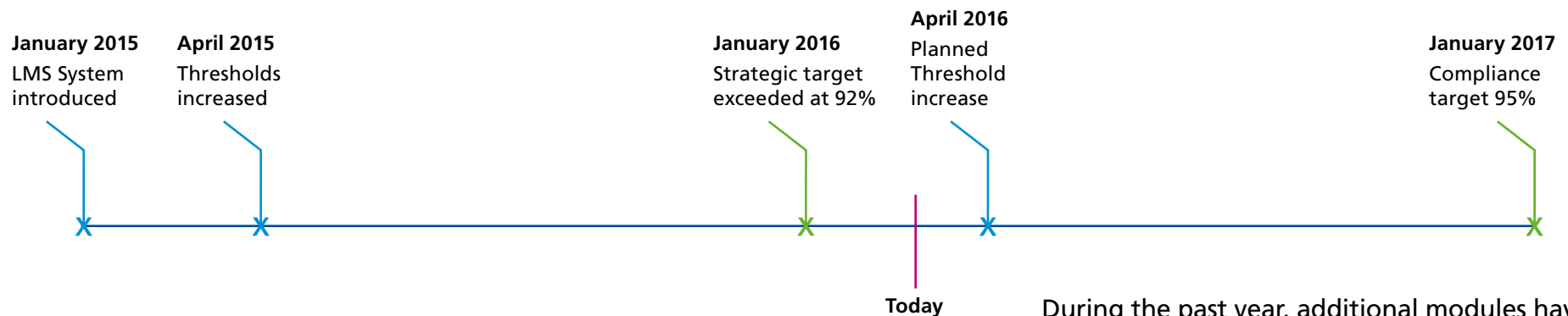
Year Average of Mandatory Training Completed Across All Treatment Centres



Statutory and Mandatory Compliance Commentary

All statutory and mandatory training requirements for all our staff are captured within the Care UK Education and Training Matrix. This matrix covers all job roles/posts within our services and the associated training requirements/assigned courses. Courses are provided through both face-to-face sessions and eLearning. The matrix is reviewed every six months and is ratified by the Care UK Clinical Education and Training Committee. Training requirements that are outlined in the matrix are programmed into the Care UK Academy of Excellence Learning Management System (LMS) to aid training delivery and helps us to monitor and reports staff members' compliance with the required training.

The LMS system was introduced in January 2015 with the following compliance thresholds:



During the past year, additional modules have been added to the statutory and mandatory training sets, including Duty of Candour and Prevent training. These modules were given a three-month grace period following their introduction, so staff could complete them before they become non-compliant (overdue).

Milestone Threshold	Date	Non-Compliant	Partial Compliance	Compliant
LMS System introduced	January 2015	0% to 79.9%	80% to 84.9%	85% to 100%
Thresholds increased	April 2015	0% to 84.9%	85% to 89.9%	90% to 100%
Planned further threshold increase	April 2016	0% to 89.9%	90% to 94.9%	95% to 100%

Well-led - Priority 2:

Quality objective: establish a culture of informed leadership.

Care UK continues to establish a culture of 'informed leadership' wherein all Senior Managers complete a 360 degree feedback review by their line managers, peers and staff who report to them. This gives a good overview of their leadership performance and helps them identify areas that they can work to improve.

Results of the 360 degree feedback reviews are incorporated into managers' annual appraisal, enabling them to set personal development goals that align with Care UK's organisational goals and values – with progress monitored throughout the year.

This also helps further strengthen senior management and leadership commitment within the organisation.

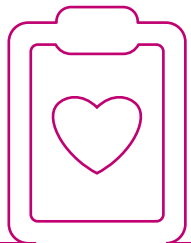
The annual staff survey was completed within all Care UK departments, and action plans were developed to address trends/recurring themes identified by staff. This feedback has also guided our introduction of additional survey questions for the June 2016 survey, to explore topics further.

In addition, we have held a series of workshops to develop strategic action plans for each service.



Part 3

Regulatory Statements for our services 2016-2017



Regulatory Statements for our services 2016-2017

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 2015-March 2016, Care UK provided or sub-contracted all of the services listed in Appendix 4 at the locations specified.

Duty of Candour

Promoting a culture of openness is a prerequisite to improving patient safety and the quality of healthcare systems. It involves explaining and apologising for what happened to patients who have been harmed or involved in an incident as a result of their healthcare treatment. It ensures communication is open, honest and occurs as soon as possible following an incident. It encompasses communication between healthcare organisations, healthcare teams and patients and/or their carers.

Care UK have robust appropriate processes for communicating with a patient and/or family/carer following a reportable patient safety incident and these are

followed in conjunction with Care UK Incident Reporting Policy and Procedure.

There is clear guidance for staff which outlines Care UK's policy on its duty of candour and the processes by which openness will be supported. This support allows Care UK to meet its obligations to patients, relatives and the public by being open and honest about any mistakes that are made whilst Care UK staff care for and treat patients.

Safeguarding

The Department of Health requires all healthcare providers to safeguard all those using their services from abuse. The Care Quality Commission (CQC) outcome statement similarly states that: 'People who use services should be protected from abuse, or the risk of abuse, and their human rights respected and upheld'.

To ensure that we fulfil this guidance, all staff working in our NHS Treatment Centres and Clinical Assessment and Treatment Services (CATS) complete annual mandatory Level 1 safeguarding training via online courses (eLearning). All patient-facing staff also complete Level 2 safeguarding training designed to protect both children and adults. In addition, all clinical staff complete Level 3 safeguarding training for 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 to conduct Disclosure and Barring Service (DBS) checks on all staff
- Safeguarding policies for children, vulnerable adults and allegations against staff are robust, up-to-date, and have been reviewed within the last year

- Safeguarding training, which encompasses the Mental Capacity Act, forms part of every staff member's induction and mandatory training schedule
- Named professionals are clear about their roles with regard to safeguarding and have sufficient time and support to fulfil them
- There is a named Safeguarding Lead for vulnerable people, including children, who has direct access to the Board, if required

Participation in clinical research

No patients receiving NHS services provided or subcontracted by Care UK at any of our Treatment Centres from April 2015 to March 2016, were recruited to participate in research approved by a research ethics committee.

Our Treatment Centres participated in national audits and confidential enquiries appropriate to the services we deliver (see section below).

Care Quality Commission (CQC) registration

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

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

The CQC inspected four of our service locations between 1st December 2014 and 2nd October 2015. Three were found to be fully compliant with standards, whilst two services (Barlborough NHS Treatment Centre and Southampton NHS Treatment Centre) were judged 'outstanding' within the caring domain.

The CQC reports for Barlborough and Southampton NHS Treatment Centres highlighted several examples of good practice, including:

"Patients were involved in their care and were treated with dignity and respect by staff. Staff were polite, kind and professional"

"There were reliable systems, processes and practices in place to protect patients from avoidable harm and abuse".

The results of CQC visits and reports are discussed at our local Quality Governance and national Quality Governance Assurance meetings.

The CQC has not taken any enforcement action against Care UK between April 2015 and March 2016.

Will Adams NHS Treatment Centre, North East London Treatment Centre, Peninsula NHS Treatment Centre and Emersons Green NHS Treatment Centre have not yet been inspected by CQC internal monitoring, reviews and audits indicate the following results would be attributed to these services:

Safe
Good

Caring
Good

Responsive
Good

Effective
Good

Well-led
Good

Participation in Commissioning for Quality and Innovation (CQUIN)

In April 2009, the Department of Health launched the CQUIN framework to encourage healthcare providers to continuously demonstrate improvements and innovation in the quality of the care they provide. The framework supports the vision set out in 'High Quality Care for All' (Darzi, 2008) where quality is viewed as an organisational principle.

CQUIN rewards excellence by linking a proportion of the provider's income to the achievement of local quality improvement goals. A proportion of our income in 2015/16 was conditional upon us achieving pre-agreed quality improvement and innovation goals as set out in the CQUIN payment framework. We are pleased to report that we have consistently achieved these goals, demonstrating our active engagement in quality improvement with our commissioners.

Examples of our CQUIN goal attainments, include:

- Measuring and reporting on the number of patients having a venous thromboembolism (VTE) risk assessment on admission

- Measuring the responsiveness of our Treatment Centres 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- screening questionnaire for all eligible patients
- Improving communication with GPs, ensuring they have both 'real time' and constructive feedback on every referral that is rejected by a Treatment Centre

Details of the agreed CQUIN goals for each of our services for both 2015/16 and the coming year can be requested from the Hospital Directors at each Treatment Centre or from our CATS Directors.

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



Participation in clinical audits and national confidential enquiries

The reports of the two national clinical audits (National Joint Registry (NJR) and Patient Reported Outcome Measures (PROMS) were reviewed for April 2015 – March 2016 (see table below).

Patients’ participation in national PROMS was lower than we would like, and Care UK will seek to improve participation rates by sharing and implementing processes that have been shown to produce a high response rate in comparable services.

Details of the national clinical audits and national confidential enquiries that Care UK participated in during April 2015 to March 2016 can be found in Appendix 2. This also lists those we did not participate in, with a rationale i.e. we are not commissioned to provide the service being audited.

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

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

Patient Reported Outcome Measures (PROMs)

The NHS requires providers to ask patients having one of four specific procedures to complete questionnaires before and after their operation, to find out how much difference the operation has 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 (HSCIC) data April 2014-March 2015		
	April-March 2013-14	April-Sept 2014	Highest reported nationally (best performing)	Lowest reported nationally (worst performing)	National average
Patient reported outcome measures (PROMs) participation rates					
Hip replacement surgery	100%	98%	100%*	0%	95%
Knee replacement surgery	92.9%	100%*	100%*	0%	100%*
Groin hernia surgery	100%*	90%	100%*	0%	67%
Varicose vein surgery	100%*	68%	100%*	0%	41%

Data source: HSCIC April 2014 - March 2015 Provisional PROMs data (published January 2016) / HSCIC April 2013 - March 2014 Provisional PROMs data (published February 2015)

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

Indicator	Care UK overall data		Health and Social Care Information Centre (HSCIC) data April to March 2014-2015		
	April-March 2013-14	April-March 2014-15	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	22.476	22.585	24.683	16.029	21.455
Knee replacement surgery - Oxford Knee Score	16.691	16.662	19.960	11.153	16.142
Groin hernia surgery - EQ-5D Score	0.067	0.082	0.154	0	0.084
Varicose vein surgery - Aberdeen Questionnaire	No score**	-13.431	-14.758	5.588	-8.281
<i>Data source: HSCIC April 2015-March 2015 provisional PROMs data (published February 2015) / HSCIC April 2013-March 2014 provisional PROMs data (published August 2014)</i>					

** Varicose Vein surgery - needs more than 30 submissions to carry out statistical analysis. Care UK Treatment Centres that 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.

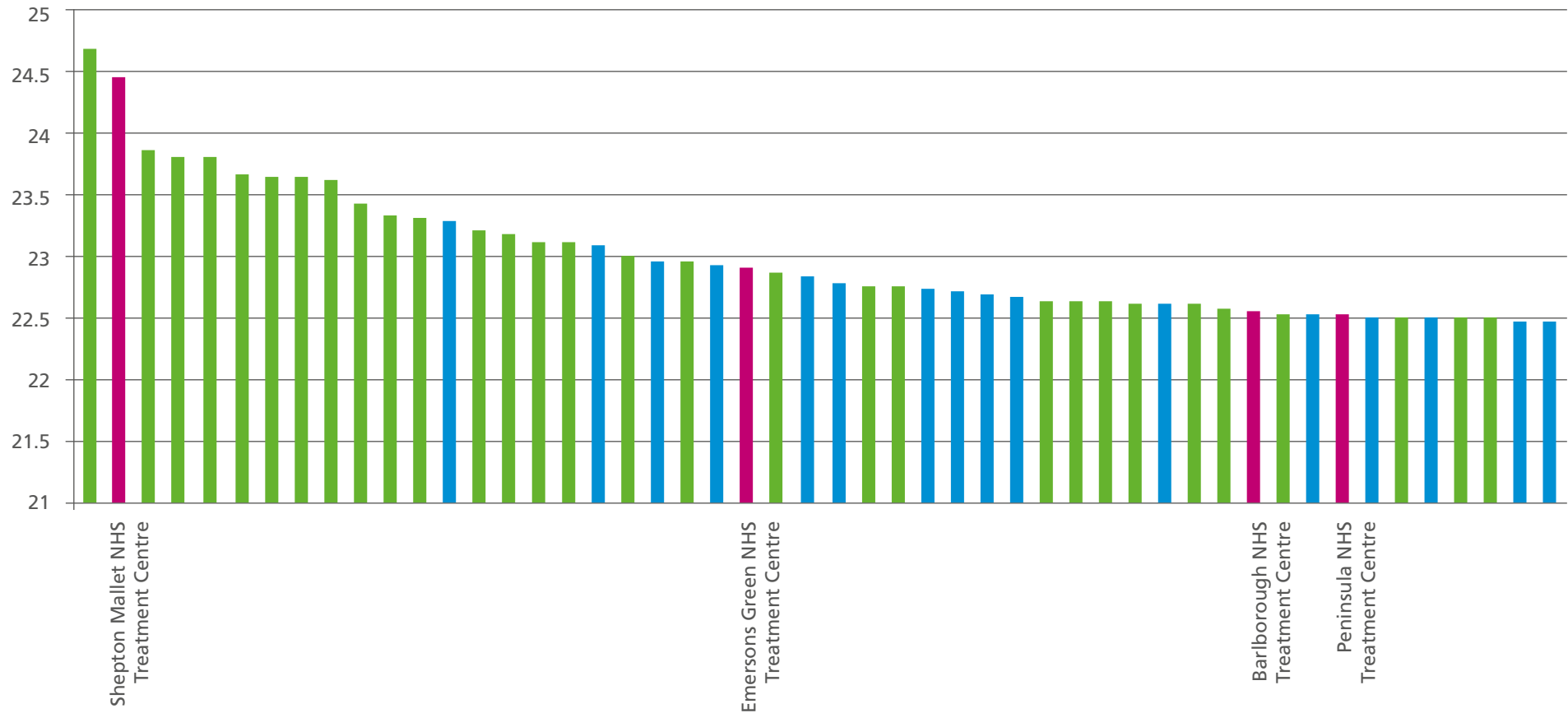
PROMS are an important quality indicator as they assess care quality from the patient’s perspective. For this reason, Care UK is already taking the following action to improve our PROMs scores:

