

Secondary Care Quality Account 2017-2018



Commitment to quality

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Introduction

Foreword from Managing Director for Health Care

Our service locations

Our approach to quality

What is a Quality Account?

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

This Quality Account is our annual report to our ultimate stakeholders – the public – on the quality of the services our hospitals provide. It describes our key achievements during 2017/18 and our priorities for quality improvement during the forthcoming year. In developing our Quality Account we have identified and shared information across the organisation, with our patients, doctors, nurses, therapists and management.

Foreword

Jim Easton

As I write this in January 2018, the challenges facing the NHS have probably never been greater.

The need for clinical providers to respond effectively to the pressures within the system, while relentlessly maintaining focus on patient safety, quality and governance is paramount.

At Care UK, we provide a wider range of healthcare services to NHS patients than any other UK organisation. More than 18 million people are supported by Care UK teams working in primary, urgent and Secondary Care in an exceptionally diverse range of settings.

We recognise the responsibility that comes from playing such an extensive role supporting NHS organisations.

Through our organisation, our colleagues show tremendous commitment to the ethos of the health service, and to the values which drive our organisation – by delivering effective care which achieves the best possible outcome for each individual patient.



Care UK is committed to always acting as a learning organisation, with a rigorous and robust approach to the review, audit and reporting of our performance, outcomes and the experience of the patients we serve.

Quality improvements have been underpinned by our clinical governance systems and processes, both of which are fundamental to the delivery of high quality care.

Looking to the future, I am confident that we have the necessary priorities, processes and plans in place to further improve our patients' care and hospital experience as we continue striving to deliver 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 the past year, and plan to achieve in the coming year within our Secondary Care division, which currently provides NHS services across:

- Nine elective surgery independent sector treatment centres, on behalf of the NHS
- Two minor injury units
- CATS services

In the year April 2017 to March 2018 Care UK's treatment centres carried out:

- 65,389 day case procedures
- 8,097 inpatient procedures
- 186,284 outpatient consultations, including telephone consultations

Achievements 2017-2018

We are pleased to report hip related surgical site infections rate of 0.45%, this compares to the national infection rate of 0.68% and in relation to knees, an infections rate of 0.40%, which compares to the national infection rate of 0.70%.

In addition our Post-Discharge Questionnaire (PDQ) return rate for hips is 85.9% compared to 76.1% nationally and PDQ return rate for knees is 85.1% compared to 74.5% nationally.

Care UK has had no cases of hospital-acquired MRSA bacteraemia or C. difficile in its elective surgery patients since 2011. No cases have been reported of E.coli bacteraemia nor MSSA bacteraemia, since national surveillance for these infections began.

Priorities 2018-2019

Our priorities for the coming year are outlined within this Quality Account and once again reflect the five 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 employees 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.

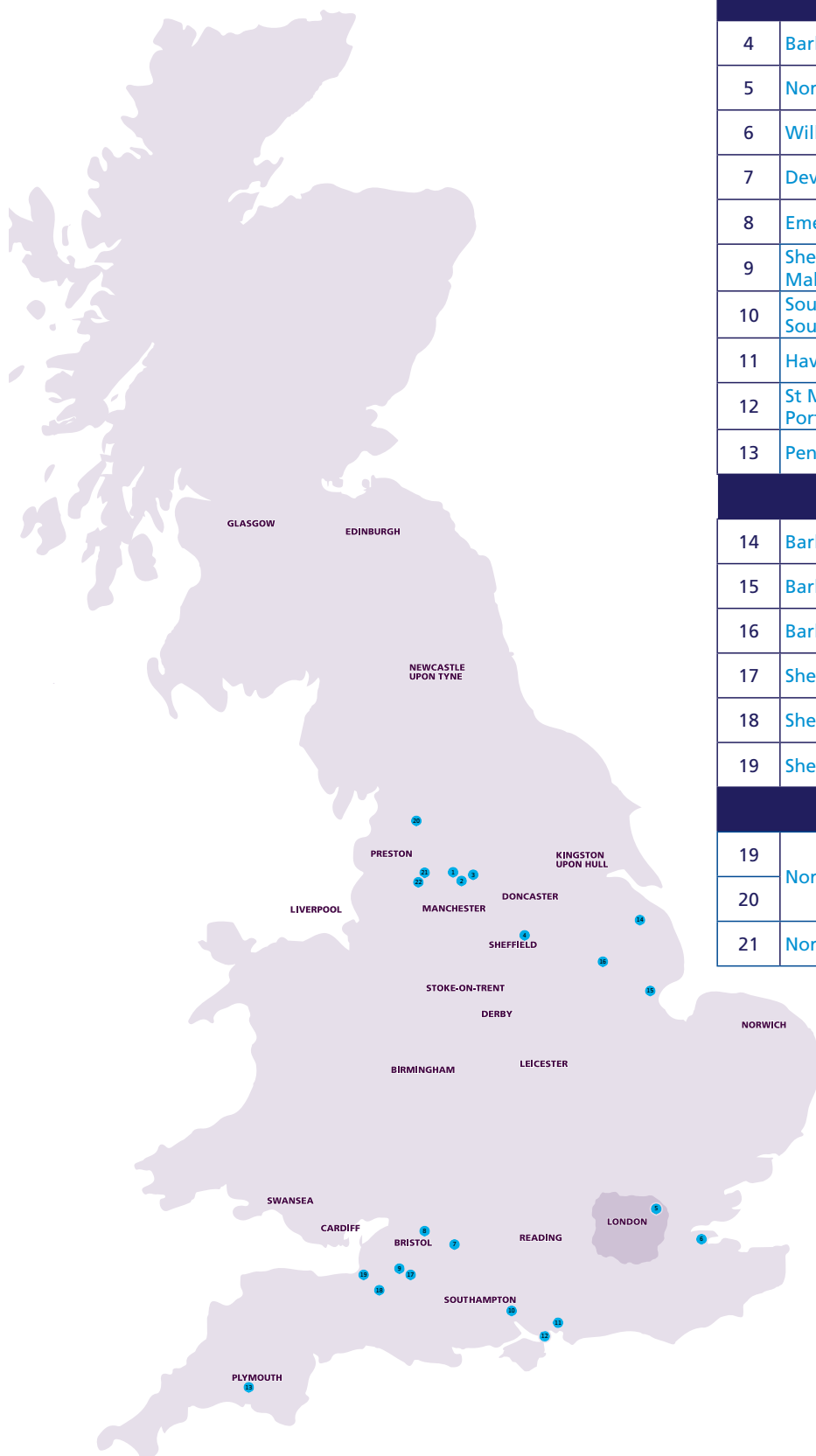
To the best of my knowledge, the information in this report is accurate.



Jim Easton
Managing Director, Health Care



Our locations



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

Our approach to quality

Care UK vision and values

Our values are:

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



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

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

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



Focus on quality

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



Lead change

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



Drive innovation

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

We can do this by:

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

Care UK is an independent provider of healthcare services across England, on behalf of the NHS. Our NHS treatment centres provide inpatient, outpatient 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.

Care UK is committed to improving the quality of our services we provide to our patients, their families and carers. Our 2017/18 quality account is an annual report of:

- How we have performed over the last year against the priorities which we set out in last years' quality account
- Statements about quality of the NHS services provided
- Feedback of the quality account provided by our commissioners, Healthwatch and patient groups
- Our priorities setting out clearly how we are going to improve in the coming year.

As you read this report we hope that it will explain what we believe great care looks like, and what you can expect if you need to use our services.

How we have maintained quality

Throughout Care UK we have policies and procedures to guide employees 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 share lessons where things have not gone well, both at a local level through monthly Quality Governance meetings, and at a national level through quarterly Quality and Governance Assurance Committee meetings, chaired by the Secondary Care medical director.

'Shared learning' and 'shared good practice' is also a fixed agenda item at our quarterly professional leads meeting.

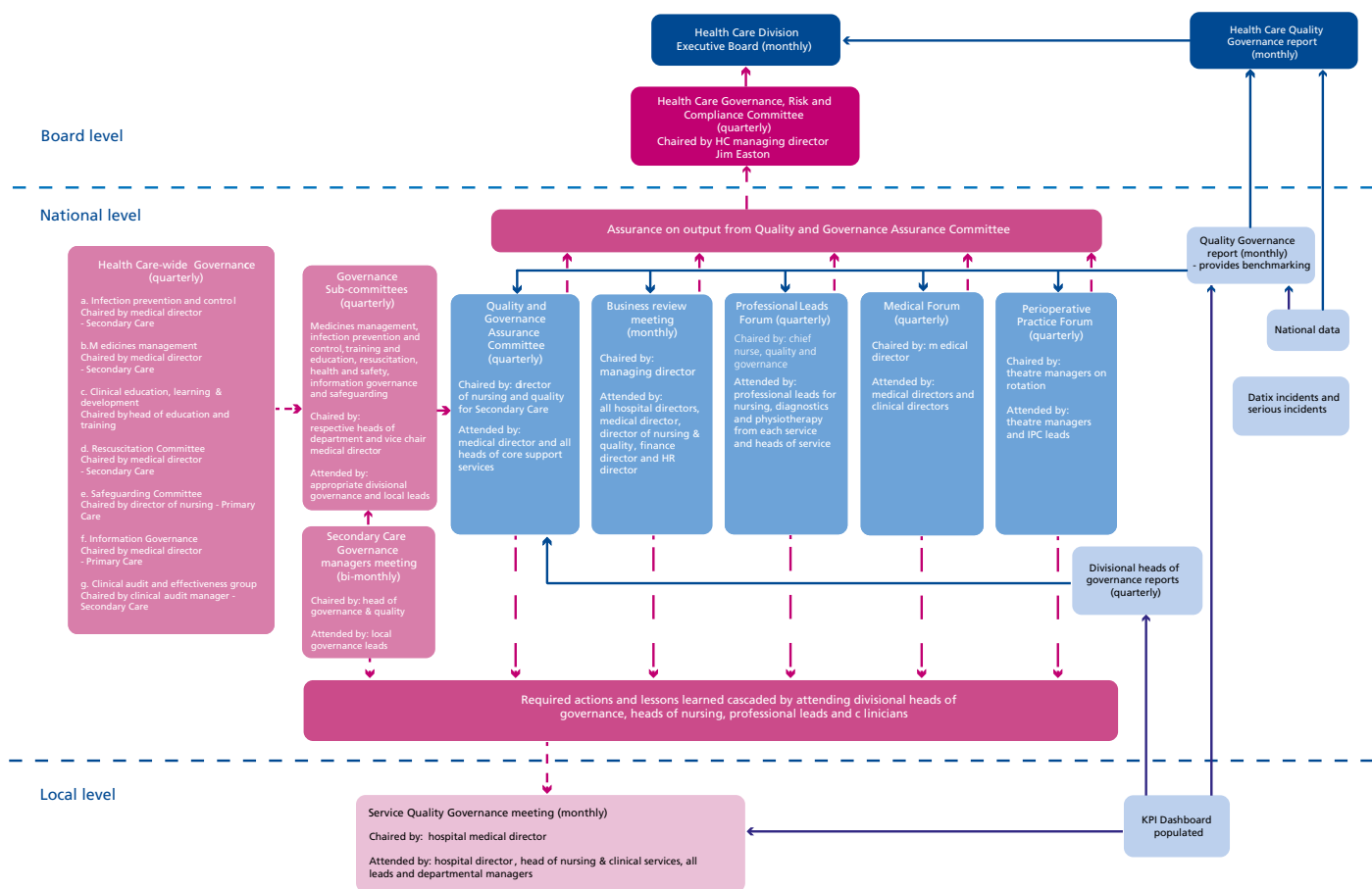
We focus on maintaining high-quality patient care and endeavour to embed consistently safe, high-quality standards, and an understanding of what 'good' looks like, across all our Secondary Care services.

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

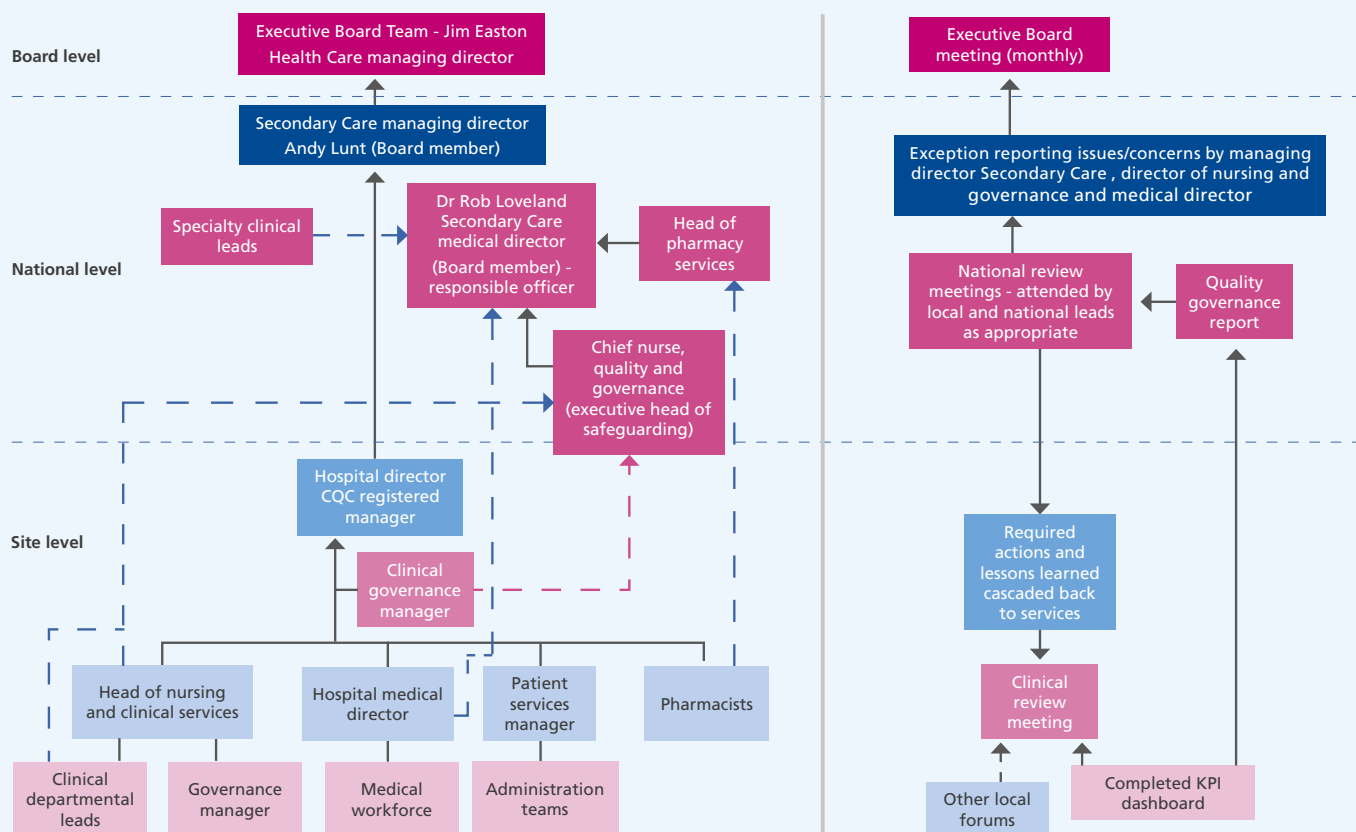
Our aim is to continuously improve the care that we offer and achieve excellent experiences for all patients choosing our services, as described throughout this Quality Account.



Secondary Care quality and governance review and assurance framework



Reporting and management structures within Secondary Care



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.

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

This includes 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.





Looking back

Review of last year's priorities

Review of last year's priorities

Care UK's Secondary Care Health Care Division identified five new quality improvement priorities for 2017-2018.

These were 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.

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

Quality priority domain	Priority detail	Measure
Safe	The implementation of an electronic audit tool to measure cleaning standards and control within treatment centres.	An electronic audit tool will be developed and implemented enabling audit outcomes of cleaning standards. Control to be recorded and evaluated electronically and key points of shared learning distributed more efficiently.
Caring	Dignity champions will be implemented in each service.	All services have a dedicated dignity champion in role.
Responsive	The implementation of the National eDischarge template and population of relevant fields.	All sites with eDischarge template in place and relevant fields able to be populated electronically.
Effective	The implementation of the national eDischarge template and population of relevant fields. Improvements in the identification and dissemination of shared learning from serious incidents ensuring all valuable and safety-critical learning opportunities have been achieved across all services.	All sites with eDischarge template in place and relevant fields able to be populated electronically. <ul style="list-style-type: none"> Local action plans are developed following investigation. The action plans are implemented within defined timeframes locally and monitored accordingly Serious incident (SI) investigation outcomes will be shared broadly across all services; helping to improve shared learning and understanding of how incidents occur and, importantly, to reduce future SI incidents from occurring.
Well-led	To improve the uptake of the winter flu vaccination and immunisation of all clinical staff across treatment centres.	Priority target - an increase of 5% of clinical employees who are vaccinated against flu.

Safe

Priority - The implementation of an electronic audit tool to measure cleaning standards and control within treatment centres.

What were we trying to improve?

To demonstrate clean and safe services are in place with evidence of maintenance of standards across services.

What does success look like?

An electronic audit tool has been developed based on the national standards of cleanliness so it is measurable across services and consistent with the standards expected in the NHS, and although not implemented this year we are confident that the cleanliness of our services is being maintained and monitored through additional measures.

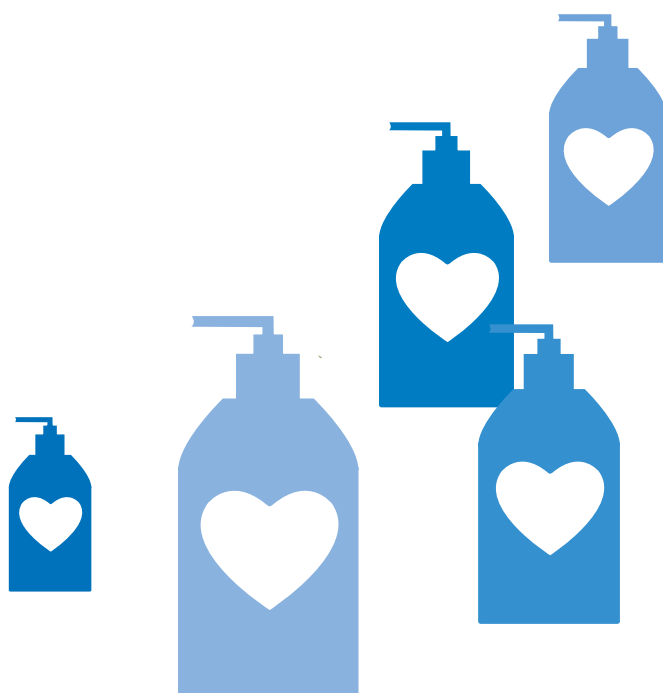
The patient-led assessors gave us an overall score of above 99% for the cleanliness of our Secondary Care sites for the second year running.

We are immensely proud of this score, which was complemented by an overall score of 97% for the condition, appearance and maintenance of the buildings from which we provide care. These scores reflect our ambition to ever improve on the quality of our services demonstrating an improvement on 2016 scores.

We will work to embed the electronic audit tool in the coming year in conjunction with the implementation of an overall audit application for staff to utilise more fully. iAuditor is an app used to empower staff within services. Combined with a web platform, iAuditor provides visibility and insights to help raise safety and quality standards across the organisation. Staff are able to collect consistent data, standardise operations, send reports, identify failed areas and get problems resolved.

How we monitored progress?

The audit scores and associated action plans will be reviewed as part of the monthly performance reviews with exceptions in services identified and monitored by the Secondary Care Quality and Governance Assurance Committee



Responsive

Priority - The implementation of the National eDischarge template and population of fields.

The Care UK Secondary Care Business Systems team are in the process of standardising the eDischarge template in-line with NHS Digital - Transfer of Care Initiative.

At present four treatment centres (Shepton Mallet, Emersons Green, Devizes, and Peninsula) are all sending eDischarge correspondence in the Transfer of Care initiative (Implementing eDischarge Summary Headings in England) format.

The remaining Secondary Care sites are in the process of having the eDischarge template updated, delivery of the new template to the remaining sites is estimated to be completed by May 2018.

Improvements include standardisation of the presentation of information. Making it easier for referrers to locate information upon receipt/review of the correspondence – both clinical and non-clinical. Improved patient care and safety due to the availability of complete, accurate and timely information.

Reduction in the risk of missing or inappropriate critical clinical information. Success will be the successful delivery of the template to all Secondary Care services within Care UK that send eDischarge correspondence. Success will also include the new correspondence template being accepted by the intended recipients MESH mailbox.

Progress of electronic transmissions will be monitored through Keystone – this is the application which Care UK uses to transmit eDischarge correspondence to referrers MESH mailboxes. Transmissions of correspondence by this application are fully auditable/reportable.

