Secondary Care
Quality Account 2018-2019

Commitment to quality

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Statement from managing director for Health Care

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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 2018/19 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

The last time I wrote this foreword in January 2018, I suggested that the challenges facing the NHS had probably never been greater.

And yet as the year has progressed they seem to have increased, whether in terms of targets missed, financial struggles or patient experience, there seems to have been further deterioration across the board.

Our remarkable staff should take great credit therefore that, across the business we have overwhelmingly maintained and improved our service for patients through that challenging year, whilst maintaining financial sustainability and innovating to create new services.

Given that Care UK provides a wider range of healthcare services to NHS patients than any other UK organisation, supporting more than 18 million people across in primary, urgent and Secondary Care that is of great importance.

Notwithstanding that overall strong performance, as outlined in this report – not everything goes right all the time.

Where problems occur we are 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.

We seek to be open and transparent with our patients, families and commissioners, improve where we need to and share our learning.

This work is underpinned by our robust clinical governance systems and processes, both of which are fundamental to the delivery of high quality care.

Once again we will use this report to take pride in what we are doing well and learn relentlessly in those areas where we seek further improvement, ensuring again 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:

- Elective surgery independent sector treatment centres
- Minor injury units/Walk-in centres
- CATS and Ophthalmology services

Care UK operates:

- Nine treatment centres on behalf of the NHS
- Two minor injury units
- One Ophthalmology surgery unit

In the year April 2018 to March 2019 Care UK's treatment centres carried out:

- 64,551 day case procedures
- 8,334 inpatient procedures
- 186,070 outpatient consultations, including telephone consultations

Achievements 2018-2019

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 2019-2020

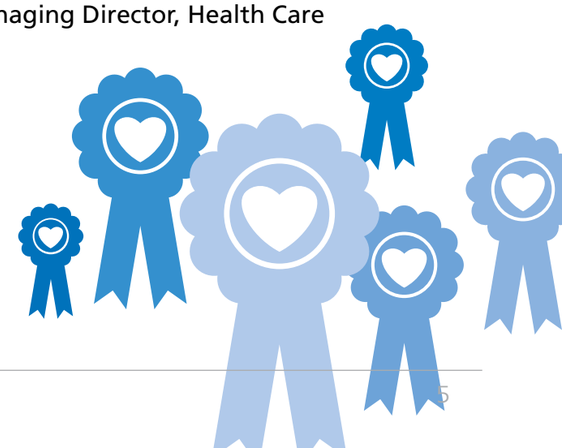
Our priorities for the coming year are outlined within this Quality Account and once again reflect the five key lines of enquiry set by the Care Quality Commission:

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

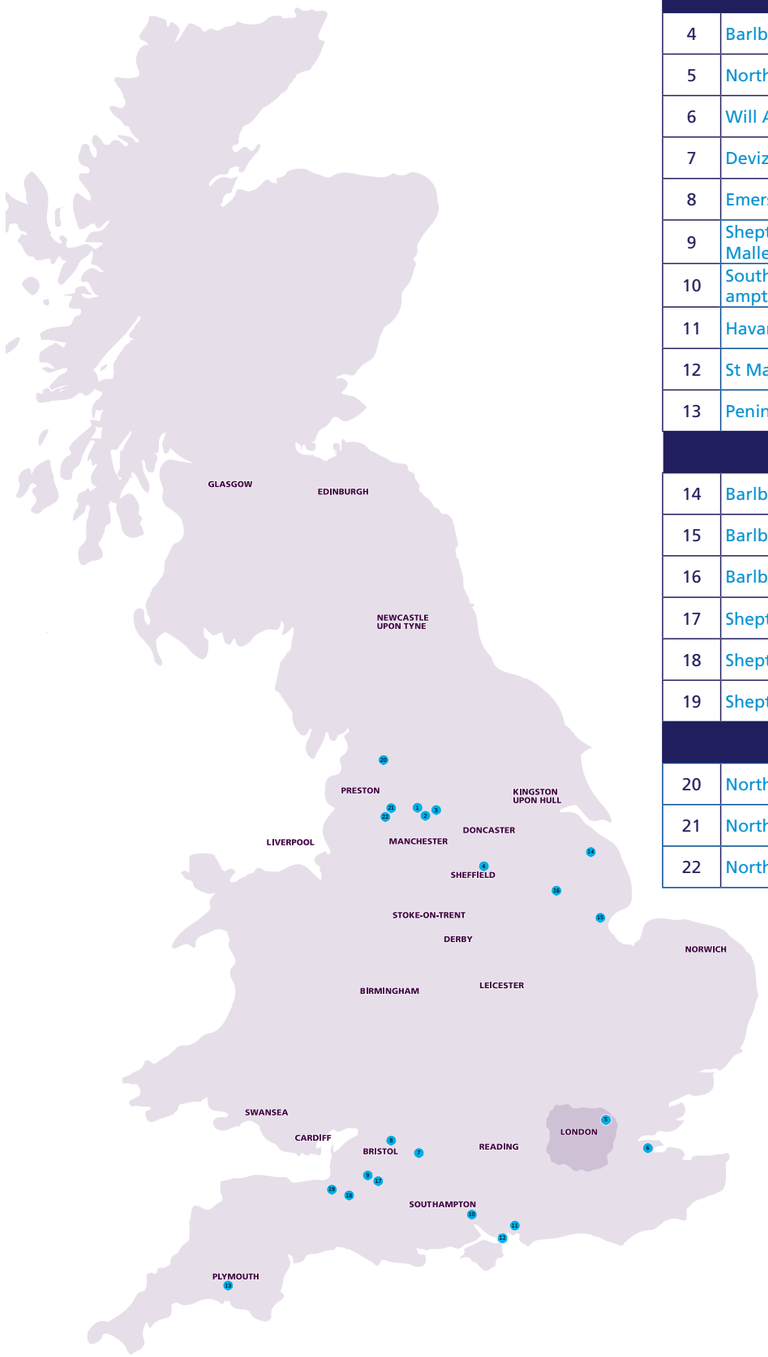
This provides a well-rounded view of the factors that influence quality, and I am confident that, as we continue to listen and respond to our patients and service users, invest in our employees and keep quality-focused in all that we do, we will provide a positive experience for those we are here to 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 Opthalmology Service, Heywood
2	Rochdale Opthalmology Head Office, Rochdale
3	Rochdale Opthalmology 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 Greem NHS Treatment Centre, Bristol
9	Shepton Mallet NHS Treatment Centre, Shepton Mallet
10	Southampton NHS Treatment Centre & MIIU, South-ampton
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 Clinc, Louth
15	Barlborough Satellite Clinc, Boston
16	Barlborough Satellite Clinc, Lincoln
17	Shepton Mallet Satellie Clinic, Frome
18	Shepton Mallet Satellie Clinic, South Petherton
19	Shepton Mallet Satellie Clinic, Bridgwater
Macular Services	
20	North West Macular Service, Preston
21	North West Macular Service, Preston
22	North West Macular Service, Chorley

Our approach to quality

Care UK vision and values

Our values are:

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

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

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

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

Focus on quality

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

Lead change

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

Drive innovation

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

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

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 2018/19 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 that great care looks like and what you can expect if you need 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.

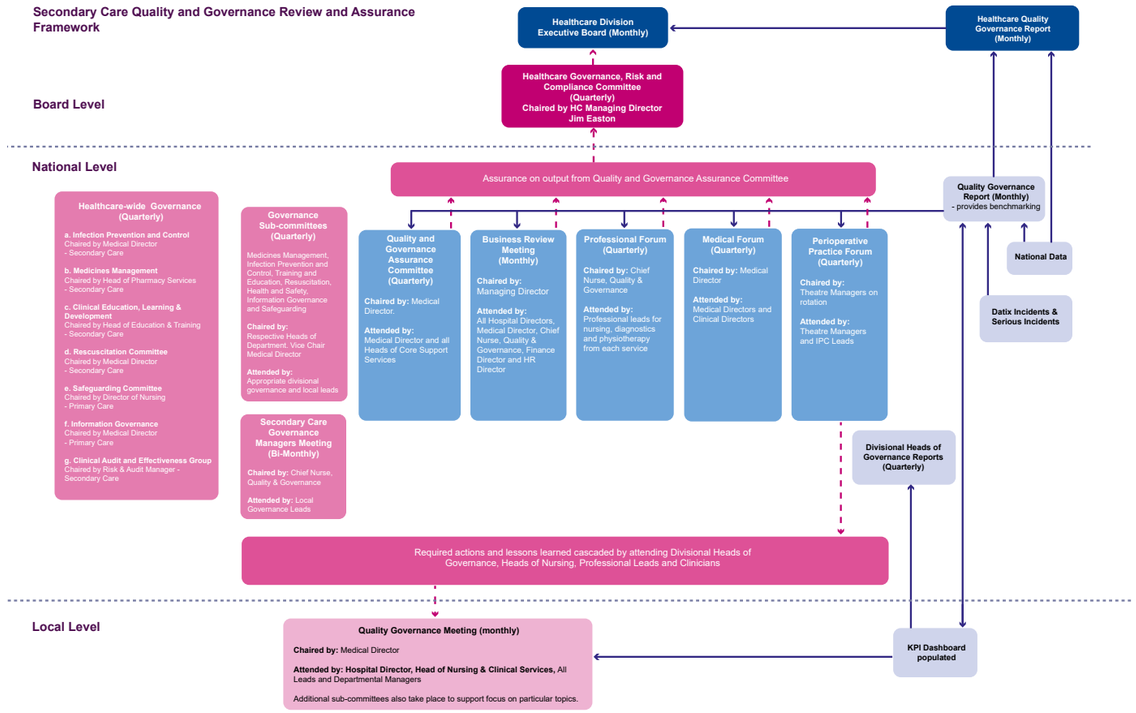
'Shared learning' and 'shared good practice' is a fixed agenda item at our quarterly professional leads meeting.

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.

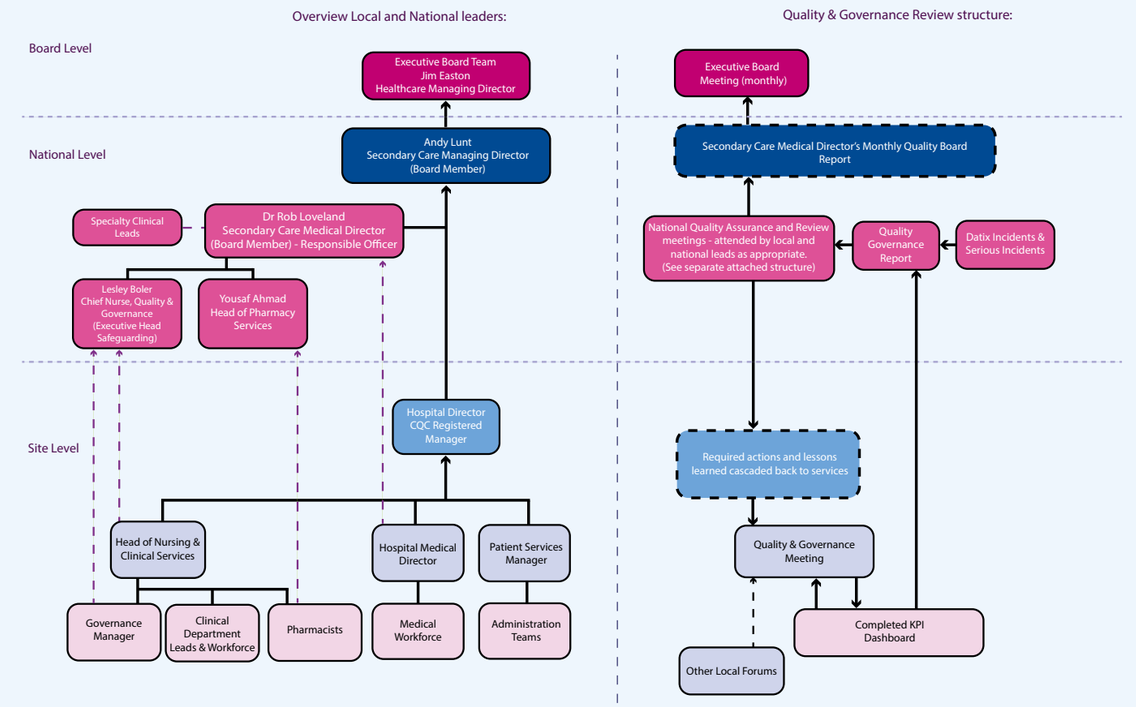
Exception reports are received and reviewed from all key service areas, with particular attention being paid to patients' safety.

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 has identified five new quality improvement priorities for 2018-2019.

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
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 >95% of complaints received are acknowledged and answered within the timeframes stipulated.

Caring

Priority - To demonstrate the ongoing approach to quality Care UK has revisited a number of quality priorities from previous quality accounts and reviewed progress across services.

In 2016 Care UK identified the need for dementia link nurses across services and that we would complete a dignity audit. In 2018 we indicated we would repeat the dignity audit and implement dignity champions within services, the update demonstrate the following:

Site	Dementia link nurses	2016 Dignity audit completed	2017 Dignity audit completed	2018 Dignity audit completed	Dignity Champions
Barlborough Treatment Centre	There are 55 dementia friends within the service to support patients and their families	Dignity audits are completed on a six monthly basis	Completed on a six monthly basis	Completed on a six monthly basis	30 in place
Peninsula Treatment Centre	The service have a dementia lead nurse and two further links, they have a dementia notice board on the ward and dementia room.	Dignity audit was completed in Feb to coincide with Dignity in action day.	Dignity audit was completed in Feb to coincide with Dignity in action day.	Dignity audit was completed in Feb to coincide with Dignity in action day.	The Head of Nursing is the dignity lead and the service have a dignity notice board on the inpatient ward and champions in all departments. Five in total
Shepton Mallet Treatment Centre	Three nurses identified as Dignity and Dementia Champions. Also non-clinical staff trained as Dementia Friends.	All patients assessed pre-operatively. Double room refurbished to be dementia-friendly with relative accommodation if needed.	Staff training with Independent Mental Capacity Advocate (IMCA) and local dementia strategy implemented.	PLACE score of 100% following introduction of dementia-friendly finger food menu.	Dignity champions are in place within the service
Emersons Green Treatment Centre	The service have a Dementia Champion yet recognise the need for greater awareness across all staff groups and are developing links/champions in all departments.	Revised dignity audits will be implemented as part of the awareness training	The last formal dignity audit was completed in May 2017. The service do however have quarterly Quality Walkabouts which give the departments opportunities to peer review and share best practice monitoring privacy and dignity, environmental factors and patient experience.	The service continue to have quarterly Quality Walkabouts which give the departments opportunities to peer review and share best practice monitoring privacy and dignity, environmental factors and patient experience.	The service have dignity champions in Outpatient, Ward and Theatre departments
Southampton Treatment Centre	The service have four dementia link nurses in place	Dignity audits are completed on a regular basis	Dignity audits are completed on a regular basis	Dignity audits are completed on a regular basis	The service have three dignity champions in place
St Mary's Treatment Centre	The service has a dementia link nurse in place	Dignity audits are completed on a regular basis	Dignity audits are completed on a regular basis	Dignity audits are completed on a regular basis	The service has a dignity champion in place
North East London Treatment Centre	The service has a dementia link nurse in place	Work was completed to prepare for an audit to be completed	An audit was completed with a result of 95%. There were some actions identified that were required regarding equipment storage	An audit was completed	The service has a dignity champion in place
Will Adams Treatment Centre	The service has a dementia link nurse in place	Dignity audits are completed on a regular basis	Dignity audits are completed on a regular basis	Dignity audits are completed on a regular basis	The service has a dignity champion in place

All audits completed have associated action plans which are implemented locally, these are discussed at quarterly Professional Leads meetings to allow for shared learning to take place. Services have linked with local associated organisations such as the Alzheimer's society, Health Watch and Dementia Friends to ensure collaborative working within the local health economy in addition to shared training opportunities where available.

Care UK also implemented a frailty assessment for patients over 75 years old.