- PROMs information is regularly reported to the Senior Leadership Team in a similar format to the table shown, so that areas for improvement can be swiftly identified

Treatment Centres with PROMs scores that require improvement analyse their data with the assistance of Quality Health Ltd, who provide specialist knowledge of PROMs information. This analysis forms the basis for improvement action planning

- The success of each improvement action plan is tracked by the Senior Leadership Team

PROMS adjusted average health gain - Primary hip replacement
 Oxford hip score April 2014 to March 2015 (top providers)



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

■ Care UK ■ Private providers ■ NHS

Data Source: HSCIC April 2014-March 2015 Provisional PROMs data (published January 2016)

Emergency readmissions rate for patients aged 16 or over

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

Indicator	Care UK Overall local data*		Health and Social Care Information Centre Data Independent Sector 2011-12		
	Apr - Mar 2014-15	Apr-Jan 2014-15	Highest reported local authority (Worst performing)**	Lowest reported local authority (Best performing)**	National Average
Emergency readmission to hospital within 30 days of discharge - Percentage of patients aged 16 or over readmitted within		0.33%	14.53%	7.91%	11.78%
All Treatment Centres		0.33%	14.53%	7.91%	11.78%
Data Source:	Local data		HSCIC Indicator portal Data set: '3b Emergency readmissions within 30 days of discharge from hospital'		

* This rate includes only patients readmitted to our Treatment Centres. We currently do not have access to readmissions to other providers.

** Lower tier local authority is the lowest level of detail provided by HSCIC.

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 monthly for each Treatment Centre and reported to the Senior Leadership Team and Board
- Each month the Senior Leadership Team examines every instance of emergency readmission that occurred and discusses the causes and what can be done to avoid similar readmissions in future.

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 or venous thromboembolism (VTE).

This indicator looks at how efficiently Care UK assesses their risk of developing a VTE.

Indicator	Care UK Overall local data		Health and Social Care Information Centre Data Q2 2015-16 July to September		
	Q1 2015-16 Apr-Jun	Q2 2015-16 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	93.3%	99.5%	100%	75.0%	95.9%

Data Source: www.england.nhs.uk/statistics/statistical-work-areas/vte/vte-risk-assessment-2015-16/
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 monthly for each Treatment Centre and reported to the Senior Leadership Team and Board.
- We set ourselves a target of 100% for this indicator and compare ourselves in this area against the independent sector (average 99.0%) and the NHS every three months.
- Reasons for not achieving 100% are examined each month by the Senior Leadership Team and explained to the Board

Infection with Clostridium difficile

Indicator	Care UK Overall data		Health and Social Care Information Centre Data April to March 2013-2014		
	Apr-Mar 2014-15	Aggregate 2008-15	Apr-Mar 2013-14	Apr-Mar 2014-15	Differential 2013-14 v 2014-15
Rate of Clostridium difficile (number of infections/100,000 bed days)					
All Treatment Centres	0	0	14.7	15.1	2.9% ↑
Data Source:	Local data		Public Health England July 2015 annual report Ref: www.gov.uk/government/uploads/system/uploads/attachment_data/file/442952/Annual_Epidemiological_Commentary_FY_2014_2015.pdf		

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

It is extracted from published verified 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 (DIPC) who provides Board oversight and leadership on all infection prevention and control issues
- This is further strengthened with a Deputy Director of Infection Prevention and Control who provides detailed guidance to our Treatment Centres, each of which have a trained local Infection Prevention and Control lead with identified time and resource to carry out their role
- Care UK policies are implemented to: ensure effective antibiotic stewardship; facilitate the adoption of local prescribing formularies; and monitor antibiotic usage and patient outcomes.

Patient safety incidents

Patient safety incidents	2014-2015 April 2014-March 2015	2015-2016 to date April 2015-December 2015
Rate of patient safety incidents that occurred across the trust (per 100 admissions)	1.8928	1.7802
Number of such patient safety incidents reported that resulted in severe harm or death	16	1
Rate of patient safety incidents resulting in severe harm or death (per 100 admissions)	0.0169	0.0014

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

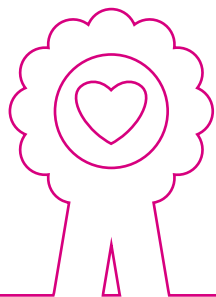
It is extracted from published verified local data that is taken to a national body.

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 who has appropriate Health and Safety training and protected 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 the initial lessons learned must be noted, within 72 hours of the incident taking place. Compliance against this target is examined by the Senior Leadership Team and reported monthly to the Board
- Serious incidents are subject to root cause analysis, with results reported to the Board. Lessons learned are shared with all other relevant sites using a shared learning tool. The Head of Governance and Quality ensures that the lessons learned have been embedded in practice through compliance checks at a later date
- 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 policies and procedures to guide staff in their everyday work caring and managing each patient's pathway.

We continually monitor our quality through: audit (local/national); governance meetings (local/national); and at monthly business reviews. Core performance indicators are developed from this to underpin all our senior leadership team's annual performance appraisals and objective setting.

We learn lessons from where things have not gone well, both at a local level through monthly Quality Governance meetings, and at a national level through quarterly Quality Governance Assurance Meetings, chaired by the Director of Nursing and Quality. 'Lessons shared' is a fixed agenda item at our bi-monthly Professional Leads Meeting and monthly Senior Leadership Team Meeting.

We focus on maintaining high quality patient care and endeavour to embed

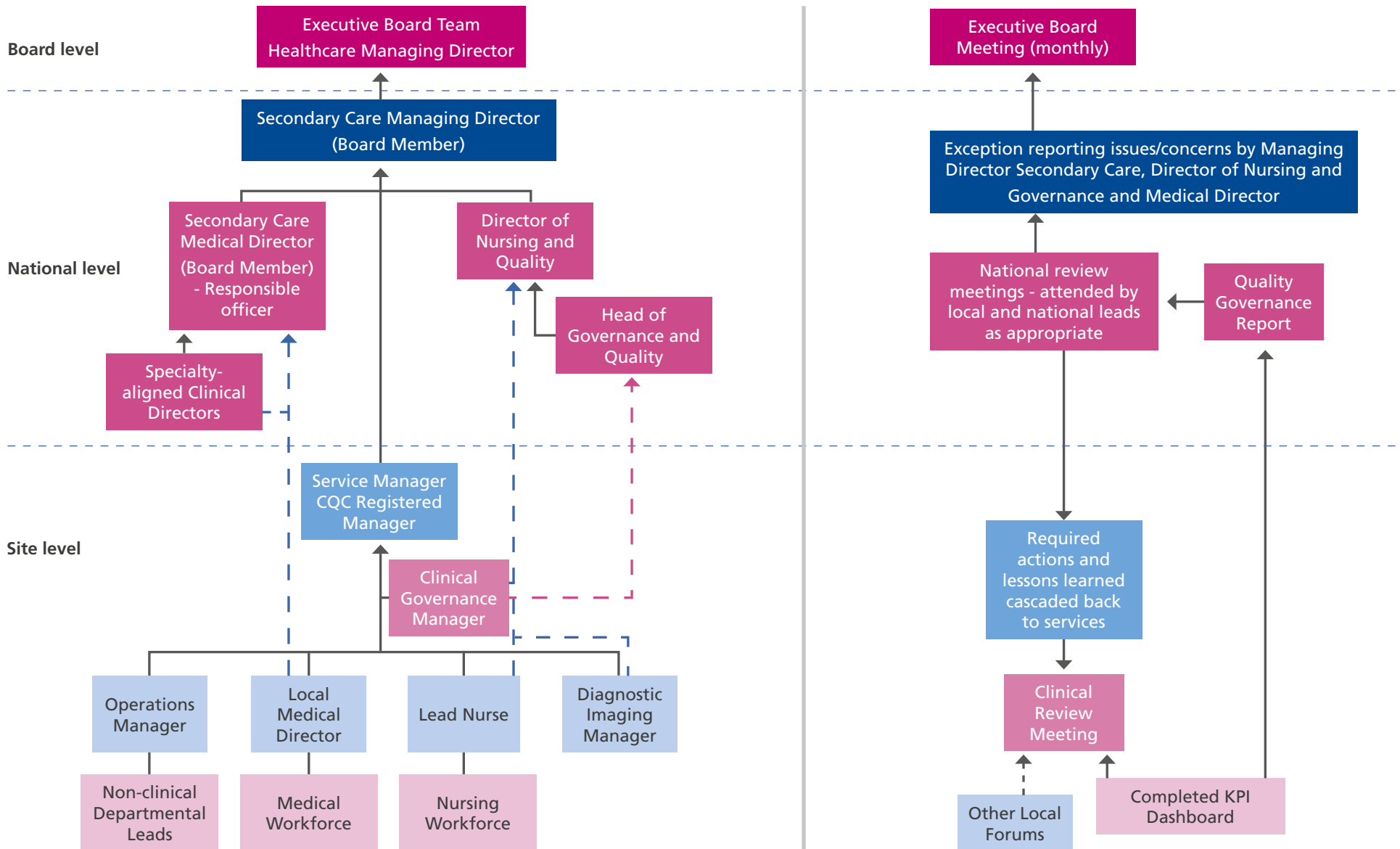
consistently safe, high quality standards, and an understanding of what 'good' looks like, across all our secondary care services.

Exception reports are received and reviewed from all key service areas, with particular attention being paid to patients' safety.

We have adopted a number of approaches to ensure the services we provide are the best they can be, including accreditation with national bodies - achieving, for example, Joint Advisory Group (JAG) accreditation across all of our endoscopy services. Our aim is to continuously improve the care that we offer and achieve excellent experiences for all patients choosing our services, as described throughout this Quality Account.



Below is a representation of the reporting and management structures within secondary care:



Diagnostic services

Care UK provides a range of diagnostic imaging services within its NHS Treatment Centres and Clinical Assessment and Treatment Services (CATS), including: plain film X-ray; non- obstetric ultrasound (NOUS); magnetic resonance imaging (MRI); computerized tomography (CT); and dual-energy X-ray absorptiometry (DXA).

These services are delivered using state of the art imaging systems at both fixed and mobile locations. Flexible opening hours, which include weekends and evenings, offer patients greater accessibility and convenience. Our team of dedicated imaging staff, comprising consultant radiologists, radiographers and sonographers, are all highly experienced healthcare professionals, registered with their respective professional bodies.

Referrals to our imaging services come from a range of healthcare professionals - doctors, nurses and allied health professionals - and the results of completed imaging examinations are

available to them within 24 hours of the patient's examination.

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

This framework ensures that services delivered by our operational teams are safe and clinically effective. Service-based teams are ably supported by an experienced divisional team which includes: a Clinical Advisor; a highly experienced Consultant Radiologist; and a Diagnostics Lead responsible for all diagnostic imaging services within Care UK's Health Care Division.

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

We review a minimum of 10% of completed imaging cases, scoring each of the three key components on a scale from one to five (one being the lowest and five highest).

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

In summary, our QA programme helps us to:

- Ensure quality is continuously assessed at all key points of the imaging pathway (referrals/images/reports)
- Identify whether the correct management of the patient is achieved following diagnostic examination
- Identify any areas that might require improvement in the imaging pathway
- Offer assurances to our commissioners, patients and to our own organisation regarding the quality of the imaging services we provide and the reports that we send to our patients and referring clinicians



During the reporting period (April 2015-March 2016) our QA programme has helped us review a significant number of cases as part of our quality improvement initiative. This has provided assurance about the quality of the services that we deliver to patients. It has also provided valuable feedback and opportunities for shared learning, both internally across Care UK and also externally with our key stakeholders.

For example, we have been able to give important feedback to our referring clinicians about the appropriateness of imaging referrals, and whether the images they have requested are the 'gold standard' for answering the clinical question posed. It has also enabled us to review the quality of images produced by our radiographers and sonographers, and the content and accuracy of imaging reports provided by consultant radiologists and sonographers.

The QA programme allows us to monitor the trends and outcomes of imaging examinations, and to quickly identify

any discrepancies or errors in reporting practice, ensuring that the clinical outcomes for patients are always the primary focus of this valuable quality improvement tool.

Outcomes from the QA programme continue to be excellent:

- 99.9% of referrals reviewed and accepted by Care UK were scored as appropriate against national imaging referral guidelines (iRefer) developed by the Royal College of Radiologists. There were only minor comments on how the quality of information provided by our referrers could be improved (about the importance of providing relevant patient history and previous imaging undertaken for the patient)
- 99.9% of cases reviewed during this period show the quality of images produced by our radiographers and sonographers to be excellent. This clearly demonstrates that our clinical teams are delivering high quality diagnostic images/examinations that enable accurate and prompt diagnosis to be achieved for our patients

- 99.2% of reports reviewed were also deemed to be accurate, clear and precise - offering a targeted response to the clinical question being asked by the referring clinician.

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

Any significant errors are also formally reviewed as part of a focused Discrepancy Meeting, which includes the review of cases completed by both sonographers and consultant radiologists.