Effective

Priority - The improvement in the identification and circulation of shared learning from serious incidents across services.

Progress:

There have been a number of developments to support the identification and circulation of shared learning following serious incidents across Secondary Care .

To ensure consistency of data relating to the incident, a reporting form has been developed within the Datix reporting system. This allows the capture of relevant data fields to populate a word document with key shared learning points included. This document can be shared easily with staff at relevant meetings.

The governance managers across Secondary Care services have monthly updates from the Head of Governance and Quality where these shared learning documents are included from all services. This allows the Governance Managers to share at the local quality assurance meetings the lessons learned and to determine if any additional actions are required locally.

There has also been the development of a shared learning page within My Care UK, the Care UK intranet, which allows staff to access the most recent shared learning documents or to search historic documents for trending purposes locally.

Serious incident management

When serious incidents are identified at a local level a 48 hour call with the Secondary Care Medical Director and Head of Governance and quality is instigated.

This has happened in all serious incidents reported within Secondary Care since April 2017. During this call any immediate actions are identified and shared with local services as required. This allows immediate action to be taken rather than waiting for a complete

Caring

Priority - Identification of dignity champions in each service.

investigation and root cause analysis being completed prior to sharing potential learning for sites.

All serious incidents have locally owned action plans following a serious incident which is discussed and monitored via local meetings with the Commissioners. Key actions and recommendations from serious incidents are also shared at bi-monthly Governance Managers meetings to allow dissemination of any learning.

Any new serious incidents are reported to the Board via the monthly report and then monitored via the service monthly performance meetings chaired by the managing director supported by the Secondary Care Medical Director. The services are required to provide monthly updates on the progress of any open investigations including confirmation of the final sign off from the commissioners.

Further work is underway to expand on the use of the Datix system to monitor and manage action plans following investigations. This will support the ongoing review of actions to ensure completion.

With the publication of the new never events list from NHSE to be applied from February 2018 the LocSSIPs will be reviewed to ensure any additional requirements are implemented.

There has not been a demonstrable reduction in the number of serious incidents in the past year although shared learning from the incidents is routinely being disseminated between services in a more effective manner.

Progress:

All services have effectively identified their respective dignity champions at a local level. Five treatment centres have active action plans in place following a dedicated dignity audit. Although, the four remaining treatment centres have not completed a dedicated dignity audit, each has incorporated benchmarks within their PLACE audit schedule.

All Heads of Nursing highlighted their progress within the Professional Leads meeting and are supporting the move to include a quality priority linked to dignity in 2018.

For example, Barlborough Treatment Centre has now introduced a robust action plan following their audit. The implementation of a dignity-focused patient questionnaire, alongside quarterly meetings with the respective dignity champions to discuss the outcomes, has enabled them to effectively determine where changes need to take place.

The key aims for dignity champions and the pledges from the Dignity Council are also discussed and 'Ten Dignity Dos' have been provided to all areas within the centre.

North East London Treatment Centre, despite not having completed a dedicated audit, has a range of projects in place with a dignity focus. Examples of this are: changing the flow of their outpatients department so that patients have a private room to prepare for intimate examination, instituted single sex endoscopy lists, and changing visiting times on the inpatient ward so that washes can be carried out before all visitors attend the unit.

These figures will be reported via monthly performance meetings.

Well-led

Priority - To improve the uptake of the winter flu vaccination and immunisation of all clinical employees across treatment centres.

What were we trying to improve?

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

What does success look like?

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

How we monitored progress?

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

Having a flu strategy - preventing staff being affected

Vaccination of at-risk groups and children can offer some protection against infection. The NHS plans each year for the demands of flu across England in its annual programme. The Care UK main strategy falls in-line with this programme.

The flu programme is a coordinated and evidence based approach to planning for the demands of flu across England. Each year the NHS services and partners prepare for the unpredictability of flu. For most healthy people, flu is an unpleasant but usually self-limiting disease with recovery generally within a week.

However, there is a particular risk of severe illness from catching flu for: older people, the very young, pregnant women, those with underlying disease, particularly chronic respiratory or cardiac disease and those who are immunosuppressed.

The Care UK flu strategy included the necessary key elements: education and training, procurement and delivery, troubleshooting and myth busting, data collection and communication/marketing.

How to avoid spreading the flu

Flu is very infectious and easily spread to other people. You're more likely to give it to others in the first five days.

Flu is spread by germs from coughs and sneezes, which can live on hands and surfaces for 24 hours. To reduce the risk of spreading flu:

- wash your hands often with warm water and soap
- use tissues to trap germs when you cough or sneeze
- bin used tissues as quickly as possible.

Within Care UK, the communication and marketing arm of the strategy allowed a number of key messages to be delivered to front line staff, informing colleagues on how to prevent flu spreading.

Increasing awareness - 'busting the myths'

Educating and informing staff, patients and the public on the benefits of flu vaccination is a difficult yet crucial part of the flu season.

Within Care UK, each service had a dedicated 'Flu Champion' which allowed for local and regional discussion to be had to expel some of this preconceived myths.

Thanks to "herd immunity," so long as a large majority of people are immunized in any population, even the unimmunized minority will be protected. With so many people protected, an infectious disease will never get a chance to establish itself in reservoirs from which to spread. This is important because there will always be a portion of the population – that can't receive vaccines.

But if too many people don't vaccinate themselves or their children, they contribute to a collective danger, opening up opportunities for viruses and to survive in a population and spread. Vaccines are one of the great pillars of modern medicine.

Life used to be especially brutal for children before vaccines, with huge portions being felled by diseases like measles, smallpox, whooping cough, or rubella, to name just a few. Today these ailments can be completely prevented with a simple injection or in the case of influenza, a nose spray in children.

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

Protecting our patients

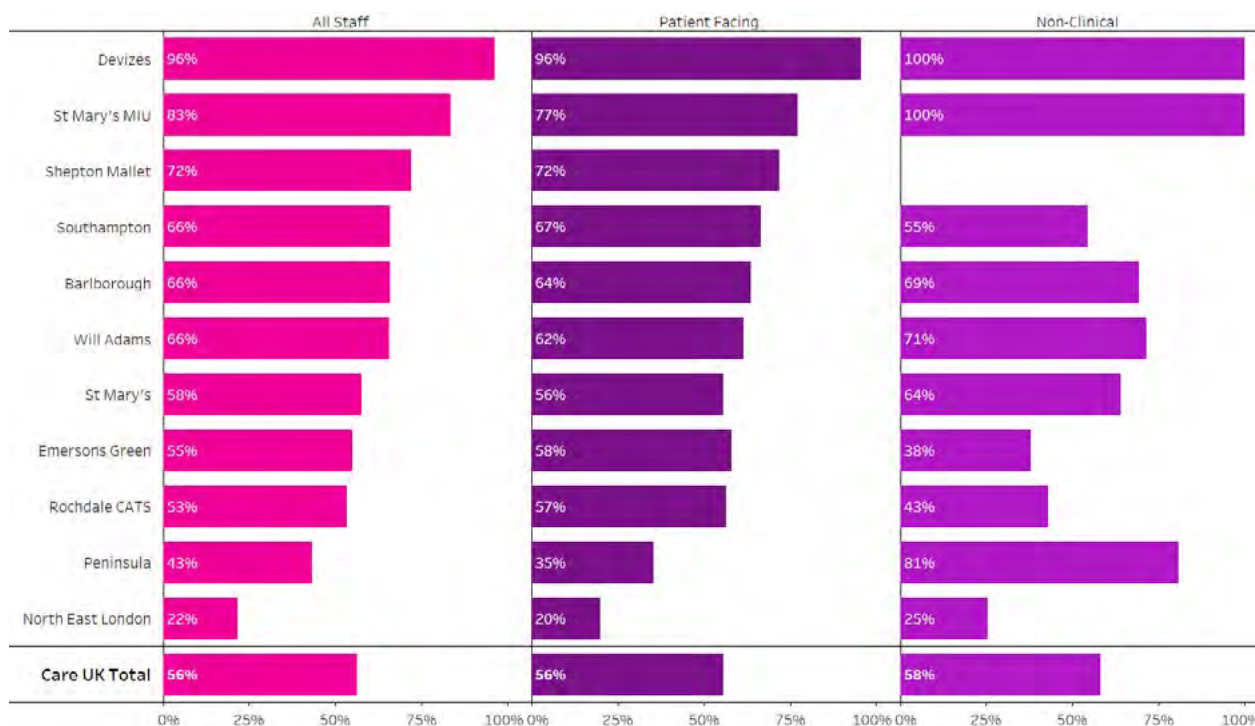
We are currently in the midst of the flu season and at December 2017 the current uptake and vaccination rate within Secondary Care is at 56% of all staff being vaccinated. Work remains on-going at implementing more staff within the months of January, February and March 2018.

Front-facing colleagues have been prioritised over non-front facing, although a strong focus on all staff being vaccinated remains.

Great work has been happening with staff taking up the flu vaccine this year. At the end of December, of the 421 hospitalised confirmed influenza cases reported by NHS England within their Trust Hospital, 242 were attributable to Influenza A and 179 due to influenza B. This rate was continuing to rise, and at Care UK we made it a clinical priority to vaccinate all staff.

With Care UK, colleagues across Primary and Secondary Care, Infection Control, Business Systems and Marketing departments have worked collaboratively to ensure a full and complete strategy for flu vaccination was implemented successfully.

This year's vaccine offers good protection in most people against influenza virus strains and remains a cornerstone to safe care this year.





Beyond the quality priorities

Other areas of quality

Other areas of quality

Diagnostic services

Care UK provides a range of diagnostic imaging services within its NHS treatment centres including: plain film X-ray; non-obstetric ultrasound and magnetic resonance imaging.

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

Flexible opening hours, which include weekends and evenings, offer patients greater accessibility and convenience. Our team of dedicated imaging staff, made up of consultant radiologists, radiographers sonographers and support staff are all highly experienced healthcare professionals, registered with their respective professional bodies where required.

Referrals to our diagnostic imaging services come from a range of healthcare professionals; doctors, nurses and allied health professionals - and the results of completed imaging examinations are usually available to them within 48 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 our Quality Assurance (QA) programme.

This framework ensures that services delivered by our operational teams are safe and clinically effective. Service-based teams have been supported by an experienced divisional team which includes: a clinical director and advisor for Radiology (position vacant); and a diagnostic imaging lead who oversees all diagnostic imaging services within Care UK's Health Care Division. In addition support can be obtained from external providers.

Our QA programme comprises an enhanced quality improvement and audit tool that we

use to review and evaluate the quality of three key components of the clinical pathway for imaging examinations, namely: referral; imaging; and reporting.

We review a minimum of 5% of completed imaging cases, scoring each of the three key components 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 our imaging services and the reports that we send to our patients and referring clinicians.

During the reporting period (April 2017-March 2018) our QA programme has helped us review a significant number of cases as part of our quality improvement initiative. This has provided assurance about the quality of the services that we deliver to patients.

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

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

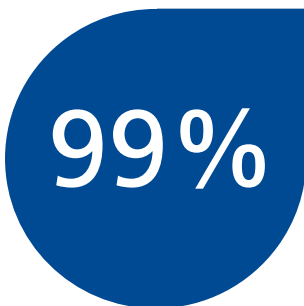
We are also developing an internal peer review system for our sonographer workforce that will enable clinicians to 'quality assure' each other's clinical practice, observing colleagues when undertaking a range of ultrasound examinations and providing professional feedback to drive continuous quality improvement within our ultrasound services.

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

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

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

Outcomes from the QA programme continue to be excellent:



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.



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.



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.

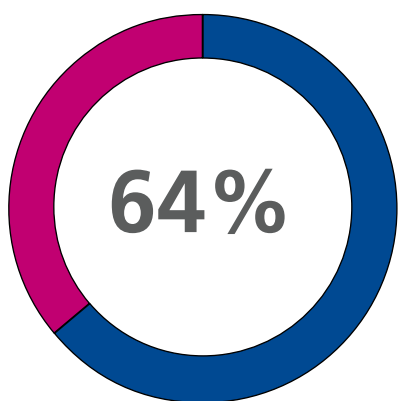
Employee engagement

The annual Care UK employee survey, “Over to you!” mirrors the NHS Employee Survey in terms of questions relating to equality and diversity. This survey not only informs us about what our colleagues think, but also helps us measure the effectiveness of our employee engagement strategy.

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

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

The survey is undertaken annually and in 2017 our engagement index in Secondary Care was 64% which was a slight reduction from the prior year (66%) but was nevertheless above the national average for organisations of our scope and scale (59%).



Survey content is comparable to, and in certain sections mirrors, the NHS National Staff Survey content.

Overwhelmingly, the survey indicated that our people know what is expected of them at work, feel proud of the work they do,

view patient care as our top organisational priority, and know what to do if they wish to raise a formal concern at work regarding the provision of health care services.

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

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

This began in October 2016 and will be rolled out on an on-going incremental basis to the end of September 2018; ensuring that equality and diversity retains an organisational profile and continues to be central to our everyday working lives.

Over to you!
2017

The logo for the 'Over to you!' survey features the text 'Over to you!' in a bold, purple font, with '2017' in a pink font below it. To the right of the text is a pink megaphone icon with a heart shape inside its bell.



care
Jessee Lim
Therapist Practitioner

Pharmacy intervention (implemented during 2017)

Clinical pharmacy skills in the NHS and its partner organisations are currently in high demand. This isn't surprising in the context of polypharmacy, suboptimal medicines use, medication error, preventable medication related admissions to hospitals, increasing antimicrobial resistance and huge and rising therapeutic costs. The knowledge and skills of the pharmacist are central to optimising medicines use to create better outcomes for patients and better value for the care being delivered at all levels throughout the health system.

Background

In common with other healthcare professions, there is notable variability in the consistency with which pharmaceutical services are provided, and how medicines optimisation is implemented amongst many organisations providing care.

Lord Carter's final report on NHS productivity and efficiency, published in February 2016, identified significant variations in practice, availability and deployment of Secondary Care pharmacy services across the country.

We know that the limited availability of patient-facing Secondary Care pharmacy services can lead to patients missing doses of important medicines, lack of support for medical and nursing staff, low levels of medicines reconciliation, delayed transfers of care and poor support for patients at hospital discharge, failed surgeries and treatment modalities and a real risk to patients from potential medicine-related harm.

Pharmacist driven interventions in the care of patients in Secondary Care settings have been shown to reduce the risks associated with medicines.

Objective

To understand, standardise and stratify the input pharmacists and their teams provide on frontline patient care activities.

Aims

A clear clinical definition of pharmacist interventions was made. This, along with typical medicine incidents that were recorded historically, allowed us to ensure a distinct differentiation.

- A Pharmaceutical Clinical Intervention is the process of a pharmacist identifying, and making a recommendation in an attempt to prevent or resolve a medicine-related problem. The pharmacist recommendation may result in a change in the patient's medication therapy, by means of administration, dosage regimen, form, quantity or even an addition.
- Medication incidents are those which actually caused harm or had the potential to cause harm involving an error in the process of prescribing, dispensing, preparing, administering, monitoring or providing medicines advice.

It is the professional responsibility of the pharmacist to differentiate between clinical intervention and medicine incident and record them appropriately.

Action/Methodology

Utilising Datix - the staple and recognised patient safety platform that produces web-based incident reporting and risk management software for health and social care organisations - the pharmacy teams across the division and colleagues from Risk Management/IT were able to develop an innovative tool on the Datix platform. This tool allowed a concise virtual catalogue of the types of interventions from individual sites, thus allowing appropriate data entry and collection.

Using this tool, the teams were tasked with recording all their clinical and patient-facing interventions. This data has helped to drive improvements, standardise practice and identify gaps in practice.

Outcomes/Achievements

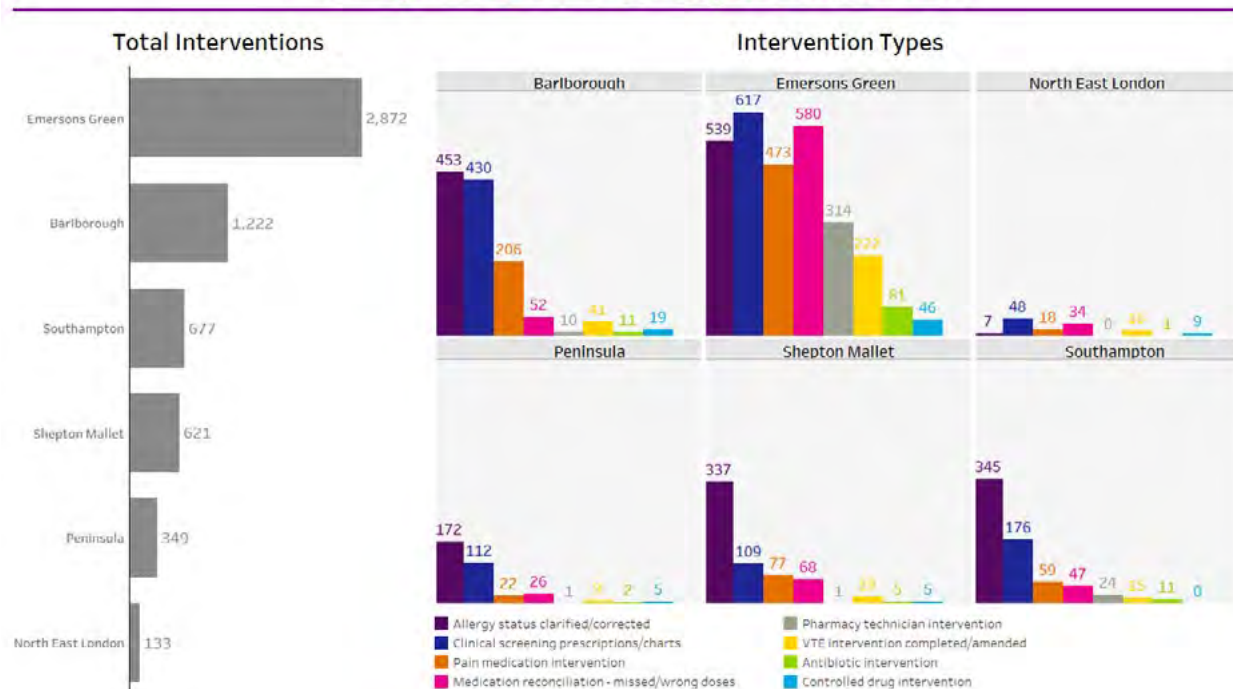
Below is the total number of interventions and their subtypes that were recorded in 2017. Some of the most commonly made interventions across the Secondary Care division were:

- Missed/incomplete medication allergy status recording
- Incomplete prescription writing or identified errors on prescriptions
- Failed medicines reconciliation - failed medicine history taking when patients are initially admitted
- Pain medication review - pharmacy teams intervening to improve/advise on pain medications

The data captured allowed teams locally and as an entire Secondary Care division to drive improvements in some of the key areas of medicine practice. Examples of improvements from the intervention data included:

- System wide prescription template change - resulting in clearer allergy status recording and a communication tool to allow pharmacy and medical teams to discuss any prescription related errors
- Creation of a new medicine related training delivered by local pharmacy teams, covering: medicines reconciliation, pain medication and importance of getting the correct medicine history from patients
- Appropriate monitoring of inpatient medication charts to make sure all medicines administered during a patient's stay is correct and safe
- Improved governance and peer-to-peer discussions at sites to ensure clinical practice is constantly challenged and continuously improving.

Pharmacy Interventions - January to December 2017



Summary

Secondary Care pharmacy services should operate in a standardised, efficient and consistent manner. Their input and intervention is pivotal amongst the multi-disciplinary team in ensuring patients achieve the best outcomes from their medicines and harm/risk is reduced. Through the optimal use of medicines, technology and workforce, alongside collaboration between providers, unnecessary variation in services can be avoided. This will not only deliver value based healthcare but also good clinical outcomes for all patients.

Healthcare heart

In 2015 Care UK standardised its Risk Management approach by asking all services to record threats to specific Secondary Care Objectives on their local risk registers. These corporate objectives, outlined in the Risk Management Strategy and Policy, were SMART (specific, measurable, actionable, realistic and time-bound) and covered a mixture of clinical, operational and strategic goals.

Since the introduction of the policy and strategy each centre has established a comprehensive register of key risks with documented contributing factors, controls and action plans. Compliance with the new policy and process is reported on a monthly basis to ensure continued good practice.

However, these risk registers were largely managed by senior management teams and governance managers, which was in part a reflection of the high-level nature of the objectives. Often clinical staff felt that these objectives did not reflect the full range of measurements we use to identify risk and success at all levels of the organisation.

They were not fully aligned to our internal performance and quality reports and, as such managing the risk register felt like an additional activity or a corporate process, rather than something to be owned by all staff.

In order to improve how we communicate why we do what we do to our stakeholders, we looked at our existing measurements and grouped these into a set of meaningful objectives that could be understood by all staff. The objectives were no longer SMART but instead were underpinned by a set of Key Performance or Risk Indicators.