Site	Frailty assessment 2018 update
Barlborough Treatment Centre	No patients have been removed from the pathway as a result of the frailty assessment being completed
Peninsula Treatment Centre	All eligible patients are assessed and recorded within the electronic patient notes
Shepton Mallet Treatment Centre	Fully implemented and forms part of CCG wide approach to frailty. This service does not use the Edmonton frailty tool as the CCG have adopted an alternate tool for all services to allow more collaborative working.
Emersons Green Treatment Centre	All eligible patients are assessed and there have not been any onward referrals required
Southampton Treatment Centre	The local team are working with the local Trust on Frailty and are planning a small study to use their Elderly Care team to review the patient at risk.
St Mary's Treatment Centre	The Edmonton frailty assessment will be implemented going forward
North East London Treatment Centre	Every patient over 75 who is for admission has a frailty assessment completed. They have admitted 415 over 75s in the last year and have referred 1 patient to their GP for increased frailty post operatively, with a recommendation to assess the patient for dementia. They have also referred 5 patients to social services for on-going support at home. All of the patients post operatively are rated as high risk of falls. They have also ordered 2 air beds in the last year as a result of skin assessments as part of the frailty audits.
Will Adams Treatment Centre	Due to the nature of the service this is not routinely completed

Well-led

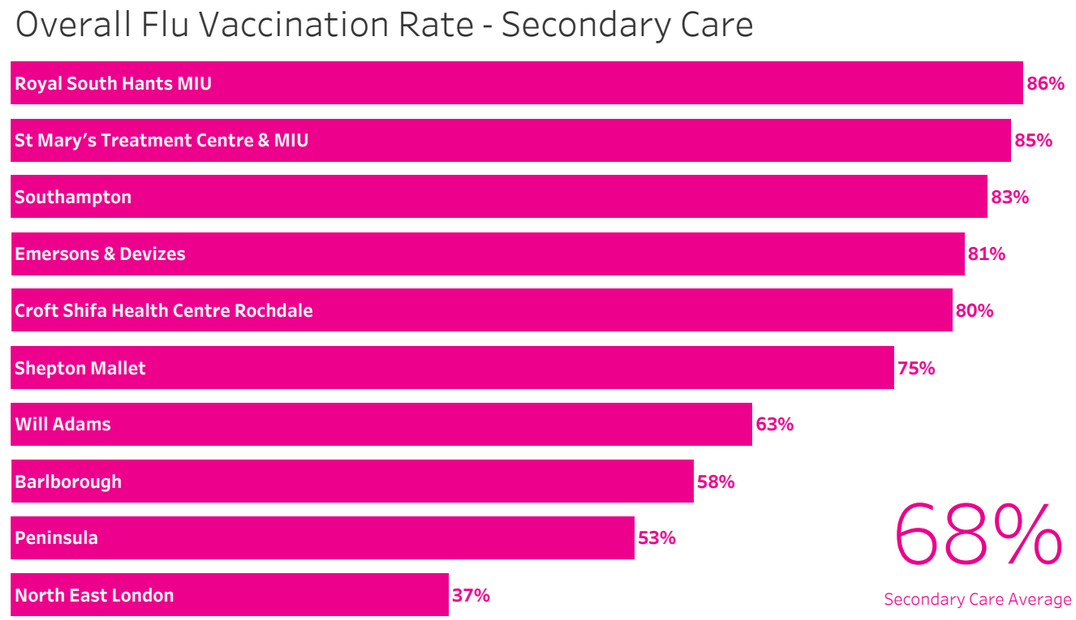
Priority - To improve the uptake of the winter flu vaccination and immunisation of all clinical employees across treatment centres.

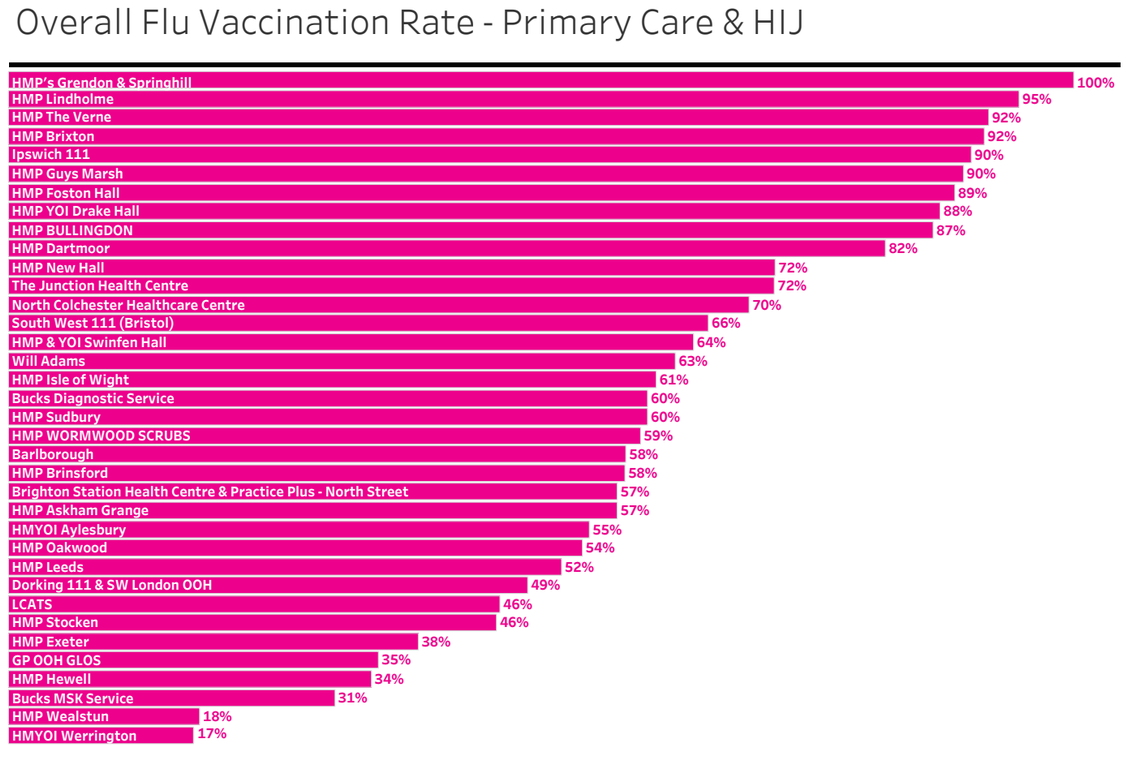
Flu champions in each service will monitor influenza immunisation of employees locally. These figures will be reported via monthly performance meetings.

Quality Priority Commitment: '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.

Current data:





How we conducted the flu vaccination in 2018/2019 within Secondary Care:

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

Some of the main symptoms of flu include:
- high temperature (fever)
- tiredness and weakness
- headache
- general aches and pains
- dry, chesty cough

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

Within this imminent flu season, at Care UK Secondary Care service lines, substantial work has gone into designed a delivery programme of vaccination for our staff across sites.

Launch days
Working with a dedicated small team, we have devised a series of launch days which engaged with local sites and nominated flu champions. This day focused at providing local champions and sites with the relevant tools and knowledge to help deliver a vaccination to staff on the front line.

It covered some key topics including:
- Patient Group Directives which allow us to prescribe vaccinations and anti viral medications on a greater scale without delay
- national and global Public Health priorities
- general flu myth busting
- outbreak management
- appropriate data analysis.

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

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

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

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

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

We are aiming to vaccinate all staff, with initial priority going to patient-facing staff. It is imperative to staff to remember, getting a flu vaccine does not cause the flu and all staff should engage with their local flu champions to get the most up to date information on flu.

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

Safe

Priority - 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.

During 2018 it was announced that the NRLS would be completely re-working their reporting system, linking systems together with other national reporting systems such as StEIS to create a single point to report healthcare incidents to.

Due to this upcoming change in early 2019, the large amount of system configuration to pull the data from the system into the correct format and the need to review our reporting system it was decided to delay the central reporting to NRLS.

This will allow us to focus on our internal reporting, with changes to system making it easier to report and manage incidents and increase training to further our good reporting culture, we can then also align the changes to the updated requirements of the new NRLS system, making the formatting and submission of information easier and more accurate.

Effective

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

It is now achievable for patients to be discharged on day zero following hip arthroplasty. Our initiative sought to understand whether, against the background of initiatives to improve standardisation and quality care outcomes (Getting It Right First Time - GIRFT) and increasing pressure to reduce costs, we could evidence measures of success without increasing demand on community services.

Objectives

1. To identify appropriate measures of a successful outcome from an enhanced recovery programme
2. To demonstrate that innovative ways of care planning can:
   - enhance quality of the patient experience,
   - whilst adding value to health services
   - as an indirect result of reduced length of stay following hip arthroplasty
   - reduced clinical demand on the community and general practice colleagues

All same day discharge joint replacement patients are identified and assessed as suitable through a robust assessment process.

The process commences at the pre-operative appointment and if patient deemed suitable they must be discussed at a multi-disciplinary team meeting. If on day of admittance for surgery the patient changes their mind they will convert to overnight stay with no detriment to their procedure and or care.

Intra-operative / post-operative complications will also convert the patient to an overnight stay.

Results

Patient Milestones

	Post-op Sickness	Readmission to any Hospital	Pain score at Mobilization (out of 3)	Was Patient Satisfaction Excellent?	LOS at ward (hours)
1	0	0	0	✔	10.5
2	0	0	1	✔	10
3	0	0	0	✔	10
4	0	0	0	✔	7.5
5	0	0	0	✔	8
6	0	0	0	✔	10
7	0	0	0	✔	10
8	0	0	0	✔	9.6
9	0	0	1	✔	9.6
10	0	0	1	✔	10.3
11	0	0	0	✔	11.5
12	0	0	0	✔	10.8
13	0	0	0	✔	12.5
14	0	0	0	✔	9.6
15	0	0	0	✔	12
16	0	0	0	✔	8.6
17	0	0	0	✔	11

The table demonstrates some key outcomes measured for the first 17 patients undergoing a hip arthroplasty. No patients reported post-operative sickness or a readmission was necessary, with patient satisfaction marked as excellent for all patients and 14 patients reporting a pain score of 0 at mobilisation.

This approach demonstrated the opportunities within current provision for services to flex their delivery models to enable day zero discharges (24 hours period) with key milestones of measurable benefits to patients and the local acute and community health providers.

However, patient choice remains a key quality element of care and some patients do not want to go home on day zero.

As a result, providers should not limit their service to day surgery only at this point in time.

For accuracy and consistency in benchmarking and performance management, healthcare systems should universally consider accounting for patient stay in hours and not days.

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.

The tables on page 19 show that of the 168 complaints received 12% were not acknowledged within 3 days and 17% of patients did not receive a response within 20 days.

This is outside the targets set and whilst work has been undertaken to address it is acknowledged that there is still further work to be completed.

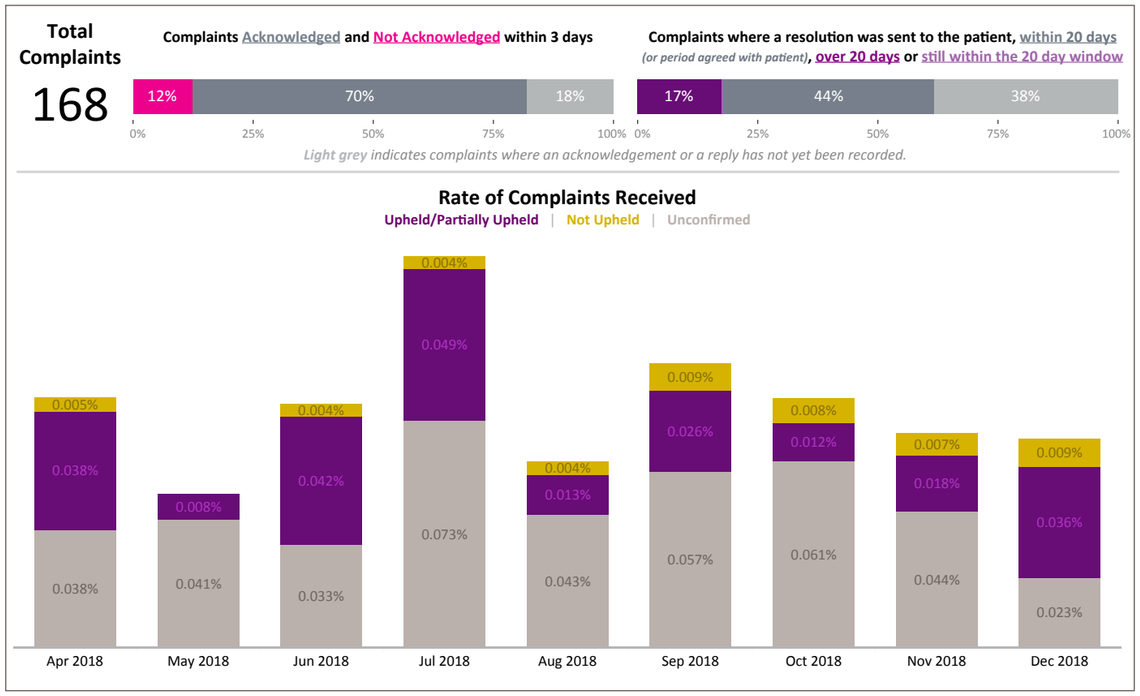
The guidance for staff at a local level has been reviewed and additional training identified in certain instances. Care UK will continue to strive to achieve the targets set for complaints management.

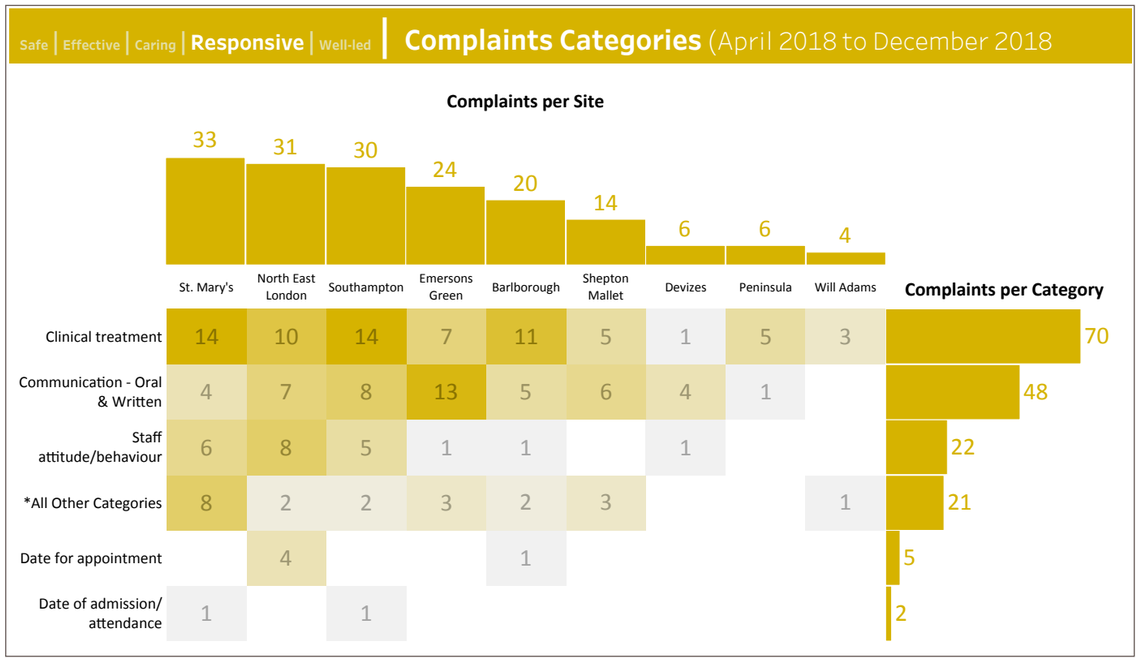
It is recognised that ensuring trend analysis of complaints is undertaken at a local level to best determine appropriate action plans is required.

All complaints are reviewed at the local Quality Assurance meetings and any trends monitored. The table indicates that the majority of complaints relate to the clinical condition of the patient with the subsequent category of communication.

This demonstrates the ongoing need to allow the patient time to discuss expectations and ensuring appropriate information is provided.

There are a number of approaches underway to ensure translation services are performing as required, patient information leaflets are updated and are available for patients in addition to the introduction of the Always Event initiative to ensure Care UK are capturing what is important to the patient.





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 (NOUS) and magnetic resonance imaging (MRI).

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

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

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

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

This framework ensures that services delivered by our operational teams are safe and clinically effective. Service-based teams have been supported by an experienced divisional team which includes: a clinical director & advisor for Radiology; and a diagnostic imaging lead who oversees all diagnostic imaging services within Care UK's Health Care Division. In addition support can be obtained from external providers, such as Alliance Medical, Cobalt, Everlight Radiology, InHealth and the various NHS trusts that we work in conjunction with.

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

We review a minimum of 5% of completed imaging cases, scoring each of the three key components 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 2018-March 2019) 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.

This is supported with introduction of a new dedicated Radiology intranet site to further support our workforce by sharing and communicating more effectively and providing a central resource to guide practice.

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

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

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

Outcomes from the QA programme continue to be excellent:

99%

of referrals reviewed and accepted by Care UK were scored as appropriate against national imaging referral guidelines (iRefer) developed by the Royal College of Radiologists.

99%

of cases reviewed during this period show the quality of images produced by our radiographers and sonographers to be excellent. This clearly demonstrates that our clinical teams are delivering high quality diagnostic images/ examinations that enable accurate and prompt diagnosis to be achieved for our patients.

99%

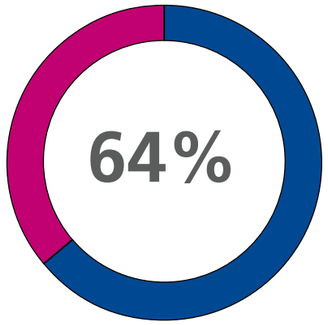
of reports reviewed were also deemed to be accurate, clear and precise - offering a targeted response to the clinical question being asked by the referring clinician.