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

Our discrepancy/error rates for the reporting of imaging examinations remain at a very low rate. Although, this rate is hard to benchmark as QA programmes are not widely implemented across NHS Radiology Departments and thresholds for error are not clearly defined by the professional body (Royal College of Radiologists). We are wholly assured that the quality of our reporting is well above any suggested thresholds within the published evidence on this topic, and that we continue to excel in this area.



Patient led assessment of the care environment (PLACE)

Care UK are delighted that the care environments within all of our facilities scored above 80% for every PLACE category in 2015.

Cleanliness

The patient-led assessors gave us an overall score of 99% for the cleanliness of our secondary care and mental health sites. We are immensely proud of this score, which was complemented by an overall score of 96% for the condition, appearance and maintenance of the buildings from which we provide care.

In 2016 we expect to maintain these high quality ratings across all of our NHS Treatment Centres.

Dementia friendly

This was the first year that how environments support the care of people with dementia was assessed – in accordance with criteria laid down by the Health and Social Care Information Centre (HSCIC). Whilst a positive 85% was scored across our secondary care premises overall, we have started working to improve signage and environmental clues across our Treatment Centres. For example, at Peninsula NHS Treatment Centre, designated rooms have been allocated for patients with dementia, with: clear, colour-supported signage identifying toilet and bathroom facilities; large wall-mounted clocks; and softer colour tones.

PLACE Results 2015



Cleanliness
99.22%



Food
92.23%



Ward food
97.54%



Privacy, dignity and wellbeing
88.31%



Dementia
80.07%



Condition, appearance and maintenance
93.23%

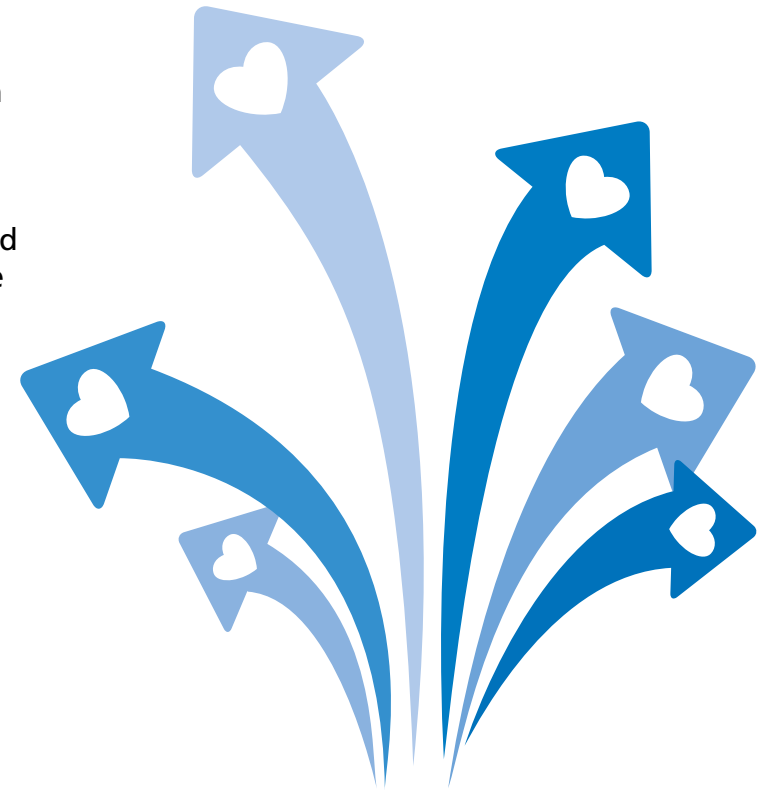
Employee engagement

Each year we carry out a staff survey, 'Over to You'. This survey not only informs us about what staff think, but also helps us measure the effectiveness of our employee engagement strategy. Each unit, department, and team must formulate action plans based on survey results, and report on their progress. Each action plan has sections detailing: 'issues to celebrate'; 'areas where we need to make improvements'; and other factors that appear to merit further investigation. The key measure generated by the survey is an engagement index, expressed as a percentage. Divisional targets are set year on year to increase our engagement index score – with outcomes stripped down as far as service line, unit, and teams within units, to support improvement action planning.

Survey content is proposed by Care UK's Human Resources (HR) Director in conjunction with our Divisional HR Directors. Their proposals are then adjusted and approved by the Divisional Managing Directors. The same questions are used across all services to ensure consistent measurement.

In 2014 our engagement index for Health Care was 58%, this rose to 64% in 2015.

This year the 'Over to You' survey is planned for May and results will be shared with commissioners as part of our routine joint reviews.



Infection prevention and control

Care UK is committed to ever-improving standards of safe practice and environmental hygiene in order to prevent and control infection. This not only enhances service users' safety, it also means that they benefit from visibly clean, high quality service environments.

Organisational management

Following the recommendations of the Health and Social Care Act 2008 (2010; 2015), Care UK maintains a robust, hierarchical structure of infection prevention and control (IPC) guidance and supervision, provided by our IPC Committee, which is chaired by the Director of IPC.

Our IPC strategy is delivered through a range of operational processes that consistently assess, measure and audit infection risks and use outcome information to plan and deliver actions designed to reduce avoidable infections, in line with the national agenda. Each service has a named IPC lead, and the Deputy Director of IPC brings this network of practitioners together on a quarterly basis

for clinical supervision, shared learning and peer support.

Systems of assurance

Our internal IPC assurance systems include a monthly audit schedule specifically designed to monitor relevant areas of risk within each service stream. Incidences of surgical site and healthcare associated infections are reported and collated monthly. This information and contributory factors are reviewed locally and are assessed by the Deputy Director. Lessons are shared via our governance framework, which incorporates quality governance, professional forums, the IPC committee and the Health Care Board.

Performance 2014 - 2015

Healthcare Associated Infections (HCAs): Care UK had no reported cases of Clostridium difficile infection and no incidences of methicillin resistant or sensitive Staphylococcus aureus bacteraemia attributable to their care during 2015.

This is our fifth consecutive year of zero HCAs.

Health care associated infections (HCAI) 2011-2015

MRSA bacteraemias

0 infections

MSSA bacteraemias

0 infections

E.coli bacteraemias

0 infections

Clostridium difficile incidence

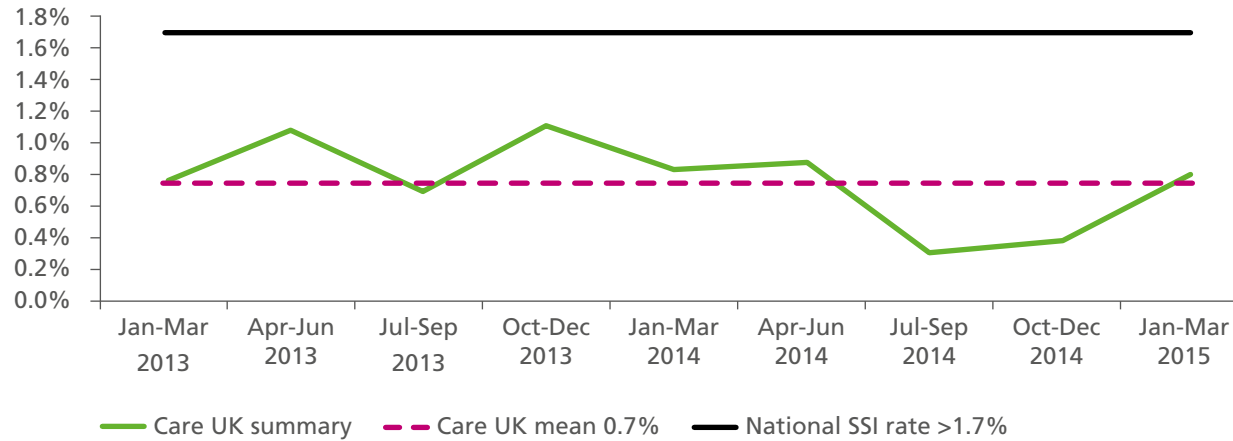
0 infections

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

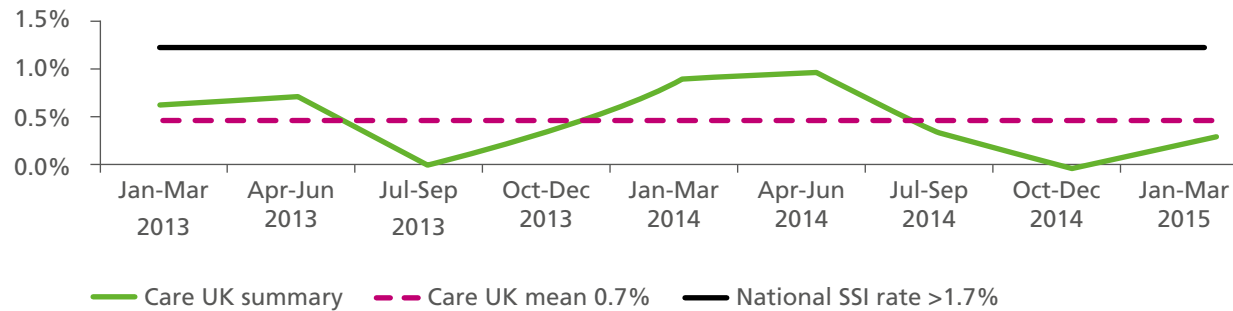
Surgical site infections:

Care UK's secondary care services implement continuous surveillance of our hip and knee replacement outcomes via the Public Health England (PHE) National Surgical Site Infection Surveillance Scheme (NSSISS). We report every incidence.

**PHE knee replacement surgical site infections
(Threshold >1.7%) - ALL SSI**



**PHE hip replacement surgical site infections
(Threshold >1.2%) - ALL SSI**

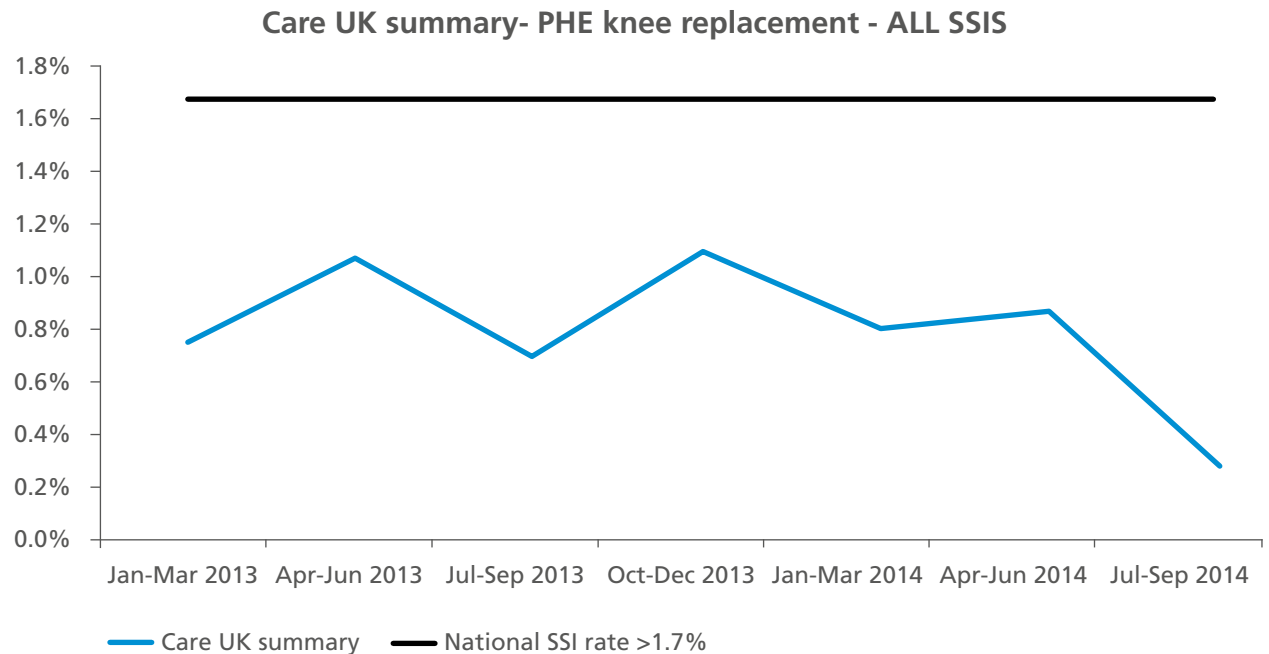


Surgical site infection rates (hips and knees replacements)

Each Care UK secondary care hospital/ Treatment Centre 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 incidences 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 NHS Treatment Centre. These have been investigated thoroughly and improvements are being made. These results have helped inform our quality priorities for this year.



Information governance data quality

Secondary care hand hygiene audit results by unit

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

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

Our IPC leads and link practitioners conduct quarterly audits of the hand hygiene practice of staff within each service area. Continuous improvement is driven through focused action planning based on audit results, coupled with re-audit. Audits are interspersed with staff training on all aspects of essential hand hygiene practices.

As a result, Care UK consistently reports hand hygiene scores of above 85% across all its secondary care units.

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 174 Internal information incidents within the year and we have had 3 SIRI Level 2 reportable incidents which the ICO has concluded with no actions taken. We have continued to implement 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 reducing the risks 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. This is an externally

174

Internal information incidents

3

SIRI Level 2 reportable incidents

ICO has concluded with no actions taken

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.

Information governance toolkit attainment

We have achieved the quality standard of Level 3 100% on the IG toolkit, which is underpinned by our ISO 27001:2013-information security management system and accreditation.



