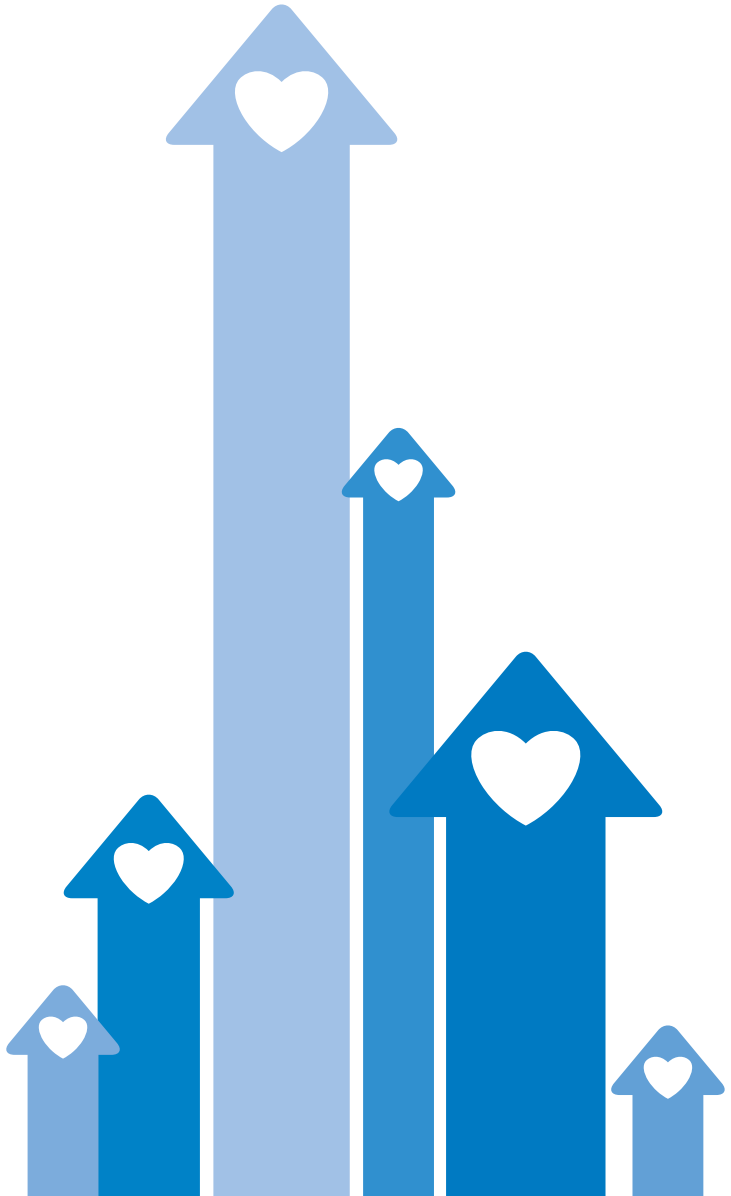
Best quality, best practice and best outcomes



Commitment to quality in the patient experience

Foreword by Jim Easton

Quality matters to patients – whether it's the outcome of a medical procedure, the overall experience of care, or the safety of the process. It also matters to us, as the largest independent sector provider of care on behalf of the NHS.

We provide a diverse range of NHS services, from GP services in and out of hours, to walk-in centres and urgent care centres providing people's first point of contact with care, often when they feel anxious and unwell. We deliver diagnostic services offering fast answers about the nature of a patient's condition, through to elective surgical services that provide planned procedures to improve people's lives. Then there are our offender health services, providing care to some of the most vulnerable people in the country.

Quality of care is a common thread that runs through all of these services. We can already demonstrate excellence in service provision, with our zero infection rates in surgery, and the recognition of external quality organisations like Dr Foster, who named us as the best provider of hip replacements in the country.

Despite this, we are committed to improving quality on a continuous basis, and in working to achieve national leading quality benchmarks across all our NHS services.

We believe in transparency in the measurement of quality – in equipping our staff with the skills to deliver and improve quality, encouraging them to report problems and concerns, and listening with respect to our patients and acting on their views. These things are at the heart of the values of the NHS and need to be at the heart of organisations like ours who are providing NHS care.

It is a pleasure to be able to introduce our Quality Account for 2012–2013 which provides a more detailed description of how we perform in the quality of care and the work we do to improve that position.

Jim Easton, Managing Director, Health Care

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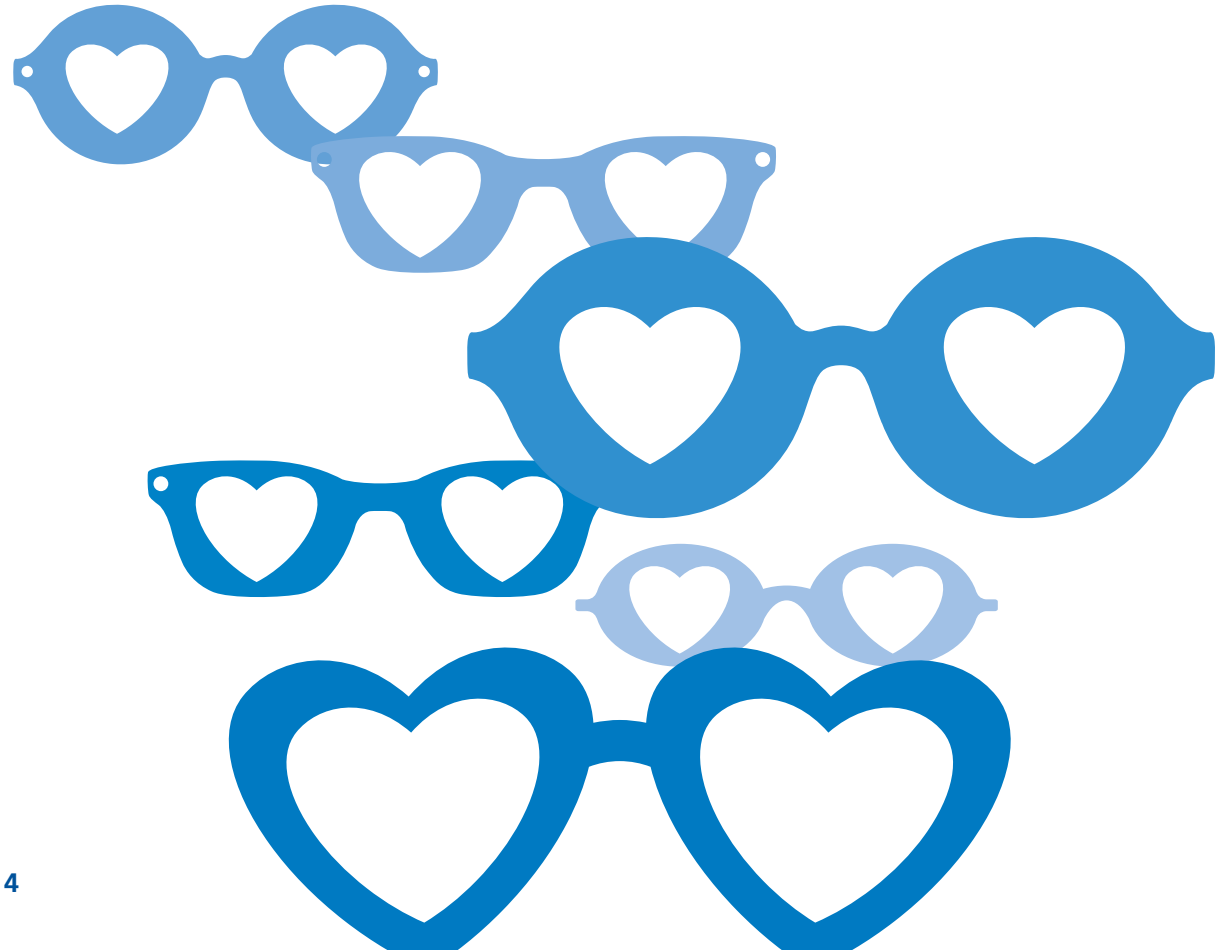