The objectives were aligned to the CQC's key lines of enquiry so that we can explicitly demonstrate to the regulator that what we do every day delivers the expected standard of care. These objectives were developed in consultation with the quality and governance leaders within Primary and Secondary Care.

Although not technically a balanced scorecard, it is inspired by this methodology and will be used to communicate our values and aspirations to all internal and external stakeholders in a way that is easy to understand. The model explains in a simple way that we deliver high-quality care which is compliant with regulatory standards through a sustainable business model that puts the patient at the heart of everything we do.

The objectives will be used for inducting new staff, identifying risks and organising performance and quality reports at all levels so that risk management is aligned with other management activity and owned by all staff. Vitality the patient is central to the process with the key of ensuring the patient is at the heart of everything we do.

Healthcare Heart

Caring

Effective

Responsive

Safe

Well-led

Post Paterson

Care UK has now, in the absence of any guidance from regulatory authorities, initiated a concerted response between Human Resources (HR) and the Office of the Responsible Officer (RO).

As the risk is primarily related to those external consultants working for Care UK, who are not attached to us as a designated body, the following measures have been put in place.

All appointments or attachments can only be made through central offices. All checks in-line with the NHS standards are completed by HR. A new updated data base of all Self Employed Medical Practitioners (SEMPs) has been created and this will be monitored and updated monthly.

All SEMPs are required to, and have complied with since 1st January, lodge the most up-to-date copy of their last appraisal summary with the central office.

In addition they have all completed and submitted a signed probity statement indicating that the work conducted at Care UK is clinical work that is consistent with their normal scope of practice for which they have been appropriately trained and experienced.

It is also stated that they are in good standing and not the subject of any current concerns or investigations/restrictions. If this statement shows any concerns, that these have been discussed and evaluated by the local medical director.

All consultants who work for Care UK through either agency, chambers or SLA arrangements, will have submitted to the lead similar details which the lead is then responsible for accounting to the local MD that there are no concerns about any of the doctors so engaged.

All employment processes are reviewed at the Decision Making Group of the RO Office by RO staff and HR directors to ensure compliance with these requirements.



Endoscopy

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

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

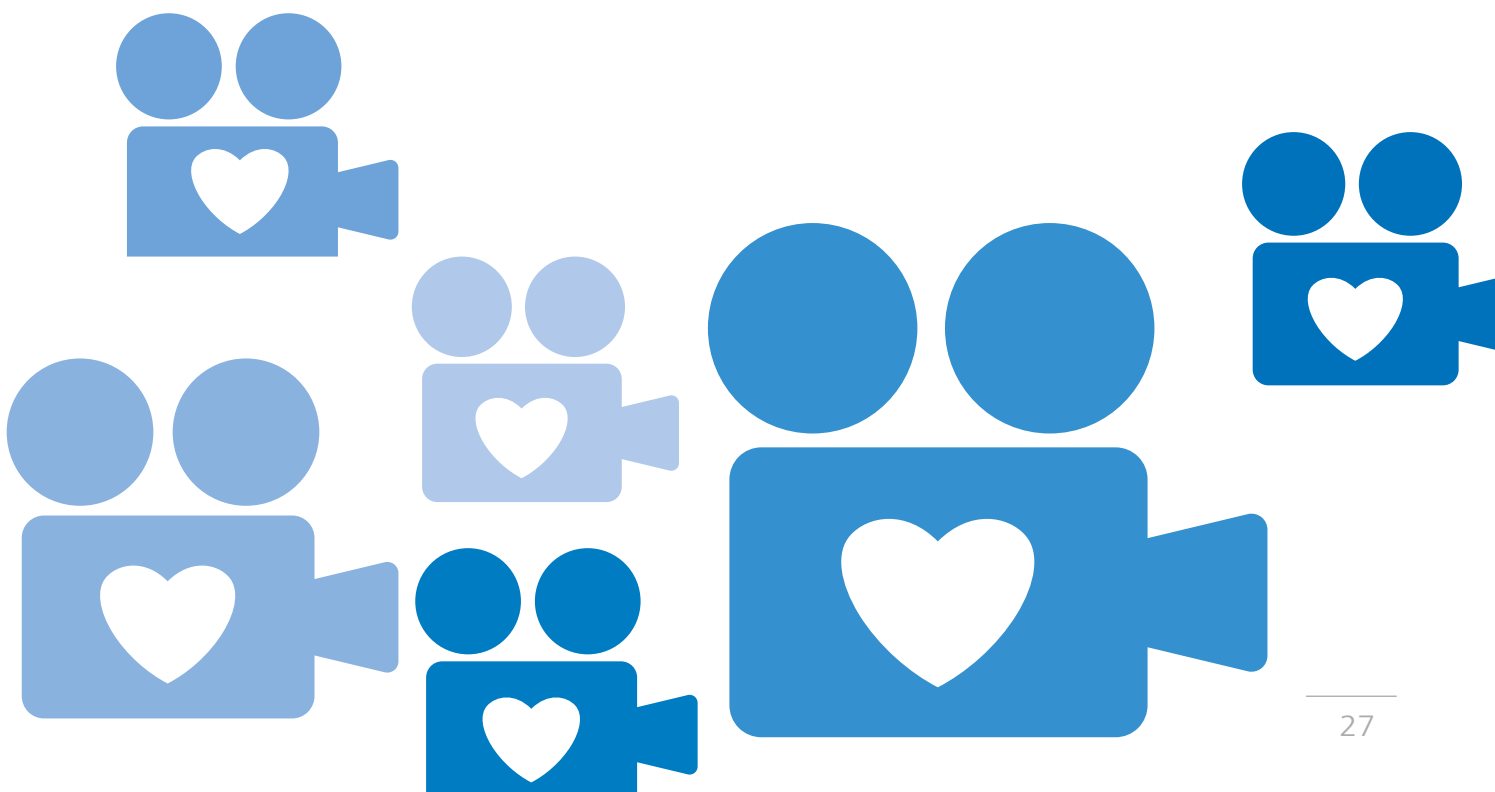
Endoscopy units have the option of applying for formal accreditation by the Joint Advisory Group for Gastrointestinal Endoscopy (JAG) which is the national group overseeing all endoscopy units.

Achieving accreditation requires units to demonstrate compliance with numerous standards, and to have clear policies and operating procedures to deliver safe and effective endoscopies.

Patient feedback also plays a key role in maintaining these standards. Currently six of our units have achieved and maintained full accreditation with JAG, and the remaining two are working towards achieving this in 2018.

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

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





Patient and public experience

Complaints management

Friends and Family test

Marketing to patients

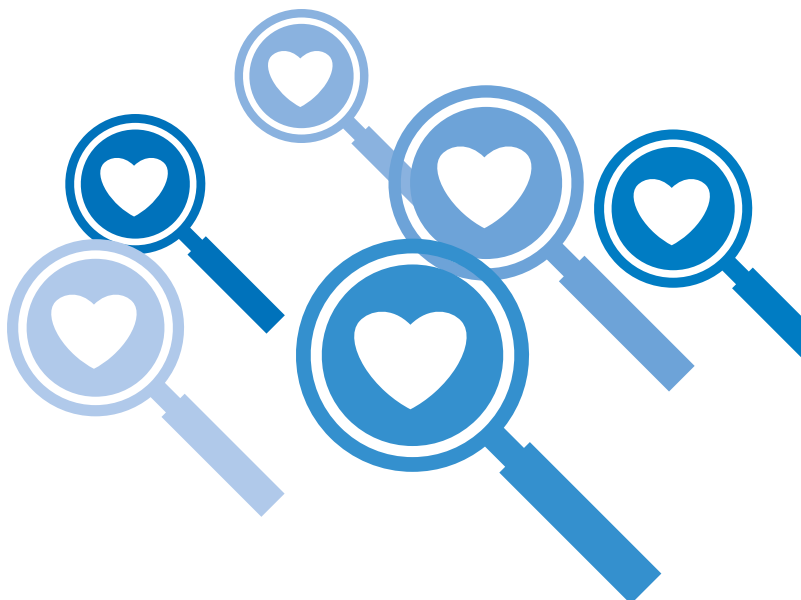
Complaints management

Our patients are at the heart of everything we do and by listening to the people we care for, we will improve our services and continue to make them safer and more responsive.

We will learn lessons that will benefit everyone – not only the people to whom we provide services, but our commissioners, our staff and all our other stakeholders. Sharing and learning from what our patients tell us will support our planning and the delivery of care in all our services and facilities.

To us, the principles of excellence in complaint handling are simple.

- We must get things right first time, meeting all our legal and regulatory responsibilities, with clear leadership from the Board and executive. We must have clear and strong governance arrangements with unambiguous roles and responsibilities so that everyone in our organisation understands the importance of managing the concerns of our patients.
- By being patient focused, we will have a complaints procedure that is straightforward and outcome driven. Wherever possible, we will endeavour to satisfy the person who has made the complaint. We will listen to what our patients say and deal with complaints promptly and with sensitivity.
- We will be open and accountable, explaining how a complaint can be made and how to proceed if the person who has made the complaint feels that our response is unsatisfactory. We will provide information about how independent conciliation services and other advice can be obtained.
- By acting fairly and proportionately, we will treat the person who has made a complaint impartially and fairly, striving to investigate matters thoroughly and to reach conclusions quickly. We will also treat any staff member who has been complained about equitably.
- Putting things right - acknowledging our mistakes and apologising where we need to, will be a key part of any remedy required. Our responses will be prompt, appropriate and proportionate.
- By seeking continuous improvement, using the feedback and the lessons arising from complaints, we will improve service design and delivery. We will have systems in place to record, analyse and regularly report on what we have learnt. Where appropriate, we will tell the person who has made a complaint about these lessons and what changes we have made to prevent similar things happening again.



Care UK has a policy in place to provide Care UK staff with the information they need to ensure that Care UK meets or exceeds the requirements of:

- The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009
- Hospital Complaints Procedure Act (Scotland) 1985
- Social Services and Wellbeing (Wales) Act 2014

It sets out how Care UK manages, responds to and learns from complaints made about its services. The management of all complaints, investigations and responses will be conducted to the timescales set out in these regulations.

Care UK is committed to providing high-quality services and will strive to ensure that all compliments, concerns and complaints are addressed, resolved and shared as quickly as possible.

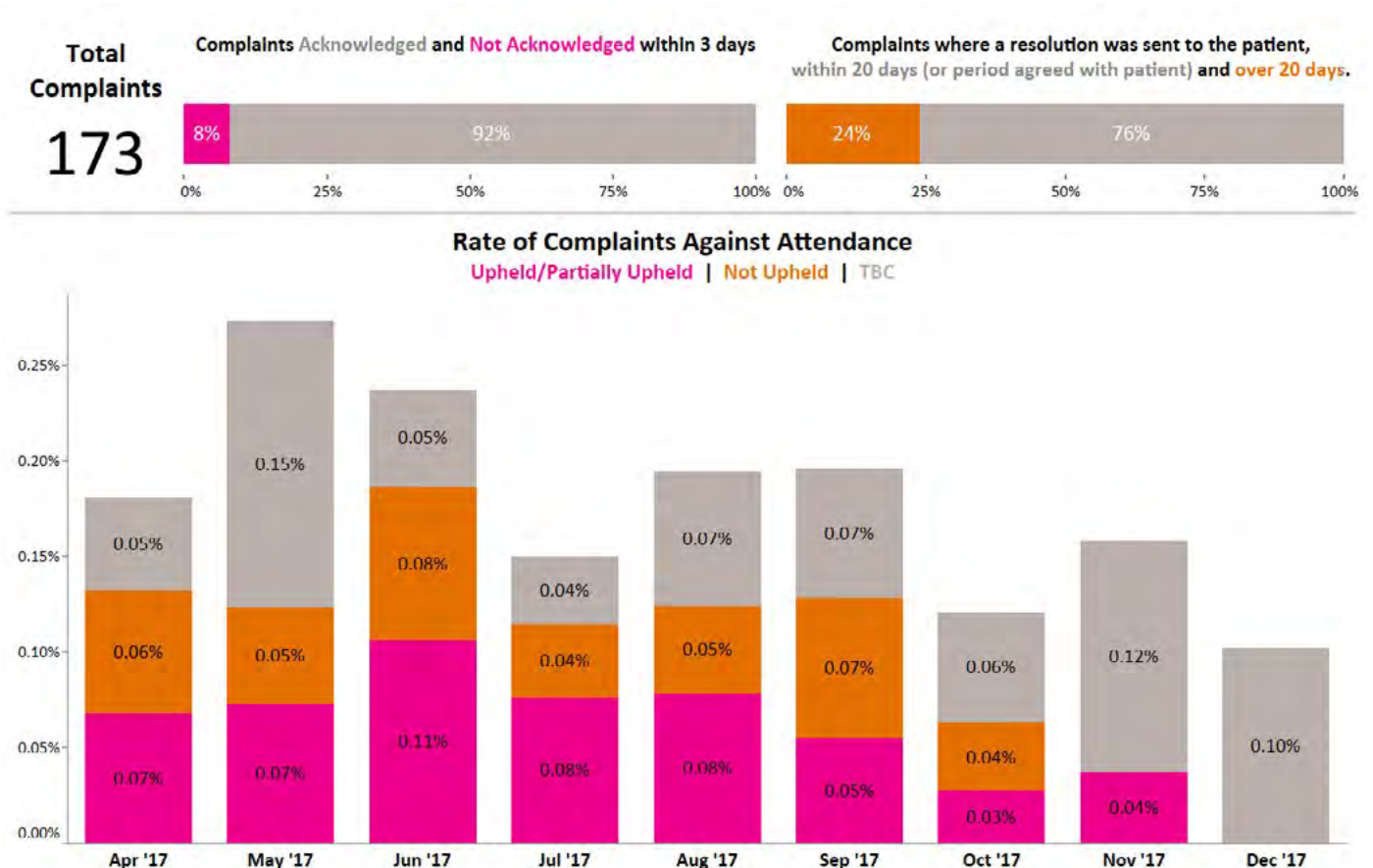
Potential lessons will be shared within the organisation to promote learning and improve quality and safety of care.

Complaints will be dealt with on an individual basis and will be investigated fully, transparently and impartially. When something has gone wrong it is vital to establish the facts about what happened in a systematic manner.

Most complaints will be investigated by someone from the service or division involved, but for serious complaints it may sometimes be necessary to involve an independent investigator.

Complaints trends are monitored both locally and nationally to determine actions which need to be initiated to address concerns and complaints raised by patients.

Whilst the results are encouraging it is recognised that Care UK services want to improve on these results and have identified an improvement in managing complaints as a quality priority for the coming year.



Friends and Family Test

The Friends and Family Test (FFT) is an important feedback tool that supports the fundamental principle that people who use our services should have the opportunity to provide feedback on their experience.

It asks people if they would recommend the services they have used and offers a range of responses. When combined with supplementary follow-up questions, the FFT provides a mechanism to highlight both good and poor patient experience. This kind of feedback is vital in transforming our services and supporting patient choice.

In Care UK services we gather data from inpatient wards, day wards and outpatient attendances. This data is reviewed on a monthly basis and displayed in patient areas to illustrate how many patients would recommend the services.

This data is also used in conjunction with patient comments received and is aligned to the patient notice boards which demonstrate what actions have been taken as a result of patient feedback received.

The FFT data is submitted to the NHS digital portal to enable Care UK services to be measured in-line with all NHS services. The feedback gathered through the FFT is being used in NHS organisations across the country to stimulate local improvement and empower staff to carry out the sorts of changes that make a real difference to patients and their care.

While the results from Care UK will not be statistically comparable against other organisations because of the various data collection methods, FFT continues to provide a broad measure of patient experience which can be used alongside other data to inform service improvement and patient choice.

Friends and Family - Would Recommend - April 2017 to January 2018

Below NHS Response Rate | Above NHS Response Rate

	April 2017	May 2017	June 2017	July 2017	August 2017	September 2017	October 2017	November 2017	December 2017	January 2018
Daycase	99%	99%	99%	99%	99%	98%	98%	98%	98%	99%
Inpatient	99%	99%	99%	99%	100%	100%	100%	100%	99%	99%
Outpatient	99%	99%	98%	99%	99%	99%	99%	99%	99%	99%

NHS Benchmark Figures: www.england.nhs.uk/fft/friends-and-family-test-data/

Marketing to patients

As part of our commitment to providing high-quality care, we make a concerted effort to ensure that patients know exactly what we offer, and can access all the information they need. We implement various marketing campaigns and activities to help keep people abreast of the services available to them and how we are doing.

New websites

In 2017 we launched brand new websites for each of our NHS treatment centres. This project was driven by a desire to make our sites more accessible, user friendly and intuitive for both patients and healthcare professionals.

With a completely new layout, clearly guiding users through the different pages and helping them to find what they are looking for, we have transformed the user experience and made our websites much more beneficial to anyone using them.

Patients have even commented on the enhanced look and feel and ease of use. Our performance data, including CQC reports, Friends and Family Test results and NHS Choices ratings are also easier to find than before.



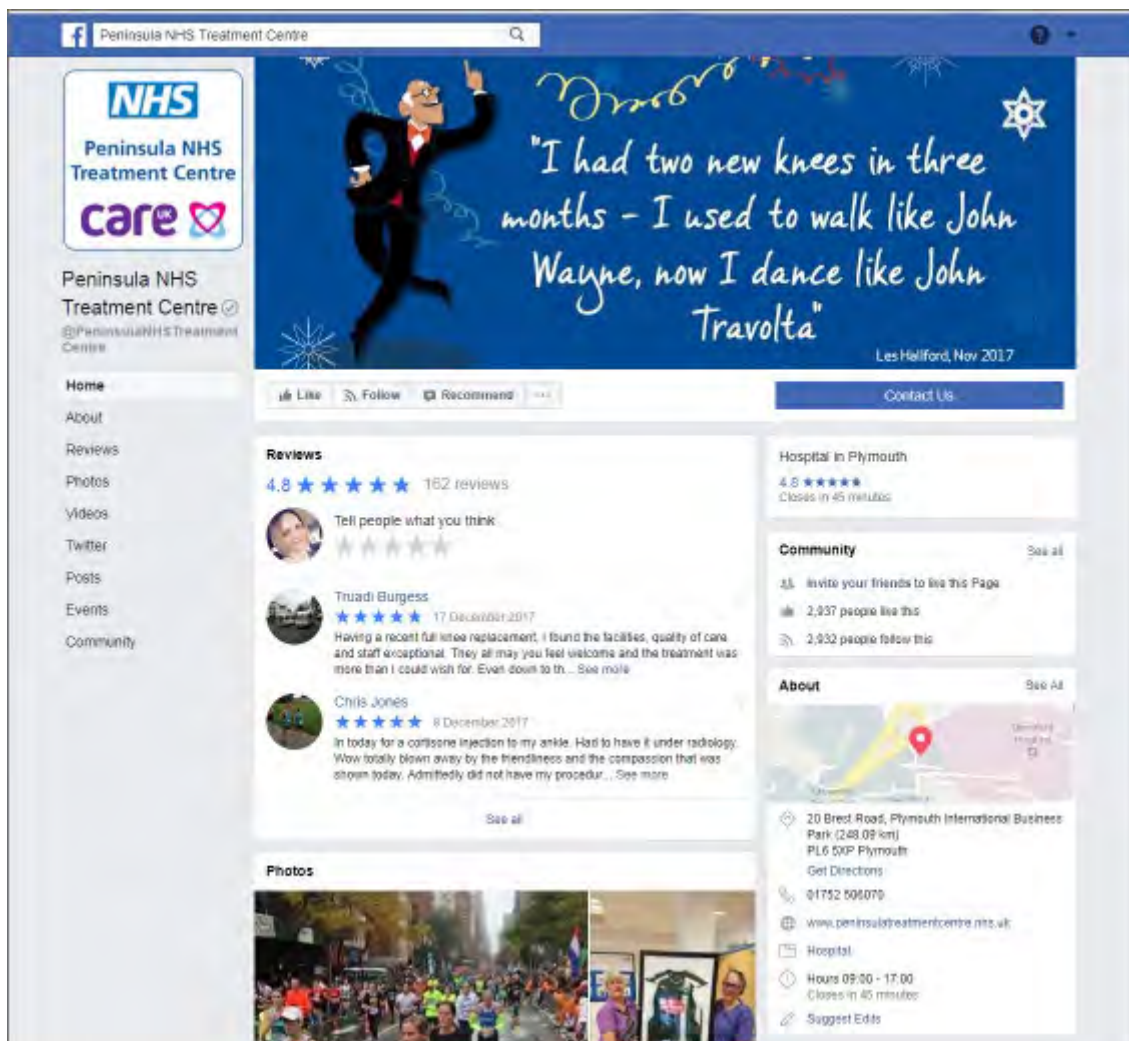
Patient choice campaign

In order to help raise awareness of patient choice, and inform people of their right to choose when and where they access NHS services, we launched a marketing campaign across various channels to educate as many people as possible about this initiative. We know that choosing where to be treated can have a positive impact on a patient's outcomes, and wanted to let more people know that they have this option.