Clinical coding

During 2015-16 we submitted records to the Secondary Uses Service (SUS) for inclusion in the Hospital Episode Statistics (HES). These are included in the latest published data:

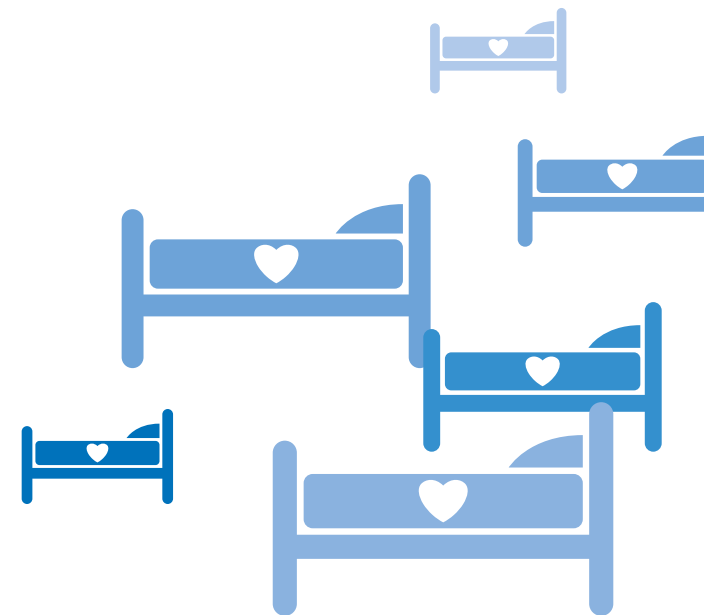
- Within Care UK there is a programme of clinical coding audits focused on data quality, in accordance with Information Governance Toolkit 13-505 and conducted in line with the Clinical Classification Service's clinical coding methodology: version 9. The 2015-2016 audit results demonstrated that all Care UK Treatment Centres were achieving the satisfactory percentage accuracy for either Level 2 or the higher Level 3, as recommended
- Care UK clinical coders receive ongoing training in line with the Information Governance Toolkit 13-510 attainment Level 2

Same sex accommodation

In line with Department of Health guidance on mixed sex accommodation, it is standard practice in Care UK facilities to provide separate accommodation for men and women throughout the process of admission, treatment and discharge. 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 guidance during the past year and this has been reported to the Health and Social Care Information Centre (HSCIC) every month. We are proud of this achievement and intend to maintain this standard in the future.

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



Local clinical audit

In total, 845 clinical audits of Care UK services were completed locally, between April 2015 and March 2016. Of these, 89% achieved 'compliance' status, 8% 'partial-compliance' and 3% 'non-compliance'.

Each audit forms part of Care UK's published Clinical Audit Schedule. This is reviewed and updated annually by our Clinical Audit and Effectiveness Group, which sets specific clinical audits for each service stream within our Health Care Division. The group prioritises audits that are mandatory and ensures that all scheduled audits are meaningful and will provide a positive contribution to quality improvement and clinical excellence.

We use a range of audit tools, and provide resource and expertise, to facilitate high quality clinical audit practices. Those involved in local clinical audit practices are also encouraged to complete Care UK's CPD accredited clinical audit training session (mandatory for at least one member of staff per service), which has been highly successful in driving a culture of clinical audit by highlighting the

positives that can be achieved in terms of quality improvement.

Core audits in the Clinical Audit Schedule (undertaken within all areas) include: safeguarding; medicines management; documentation; CAS alert and NICE guidance; information governance and security; quality audit and emergency scenarios.

These are supplemented by focused, service stream-specific audits. For our NHS Treatment Centres, these include audits of: venous thromboembolism (VTE) risk assessment; peri-operative hypothermia; implementation of National Early Warning Score (NEWS) assessments; WHO Surgical Safety Checklist usage; and observational audits - falls and fluid balance.

Service stream-specific audits within our diagnostic imaging services, include: reject analysis; clinical practice and documentation; and, dose reference level (Radiation dose audit).

Our musculoskeletal (MSK) services also conduct local clinically focused audits to evaluate clinical practice outcomes, including: acupuncture; joint injection and patient triage.

The results, compliance status and details of any actions arising from clinical audits are submitted monthly to the Health Care Division's Clinical Audit Manager.

Results are then logged and key findings are reported by exception i.e. partial and non-compliant audits are reported to Care UK's Health Care Board as part of the monthly reporting cycle and governance processes.

Services are responsible for conducting clinical audits and progressing any actions arising. All actions are assigned to specific individuals for completion within defined timescales. Re-audit is completed where indicated, in order to close the audit loop.

Our operational services are clearly focused on conducting high quality clinical audit and ensuring that outcomes support

teams to either demonstrate their delivery of high quality, latest evidence-based clinical practice or highlight areas for quality improvement.

The following examples provide clear evidence of how clinical audit practice across Care UK has generated demonstrable improvements in the quality, safety and clinical effectiveness of our services - with shared learning mechanisms used to maximise the benefits across whole service streams.

Fluid Balance audit - The North East London NHS Treatment Centre has improved their compliance against NICE guidelines CG174 (IV fluids) from 82% (Non-Compliant) in May 2015 to 100% (Compliance) by November 2015. This was achieved by improving the documentation related to fluid management and ensuring all key factors were recorded appropriately on fluid charts.

The Barlborough NHS Treatment Centre has improved their compliance with VTE audit criteria, a key patient safety

issue and a clinical priority for the NHS. Compliance rose from 80% (Non-Compliant) in February 2015 to 100% (Compliance) in April 2015, following targeted improvements in 24-hour VTE reviews.

The Devizes NHS Treatment Centre achieved significant improvements in WHO Surgical Safety Checklist implementation within operating theatres. This checklist is designed to enhance patient safety by encouraging theatre teams to consistently apply evidence-based practices and safety checks for all patients, and by improving teamwork and communication. The Treatment Centre demonstrated significant improvements from 86% (Non-Compliant) in April 2015 to 100% (Compliant) in July 2015.

This improvement was achieved by strongly focusing on the completion of all elements of the checklist by the key members of staff responsible.

In summary, our Clinical Audit Schedule ensures that practices are consistently assessed and benchmarked across a range of guidelines and standards issued by NHS and professional bodies.

Shared learning forms an integral part of the clinical audit cycle and specifically underpins our approach to using clinical audit as an effective quality improvement tool.

In this context, clinical audit outcomes, the key lessons learned and the specific changes and improvements that have been made, are formally discussed and shared amongst colleagues both locally and across Care UK, to ensure we maintain high quality standards for all our patients.

National Joint Registry (NJR)

All of the NHS Treatment Centres operated by Care UK that undertake hip and knee replacement surgery have submitted data to the National Joint Registry since their opening. The NJR has, since 2002, monitored joint replacement surgery in terms of both its clinical effectiveness and the effectiveness of the surgical implants used. Nationally, more than 1.6 million procedures are reported annually (11th Annual NJR Report September 2014).

Care UK's current selection of hip and knee replacement implants takes into account: the top performing outcomes demonstrated by the NJR; Orthopaedic Data Evaluation Panel (ODEP) ratings; and, the most commonly utilised implants in England and Wales.

Implants have been selected for their: proven long term performance; low revision rates; the accessibility of manufacturers' support and inventory; ease of application; and, the integration of continual learning into our intelligent

pathways, which is integral to the success of complex healthcare organisations.

Our protocols for choosing the right implants take into account individual patient needs, activities, health profile, age and bone stock in order to provide them with the best possible outcome and a quick return to normal life and function. These protocols are regularly reviewed to take account of the latest high impact scientific evidence and our own internal analysis of best outcomes data. This supports our strategic goal of maintaining/improving upon our excellent results year-on-year.

Enhanced Recovery Programme




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

As a result, patients have shorter hospital stays and good outcomes. The current average lengths of stay at our NHS Treatment Centres are: 2.6 days for hip replacement and 2.3 days for knee replacement.

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	1,834	14	100%	69.6			
Emersons Green NHS Treatment Centre	1,101	9	98%	70.2			
North East London NHS Treatment Centre	692	11	100%	70			
Peninsula NHS Treatment Centre	627	8	100%	70			
Shepton Mallet NHS Treatment Centre	616	7	100%	70.4			
Southampton NHS Treatment Centre	442	6	96%	69.1			2



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

It is a mandatory requirement for all providers of healthcare services to have a procedure for reporting incidents. Care UK's procedure is based on National Patient Safety Agency (NPSA) published work, and related policies are regularly revised to reflect latest best practice in this area.

We promote the open reporting of all incidents and accidents, including no harm/prevented harm and near miss incidents. If incidents do occur, we take immediate steps to minimise risk factors and prevent recurrence.

Our aim is to maintain a working culture that creates and maintains a safe, low risk environment for our patients and all those visiting or working within Care UK premises.

We also work with local commissioners, partners and external organisations to ensure any learning we derive from incidents is shared and overall risk is reduced. For example, all of our Treatment Centres have a nominated senior staff member who participates in the Local

Information Network (LIN) to monitor and review any incidents involving controlled drugs.

Prevention of Never Events

Never events are defined as 'serious, largely preventable patient safety incidents that should not occur if the available preventative measures have been implemented'. Reviews of the circumstances surrounding never events typically exposes process failures that could be addressed through modern Human Factor (HF) training. To this end, Care UK has engaged a specialist company of HF trainers to work alongside our own training department to help embed HF awareness throughout the organisation. In addition, we have commissioned an external review by a medico-legal training company, to assess the adequacy of our post hoc analysis of never events, should they occur, and our process for learning from events.

There is a broader piece of work being undertaken to raise awareness of HF in

our clinical settings, with formal training being given to clinicians and support staff to further reduce the possibility of never events occurring in the future.

There were 6 never events reported in 2015-16 across secondary care services. 2 related to wrong tooth removal, 1 related to wrong size prosthesis, 1 related to retained foreign object (Tourniquet), 1 relating to wrong site procedure and 1 relating to incorrect spinal medication administered.

Site	Category
North East London NHS Treatment Centre	Wrong tooth removed
Barlborough NHS Treatment Centre	Incorrect spinal medication administered
Barlborough NHS Treatment Centre	Wrong size prosthesis
North East London NHS Treatment Centre	Retained foreign object
Barlborough NHS Treatment Centre	Wrong site procedure
Southampton NHS Treatment Centre	Wrong tooth removed

Root Cause Analysis

Once an incident has been investigated, we identify root causes, make recommendations and communicate those recommendations across the organisation to ensure any necessary changes are put into action. We then monitor the implementation of changes to practices, pathways and management, across all sites. Where indicated, we also review our policies and procedures to reflect these changes.

Risks identified through the reporting and investigation of incidents are also recorded in our Datix system alongside any action plans. These are frequently reviewed as part of our proactive approach to reducing the likelihood of future incidents occurring.

Patient deaths within 30 days

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 under the care of Care UK.

Learning from Incidents

At a local level, shared learning from incidents and complaints is a standard agenda item at Quality Governance meetings - with additional, individual feedback being given to any staff members who were involved.

At a national level, we not only monitor the action plans resulting from incident investigations but ensure lessons learned are shared across all services. Our Professional Leads meetings, which are attended by all of our Heads of Nursing and Clinical Services, are a particularly useful forum for this.

Working in partnership with our commissioners and external stakeholders is another essential means of sharing our learning and promoting transparency in our services. To promote this in Southampton, representatives from our Treatment Centre team attend Panel Review Meetings convened by commissioners. These meetings enable teams of experts, including both senior managers and clinical staff, to get

together to discuss and share learning derived from the root cause analysis of incidents. Meetings are quarterly or as required. Inspectors from the Dental Deanery and NHS England have commented positively on the results of these meetings.

Table 1

This table provides the number of patient safety incidents as a percentage per Treatment Centre

	% of patient safety incidents as a percentage of patient attendances		
	All incidents including near misses	Severe Harm	Death
Barlborough NHS Treatment Centre	7.6949%	0.0000%	0.0000%
Devizes NHS Treatment Centre	2.6778%	0.0000%	0.0000%
Emersons Green NHS Treatment Centre	3.2513%	0.0000%	0.0000%
North East London NHS Treatment Centre	1.2232%	0.0000%	0.0159%
Peninsula NHS Treatment Centre	2.9490%	0.0000%	0.0000%
Shepton Mallet NHS Treatment Centre	1.5068%	0.0000%	0.0000%
Southampton NHS Treatment Centre	0.9186%	0.0000%	0.0000%
St Mary's NHS Treatment Centre	2.6128%	0.0000%	0.0000%
Will Adams NHS Treatment Centre	0.5963%	0.0000%	0.0000%

Table 2

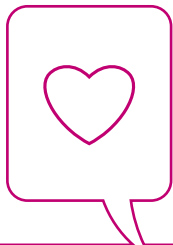
This table provides actual numbers of incidents per Treatment Centre

	Severe Harm	Death	No Harm	Total
Barlborough NHS Treatment Centre	0	0	176	225
Devizes NHS Treatment Centre	0	0	88	105
Emersons Green NHS Treatment Centre	0	0	264	312
North East London NHS Treatment Centre	0	1	52	77
Peninsula NHS Treatment Centre	0	0	81	100
Shepton Mallet NHS Treatment Centre	0	0	72	88
Southampton NHS Treatment Centre	0	0	85	111
St Mary's NHS Treatment Centre	0	0	141	165
Will Adams NHS Treatment Centre	0	0	14	21



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. The feedback below is verbatim unless stated otherwise.

Healthwatch Bristol and Healthwatch South Gloucestershire

Healthwatch Bristol and Healthwatch South Gloucestershire volunteers agreed that Care UK's performance against their 2015/2016 quality priorities had been good. They read nothing that caused them alarm and agreed that the document proves an established culture of attempting to reflect on, as well as learn from, the experiences of patients and staff in driving improvements in future performance. Volunteers thought Care UK's quality priorities for 2015/2016 and for 2016/2017 were challenging and ambitious enough to allow for continuing improvements in care.

Healthwatch Bristol and Healthwatch South Gloucestershire volunteers made the following comments and recommendations about Care UK's Quality Account 2015/2016.