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 regularly and the 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 March 2019; ensuring that equality and diversity retains an organisational profile and continues to be central to our everyday working lives.

The Steering Group is now called the Equality, Diversity, and Inclusion Steering Group as opposed to the Equality and Diversity Steering Group.

Over to you!

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.

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).

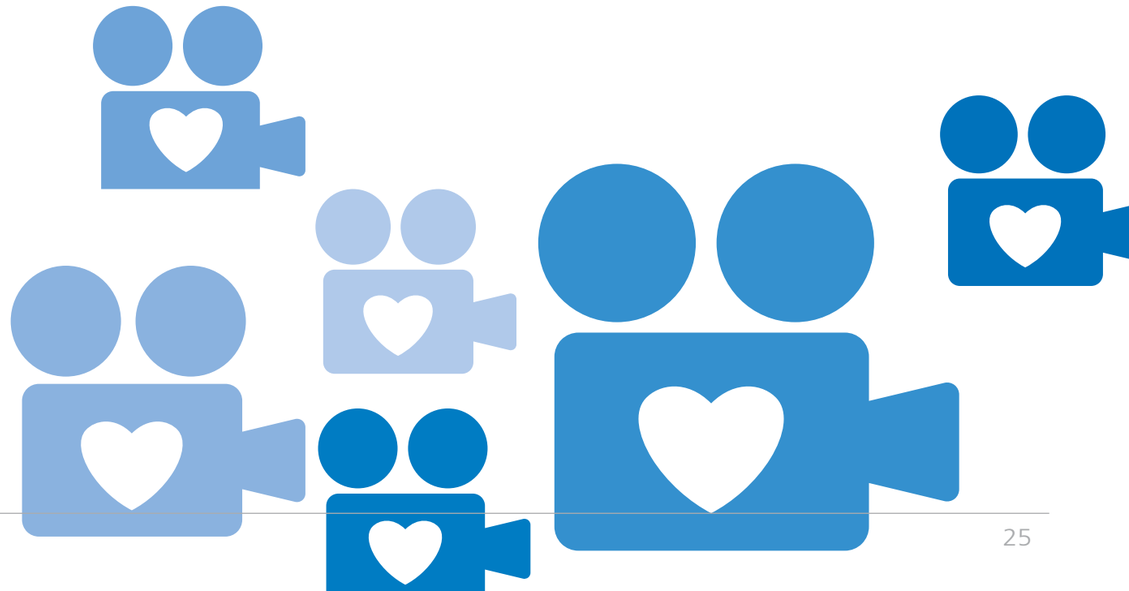
Endoscopy units have the option of applying for formal accreditation by the Joint Advisory Group for Gastrointestinal Endoscopy (JAG) which is the national group overseeing all endoscopy units. Achieving accreditation requires units to demonstrate compliance with numerous standards, to have clear policies and operating procedures to deliver safe and effective endoscopies, and to collect and act on patient and service user feedback.

Currently six of our units have full accreditation with JAG, and one is going through the process of re-accreditation following a scheduled re-accreditation visit in December. The remaining unit has an upcoming scheduled inspection for JAG accreditation, with the aim that all of our units will then be accredited. As part of the accreditation process, individual endoscopists are carefully monitored against 25 different standards.

These are reported on and reviewed by the clinical director twice a year to ensure all our endoscopists are maintaining their practice. Care UK has also signed up to the National Endoscopy Database quality initiative and was one of the first organisations to become compliant.

Outcomes from endoscopy are uploaded and monitored on a central database, which allows us to closely track Key Performance Indicators, and also to understand endoscopists' 'whole of practice' performance.

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



Patient and public experience

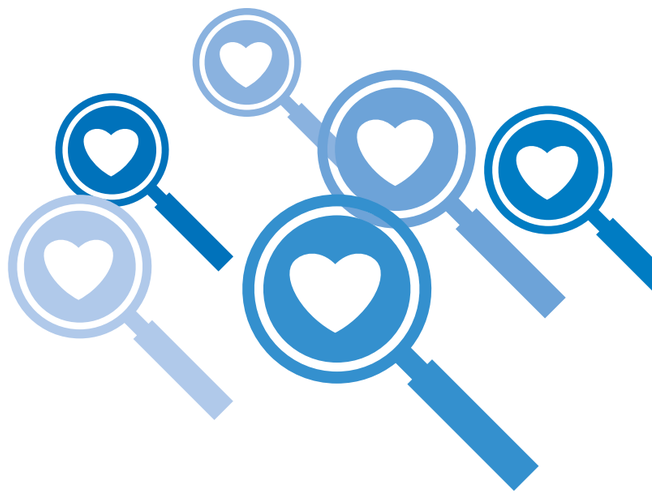
Complaints management

The patient is 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.

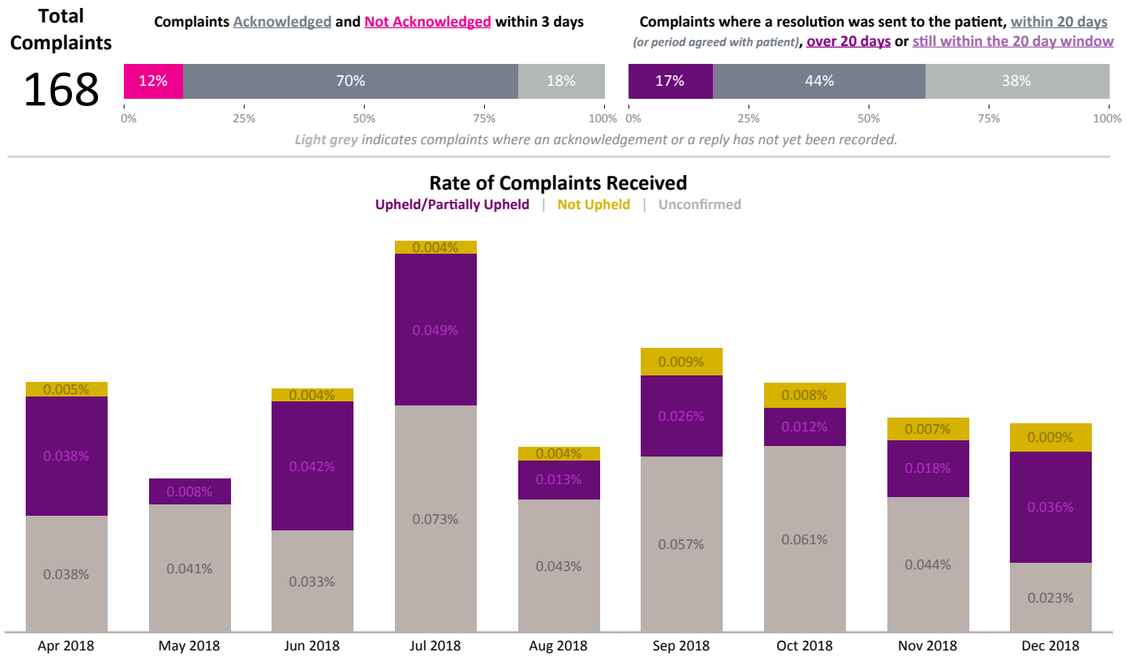
Potential lessons will be shared within the organisation to promote learning and improve quality and safety of care.

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 in patient 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 2018 to January 2019

Below NHS Response Rate | Above NHS Response Rate

	April 2018	May 2018	June 2018	July 2018	August 2018	September 2018	October 2018	November 2018	December 2018	January 2019
Daycase	99%	99%	99%	99%	99%	99%	99%	99%	100%	99%
Inpatient	99%	99%	99%	98%	100%	100%	99%	100%	100%	99%
Outpatient	96%	99%	98%	98%	98%	99%	98%	99%	98%	98%

Always Events

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

In the busy world of clinical care, all too often what matters to patients, service users, and their carers is not understood or adequately addressed.

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

What are Always Events:

- They are reliable processes or behaviours that ensure optimal patient, care partners & service users experience of the service
- They are co-designed with patients, care partners and service users.
- They are integrated into overall person-centred care strategies.

"Triple aim" of measuring the Always Events

- To enhance better outcomes
- To provide better experiences
- The better use of resources

Example
Emmerson's Green Treatment Centre have commenced a programme to determine a local vision and set of Always events.

This was as a result of a patient group being recruited to co-design, the group focused on three areas, admission, inpatient and discharge around communication.

Following feedback and discussion it was agreed by the patient co-design group that the following statements be their Always Events

Admission

1. I will always know what the "outpatient hand-held buzzer" is for and what to do with it.
2. I will be always be updated if I am kept waiting

Inpatient

3. I will always have the opportunity to ask questions during ward round.
4. I will have a realistic idea of when I will be discharged and be included in the decision.

Discharge

5. I will always know what my TTO medication is and when to take it.
6. I will always know where to contact if I have any concerns.

From these statements they were able to agree a vision statement:

"I will be communicated to in a way that is important to me and includes me"
The teams are implementing action plans to focus on the individual elements of statements identified, this includes the introduction of bedside question sheets to allow patients to take note of any questions they have to ask the Dr on the ward round. Nurses on each shift will remind patients to make notes if they would like to, this maintains the focus on the patient being able to ask questions regarding their care.
Care UK recognise the benefits of this programme and will be implementing the programme within all services in the coming year.

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.

Websites

In 2019 we will be launching additions to the local 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.

The initial additions will allow interactive visualisations to provide patients greater insight to the national data submitted to the NHS.

This will commence with Friends and Family data over at least 12 months relating to the service they are accessing. There will be a number of other data available over the coming year taking into account patient feedback of what matters to them. This links with the work being undertaken relating to Always Events.

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 2019-2020.

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	Undertake a Datix review to support incident management trending and greater use of dashboards for monitoring	An annual increase in reporting rates which are benchmarked against NHS results. This will result in patient harm and no harm incidents more easily identified and monitored
Well-led	Implement always events in all centres	That all services will identify and implement at least 1 identified always event within their service.
Safe	To review antibiotic prescribing for post-operative wounds.	Antibiotic prescribing is in line with guidance and confirmation that the infection appropriately diagnosed, treated and managed. This will be achieved with audit as part of the wider antibiotic stewardship programme.
Effective	To implement an improved and augmented enhanced recovery programme across treatment centres.	Clinical outcomes in relation to key identified milestones.
Responsive	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.

Caring

Priority - Implement always events in all centres.

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

What will success look like?
That all services will identify and implement at least 1 identified always event within their service.

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.

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

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

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

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

Effective

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

What are we trying to improve?
At least 10% of eligible hip and knee arthroplasty patients are discharged within 24 hours whilst achieving identified key milestones.

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

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 - To review antibiotic prescribing for post-operative wounds.

What are we trying to improve?
As part of the wider antibiotic stewardship programme and to ensure appropriate monitoring and management is in place to reduce unnecessary antibiotic prescription.

What will success look like?
Antibiotic prescribing is in line with guidance and confirmation that the infection appropriately diagnosed, treated and managed. This will be achieved with audit as part of the wider antibiotic stewardship programme.

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.

Quality and effectiveness

National and regulatory requirements

CQC inspections

National and regulatory requirements

Regulatory statements for our services 2018-2019

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 2018 - March 2019, 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 is in line with 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.
- 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.

Seven day services in the NHS

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

Ten clinical standards for seven day services in hospitals were developed in 2013 through the Seven Day Services Forum, chaired by Sir Bruce Keogh and involving a range of clinicians and patients. The standards were founded on published evidence and on the position of the Academy of Medical Royal Colleges (AoMRC) on consultant-delivered acute care. These standards define what seven day services should achieve, no matter when or where patients are admitted.

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

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 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 2018/19 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 2018/19 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

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

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

The past year has seen the introduction of the GDPR, with a large programme of work undertaken to prepare staff and the organisation for the new legislation.

Our historic focus on accountability, audit and transparency meant that we were well placed to embrace the fundamental changes that the new legislation brings. New training modules and resources were delivered to colleagues, internal policies have been updated, and patient privacy notices developed for all services.

We have continued to encourage staff to report incidents when they do take place. We have had a total of 54 internal IT security incidents, and have had 6 SIRI Level 2 reportable incidents, 4 of which the ICO has closed with no enforcement actions taken against us. In all cases no harm was found to have come to any data subjects.

We have one historic case which is being pursued by the ICO against a former employee under Section 55 (Criminal Breach) of the Data Protection Act and another in which the subject has continually appealed to the ICO for further action. We are co-operating fully with the ICO on these cases.

To complement our compliance with the ISO27001 framework, our annual IG toolkit submission maintained our 100% level 3 compliance and we are on track to achieve the same in the new Data Security and Protection Toolkit due in March 2019.

Patient led assessment of the care environment (PLACE)

For the second year running, Care UK are delighted that as an organisation, we have scored over 99% in our cleanliness assessments.

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.

In 2018 we said we would aim to maintain a high quality rating for cleanliness and the condition, maintenance and appearance of our NHS treatment centres and in 2019 we are pleased this is reflected in the patient led assessments across the board.

We will continue to plan preventative maintenance and refurbishment programmes to ensure our clinical environments are welcoming, clean and safe.

Dementia friendly
Within all our NHS centres for treatment and surgery, we aim to provide welcoming and safe environments for patients and visitors.

We actively seek to support people with disabilities including those who may need support in being orientated to where they are. We are thrilled that this year's patient assessors recognised the efforts made as we improved again on our score for the fourth year running.

Care UK PLACE Results 2018

Cleanliness
99.2%

Food
94.7%

Ward food
95.2%

Privacy, dignity and wellbeing
87.5%

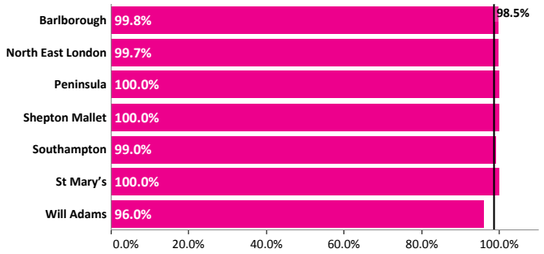
Dementia
90.1%

Condition, appearance and maintenance
97.5%

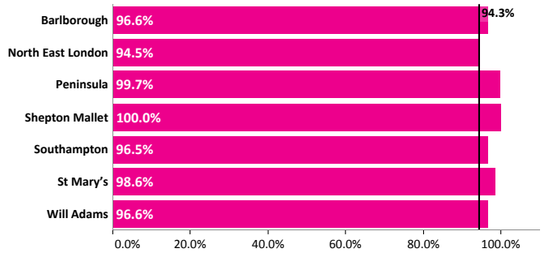
PLACE Scores 2018 - Part 1

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

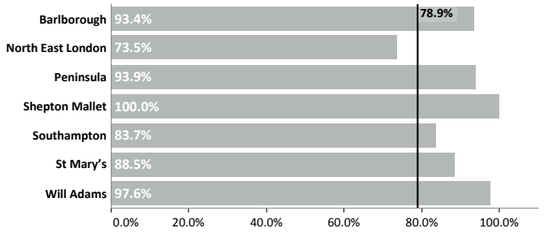
Cleanliness



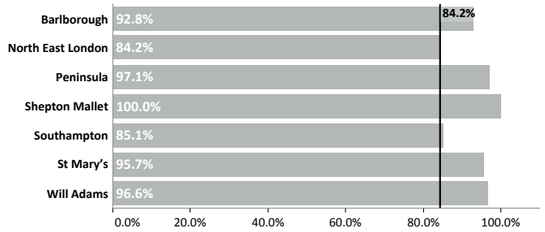
Condition, Appearance and Maintenance



Dementia



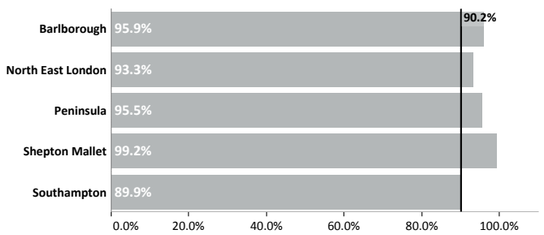
Disability



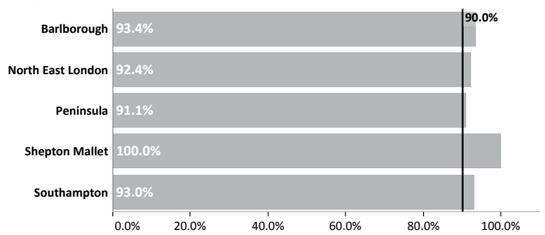
PLACE Scores 2018 - Part 2

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.