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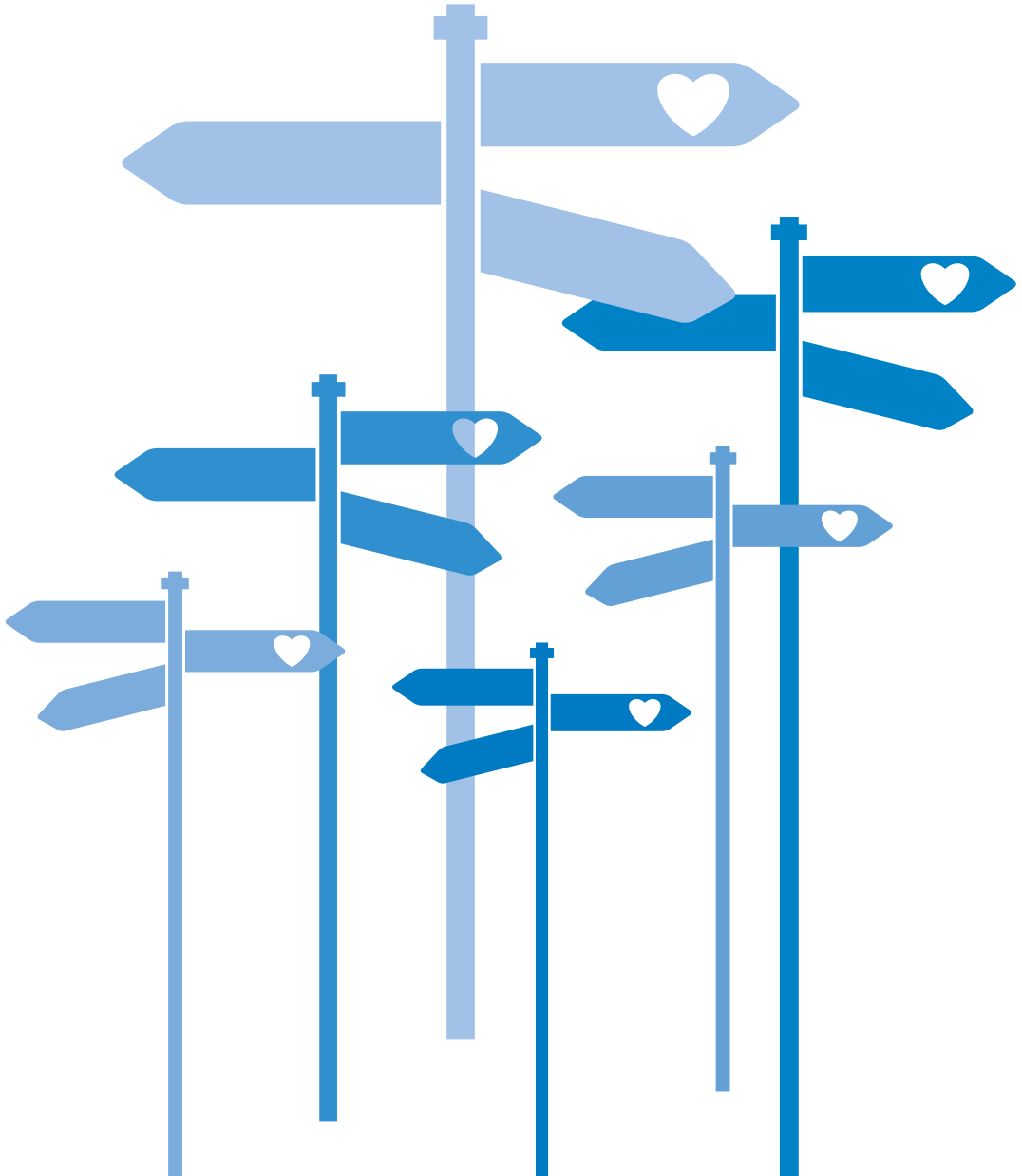
Our services



Mandatory statements

This section contains the mandatory statements common to all Quality Accounts as set out by the Department of Health.

Review of services

During 2012–2013 UK Specialist Hospitals (UKSH) provided ten services across its five treatment centres.
These were:

- Dental procedures
- Ear, nose and throat surgery
- Endoscopy diagnostics (colonoscopy, gastroscopy, sigmoidoscopy, polyp surveillance)
- General surgery
- Gynaecology
- Imaging (X-ray, ultrasound and MRI)
- Ophthalmic surgery (including cataracts and minor eyelid procedures)
- Orthopaedic surgery (joint replacements, shoulder surgery, lower and upper limb, diagnostic and therapeutic arthroscopy)
- Pain management
- Urology – minor surgery

UKSH has reviewed all the data available on the quality of care in all ten of these NHS services.

The income generated by the NHS services reviewed in 2012–2013 represents 100% of the total income generated from the provision of NHS services by UKSH at the five treatment centres.

Participation in clinical audit

UKSH participated in many different forms of audit. The Department of Health asks all providers of care to NHS patients to indicate participation rates from a list of different audits. These cover a diverse range of care services including children's care, end of life provision as well as surgical procedures. From the list of national audits, two are relevant to UKSH treatment centres.

Other clinical audits

The results of 36 other clinical audits were assessed by the governance team at UKSH treatment centres during 2012–2013 and we have shown these below with the actions we have taken to improve the quality of care.

Audit	Purpose/tools	Monitoring results
Blood usage audit	Compliance Blood Safety and Quality Regulations and National Transfusion Guidance	Monthly
Consent audit	Compliance to Consent Policy	Quarterly
Controlled drugs management	Compliance to Misuse of Drugs Act, legislative and clinical standards	Quarterly
Decontamination (CSSD) – BSI accreditation audit	National quality accreditation	Annually
Documentation – Patient records audit	Support best practice in patient documentation, professional body guidelines e.g. NMC	Quarterly
Dementia assessment (>75years old) audit	Department of Health requirement, CQUIN	Monthly
Emergency equipment audit	Patient Safety, compliance to Resuscitation Policy	Daily checks, monthly audit
Endoscopy – JAG, National colonoscopy audit	Compliance to JAG standards, annual reaccreditation	100% of cases submitted
Falls – audit of incidence, use of MORSE tool	Patient safety, compliance to assessment tool	Following an incident, or monthly
Fluids management and recording accuracy	Clinical management, audit charts, prescribers, mathematical accuracy	Monthly
Hand hygiene	Compliance to Infection Prevention Society and Health and Social Care Act 2008: Code of practice for the NHS on the prevention and control of healthcare associated infections and related guidance, compliance to Five Moments Hand Hygiene Processes	Monthly
Infection prevention and control – audits of practice, environments, suspected and confirmed surgical site infections	Compliance to Infection Prevention Society and Health and Social Care Act 2008: Code of practice for the NHS on the prevention and control of healthcare associated infections and related guidance	Monthly
HPA surgical site infection surveillance	Compliance with the Health and Social Care Act 2008, Health Protection Agency (HPA) mandatory Surgical Site Infection Surveillance Service (SSISS) for Orthopaedics	All data from joint replacements and surgical site infections downloaded to HPA on ongoing basis, HPA reports generated quarterly
Information governance*	Maintaining compliance to ISO 27002, IGSOC	Six monthly external audit
Medicines management	Compliance to National Policy, local policy and regulatory policy	Monthly
MEWS (Modified Early Warning System) audit	Accurate usage of MEWS tool to identify early signs of deterioration in a patient condition	Monthly
Patient pain management	Audit effectiveness of pain management protocols	Quarterly
MHRA transfusion compliance audit	Compliance Blood Safety and Quality Regulations and National Transfusion Guidance	Annually
Patient Environment Action Team (PEAT) survey	Ensure standards are maintained in non-clinical areas which affect patient care including environment, food, privacy and dignity, cleanliness	Annually
Point of Care Testing (POCT) audits	Monitoring Quality Assurance and ensuring compliance to QA protocols	Monthly
Radiology – medical exposure (staff)	Compliance to IRMER (Ionising Radiation Medical Exposure Regulations) re. exposure to radiation	Monthly local audits, Annual IRMER programme in place
Radiology – secondary audit of imaging	Audit reporting practice for accuracy of diagnosis and reporting	10% of images
Radiology – IRMER compliance	Compliance to IRMER	Annual IRMER compliance programme in place
Resuscitation (scenario) audit	Assessment of staff skills and competence in managing the resuscitation scenario	Bi-monthly

Audit	Purpose/tools	Monitoring results
Safety Thermometer – NHS	Contribute to the national programme of measurement of harm from pressure ulcers, falls, urinary tract infections in patients with catheters and VTE, using the NHS Safety Thermometer	Monthly – the last working Wednesday of the month
Sharps management	Minimise the incidence of harm due to contamination injuries	Monthly
Smoking cessation	CQUIN – staff training to provide advice, refer to stop smoking services, to provide stop smoking medications	Monthly
Surgical technique review	DVD recordings – ensure compliance with best practice, share learning on difficult cases at clinical specialty meetings	Quarterly
Surgical site checklist audit (WHO)	Compliance to WHO surgical site safety checking processes	Monthly – documentation audit and observational audit
Theatre Quality Assessment Document (QuAD)	Monitoring recognised best practice during the peri-operative period	Annually
The Visual Infusion Phlebitis score (VIP)	Assessment to aim any incident of site infection at cannula insertion sites	Daily by observation and question to the patient
VTE (venous thromboembolism) risk assessment and prophylaxis	Compliance to NICE guidance, best practice clinical protocols for assessment and the provision of prophylaxis	Monthly
VTE – annual audit (NICE)	Compliance to NICE guidance	Annually
Waiting times	Ensure waiting times in departments are within acceptable range	Quarterly
Ward: **• Blood fridge** **• Mattresses** **• MUST** **• Waterlow**	Patient safety and protection, best practice standards	Monthly as part of the annual departmental audit programme
Waste management – clinical and non-clinical	Compliance to HPA health and safety requirements, and infection prevention and control	Monthly

*Following our acquisition by Care UK, UKSH treatment centres will be working towards ISO 14001 and ISO 9001.

Safeguarding statement

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

UKSH had clear safeguarding policies in place. We have also implemented an e-learning course across all our sites which all staff must complete annually.