The document suggested that quality improvement had been good in 2015/2016. For example:

- Care UK have had no reported cases of Healthcare Associated Infections in 2015/16;
- Emersons Green Treatment Centre, which serves patients in Bristol and South Gloucestershire, was rated 'Good' by CQC;
- PLACE results for 2015 are given as 92.22% for Cleanliness, Food 92.23%, Ward food 97, 54%. Privacy, dignity and wellbeing 88.30%, Dementia 80.07% and Condition, appearance and maintenance 93.23%. Healthwatch volunteers were actively invited to participate in PLACE inspections at Emersons Green Treatment Centre;
- Care UK had 100% compliance with the KPIs for good practice;

- Nearly 100% of patients using Emersons Green Treatment Centre had been encouraged to complete a friends and family test and around 99% of patients said they would recommend having treatment with Care UK in the survey.

The account explains how quality is to be measured moving forwards and how the Board of Care UK receives quarterly quality progress statements. There was also evidence that Care UK's strategy is reviewed annually to take new clinical and quality performance initiatives into account and stay abreast of developments in health care best practice. It was reassuring that Care UK noted that they will continue to build on the achievements they made in 2015/16 in 2016/17.

In terms of recommendations, volunteers made the following comments:

- there should be a statement at the beginning of the Quality Account, with contact details and appropriate instructions, to indicate that the document is available in not just alternative format(s), but that any communication with patients will comply with the Accessible Information Standard. The standard will become a legal requirement in July 2016 and Care UK will need to ensure that every individual patient's access and communication needs are met;
- there was a concern about how Care UK will ensure this document is equally applied and monitored across all of its services, particularly considering the extensive geographical spread of Care UK's bases;
- the document references the Equality Act and their Equality Delivery System (EDS) but only in relation to racial equality. Healthwatch would recommend that each of the 9 protected characteristics, and how Care UK will ensure quality for

individuals from every equalities group, is written into the Quality Account;

- more improvement should be made in terms of ensuring complaints are replied to within 20 days in 2016/17. 32% of complainants received a reply within 20 days at Emersons Green Treatment Centre;
- case studies were used to illustrate that patients had had a good experience of healthcare at Care UK. There were not enough case studies, however, to understand patients lived experience and real opinion. Care UK has also reported that Patient Participation in national PROMS was lower than they would have liked. Healthwatch would recommend that continuous patient and public involvement is carried out in the year 2016/2017.

Volunteers also noted that it was very difficult to assess the extent to which Care UK's Quality Account reflects the real, individual experiences of its patients because the "Feedback from Stakeholders" section (pages 72 to 85) was empty.

With regard to the quality priorities proposed, volunteers said:

- 'Safe' – volunteers commended the frailty policy but recommended that the trigger of 75 years old be lowered. This is particularly important considering the rise in dementia rates. Volunteers also said this priority should be linked to the dementia priority in 'Caring'.
- 'Caring' – the 60% response rate should apply to all outpatient appointments, not just patients' initial appointments.
- 'Responsive' – meeting the needs of the Equality Act is much wider than ensuring race equality for staff. We recommend that Care UK takes measures to support all initiatives for all equalities groups, as stated above.
- 'Well Led' – it was not clear what training middle management will receive and there was no mention of equalities training for staff.

Healthwatch Bristol and Healthwatch South Gloucestershire volunteers

Southampton City Council response to Care UK's Quality Account 2015/2016

The Southampton Health Overview and Scrutiny Panel (HOSP) welcomes the opportunity to comment on the Care UK Quality Account for 2015/16.

Care UK is to be congratulated for achieving "outstanding" for the level of care for patients at the Southampton NHS Treatment Centre, according to CQC inspectors who also rated the centre "good" in every other examined category in 2015.

The Panel were pleased to note that Care UK fully or partially achieved all of the priorities set in 2015/16 and that the Southampton NHS Treatment Centre attained consistently high levels of positive feedback in relation to the NHS Friends and Families test throughout the year.

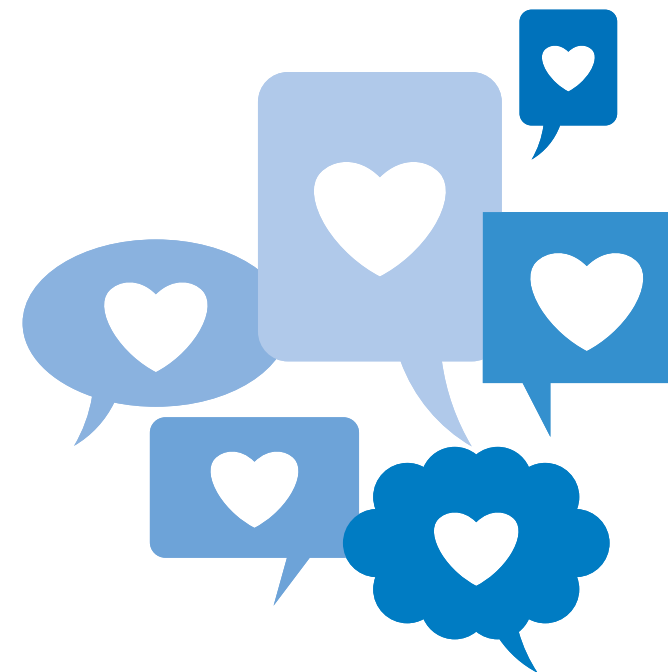
The aims and priorities for 2016/17 are clearly outlined within the well written

Quality Account, which is further enhanced by the inclusion of patient stories that provide context to the report.

The Panel were disappointed however to note that for the second year running the Care UK Quality Account does not make reference to the performance of the Care UK operated Southampton Minor Injuries Unit.

The HOSP look forward to working closely with Care UK over the coming year.

**Cllr Sarah Bogle, Chair of the Health Overview and Scrutiny Panel,
Southampton City Council**



Southampton City and West Hampshire Clinical Commissioning Groups

Southampton City and West Hampshire Clinical Commissioning Groups are pleased to comment on Care UK's Quality Account for 2015/16. The CCGs have continued to work with the Care UK over the past year in monitoring the quality of care provided to the local population of Southampton and West Hampshire and in identifying areas for improvement.

The Quality Account confirms the commitment by Care UK to improving quality across all of their services; in particular it is evident Care UK is continuing to look forward to engaging more fully with their stakeholder groups. It is of note that missing from the Quality Account is any reference to the minor injuries units of which there is one located within Southampton. This is the second year that this area of service delivery has played no part in the Quality Account.

The Quality Account demonstrates how Care UK can be justifiably proud

of its achievements in 2015/16 being in the top performing NHS Provider organisations across a range of quality indicators including Friends and Family (FFT) scores and PLACE inspections. From the CCG's perspective the transparency and openness of the organisation at the local level is very evident. Of note the CQC inspected 4 of Care UK's centres with all achieving a 'Good' overall; but especially of note is that the Southampton Treatment Centre achieved 'Outstanding'.

Care UK had set twelve priorities for 2015/16 laid out within the five key lines of enquiry from the CQC. It is good to see that Care UK fully or partly achieved all of the priorities set. Moving forward into 2016/17 sees Care UK again committed to a year of continued quality improvement around the five key lines of enquiry described by the CQC: There are three clearly defined key aims which highlight Care UK's focus; these being quality; leading change and driving innovation;

each has a set of priorities and actions within it.

Commissioners look forward to reviewing the progress Care UK makes in terms of 'continuing to respond consistently to patient feedback which has been remodelled from last year. In light of the difficulties all healthcare providers have with recruitment and retention of staff, especially nursing, it is good to see the commitment to continuing the 'development of leadership skills in clinical staff'; the focus in the upcoming year being on middle management.

Of particular value is the inclusion of patient stories within the Quality Account; however, it may have been beneficial to use the opportunity to highlight a patient experience story which maybe reflected poorly on Care UK and how the learning from that experience would have added a more patient focused approach around

shaping the development of Quality Account priorities in the future.

Care UK has reported against the core set of performance data required for independent providers under the QA guidelines. In all areas they are performing well against the national measures. It has been disappointing to see a Never Event recorded against Southampton Treatment Centre around a wrong tooth extraction in a patient. There were two similar events that occurred in 2014 and the commissioners are disappointed that the significant learning from those previous Never Events did not prevent this year's event occurring.

Overall, this is a well written QA which reflects on the achievements of Care UK as an NHS Provider. It indicates an organisation that responded well to the priorities of last year. Of particular significance is the inclusion of 'patient stories' in the QA and should be commended. The Quality Account meets all the national requirements, including

the new reporting considerations (NHS England letter dated 3 February 2016). Locally, Care UK is highly regarded as an open and transparent organisation with excellent relationships with local CCGs.

Southampton City and West Hampshire CCGs are satisfied with the Quality Account for 2015/16 and look forward to continue working closely with Care UK over the coming year to further improve the quality of services.

**John Richards, Chief Officer,
Southampton CCG**

Somerset Clinical Commissioning Group

Unfortunately because the quality account covers all of Care UK's work nationally, it is difficult to see the relevant quality indicators and information for Somerset patients. We would have found it useful to have a section specifically summarising the work you have done on quality improvement at the Shepton Mallet site, as we have noted in previous years.

A general observation is that the quality account document is well presented and gives a clear overview of quality in the organisation. However the quality indicators appear to be presented in isolation without context and lacks meaning and learning for the public to understand. A particular example is the quality improvement priority to improve the quality of incident reporting on Datix systems. While the data presented is about the classification of the incident it would be more helpful to have been updated on the themes of the incidents and how the learning has been used to change and improve patient care. In addition the rate of reporting of incidents per 1,000 bed

days could have been presented to enable benchmarking with other providers.

The report appears to be more directed towards professionals, rather than the public, and it is unlikely that patients, carers or members of the wider public would read the document. It would be helpful to understand if Care UK is intending to publish a public-facing version Somerset easy-read version of the quality accounts.

NHS Somerset CCG Commissioner Statement

As lead commissioner, NHS Somerset Clinical Commissioning Group (CCG) has monitored the safety, effectiveness and patient experience of health services at Shepton Mallet Treatment Centre (the Treatment Centre). The Treatment Centre's engagement in the quality contract monitoring process provides the basis for the CCG to comment on the Quality Account including performance against

quality improvement priorities and the quality of the data included.

NHS Somerset Clinical Commissioning Group (CCG) has reviewed the information provided by the Treatment Centre 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. The report is presented in the format required by the Department of Health Toolkit. The information it contains accurately represents the Treatment Centre quality profile.

The local people in Somerset feel safe in the care of the Treatment Centre and this is shown by the number of people who have returned over the last 10 years for different procedures. 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 in Somerset or nationally. This

needs to be addressed in future Quality Reports.

The Treatment Centre has had a busy and good year. The CQC Pilot Inspection for Independent Health Service providers was undertaken at the end of 2014/15 and was published in March 2015. The inspectors said that they found staff were caring and compassionate in their dealings with patients, and patients praised the treatment and care that they received. There was a clear vision and strategy but also a leadership team who empowered and supported their staff to take control. The inspectors found exemplary services and this has provided a strong basis for the Treatment Centre to build further quality improvement and share success. The team have shared the learning from the good work specifically around your approach to falls reduction with NHS Trusts locally and nationally. The Treatment Centre has also demonstrated a strong willingness to learn and improve services and has made significant

achievements in improving the quality of the services provided during 2015/16. Our view is that the Treatment Centre provides, overall, good care for patients.

NHS Somerset CCG has monitored the safety, effectiveness and patient experience of health services provided by the Treatment Centre during 2015/16. We have reviewed the identified Quality Improvement Priorities for inclusion in the Quality Account for 2016/17 and would comment as follows:

Quality

The CCG can confirm that the Treatment Centre 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 Contract Review Meetings. These include the priorities that were identified for 2015/16 as part of the Commissioning Quality and Innovation (CQUIN) framework agreed with the Treatment Centre along with national and local indicators.

The CQUINS agreed with NHS Somerset CCG for 2015/16 included:

- reducing emergency admissions to other providers
- screening older patients for clinical Frailty using an agreed tool
- supporting continuity of care on discharge from the Treatment Centre
- development and implementation of local outcome measures for Carpal Tunnel Hand procedures
- enhanced pain management
- a reduction in the number of falls within a year of lower limb joint replacement procedures for patients who were risk assessed as being at high risk of falls

The CQUINS are on target for achievement, the final data is due at the end of June 2016.

In February 2016 the Treatment Centre was awarded a Gold Standard from the Soil Association for the Food for Life Catering

Mark, which means you can demonstrate a clear chain of foods that are all organic and locally sourced. Patients have reported on the "home cooked food" at the centre. The Treatment Centre is only the fourth hospital in the UK to be awarded the Gold catering Mark which recognises the commitment to offer freshly cooked food.

Patient Safety

Patients receive safe care from the Treatment Centre. There is a holistic approach to assessing, planning and delivering care within the hospital. An individual approach to patients' needs is evident throughout the patient pathway with pre-operative care and planning and discharge planning prior to admission.

The falls stability programme has continued to provide advice to people undergoing lower joint replacement and is seeing an increasing number of patients participating in the programme.

The Treatment Centre has reported no Never Events during 2015-16 and there have been no serious incidents reported during the year.

Clinical Effectiveness

The Treatment Centre has participated in a 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 (PROMs) are National programmes which include Hip and Knee Surgery. The care and treatment at the Treatment Centre has been provided in line with national guidelines, including those of the National Institute for Health and Care Excellence, and Royal Colleges. Patients who have received hip and knee operations had a lower (better) length of stay, following their operation, than the NHS national average for England. There are very low rates of post-operative infection, venous thromboembolism (VTE) and no unexpected cases of mortality. The Treatment Centre benchmarks above average for patient

health gain following procedures with 100% improvement for patients.