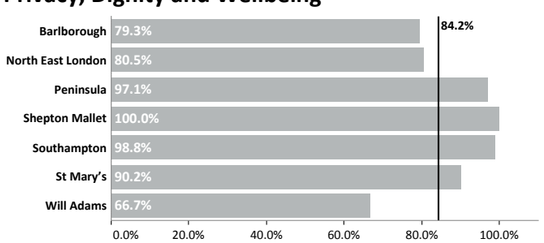
Food



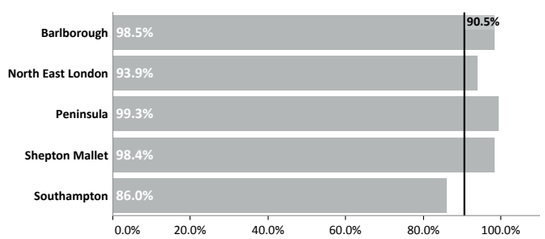
Organisational food score



Privacy, Dignity and Wellbeing



Ward Food score



Local clinical audit

In 2018 Care UK revised the audit programme making it less onerous and more responsive to risk. An exciting new web-based audit platform has been piloted with pharmacy with a view to further roll this out across the business in 2019 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 the clinical lead in the area and our Clinical Audit and Effectiveness Group, which sets specific clinical audits for each service stream within our Health Care Division.

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

The new web-based audit system 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; WHO Surgical Safety Checklist and Safeguarding.

These are supplemented by focused, service stream-specific audits. For example 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.

The results, compliance status and details of any actions arising from clinical audits are submitted monthly to the Division's central governance team.

Results are then logged with partial and noncompliant 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.

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.

Care UK's Emergency Scenario audit checks how prepared services are for medical emergencies such as cardiac arrests and major haemorrhages 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.

Participation in clinical research

No patients receiving NHS services provided or subcontracted by Care UK at any of our Treatment centres from April 2018 to March 2019, were recruited to participate in research approved by a research ethics committee. Our treatment centres participated in national audits and confidential enquiries appropriate to the services we deliver (see section on page 44).

Local audit schedule

Audit title	Purpose of audit	Frequency	ISTC	CATS	MIU	2018 Ave Score (Apr-Dec '18)
Prevention of VTE (venous thromboembolism)	Assess compliance to NICE guidance and best practice clinical protocols for assessment and the provision of prophylaxis	Monthly	✓			98.5%
Fluid balance audit	To assess fluid management in patients	6 monthly	✓			98.4%
Peri-operative hypothermia audit	Assess compliance to NICE guidelines – CG65	Quarterly	✓			98.6%
WHO surgical site safety checklist audit	Assess compliance to WHO surgical site safety checklist	Monthly	✓		✓	99.8%
WHO observational audit	Assess compliance against WHO checklist (sign in, time in & sign out)	Monthly	✓		✓	99.8%
NEWS (National Early Warning Score) audit	Use of NEWS audit to identify early signs of the deterioration of a patient's condition	Quarterly	✓	✓		99.0%
Pain audit	Assess effectiveness of pain management protocols	6 monthly	✓			97.5%
Blood transfusion audit	Compliance with blood safety and national transfusion guidance	Annually and following an emergency transfusion	✓			99.1%
Anaesthetic observation audit	Assessment of compliance and quality of anaesthetic practice	6 monthly	✓			99.5%
Ward round (MDT) audit	Assessment of ward round practices and key team member involvement	Quarterly	✓			99.6%
Emergency scenario audit	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	✓	✓	✓	95.8%
Patient falls	Patient safety and compliance assessment tool	6 monthly and following a patient fall	✓			95.2%
Documentation (Clinical)	Supports best practice in patient documentation and guidance from professional bodies	6 monthly	✓	✓	✓	97.9%
Information governance & security audit	To monitor compliance against IG Toolkit requirements and ISO 27001 accreditation	Bi-annually	✓	✓	✓	97.6%
Agency/locum/temporary staff audit	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	✓	✓	✓	98.7%
Safeguarding audit	To ensure that safeguarding concerns are referred and logged, providing assurance that safeguarding responsibilities are discharged	Quarterly	✓	✓	✓	95.5%
Controlled drugs documentation audit	A dedicated audit for pharmacists/meds management leads focusing on the documentation element of controlled drugs usage	Quarterly	✓			95.0%
Medicines reconciliation	A short audit to ensure compliance with NICE guidance focusing on reconciliation of medicines	Monthly	✓	✓		85.4%
Omission of medication	A short audit to ensure compliance with NICE guidance focusing on medicine omissions	Monthly	✓			81.3%
Inpatient medication documentation	A short audit to ensure compliance with NICE guidance focusing on the documentation of medicines for inpatient services	Monthly	✓			91.0%
IPC 01 IPC Strategy and scope	Assessment of compliance against the IPS Strategy	Annually	✓	✓	✓	98.7%
IPC 02 Standard precautions (including source isolation)	Assessment of compliance against best practice for the availability and use of PPE and the use of standard precautions to reduce the risk of infections	Annually	✓	✓	✓	98.5%
IPC 03 Hand hygiene	To ensure the five moments of hand hygiene are embedded in practice	Quarterly	✓	✓	✓	96.9%
IPC 04 Environment - Decontamination of Equipment	To ensure that clinical equipment is clean and ready to use	6 monthly	✓	✓	✓	97.5%
IPC 05 Practice - Sharps handling	To maintain good practice and reduce risks to staff whilst handling sharps	Annually	✓	✓	✓	94.4%
IPC 06 Aseptic technique	To ensure the correct techniques are embedded in practice	6 monthly	✓	✓	✓	98.7%
IPC 07 Peripheral vascular devices	Evidence based best practice is being consistently applied to prevent peripheral vascular device infections	6 monthly	✓		✓	98.4%
IPC 08 Linen (minimum of annually)	To ensure linen is stored correctly to maintain cleanliness	Annually	✓		✓	99.6%
IPC 09 Practice - Management of infection risks (body fluids, specimens and waste)	To maintain good practice and reduce risks to staff whilst handling potentially infected waste products	Annually	✓	✓	✓	100%
IPC 10 Assessment of the Care Environment	To ensure the environment is effectively managed to reduce infection risks	6 monthly	✓		✓	94.2%
IPC 11 Antibiotic Stewardship	To maintain the correct and appropriate prescribing of antibiotics	6 monthly	✓		✓	97.5%
IPC 12 Mattress audit	To maintain the cleanliness, effectiveness and condition of mattresses	Annually	✓		✓	97.3%
IPC 13 Onetogether Assessment (Theatres)	Evidence based best practice in the prevention of surgical site infections	6 monthly	✓		✓	98.3%
IPC 23 Urinary catheter care	Evidence based best practice is being consistently applied to prevent catheter device infections	Annually	✓		✓	100%

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 does not manage long-term conditions in treatment centres
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	Yes	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'.

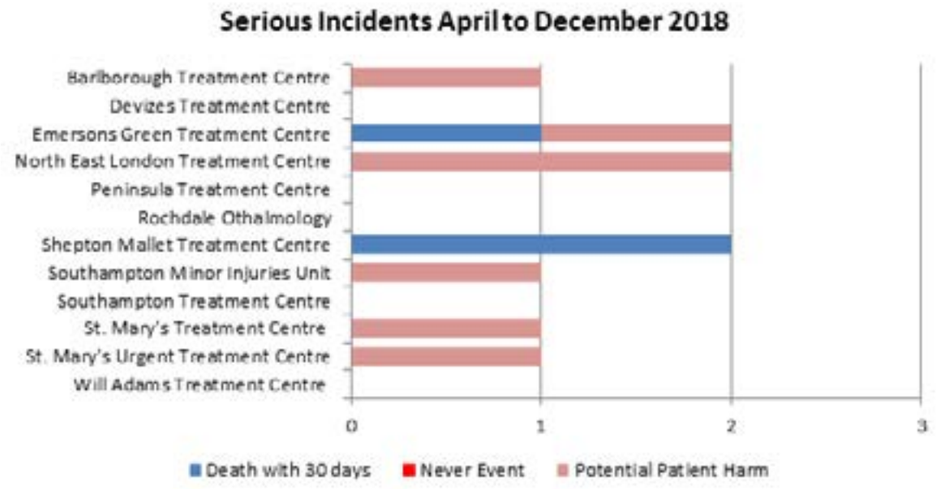
Reviews of the circumstances surrounding never events typically expose process failures that could be addressed through modern Human Factor (HF) training.

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 2018 alongside new root cause analysis tools and methodology.

There were no never events reported between April and December 2018 across Secondary Care services.



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.

Learning from deaths
All patient deaths have a full root cause analysis investigation undertaken to determine if any aspects of care are attributable to the death.

Three patient deaths within 30 days of discharge were reported over the period of April to December 2018, two investigations showed these were not related to a patient safety incident.

The final one is still under investigation with the coroner and relates to a death 12 days post total hip replacement where the patient was transferred to another provider for ongoing treatment.

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.

Clinical coding
During 2018-19 we submitted records to the Secondary Uses Service (SUS) for the 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 Data Security Standard 1, Data Quality Clinical Coding Audit Guidance – Acute and Mental Health Trusts, NHS Digital, published 5th June 2018. The audits are conducted in-line with the Health and Social Care Information Centre clinical Coding Methodology, version 12.
- The 2018-19 audit results demonstrated that the Care UK Treatment Centres were achieving the satisfactory percentages accuracy within the mandatory level with some Treatment Centres achieving the higher percentages of accuracy within the advisory level as the requirement within the Data Security Standard 1.
- Care UK clinical coders receive ongoing training in-line with Data Security Standard 3 Training, Clinical Coding Specialist Training Guidance – Acute and Mental Health Trusts, NHS Digital, published 5th June 2018, to advisory level.

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

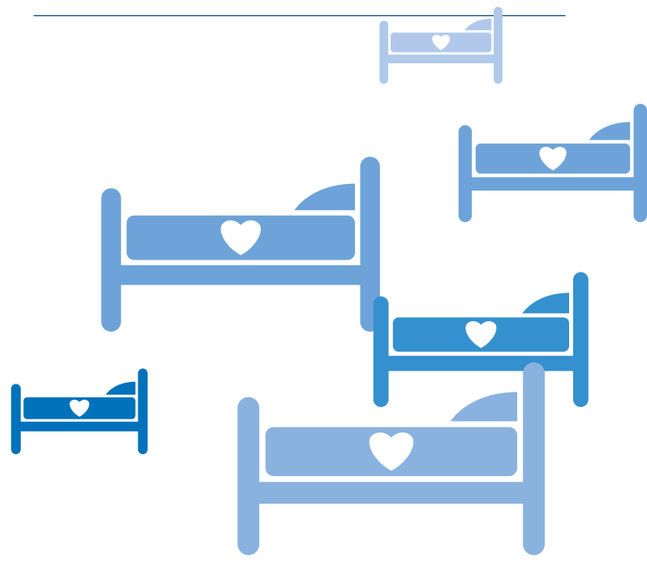
In addition, and pleasingly, the question that generated the most improved outcome across the whole workforce according to our annual divisional employee attitude survey "Over to you!" was "People where I work are treated fairly regardless of their race, ethnic origin, age, gender, sexual orientation,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

Same sex accomodation

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
Care UK's Deputy Director of Infection Prevention and Control provides a robust governance structure to maintain the exceptionally low rates of infection associated with surgical treatment at our facilities. Our programme of infection prevention and control (IPC) activities are guided by informed and current evidence based research, and overseen by the IPC Committee, which is chaired by the Medical Director of Secondary Care, Director of IPC.

Our IPC strategy is revised regularly and reflects national, global and local priorities for reducing risk of infection. This year we have been working closely with our Medicines Management colleagues across Pharmacy to ensure our policies and practices deliver on our approach to antibiotic stewardship: a critical element of which is safe, clean care delivery that prevents the need for antibiotic therapy.

Each treatment centre 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. The operational processes include site support, supervision, education and detailed audit and action planning to improve standards of clinical practice or environment.

Systems of assurance
Our internal auditing systems include measuring areas of clinical practice known to reduce risk of infection including aseptic technique and use of personal protective equipment.

Effective and regular hand hygiene practice in line with national guidance will always be a high priority for Care UK as this is a visible measure of clean care.

Each year, the audit schedule, the tools and the training templates are reviewed and revised to ensure they can deliver the information needed to provide the assurance that infection prevention is a core element of care wherever it is delivered.

Action planning and training of staff are a required part of the cyclical auditing process and this is managed by the local IPC site lead. This team of people report each month to the Deputy Director on incidences of surgical site and healthcare associated infections.

Any lessons that arise from the investigations conducted into any deep surgical site infection are fed back to the local site and shared at the quarterly IPC Lead forums dedicated to quality improvement of infection prevention and control at our NHS treatment centres.

Performance 2018-2019
Healthcare Associated Infections (HCAIs): Care UK maintains a vision and focus on a zero tolerance to any avoidable infection. Care UK had no reported cases of hospital-acquired Clostridium difficile infection and no incidences of methicillin resistant or sensitive Staphyloccus aureus bacteraemia attributable to their care during 2018.

Health care associated infections (HCAI) 2011-2018

MRSA bacteraemias
0 infections

MSSA bacteraemias
0 infections

E.coli bacteraemias
0 infections

Clostridium difficile incidence
0 infections

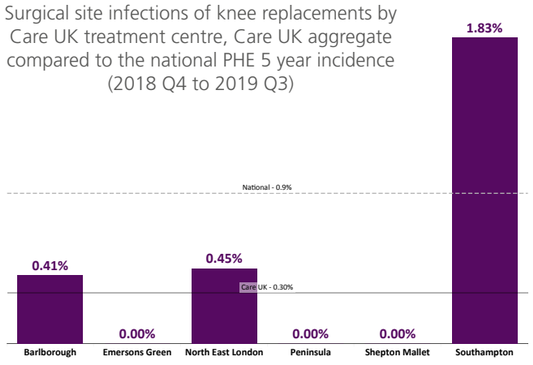
Surgical site infection (SSI) rates (hip and knee replacement)
Care UK actively seeks information on how well our patients recover after their hip or knee replacement surgery.

Every Care UK treatment centre undertaking hip and knee replacements submits outcome data on each patient to the National Surveillance Scheme database managed by Public Health England.

Infection is a rare but recognised risk of any surgery and in Care UK we are proud that incidents in all our treatment centres are extremely rare.

Any incident of infection in our patients is reported to the site Infection Prevention and Control Lead.

Surgical site infections of knee replacements by Care UK treatment centre, Care UK aggregate compared to the national PHE 5 year incidence (2018 Q4 to 2019 Q3)

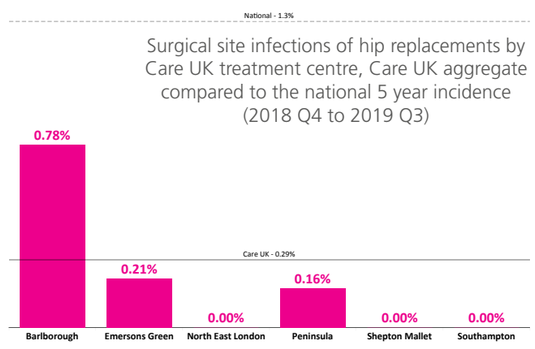


An investigation is undertaken to understand whether there was any area of care in which we could have done better and whether we can identify any lessons to be learnt from the incident. We promote safe clean care on the basis of our zero tolerance approach to avoidable infections.

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

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

Surgical site infections of hip replacements by Care UK treatment centre, Care UK aggregate compared to the national 5 year incidence (2018 Q4 to 2019 Q3)



Surgical site infection rates (hip and knee replacements)
Care UK subscribe to the National Surveillance Scheme for Surgical Site Infection and robustly ensure all patient surgical outcomes are captured and shared with Public Health England.

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. Some patients choose to come back to the treatment centres for the six week check of their surgical site wound and this provides an opportunity to complete the post discharge questionnaire.

For others, the centres provide pre-paid envelopes for return of the questionnaire by post at least 30 days after 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.

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 scheduled audits of the hand hygiene practice of staff within each service area.

Last year we introduced a new tool which encouraged patients to assess the hand hygiene of the clinical staff caring for them.

The results from these audits have been well received and highlighted areas including staff requiring additional training and support in their hand hygiene practices.

Comments from patients include:
'Very clean and efficient staff'

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

'This is a great hospital'

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

This allows us to monitor and respond to areas not satisfying our high expectations of the fabric and cleanliness of our treatment centres.

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

Infection with Clostridium difficile

Indicator	Care UK overall data			
Rate of Clostridium difficile (number of infections/100,000 bed days)	Apr-Mar 2017-18	Aggregate 2007-18	Apr-Mar 2016-17	Apr-Mar 2017-18
All treatment centres	0	29.62	13.2	13.7
Data source:	Local data	PHE Annual Epidemiological Commentary, 2018. Ref: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/724030/Annual_epidemiological_commentary_2018.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 (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 2018 to March 2019 can be found previously. 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 - 2018)	99%	
Other	Elective surgery (National PROMs Programme - 2017/18)	Varicose Veins 76% Groin Hernia 86%	Varicose Veins 51% Groin Hernia 52%

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 2.52 million, with 252,251 added during 2017/18, this is an increase of over 9,600 on the previous year. (15th Annual NJR Report, September 2018).