In line with the Department of Health's guidance on Quality Accounts, we have summarised the UKSH approach to safeguarding:

- UKSH met the statutory requirement regarding performing CRB checks on all staff
- Safeguarding policies for children and vulnerable adults are up to date, robust and reviewed within the last year. All eligible staff have undertaken safeguarding training at level 1. This is included in induction and mandatory training.
- Safeguarding policies have been amended and staff informed of the change in the local responsibilities for safeguarding which resulted from the move from PCT to local council teams.
- Named professionals are clear about their roles and have sufficient time and support to undertake them
- A Board level Executive Director was appointed to lead safeguarding
- The Board reviewed safeguarding across the organisation at least once a year

Our locations

We operated five treatment centres in the south west of England under three contracts from local commissioners during the period April 2012 to February 2013, when Care UK acquired UKSH. These acquisitions bring the total number of secondary care treatment centres within Care UK to eleven. The quality priorities that have been identified for the next reporting period are relevant to all these treatment centres and will be aligned throughout the business.

During the timeframes covered by this document, UKSH South West consisted of three treatment centres: the main facility in Emersons Green in Bristol plus two other centres in Devizes, Wiltshire and Cirencester, Gloucestershire. All three centres were opened in November 2009.

UKSH South West worked with three Primary Care Clusters:

- Bristol, North Somerset and South Gloucestershire (BNSSG) Primary Care Trust Cluster
- NHS Gloucestershire and NHS Swindon Primary Care Trust Cluster
- NHS Bath and North East Somerset and NHS Wiltshire Primary Care Trust Cluster

UKSH also operated Shepton Mallet NHS Treatment Centre in Somerset, working with Somerset Primary Care Trust, and Peninsula NHS Treatment Centre In Plymouth, Devon serving the populations of Devon and Cornwall.

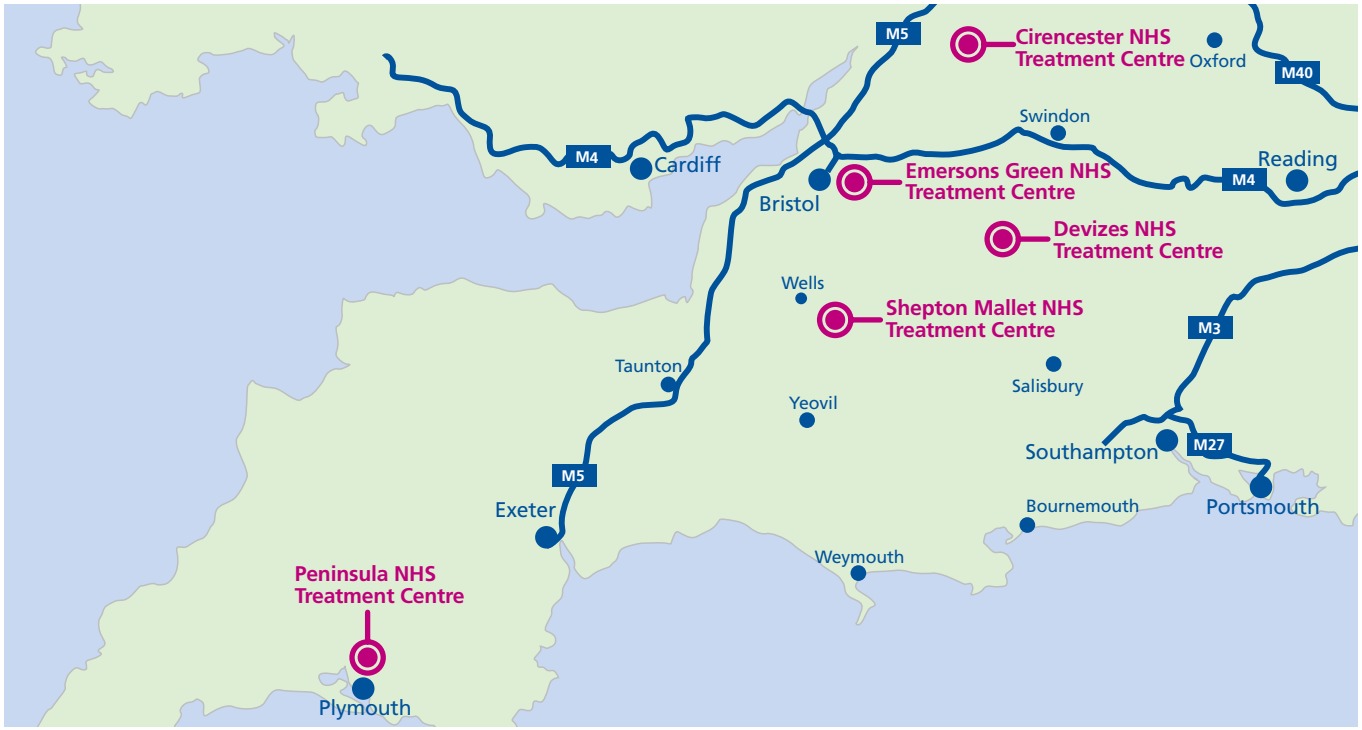
Shepton Mallet Treatment Centre opened in 2005, and UKSH gained the contract for Peninsula Treatment Centre in August 2010.

The five treatment centres employ over 450 skilled clinicians and support staff. To date they have carried out nearly 122,000 procedures in total.

UKSH worked with its local NHS partners to offer patients high quality, rapid access to planned treatments across a wide range of specialties. By using a patient-centred model of care they were able to deliver excellent patient outcomes. For greater accessibility, patients having certain procedures could have their outpatient appointment at Cirencester or Devizes and their surgery at Emersons Green Treatment Centre. Outpatient access at community hospitals in Somerset is provided under the commissioned services with NHS Somerset.

For the purpose of this document, independent sector treatment centres and elective care treatment centres refer to the same established services.

Services	Facilities	Specialties
Emersons Green NHS Treatment Centre	Inpatient Day patients	Dental extractions, diagnostic services, ear nose and throat (ENT), endoscopy, general surgery, gynaecology, orthopaedic procedures and joint replacements, ophthalmology and urology
Devizes NHS Treatment Centre	Day patients	Dental extractions, diagnostic services, ear nose and throat (ENT), endoscopy, general surgery, gynaecology, minor orthopaedics, ophthalmology and urology
Cirencester NHS Treatment Centre	Day patients	Dental extractions, diagnostic services, ear nose and throat (ENT), general surgery, gynaecology, minor orthopaedics and urology
Peninsula NHS Treatment Centre	Inpatient Day patients	Joint replacements and orthopaedic procedures
Shepton Mallet NHS Treatment Centre	Inpatient Day patients	Dental extractions, diagnostic services, ear nose and throat (ENT), endoscopy, general surgery, gynaecology, orthopaedic procedures, joint replacements and fracture management, ophthalmology and urology. Satellite outpatient services at local community hospitals



Quality priorities for 2013–2014

Care UK's Health Care division has identified a number of quality priorities to build and improve on UKSH's already high standards of patient experience, patient safety and clinical effectiveness. These quality objectives will be reported via Care UK's audit programme and as part of next year's Quality Account.

	Quality objective	Improvement target
Patient experience	To monitor that patients have received excellent care and customer experience we will ask all patient users: 'Would you recommend this service to your friends and family?'	To achieve scores in the top 10% for all healthcare providers using the national Friends and Family Test.
	To use technology to support recovery and minimise the risk of developing post operative complications we will launch the evidence based hand physiotherapy electronic application.	All patients undergoing hand surgery will be offered access to the application.
	To monitor and process patient complaints, comments, compliments and concerns by implementing Datix risk management software.	Software implemented and all parameters monitored. Rate of complaints to be within the top ten results for all healthcare providers, measured by accurate identification of numerator and denominator as per national data.
Patient safety	To ensure there are the correct numbers of clinical staff on duty to support the needs of all patients within the facilities.	Implementation of electronic rotas for clinical staff in all Care UK treatment centres by February 2014.
	To monitor and improve compliance with the World Health Organisation surgical safety checklist.	100% compliance with the five steps of the World Health Organisation's check list.
	To continue to reduce and prevent patient falls within the treatment centre environment.	For all sites to have less than 3.5 patient falls per 1,000 bed days in comparison to the NHS figure of 6.5 falls per 1,000 bed days (NPSA 2010).
	All Care UK treatment centres to be compliant with the CQC Essential Standards of Quality and Safety.	100% compliance to all essential standards, demonstrated by internal and external audit results.
Clinical effectiveness	To promote a safe and timely recovery from hip and knee replacement surgery ensuring that patients gain confidence through independent mobility.	50% of all appropriate patients will be mobilised on day 0 following their joint replacement.
	Meeting the requirements of NICE clinical guideline 65 to prevent peri-operative hypothermia.	100% of patients do not experience peri-operative hypothermia (defined as a core temperature below 36°).
	Improve fluid balance accuracy of recording and monitoring.	Audit of accuracy in fluid balance recording and monitoring criteria to exceed 95% by March 2014.
	To promote the prevention of post surgical venous thromboembolism (VTE).	100% compliance to the practice of assessing patients for the risk of developing a post surgical VTE on the day of admission.