Facebook pages

Facebook remains the most popular social media channel in the UK, and is a place for people to discover information and interact. We developed Facebook pages for each of our treatment centres in 2016, and have successfully grown our followers month on month ever since. We share informative, educational content with users and give them the chance to raise concerns or share their experience of our services in a public forum. We make sure that all queries are responded to swiftly, and have been delighted to see so many people engaging with us on this platform.





Looking forward

Next year's priorities

Next year's priorities

Care UK's Secondary Care Health Care Division has identified five new quality improvement priorities for 2018-2019.

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 priorities involved numerous stakeholders, and took into account patient feedback, complaints, incidents that occurred throughout the past year, as well as new national guidance.

In addition to focusing on the identified national quality priorities, local services will work with commissioners and patient groups to identify pertinent priorities linked to the local healthcare landscape.

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

Quality priority domain	Priority detail	Measure
Caring	To revisit the dignity audit and review the associated action plan.	That a dignity audit has been completed locally with comparison to the original results to determine improvement.
Well-led	To improve the uptake of the winter flu vaccination and immunisation of all clinical employees across treatment centres.	Flu champions in each service will monitor influenza immunisation of employees locally. These figures will be reported via monthly performance meetings.
Safe	Implementation of electronic reporting to NRLS to measure incident rates and outcomes in relation to NHS comparison services.	These reports will be observed via monthly monitoring and dashboards.
Effective	To implement an improved and augmented enhanced recovery programme across treatment centres.	Clinical outcomes in relation to key identified milestones.
Responsive	95% of patient complaints will be acknowledged within three working days and 95% of patient complaints are answered in 20 working days, or a date agreed with the patient.	That more than 95% of complaints received are acknowledged and answered within the timeframes stipulated.

Caring

Priority - to revisit the dignity audit and review the associated action plan.

What are we trying to improve?

To promote dignity and respect for patients to ensure their individual needs are identified.

What will success look like?

An action plan has been completed and all services have a robust plan in place.

How will we monitor progress?

That a dignity audit has been completed locally with comparison to the original results to determine improvement. This will be monitored via the Professional Leads meeting through the audit manager.

Well-led

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

What are we trying to improve?

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

What will success look like?

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

How will we monitor progress?

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

Safe

Priority - implementation of electronic reporting to NRLS to measure incident rates and outcomes in relation to NHS comparison services.

What are we trying to improve?

To demonstrate safe services are in place with evidence of incident trend reviews completed at a local level.

What will success look like?

Benchmarking across treatment centres in comparison to NHS services.

How will we monitor progress?

These reports will be monitored via monthly monitoring and dashboards with a quarterly report through the Secondary Care Governance Quality and Assurance meeting.

Effective

Priority - to implement an improved and augmented enhanced recovery programme across treatment centres.

What are we trying to improve?

At least 5% of eligible hip and knee arthroplasty patients are discharged within 24 hours whilst achieving identified key milestones.

What will success look like?

That 5% of eligible hip and knee arthroplasty patients are discharged within 24 hours whilst achieving identified key milestones and a measurable reduction in catheterization rate.

How will we monitor progress?

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

Responsive

Priority - 95% of patient complaints will be acknowledged within three working days and 95% of patient complaints are answered in 20 working days, or a date agreed with the patient.

What are we trying to improve?

To ensure patient complaints are answered in a timely manner.

What will success look like?

That more than 95% of complaints received are acknowledged and answered within the timeframes stipulated.

How will we monitor progress?

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





Quality and effectiveness

National and regulatory requirements

CQC inspections

National and regulatory requirements

Regulatory statements for our services 2017-2018

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 2017 - March 2018, Care UK provided or sub-contracted all of the services listed on page 6 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 employees 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 employees working in our NHS Treatment centres and MIU's complete annual mandatory safeguarding training via a combination of online courses (eLearning) and face to face training. This training follows national guidance documents relating to children, adults and vulnerable people.

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

- Care UK meets the statutory requirement to conduct Disclosure and Barring Service (DBS) checks on all employees as appropriate.
- 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.

Care Quality Commission (CQC) registration

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

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

CQC ratings to follow.

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 2017/18 was conditional upon us achieving pre-agreed quality improvement and innovation goals as set out in the CQUIN payment framework.

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

Details of the agreed CQUIN goals for each of our services for both 2017/18 and the coming year can be requested from the Hospital Directors at each treatment centre. (NB: as CQUIN targets are locally agreed they may vary between treatment centres).

Information governance data quality

We take our responsibilities very seriously to protect and maintain the confidentiality of patient information in an accountable and transparent manner.

The Caldicott Guardian, who is responsible for the security of patient information, leads this work and is supported by the SIRO and Data Protection Officer committed to the highest standards.

Over the past year we have continued to encourage staff on the importance of an open and transparent reporting culture. And as a result we have had a total of 52 internal IT Security incidents within the year and have had six SIRS Level 2 reportable incidents which the ICO has closed with no actions taken against us.

Two of the incidents are being pursued by the ICO Criminal Investigators against the Individual former staff members under Section 55.

We have continued to enhance our security and governance to align with the technology evolutions and to address new threats.

To complement our existing compliance framework of ISO 27001: 2013, our annual IG Toolkit submission for version 14 maintained a 100% Level 3 Compliance.

In 2017 we achieved the Cyber Essentials certification which is industry standard validation of our robust technical cyber security framework in light of the widespread Wannacry attack across our partner NHS operations; Care UK was not affected by the attack.

In light of the changes from the Data Protection Act 1998 to GDPR, we have started to implement and transform our governance framework to ensure that we embrace the fundamental changes the new regulations bring, that is, transparency and accountability.

Our robust GDPR preparations will ensure that our policies, procedures and staff awareness are fit for purpose to meet GDPR compliance going forward.

Patient led assessment of the care environment (PLACE)

Care UK are delighted that every one of our care environments within Care UK treatment centres were scored above 99% for cleanliness in 2017 by our patients.

Cleanliness

The patient-led assessors gave us an overall score of above 99% for the cleanliness of our Secondary Care sites for the second year running.

We are immensely proud of this score, which was complemented by an overall score of 97% for the condition, appearance and maintenance of the buildings from which we provide care. These scores reflect our ambition to ever improve on the quality of our services demonstrating an improvement on 2015 scores.

In 2017 we expect to maintain these high-quality ratings across all of our NHS treatment centres.

Dementia friendly

This was the second year that the suitability of environments for people with symptoms of dementia was assessed – in accordance with criteria laid down by the Health and Social Care Information Centre (HSCIC).

Care UK PLACE Results 2017



Cleanliness

99.23%



Food

92.90%



Ward food

93.97%



Privacy, dignity and wellbeing

89.03%



Dementia

88.28%



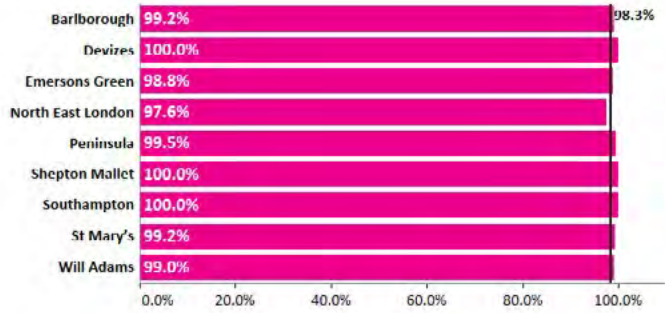
Condition, appearance and maintenance

97.27%

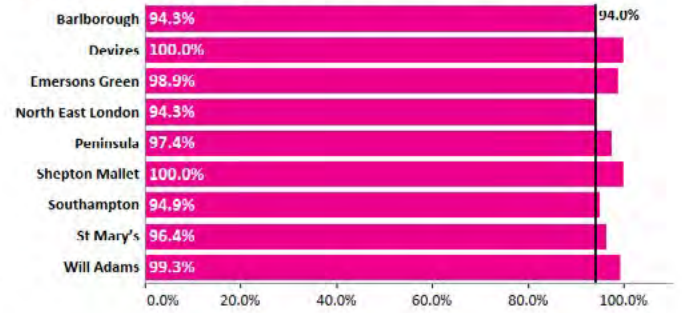
PLACE Scores 2017 - Part 1

Below are the PLACE scores for Care UK. The **national average** is indicated by a black line.

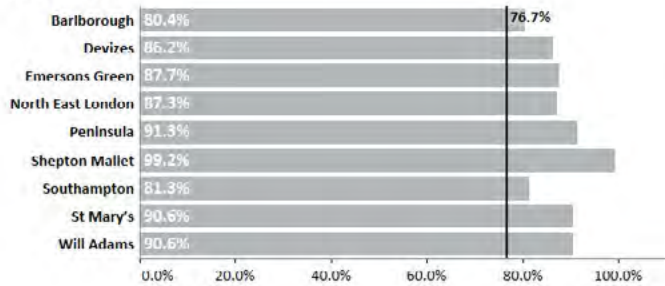
Cleanliness



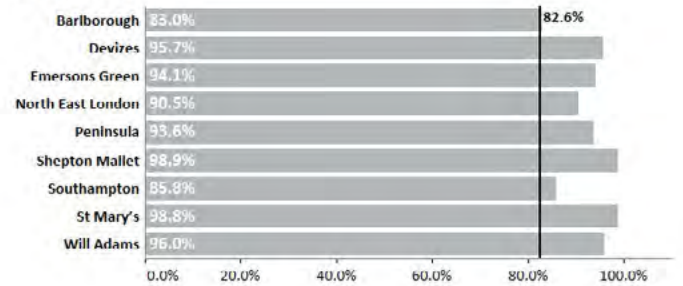
Condition, Appearance and Maintenance



Dementia



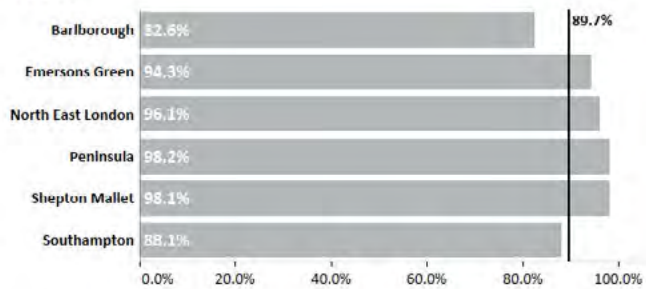
Disability



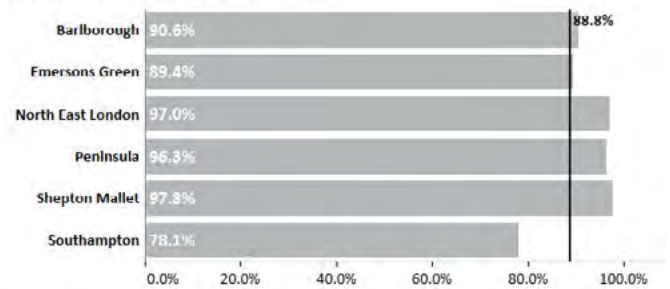
PLACE Scores 2017 - Part 2

Below are the PLACE scores for Care UK. The **national average** is indicated by a black line.
Devizes, St Mary's, and Will Adams are not scored on food as part of PLACE as they are non-inpatient facilities.

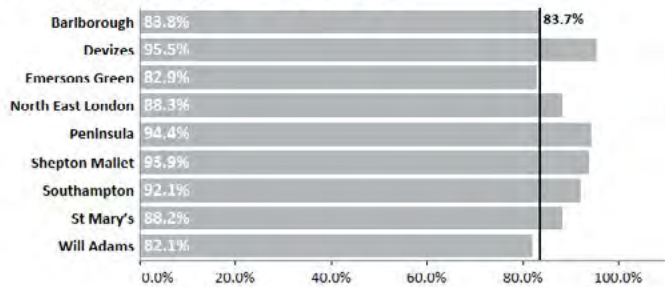
Food



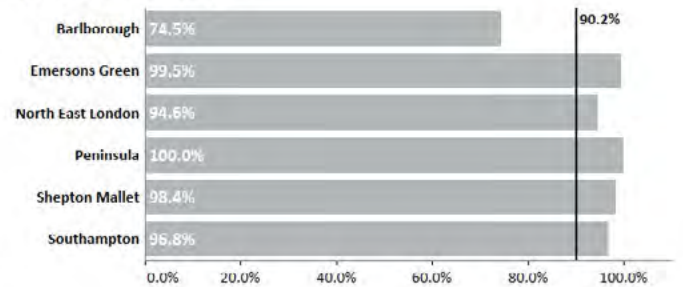
Organisational food score



Privacy, Dignity and Wellbeing



Ward Food score



Local clinical audit

In 2017 Care UK revised the audit programme making it less onerous and more responsive to risk. An exciting new web-based audit platform was also introduced which will allow us to quickly identify lessons and opportunities for improvement.

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.

In 2017 a revised audit schedule was introduced. The new programme set out to reduce unnecessary repetition of audits that were frequently compliant allowing services to focus instead on areas of clinical risk and opportunities for real improvement.

As well as freeing up time for clinicians to establish and complete their own audits, the new schedule also introduced a number of 'triggers' that would prompt more frequent or deeper dive audits when areas requiring improvement were identified.

Care UK also introduced a new web-based audit tool that will further reduce the resource required to complete audits and submit results, as well as providing important insights into specific areas for improvement. The new platform will improve reporting accuracy and works across mobile devices. The new system has an action plan module that allows staff to drive improvement and track progress.

Core audits in the Clinical Audit Schedule (undertaken within all areas) include: medicines management; documentation; information governance and security; emergency responses; the WHO Surgical Safety Checklist and safeguarding.

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 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).

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 with partial and non-compliant audits 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 audits 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 clear improvements in the quality, safety and clinical effectiveness of our services - with shared learning mechanisms used to maximise the benefits across whole service streams.

In April 2017 the North East London service was non-compliant with the WHO surgical safety checklist audit with a score of 94%. This was raised to 100% compliant by November. The improvements are the result of concerted efforts to ensure the highest standards of surgical safety in the centre.

Local audit schedule

The Emersons Green service was non-compliant with the VTE audit in June 2017 but through improving the documentation and evidence were able to report 100% compliance in December 2017.

Care UK's Emergency Scenario audit checks how prepared services are for medical emergencies such as cardiac arrests and major hemorrhages by assessing their response to a mock incident. The audit tool uses best practice guidance to ensure that the right people attend in a timely manner and deliver the correct care for the situation that presents itself.

In June 2017 both Peninsula and St Mary's were partially compliant with the audit and action plans were put in place. When re-audited in December 2017 both services reported 100% compliance, demonstrating that the action taken led to real improvement in this important area.

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.

Audit title
Documentation (Clinical)
Patient falls
Prevention of VTE (venous thromboembolism)
Peri-operative hypothermia audit
Pain audit
WHO surgical site safety checklist audit
WHO observational audit
NEWS (National Early Warning Score) audit
Fluid balance audit
Blood transfusion audit
Traceability audit - endoscopy
Endoscopy environmental audit
Medicines management – deep dive
Controlled drugs documentation audit
Medicines reconciliation
Omission of medication
Inpatient medication documentation
Anaesthetic observation audit
Ward round (MDT) audit
Agency/locum/temporary staff audit
Information governance & security audit
Emergency scenario audit
Safeguarding audit

Purpose of audit	Frequency	ISTC	CATS
Supports best practice in patient documentation and guidance from professional bodies	6 monthly	✓	✓
Patient safety and compliance assessment tool	6 monthly and following a patient fall	✓	
Assess compliance to NICE guidance and best practice clinical protocols for assessment and the provision of prophylaxis	Monthly	✓	
Assess compliance to NICE guidelines – CG65	Quarterly	✓	
Assess effectiveness of pain management protocols	6 monthly	✓	
Assess compliance to WHO surgical site safety checklist	Monthly	✓	✓
Assess compliance against WHO checklist (sign in, time in & sign out)	Monthly	✓	✓
Use of NEWS audit to identify early signs of the deterioration of a patient's condition	Quarterly	✓	
To assess fluid management in patients	6 monthly	✓	
Compliance with blood safety and national transfusion guidance	Annually and following an emergency transfusion	✓	
Compliance to JAG standards and re-accreditation	Monthly	✓	✓
Compliance to JAG standards and re-accreditation	Monthly	✓	✓
To monitor all aspects of medicines management across our clinical services	Annually	✓	✓
A dedicated audit for pharmacists/meds management leads focusing on the documentation element of controlled drugs usage	Quarterly	✓	
A short audit to ensure compliance with NICE guidance focusing on reconciliation of medicines	Monthly	✓	
A short audit to ensure compliance with NICE guidance focusing on medicine omissions	Monthly	✓	
A short audit to ensure compliance with NICE guidance focusing on the documentation of medicines for inpatient services	Monthly	✓	
Assessment of compliance and quality of anaesthetic practice	6 monthly	✓	
Assessment of ward round practices and key team member involvement	Quarterly	✓	
To ensure that appropriate checks and local inductions are undertaken for all agency, locum and temporary members of staff	Bi-annually and following use of agency/temp/locum staff	✓	✓
To monitor compliance against IG Toolkit requirements and ISO 27001 accreditation	Bi-annually	✓	✓
To ensure that all staff are prepared and are fully aware of their responsibilities in the case of an emergency incident	Annually and following an emergency response	✓	✓
To ensure that safeguarding concerns are referred and logged, providing assurance that safeguarding responsibilities are discharged	Quarterly	✓	✓

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 of cardiovascular illness from 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 of cardiovascular illness from treatment centres
Asthma (paediatric and adult) care in emergency departments	No	No	Care UK chose not to participate in these audits
Bowel cancer (NBOCAP)	No	No	Care UK does not provide cancer services from treatment centres
Cardiac rhythm management (CRM)	No	No	Care UK does not provide treatment of cardiovascular illness from treatment centres
Case Mix Programme (CMP)	No	No	N/A
Child Health Clinical Outcome Review Programme	No	No	Care UK does not provide treatment of children from treatment centres
Chronic Kidney Disease in Primary Care	No	No	Care UK does not provide treatment of long-term conditions
Congenital Heart Disease (CHD)	No	No	Care UK does not provide treatment of cardiovascular illness from treatment centres
Coronary Angioplasty/National Audit of Percutaneous Coronary Interventions (PCI)	No	No	Care UK does not provide treatment of cardiovascular illness from treatment centres
Diabetes (Paediatric) (NPDA)	No	No	Care UK does not provide treatment of long term conditions for children from treatment centres
Elective Surgery (National PROMs Programme)	Yes	Yes	None
Endocrine and Thyroid National Audit	No	No	Care UK chose not to participate in these audits
Falls and Fragility Fractures Audit Programme (FFFAP)	Yes	No	Care UK chose not to participate in this audit
Head and Neck Cancer Audit	No	No	Care UK does not provide cancer services from treatment centres
Inflammatory Bowel Disease (IBD) programme	No	No	Care UK does not manage long-term conditions in treatment centres
Major Trauma Audit	No	No	Care UK does not provide major trauma within its treatment centres
Maternal, Newborn and Infant Clinical Outcome Review Programme	No	No	Care UK does not provide maternity or children's services from its treatment centres

Name of national clinical audit	Care UK eligible to participate in	Care UK participation (Yes/No)	Comments
Medical and Surgical Clinical Outcome Review Programme	No	No	Care UK does not manage long-term conditions in treatment centres
Mental Health Clinical Outcome Review Programme	No	No	Care UK does not provide children's services from its treatment centres
National Audit of Dementia	No	No	Care UK chose not to participate in these audits
National Audit of Pulmonary Hypertension	No	No	Care UK does not manage long-term conditions in treatment centres
National Cardiac Arrest Audit (NCAA)	Yes	No	Care UK did consider participation in the cardiac arrest audit but numbers of this situation occurring within our facilities were too low for inclusion
National Chronic Obstructive Pulmonary Disease (COPD) Audit Programme	No	No	Care UK does not manage long-term conditions in treatment centres
National Comparative Audit of Blood Transfusion – Audit of Patient Blood Management in Scheduled Surgery	Yes	Yes	Care UK treatment centres have taken part in this audit
National Diabetes Audit – Adults	No	No	Care UK does not manage long-term conditions in treatment centres
National Emergency Laparotomy Audit (NELA)	No	No	Care UK only provides elective surgery services from the treatment centres
National Heart Failure Audit	No	No	Care UK does not provide treatment of cardiovascular illness from treatment centres
National Joint Registry (NJR)	Yes	Yes	Care UK provides outcomes from its treatment centres for this audit
National Lung Cancer Audit (NLCA)	No	No	Care UK does not provide cancer services from treatment centres
National Neurosurgery Audit Programme	No	No	Care UK does not provide neurological services in treatment centres
National Ophthalmology Audit	No	No	Care UK chose not to participate in this audit
National Prostate Cancer Audit	No	No	Care UK does not provide cancer services from treatment centres
National Vascular Registry	No	No	Care UK does not provide treatment of cardiovascular illness from the treatment centres
Neonatal Intensive and Special Care (NNAP)	No	No	Care UK does not provide children's services from treatment centres
Nephrectomy audit	No	No	Care UK does not manage long-term conditions in treatment centres
Oesophago-gastric Cancer (NAOGC)	No	No	Care UK does not provide cancer services from treatment centres

Name of national clinical audit	Care UK eligible to participate in	Care UK participation (Yes/No)	Comments
Paediatric Intensive Care (PICANet)	No	No	Care UK does not provide children's services from treatment centres
Paediatric Pneumonia	No	No	Care UK does not provide children's services from treatment centres
Percutaneous Nephrolithotomy (PCNL)	No	No	Care UK chose not to participate in this audit
Prescribing Observatory for Mental Health (POMH-UK)	Yes	No	Care UK chose not to participate in this audit
Radical Prostatectomy Audit	No	No	Care UK chose not to participate in this audit
Renal Replacement Therapy (Renal Registry)			Care UK does not manage long-term conditions in treatment centres
Rheumatoid and Early Inflammatory Arthritis			Care UK does not manage long-term conditions in treatment centres
Sentinel Stroke National Audit programme (SSNAP)			Care UK only provides elective surgery services from the treatment centres therefore does not manage long-term conditions or acute stroke
Severe Sepsis and Septic Shock – emergency departments			Care UK does not provide emergency services
Specialist rehabilitation for patients with complex needs			Care UK does not manage long-term conditions in treatment centres
Stress Urinary Incontinence Audit			Care UK does not manage long-term conditions in treatment centres
UK Cystic Fibrosis Registry			Care UK does not manage long-term conditions in treatment centres

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 expose 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.