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 Apr 2018 to Mar 2019	NJR consent rate	Number of surgeons	Outliers – mortality rate	Outliers - Hip Revision Rate (Aug 2013 to Aug 2018)	Outliers –knee revision rate (Aug 2013 to Aug 2018)
Barlborough NHS Treatment Centre	1,850	99.8%	18			
Emersons Green NHS Treatment Centre	780	98.5%	13			
North East London NHS Treatment Centre	531	100.0%	12			
Peninsula NHS Treatment Centre	1183	99.6%	9			
Shepton Mallet NHS Treatment Centre	997	100.0%	12			
Southampton NHS Treatment Centre	528	99.1%	18			

http://www.njrsurgeonhospitalprofile.org.uk/ as of 2019-02-06

Enhanced Recovery Programme

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

As a result, patients have shorter hospital stays and better outcomes. The current average length of stay at our NHS treatment centres are: 2.5 days for hip replacement and 2.6 days for knee replacements.

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.

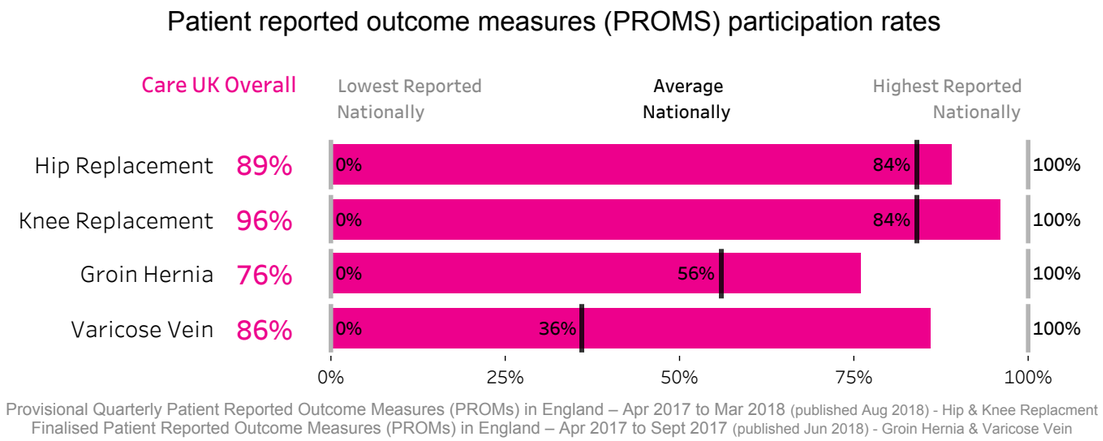
Indicator	Care UK overall data	Health and Social Care Information Centre (HSCIC) data		
Patient reported outcome measures (PROMS) participation rates	April 2017 - March 2018/Sept 2017	Highest reported nationally (best performing)	Lowest reported nationally (worst performing)	National average
Hip replacement surgery	89%	100%	0%	84%
Knee replacement surgery	96%	100%	0%	84%
Groin hernia surgery	76%	100%	0%	56%
Varicose vein surgery	86%	100%	0%	36%

HSCIC Provisional Quarterly Patient Reported Outcome Measures (PROMs) in England – April 2017 to March 2018 (published Aug 2018) – Hip & Knee Replacement - HSCIC Finalised Patient Reported Outcome Measures (PROMs) in England – April 2017 to September 2017 (published Jun 2018) – Groin Hernia & Varicose Vein

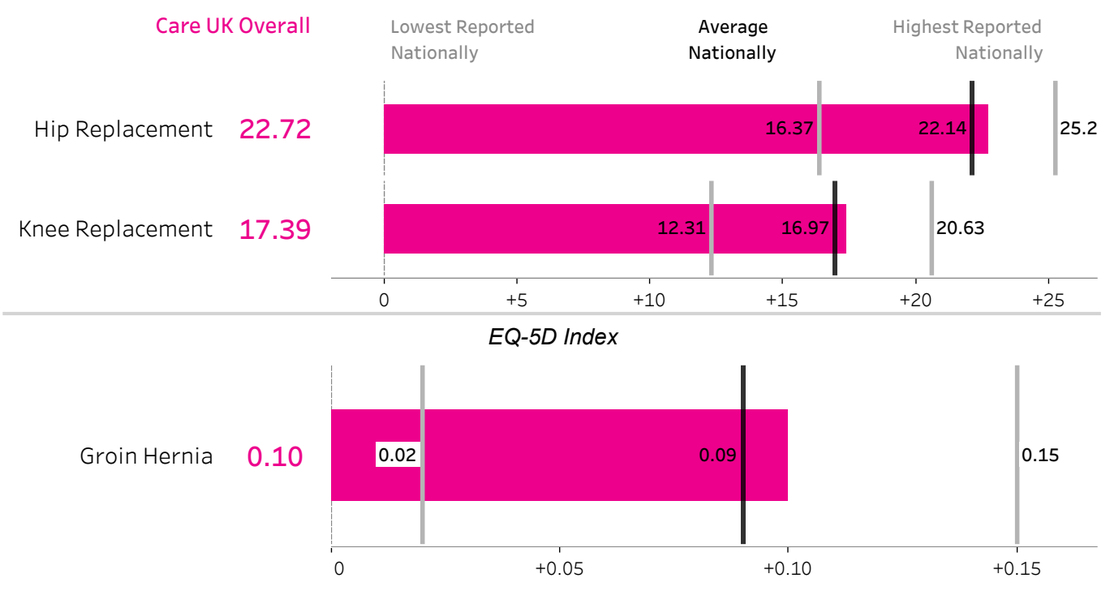
Indicator	Care UK Overall data	Health and Social Care Information Centre (HSCIC) data		
Patient reported outcome measures (PROMS) adjusted health gain	April 2016 - March 2017	Highest reported nationally (best performing)	Lowest reported nationally (worst performing)	National average
Hip replacement surgery	22.72	25.28	16.37	22.14
Knee replacement surgery	17.39	20.63	12.31	16.97
Groin hernia surgery	0.10	0.15	0.02	0.09
Varicose vein surgery	*	-17.72	5.35	-8.45

HSCIC Provisional Quarterly Patient Reported Outcome Measures (PROMs) in England – April 2017 to March 2018 (published Aug 2018) HSCIC Finalised Patient Reported Outcome Measures (PROMs) in England – April 2017 to September 2017 (published Jun 2018) * data has been suppressed for patient confidentiality due to low numbers of records

Patient reported outcome measures (PROMS)



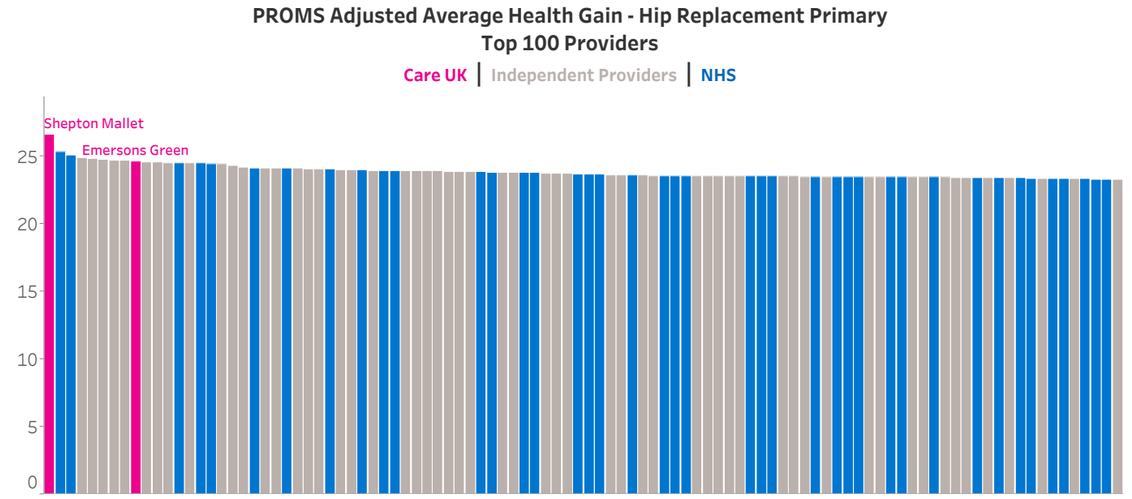
Provisional Quarterly Patient Reported Outcome Measures (PROMs) in England – Apr 2017 to Mar 2018 (published Aug 2018) - Hip & Knee Replacment
Finalised Patient Reported Outcome Measures (PROMs) in England – Apr 2017 to Sept 2017 (published Jun 2018) - Groin Hernia & Varicose Vein

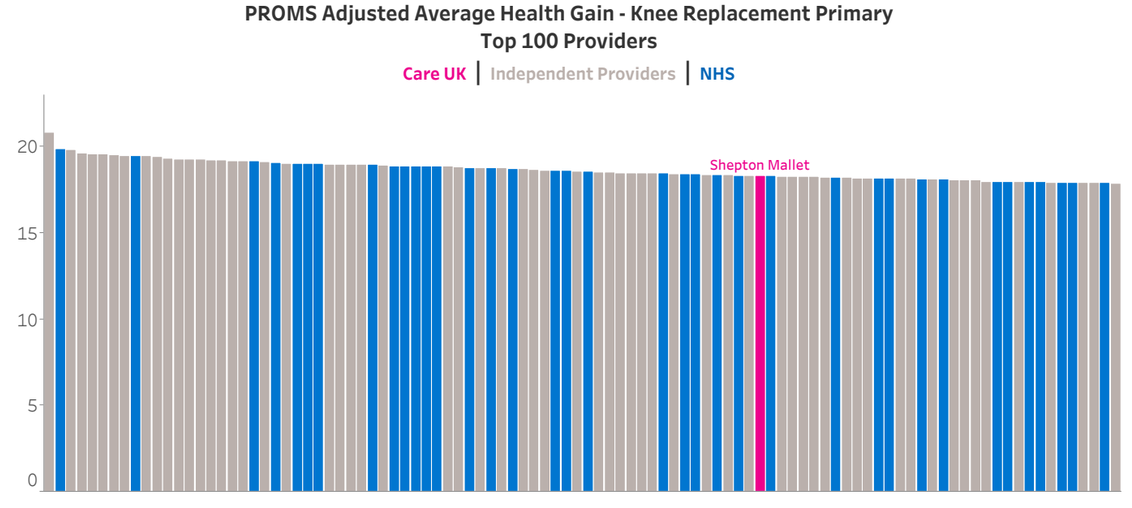


Provisional Quarterly Patient Reported Outcome Measures (PROMs) in England – Apr 2017 to Mar 2018 (published Aug 2018) - Hip & Knee Replacment
Finalised Patient Reported Outcome Measures (PROMs) in England – Apr 2017 to Sept 2017 (published Jun 2018) - Groin Hernia & Varicose Vein

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.





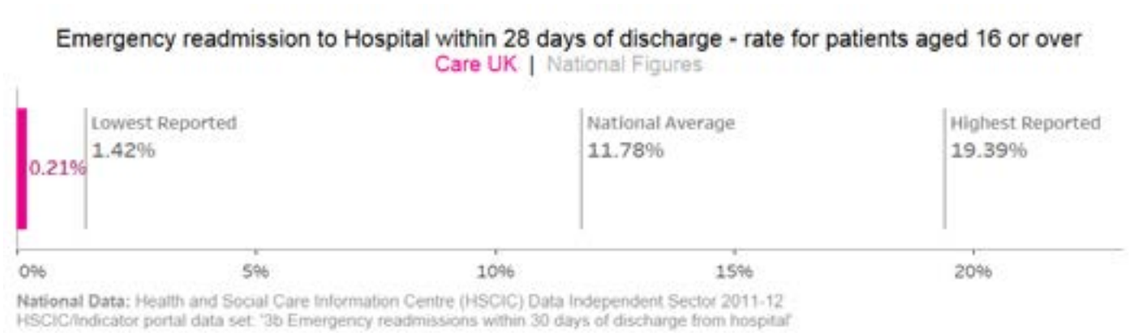
Emergency readmission rate for patients aged 16 or over

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	
Emergency readmission to hospital within 28 days of discharge - % patients aged 16 or over readmitted within:	2017	Highest reported nationally (best performing)	Lowest reported nationally (worst performing)	National average
All treatment centres	0.16%	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.



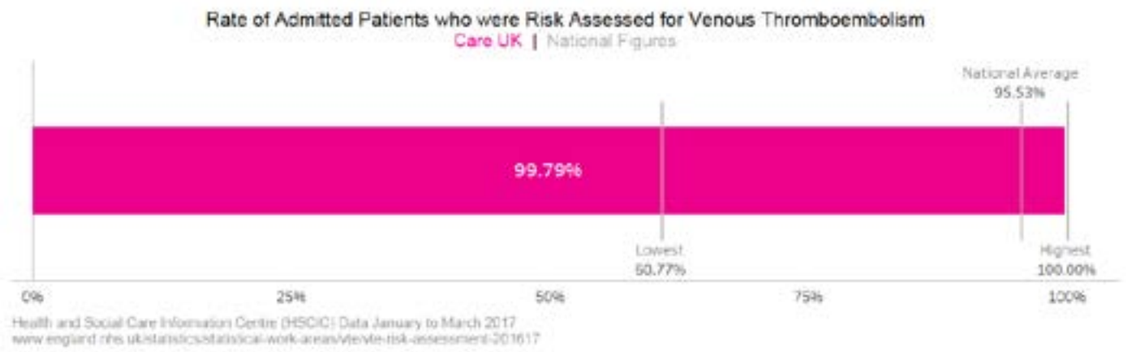
Risk assessment of venous thromboembolism (VTE) for people admitted to hospital

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	
% admitted who were risk assesses for venous thromboembolism	April-June 2016	Highest reported nationally (best performing)	Lowest reported nationally (worst performing)	National average
All treatment centres	98.94%	100.00%	5.88%	95.49%
Data source:	https://improvement.nhs.uk/resources/vte/			

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

- It is taken from a national information provider.
- Care UK has taken and will continue to take the following actions to improve our scores and so the quality of its services:
- VTE risk assessment rates are tracked monthly for each treatment centre and reported to the senior leadership team and board.
- We set ourselves a target of 100% for this indicator and compare ourselves in this area against the independent sector (average 99.0%) and the NHS every three months.
- Reasons for not achieving 100% are examined each month by the senior leadership team and explained to the board with actions to remedy.



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

March 2019

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				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

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

January 2019

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			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 MIIU

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 visiting 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.

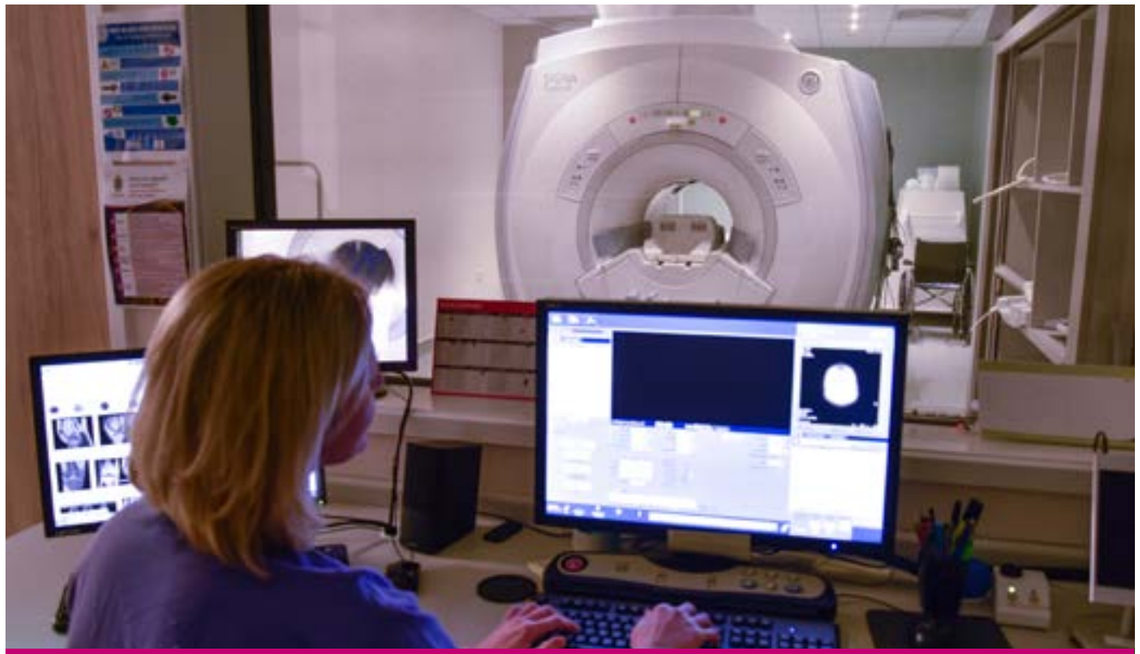
The quality visit will consist of observational visits to each department following a set format aligned to NHS fifteen step challenge to provide assurance of implementation of national and local procedure and process.