The Treatment Centre has systems in place to ensure patients received the treatment and care they needed seven days a week and although operating theatres are only open on six days of the week, physiotherapy is provided on seven days. We have monitored the readmission of patients not only to the Shepton Mallet Treatment Centre but to other local providers as well during 2015/16. There were 17 patients that were admitted after their operation to another provider in the year with a rate of 0.22%. One of the most recent cases involved a patient who needed resuturing of a wound 3 weeks after the operation.

Patient Experience

It is positive to see that patient stories are being brought to Care UK's quality governance committee, that themes are being identified and actions taken in response to the issues highlighted by the stories. However, there are no details or

examples of this included in the quality account which is a missed opportunity. So, while it is good to see the commitment of the Treatment Centre to using patient experience, we will not have a picture of how this has improved quality or what has changed for patients as a result.

The Treatment Centre scores very well in the Friends and Family test and this is reflected in the high scores reported for the Centre. However, it would be more meaningful if you also included the actual numbers of responses received, alongside the percentage scores. As it stands, it is not possible to see whether there have been high rates of response and whether there has been any fluctuation in the numbers of patients completing the FFT through the year.

It is good to see patient stories in the appendix, from Somerset CCG's perspective, it would be more 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 2016-17

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 the Treatment Centre including a focus on Frailty, Antibiotic prophylaxis and stewardship.

In addition NHS Somerset CCG have asked the Treatment Centre to monitor Staff health and wellbeing in line with National CQUIN guidance and work with other NHS providers in Somerset to develop collaborative staff training programmes for areas such as safeguarding and health coaching. The CCG will also have a strong focus in 2016/17 on the interoperability of our IT systems and ensuring electronic sharing of information enables safe care.

We look forward to continuing to work with the Treatment Centre during 2016/17 to support improved safety, clinical effectiveness and patient experience of the services provided.

Lucy Watson, Director of Quality and Patient Safety, Somerset Clinical Commissioning Group

Portsmouth Clinical Commissioning Group (CCG)

Commissioner introductory statement

Commissioners are grateful for the opportunity to comment on Care UK's annual quality account for 2015/16 and have determined that it meets the required regulatory requirements.

Report structure

The Account is logically structured. Whilst the report focuses on Independent Sector Treatment Centres, it provides information on all aspects of Care UK's services within its Secondary Care Division which currently provides NHS services across:

- Elective Surgery Independent Sector Treatment Centres
- Minor Injury Walk Units/Walk-In Centres
- Community-based Musculoskeletal and diagnostic Centres
- Clinical Assessment Treatment Centre in Greater Manchester

The Account incorporates the mandated elements required. It includes assessment through internal and external assurance

mechanisms. These are: Patient Led Assessment of the Care Environment (PLACE), local and national clinical audits, Care Quality Commission Inspections and a staff survey.

Chief Executive's quality statement

The Chief Executive's Quality Statement sets out the organisation's commitment to quality organisation-wide and broad reference to achievements and priorities. The reference to a rating of "Good" for Treatment Centres by the Care Quality Commissioning is noted. This applied to St Mary's NHS Treatment Centre. As lead commissioner, Portsmouth CCG has been working with management at St Mary's NHS Treatment Centre on implementing recommended actions by the Care Quality Commission following that inspection.

Quality improvement priorities 2016/17

Care UK's Secondary Care Health Care Division's quality improvement priorities for 2016/17 are outlined. Commissioners are broadly in agreement with these priorities.

This section could have been enhanced by more detailed information relating to how priorities relate to local centres.

Safe

The priority to record frailty scores for patients having planned inpatient survey who are aged over 75 years is noted. Reference to Day surgery patients would have been beneficial.

Implementation of National Safety Standards for Invasive Procedures (NATSSIPs) in all secondary care services and improved reporting mechanisms for medication interventions undertaken in Treatment Centres is welcomed. Links to current and planned clinical audit would have enhanced this priority.

Caring

Continued commitment to improvement of the Friends and Family Test (FFT) response rates within outpatients is welcomed. Explanation on how this relates to work on FFT during 2015/16 in each local service

would have provided clarity on why this is a priority. This is especially as current activity reporting (page 25) suggests this is already high.

Responsive

Commitment to the 2015 mandated Workforce Race Equality Standard is welcomed. The impact on staff and patients would have enhanced understanding, particularly for members of the public reading the Account. Absence of reference to application of the NHS Equality Delivery System is noted.

Effective

Implementation of electronic discharge summaries to GPs/referrers is welcomed as providing speed and security of information. Application of this priority and that to implement an antibiotic stewardship programme and strategy at local level would have been beneficial.

Commissioners would be interested to know whether locally Care UK will be

adopting SystemOne (TPP IT system). This is an integrated system which is being used by Portsmouth GPs and Solent NHS Trust. Portsmouth City Council is considering adopting the system. It would allow the Treatment Centre to look at a single patient record and complete it in real time.

Well Led

Preparation of diagnostic services for the Imaging Services Accreditation Scheme (ISAS) is noted. Explanation of how this relates to current reporting would have enhanced understanding of this priority. This includes any highlighted reporting concerns during 2015/16. Development and implementation of a training programme for clinical staff in a middle management role is welcomed.

Achievements reported against 2015/16 priorities and overall quality performance

Commissioners welcome achievements made against 2015/16 priorities. This is particularly in respect of 100% compliance

in the areas of zero tolerance to surgical site infections and mandatory staff training.

Commissioners also welcome audit of the successful change from Modified Early Warning Score (MEWS) to the National Early Warning Score (NEWS) and reported high level of compliance in line with best practice.

Use of patient stories to inform staff development is noted. Explanation of how this has impacted on staff would have been beneficial. Commissioners also note the commitment to effective complaints management. Explanation on how complaints monitoring is cross-referenced with other aspects of quality monitoring within the wider organisation together with examples of staff training and quality governance communications would have been beneficial. Further explanation of staff survey outcomes, how this has helped establish a culture of informed leadership and action plans put in place would also have been beneficial.

Care UK's commitment to safeguarding is noted. At local level safeguarding leads have been working with Care UK staff on the safeguarding agenda and to provide detailed information on a quarterly basis in relation to all aspects of safeguarding as required under this contract.

Commissioning for Quality and Innovation (CQUIN)

Commissioners note the CQUIN goal attainment of improving communication with GPs. At local level, commissioners feel there is a need for improved communication and engagement with primary care. As a large organisation with a diverse spread of clinical services, it is felt that Care UK could give consideration to at least one or two clinical conferences or training courses based on the services provided locally. For example, minor injury training for GPs to share good methods and new developments locally.

Clinical audit and research

Commissioners note Care UK's participation in clinical audits and national confidential enquiries. This is evidenced locally as part of local quality monitoring of clinical audits undertaken, outcomes and actions put in place.

Commissioner assessment summary

This Quality Account sets out the positive work streams in which Care UK's secondary care division is involved and achievements made during 2015/16. It would be improved by inclusion of evidence and supporting data to clarify improvements made at local level.

Commissioners continue to value the partnership working with Care UK Clinical and Director Leadership and the quarterly Contract Review Meetings.

NHS Portsmouth Clinical Commissioning Group

Hardwick Clinical Commissioning Group

Thank you for inviting us to comment on the Care UK's Quality Account for 2015/16. Hardwick Clinical Commissioning Group (HCCG) welcomes the opportunity to provide the narrative on behalf of all local Commissioning Groups in Derbyshire. We have reviewed the account and would like to offer the following comment:

NHS Hardwick 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 Barlborough NHS Treatment Centre in improved service delivery and patient outcomes. The Quality Account is

clear and comprehensive, with the Care UK mission and values stated. Care UK objectives and their progress are included, and there is a strong emphasis on quality. We have welcomed the improvements made in 2015/16, and it is positive to see how well services are being delivered at Barlborough.

Key areas of progress and sustained improvement were:

- Improvement of compliance with VTE criteria – this improved from 80% to 100% during the year.
- Number of incidents of HCAI reported – this will be the fifth consecutive year of zero cases of infection. Surgical Site Infection rates also remain well below the national average.
- Full Care Quality Commission Compliance with 'outstanding' in the caring domain

- Sustained Friends and Family Test scores – consistently positive feedback has been received from patients.

We note that the Provider has identified a number of areas which require further work and that this will be carried across into 2016/17. Following the reporting and investigation into a number of never events and information governance breaches, the Provider now has robust action plans in place to address this; these will be continued to be monitored through the Commissioners Quality Assurance Group meeting and Quality Committee.

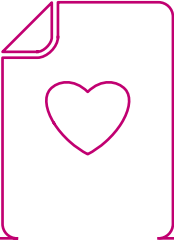
There are well established mechanisms to review and monitor performance, governance arrangements and standards of quality including quarterly quality and contract review meetings, on-going dialogue as issues are identified, and visits to services as required for further

assurance of the quality of services provided to patients.

We believe that we have a highly positive relationship with Barlborough NHS Treatment Centre, and we look forward to continuing partnership working. We will continue to support their priorities for quality improvement for the forthcoming year, and to work with the Provider in the monitoring of progress against the priorities outlined in this Account.

**Phil Sugden, Deputy Director of Quality,
NHS Hardwick CCG Scarsdale**

Appendix



Appendix 1 – Examples of patients' stories

Barlborough NHS Treatment Centre

"Having never been to hospital before I was naturally quite nervous but I need not have worried because everyone is so caring and professional that all my fears were allayed. I had a hip replacement on the 16th July and the operation was carried out by Thorwald Springer and his team all of who were amazing. I am now three weeks down the line and feeling fantastic it is wonderful to be pain free!

You are made to feel special by everyone there and all the staff are just lovely, so if ever I need any other orthopaedic work I would not hesitate in going back there - in fact I wouldn't go anywhere else!"



A patient's story

Devizes NHS Treatment Centre

Dental patient sees the wisdom of Devizes NHS Treatment Centre

When Jonathan* , 48, from Swindon went to his dentist for a regular check-up he was initially told he would need a filling in a wisdom tooth. However, an X-ray showed decay under the tooth and his dentist suggested that his tooth would need to be extracted. John was offered a choice of where to receive his treatment. He chose Devizes NHS Treatment Centre.

John booked an appointment for a check-up and X-ray at Devizes, where he spoke to clinical staff about his treatment options. Having chosen, he was able to go to reception to book his treatment at a time to suit him.

Within 12 weeks of visiting his dentist, John came for his treatment. He said: "I met with the nurse, completed the paperwork and spoke to Michael Hahn who described my treatment to me. I had three injections and my tooth was extracted in 10 minutes. Afterwards, the

hospital let me rest for a while before going home, and the bleeding stopped on the first day."

John was delighted with his treatment and wrote to the hospital saying: "I would like to say a huge thank you to Michael Hahn and the team that worked on me, I received the utmost of care and professional treatment. I feel in our times now we only get to hear when things may not go the way we want them to go, I would like to point out the great work you do here and say a massive thank you to the Devizes NHS Treatment Centre for making my treatment so stress free and enjoyable, I can't thank you all enough."

Speaking later, John said: "The Devizes NHS Treatment Centre is perfect, a lovely clean environment where you are treated well. I would recommend it to anyone – it's great, choose it for your treatment!"



* Patient name has been changed

A patient's story

Emersons Green NHS Treatment Centre

Care pathway adapted to suit changes needs of a patient

Staff at Emersons Green NHS Treatment Centre showed great professionalism and flexibility in their treatment of a patient with dementia who needed a total knee replacement.

The patient was confused. His memory impairment meant he was at increased risk of a fall. Memory loss also contributed to his agitation, sense of frustration and to his unpredictable, often challenging, behaviour. Communication was difficult not only because of his dementia, but also because English was not his first language.

To ensure that his needs were met, the staff at Emersons Green worked in consultation with his family, to put into place a series of actions.

He was moved to the hospital's dedicated dementia care room and was given one-to-one supervision throughout his stay – to help him feel safe and secure and to also ensure

that his bandages and brace stayed in place to promote his recovery.

The patient expressed a strong wish to be discharged earlier than the clinical team would have recommended and the team respected this, liaising closely with his family and GP to ensure that he had all he needed to maintain his wellbeing and recovery at home.

During the week after his discharge, the team also continued to see the patient at the hospital for assessment and to check his dressing.

The following week the patient's GP called the operating consultant to say that there were issues with the wound. After discussion with the GP, the Emersons Green clinical team agreed that an urgent referral to the main local NHS hospital was the right course of action – for review and treatment of the wound, and geriatric and psychological assessment of the patient.

The Emersons Green consultant liaised with the patient's GP and the local NHS hospital throughout the transfer of care and assessment.

Mona Van Wyk, Head of Nursing and Clinical Services at Emersons Green, commented: "This patient had significant physical and psychological challenges. By adopting a flexible approach throughout his care pathway, both for the period he was with us and after he was discharged, the care he received was tailored to his needs. This demonstrates not only how we accommodate our patients' requirements, but also how well we work with our NHS colleagues in the region."



A patient's story

North East London NHS Treatment Centre

New techniques helped a Wanstead woman get back on her feet in double quick time

An active life coupled with an accident whilst walking her dog, left Sheila* in considerable pain from a complex knee injury. Thanks to the pioneering surgical techniques used at North East London NHS Treatment Centre, she is now active again – after spending only two nights in hospital.

The national average for hospital stays for people recovering from complete knee replacements is 6.4 days. At the Care UK-operated NHS Treatment Centre in Ilford, this average has been reduced to 2.8 days.

This achievement has resulted from our implementation of an Enhanced Recovery Programme that incorporates the use of spinal block anaesthetics, rather than the conventional general anaesthetic.

Sheila said: "I am a bit of an anxious patient and when I heard that I would not

be under a general anaesthetic during the operation I was relieved.