Formal training is given to clinicians and support staff on an ongoing basis to further reduce the possibility of never events occurring in the future.

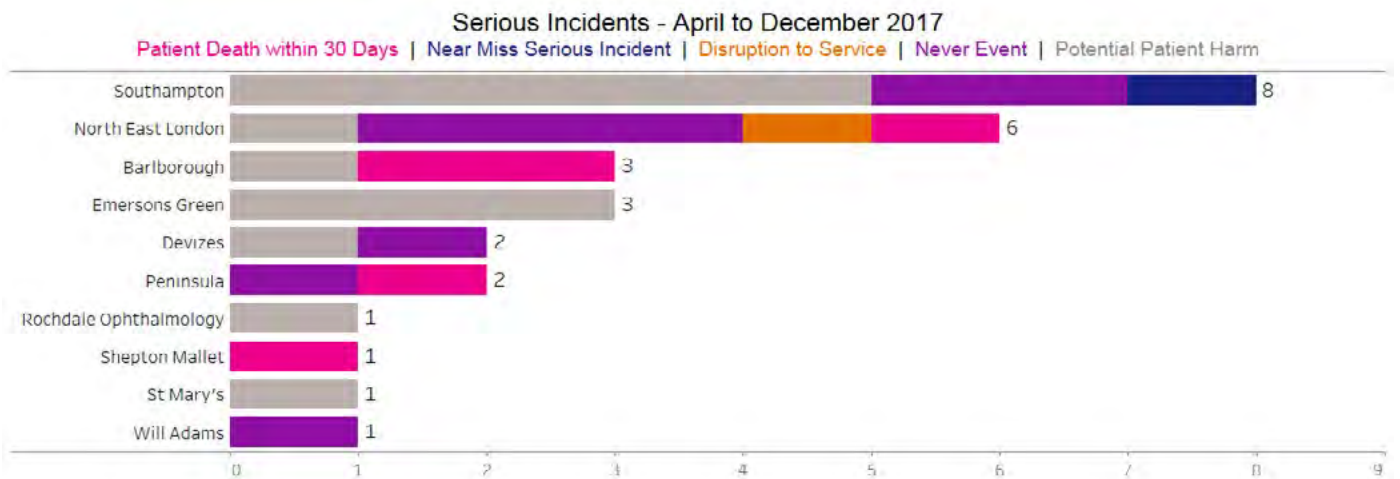
Following recommendations from an external review commissioned by Care UK, a revised incident reporting and investigation policy, was used in 2017/18 alongside new root cause analysis tools and methodology.

There were eight never events reported in 2017/18 across Secondary Care services. Three incidents related to wrong lens insertion.

A wrong tooth was extracted in Southampton and Devizes Treatment Centre and a piece of k-wire was retained in a patient's foot following surgery. There were two historic never events reported at North East London Treatment Centre when NJR completed a retrospective audit which highlighted two patients in 2009 and 2010 who had wrong side prosthesis implanted.

The processes at North East London and NJR have changed in the intervening period of time and as such similar incidents would not occur.

Site	Category
Devizes Treatment Centre	Wrong tooth extraction
North East London NHS Treatment Centre	K-wire retained post-surgery 2 Historic NJR wrong site prosthesis
Will Adams Treatment Centre	Wrong lens inserted
Peninsula Treatment Centre	Wrong lens inserted
Southampton NHS Treatment Centre	Wrong lens inserted Wrong tooth extraction



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 applied 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 however only one of which related to a patient safety incident. This is still under investigation and relates to a potential missed diagnosis of lung cancer.

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 meeting convened by commissioners.

These meetings enable teams of experts, including both senior managers and clinical colleagues, 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.

Clinical coding

During 2017-18 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 14.1-505 and conducted in-line with the Clinical Classification Service's clinical coding methodology: version 11.
- The 2017-18 audit results demonstrated that the Care UK treatment centres were achieving the satisfactory percentage accuracy for Level 2 with the majority achieving the higher Level 3, in-line with the requirements of IG Toolkit 14.1-505. One treatment Centre did fall below the Level 2 requirement due to staffing issues where external clinical coders were used for a period.
- Care UK clinical coders receive ongoing training in-line with the Information Governance Toolkit 14.1-510 attainment Level 2.

Equality, diversity and inclusion

Led and overseen by the Divisional Equality, Diversity, and Inclusion Steering Group our good work continued throughout 2017.

Aside from maintaining and supplementing the existing communication channels and development resources the key in-year achievements of the Group were as follows;

- Formal inclusion on the NHSE Equality and Diversity Partners Group (we believe we are the only independent provider to have achieved this membership)
- Inaugural generation and submission of the annual Workforce Race Equality Standards report to NHSE
- Inaugural generation and publication of the Health Care division Equality, Diversity, and Inclusion Annual report
- Successful completion of all CQC inspections with regard to the Equality, Diversity, and Inclusion aspects of the Well-Led framework

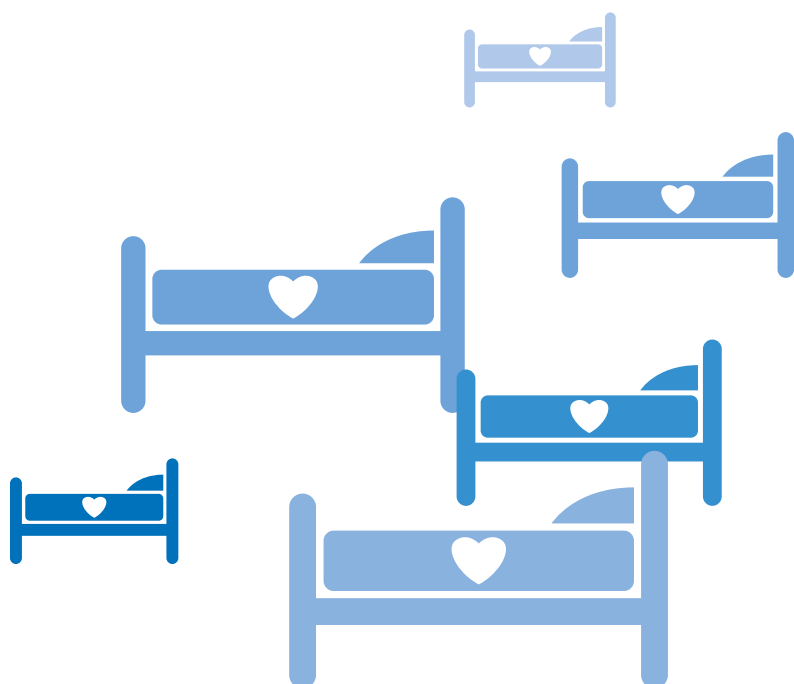
In addition, and pleasingly, the question that generated the most improved outcome across the whole workforce according to our annual divisional employee attitude survey Over to you! was 'People where I work are treated fairly regardless of their race, ethnic origin, age, gender, sexual orientation, or disability'.

Same sex accommodation

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

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

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



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.

Infection, prevention and control

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 Executive 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. This year the audit schedule has been revised with the aim of aligning the audit scoring to better reflect risk.

This means we are actively seeking to identify exceptions to our high standards of environment and practice. We target these to ensure improvements are planned for, and actioned within a timely manner. Incidents 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 2017 - 2018

Healthcare Associated Infections (HCAIs): Care UK had no reported cases of Clostridium difficile infection and no incidents of methicillin resistant or sensitive staphylococcus aureus bacteraemia attributable to their care during 2017.

This is our sixth consecutive year of zero HCAIs.

Health care associated infections (HCAI) 2011-2017

MRSA bacteraemias

0 infections

MSSA bacteraemias

0 infections

E.coli bacteraemias

0 infections

Clostridium difficile incidence

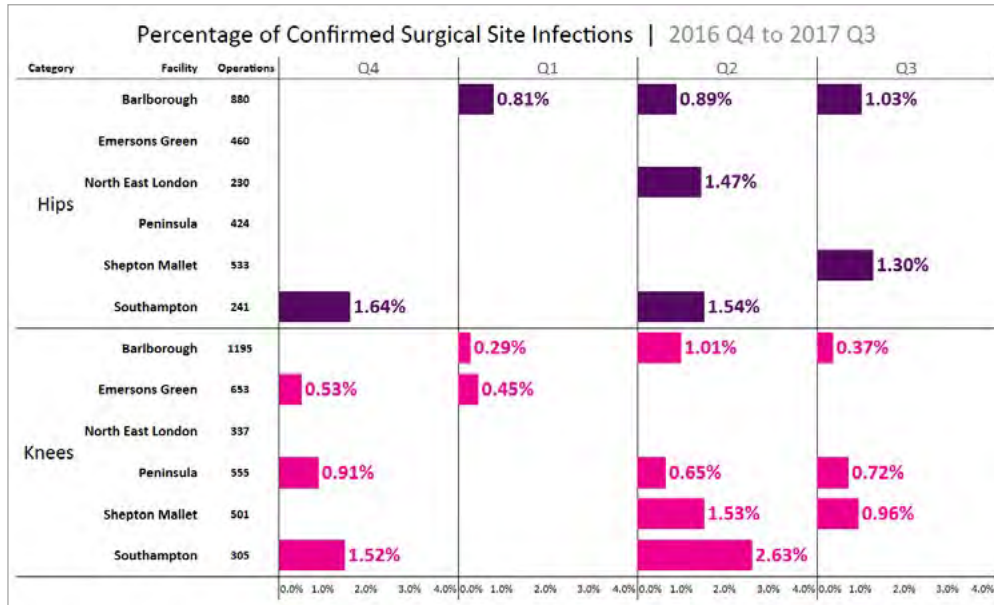
0 infections

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

Care UK's Secondary Care services administer 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.

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 NSSISS.



Care UK report incidences of surgical site infections on a monthly basis; this exceeds the national 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.

Surgical site infection rates (hip and knee replacements)

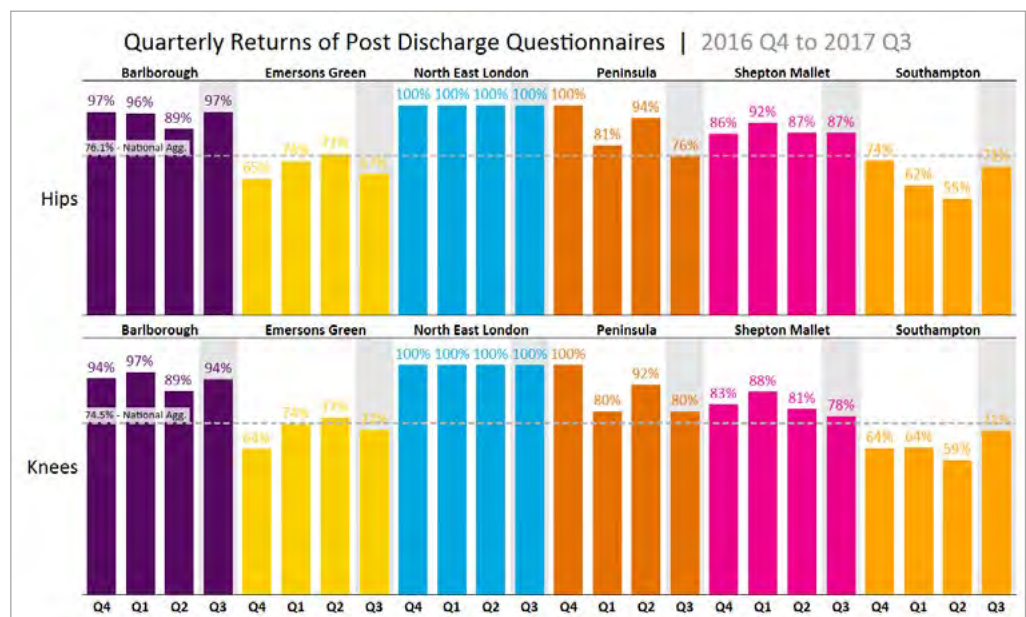
In-line with national Public Health England guidance, Care UK monitors the patient experience once patients return home after surgery.

Questionnaires are given to patients following hip and knee replacement surgery and these are requested to be returned to us once the wound is healed.

patient experience questionnaires.

Other treatment centres rely on patients posting the forms back after the 30th day since their surgery. If these forms indicate there has been a possible infection, Care UK infection prevention and control leads contact the patient and the GP to confirm whether an infection was present.

Some of the treatment centres such as North East London bring their patients back to the clinic for the removal of clips and stitches; this provides the perfect opportunity to find out about the post operative experience of patients resulting in 100% return of the



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.

As a positive move towards seeing the world from our customers' point of view, we have introduced a new tool by which our patients are involved in assessing clinical staff compliance with hand hygiene.

This has proved a popular shift in stakeholder engagement with staff and patients responding well to opportunities for reflective practice.

The removal of observer bias in this style of auditing has highlighted units with consistently excellent practice and areas where improvements can be made in embedding infection prevention in routine practice.

The new tool allows patients to identify infection prevention performance against grades of staff which informs training improving the effectiveness of targeted action planning.

Cleanliness

Cleanliness remains a key priority for infection prevention and control action and is a specific audit within the clinical audit schedule undertaken by all treatment centres on a regular basis.

Scoring above 99% in Patient-Led Assessments of the Care Environments across the treatment centres evidences the high standards of cleanliness which are monitored by local infection prevention and control leads and heads of services as part of our internal quality management.

This year we have embedded the NPSA cleaning monitoring tool within our processes of cleaning supervision, placing control for the cleanliness of functional areas back with local and clinical site management.



Infection with Clostridium difficile

Indicator	Care UK overall data			
	Apr-Mar 2016-17	Aggregate 2008-17	Apr-Mar 2015-16	Apr-Mar 2016-17
Rate of Clostridium difficile (number of infections/100,000 bed days)				
All treatment centres	0	31.2	14.9	13.2
Data source:	Local data	PHE Annual Epidemiological Commentary, 2017. Ref: www.gov.uk/government/uploads/system/uploads/attachment_data/file/634675/Annual_epidemiological_commentary_2017.pdf		

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

- It is extracted from published verified local data that is submitted to Public Health England
- 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.

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).

Patient 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 the Appendix. 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 Pre-op	% of cases submitted Post-op (of those who gave a Pre-op response)
Acute	National Joint Registry (NJR - 2017)	99%	
Other	Elective surgery (National PROMs Programme - 2016/17)	Varicose Veins 74%	Varicose Veins 52%
		Groin Hernia 82%	Groin Hernia 67%

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.

National Joint Registry (NJR)

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

The total number of procedures recorded in the NJR exceeds 2.35 million, with 242,629 added during 2016/17 (14th Annual NJR Report, September 2017).

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 - which is integral to the successful outcomes for the patient.




Our protocols for choosing the right implants take into account individual patient needs, activities, 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 the NJR data on revision rates.

Hospital	No. of procedures 2016/2017	NJR consent rate	Number of surgeons	Outliers – mortality rate	Outliers – hip revision rate	Outliers –knee revision rate
Barlborough NHS Treatment Centre	1,979	99.9%	10			
Emersons Green NHS Treatment Centre	1467	99.5%	6			
North East London NHS Treatment Centre	457	100.0%	7			2.00
Peninsula NHS Treatment Centre	868	95.4%	11			
Shepton Mallet NHS Treatment Centre	1028	100.0%	9			
Southampton NHS Treatment Centre	520	99.4%	7			

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

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.

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.

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

Indicator	Care UK overall data		Health and Social Care Information Centre (HSCIC) data - April 2016- June 2016		
	April 2015 - March 2016	April 2016 - June 2016	Highest reported nationally (best performing)	Lowest reported nationally (worst performing)	National average
Patient reported outcome measures (PROMS) participation rates					
Hip replacement surgery	100.0%	92.44%	100%	0%	86%
Knee replacement surgery	100.0%	100.00%	100%	0%	94%
Groin hernia surgery	76.7%	68.00%	100%	0%	56%
Varicose vein surgery	82.2%	73.75%	1000%	0%	32%

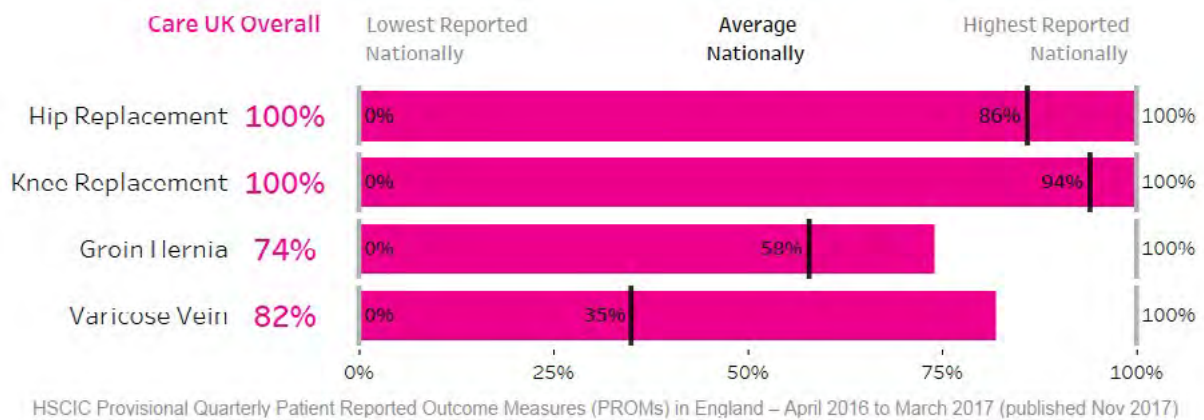
HSCIC Provisional Quarterly Patient Reported Outcome Measures (PROMs) in England – April 2015 to March 2016 (published Nov 2016) / HSCIC Provisional Quarterly Patient Reported Outcome Measures (PROMs) in England – April 2016 to June 2016 (published Nov 2016)

Indicator	Care UK Overall data		Health and Social Care Information Centre (HSCIC) data - April 2016- June 2016		
	April 2015 - March 2016	April 2016 - June 2016	Highest reported nationally (best performing)	Lowest reported nationally (worst performing)	National average
Patient reported outcome measures (PROMS) adjusted health gain					
Hip replacement surgery	22.22	Not available	31.00	14.00	21.00
Knee replacement surgery	16.45	Not available	42.00	1.00	17.89
Groin hernia surgery	0.78	0.21	0.66	-0.27	0.09
Varicose vein surgery	-6.89	-6.43	23.06	-62.26	-8.05