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 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 sight 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 2018 – March 2019) local quality priorities

What are we were trying to improve

- Increase uptake of flu vaccinations for front line 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 2018 including radiology referrals
- Implementation and review of Personalised Activation Measures (PAMs) for all patients at risk of falls
- Electronic Discharge Systems – improve ability to send discharge reports electronically in Somerset, and to send reports out of county and when the referrer is not the GP

Why we are trying to improve

- Compliance with the advisory statements form the professional bodies, with the expectation that our patient facing clinical staff have the flu jab – recognising our responsibility as a healthcare provider to contribute to the population immunity.
- To ensure that the electronic pathway is consistent and easily accessible through all specialty and diagnostic referrals and that the reliance on the paper pathway is removed
- Identify the interventions that are required with primary care to support the patient's ability to self-manage their long term conditions by understanding the patient's perception of their own capabilities, or lack of, to do so.
- Meeting the compliance standards within the NHS National Standard Contract in getting discharge summary letters to the referrer within 10 days of treatment/ discharge.

How we monitored progress

- Measuring percentage uptake of patient facing staff having the flu jab
- Any referral that does not arrive via eRS is rejected and returned to the Referral Management System, and the arrival of the electronic referral is audited
- Monthly upload of completed PAMS questionnaires into an interconnected spreadsheet to identify the PAMS score. Where a PAMS score is indicative of the need for primary care interventions, a letter to the GP is generated.
- Audited by the automated system in that the discharge letters that are unsuccessfully transmitted appear in a reject audit

Local outcomes

	Local results	National results
NJR	100%	
PROMS	Primary Health care gain: Primary Hip : 0.511 Primary Knee: 0.403	England 0.445 England 0.325
VTE	100%	
Complaints	16	0.03%
Incidents related to patient harm	1 (the SI reported regarding Oliver Schindler's patients)	

Details of next year's priorities April 2019 – March 2020

What are we trying to improve?

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

What will success look like?

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

How will we monitor progress?

- The comparison of PAMS scores for patients who return to SMTC for further orthopaedic surgery or were identified as at risk of falls
- The number of patients who were successfully discharged on the same day as their total hip replacement procedure
- No patient rejections for pre-operative anaemia that is treatable within the pathway

Patient Story

Patient 1

Situation

Patient, a retired postman, lives in North Devon and had been waiting for a knee replacement for over a year. He came to us after reading an article in the local press about a lady who had come to us from Cornwall to have her knee replaced.

What happened

After initially being told by his GP that he could not be referred for surgery outside the area, and responding to his GP with a formal letter and a copy of the news article, the patient was referred to us for treatment. We were able to see him within a matter of a few weeks and he was so pleased with his care that he chose us for his second knee. He estimated that if he had not come to us for care, his wait would have been almost two years from first seeing his GP to surgery.

Patient benefit

The patient is an active retired gentleman with outdoors interests such as fishing. He is now fully active and pain-free, stating "I have only one word to describe the staff and care at Shepton Mallet NHS Treatment Centre, and that is 'exemplary'. The whole thing simply cannot be improved on. People need to know that organisations like Shepton Mallet NHS Treatment Centre are out there."

Patient 2

Situation

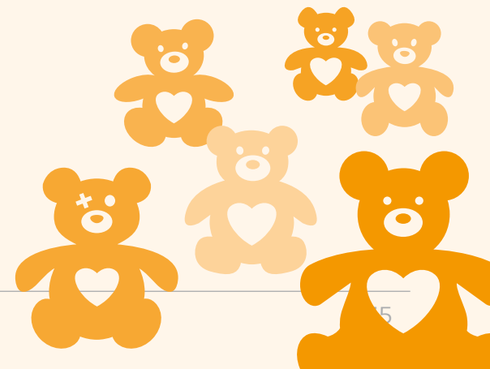
Patient came to us for a left hip replacement on account of osteoarthritis and avascular necrosis. The patient was comparatively young (56) but her job in retail merchandising meant she needed to be fit and mobile

What happened

Patient came to us following an MRI and we were able to offer her a date for her operation a week later. She decided to defer for a couple of weeks as the original date was just before Christmas, which is a busy time for her job. She came to us in early January, when surgery was successfully completed. She made a full recovery and chose us for the replacement of her right hip later in the year

Patient benefit

The patient received treatment in a timely and efficient manner which meant that she could return to running her business. She is happy with her care, and in fact came to our attention via a positive post on Facebook



Peninsula Treatment Centre

Details of current year (April 2018 – March 2019) local quality priorities

What are we were trying to improve?

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

Why are we were trying to improve?

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

How we monitored progress

- JAG accreditation visit is booked to take place in March 2019
- With such a marked increase in the number of patients coming for cataract surgery, the centre has expanded its service by appointing a third ophthalmic surgeon.
- Peninsula Treatment Centre is working in partnership with University Hospitals Plymouth to deliver elective Orthopaedic surgery to the local population. The partnership officially commenced on the 12th November 2018. The aim of the partnership is to ensure a centre of Orthopaedic excellence where patients can access care with cancellations of surgery kept to an absolute minimum.
- The need for urinary catheterisation has been decreased by 65% and this has also reduced the number of patients that have acquired a catheter related urinary track infection.
- New C arm has been purchased and is in constant use. The hospital now has additional capacity to deliver X-rays at the point of care, particularly in the theatre suites.
- We have introduced a weekly clinically scheduling meeting where the patients for operation for the next two weeks are reviewed to ensure they are fit and ready for surgery and where optimisation is required this is carried out in a timely fashion.

Local outcomes

	Local results
NJR	100% submission in real time
PROMS	100% THR/TKR
VTE	100%
Complaints	11
Incidents related to patient harm	0

Details of next year's priorities - April 2019 – March 2020

What are we were trying to improve?

- Success of the Plymouth Orthopaedic partnership.
- Prompt recognition the deteriorating patient to include additional training and support for the clinical teams. Direct links to specialist services at University Hospitals Plymouth to include Alcohol awareness, Diabetes specialists, pain management services, SEPSIS awareness, alert course and BLS, ILS and ALS courses.
- Ensure patient length of does not increase at current levels, 2.6 for Hip replacement patients and 3.0 for knee replacement patients.
- Expansion of the Inpatient ward from 24 to 30 bed capacity
- Improved working environment for the Administration team by the renovation of the empty store and conversion to a dedicated administration office.
- Pharmacy to move to the first floor to be nearer to the inpatient ward. Conversion of a Ward area to accommodated pharmacy.

What will success look like?

- Orthopaedic patient satisfaction to remain above 95%. Patient operated on in a timely fashion. Elimination of 52 week waits for elective Orthopaedic procedures.
- Prompt recognition, stabilization and safe transfer of deteriorating patients to University Hospital Plymouth for ongoing care requirements.
- Length of stay remains within the 2017/18 threshold.
- Building work completion and increase in bed capacity to 30.
- Dedicated administration office for all administration staff.
- Pharmacy moved to first floor and accessible to the inpatient ward area.

How we monitored progress

- Monitoring the patient journey from referral to discharge. Review of patient feedback.
- Review and investigation of all patient transfers to ensure best practice has been followed and patient transfer was safe and appropriate. Lessons are shared with the team at Quality Governance.
- Length of stay will be reviewed monthly for developing trends and to action as appropriate.

Patient Stories

David secures Plymouth Argyle for ankle op recovery

David Saunders, 66, from Plymouth has undergone successful ankle fusion surgery at Peninsula NHS Treatment Centre – and he has arranged with Plymouth Argyle Community Trust that he and others like him can use the club's astro turf for their recovery.

A number of fractures when he was younger left David with problems in his feet and ankles. He lived in the US for 15 years (where he was an Internet marketing pioneer) and while there had three operations, including rebuilding one of his feet and tendon tightening.

Back home in Plymouth his right ankle started to cause him intense pain. "The level of agony varied, but I would be lucky to walk for more than 10 minutes without severe pain. Once it was so bad that my ankle swelled to the size of a tennis ball and I ended up in A&E where they put me in plaster."

David spent some time having steroid injections in his ankle, escalating to directed steroid injections, but the relief was only temporary. Determined that more could be done, David visited his GP – "he could see the frustration and pain in my face."

Within a few weeks David had two CT scans and was booked into Peninsula NHS Treatment Centre for his surgery.

He said: "I had been there before so my expectations were high – I was not disappointed. You feel better the minute you walk through the door. It's a very positive place and everyone is polite. Even the anaesthetic was great – no uncomfortable spinning before you go under, just instant oblivion!"

He added: "If someone wanted to know more about the standard of care at Peninsula NHS Treatment Centre, I would ask them if they had five minutes to spare and then tell them how fabulous it is from beginning to end. Everything is brilliantly run and nothing is too much trouble. I have had surgery in the US and I can honestly say that the standard of care I have received at Peninsula NHS Treatment Centre is streets ahead of that I received overseas."

David lives near Plymouth Argyle Community Trust's training ground, and he asked Lewis Coombes, Manadon Facilities Manager if he could build up his walking on the astro turf and surrounding tarmac, which was agreed.

He said: "It was great of them to do that. Pavements are hard going if you've had lower limb surgery and astro turf is much more comfortable. It means that I can take longer walks which help my long term recovery. It's been so good that with Argyle's support I am setting up an over-50s club where people in similar positions to mine can use the astro turf too. Not only will it be good for us physically, but it will be a great opportunity to meet people and have a chat. I'm keen to set up a walking football club too."

Lewis added: "We are delighted to support David's rehabilitation journey by offering the use of our facility which will provide him with a safe, reliable platform for him to begin his exercise and strength work. Ultimately, our aspirations are to offer the use of our facility to individuals/groups that require exercise or rehabilitation support and we would welcome opportunities for people to be referred to us through the NHS. We currently have a high spec artificial 3G pitch to offer whilst work is being done on our grass pitches, multi-use-games-arena (MUGA) and two storey pavilions which will offer social/meeting spaces which I feel will also benefit exercise/rehab groups."

Sue Farrell, Head of Nursing and Clinical Governance at Peninsula NHS Treatment Centre commented: "We are very grateful to David for his kind comments, and we think his initiative with Plymouth Argyle Community Trust is fantastic. We encourage all our patients to do the exercises we set them and to try to get mobile and quickly and safely as possible, so we are very much in favour of

Southampton Treatment Centre

Details of current year (April 2018 – March 2019) local quality priorities

What were we trying to improve?	What did success look like?	How did we monitor progress?	Outcomes
Flu immunisations	80% immunisation of front-line health care workers	Review of data	07/01/2019 83% of staff immunised
Dignity audits	All areas will have completed all actions identified from dignity audits	Audit review	Actions to be completed by Spring 2019
Maintain 0% bacteraemia MRSA and C difficile	0% bacteraemia	Review of infection prevention and control data	To date 0%
Quality assurance review	Over all improvements resulting in less recommendations	Review of data	50% less recommendations received from 2018 Quality review
Patient reported hand hygiene responses	85% of healthcare workers will be seen decontaminating their hands as reported by patients	Review of data	Asked monthly, average response is 96%
Reducing face to face Outpatient follow-up attendances	50% reduction	Review of data	Achieved 68% reduction
Acute kidney injury prevention and provision of care affected	Correct management of patients and easy identification of risk factors	Audit of AKI	Audit to be undertaken Spring 2019
Sepsis management	0% of missed potential sepsis patients	Audit	No incidences of sepsis missed
Local Safety Standards for Invasive Procedures (LocSSIPs)	Full implementation with audit process in place	By quality assurance and governance process	Quarterly reports show compliance

What else did we achieve in 2018?

Ratings

Overall rating for this location	**Outstanding ★**
Are services safe?	**Good ●**
Are services effective?	**Good ●**
Are services caring?	**Outstanding ★**
Are services responsive?	**Good ●**
Are services well-led?	**Outstanding ★**

Local outcomes

	Local results
NJR	Revision rates are within the expected range for both hips and knees. Mortality ratio also within expected range.
PROMS	Not outliers for PROMs.
VTE	5 in 2018 – March 2019, all unavoidable
Complaints	2018: 41 denominator – 13741, which is 0.3% of activity
Incidents related to patient harm	25 patient harm incidents in 2018

Details of next year's priorities - April 2019 – March 2020

What are we trying to improve?	What will success look like?	How did we monitor progress?
Flu immunizations	75% immunisation of front-line healthcare workers	Review of data
Maintain 0% bacteraemia MRSA C. difficile	0% bacteraemia	Review of data
Administration staff engagement in governance process	To fully embed the new Administration teams monthly governance meetings	Review of attendance records
Human Factors training for administration staff	50% of the senior administrative team to undertake the Human Factors training course	Review of attendance records
Further improve the responsiveness of the 24 hour helpline	90% of calls to be returned within 4 working hours (8am-6pm Mon-Sun)	Audit
To implement a comprehensive assessment clinic for lower limb arthroplasty patients who meet the criteria for inclusion	Reduced number of postponements/rejections on Joint Day from the Anaesthetic Pre-Assessment.	Review of data
To identify a Freedom to Speak up guardian	Freedom to Speak up guardian in post and advertised	Progress report

Patient Stories

Patient came in for Total hip replacement

Website enquiry received from patient on 10.11.17. She was on a long waiting list at St Marys Hospital IOW for a total hip replacement operation. Patient was very depressed as her once active life was on hold. She could no longer bear any weight on her right leg and was in horrendous pain. She was also trying to care for her poorly husband who was struggling to cope. The pain killers she had been prescribed were making her feel very unwell and she was desperate for her surgery as soon as possible.

A friend recommended our centre after having had outstanding treatment themselves under the care of Mr Flood.

Patient Relations Facilitator made contact with patient and a referral was promptly arranged to our service. Mr Flood triaged the referral upon receipt and she was seen in clinic by Mr Flood for assessment on 24.11.17. Patient received her total hip replacement surgery on 8.1.18.

Patient is recovering well and could not thank Mr Flood and the ISTC team enough for making her life bearable again. Patient also thanked the Patient Relations Facilitator for being there to help at just the right time.

Patient came in for a Total hip replacement

Patient underwent total hip replacement surgery on 13.1.18.

The surgery has been a complete success and changed the patient's life

Patient has regained a quality of life he has not had for many years. Post-surgery, patient travelled to Norway on holiday and successfully climbed 418 steps to the top of Mount Aksla in Alesund, Norway and then back down again.

Patient sent in some photographs to support his epic climb along with a letter of thanks to his surgeon and post-operative care team.

North East London Treatment Centre

Details of current year (April 2018 – March 2019) local quality priorities

What are we were trying to improve?

- Friends and Family response scores

Why we are 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.

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

Local outcomes

	Local results	National results
NJR	Total Ops = 511 Hip = 194 Knee = 313 Consent rate = 100%	NHS Total = 129414 Hip = 61059 Knee = 61249 Consent = 93% Independent total = 83161 Hip = 38928 Knee = 42,434 Consent = 95%
PROMS	Hip Replacement Surgery– Oxford Hip Score: 22.36% Knee Replacement Surgery – Oxford Knee Score: 16.28%	22.60% 17.14%
VTE	99.779%	95.60%

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

What are we were trying to improve?

To reduce the number of falls experienced by our patients, educate our staff and develop strategies to improve assessment and education of patients.

What will success look like?

Reduction in falls rates

How we will monitor progress

Review the number of falls monthly

Patient Stories

It has been many years since I have been in hospital and when I received my appointment it was not something I was looking forward to. After reading all the doom and gloom in the press about the NHS.

This apprehension though was uncalled for. Although not leaving pain free, my stay was an experience.

From the time I entered until the time I left everybody I came into contact with made me feel as though I was the only patient in the hospital.

Each and everyone showed me so much patience and professionalism. I have a big problem with my hearing that hearing aids are no help and most of the people when communicating with me have to write to get a reply.

That was no problem to any in Kingfisher and that gave me a good feeling. One thing that came across was that all the staff seemed so happy.

I would be grateful if you would pas my feelings on to Kingfisher Ward and let them know at least one person is happy with the NHS.

Many thanks to all involved especially Kingfisher.

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 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 2018 – March 2019) local quality priorities

What were we trying to improve?	What did success look like?	How did we monitor progress?	Outcomes
Flu immunisations	75% immunisation of frontline healthcare workers	85% frontline healthcare workers received the flu vaccination	Priority Achieved
Dignity Audits	All areas will have implemented actions identified from dignity audit	Dignity audit completed and actions identified for all areas	Priority Achieved
Maintain 0% bacteraemia MRSA C. difficile	0 reported incidents	0 reported incidents in this reporting period	Priority Achieved
Quality Assurance Review	Overall quality improvement resulting in less QA recommendations	Quality review carried out in August 2018, quality improvement required in relation to medicine management, introduction of a Pharmacy Assistant on site ensures our medicine management quality assurance has improved.	Priority Achieved
Patient reported hand hygiene responses	85% of healthcare workers will be seen decontaminating their hands as reported by patients	Patient hand hygiene audits carried out results were all >93%	Priority Achieved
Local Safety Standards for Invasive Procedures (LocSSIP's)	Quality and assurance process will be followed	LocSSIP's implemented during this reporting period - Correct lens selection, Digital tourniquets and Scheduling.	Priority Achieved

What else did we achieve in 2018?