The team in the ward and the operating theatre were very friendly and professional. The anaesthetist was very reassuring. I had the block and I was sedated and I felt comfortable and relaxed throughout the whole procedure.

When I got back on the ward the team were excellent and came to chat to me regularly during my stay, which I appreciated. I also enjoyed the food and the whole Centre was spotlessly clean."

The morning after the operation, Sheila worked alongside the team to get out of bed and become mobile. They helped her to walk with crutches and, as her confidence grew, Sheila began to practice walking up the Physiotherapy Department's stairs.

Sheila said: "They explained to me that getting moving helped recovery. Amazingly I was able to leave on the

Monday in time to sleep in my own bed, which was a comfort. No matter how good a hospital is, I think we all feel more comfortable in our own home."

Sheila was also pleased with her follow-up care. As well as providing physiotherapy, the team were on hand to help her with a new compression stocking to increase her comfort and help prevent deep vein thrombosis (DVT).

When she noticed a slight area of redness six weeks after the operation, her surgeon saw her the next day.

She said: "My surgeon, Mr Nurul Islam Ahad, has been exceptional throughout my treatment, including the aftercare.

I have a very fine, faint scar from his operation, unlike the ligament surgery I had in the 1980s.

Four weeks after the operation I was able to go on holiday to the Norfolk Broads,

whereas previous surgery had seen me in a heavy cast for 10 weeks.

My knee problems stem back to my teenage years when I was a keen athlete. I was a fast runner and in one game of rounders I fell as I ran a corner and felt my knee just give way. I tore my cartilage and had to have an operation. It was operated on again 35 years later, when I fell down the stairs and tore the ligament. The surgeon said it was on the verge of collapse. That held for a number of years until my foot accidentally went into a rabbit hole as I was walking my dog. It just got worse from there.

It wasn't until I had the operation that I realised how much pain I had been in and how much my movement and walking had been affected. People have commented on how that has changed already and I am really looking forward to being back to my active self.

I would recommend the Treatment Centre and the technique to any of my friends that need to have a knee replacement."

Mr Ahad said: "Sheila's story is really quite amazing in that her leg had a severe deformity and unlike simple joint replacement she required complex surgery to improve her condition and enable her to walk straight. I am delighted she is so happy with her treatment."

Hospital Director Ashley Livesey said: "The new techniques we use at the Treatment Centre have been well received by our patients, who tell us they prefer to complete their recuperation at home.

Satisfaction levels are very high amongst our patients, and the short stays also allow us to carry out more surgeries - cutting the waiting times of people needing joint replacement in North East London."

* Patient name has been changed



A patient's story

Peninsula NHS Treatment Centre

Atlantic storm the impetus for knee replacement

When retired senior fire officer Ray*, 75 from Dousland on Dartmoor in Devon, started having problems with his knee, he endured seven years of pain before he opted for a knee replacement – and it was a storm in the Atlantic that moved him to action.

Said Ray: "My wife and I were on a 33-day cruise across the North Atlantic and down to Barbados and other islands in the Caribbean. The weather was appalling and the journey was awful – the dining room windows blew in and two people had to be taken off the ship by helicopter. It was agony for me coping with the pitch and roll of the ship, and after a few days I said to my wife; 'When we get home I'm going to get this knee fixed!'"

Ray, who is now a self-employed fire risk assessor, chose to have his treatment at the Peninsula NHS Treatment Centre in Plymouth. It was not his first visit as he had carried out the final fire safety check at the

Centre before it opened its doors in April 2005.

He said: "My knee was rubbing bone on bone and my leg was becoming out of alignment. I had my operation within two months of my referral for treatment and the whole experience was amazing – I have often said it was the first time I had ever enjoyed being in hospital."

He added: "It's fair to say that I was dreading the operation, which is why I put it off for so long. But I needn't have worried, everyone at Peninsula was marvellous and great at putting me at ease, and my advice to anyone else in my position would be 'go for it!'"

As a result of his operation Roy is now back to full fitness, enjoying mountain biking and trout fishing, as well as running his business.

Patricia Warwick, Hospital Director at the Peninsula NHS Treatment Centre, commented: "We are delighted to hear

that Roy had such a good outcome and that his experience was excellent. We are also really pleased that, as a result of his good experience, Roy has joined our Patient Forum, becoming part of a group of wonderful people who help us to develop the hospital and our services."

* Patient name has been changed



A patient's story

Shepton Mallet NHS Treatment Centre

"Having had several years of pain from my knee I was referred to Mr Schindler at Shepton Mallet.

After the initial test to make sure I could undergo this operation I was admitted to his care.

He explained the procedure in full to enable me to understand what was involved and what to expect.

Everyone was kind and understanding and the operation was a great success.

Within two days I was taking my first steps and was discharged from hospital on the fourth day.

Now just three months later I am able to walk almost perfectly without aid and the scar is only just visible.

Mr Schindler's aftercare has been excellent and if asked by anyone in need of a knee replacement, I would not hesitate to recommend Mr Schindler to them.

I would like to thank Mr Schindler for giving me a new life."



A patient's story

Southampton NHS Treatment Centre

Children's author urges patients to consider travelling for treatment

An Isle of Wight author who travelled to Southampton to undergo a complete hip replacement is urging patients not to fear the journey, as the results and coordinated care are exceptional.

Martha*, was in constant pain and using pain killers to manage her condition.

She said: "For nearly a year bending was very painful, if not impossible. I had to give up Nordic walking and the pain was on my mind most of the time. I think the years sitting as I wrote and drew had taken its toll on my hip."

Martha's GP thought that she would need a hip replacement and mentioned that she could opt to have surgery in Southampton, including at the NHS Treatment Centre run by Care UK.

Martha, who lives in East Cowes and writes and illustrates children's Bible stories, said: "I was amazed, within four weeks of the GP appointment I was having the operation. A taxi was organised to take me to the terminal and tickets for the ferry were posted to me. On the day of the operation they also sent an extra set of tickets so that I could take a friend with me. I thought that was kind. The way it was organised took the stress out of the situation and increased my confidence in the process.

When I arrived at the Treatment Centre, at Royal South Hants Hospital, I was struck by how clean and bright the Centre is. I was seen immediately and everyone was very friendly and reassuring."

The operation was carried out by Consultant Orthopaedic Surgeon, Andrew Flood, using an epidural anaesthetic technique that not only prevents the need

for a general anaesthetic but also reduces the time patients have to stay in hospital.

"It was incredible I was having tea soon after the operation. The physiotherapists were exceptional. They had me up on my feet shortly after, and I went home four days later. It could have been sooner but for the need to get an ambulance back to the Isle of Wight, and that day's one had already left."

Martha was so impressed she wrote to the Chief Executive of NHS England, Simon Stevens, to praise the Centre's theatre and physiotherapy teams as well as its cleanliness and food, which she described as superb. From the hospital Ms Goldsworthy moved to a rehabilitation care home on the Isle of Wight for two weeks of rest and physiotherapy.

She said: "I have recently had my one year review and the X-rays show how well the

hip has sealed. It never enters my mind now, which is very different from a year ago.”

Hospital Director Paula Friend said: “I was delighted to read Martha’s letter. I am very proud of my team and I am delighted that we can offer patients from the Isle of Wight this service. Our team were able to significantly improve Martha’s wellbeing: at her one year review her Oxford score, which the NHS uses to measure patients before and after treatment, showed that she had moved from the lowest group for mobility and comfort on arrival, to the highest level on recovery.”



* Patient name has been changed

A patient's story

St Mary's NHS Treatment Centre

Portsmouth woman thanks NHS teams for their life-saving diagnosis

A Waterlooville woman is thanking the city's NHS teams after a suspected back strain was correctly diagnosed as a life threatening condition.

Helen*, a support worker at a Portsmouth service for adults with learning disabilities, was suffering from backache: "My job is very active and I really thought it was no more than a strain. But the pain increased and by the end of my four-night shift pattern, my manager said she was worried and encouraged me to go to the doctors.

"I couldn't get a GP appointment so I went along to the Minor Injury and Illness Unit at St Mary's NHS Treatment Centre and that decision saved my life. I was seen quickly and my details were taken and then I saw nurse, Jayne Fairbrother.

"I had worked as a practice nurse in Germany, when my husband was stationed there, and I can say she did an exceptional job. Jayne's diagnostic skills were excellent, as I know I didn't present with the usual symptoms associated with my eventual diagnosis.

"She carried out tests and told me that I had to go to the Queen Alexandra Hospital (QA) immediately. I said I would drive but she politely but firmly told me I would be going by ambulance. As I began to realise that things were significantly more serious than I had imagined, she kept me calm and well-informed as we waited for the ambulance and when they arrived she joked with the driver that I might try taking myself!"



At the QA Helen was diagnosed with pneumonia, a pleural effusion and empyema - whereby areas of pus develop on the lungs. As well as badly affecting the right lung, the infection had begun to affect Helen's liver.

She said: "Jayne's decision to send me to the QA saved my life; the consultant at Southampton General Hospital told me that I was on the verge of septicaemia and I could have died."

Helen spent 12 nights in the Respiratory Unit at QA followed by four nights in Southampton's Cardiothoracic Unit after video-assisted thoracic surgery. She is now back to full health and very grateful to the teams at all three hospitals. "I am usually a very fit and healthy person and although I had back pain, I did not feel as ill as I was. I am very grateful to Jayne for her exceptional skills and to the other teams whose dedication nursed me back to health," she said.

Hospital director Penny Daniels said: "I am very proud of the team. The Minor Injury and Illness Unit provides an invaluable service to Portsmouth people and helps to ease the strain on Accident and Emergency Departments locally.

We have an exceptional nursing team and Jayne's skills and years of experience averted what could have been a very different outcome. I am delighted that Mrs Rice was pleased with the service provided by the three hospitals, and I am glad to hear she has made a full recovery."

* Patient name has been changed

A patient's story

Will Adams NHS Treatment Centre

A patient who was referred by his GP to the Will Adams NHS Treatment Centre with symptoms of Carpal Tunnel Syndrome, was seen by Orthopaedic Consultant, Mr Nurul Ahad in Outpatients towards the end of November 2015. During the consultation the patient discussed his symptoms and mentioned that he was also experiencing dizziness, visual impairment and had a slight weakness on his right side. Mr Ahad immediately recognized that the patient could have a carotid stenosis (a narrowing of the carotid artery which supplies blood to the brain, neck and face), which could lead to a TIA (a mini-stroke). The patient was referred to the local hospital immediately and underwent surgery.

During the next consultation the patient was immensely grateful for Mr Ahad's prompt action, which meant he had undergone surgery that in his opinion had: "Saved my life."



Appendix 2 – National clinical audits

Name of National Clinical audit	Care UK eligible to participate in	Care UK participation (Yes / No)	Comments
Acute Coronary Syndrome or Acute Myocardial Infarction (MINAP)	No	No	Care UK does not provide treatment for cardiovascular illness at its Treatment Centres
Adult Asthma	No	No	Care UK chose not to participate in these audits
Adult Cardiac Surgery	No	No	Care UK does not provide treatment for cardiovascular illness at its Treatment Centres
Bowel Cancer (NBOCAP)	No	No	Care UK does not provide cancer services at its Treatment Centres
Cardiac Rhythm Management (CRM)	No	No	Care UK does not provide treatment for cardiovascular illness at its Treatment Centres
Case Mix Programme (CMP)	No	No	N/A
Child Health Clinical Outcome Review Programme	No	No	Care UK does not treat children at its Treatment Centres
Chronic Kidney Disease in primary care	No	No	Care UK does not manage long term conditions at its Treatment Centres
Congenital Heart Disease (CHD) - Adult	No	No	Care UK does not provide treatment for cardiovascular illness at its Treatment Centres
Congenital Heart Disease (CHD) - Paediatric	No	No	Care UK does not provide treatment for cardiovascular illness at its Treatment Centres
Coronary Angioplasty/National Audit of Percutaneous Coronary Interventions (PCI)	No	No	Care UK does not provide treatment for cardiovascular illness at its Treatment Centres
Diabetes (Paediatric) (NPDA)	No	No	Care UK does not treat children/manage long term conditions at its Treatment Centres
Elective Surgery (National PROMs Programme)	Yes	Yes	None
Emergency Use of Oxygen	Yes	No	Care UK chose not to participate in this audit
Falls and Fragility Fractures Audit Programme (FFFAP) - Fracture Liaison Service Database	Yes	No	Care UK chose not to participate in this audit
Falls and Fragility Fractures Audit Programme (FFFAP) - Falls	Yes	No	Care UK chose not to participate in this audit
Falls and Fragility Fractures Audit Programme (FFFAP) - National Hip Fracture Database	Yes	No	Care UK chose not to participate in this audit

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Name of National Clinical audit	Care UK eligible to participate in	Care UK participation (Yes / No)	Comments
Inflammatory Bowel Disease (IBD) programme	No	No	Care UK does not manage long term conditions at its Treatment Centres
Major Trauma Audit	No	No	Care UK does not provide major trauma services at its Treatment Centres
Maternal, Newborn and Infant Clinical Outcome Review Programme - Perinatal Mortality Surveillance	No	No	Care UK does not provide maternity or children's services at its Treatment Centres
Maternal, Newborn and Infant Clinical Outcome Review Programme - Perinatal mortality and morbidity confidential enquiries (term intrapartum related neonatal deaths)	No	No	Care UK does not provide maternity or children's services at its Treatment Centres
Maternal, Newborn and Infant Clinical Outcome Review Programme - Maternal morbidity and mortality confidential enquiries (cardiac (plus cardiac morbidity) early pregnancy deaths and pre-eclampsia, plus psychiatric morbidity)	No	No	Care UK does not provide maternity or children's services at its Treatment Centres
Maternal, Newborn and Infant Clinical Outcome Review Programme - Maternal mortality surveillance	No	No	Care UK does not provide maternity or children's services at its Treatment Centres
Medical and Surgical Clinical Outcome Review Programme - Acute Pancreatitis	No	No	Care UK does not manage long term conditions at its Treatment Centres
Medical and Surgical Clinical Outcome Review Programme - Physical and mental health care of mental health patients in acute hospitals	No	No	Care UK does not manage long term conditions at its Treatment Centres
Medical and Surgical Clinical Outcome Review Programme - Non-invasive ventilation	Yes	No	Care UK chose not to participate in this audit
Mental Health Clinical Outcome Review Programme - Suicide in children and young people (CYP)	No	No	Care UK does not treat children at its Treatment Centres
Mental Health Clinical Outcome Review Programme - Suicide, Homicide & Sudden Unexplained Death	No	No	Care UK does not provide Mental Health services at its Treatment Centres
Mental Health Clinical Outcome Review Programme - The management and risk of patients with personality disorder prior to suicide and homicide	No	No	Care UK does not provide Mental Health services at its Treatment Centres