Patient experience

Priority 1: NHS Friends and Family test

Quality objective:
To monitor that patients have received excellent care and customer experience by asking the question of all patient users: 'Would you recommend this service to your friends and family?'

This Department of Health mandated question provides patients with an important opportunity to provide feedback on the care and treatment received. Care UK's approach has always been to put patients at the centre of all our processes in order to achieve the best possible clinical outcomes and patient experience. Knowing how patients feel about our service has always been extremely important to us and helped us to improve our service. As part of our patient experience range of questions, we currently ask patients the simple question: 'Would you recommend the service to a friend or family if they needed similar care?'

The national Friends and Family test provides the first opportunity for us to rate our services against those provided by all healthcare providers nationally. We will build on our achievements of implementing the NHS Friends and Family test across all Care UK ISTCs and former UKSH elective care treatment centres within the targeted timeframe.
To ensure that our services are considered by patients as excellent we aim to achieve the highest feedback result of excellent and be benchmarked within the top 10% of all healthcare providers in England.

Priority 2: Improving the experience of patients undergoing hand surgery

Quality objective:
To use technology to support timely recovery and minimise the development of post-operative complications we will launch the evidence based hand physiotherapy electronic application.

Patients recovering from hand surgery sometimes experience complications, such as contractures, persistent stiffness and reduced hand flexibility. In 2012–13 UKSH developed a new version of the Pocket Physio app which includes exercises for hand surgery patients. These are designed to minimise the risk of these complications developing. Patients can see exactly how to carry out their exercises and are given clear signposts highlighting when and how to seek help. The technology is now ready to launch across all centres.

We will ensure that the app is accessible to all hand surgery patients via iPads within Care UK ISTCs. The application will also be freely available to download free from iTunes so patients treated by other healthcare providers will also be able to benefit from the app. For added accessibility, the new app will also run on Android smart phones and tablets. It will be promoted to patients during their time with us, and at their discharge.

Priority 3: Monitoring patient complaints, compliments and concerns

Quality objective:
To monitor and process patient complaints, comments, compliments and concerns by implementing Datix risk management software.

We work hard to ensure that all patients have an excellent experience with us, but sometimes things do go wrong and we receive adverse comments, concerns or letters of complaint. We follow the Department of Health guidance by giving open and honest responses to complaints and using what we learn to improve our service.

All Care UK services use the Datix system to manage risks, incidents and accidents and we've added another module to manage complaints which we will be rolling out this year. The integrated system will enable us to monitor data trends by location and deliver targeted service improvements in order to increase patient satisfaction and safety. This coming year we will determine the parameters so that we can benchmark our services to other national providers.

Patient safety

Priority 1: Sufficient numbers of qualified staff

Quality objective:
To ensure there are the correct numbers of clinical staff on duty to support the needs of all patients in the facility.

The initial response from the Government to the Francis Report (2013) states the following:
"Staff need capability and capacity to do their job properly – clarity about roles and responsibilities, team structures, team working and cooperation. Key to enabling staff to deliver high quality care is ensuring we have the right staff, with the right values, skills and training available in the right numbers to support the delivery of excellent care. This depends on the needs of the patients on each ward at any time."

Creating duty rotas tends to be the responsibility of the senior clinical manager for each department. It's a time consuming task that can take senior clinical staff away from the vital role of delivering patient care.

To assist with this, two Care UK services have trialed an electronic rostering system, and this has been successfully deployed in other Care UK divisions over the last year.

An electronic system enables us to create duty rotas and manage working hours and leave requests while ensuring that there are enough staff with the right skills to meet the needs of the patients. An added bonus is that the system creates records which are useful in investigations if an incident or a complaint occurs.

We plan to roll out this system across all eleven Care UK services by March 2014.

Priority 2: World Health Organisation Surgical Safety Checklist

Quality objective:
To continue to monitor and improve compliance with the World Health Organisation (WHO) Surgical Safety Checklist.

The WHO Surgical Safety Checklist was introduced to UK healthcare providers in 2009 and should now be standard practice in all surgical operating theatres.

The document, and the five stages of the Safer Surgery process, guides clinical staff through vital safety checks. These ensure that the right patient is having the right surgery to the right area and that the team has the correct equipment to safely carry out the planned surgery.

Standardising practices reduces the risk of Never Events (see the Never Events list 2012/13, Department of Health 2012) and means that any member of the team can halt the surgery if they have any concerns. The process begins with a team briefing, there are patient checks before anaesthesia is administered, before surgery is started and before the patient leaves the operating theatre. Finally, the team holds a de-briefing at the end of the operating list. The Board reviews compliance to the process by reviewing the audit results at their monthly meetings.

UKSH treatment centres participated in the national Safer Surgery Week in 2012 to highlight the organisation's commitment to patient safety. During the week staff attended webinars, board members and senior management teams visited operating theatres, and the UKSH chairman attended briefing meetings at treatment centres.

Several monthly audits monitor compliance to the WHO's checklist process:

- The first audit reviews the clinical documentation, ensuring that each checklist has been completed correctly. This is standard practice within Care UK and UKSH treatment centres.
- The second audit is a direct observational audit carried out by an observer in the operating theatre who reports whether the process is followed correctly.

These audits have been completed in the UKSH services for the past year and the results have led to process improvements. Owing to its success, the direct observation audit will be rolled out to other Care UK services from this year.

This quality objective has been prioritised within previous UKSH quality accounts. The Managing Director and clinical staff believe that this is such an important aspect of preventing serious incidents that this year we aim to challenge ourselves to achieve 100% continuous compliance with this objective.

Priority 3: Continuous prevention and reduction of patient falls

Quality objective:
To continue to reduce and prevent patient falls within our treatment centres.

The Chief Nursing Officer for England continues to challenge nursing staff to review and reduce patient falls under the High Impact Interventions programme. This challenge was championed by both UKSH and Care UK who created a process of risk assessing all patients undergoing surgical procedures and putting care plans in place to minimise the risk of post surgical falls. Multidisciplinary groups were formed with nurses, doctors, pharmacists and physiotherapists to review each patient fall and ascertain the reasons why it occurred. These groups continue to lead practice and improvement strategies in our facilities.

As part of Care UK we will continue to monitor and improve in this area over the next year by setting ourselves an ambitious target of ensuring we maintain a level of no more than 3.5 patient falls per 1,000 bed days compared to the NHS true figure of 6.5 patient falls per 1,000 bed days (NPSA 2010). We will standardise risk assessments, use available teaching tools and implement the process developed by the Falls Group to investigate and report incidents.

Priority 4: Ensuring full compliance with the Essential Standards of Quality and Safety

Quality objective:
All Care UK treatment centres to be compliant with the Care Quality Commission's (CQC) Essential Standards of Quality and Safety.

It is vitally important that all our services continue to provide an excellent, evidence-based and safe standard of care to all patients.

The measure provided by the regulatory body for England, the CQC, is: "Compliance to the Essential Standards of Quality and Safety and the completion of the provider compliance assessment tool".

Our target is 100% compliance to these standards – anything less is unacceptable. We would expect to achieve this standard on both internal audits performed by our own compliance team as well as when we are externally audited by the Care Quality Commission.

Clinical effectiveness

Priority 1: Preventing post-surgical venous thromboembolism (VTE)

Quality objective:
To promote the prevention of post surgical venous thromboembolism (VTE).

Venous thromboembolism (VTE) is a possible complication following surgical procedures and occurs when a blood clot in a vein disrupts the normal blood flow. It can be life threatening. The risk of VTE occurring in a patient who has had surgery is determined by their own predisposing health factors and the type of surgery they have had. It is vital that these factors are carefully assessed so that preventative measures can be taken to lower the risk.

Within the National Institute for Health and Care Excellence (NICE) guidance, Clinical Guideline 92 (CG92), 2010 Venous Thomboembolism – Reducing the Risk, it is stated that all patients undergoing specified surgical procedures are assessed appropriately, risks are identified and therapeutic prevention (mechanical or pharmaceutical) is implemented to minimise risk.

Care UK intends to keep this important objective within the Quality Account priorities for this year. In fact, we're aiming for all services to be 100% compliant with this objective and will monitor this on a monthly basis. During the year we also intend to standardise the medication protocols used to minimise the risk, known as prophylaxis, across all services as we continue to integrate UKSH with Care UK.

Priority 2: Promotion of safe and timely recovery from hip and knee replacement surgery

Quality objective:
To promote a safe and timely recovery from hip and knee replacement surgery, ensuring patients regain confidence and mobility.

Bed rest following any major surgery can cause muscle loss and reduced muscle strength, lung function and tissue oxygenation – factors which can lead to poor healing and infection. Immobile patients are also known to be exposed to an increased risk of venous thromboembolism (VTE). Helping them to start moving around again soon after surgery has been proven to reduce these risks. Mobility is therefore a priority within each individual care plan for patients undergoing hip or knee replacements.

As a general principle, all patients mobilise the day after surgery. Some new evidence shows that risks are reduced further if they stand upright for a short while on the day of surgery, if their condition is stable.