- Continued Friends and Family results with >95% of patients would recommend St Marys Treatment Centre.
- New Endoscopy equipment purchased (Olympus stack and scope) required for increased activity and age of equipment.
- Good results and feedback from the Patient Led Assessment of the Care Environment (PLACE)
- New team members in 2018 have included Theatre and Outpatient leads and part-time Pharmacy assistant.
- New Ophthalmology equipment purchased to support the growth of the service.
- Continued support to GP's with the Implementation of the new Electronic Referral system with open days for GP surgeries to visit St Marys Treatment Centre.
- JAG accreditation (standards for endoscopy services) completed.
- Air conditioning units installed in patient areas.
- Pisces efficiency tool has shown continuous performance/trend improvements both Clinically and administratively throughout 2018.

Local outcomes

	Local results
VTE	0 Known VTE 2018
Complaints	0.07%
Incidents related to patient harm	0.03%

Details of next year's priorities - April 2019 – March 2020

What are we trying to improve/ initiate?	What will success look like?	How will we monitor progress?
Introduction of a new Laser eye service.	New service embedded into current practice.	Quarterly review of this service and patient feedback
Changes to the Day Surgery ward	To equip with an admitting/discharge Endoscopy unit including en-suite which will ensure patients privacy and dignity	Patient experience feedback and Visual inspection of changes made.
Maintain <5% surgical site infections	<5% infection rate	Monthly reporting
To review the National Confidential Enquiry into Patient Outcome and Death (NCEPOD) common themes report and implement relevant actions.	Action plan implemented and actions reviewed/completed.	Monthly review at Governance meetings
Maintain 0% bacteraemia MRSA C. difficile	0 reported bacteraemia infections	Monthly reporting
Flu immunisations – 75% immunisation of frontline healthcare workers	75% immunisation of frontline healthcare workers	Review data during flu vaccination periods.
Assisting the local Trust to ensure patients are seen in a timely manner	Good working relationship with the local Trust focusing on patient experience, safety and clinical effectiveness.	Regular meetings with the local Trust.
Dementia assessment to be carried out.	Assessment completed and actions implemented.	Monthly review at Governance meetings.

Patient Story

Today I received a Gastroscopy at the centre and I just wanted to take the time to thank and praise all of the members of staff that worked with me today.

I suffer with anxiety especially when it comes to medical situations however everyone from the moment I arrived in reception up until the moment I left the building was really helpful and understanding.

I especially want to thank the members of staff who were with me during the procedure who attempted to make me calm down by talking to me about my interests and encouraging me all the way, especially when I began to panic.

Although I'm not in a hurry to receive another Gastroscopy, if I ever end up needing another one, I hope it's with the same team of people!

A big thank you to everyone and keep up the incredible work!

Barlborough Treatment Centre

Details of current year (April 2018 – March 2019) local quality priorities

1. Dignity

What are we were trying to improve?

- Raise and promote dignity in care

Why we are trying to improve

- Improve patient experience
- Share good practice
- Work in line with the National Dignity Councils guidance and or initiatives

How we monitored progress

- Actions completed from internal meetings.
- Number of staff signed up to be a Dignity Champion
- Feedback from patients and relatives
- Completed Q1, Q2 and Q3, still working to complete Q4

2. Autism

What are we were trying to improve?

- Patient experience
- Understanding and awareness

Why we are trying to improve

- To ensure we deliver personalized individualised care

How we monitored progress

- Patient feed back
- Proxima
- Staff training
- Completed Q1, Q2 and Q3, still working to complete Q4

3. Improvement of health and wellbeing of staff

What are we were trying to improve?

- Active uptake of the flu vaccination by clinical and non-clinical staff
- Staff wellbeing

Why we are trying to improve

- Reduce risk of transmitting infection to patients
- Support staff to remain healthy
- Support staff to access support with health and wellbeing

How we monitored progress

- Number of vaccinations administered compared to previous year
- Completed Q1, Q2 and Q3, still working to complete Q4

4. Reducing the impact of serious infections (anti-microbial resistance and sepsis)

What are we were trying to improve?

- Early recognition and management

Why we are trying to improve

- Reduce the risk of a potentially life threatening condition

How we monitored progress

- NEWS2 training
- Datix
- Completed Q1, Q2 and Q3, still working to complete Q4

Local outcomes

	Local results
NJR	Number of ops - 889. Consent rate 99%
VTE (%)	January 100 February 98.3 March 100 April 90.4 May 97.3 June 99.1 July 99.6 August 99.1

PROMS

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

Details of next year's priorities - April 2019 – March 2020

1. Dignity

- **Increase the number of dignity champions within the treatment centre focusing on non-clinical staff to be involved.**
- **Increase number of Dementia friends again focus on non-clinical staff**
- **Maintain regular meetings and support staff to attend and participate**
- **Support national initiatives relevant to the treatment centre**

2. Autism & Learning Disabilities

- **Create and implement robust pathways for capturing and supporting patients attending the treatment centre**
- **Delivery relevant training to staff**
- **Raise awareness within the treatment centre**
- **Support staff to sign up to be `Treat Me Well` champions in support of transforming how we support patients with Autism and Learning Disabilities in NHS hospitals.**

3. Supporting health and mental wellbeing of staff

- **Support the flu vaccination campaign, provide local flu vaccination clinics for all staff at the treatment centre**
- **Support staff to maintain health & mental wellbeing**
  - **Health & wellbeing checks**
  - **Physical activities for teams and individuals**
  - **Support national Mental Health Awareness Day 2019**

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Patient Stories

Patient 2018
After having my surgery at the Barlborough NHS Treatment Centre, my recovery was not as I expected.

This was down to my high expectations I am sure but it was a real struggle.

I contacted the hospital to express my concerns and they were truly amazing.

I was invited back to the hospital and met with the nursing team and the head of nursing.

I explained the symptoms and I felt so fortunate in being able to explain and being listened to.

They carried out several tests which included taking blood to check for my iron levels and also to make sure that I did not have an infection.

My blood pressure, temperature and pulse were taken and I was asked about my pain and if I had effective pain relieving medication.

I was able to explain that it was the pain at night that prevented me from sleeping and as a result I had little or no energy at all.

I had become very distressed and emotional and considering I was 13 weeks post-operative following my hip replacement, I felt that I had made a huge mistake in having the operation. This visit and subsequent visits turned my life around.

I was given further medication by the pharmacist that enabled me to sleep. I was given advice on foods rich in iron to supplement my medication.

Knowing that my iron levels were a little on the low side helped my understanding as to why I had felt so tired.

My results were sent onto my GP and the hospital made weekly calls and invited me back for further consultations with the Nurses where I was given fantastic advice and told not to expect too much of myself.

"Take each day as it comes and allow by body to dictate what I can or cannot do "

I am so very grateful for the support given to me by the team at Barlborough. They have gone above and beyond.

Patient 2018
I am not a "Spring Chicken" but an 82 year old and when asked by my GP where I would like to go, my immediate response was Barlborough where I had my right knee replaced in 2016 and I now needed a left knee replacement.

I asked for the same surgeon (and told him I needed a matching one!!) I had my initial examinations (MOT as I call it) on 24th May and later received a convenient date of 23rd July for the operation.

On the day of surgery I went down to the operating theatre at 9 a.m. and was back in my ward eating sandwiches and drinking tea at 11am.

The care and attention by every member of staff from the top to the bottom is second to none.

I was allowed to stay three nights until I felt comfortable to return home in the care of my husband. I shall return to Barlborough next week for my six week "check up".

My left knee is looking and feeling as good as my right knee and I have tried to do everything they advised me to do (except perhaps reduce medication that I felt I did not need) and I am happy with the result.

Will Adams Treatment Centre

Details of current year (April 2018 – March 2019) local quality priorities

What are we were 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, minimized 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	NA
VTE	98%
Complaints	0.09%
Incidents related to patient harm	Low = 25 Moderate = 2 Severe/death = 0

Details of next year's priorities - April 2019 – March 2020

What are we were trying to improve?
- Privacy and dignity following our PLACE audit identifying a failure to provide secure storage for patients' valuables
- Reduction of cancellations remain a focus point

Why we are trying to improve
- Each patient offered and able to use a secure storage facility
- Improved patient experience and an effective and efficient service is provided and ensuring optimal use of the resources.

How we will monitor progress
- Implementation and monitoring of usage of storage facilities
- Monthly monitoring and reporting of cancellation rate KPI.

Patient Story

Situation

The patient had required an umbilical hernia repair for many years but suffers from white coat syndrome and was told he could die under anaesthesia and he made the decision not to go ahead.

A few years later he attended a hospital and was unable to have surgery due to his anxiety.

What happened

The patient and his wife decided it was time for him to have surgery. The patients GP set him up with a blood pressure monitor at home.

The patient wanted to have the operation as soon as possible and looked at private providers until his friend recommended Will Adams Treatment Centre as he had the same procedure.

Changes

The patient contacted the centre to find out about waiting times and was informed about Self Pay. Within a week he has been seen for his pre operative assessment.

The patient wished for the process to be quick which is what it was able to be. Due to the confidence and trust he had built with the staff and centre despite his wife thinking he 'would bolt' on the day he was able to go through with the procedure.

He said the process was quick and smooth and like having the post op phone call the following day.

Patient Benefit

The patient said he benefited from a quick service which helped his anxiety, he felt that due to the professionalism, friendliness and reassurance from staff he was able to go ahead with his procedure within a quick timeframe.

He will now also not be self conscious of the hernia when taking holidays at the beach now.

Emerson green and Devizes Treatment Centres

Details of current year (April 2018 – March 2019) local quality priorities

1. Working to improve the health and wellbeing of our employees through achieving a greater understanding of their perceptions and needs within their roles.

What are we were trying to improve?

We aim to undertake two employee surveys over a two year period; the first will gauge and benchmark our current position on how staff view areas of musculoskeletal health and stress in the workplace. This will enable us to take any relevant action to help improve this position.

What does success look like?

Achieving a 5 percentage point improvement in the survey questions on health and wellbeing, MSK and stress.

How we monitored progress

In order to establish a baseline in year 1 we surveyed all staff in June 2017. The following questions were asked:

- Does your organisation take positive action on health and wellbeing?
- In the last 12 months have you experienced musculoskeletal problems as a result of work activities?
- During the last 12 months have you felt unwell as a result of work related stress?

What we achieved

Survey circulated to all staff, 69 responses received – 33% response rate (210 staff surveyed).

2. Working to protect our patients and visitors through minimising the risk of contracting influenza whilst visiting our centre – we aim to do this through increasing our employee uptake of the influenza vaccine and increase patient awareness in how they can assist in preventing the spread of infection. This is in line with our Commissioners national 2 year CQUIN.

What are we were trying to improve?

Through increased vaccination of our frontline employees, we hope to minimise the risk of vulnerable patients contracting the virus whilst 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 aim is to increase vaccination to at least 75% of our staff, by the end of year 2, in the lead up to the flu season. We will do this through education of staff around the importance of vaccination and ensuring ease of access to vaccination clinics throughout the working day.

How we monitored progress

- Year 1 - Achieving an uptake of flu vaccinations by frontline clinical staff of 70%
- Year 2 - Achieving an uptake of flu vaccinations by frontline clinical staff of 75%

Year 1 = We identified 181 frontline clinical staff across both Treatment Centres – Emerson Green and Devizes. Of the 181 staff identified, 31 staff opted out which left 150 staff remaining.

Staff training and awareness around influenza was delivered throughout the year to encourage all frontline staff to uptake the flu vaccination (see attached training and staff awareness information).

3. Preventing ill health by risky behaviour – alcohol and tobacco.

What are we were trying to improve?

To identify all smokers and record levels of alcohol consumption to be able to provide patients with informed choices and information about cessation.

What does success look like?

- To ensure that all patients are screened for smoking status when they first present as an outpatient and ensure the results are electronically recorded.

- That those identified are given smoking cessation advice and a leaflet and this is recorded in patient notes and offered referral to smoking cessation.
- That all patients who are admitted are screened for alcohol consumption and results are recorded in the patient's notes.
- Those eligible identified patients are given brief advice and referred to specialist alcohol services.

How we monitored progress

All staff have been trained to give brief smoking advice to all patients that are identified as smoking. Once this is done the smoking box is ticked on the patient electronic records. This is not ticked unless both smoking is identified and advice has been given. We can confirm that for Q2, 100% of patients were asked their smoking/ alcohol status and offered referral where appropriate.

4. Commitment to healthy food for NHS staff, visitors and patients

What are we were trying to improve?

A commitment, in line with national recommendations, to improve healthy choice food options for patients and staff and a reduction in sale and promotion of sugary drinks and food high in fat, sugar or salt.

What does success look like and how we monitored progress?

2 year plan in line with our CCG CQUIN

In Year One (2017/18)

a) 70% of drinks lines stocked must have less than 5 grams of added sugar per 100ml. In addition to the usual definition of SSBs it also includes energy drinks, fruit juices (with added sugar content of over 5g) and milk based drinks (with sugar content of over 10grams per 100ml).

We can confirm that all vending machine drinks are sugar free. Cafeteria sold fruit juices and milk based drinks have <5g added sugar per 100ml

b) 60% of confectionery and sweets do not exceed 250 kcal

We can confirm that 100% of confectionary and sweets do not exceed 250 kcal

c.) At least 60% of pre-packed sandwiches and other savoury pre-packed meals (wraps, salads, pasta salads) available contain 400 kcal (1680 kJ) or less per serving and do not exceed 5.0g saturated fat per 100g.

We can confirm that >60% of pre packed sandwiches and other savoury pre-packed meals contain 400 Kcal or less per serving and do not exceed 5.0g saturated fat per 100g

Update for year 2

In Year Two (2018/19):

The same three areas will be kept but a further shift in percentages will be required

a) 80% of drinks lines stocked must have less than 5 grams of added sugar per 100ml. In addition to the usual definition of SSBs it also includes energy drinks, fruit juices (with added sugar content of over 5g) and milk based drinks (with sugar content of over 10grams per 100ml).

b) 80% of confectionery and sweets do not exceed 250 kcal.

c) At least 75% of pre-packed sandwiches and other savoury pre-packed meals (wraps, salads, pasta salads) available contain 400 kcal (1680 kJ) or less per serving and do not exceed 5.0g saturated fat per 100g.

How we monitored progress

Co-designed by a patient team we implemented 6 x Always Events:

Admission

1. I will always know what the "outpatient hand-held buzzer" is for and what to do with it.
2. I will be always be updated if I am kept waiting

Inpatient

3. I will always have the opportunity to asked questions during ward round.
4. I will have a realistic idea of when I will be discharged and be included in the decision.

Discharge

5. I will always know what my TTO medication is and when to take it.
6. I will always know where to contact if I have any concerns.

6. Quality reporting

During 2018 we restructured our quality reporting processes to ensure that all information was captured and presented in a clear way to our CCGS, evidencing lessons learning, actions plans and patient experience feedback in decision making around quality.

7. Risk Meetings

During 2018 we implemented a monthly risk meeting. This is a multi-disciplinary meeting where Senior Management and Heads of Departments attend and all staff are invited, when clinically able. All Datix's reported over the month are discussed in a no-blame culture to establish root causes and implement actions where appropriate. All action plans remain on the agenda until completed to ensure that the learning is embedded. The risk register is also discussed at every meeting to monitor progress, actions and risk rating.

Local outcomes

	Local results
NJR	All Knee replacements (Standardised Revision ratio- A ratio of 1 is as expected, 2 would be twice the expected, 0.5 half of the expected). This compares favourably to the England average. All Hip replacements (Standardised Revision ratio- A ratio of 1 is as expected, 2 would be twice the expected, 0.5 half of the expected). This compares favourably to the England average.
PROMS	Total Knee replacements Patient reported outcomes were well within the expected range. The results below compares favourably to the England average. Total Hip replacements Patient reported outcomes were well within the expected range. The results below compares favourably to the England average.
VTE	100%
Complaints	Emerson Green total = 33 Devizes = 9 All complaints were acknowledged within three working days, investigated and responses sent within 20 working days.
Incidents related to patient harm	Emerson Green = 17 Devizes = 3 All safety incidents are investigated and discussed at our monthly MDT risk meeting where actions are implemented and monitored. There were no reported safety incidents that contributed to moderate or serious harm this year. All incidents were no or low harm. There have been no reported serious incidents this year.

Details of next year's priorities - April 2019 – March 2020

1. Launch an Internal Quality Improvement Academy

What are we trying to improve?

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

What will success look like?

Quality improvement efforts can be large or small, simple or complex and involve few or many people. Having as a treatment centre adopted a no-blame, learning culture, the quality academy facilitates the opportunity for staff to make meaningful improvement changes for patient experience and outcomes.

How will we monitor progress?

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

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

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

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

2. Always Event

To continue the implemented Always Event and replicate its success in other areas.

3. Deteriorating Patient Quality Improvement Project

What are we trying to improve?

To detect and transfer (if appropriate) a deteriorating patient at the earliest opportunity.

What will success look like?

To increase staff awareness of deteriorating patients through training and education in a low risk elective surgery centre.

How will we monitor progress?

To establish a team who will implement a QI project focusing on the primary drivers:

- Detect deterioration
- Communication
- Measurement and communication of compliance
- Improve situational awareness

The team will also use the implementation of NEWS 2 and SBAR handovers within the project.