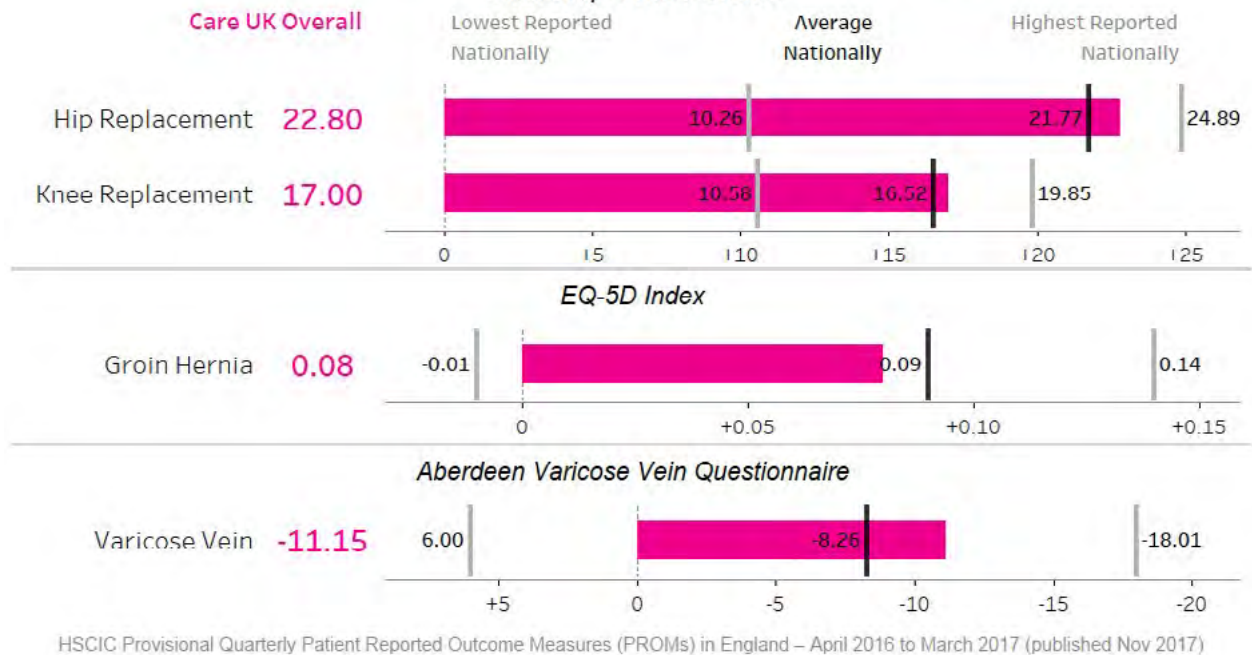
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Patient reported outcome measures (PROMS)

Patient reported outcome measures (PROMS) participation rates



Patient reported outcome measures (PROMS) adjusted health gain

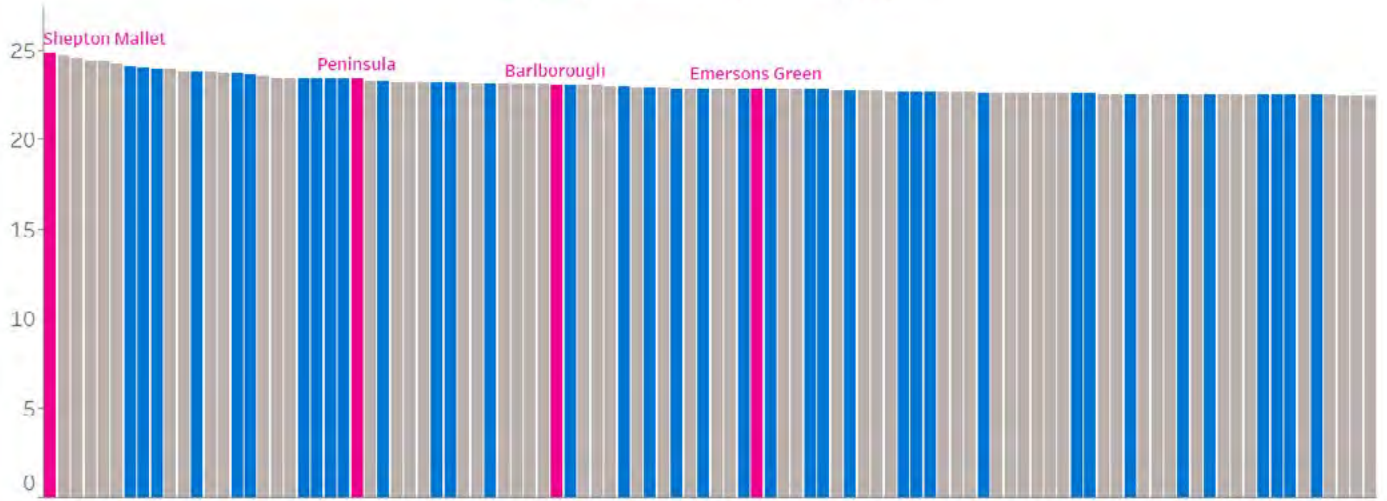


Care UK considers that these data are as described for the following reasons:

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

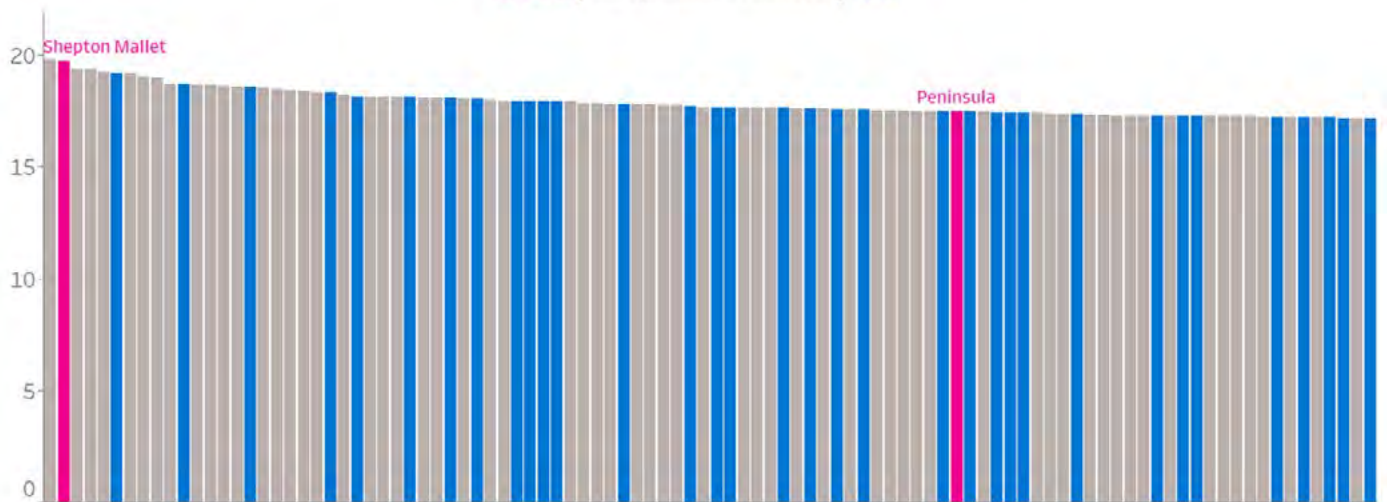
**PROMS Adjusted Average Health Gain - Hip Replacement Primary
Top 100 Providers**

Care UK | Independent Providers | NHS



**PROMS Adjusted Average Health Gain - Knee Replacement Primary
Top 100 Providers**

Care UK | Independent Providers | NHS



Emergency readmission rate for patients aged 16 or over

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

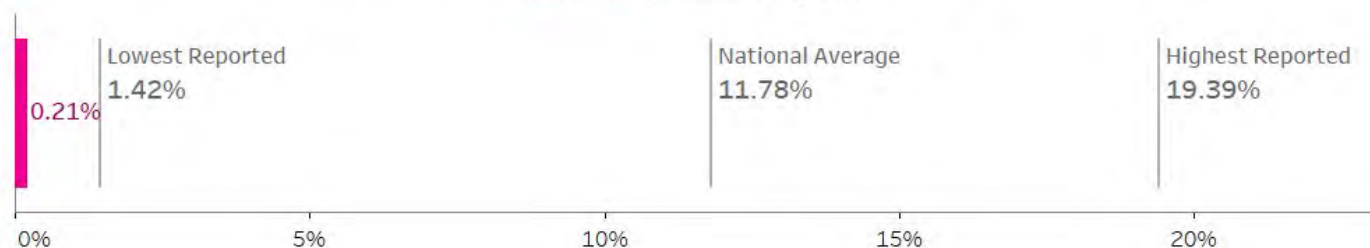
Indicator	Care UK overall data		Health and Social Care Information Centre (HSCIC) Data Independent Sector 2011-12	
	2017	Highest reported nationally (best performing)	Lowest reported nationally (worst performing)	National average
Emergency readmission to hospital within 28 days of discharge - % patients aged 16 or over readmitted within:				
All treatment centres	0.21%	19.39%	1.42%	11.78%
Data source:	Local data	HSCIC/Indicator portal data set: '3b Emergency readmissions within 30 days of discharge from hospital'		

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

- It is taken from local data that is submitted to the Department of Health.
- Care UK has taken and will continue to take the following actions to improve our scores and so the quality of its services:
 - Emergency readmission rates are tracked monthly for each treatment centre and reported to the Senior Leadership team and Board
 - Each month the Senior Leadership team examines every instance of emergency readmission that occurred and discusses the causes and what can be done to avoid similar readmissions in the future.

Emergency readmission to Hospital within 28 days of discharge - rate for patients aged 16 or over

Care UK | National Figures



National Data: Health and Social Care Information Centre (HSCIC) Data Independent Sector 2011-12
HSCIC/Indicator portal data set: '3b Emergency readmissions within 30 days of discharge from hospital'

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

Indicator	Care UK overall data		Health and Social Care Information Centre (HSCIC) Data April-June 2016	
	April-June 2016	Highest reported nationally (best performing)	Lowest reported nationally (worst performing)	National average
% admitted who were risk assessed for venous thromboembolism	99.79%	100.00%	60.77%	95.53%
Data source:	https://www.england.nhs.uk/statistics/statistical-work-areas/vte/vte-risk-assessment-201617			

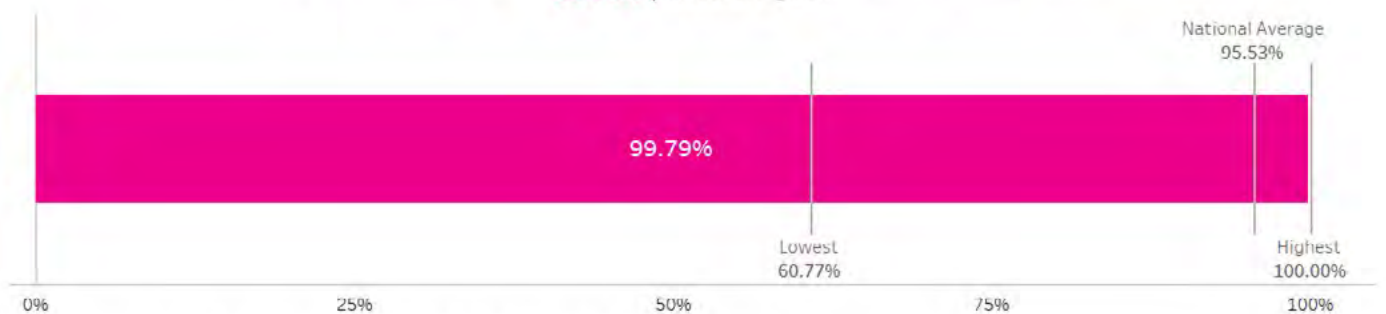
Care UK considers that these data are as described for the following reasons:

- It is taken from a national information provider.
- Care UK has taken and will continue to take the following actions to improve our scores and so the quality of its services:
- VTE risk assessment rates are tracked monthly for each treatment centre

and reported to the Senior Leadership team and Board.

- We set ourselves a target of 100% for this indicator and compare ourselves in this area against the independent sector (average 99.0%) and the NHS every three months.
- Reasons for not achieving 100% are examined each month by the Senior Leadership team and explained to the Board with actions to remedy.

Rate of Admitted Patients who were Risk Assessed for Venous Thromboembolism
Care UK | National Figures



Health and Social Care Information Centre (HSCIC) Data January to March 2017
www.england.nhs.uk/statistics/statistical-work-areas/vte/vte-risk-assessment-201617

CQC inspection results

Barlborough Treatment Centre

16th March 2015

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

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

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

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

Breakdown by service - surgery

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

Breakdown by service - outpatients and diagnostic imaging

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

Southampton Treatment Centre

18th May 2015

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

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

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

Breakdown by service - surgery

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

Breakdown by service - outpatients and diagnostic imaging

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

St Mary's Treatment Centre

2nd October 2015

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

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

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

Breakdown by service - surgery

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

Breakdown by service - outpatients and diagnostic imaging

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

Will Adams Treatment Centre

9th August 2016

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

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

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

Breakdown by service - surgery

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

Breakdown by service - outpatients and diagnostic imaging

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

Emersons Green Treatment Centre

30th March 2016

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

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

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

Breakdown by service - surgery

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

Breakdown by service - outpatients and diagnostic imaging

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

Peninsula Treatment Centre

13th July 2016

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

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

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

Breakdown by service - surgery

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

Breakdown by service - outpatients and diagnostic imaging

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

Devizes Treatment Centre

13th September 2016

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

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

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

Breakdown by service - surgery

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

Breakdown by service - outpatients and diagnostic imaging

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

Shepton Mallet Treatment Centre

October 2016

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

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

“Multidisciplinary team working was excellent throughout the surgery service.”

Breakdown by service - surgery

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

Breakdown by service - outpatients and diagnostic imaging

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

North East London Treatment Centre

September 2016

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

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

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

Breakdown by service - surgery

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

Breakdown by service - outpatients and diagnostic imaging

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

St Mary's MIU

2nd October 2015

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

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

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

Royal South Hants MIU

29th March 2017

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

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

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

Rochdale Ophthalmology CATS

November 2016

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

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

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

Breakdown by service - surgery

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

Breakdown by service - outpatients and diagnostic imaging

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

Quality visit schedule

The CQC are currently under consultation to determine the revised inspection requirements for independent hospitals, to support the requirements and to provide assurance to the CQC a schedule of quality visits are being arranged internally within Care UK.

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

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

These recommendations will be monitored and managed via an action plan which will be reviewed as part of the monthly performance meetings chaired by the managing director.

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

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

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





Appendices

Local updates

Key stakeholder feedback

Local updates

Shepton Mallet Treatment Centre

Details of current year (April 2017 – March 2018) local quality priorities

What we were trying to improve?

- Uptake of flu vaccinations for frontline staff in SMTC and SMCH (Shepton Mallet Community Hospital)
- Moving all referrals to our service to e-RS (electronic referral system) thus removing paper based referrals
- Introduction of Personalised Activation Measures (PAMs) to inpatients who are at high risk of falls

Why we were trying to improve?

- Comply with the guidance published by the World Health Organisation and advisory statements from the professional bodies, recognising our responsibility as a healthcare provider to contribute to the population immunity, in the event of a particularly virulent strain of a pandemic flu virus – protecting the otherwise well population.
- In-line with NHS digital guidance, to remove any reliance on paper based

referrals by October 1st 2018

- Delivering personalised care and support planning to an identified cohort of patients with long-term chronic conditions

How we monitored progress

- Through a spreadsheet local data base, separating relevant staff groups, and recording compliance to the request for frontline staff having flu jabs – regular updates circulated to all staff groups, supported by posters etc.
- Dedicated work groups to move the four remaining services onto e-RS (ultrasound appointments, plain X-ray appointments, MRI appointments and flexible cystoscopy direct access GP referrals)
- Completion of online training modules, acquisition of 100 licenses through Somerset CCG – commencing of completion of questionnaires by February 1st. This is a two year local CQUIN.



Local priorities

CQUIN 2017-2018	Target
Improving the uptake of flu vaccinations for frontline staff within providers	70% frontline clinical staff
Ereferrals - enable all referrals into the provider through e-RS	Q1 a trajectory to reduce Appointment Slot Issues to a level of 4%, or less, over Q2, Q3 and Q4. Q2 80% of agreed speciality referrals to 1st O/P Services able to be received through e-RS. Q3 90% of agreed speciality referrals to 1st O/P Services able to be received through e-RS. Q4 100% of agreed speciality referrals to 1st O/P Services able to be received through e-RS. Evidence that slot polling ranges for directly bookable services match or exceed waits for paper referrals - details of slot polling ranges (as recorded on EBSX05) and Appointment Slot Issues by service reducing to 4% or less in-line with the agreed trajectory set in Q1.
Supporting proactive and safe discharge	Map and streamline existing discharge pathways across acute, community and NHS-care home providers, and roll-out protocols in partnership across local whole-systems. Develop and agree with commissioner a plan, baseline and trajectories which reflect impact of implementation of local initiatives to deliver the Part B indicator for year 1 and year 2. As part of this agree what proportion of the Part B indicator for each year will be delivered by the acute provider and what proportion will be delivered by the community provider. Achievement of part b will require collaboration between acute and community providers.
Personalised care planning for people with LTC	1. Community based providers would need to submit a plan via UNIFY (or alternative) outlining their approach to delivering personalised care and support planning to an identified cohort of patients and how they will record this activity in a format that can be aggregated at organisation level (ie local, operational collection can vary, but organisational submission to UNIFY must be consistent) following locally agreed sign off processes by the commissioner. 2. Providers would need to identify which patient populations would benefit from personalised care and support planning and should be prioritised, using the list of long-term conditions outlined in the GP Patient Survey and the Patient Activation Measure or GP patient survey criteria to assess their level of confidence and perceived support. Providers would need to identify relevant staff (as defined above) and record that they have undertaken training in personalised care and support planning (as defined above). To be submitted via UNIFY (or alternative) following locally agreed sign off processes by the commissioner.
Quality Accounts	
The implementation of an electronic audit tool to measure cleaning standards and control within treatment centres.	An electronic audit tool will be developed and implemented enabling audit outcomes of cleaning standards and control to be recorded and evaluated electronically and key points of shared learning disseminated more efficiently.
Dignity champions will be implemented in each service.	All services have a dedicated dignity champion in role.
The implementation of the National eDischarge template and population relevant fields.	All sites with edischarge template in place and relevant fields able to be populated electronically.
Improvements in the identification and dissemination of shared learning from serious incidents ensuring all valuable, safety-critical learning opportunities have been achieved across all services.	Local action plans are developed following investigation. The action plans are implemented within defined timeframes locally and monitored accordingly. Serious Incident investigation outcomes will be disseminated broadly across all services, helping to improve shared learning and understanding of how incidents occur and importantly to reduce.
To improve the uptake of the winter flu vaccination and immunisation of all clinical staff across treatment centres.	Priority target - An increase of 5% of staff who are vaccinated against flu.

Local outcomes

	Local results	National results
NJR	See table on page 57	
PROMS	Primary Knee Replacement – 1st – primary health care gain = 0.398 Primary Hip Replacement – 8th – primary health care gain = 0.484	National report available – reflects local results
VTE	100%	95.6%
Complaints	7	
Incidents related to patient harm	0	

Details of next year's priorities - April 2018 – March 2019

What are we trying to improve?

- Introduction of consultant led specialty advice and guidance (in-line with local CCG and Trust initiatives)
- Increase uptake of flu vaccinations for frontline staff in SMTC and SMCH to 75%
- Continue to move all referrals to our service to e-RS (electronic referral system) thus removing paper based referrals (by October 1st 2018)
- Implementation and review of Personalised Activation Measures (PAMs) to inpatients who are at high risk of falls
- Preassessment of patients alcohol and tobacco consumption and offering alternatives – including signposting to appropriate service/support options
- Electronic Discharge Systems – improve ability to send discharge reports out of county – and when the referrer is not the GP.

How we will monitor progress

- Utilisation of advice and guidance clinics (published on e-RS)
- Increased percentage of flu jab take up to 75%
- Successful move to all services to e-RS
- Reports to the Referral Management Centre (managing the process on behalf of the CCG) and reduction of the patient's PAMs score as Primary Care will have intervened in terms of supporting the patient's ability to self-manage their long term conditions.
- Audit of relevant patients – and successful signposting into appropriate services
- Introduction of the required methodology to enable the sending of discharge reports out of area (required business systems assistance).

Patient Story

At age 55, Stephen Howarth, a manual and robotic welder from Crewkerne, is comparatively young to have had his left hip replaced, yet problems with osteoarthritis since his teens meant he had to have the operation sooner rather than later.

Now, thanks to hip surgery at Shepton Mallet NHS Treatment Centre, Stephen is fully mobile and back to having fun with his four grandchildren aged between 18 months and 10 years old.

Things came to a head for Stephen about a year ago. "Over the years I had got used to the pain, but the situation went downhill quickly over the past 12 months" he said.

"I was finding it hard to get about, I couldn't play with my grandchildren as I had done and I was having trouble sleeping."

He continued: "At first we thought it was a problem with my knees, yet when someone else said they had had similar symptoms and it turned out to be their hip, I asked my doctor to look into it and an x-ray showed my hip was really bad. There was a reluctance to replace the hip given my age, but when the surgeon examined me and manipulated the joint he said that I should have had surgery years ago and that I had probably had osteoarthritis since my teens."