The enhanced recovery programme, the use of new (multi-modal) anaesthetic techniques and the consequent management of post-operative pain enables patients to be mobilised to an increasing level (63% achieved by the end of the year) on day 0 following their procedure in UKSH treatment centres.

Over the coming year this innovative pathway of care and shared learning experience will be introduced into all Care UK treatment centres performing joint replacement procedures. That means that, by the end of March 2014, we are aiming for 50% of appropriate patients undergoing hip and knee replacement surgery to be mobilised on the same day as their surgical procedure. This will be measured through the clinical audit programme.

Priority 3: Preventing inadvertent peri-operative hypothermia

Quality objective:
To prevent peri-operative hypothermia.

Peri-operative hypothermia is when the temperature of the body falls below normal levels prior to or during the surgical operation. This is necessary for some surgery, but not for any of the procedures performed in our treatment centres. Patients who experience a drop in their temperature can experience more complications and a delay in their recovery. NICE issued a guideline in 2008 (NICE CG 65) advocating that a patient's temperature should not drop below 36° before, during or after surgery.

This year we will perform an audit to ensure that every patient's body temperature does not fall below 36° before, during or after surgery so that they are not exposed to preventable peri-operative hypothermia. Each patient's temperature will be recorded prior to surgery, during anaesthesia, during surgery at 30 minute intervals and after surgery. The results, obtained as part of our clinical audit programme, will be reviewed by the medical directors and the clinical specialty groups and, if necessary, actions will be put in place to improve our service.

We will report by quarterly auditing of 20% of patients undergoing surgery. The objective will be for all patients arriving in recovery to have a body temperature of 36° or above.

We will also be reviewing all our protocols for warming patients should inadvertent hypothermia occur, ensuring that we are following best practice guidance.

Priority 4: Improve fluid balance monitoring

Quality objective:
To improve fluid balance monitoring and ensure accurate recording of fluid intake and output.

We will continue to roll out this quality objective across our integrated business, sharing best practice from our UKSH sites. It is extremely important for patient recovery that all clinical staff know how to monitor, accurately record and manage a patient's fluid balance correctly to prevent possible dehydration and disturbance to blood chemistry

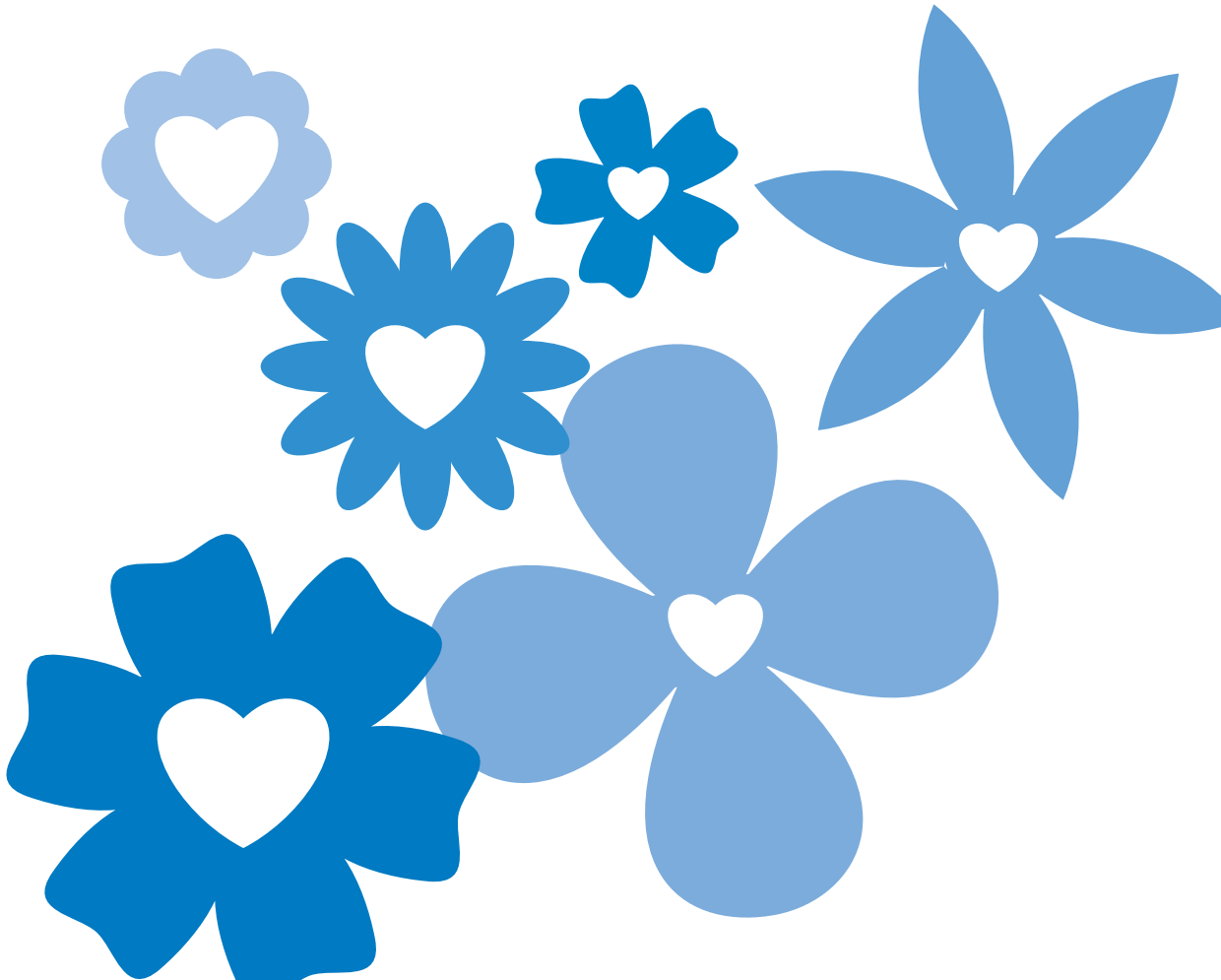
We will provide clinical education to all nursing staff on the importance of fluid balance, blood chemistry and how disturbances lead to post-operative complications and delayed recovery. Nurses will be given clear guidance about daily fluid balance monitoring and recording, and its importance as part of the daily handover at the end of a shift. Colleagues from sites that have already achieved significant improvements in this area will deliver this education.

The audit tool developed within UKSH in year 2011–2012 will be used to assess compliance. The target compliance to all elements of the audit by all Care UK services will be 95% by the end of the year, and for ex-UKSH treatment centres to be 95% throughout the entire year.

Additional quality opportunities

The integration of UKSH and Care UK in February 2013 has given us many opportunities to develop and improve the quality of our elective surgical services via clinical specialty groups. These groups will be championed by the Divisional Medical Director and her team. As well as working to meet the defined quality priorities we have already mentioned, these groups will be developing and progressing their own specialty quality priorities. The work will be supported by the newly formed Quality Improvement team under the direction of the Care UK Quality Improvement and Governance Director. The improvements that these groups make will feature as part of the Care UK Quality Account 2014–2015.

Review of our services 2012–2013



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

From April 2012 to February 2013, UKSH provided or subcontracted all the services provided at the locations listed in section 1. In February 2013 UKSH was acquired by Care UK, which continued to provide all the services listed at the same locations.

UKSH and Care UK have reviewed all the available data on the quality of care our services provide to the NHS. The income generated by the NHS services reviewed in this reporting period represents 100% of the total income generated from the provision of these NHS services.

Clinical audit and confidential enquiries

During the period April 2012 to March 2013 two national clinical audits covered the NHS services provided by UKSH. These were the Hip and Knee Replacement National Joint Registry, and the Elective Surgery National PROMs Programme. There were no national confidential enquiries in which UKSH was eligible to participate.

In line with national requirements, all UKSH inpatient treatment facilities take part in the national surveillance of surgical site infection in joint replacement surgery. The detailed data regarding the incidence of infection can be found on page 41.

The national clinical audits and national confidential enquiries in which UKSH participated, and for which data collection was completed during 2012–2013, are listed in the table on page 20. These are given alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry.

Details of the national clinical audits and national confidential enquiries in which UKSH did not participate during April 2012 to March 2013 can be found in Appendix 1 along with the reasons why.

National Joint Registry (NJR)

This registry enables national comparisons to be made between all providers delivering joint replacement surgery. All of the UKSH treatment centres that undertake hip and knee replacement surgery submitted data to the National Joint Registry in 2012–2013 as they have done since they were set up. Data has been collected from hip and knee replacement surgery since April 2003. Following the publications of the MHRA alerts during 2010 and 2012, the registry has enabled us to identify UKSH patients who have had metal on metal prosthetics between 2007 and 2010.

UKSH choice of implant for individual patients takes into account the age of the patient because the outcomes of different types of implant (cemented and un-cemented) can be age dependent. The internal protocols for the use of prosthetics are periodically reviewed by the Clinical Director of Orthopaedics in light of best evidence. They represent some of the most commonly used implants due to their low rates of replacement failure.

The UKSH Board had reviewed the results from the NJR audit for one year's revision rates for hip and knee replacements. The average revision rates group-wide were found to be low: at 0.8 for knee arthroplasty and 0.7 for hip arthroplasty.