Name of National Clinical audit	Care UK eligible to participate in	Care UK participation (Yes / No)	Comments
National Audit of Intermediate Care	Yes	No	Care UK chose not to participate in this audit
National Cardiac Arrest Audit (NCAA)	Yes	No	Care UK did consider participating in this audit but numbers within our facilities were too low for inclusion
National Chronic Obstructive Pulmonary Disease (COPD) Audit programme - Pulmonary rehabilitation	No	No	Care UK does not manage long term conditions at its Treatment Centres
National Chronic Obstructive Pulmonary Disease (COPD) Audit programme - Secondary Care	No	No	Care UK does not manage long term conditions at its Treatment Centres
National Comparative Audit of Blood Transfusion programme - Use of blood in Haematology	Yes	Yes	Care UK Treatment Centres participate in this audit
National Comparative Audit of Blood Transfusion programme - Audit of Patient Blood Management in Scheduled Surgery	Yes	Yes	Care UK Treatment Centres participate in this audit
National Complicated Diverticulitis Audit (CAD)	No	No	Care UK does not manage long term conditions at its Treatment Centres
National Diabetes Audit – Adults - National Footcare Audit	No	No	Care UK does not manage long term conditions at its Treatment Centres
National Diabetes Audit – Adults - National Inpatient Audit	No	No	Care UK does not manage long term conditions at its Treatment Centres
National Diabetes Audit – Adults - National Pregnancy in Diabetes Audit	No	No	Care UK does not manage long term conditions at its Treatment Centres
National Diabetes Audit – Adults - National Diabetes Transition	No	No	Care UK does not manage long term conditions at its Treatment Centres
National Diabetes Transition – Adults - National Core	No	No	Care UK does not manage long term conditions at its Treatment Centres
National Emergency Laparotomy Audit (NELA)	No	No	Care UK only provides elective surgery services at its Treatment Centres
National Heart Failure Audit	No	No	Care UK does not provide treatment for cardiovascular illness at its Treatment Centres

Appendix 3 – Table of CQC Inspections (Secondary Care) December 2014-December 2015

Site	Inspection Date	Compliant /Non-compliant	Notes
Barlborough NHS Treatment Centre	16/03/2015	Good	Adhering to the new format for inspections, based on 5 key lines of enquiry, the CQC advised that at this service we were: 'Good' in Safe, Effective, Responsive and Well Led and Outstanding in Caring
Southampton NHS Treatment Centre	18/05/2015	Good	Adhering to the new format for inspections, based on 5 key lines of enquiry, the CQC advised that at this service we were: 'Good' in Safe, Effective, Responsive and Well Led and Outstanding in Caring
Shepton Mallet NHS Treatment Centre	01/12/2014	Fully Compliant	This site was inspected using the older format for inspections. The CQC advised that we were: 'Compliant' regarding their 5 key lines of enquiry: Safe, Effective, Caring, Responsive and Well Led
St Mary's NHS Treatment Centre	02/10/2015	Good	Adhering to the new format for inspections, based on the 5 key lines of enquiry, the CQC advised that at this service we were: 'Good' in safe, Effective, Responsive, Well Led and Caring domains

Name of National Clinical audit	Care UK eligible to participate in	Care UK participation (Yes / No)	Comments
National Joint Registry (NJR) – knee replacement	Yes	Yes	Care UK Treatment Centres participate in this audit
National Joint Registry (NJR) – hip replacement	Yes	Yes	Care UK Treatment Centres participate in this audit
National Lung Cancer Audit (NLCA)	No	No	Care UK does not provide cancer services at its Treatment Centres
National Ophthalmology Audit	Yes	No	Care UK chose not to participate in this audit
National Prostate Cancer Audit	No	No	Care UK does not provide cancer services at its Treatment Centres
National Vascular Registry	No	No	Care UK does not provide treatment for cardiovascular illness at its Treatment Centres
Neonatal Intensive and Special Care (NNAP)	No	No	Care UK does not treat children at its Treatment Centres
Non-Invasive Ventilation - Adults	Yes	No	Care UK chose not to participate in this audit
Oesophago-gastric Cancer (NAOGC)	No	No	Care UK does not provide cancer services at its Treatment Centres
Paediatric Asthma	No	No	Care UK does not manage long term conditions at its Treatment Centres
Paediatric Intensive Care (PICANet)	No	No	Care UK does not treat children at its Treatment Centres
Paediatric Pneumonia	No	No	Care UK does not treat children at its Treatment Centres
Renal Replacement Therapy (Renal Registry)	No	No	Care UK does not manage long term conditions at its Treatment Centres
Rheumatoid and Early Inflammatory Arthritis - Clinician/ Patient Follow-up	No	No	Care UK does not manage long term conditions at its Treatment Centres
Rheumatoid and Early Inflammatory Arthritis - Clinician/ Patient Baseline	No	No	Care UK does not manage long term conditions at its Treatment Centres
Sentinel Stroke National Audit programme (SSNAP)	No	No	Care UK does not manage long term conditions or acute stroke at its Treatment Centres
UK Cystic Fibrosis Registry - Paediatric	No	No	Care UK does not manage long term conditions at its Treatment Centres
UK Cystic Fibrosis Registry - Adult	No	No	Care UK does not manage long term conditions at its Treatment Centres

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Name of National Clinical audit	Care UK eligible to participate in	Care UK participation (Yes / No)	Comments
UK Parkinson's Audit - Occupational Therapy	No	No	Care UK does not manage long term conditions at its Treatment Centres
UK Parkinson's Audit - Speech and Language Therapy	No	No	Care UK does not manage long term conditions at its Treatment Centres
UK Parkinson's Audit - Physiotherapy	No	No	Care UK does not manage long term conditions at its Treatment Centres
UK Parkinson's Audit - Patient Management, elderly care and neurology	No	No	Care UK does not manage long term conditions at its Treatment Centres

Audit title	Purpose of audit	Frequency	ISTC	CATS
Documentation (Clinical)	Support best practice/guidance from professional bodies in patient documentation	Quarterly	✓	✓
Patient falls	Patient safety and compliance	Patient safety and compliance assessment tool	✓	
Prevention of VTE (venous thromboembolism)	Assess compliance with NICE guidance and best practice clinical protocols (assessment and provision of prophylaxis)	Monthly	✓	
Peri-operative hypothermia audit	Assess compliance with NICE guidelines – CG65	Monthly	✓	
Pain audit	Assess effectiveness of pain management protocols	Quarterly	✓	
WHO surgical site safety checklist audit	Assess compliance with WHO surgical site safety checklist	Monthly	✓	
WHO observational audit	Assess compliance with WHO checklist (Sign in, Time In & Sign out)	Monthly	✓	
NEWS (National Early Warning Score) audit	Use of NEWS audit to identify early signs of deterioration of a patient's condition	Monthly	✓	
Fluid balance audit	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, Responsibilities and prescribing and administration	Monitor all aspects of medicines management across clinical services	Annually (Self-audit) & Annually (External audit)	✓	✓
Controlled Drugs Documentation audit	Assess Pharmacists/Medicines Management Leads (focuses on the documentation element of controlled drugs usage)	Quarterly	✓	✓
Anaesthetic Observation audit	Assess compliance and quality of anaesthetic practice	Quarterly	✓	
Ward round (MDT) audit	Assess ward round practice and key team member involvement	Quarterly	✓	
Quality audit	Assess services against the CQC's Essential Standards	Bi-annually	✓	✓

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Audit title	Purpose of audit	Frequency	ISTC	CATS
Safeguarding children audit	Ensure safeguarding procedures and appointed leads are effective in all services	Quarterly	✓	✓
Safeguarding adults audit	Ensure safeguarding procedures and appointed leads are effective in all services	Quarterly	✓	✓
CAS alert & NICE guidance audit	Ensure that all alerts (CAS & MHRA) are reviewed, documented and circulated and that all published NICE guidance is reviewed and implemented	6 monthly	✓	✓
Agency/Locum/Temporary staff audit	Ensure that appropriate checks and local inductions are undertaken for all agency, locum and temporary members of staff	Bi-annually	✓	✓
Information Governance & Security audit	Monitor compliance against IG Toolkit requirements and ISO 27001 accreditation	Bi-annually	✓	✓
Emergency scenario audit	Ensure all staff are prepared/fully aware of their responsibilities in the event of an emergency incident	Quarterly	✓	✓

Appendix 4 – List of Services and Locations

Services	Facilities	Specialties
Barlborough NHS Treatment Centre	Inpatients, Day patients, Diagnostics	Minor and major orthopaedic procedures, ophthalmology
Cirencester NHS Treatment Centre CLOSED NOV 2015	Day patients, Diagnostics,	Dental, ENT, general surgery, gynaecology, minor orthopaedic procedures and urology
Devizes NHS Treatment Centre	Day patients, Diagnostics,	General surgery, endoscopy, gastroenterology, gynaecology, urology, knee procedures, foot and ankle procedures, hand procedures, diagnostic imaging, ENT, ophthalmology, oral surgery
Emersons Green NHS Treatment Centre	Inpatients, Day patients, Diagnostics	General surgery, endoscopy, gastroenterology, gynaecology, urology, hip procedures, knee procedures, foot and ankle procedures, hand procedures, diagnostic imaging, ENT, ophthalmology, oral surgery
North East London NHS Treatment Centre	Inpatients, Day patients, Diagnostics	Orthopaedics, general surgery, endoscopy, gastroenterology, ENT, ophthalmology, oral surgery
Peninsula NHS Treatment Centre	Inpatients, Day patients, Diagnostics	General surgery, hip procedures, knee procedures, shoulder and elbow procedures, foot and ankle procedures, hand procedures, ophthalmology
Shepton Mallet NHS Treatment Centre	Inpatients, Day patients, Diagnostics	Orthopaedics, general surgery, endoscopy, gastroenterology, gynaecology, urology, diagnostic imaging, ENT, ophthalmology, pain management
Southampton NHS Treatment Centre	Inpatients, Day patients, Diagnostics	Orthopaedics, general surgery, endoscopy, gastroenterology, gynaecology, urology, diagnostic imaging, ENT, ophthalmology, oral Surgery, pain management
St Mary's NHS Treatment Centre	Day patients, Diagnostics	Orthopaedics, general surgery, endoscopy, ophthalmology, diagnostic imaging
Will Adams NHS Treatment Centre	Day patients, Diagnostics	Orthopaedics, general surgery, endoscopy, urology, ophthalmology
Diagnostic services	Facilities	Specialties
Mid and South Buckinghamshire NHS Diagnostic Centre	Outpatients, Diagnostics	Musculoskeletal services
Community Diagnostics	Outpatients, Diagnostics	Musculoskeletal services
Havant Diagnostics	Diagnostics	Diagnostic imaging
Rotherham NHS Diagnostic Centre	Diagnostics	X-ray, ultrasound, bone density (DXA), echocardiogram

Additional services	Facilities	Specialties
Buckinghamshire Musculoskeletal Integrated Care Service	Diagnostics, physiotherapy	Musculoskeletal services – orthopaedic, pain, rheumatology
East and West Lincolnshire Musculoskeletal Clinical Assessment and Treatment Service	Diagnostics, day patients , physiotherapy	Musculoskeletal services - extended scope physiotherapy (enhanced), lifestyle advice and management, soft tissue and joint injections, ultrasound guided injections, MRI scans, ultrasound, X-ray, EMG nerve conduction studies (non-complex), pathology, back pain management service.
Greater Manchester Clinical Assessment and Treatment Service TO BECOME NORTH WEST NHS CATS	Diagnostics, day patients	Musculoskeletal services (lower limb, upper limb and spinal), physiotherapy, ENT, gastroenterology, endoscopy, minor procedures, gynaecology and urology
Rochdale Ophthalmology Clinical Assessment and Treatment Service	Day patients	Ophthalmology
Cirencester Community Hospital Outreach Clinic	Outpatient appointments	ENT, general surgery, joint replacements, gynaecology and minor orthopaedic surgery.
Lincolnshire Musculoskeletal Pain Assessment and Treatment Service	Diagnostics, musculoskeletal, physiotherapy	Neck pain, thoracic pain, low back pain with or without sciatica, sacroiliac joint pain (SIJ), upper/lower limb pain of musculoskeletal origin, exacerbation of osteoarthritis or other chronic joint condition that will benefit from time limited therapy, acute soft tissue injury, pregnancy with symphysis pubis pain. pain (SIJ), upper/lower limb pain of musculoskeletal origin, exacerbation of osteoarthritis or other chronic joint condition that will benefit from time limited therapy, acute soft tissue injury,
Royal South Hands Minor Injuries Unit	Walk-in service	Minor injuries
St Mary’s Minor Injuries Unit	Walk-in service	Minor injuries and illnesses

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All information correct at time of publication (May 2016)