Stephen was referred for surgery to Shepton Mallet NHS Treatment Centre. "I was five years old when I last stayed in hospital, and that was to have my tonsils out, and I was really worried about my treatment. I shouldn't have been – the treatment was amazing in a lovely hospital staffed by really friendly professionals, from the surgeon to the cleaners."

He added: "My surgery took place at about 2.00pm and my wife planned to visit me after work. She turned up at 6.00pm to find me sitting up in bed watching TV – neither of us expected me to be so awake. Nothing was too much trouble for the staff, and even when I felt a little sick as a result of the anaesthetic when I first starting getting about on a frame it was OK with everyone to let me continue at my own pace. I appreciated the time that I was

given and the fact that, if I didn't feel up to it, that was alright."

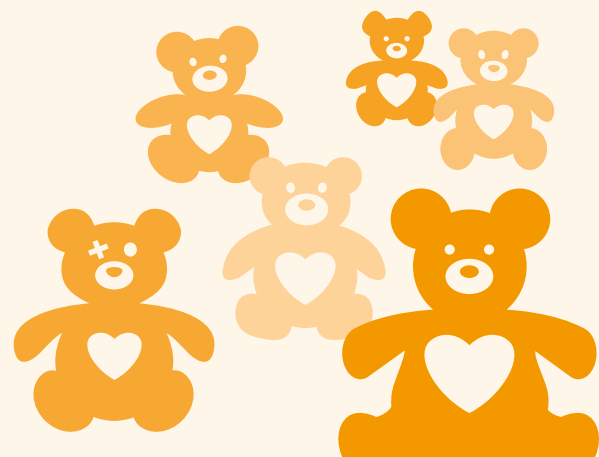
Stephen also praised the after care: "After I came home I was worried about something so I rang the hospital and I was put straight through to the doctor. She said that if I wanted to come in there and then I could and that they were there for me. I decided that we could probably leave it until the following morning and she provisionally booked an appointment for me first thing. In the end I didn't need it, but it was reassuring to know that the opportunity was there if I had required it and I was left even more impressed by the level of care."

"I would recommend Shepton Mallet NHS Treatment Centre to anyone who needs an operation. They are so professional and so caring. My operation has given me my life back, and I can now chase after a ball with my grandchildren whereas before I couldn't keep up with them at all."

Chester Barnes, Hospital Director at Shepton Mallet NHS Treatment Centre, commented: "We are really pleased to have made Stephen's first hospital stay in 50 years so positive for him, and we really appreciate his kind comments."

Shepton Mallet NHS Treatment Centre is part of the choice available to patients for NHS care. If a GP or other referring health professional agrees that a patient needs treatment, and it is for a procedure carried out at Shepton Mallet NHS Treatment Centre, then that patient can ask to be referred to the hospital for their care.

Waiting times are short and patients are guaranteed quality care – Shepton Mallet NHS Treatment Centre is the first hospital in England to have achieved a Care Quality Commission rating of 'Outstanding' across all criteria.



Peninsula Treatment Centre

Details of current year (April 2017 – March 2018) local quality priorities

What were we trying to improve?

- Service expansion
- The introduction of a third laminar air flow theatre
- Endoscopy unit, new service
- Fourth minor surgery theatre
- Introduction of trans-nasal approach gastroscopy service
- Anti-microbial stewardship program
- ISO accreditation for Information security management system - ISO 27001.

Why were we trying to improve and how we monitored progress

- Building work undertaken from December 2016 completed March 2017, introduction of state of the art third laminar air flow theatre for major arthroplasty patients. Review of all patient outcomes and increase in joint replacement surgery.
- Endoscopy unit opened, working towards JAG accreditation, registered with JAG, competency based assessments for all staff. Dedicated endoscopy and

day surgery manager employed. Plus employed endoscopists and nurse endoscopist. Monitoring of patient outcomes monthly. Monthly MDT meetings to ensure the needs of the improving service is met and any risk areas have action plans that are regularly reviewed.

- Introduction of trans-nasal gastroscopy scopes, less invasive and more comfortable for the patient. Leading provider of trans-nasal scopes in the South west. Monitoring of patient outcomes, developed patient information leaflets and post procedure advice information.
- Monitoring and reducing the use of antibiotics to reduce antibiotic resistance-stewardship forum group developed meetings held quarterly, MDT involvement in all patients requiring antibiotic treatment based on microbiologist advice
- Information security management system ISO 27001 achieved with no non conformities.



Local outcomes

	Local results
NJR	100% submission in real time
PROMS	99.9% THR/TKR
VTE	99%
Complaints	15 formal 295 compliments and cards received
Incidents related to patient harm	1 patient incident, never event requiring corrective surgery, wrong lens implanted during cataract surgery

Details of next year's priorities - April 2018 – March 2019

What we were trying to improve?

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

What will success look like?

- Jag accreditation achieved
- Increase in cataract operations carried out, introduction of new ophthalmic surgeon and lead ophthalmology nurse
- Better choice for the patients within the South West region, positive outcomes and timely treatment
- Reduction in the requirement for catheterisation and reduction in catheter-related urinary tract infections

- New state of the art portable X-ray machine
- Reduction in clinical cancellation on the day of surgery by 50%.

How we will monitor progress

- Better choice for the patients within the South West region, positive outcomes and timely treatment
- Clinical outcome capturing all patients who develop catheter-related infections and working closely with the Infection prevention and control team
- Clinical outcome capturing of all patients that are cancelled on the day of surgery and seek plans to improve outcomes.

Patient Stories

Vicki's story

Just ten weeks after a hip replacement at Peninsula NHS Treatment Centre in Plymouth, Vicki, 67, from Looe in Cornwall has taken part in her first national swimming competition since her operation and won silver and bronze medals, as well as achieving some of her fastest times in three years.

Vicki took up swimming with the Masters Swimming Club 30 years ago when she took her children to their local pool in Norfolk and she noticed adults taking part too. "I'd never swum competitively before so I asked all about it and joined pretty much there and then – and the rest is history."

She has swum competitively since then, so when she started to suffer from genetic osteoarthritis and was told she needed a hip replacement, she was devastated. "I thought, 'why me?', especially as I have always kept fit and healthy, but it was in my genes and there was little I could do about it."

While the pain was alleviated when she was in the pool, outside of it, it became so bad that it kept her awake at night and made walking really difficult.

"I can walk from Looe to Polperro, about five miles, with no problem at all – but before my operation I could barely use the stairs and my posture was becoming very stooped."

Vicki had her hip replacement surgery at Peninsula NHS Treatment. After two weeks she was off her crutches and after six weeks was back in the pool – after taking advice from her surgeon, Tomasz Wudecki. Just ten weeks after her operation she was competing at the National Masters Swimming Club short course competition in Sheffield in the 65 to 69 age group – where she came away with a silver medal in the 100m backstroke, a bronze in the 50m backstroke, fourth in the 200m backstroke and fifth in the 100m freestyle.

"I was pleased with my performance, although I hate coming fourth!", said Vicki. "Some of my times were the fastest I've swum in three years. A lot of hard work has gone into

achieving these results, but they could not have happened without my new hip from Peninsula NHS Treatment Centre and the support of my family and fellow members of Caradon Swimming Club."

Sunitkumar's story

73 yr old patient never knew he had a cataract but his vision was getting increasingly worse and he was unable to lead an active life. He went to the optician and had a thorough check and was informed he needed to have cataract surgery. He thought about this for some time and knew that his lifestyle would get worse if he did not do something positive, so decided to accept the referral from the optician and choose treatment at the Peninsula Treatment centre.

Referral to operation took three months and the patient had an excellent outcome. He no longer has to wear glasses and can see clearly. The patient was very impressed with the cleanliness of the treatment centre and commented that this inspired confidence.

He also commended the staff all working together and doing the jobs they were required to do with competence and efficiency.

The patient said, "The treatment was carried out so promptly, I can't even say time limit, within three months everything was over".

"For the last 45 years I've been wearing glasses, now I don't need glasses anymore. I can drive without glasses as well, and that is one of the biggest achievements I've ever made."



Southampton Treatment Centre

Details of current year (April 2017 – March 2018) local quality priorities

What we improved	How we monitored progress
Safety procedures for oral surgery pathway	Local procedural teams were engaged to develop standard operating procedures for oral surgery pathways. These pathways were monitored for effectiveness and quality through-out the year using patient feedback and incident reporting.
Groin hernia PROMs	Ongoing monitoring process in place via PROMS database.
Acute kidney injury (AKI) prevention and provision of care if affected	Training was provided to all relevant clinical staff to ensure that AKI was prevented (where possible) and treated appropriately and without delay (where necessary).
Implementation of multifactorial assessment to identify patient's individual risk factors for falls	Training was provided to reduce falls through risk assessments. Effectiveness was monitored through audit.
Sepsis pathway	Training was provided to all relevant clinical staff to ensure that Sepsis was prevented (where possible) and treated appropriately and without delay (where necessary). The pathway was reviewed to bring it in-line with the new NICE guidance.

What else did we achieve in 2017?

Organisational learning

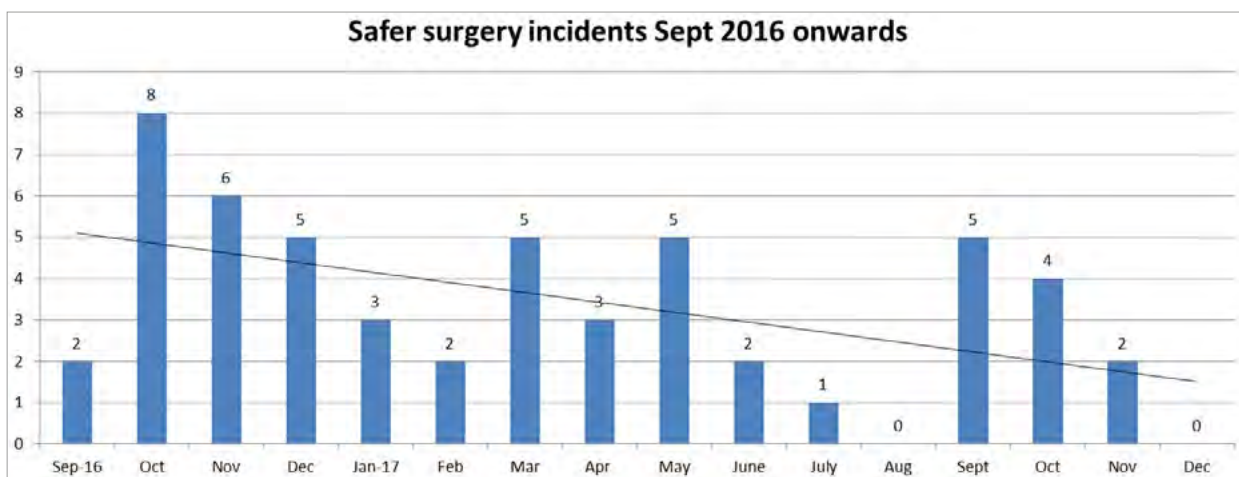
Southampton NHS Treatment Centre is committed to sharing learning within the treatment centre, across Care UK and with the wider healthcare community.

One of the key work-streams of this has been in making surgery as safe as possible. We have done this by reviewing and reducing minor documentation and process related errors to ensure that they do not follow through to more serious errors.

When incidents do occur that are more serious, a full root cause analysis is undertaken to determine what went wrong and how we can prevent it in the future.

Key themes from 2017 include:

- Record keeping and documentation
- The impact of medical abbreviations and understanding of them by non-medical staff members
- The transcribing of information from one document to another, where errors can be made in the process.



Local outcomes

	Local results
NJR	Revision rates are within the expected range for both hips and knees. The mortality ratio for hip and knee replacements is within the expected range.
PROMS	Pre-operative questionnaire response rate 90% (national rate of 75%). Post-operative questionnaire response rate 63% (national rate 66%).
VTE	2 VTEs in 2017 both unavoidable. Denominator in 2017 = 13591 therefore 0.01% of our activity.
Complaints	36 complaints in 2017. Denominator 2017 = 13591 therefore 0.3% of our activity.
Incidents related to patient harm	33 patient harm incidents in 2017. Denominator 2017 = 13591 therefore 0.2% of our activity.

Details of next year's priorities - April 2018 – March 2019

What are we trying to improve?	What will success look like?	How will we monitor progress?
Flu immunizations	75% immunisation of front-line healthcare workers	Review of data
Dignity audits	All areas will have completed all actions identified from dignity audits	Audit review
Maintain 0% bacteraemia MRSA C. difficile	0% bacteraemia	Review of Infection control data
Quality assurance review	Over-all improvement resulting in less recommendations	Review of report
Patient reported hand hygiene responses	85% of healthcare workers will be seen decontaminating their hands as reported by patients	Review of data
Reducing face-to-face out-patient follow-up attendances	50% reduction	Review of data
Acute kidney injury (AKI) prevention and provision of care if affected	Correct management of patients and early identification of risk factors	Audit of all AKI patients
Sepsis Management	0% of missed potential sepsis patients	Audit
Local Safety Standards for Invasive Procedures (LocSSIP's)	Full Implementation with audit process in place	Via Quality Assurance and Governance process



Patient Stories

April 2017

A website enquiry received from a gentleman explaining that his wife desperately needed cataract surgery. He was very concerned that she may fall and hurt herself and wondered if we were able to offer her surgery sooner rather than later.

Due to a cancellation, the lady was seen in clinic in April 2017 and offered surgery dates of 20 April 2017 or 27 April 2017.

As the lady was due to be going on holiday to France on 30 April 2017, it was agreed that she would have her surgery on the earlier of the two dates. The surgery went well and the lady has not experienced any difficulties post-operatively.

The lady and her husband were thrilled with how quickly she was seen and treated. They were also both delighted with the quality of care received and confirmed they will sing the praises of our centre to all their friends and family. The GP practice was very impressed with the speed patients are seen and treated.

As the patient was treated ten days before her holiday, she felt reassured that she could access post-operative care if needed. She was also able to enjoy her holiday much more due to her improved vision.

September 2017

A gentleman with mild cognitive impairment who lived alone on the Isle of Wight had expressed a view that he did not want his gastroscopy procedure at his local hospital so was referred to our service.

Following discussions with the endoscopy unit manager, it was decided that the patient would be invited for an assessment of cognitive function. The patient relations facilitator (PRF) worked closely with the patient, sending an appointment confirmation letter providing step by step instructions about his travel arrangements from his home to the STC. (These were also confirmed verbally to the patient by telephone).

On the day of the assessment the PRF tracked the patient's journey by keeping in regular telephone contact with him. The PRF also liaised with both the Red Jet Service and the taxi company to ensure the patient's safe arrival for his assessment.

The assessment went ahead and the patient was passed for his procedure. The Endoscopy Team liaised with the Inpatient Ward Manager to arrange for the patient to be admitted the day before his procedure, so the staff on the ward could assist the patient prepare for the procedure.

The PRF once again assisted in making the travel arrangements to ensure the patient's safe arrival at the inpatient ward. The gastroscopy procedure was duly completed successfully without incident and the patient's son collected him at discharge.

By working together as a team, this patient was fully supported and was extremely grateful to all concerned.

The successful outcome achieved for this patient has changed the way referrals are triaged in relation to patients with special requirements, such as cognitive impairment. These referrals will now be reviewed on a case by case basis to determine whether - with some tailored support - treatment can successfully be provided.

The patient was successfully treated within a caring environment which made him feel calm and relaxed, reducing his anxiety levels. The patient found the entire experience a very positive one.



North East London Treatment Centre

Details of current year (April 2017 – March 2018) local quality priorities

What we were trying to improve?

- Over the last year we have tried to improve our Friends and Family response scores

Why we were trying to improve?

- Our patient feedback is important to us. It drives improvement and gives us a gauge for us to measure our effectiveness against.

How we monitored progress

- Monthly reports were obtained and feedback constantly given to the team with regards to their progress and successes.

Local outcomes

	Local results	National results
NJR	Total ops = 507 (hip = 200 and knee = 307) - Consent rate = 100%	NHS Total = 134,814 (hip = 62,611 and knee = 65,245) - Consent = 92% Independent total = 81,722 (hip = 37,557 and knee = 42,470) - Consent = 95%
PROMS	Hip Replacement Surgery – Oxford Hip Score: 20.098% Knee Replacement Surgery – Oxford Knee Score: 15.802% Varicose vein surgery – Aberdeen Score: -10.477% Groin Hernia Surgery – EQ-5D: 0.048% Participation: Pre-op = 60.3% Post-op = 58.4%	21.8% 16.5% -8.3% 0.087% 75.4% 66.3%
VTE	99.779%	95.60%

Details of next year's priorities - April 2018 – March 2019

What are we trying to improve?

To eradicate avoidable cancellations of procedures and admissions by ensuring possible problems are identified early at pre-assessment and are addressed appropriately so that patients' procedures and treatments can take place as soon as possible.

What will success look like?

The delivery of a safe, effective, responsive and efficient service where patient care and treatment is planned, coordinated and managed throughout the patient's journey. Cancellations and delays will only occur if unavoidable and in the best interests of the patient.

How we will monitor progress

- Review the roles and responsibilities in pre-assessment / bookings departments.
- Investigate each event where a patient admission or treatment is delayed or cancelled to identify cause of delay or cancellation and feedback at local governance forums, departmental forums.



Patient Stories

"It gives me great pleasure to be writing to you with regard to my recent inpatient stay at NELTC.

I was seen by the orthopaedic consultant, Mr A Pataki, on 16th October for a pre-assessment with a view to having a left total knee replacement.

The procedure was explained to me, and I agreed to have this surgery. I was admitted to KingFisher Ward (KFW) on 25th October.

During my stay, the treatment from every member of staff on the ward was excellent. The team (housekeeping, catering, physiotherapy, nurses, pharmacist, anaesthetist and doctors) was once again excellent.

On observation, the whole team worked so well together with the patients being the central focus of their attention and commitment.

Pre and post-operative information was sent or given to me, plus preparatory items i.e. antiseptic washing items and health drinks. The team were all welcoming, pleasant and aware of every detail of an individual's care needs.

This was done in a professional manner, with consultation and input from all members of the team, and administered to a high standard of care.

I have been in the nursing profession since 1978, within the private sector, NHS hospitals and in the community and have witnessed some decline in the standards of care in both sectors. So it was really positive and impressive to experience such high quality of care being provided on KFW.

I retired from nursing in 2007, but continue to be involved as a volunteer with NELFT and BHRUT and I am presently Vice Chair of the Integrated Patients Experience Partnership. I will impart my experience as an inpatient on KFW at the next meeting.

May I conclude by thanking all the staff on KFW for making my stay such a pleasant, positive experience, long may you continue to administer good quality medical and nursing care to everybody who needs this."



St Mary's Treatment Centre

Details of current year (April 2017 – March 2018) local quality priorities

What we were trying to improve?

- Introduction and continuation of transferred activity or additional specialties being provided at the centre

How we monitored progress

- By the 1st April it is proposed that all urology referrals will be received at the centre for us to triage in the first instance.

What else did we achieve in 2017?

Investment and sign off business case for new endoscopy equipment – supporting efficiency and in-line with JAG guidelines. Delivery expected early 2018.

Referral trends to day surgery continue to increase month on month. This support business growth and is testament to the high standards of care and excellent reputation we have achieved with referrers.

There has been a revised structure implemented within day surgery creating a theatre/ward manager to ensure excellence in team working supported by deputy positions in both areas; thereby creating development opportunities for staff. There has also been the purchase of new anaesthetic machines for each of the three theatres.

A review of the emergency alarm system and installation of emergency call buzzers

within each theatre – further supporting and optimizing patient safety.

The Care UK efficiency Pisces tool continues to provide support to the management of DSU and operations manager to ensure efficient lists are run throughout the three theatres. The tool can also be utilised to check any potential clinical concern and that procedures are being completed in an appropriate time frame.

High level positive patient feedback consistently received month on month. Tried different concepts to improve patient flow - none totally successful, however, we will persevere with further ideas to consider.

Support to the local trust in managing their wait times for multiple specialties supporting timely care in our community.



Local outcomes

	Local results
NJR	NA
PROMS	93%
VTE	0 Known VTE 2017
Complaints	25 - 0.04% of activity 38 - 0.07% of activity
Incidents related to patient harm	10 - 0.02% of activity

Details of next year's priorities - April 2018 – March 2019

What are we trying to improve?

- Flu immunisations
- Dignity audits
- Maintain 0% bacteraemia MRSA C. difficile
- Quality assurance review
- Patient reported hand hygiene responses
- Local Safety Standards for Invasive Procedures (LocSSIP's)

What will success look like?

- 75% immunisation of frontline healthcare workers
- All areas will have implemented actions identified from dignity audit

- Overall quality improvement resulting in less QA recommendations
- 85% of healthcare workers will be seen decontaminating their hands as reported by patients
- Full implementation with LocSSIP audit process in place.

How we will monitor progress

- Data and audit reviews will be carried out regularly
- Infection control data will be reviewed and actioned as necessary
- Quality and Assurance Governance process will be followed and reviewed.