National audits & national confidential enquiries	Participation Yes/No	% of cases submitted		
		AGW	SMTC	PTC
Hip and Knee replacements (National Joint Registry): Hip	Yes	100%	100%	100%
Hip and Knee replacements (National Joint Registry): Knee	Yes	100%	100%	100%
Elective surgery (National PROMs Programme): Hip	Yes	100%	84%	100%
Elective surgery (National PROMs Programme): Knee	Yes	100%	82%	100%
Elective surgery (National PROMs Programme): Hernia	Yes	100%	68%	n/a
Elective surgery (National PROMs Programme): Varicose veins	Yes	100%	n/a	n/a

PROMs – Quality and outcome data briefing, April 2011–2012

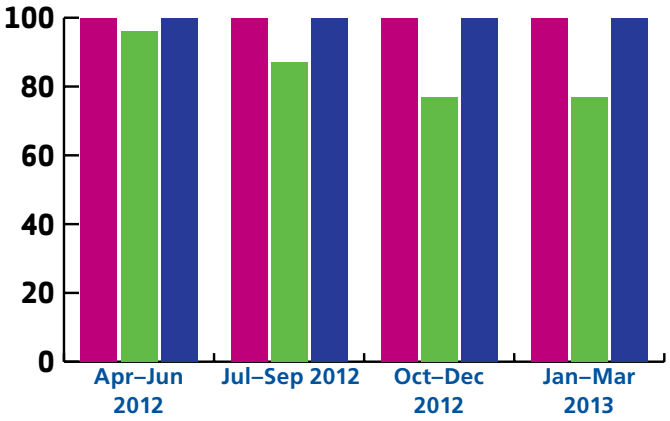
PROMs (Patient Reported Outcome Measures) measure how patients perceive their health has improved following treatment. PROMs collection began in April 2009 when all providers of NHS-funded care were required to collect information.

During 2011–2012 UKSH set an improvement objective to increase the rate of PROMs forms returned for analysis. This was successfully achieved at an average return rate of 91.8%.

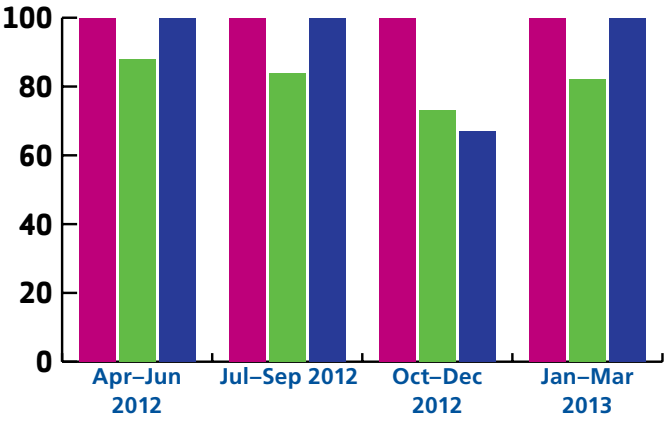
During 2012–2013 the rates of pre-operative returns has continued to improve in two of our treatment centres that perform joint replacements. In Shepton Mallet Treatment Centre, the average rate of return has fallen. Although overall these are higher than the rates reported during 2010–2011, they are not meeting the levels achieved last year, and this performance does not reflect the importance that UKSH attaches to this measure.

Shepton Mallet Treatment Centre experienced significant difficulty in the receipt of the new-style PROMs form which led to periods of time (within the reporting timeframe) when forms were not available to give to patients. This adversely affected our results during the latter part of the year. This has now been resolved, and the target for Shepton Mallet Treatment Centre has been re-set for next year in order to achieve a return rate of over 90%.

UKSH services – PROMs return rate HIPS



UKSH services – PROMs return rate KNEES



AGW Shepton Mallet Peninsula

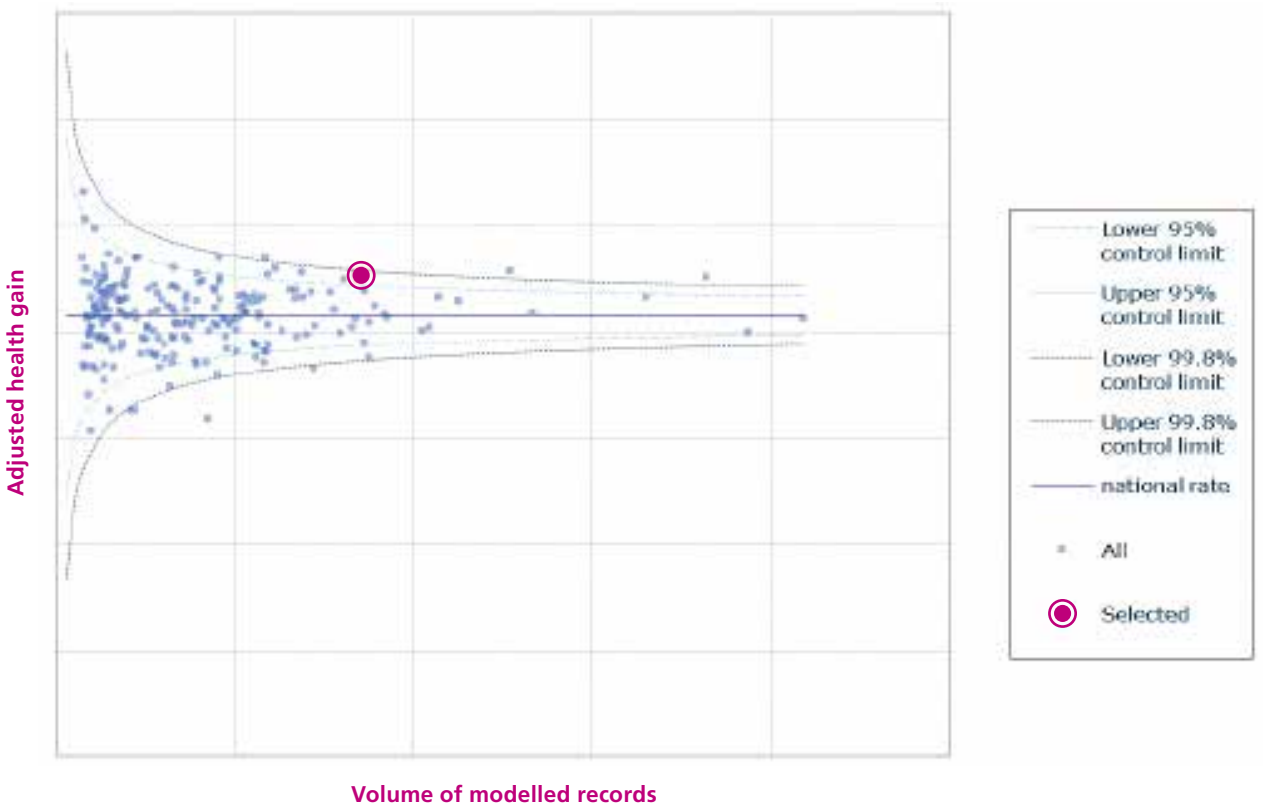
Review of our services 2012–2013

In line with the NHS (Quality Account) Regulations 2011, UKSH and Care UK are required to provide information on a range of quality activities.

Report from the NHS Partners Network, NHS Confederation

In terms of outcome data reported through PROMs, UKSH is pleased to report that its NHS treatment centres undertaking hip and knee replacement surgery were within the top 50 hospitals to report the best outcomes following both hip and knee replacement. Two UKSH treatment centres were within the top 25 hospitals.

Hip Replacement - Emersons Green TC (Scoring mechanism EQ-5D Index)



The above graph highlights that patients at Emersons Green following hip replacement surgery reported a high level of satisfaction as evidenced by the red dot.

Metal on metal implants

UKSH treatment centres implanted 483 metal on metal prosthetics between 2007 and 2010. The majority of these procedures took place at our Shepton Mallet facility. Metal on metal prosthetics were withdrawn from use following the publication of the MHRA alert in April 2010 and further guidance in August of that year. Following the alert, we reassured patients who had undergone this procedure and provided follow up care for any who contacted us with concerns.

In February 2012 the MHRA published an alert providing management recommendations for patients with metal on metal hip replacement implants. Every patient who had had a metal on metal implant at a UKSH treatment centre was contacted, and treated as outlined in the guidance. Every patient, other than those who indicated that they were now being treated by another provider, has been recalled, monitored and given the appropriate care as indicated by diagnostic imaging and blood results. In some cases, this has included revision surgery at one of our facilities.

Internal audits

Over the past twelve months we have put a lot of focus on the development and implementation of internal audits. This has been to drive compliance to basic patient safety measures and processes, such as achieving informed consent and ensuring accurate patient records.

We have introduced an audit compliance template across all treatment centres. This is completed and reviewed monthly, using the visual traffic light system to highlight compliance. Detailed descriptions of these audits can be found on pages 7 and 8.

Last year, the Clinical Director for Anaesthetics introduced new, standardised anaesthetic protocols with the aim of enhancing patient recovery times by enabling them to start moving sooner after surgery, often on the day of surgery. This multi-modal anaesthetic technique has been closely audited using a tool created by doctors, nurses and physiotherapists.