Patient Story

He's started so he'll finish

A Bristol marathon runner and author is back pounding the pavements after surgery to give him a new knee.

Mr Phil Hewitt, a 73-year-old veteran of 15 marathons, including three in London and one in New York, had his left knee joint replaced at Emersons Green NHS Treatment Centre.

He said: "Thirty years of long-distance running on pavements eventually caught up with me. At one point I was running 100 miles each week.

"Around six years ago I started to get pain in my left knee. It got worse and eventually I had to give-up running, which had been such an important part of my life. In 1985 I had a book published, I've Started So I'll Finish, which chronicled my life of running and the wonderful effects it had on my life and wellbeing."

The discomfort increased: Mr H could no longer kneel, and bending his knee became impossible. He and his GP agreed that it was time for the knee to be replaced, so he was referred to Emersons Green NHS Treatment Centre and he has not looked back.

He said: "Everyone was wonderful. I was so impressed I wrote to the Bristol Post to praise the team. Hospital director Rob Thomas read my published letter and invited me in to the centre to say thank you to me and to give me a tour of the centre."

Mr Hewitt is back to his new passion: walking. He clocks up an average of eight miles a day, enjoying the beautiful scenery of the Wye Valley or walking from Aust to Chepstow to meet friends for lunch.

Rob Thomas said: "I am delighted that Mr Hewitt is back doing the things he loves, pain-free.

The pain of bone rubbing on bone, as arthritis causes the joint to deteriorate, can be excruciating. It can cause people to miss work, struggle to sleep and have to give up long-held hobbies.

"The good news is there is no need to suffer. Our waiting times for treatment are very short, with NHS patients having an average wait of eight weeks between us receiving their GP's referral letter and having their operation.

"It is incredible to think that in just eight weeks time people could be on the road to recovery - to once again be pain-free and enjoying their lives and loves."

St Mary's UTC, Royal South Hants MIIU and Havant Diagnostics

Details of current year (April 2018 – March 2019) 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 – changing from the current navigation system to ensure every patient is seen within 20 minutes and offered health promotion advice and the most appropriate care.	Improving the patient pathway by ensuring they receive the most appropriate care that is required and receives appropriate health promotion advice.	Ensuring initial assessment is completed <20 minutes from arrival, collating data from patients arrival time to time first seen.	98% of patients were seen within 20 minutes of arrival time. Patient leaflets including "choosing a healthier lifestyle", "smoking cessation" and "healthier eating" available and offered to patients.– Priority achieved
Diagnostics – to explore the reporting radiographer role within x-ray	Exploring the University Appendicular Course which when completed will allow for a reporting radiographer.	University course explored and relevant staff identified, this is an ongoing priority and will be carried over into 2018/19.	Ongoing – 2019 priority

Local outcomes

	Local results
Complaints:	
SMTC UTC and RSH MIU	0.29%
SMTC / Havant Diagnostics	0.15%
Incidents related to patient harm:	
SMTC UTC and RSH MIU	0%
SMTC / Havant Diagnostics	0%

Achievements in 2018

During September 2018 the Minor Injuries Unit at St Marys Treatment Centre was changed to become an Urgent Treatment Centre enabling the 111 service to directly book into the centre using the upgraded Adastra system, the centre are now treating more complex medical cases.

During this reporting period there has been a 20% increase in the number of patients using the service which is assisting the local Trusts Emergency Department and localised GP practices.

Diagnostics upgrade of the PukkaJ imaging system allowing timely re-call for echocardiogram and ultrasound patients at St Mary's Treatment Centre Diagnostics department and at Havant Diagnostics

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
Diagnostics – to explore the reporting radiographer role within x-ray	Turnaround time for reports and accuracy and support for MIU/ UTC 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 for clients, X-ray and UTC staff.
Reduction in Antimicrobial Prescribing	A 1% reduction in antimicrobial prescribing in the Urgent Treatment Centre and Minor Injuries Unit	To help prevent the development of resistance to antibiotics.	% of total number of patients seen/prescribed antibiotics in 2017/18 v 2018/9.

Patient Testimonials

I went to St Mary's Treatment Centre on the 6th March 2018 for an Echocardiogram. I can't complement enough the lady who carried out my examination. Very professional, helpful and funny at the same time. Unfortunately I don't remember her name but I hope she will get rewarded for this. Big thank you again.

I should like to say a very big thank you to the doctor and staff at St Mary's Walk in Centre who treated my husband on Wednesday 17 January. He received excellent treatment and was able to make a good recovery from further treatment at QA. My daughter and I are extremely grateful for all your care and attention. Thank you for being there for us in a time of need.

Rochdale Opthalmology CATS

Details of current year (April 2018 – March 2019) local quality priorities

What are we were trying to improve?

- Rochdale Ophthalmology Cats is trying to further improve patients services by introducing one stop clinics for Cataract, Glaucoma and Age Related Macular Degeneration
- Provide Sedation List for Cataract surgery and Lens implant patients.

Why we are trying to improve

- We are trying to reduce patients' journey, particularly the elderly and at the same time be more efficient.
- The choice of sedative anesthesia meant that the patients no longer had to be referred out of Rochdale ophthalmology CATS service.

How we monitored progress

- One stop clinics now established .
- Collecting data for analysis to identify good practice and areas that require further improvement.
- Patient Satisfaction Survey /Family Friend Test

Details of next year's priorities - April 2019 – March 2020

What are we were trying to improve?

- Expansion of AMD services
- Opportunity for Glaucoma Patients to have iStent treatment to reduce Intraocular Pressure.
- (iStent is a microscopic trabecular bypass implant)

What will success look like/

- Provide more capacity to assess and treat Wet Macular Degeneration so as to prevent sight loss
- To reduce intraocular pressure and to reduce the use of eye drops to treat Glaucoma

How we will monitor progress

- Staff and Patient satisfaction Survey
- Audit reduction in intraocular pressure
- Evaluate clinical outcomes

Local outcomes

	Local results
NJR	NA
PROMS	VA better than 6/12 = 97% better than 6/9 = 92%
VTE	NA
Complaints	One patient complaint as booked to see specific consultant in clinic but due to operational issues saw a different consultant
Incidents related to patient harm	One case of Endophthalmitis post Intravitreal injection of Eylea to treat Wet AMD by Ophthalmic Nurse Specialist 2014 to 2018

Patient Story

Female patient, aged 78

Situation – what the patient came in for?

Originally, Mrs. Cooper was recommended by Mr.Vose , Consultant Ophthalmologist to attend The Croft Shifa Health Centre , Rochdale. She had , had cataract surgery with lens implant to both her eyes at Preston Royal undertaken by Mr. Vose and subsequently was found to have borderline glaucoma. Mr.Vose no longer has clinic sessions at Preston Rpoyal . She has had good experience with Mr. Vose and was prepared to travel to Rochdale and would like to continue to see him.

What happened – details of what happened – was it a positive experience, did something go wrong etc.?

On the 9th of January 2018, Mrs. Cooper saw Mr. Vose at The Croft Shifa Health Centre and was given a follow up appointment to see him. On the 14th of August 2018 when she attended her follow up appointment she saw another Ophthalmologist who requested for her to be reviewed in four to six weeks time by Mr.Vose.

Mrs. Cooper arrived on the 13th of November for her appointment and was disappointed that she did not see Mr. Vose. She was prescribed Guttae Lumigan nocte to her left eye and was given another appointment for a month's time.

Again, she did not see Mr.Vose. She was concerned as her eyesight was not as good and she was unable to read the newspaper. On examination she was found to have posterior capsule opacity which sometimes occured after cataract surgery. At this stage, she was very disappointed and I was informed by the receptionist.

Mrs. Cooper was listed for Bilateral Yag Capsulotomy

Changes – were any changes made? If so, what changes? Was it decided to keep the processes exactly as they are, and if so, why?

I apologised to Mrs. Cooper and explained to her that Mr. Vose does not have that many clinic sessions and that he does not work on a Friday.

Mrs. Cooper was very anxious about her eyesight. I asked one of the Administrative Staff to see she could have the Yag Capsulotomy soon. An appointment was found for the following Monday (17th of December 2018) which meant that she does not have wait.

I explained that the laser therapy will not be performed by Mr.Vose and informed her that it would be Mr. Tin-u. She was aware who was Mr.Tin-u and was delighted.

It is not always possible for any patient to see a specific Consultant , the patient is familiar with. However, explanations could have been given to the patient prior to the clinic appointment.

Patient benefit – how the actions or non-actions benefitted the patient and will benefit future patients?

Mrs Cooper was seen on Friday the 14th of December and was given an appointment for Yag Capsulotomy for the 17th of December 2018.

She said her eyesight has improved and that she can drive and can see better than her husband. She can also read without glasses with good lighting.

She is very grateful to me and she praised the Staff.

Key stakeholder feedback

NHS Bristol, North Somerset & South Gloucestershire CCG

The quality account was shared with both Gloucester CCG and NHS England contract representatives who had no comments but noted on the quality of the report.

Will Adam's Patient Forum

The group liked the quality account and thought it was very patient focussed. They were pleased to see the feedback from PLACE included about storage of property.

NHS Southampton City CCG

Southampton City Clinical Commissioning Group (CCG) is pleased to comment on Care UK's Quality Account for 2018/19. 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.

The Quality Account clearly outlines the organisation's commitment and approach to quality and its drive to be open and transparent with patients, families and commissioners. It also demonstrates the commitment to make improvements where needed and to continuously share learning.

Good progress has been made against the 2018/19 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 the priority linked to complaints management, there has continued to be a relatively low number of complaints received locally, although it is evident that further improvements need to be made to ensure acknowledgements and responses are provided within agreed timescales.

Commissioners note the excellent performance, for both the Southampton Treatment Centre and the Royal South Hants Minor Injuries Unit, in relation to the uptake of the winter flu vaccinations. This has been included as one of the priorities for 2019/20 and, although not as relevant to the Southampton based Teams, it is evident that improvement is a priority in other areas of Care UK.

It is positive to see that the Quality Assurance Programme continues to deliver excellent results within Diagnostic Services. Also feedback from the Friends and Family Test (FFT) shows that over 96% of patients would recommend Care UK and this performance has remained consistent over the last twelve months.

We would like to have seen the inclusion of more workforce, recruitment and retention activity, particularly as clinical and administrative vacancies has continued to be highlighted on the local Treatment Centre Risk Register over the last twelve months. This should be an area for further consideration in future Quality Accounts.

The Quality Account outlines five new overarching priorities for improvement during 2019/20. 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, the Quality Account also includes, as it has done in previous years, clear measures against each of the priorities. The CCG is pleased to see the inclusion of a priority linked to improving identification and monitoring of incidents through a review of the Datix incident reporting system, as this will provide a good mechanism for continuous learning and improvement. We also look forward to see the progress made in relation to the other priorities identified.

In addition to the overarching priorities, the Appendix provides additional information relating to local area updates and priorities for 2018/19. The CCG welcomes this format as a useful way of being able to pick out areas most relevant to them. We were pleased to see the local priorities for Southampton Treatment Centre include the identification of Freedom to Speak Up Guardians, in response to the Gosport Independent Panel Report; one of the new Quality Account requirements.

The priority to improve the responsiveness of the 24 hour helpline and the engagement of administration staff in the governance process at the Southampton Treatment Centre is a welcomed focus. This has been a key concern over the last few months of 2018/19 and is an area where the CCG would like to see significant improvements.

This, linked with the disappointing referral to treatment (RTT) performance during the year, emphasises the need for clear processes to enable continuous monitoring of the quality impact on patients, when performance is not at the expected level. Care UK has made a good start on this through a recent quality review of patients on their waiting list; which has identified several pathway issues and highlighted areas for improvement. This should be a key area for improvement over the coming year.

Throughout the Quality Account it is evident how extensively Care UK work with other organisations and key stakeholders to share learning and drive quality improvements. We have seen this in practice through CCG attendance at internal governance meetings. This further supports the view that Care UK continues to be an open and transparent organisation with excellent relationships with local CCG's.

We would like to commend Care UK and in particular the Southampton Treatment Centre on the 'Outstanding' rating received from the recent Care Quality Commission (CQC) inspection. This is a great achievement and an improvement of the previous rating of 'good.'

As required, Care UK has reported against the core set of performance data, required for Independent Providers, within this Quality Account and the majority of areas are performing well. Overall, this is a well written, easy to understand Quality Account which reflects on the achievements of Care UK over the last twelve months, both locally and nationally. 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 many patient stories and this should continue to be commended as good practice.

Southampton City Clinical Commissioning Group is satisfied that the Quality Account for 2018/19 meets the national requirements and look forward to working closely and supporting Care UK over the coming year in continuing to drive quality improvements within its services.

NHS Somerset Clinical Commissioning Group

Somerset Clinical Commissioning Group (CCG) has reviewed Care UK 2018/19 Quality Account "Commitment to Quality" in Secondary Care report, the CCG reviewed the report in light of key intelligence indicators and the assurances sought and given in the clinical outcomes and quality assurance review meetings attended by Care UK and Somerset CCG. Somerset CCG is disappointed that the Quality Account are not an accurate reflection of the year 2018/19 and the data contained is historic over 12 months and out of data.

The CCG have a good working relationship with Shepton Mallet Treatment Centre, Somerset CCG regularly reviews the quality and safety of its services using a broad range of quality indicators, these include the priorities that were identified for 2018/19 as part of the Commissioning Quality and Innovation (CQUIN) framework agreed with the Treatment Centre along with national and local indicators. The CQUINS agreed with NHS Somerset CCG for 2018/19 included a focus on:

I. Improving the uptake of flu vaccinations for frontline clinical staff. Target 75% of staff

II. Personalised care Personalised care and support planning

III. Developing and reporting of quality standards in the Minor Injury Unit

The CQUINS target of staff uptake of flu vaccination has been achieved at 76%. Personalised Care and Support Planning has focused on the quality of conversations with individuals and support people to develop the knowledge, skills and confidence to manage their health and wellbeing. The CQUIN asked in patients who were over 70 years old and Total Knee replacement patients aged 75 years, about their understanding of their own health condition their awareness, this has been achieved.

The Minor injury Unit Quality Indicators development has been partial achieved.

The Accounts need to summarise the final achievement in areas identified, without this the public are not able to evaluate the success or not.

Shepton Mallet Care UK achieved the 18 week Referral to Treatment Target for the whole of 2018/19, with an overall average performance of 98.52% against the 92% national standard.

There were 6 breaches throughout 2018/19 where Care UK did not achieve the 99% 6 week diagnostics target; however despite this the average yearly performance only narrowly missed the standard with overall performance being 98.70%.

Transport to the site at Shepton Mallet can be challenging due to changes in local bus routes, the treatment centre has its own mini bus and taxi service for patients to get to appointments and home again.

NHS Somerset CCG has monitored the safety, effectiveness and patient experience of health services provided by the Treatment Centre during 2018/19, local people continue to choose the services they offer and feel safe in their care. Just under 5.5% of referrals were rejected , the Treatment Centre confirm 50% of the rejected procedure are commonly vasectomy and skin lesions and advised local GP currently send funding request to the CCG at the same time of the referral to SMTC, this does result in raised expectations by individuals whom may attend an OPA without funding confirmed

Patient Safety: The Treatment Centre at Shepton Mallet has a good patient safety culture, ahead of the national recommendation timeframe Care UK introduced the updated National Early Warning Score (NEWS2) tool to identify and act on signs that a patient is deteriorating, for example changes in systolic blood pressure or pulse rate, is a key patient safety issue. The National Early Warning Score (NEWS) determines the degree of illness of a patient and detection of clinical deterioration in acutely ill patients, this is a important patient safety tool.

The Shepton Mallet Centre has reported no serious incidents during 2018/19.

Clinical Effectiveness: The care and treatment at the Treatment Centre has been provided in line with national guidelines, including those of the National Institute for Health and Care Excellence, and Royal Colleges. The Treatment Centre has also undertaken local best practice audits relating to effectiveness of ward rounds and a project of identify further understanding of individuals who do not attend appointments. The staff turnover in December 2018 was reported at 22.58% and not where the Treatment Centre would want to be, the recognised target is 10-15%.

There were no Hospital Acquired MRSA infections or C difficile infections and no mixed sex accommodation breaches.

Patient Experience: It is good to see the development of the website of the Shepton Mallet Treatment Centre which now offers helpful information to individuals about treatment, waiting times and preparation for surgery, http://www.sheptonmallettreatmentcentre.nhs.uk/.

NHS choices report very positive feedback with 101 responses and 98% positive and a rating of 5 stars. It is also good to see social media being used with examples of the feedback, comments and questions that have been posted and how Care UK has taken these into account when making improvements or measuring quality. Shepton Mallet Unit receive a small number of complaints, they have a commitment to sensitively managing all concerns.

Quality Improvement Priorities for 2019/20: The Quality Account demonstrates Care UK's commitment to Quality Improvement 10% of eligible hip and knee

arthroplasty patients are discharged within 24 hours. The Day Case enhanced recovery pathway for Total Hip replacements, has been discussed with the CCG and the treatment centre has been asked to share the risk assessment of the day case pathway.

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