Patient Story

Endoscopy

"I felt I must write and say a big thank you to your wonderful team of staff. I came to the centre on 15 November for a colonoscopy, a procedure I was not looking forward to, but your nurses and Dr Patel, were all so very caring and cheerful, **I felt relaxed and at ease straightaway.** My procedure went well with good results thankfully. Keep up the good work, having such cheerful and caring staff made all the difference."

Day surgery unit – general surgery

"I thought I would drop you a short note to express how grateful I am regarding my epidermal cyst removal surgery which you carried out on Wednesday the 8th.

Apart from a vasectomy operation which I had a few years ago, (done under a local), the last time I had a general anaesthetic was some 50 years ago and given the task at hand, I must tell you that I was pretty nervous to say the least! I guess for you it was another day at the office, but I have to say, **I was mightily impressed and put at great ease by your professionalism and manor.**

The surgery went well, was over in no time (I guess as I was asleep, I would say that), and I am already on the mend. My sincere gratitude to you Sir."



Barlborough Treatment Centre

Details of current year (April 2017 – March 2018) local quality priorities

What we were trying to improve?

- Reduce and prevent never events.
- Frailty screening of all patients 75 years old and over, attending pre-op assessment clinic.
- Provide all relevant staff with the toolkit to support patients with Dementia who are patients at the treatment centre.
- Raise the awareness of and support the uptake of the flu vaccination with all clinical staff.
- Health and wellbeing of all staff, supporting them to make healthier lifestyle choices both at home and at work.
- The recognition and management of a septic patient.

Why we are trying to improve

- Support staff with recognition and management of a never event. Ensure we are fully compliant with regards to reporting and escalating events in a timely manner both internally and externally.
- To ensure patients with Dementia are identified early and that they are then placed on a pathway to ensure they receive personalised care and support in-line with their current needs. Reducing the risk of `missed opportunities`.

- Influenza is a highly transmissible infection. Frontline healthcare workers are more likely to be exposed to the virus particularly during the winter months. Therefore, to protect both staff and patients we have provided drop-in flu clinics for staff within the treatment centre.
- To improve patient outcomes with the implementation of early warning sepsis indicators.

How we monitored progress

- Datix reports and monthly lessons learned reports showing zero never events have occurred.
- The dementia friendly room on the inpatient ward is now completed and fit for purpose and is being utilised accordingly.
- Feedback from F&F test, cards, letters, the website and social media.
- We have captured the number of staff who received the vaccine at the treatment centre. We have also had staff informing if they had received the vaccine at their GP surgery and or any other place outside of the centre.
- Auditing number of patients identified and or confirmed as septic.



Local outcomes

	Local results	
NJR	Number of ops - 1016. Consent rate 100%	
VTE (%)	January	99.7
	February	99.3
	March	99.7
	April	100
	May	99.6
	June	98
	July	99.2
	August	100

PROMS

Procedure	Measure	Health Gain
HR-PRIMARY	EQ5D	0.415
HR-PRIMARY	VAS	7.590
HR-PRIMARY	OXFORD HIP	22.658
KR-PRIMARY	EQ5D	0.281
KR-PRIMARY	VAS	1.150
KR-PRIMARY	OXFORD KNEE	16.365
KR-PRIMARY	OXFORD KNEE	17.125

Details of next year's priorities - April 2018 – March 2019

What are we trying to improve?

We are continuing to focus on Sepsis and the health and wellbeing of staff in 2018. We have also added two new priorities, dignity and autism.

Dignity

With regards to dignity we want staff both clinical and non-clinical to recruit as dignity champions who will sign up to the dignity pledge and create a culture which embraces the dignity values.

How we will monitor progress

Meeting agendas, minutes and action plans will evidence how well we have implemented this priority, as will feedback from patients and visitors to the treatment centre.

Autism

We aim to raise awareness of the autistic spectrum, create an environment conducive to supporting all patients with autism, provide training to staff in order to gain an understanding of the multi-faceted condition which affects many people in many ways and in severity.

How we will monitor progress

Uptake of training and feedback from patients, carers and relatives will provide some evidence of how well we are doing with this priority.

Patient Stories

December 2017

The ward received a phone call from the daughter of a patient that was on the ward... The patient's husband had arrived a little early to pick his wife up following surgery so decided to take their dog "Oleg" for a walk.

It was during this walk around the lake next to Barlborough that the gentleman took a tumble down the embankment and injured his leg. He had no idea where he was but told his daughter on the telephone that he could see the hospital.

Staff on the ward decided to have a look out of the window to see if they could see anything but couldn't see anything. So Claire and the team Gemma Hunt, Bev Allison, Mandy Gascoigne, Jane McFarlane and Karen Carter went in search of the injured husband.

After a short while of searching and a few trips and stumbles of their own and a little muddier than what they started off, they found the injured man.

Staff took care of the dog and walked him back to the hospital to his other owner and the staff wrapped the gentleman in blankets and called the ambulance.

The ambulance took one and half hours to arrive from the initial phone call, Mandy helped by flagging them down. By this point the patient was shivering and very, very cold.

The patient's daughter came to collect her and the gentleman was transferred to Chesterfield Royal where he has fractured his ankle in 3 places and is still in Chesterfield Royal Hospital. So far he has had his operation cancelled twice.

His family are working on getting him transferred to Lincoln County so he is closer to home and hopefully gets the operation done this side of Christmas.

December 2017

"I want to say a huge thank you to all the staff at the Barlborough NHS Treatment Centre for the fantastic care that I received there in the week leading up to Christmas.

I live alone and I have been told that I can be a little grumpy and I do not tolerate fools gladly. As a result I do not have a huge group of friends and I do feel isolated at times.

I went into Barlborough for a hip replacement that was quite complex with a well-known surgeon at the centre following years of pain.

Despite initially being my usual grumpy self the staff was so helpful and constantly happy. Their smiles made me, dare I say it, happy too.

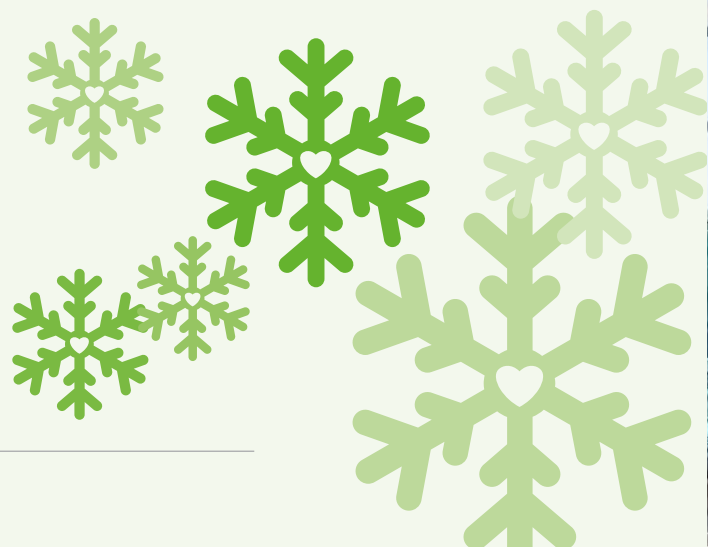
I thought that perhaps it was the Christmas spirit but I was told by another patient who had visited Barlborough before that this was the usual kind, caring, happy band of people that delivered high-quality care.

I was so upset when it was time for me to be discharged and I really did not want to leave and go back to my isolated self.

However the staff helped me form a friendship with another patient that had been admitted for the same procedure and we have stayed in touch. He has visited me whilst at home and we speak to each other every day. I have been introduced to other people that have undergone replacement surgery and so I do not feel lonely any more.

I feel as though the clocks have been turned back and I am so pleased that I can now say that I am without pain and I feel as though I have a life.

Thank you to all the Barlborough team. You are all unique and I have been so lucky to have been treated in your hospital."



Will Adams Treatment Centre

Details of current year (April 2017 – March 2018) local quality priorities

What we were trying to improve?

- The past year we focused on our Family and Friends response rates.

Why we are trying to improve

- As we continually strive to improve our patients' experience as well as gauging our effectiveness. Although our Patient Satisfaction is raging between 98 and 100% our response rates fluctuates and we would like to capture the highest possible percentage of visiting patients.

How we monitored progress

- Monthly reports via the devices. Results are discussed, with the teams to highlight areas requiring improvement and celebrating successes, at various meetings

Details of next year's priorities - April 2018 – March 2019

What are we trying to improve?

- Reduce avoidable cancellations

Why we are trying to improve

- By reducing cancellations, the patients' experience is improved and an effective and efficient service is provided and ensuring optimal use of the resources.
- Maintaining an above 98% patient satisfaction rate, minimised verbal complaints and patient feedback regarding waiting and/cancellation of procedures.

How we monitored progress

- Monthly monitoring and reporting of cancellation rate KPI.

Local outcomes

	Local results
NJR	NA
PROMS	
VTE	98%
Complaints	14
Incidents related to patient harm	13



Patient Story

A patient was seen at Will Adams, NHS Treatment Centre and diagnosed.

Unfortunately the required treatment was not offered at Will Adams, however, it could be done at North East London Treatment Centre, should he wish to travel.

The patient agreed to the offered treatment plan.

The patient said, 'I had significant arthritis in my knee that had developed over the years after falls that are just a part of horse riding,' he said. "The pain and the lack of flexibility got worse and worse and, in the end, I could no longer ride."

He came to Will Adams and saw Mr Ahad. Diagnostic imaging revealed that Mr D needed to have a complete knee replacement, a procedure we don't carry out.

He was then told by Mr Ahad he could have his surgery at the centre's sister service in Ilford, if he didn't mind travelling.

He said, "I was very impressed with Mr Ahad and so wanted to keep him as my surgeon. I like working with people who are good at their job and he was not at all arrogant. Travelling also meant shorter waiting times for surgery and I was keen to be back riding."

The surgery went well, under a spinal anaesthesia and an enhanced recovery pathway that sees patients up on their feet and working with physiotherapists within hours of surgery.

"I was walking properly within three weeks and back on my horses, in Hoo, within three months. I had not tried it before that as I was under very strict instructions from my wife

and daughter, who would follow me to the field to ensure I wasn't taking a sneaky ride."

Mr D. takes part in horse archery, where riders gallop down a strip while firing at targets as they go.

He said, "I had been doing archery with my son, but target archery got a bit dull so I found horse archery, that combines two of my interests. Now my knee is better I am back in the saddle and have also taken up field archery that involves shooting at animal model targets in a rough, countryside course."



St Mary's MIU, Royal South Hants MIU and Havant Diagnostics

Details of current year (April 2017 – March 2018) local quality priorities

Priorities and areas for improvement	What are we trying to improve?	Why are we trying to improve?	How we monitored progress
St Mary's MIU – embedding of the navigation system – this system improved patient accessibility by ensuring that the patient was safe to wait and wasn't waiting if they were in the wrong environment to get care.	This system ensured that every patient had an assessment within 20 mins of arrival and was either seen with the department or directed to the appropriate service.	This was to improve the initial assessment of all patients seen within 20 mins.	20 minute KPI and redirection forms were reviewed on a weekly basis and the daily KPI monitored and saw a great improvement.
MIU both – Development of a deputy lead role within the MIU's.	Senior support and advise within both MIU's for staff and patients at all times.	Staff reported that they had no access to senior support working clinically at both sites as the lead nurse was unable to be at both sites as much as staff required the support.	Staff feedback, patient experience feedback, improved moral in both departments.
MIU both – Introduction of an orthopaedic lead.	Improve the service to patients and staff to advice on orthopedics within the MIU's.	Service delivery and patient care and reduction of cost of consultant lead fracture clinic.	Patient Feedback, reduction in cost, staff feedback – reduction in diagnostic errors.
Diagnostics – Implementation of new equipment.	To lower radiation dosage to patient and improve quality of images.	Improvement of healthcare delivery and to improve image quality.	Improvement of image quality and reduction of recorded exposure dose.

Local outcomes

	Local results
Complaints:	
SMTC MIU	14 – 0.03% of activity
RSH MIU	26 – 0.05% of activity
SMTC Diagnostics	11 – 0.05% of activity
Havant Diagnostics	7 – 0.04% of activity
Incidents related to patient harm:	
SMTC MIU	5 – 0.01%
RSH MIU	11 – 0.02%
SMTC Diagnostics / Havant Diagnostics	12 – 0.05%

Details of next year's local quality priorities

Priorities and areas for improvement	What are we trying to improve?	Why are we trying to improve?	How we monitored progress
MIU –Initial Assessment – this system is replacing our navigation system to ensure that every patient is seen within 20 mins and has an assessment and offered health promotion activities and receives the most appropriate care.	Initial Assessment – we are trying to improve the patient pathway by ensuring that they receive the most appropriate care that is required whether this is within the MIU or other services and gets appropriate health promotion advice if required.	All patients will have access to health promotion at the initial assessment and will not have to wait in the department if care is unable to be provided.	Patient feedback surveys about the initial assessment, referrals to health promotion unit and data from re-directions to other services.
Diagnostics – To explore the reporting radiographer role within X-ray.	Turnaround time for reports and accuracy and support for MIU practitioners and development opportunity for radiographers.	A radiographer will be successful in completing the Appendicular Reporting Course at University and this will ultimately reduce the current contract cost for X-ray reporting.	Reduction in reporting errors, and reduction in cost and feedback from clients and X-ray and MIU staff.

Patient Story

St Marys MIU

A patient was seen initially and then had a cardiac arrest whilst in the department and had to be resuscitated.

The patient was transferred to the local general hospital.

The patient had initial immediate attention and returned to the department after 10 days to thank all the staff for saving their life and for immediate skills that everyone used.





Key stakeholder feedback

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.

Claire Yardley
NHS Northern, Eastern and Western Devon CCG

Although last inspected by CQC in July 16, Care UK should be commended on a 'good' rating for safe, effective and responsive domains and 'outstanding' for caring and well-led. A patient reported outcome measure rate of 99% for total hip and knee replacement surgery is excellent. One 'never event' was reported for incorrect cataract lens insertion. The root cause analysis was of a high quality with associated learning and actions.

We will be pleased to review planned improvement outcomes for a reduction in people's operations being cancelled on the day and fewer urinary catheterisations and related infections. As a general comment, the inclusion of patient stories within the quality account is a positive addition.

Lisa Walters
NHS Portsmouth CCG

Portsmouth CCG and associate commissioners are pleased to comment on Care UK's quality account for 2017-18 and acknowledge that the staff have worked hard over the course of the last year to continue to improve quality at the St Mary's Treatment Centre.

The quality account is clear and easy to read from a patient perspective. The report is concise, informative and well laid out. The inclusion of patient stories is welcomed and highlights well Care UK's achievements.

On review of last year's priorities, It would be useful if the Quality Account made it clearer

as to whether last year's priorities have been achieved or not. The inclusion of a brief explanation of how and why the priorities for the year have been identified, along with the current position, and what achievement looks like would enhance the account.

Safe

The implementation of an electronic audit tool to measure cleaning standards and control was a priority of Care UK for 2017-18. This audit tool is based on the national standards of cleanliness, which makes it easy to monitor against NHS providers. It is stated that although this has not yet been implemented, there is confidence in Care UK's cleanliness, however it would have been useful if the additional measures used to gain assurance were explained in more detail. The CCG welcome the implementation of the electronic reporting to NRLS (in full) in 2018-19 in order to benchmark rates and outcomes with NHS comparison services. Incident trend reviews completed at local level have already been incorporated into local quality schedules and this measure will support the evidence required.

Care UK has a complete approach to identifying and assessing patient safety issue. There is a robust system in place in planning and delivering care and action is taken in a timely manner. We can confirm that there are regular reviews of the quality and safety of the service, using a number of quality indicators which are reported to the CCG.

Caring

We welcome the ongoing work around dignity and the identification of dignity champions at local level. It is unclear as to whether the Portsmouth service has

completed its dignity audit or whether it is one of the four which still needs to but it is noted that benchmarks have been incorporated for those areas outstanding. Ongoing work for 2018-19 will build upon results achieved and where improvements need to be made.

Responsive

It is noted that for four treatment centres, the implementation of the priority National eDischarge template and population fields has been achieved in full. The CCG look forward to confirmation that this has been implemented at SMTC (in full) in May 2018. For 2018-19, Care UK set a priority of 95% acknowledgement within three working days and an agreed target date for response to complaint. The CCG would like to see this figure raised to 100%, as regulations state that all complaints should be acknowledged within three working days. This will support quality patient care and service delivery.

Effective

This priority is of huge importance to any care service and it is with confidence that we can confirm that Care UK report and complete RCAs (in full) for any declared Serious Incident in a timely manner and to a high standard. It would also be valuable to see other examples of learning that has occurred throughout the year alongside how learning is shared.

Well Led

We welcome the action being taken to protect staff against flu. The graph provided was very useful in illustrating the achievement of the priority, by area. The implementation of flu champions at local level will no doubt support the proposed improvement in vaccination uptake in 2018-19.

Overall, Portsmouth CCG and associate commissioners were content with the Quality Account 2017/18 and look forward to working with Care UK again this year, monitoring and reviewing the progress of their quality services.

John Richards

NHS Southampton CCG

Southampton City Clinical Commissioning Group (CCG) is pleased to comment on Care UK's Quality Account for 2017/18.

The CCG has continued to work with 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 further areas for improvement. The Quality Account confirms the commitment to quality by using this as a strapline on the front page and to always acting as a learning organisation, as outlined in the Managing Director's Statement. It is positive, therefore, to see that there is a continuing focus on learning lessons throughout the document.

The report is well presented and clearly demonstrates the organisation's vision, values and approach to quality. The provision of information as to 'what is a Quality Account' and useful information, such as how to how to avoid spreading flu, are a nice addition. Good progress has been made against the 2017/18 priorities and although they have not specifically been defined as 'achieved' or 'not achieved' within the report; the updates on progress have been presented in a clear, easy to read and understandable format. In relation to serious incident management, although there has not been a demonstrable reduction in the numbers of serious incidents, with Southampton having reported the highest number across Care UK, the CCGs have seen an improvement in the quality of investigation reports over the last twelve months, which is reflective of improvements made in this priority.

The numbers of incidents reported should not be seen as a negative, they demonstrate a positive reporting culture; the important aspect is that learning takes place to reduce the risks of similar incidents occurring again. Care UK has identified five new priorities for improvement for 2018/19. The priorities are

clearly aligned to the five CQC domains and the Quality Account provides further detail under each of the headings, which makes it easy to understand what Care UK is trying to achieve. To support delivery, Care UK has included, as they did last year, clear measures against each of the priorities, this is good to note.

We look forward to reviewing the progress Care UK makes in terms of improvement across these priorities over the next twelve months.

The CCG is pleased to see complaints management as one of the priorities as 24% of complaints across Care UK were not managed within the agreed timeframe, we would expect to see an improved position by the end of 2018/19. We are also looking forward to seeing the national e-discharge template rolled out to include the remaining secondary care sites.

The Appendix provides additional information relating to local updates, including specific priorities for 2018/19. We were pleased to see the priorities for Southampton Treatment Centre include making further improvements relating to Local Safety Standards for Invasive Procedures (LocSSIP's), as this is something the CCG have been focusing on with the Centre.

This section also identifies appropriate themes from serious incidents over the last year, documentation and use of abbreviations; the CCG would like to have seen these feed through into the new local priorities. Another focus for 2018/19 needs to be on meeting the constitutional standard relating to referral to treatment times by restoring performance against the 18 week target. However, we were pleased to see it noted that the Southampton NHS Treatment Centre is committed to sharing learning within the treatment centre, across Care UK and with the wider healthcare community. This is another area where the CCG has been supporting both the Treatment Centre and the Minor Injuries Unit and have seen this improving.

Care UK has reported against the core set of performance data required for Independent Providers and in the majority of areas are performing well. It was, again, disappointing to see the two Never Events recorded against the Southampton Treatment Centre, particularly as one was another wrong tooth extraction and the other a wrong lens insertion. The focus going forward needs to be on embedding the learning from these to avoid future occurrences. However, we acknowledge the significant amount of work that is on-going to make the required improvements and are keen to work with Care UK to continue this over the next twelve months.

We would like to commend Care UK on its continued excellent Infection Prevention and Control performance; surgical site infection rates below the national rates and the high percentage of patient who would recommend Care UK services.

Overall, this is a well written, easy to understand Quality Account which reflects on the achievements of Care UK over the last twelve month. It reflects an organisation that has responded well to the priorities of last year and has set appropriate priorities for the coming year, with good measurable indicators. Similarly to the previous year, of particular significance is the inclusion of 'patient stories' and this should continue to be commended as good practice.

Locally, Care UK continues to be highly regarded as an open and transparent organisation with excellent relationships with local CCG's and this has continued over the past year.

Southampton City Clinical Commissioning Group is satisfied with the Quality Account for 2017/18 and look forward to continue working closely with Care UK over the coming year to further improve the quality of services.



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