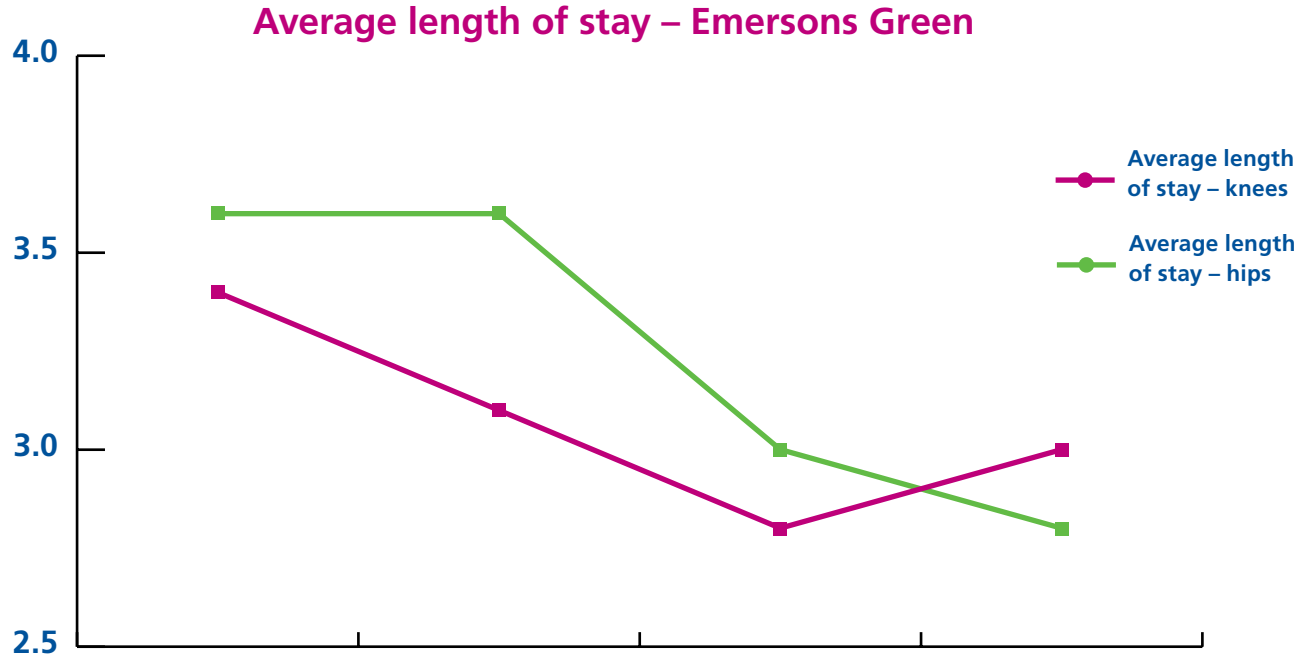
The results show significant patient satisfaction with the management of their pain, an improvement in day 0 mobility (63% mobilisation by the end of the reporting year) and a reduction in the length of stay. This innovative and effective pathway has attracted international recognition and the Clinical Director for Anaesthetics has been invited to present the work at the annual conference of the American Society of Regional Anaesthesia.

The audit results are below, showing data from Emersons Green Treatment Centre where the protocol has been fully implemented and audited since September 2012.

Emersons Green	Average length of stay – Hips	Average length of stay – Knees
April–June 2012	3.4	3.6
July–September 2012	3.1	3.6
October–December 2012	2.8	3.0
January–March 2013	3.0	2.8

During the next year, this protocol will be introduced into the post-operative care of patients having joint replacements in all Care UK treatment centres.

It is interesting to note that audit training and the development of such innovative audit tools has led to an increased awareness across our treatment centres of the value of audits in enabling us to maintain mandatory and best practice standards.



Participation in clinical research

UKSH and Care UK would welcome the opportunity to participate in clinical research with local NHS trusts. We currently are unable to do so because contracts exclude the independent sector from involvement. The number of patients receiving NHS services provided or subcontracted by UKSH at any of its treatment centres from April 2012 to March 2013 who were recruited to participate in research approved by a research ethics committee was therefore nil.

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

Training

The training and professional development of our treatment centre staff has always been a high priority for UKSH.

Each staff member is supported to develop their skills through vocational training, including postgraduate diplomas and degrees. For example, a theatre manager is currently studying for a Masters degree in Teaching and Learning for Healthcare Professionals. Other members of staff are studying for qualifications in Management of a Patient in an Anaesthetic setting, and in Venepuncture 'Train the Trainer'.

This commitment to staff training and development is as strong as ever – as is our belief in providing students with opportunities to learn.

We work with a range of academic bodies, from the University of the West of England in Bristol, to Oxford Brooks University, Peninsula Medical School in Plymouth and Severn Deanery in Bath and North East Somerset, to provide placements in our treatment centres for medical, nursing, physiotherapy and radiography students, paramedics and operating department practitioner trainees. We also help people who need clinical placements in order to achieve Return to Practice re-registration. Where we can, we offer work experience opportunities to local students. College students on vocational courses in health and social care also visit our sites.

Being able to experience an entire pathway of care across multidisciplinary specialties gives students an insight into the importance of teamwork and communication. They value the support they receive from the trained mentors at each of our sites too, all of whom have teaching and assessment qualifications and work closely with the local universities.

Our participation in local training programmes enhances our relationships between NHS trusts, universities and the independent sector. Our staff also enjoy the experience of helping to nurture the skills of future healthcare professionals.

Here is some of the feedback we've recently received from students who have visited our sites.

"I have dreamt of becoming a theatre nurse, spending time in the recovery room (PACU) was very interesting to see patients recover and some going home on the same day. I hope to work in the theatre or PACU in the future."
Student nurse, UWE

"I found visiting different departments very useful and interesting as it equipped me with the knowledge and experience of working as part of a multidisciplinary team."
Student nurse, UWE

"Working with real patients made me understand the nursing profession better, rather than practising on dummies."
Student nurse, UWE

"My mentor was very thorough, with regular appraisals to discuss my development throughout the placement and she ensured I had every learning opportunity that would benefit my experience."
Student physiotherapist

Participation in Commissioning for Quality and Innovation (CQUIN)

A small proportion of income in 2012–2013 for our treatment centres in Shepton Mallet and Plymouth (Peninsula) was conditional on them achieving quality improvement and innovation goals. These were agreed between them and NHS Somerset and NHS Devon respectively through the Commissioning for Quality and Innovation framework.

Shepton Mallet

Commissioners proposed eleven goals for Shepton Mallet NHS Treatment Centre for 2012–2013. The following are some examples of these goals.

VTE risk assessment:

- To undertake VTE risk assessment on 90% of inpatients attending for a surgical procedure
- Appropriate prophylaxis provided according to national guidance to 90% of inpatients who had been risk assessed for VTE
- Completion and submission to the commissioner of completed root cause analyses for 100% of patients who developed a hospital acquired VTE.

Dementia screening:

- To implement the dementia screening question 'Have you been more forgetful in the last 12 months to the extent that it has significantly affected your life?' into the pre-admission assessment of 90% of all patients aged 75 and over admitted for a surgical procedure.
- Implementation of the dementia risk assessment tool (AMTS) for 90% of patients who answered 'yes' to the dementia screening question, and to refer those patients identified as being at risk of having dementia to their GP for further support and assessment.

NHS Thermometer:
The NHS Safety Thermometer harm measurement instrument was developed as part of the QIPP Safe Care national work stream to survey all relevant patients in all relevant NHS providers in England on a monthly basis.

- To begin collecting data on patient harm using the NHS Thermometer harm measurement instrument to survey all relevant patients within the treatment centre on a day per month agreed with the commissioners, and uploaded to the NHS Information Centre on a quarterly basis.

Shepton Mallet Treatment Centre met all CQUIN targets for the year 2012–2013, with two thirds compliance to dementia screening in that the targeted number of patients assessed at risk of dementia was not achieved. This is the second year in which Shepton Mallet was eligible under the CQUIN framework.

Peninsula

Commissioners proposed seven goals for Peninsula NHS Treatment Centre for the year 2012–2013 including the following:

VTE risk assessment:
- To undertake VTE risk assessment on 90% of inpatients attending for a surgical procedure
- Appropriate prophylaxis provided according to national guidance to 90% of inpatients who had been risk assessed for VTE

NHS Thermometer:
- Participation in data collection for the NHS Safety Thermometer as described above.

Outpatient waiting times:
- To maintain waiting times within 3 hours

World Health Organisation Surgical Safety Checklist
- To demonstrate 100% compliance to the completion of the checklist

Peninsula Treatment Centre is pleased to confirm that all CQUIN targets were met for the year 2012–2013 with the exception of the introduction of a dementia screening tool and consequent audit. This is the second year in which Peninsula Treatment Centre was eligible under the CQUIN framework.

Further details of the agreed goals for Shepton Mallet Treatment Centre and Peninsula Treatment Centre for the period April 2012–March 2013, and for the following 12 month period are available by contacting the Hospital Directors at the respective treatment centres.

Emersons Green, Devizes and Cirencester Treatment Centres were not eligible to participate in the CQUINS framework.

Care Quality Commission

UKSH and Care UK treatment centres are required to register with the Care Quality Commission. Our registration status is active. UKSH and Care UK are required to 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).

UKSH has developed internal CQC tools to audit its services against the standards to ensure compliance and identify areas for improvement.

Our treatment centres use the Provider Compliance Assessment Tool to record evidence of compliance to the standards.

CQC inspection reports are circulated to staff, and are discussed at local and strategic clinical governance meetings.

All UKSH treatment centres have received an unannounced inspection visit during April 2012–March 2013.

Emersons Green NHS Treatment Centre – March 13th 2013

All inspected standards were met and there were no non-compliances or recommendations.

"All staff involved in the inspection clearly supported UKSH South West and their commitment to deliver high quality clinical and medical services in a manner that significantly improved the patient experience."

"Patients receiving care were treated respectfully by staff. UKSH and their staff understood the importance of protecting patients' privacy and dignity. We saw various practices and facilities that promoted this."

Devizes NHS Treatment Centre – March 20th 2013

All inspected standards were met and there were no non-compliances or recommendations.

"They told us they had discussed the benefits and the risks of the treatment with their doctor. One person using the service said "I was given enough time to read it before signing it (the consent form).''

"People we spoke to told us they felt safe and confident with the staff. Staff were seen to be friendly and courteous to people. We saw staff being kind and gentle to people."

"Safeguarding policies and procedures were in place and accessible to staff. Staff told us they had received up to date training."

Cirencester NHS Treatment Centre – March 12th 2013

All inspected standards were met and there were no non-compliances or recommendations.

"The treatment I am receiving is as it was described to me."

"One patient wrote and described that they were cared for by staff that made them feel relaxed and they congratulated the staff for their confidence and professionalism."

"UKSH were constantly looking at the wider community and innovative ways to improve services for patients and expand so that patients could have access to new care and treatment services within their local community."

Peninsula NHS Treatment Centre – March 26th 2013

All inspected standards were met and there were no non-compliances or recommendations.

"There was evidence that learning from incidents/ investigations took place and appropriate changes were implemented. We also saw that the results of audits were discussed at meetings with the commissioners and the board."

"There were clear records of people's 'journey' from the time they were referred, to their discharge."

"The centre had robust efficient processes in place to regularly check the quality of the service provided and make improvements. People told us they felt listened to."

Shepton Mallet NHS Treatment Centre – February 13th and 14th 2013

All inspected standards were met and there were no non-compliances or recommendations.

"The provider had a quality assurance/ governance system in place that ensured people were safe and changes could be made to improve the services provided."

"We saw risk assessments were recorded and a clear evaluation of the person's needs and action taken was included. This meant patients received safe and effective care."

"We spoke with a consultant who had an excellent understanding of how to manage consent if someone did not have the capacity to understand."

The Care Quality Commission has not taken enforcement action against UKSH between April 2012 and March 2013, and UKSH has not participated in any special reviews or investigations by the CQC during this reporting period.

All CQC assessments and reports of inspections of UKSH treatment centres can be viewed at www.cqc.org.uk

UKSH has no conditions on registration.

Avon, Gloucester and Wiltshire contract

Condition of registration	Status
The registered provider must ensure that the regulated activity is managed by an individual who is registered as manager in respect of the activity, as carried out at or from Cirencester NHS Treatment Centre, Devizes NHS Treatment Centre and Emersons Green NHS Treatment Centre	Met
The regulated activity may only be carried on at or from the following locations: Cirencester NHS Treatment Centre, Tetbury Road, Cirencester, GL7 1UY Devizes NHS Treatment Centre, Marshall Road, Devizes, SN10 3UF Emersons Green NHS Treatment Centre, The Brooms, Bristol, BS16 7FH	Met

Peninsula, Plymouth contract

Condition of registration	Status
This establishment is registered to provide treatment and care under the following server user categories only: Acute hospitals (with overnight beds) AH.	Met
Services may only be provided to persons aged 18 years and over	Met
This establishment may provide overnight accommodation for a maximum of 28 persons at any one time	Met
Notification in writing must be provided to the Care Quality Commission at least one month prior to providing any treatment not detailed in the Statement of Purpose	Met

Shepton Mallet, Somerset contract

Condition of registration	Status
The registered provider must ensure that the regulated activity is managed by an individual who is registered as manager in respect of the activity, as carried out at or from Shepton Mallet NHS Treatment Centre	Met
The regulated activity may only carried on at or from the following locations: Shepton Mallet NHS Treatment Centre Old Wells Road Shepton Mallet Somerset BA4 4LP	Met

Information governance

UKSH and Care UK take very seriously the protection and maintenance of confidentiality in all aspects of the management of patient information and identifiable records. The Hospital Director of each treatment centre is the Caldecott guardian and responsible for the security of patient information.

UKSH has achieved the quality standard ISO 270001-Information Security Management. This externally assessed audit demonstrates our commitment to high standards in the management of information and security.

All staff have access to a wide range of policies to guide their actions, and are trained in managing patient information, security and confidentiality in their induction, then annually.

Data quality is an integral element of the governance programme and we employ a dedicated team of informatics staff who collate and ensure the accuracy of data.

Breaches of security are reported to the Hospital Directors and are fully investigated. This includes the completion of a root cause analysis to identify the cause and drive process changes so that the issue doesn't happen again. Any serious breaches would be reported to the Board, the commissioning body and the information commissioner.

Data quality

At UKSH we continued to treat data quality as an integral part of the governance programme. It is continually monitored and improved. Our informatics team enables us to consistently achieve high quality data submissions.

We have been committed to improving our information technology programme. As part of our electronic patient system we have implemented electronic clinical outcomes reporting for all patients our centres have seen or admitted. This allows the clinician to record the outcomes for every episode – in fact, the user cannot proceed without the clinician doing so.

UKSH had an electronic patient record which includes the data entry requirement for clinical data and outcomes. Audit reports are run by the informatics teams, clinically verified and reported through the internal governance meetings. With clinical data reviewed, audited and validated on an episode basis as part of the governance framework, a patient's care record is complete from referral to discharge.

Clinical outcomes reports detailing all clinical performance KPIs, adverse events and doctors scorecards have been discussed at UKSH Board meetings.

NHS number and general medical practice code validity

UKSH submitted records during 2012–2013 to the secondary uses service for inclusion in the hospital episode statistics. These are included in the latest published data.

The percentage of records in the published data:

- Which included the patient's valid NHS number was:
  - 100% for admitted patient care
  - 100% for outpatient care
- Which included the GP's valid General Medical Practice Code was:
  - 100% for admitted patient care
  - 100% for outpatient care
- Which included Primary Diagnosis and Primary Procedure:
  - 100% for admitted patient care

Information Governance Toolkit attainment levels

UKSH's Information Governance Assessment report overall score for 2012–2013 was 100% and graded green.

Clinical coding

UKSH was not subject to a payment-by-results clinical coding audit by the Audit Commission during the reporting period April 2012–March 2013.

Clinical coding audit

As part of our approach to ensure that our clinical coding and clinical data are accurate, UKSH conducted annual independent audits of our clinical coding. As a result UKSH achieved a 99.8% valid HRG4 codes on SUS for admitted patient care and 100% for outpatient care.

2012–2013 Quality priorities update

In the Quality Account for 2012–2013, we identified five quality improvement objectives that we would focus on to enable us to continually improve the service to patients within each of our treatment centres.

Here is a summary of our 2012–2013 objectives.

Quality domain	Quality objective	Improvement target
Patient experience	Evaluate patient information	Establish a baseline satisfaction level for patient information during Q1 and Q2 Improve our satisfaction level of patient information during Q3 and Q4
	A new version of the physiotherapy app	Develop functionality for additional procedures
Patient safety	Minimise patient falls	Reduce patient falls by 10% compared with 2011–2012
	Improve compliance with the World Organisation's Surgical Safety checklist	100% real-time implementation of the WHO checklist
Clinical effectiveness	Improve fluid balance monitoring	Fluid balance monitoring compliance to exceed 95% by the end of the year

Priority 1: Continuous improvement of the patient experience

Patient experience – of patient information

UKSH had a consistent record of 94.7% patient satisfaction, which we measured by the number of patients who would recommend our services to friends and family.

The Department of Health published the NHS Patient Experience Framework outlining elements of care that are critical to patients' experience of NHS services. Although UKSH did carry out many of the recommendations in the framework and the NICE Quality Standard, we identified two particular areas where we believe we could make improvements to minimise the need for patients to seek advice or reassurance after their discharge.

You can find a more detailed breakdown of patient satisfaction responses on pages 37 and 38.

Objective: Evaluation of patient information

We performed an audit of the calls made to our centres from patients who had been discharged. This helped us to achieve a baseline understanding of the issues that patients were reporting. Below is the number of calls made by discharged patients seeking help or advice during the audit period:

	Incoming calls	Discharges	%
AGW (Emersons Green, Devizes, Cirencester) – average over 12 months	1568	16660	9.4%
Peninsula April–June	78	568	13.7%
Peninsula October–December	67	732	9.15%
Shepton Mallet – average over 12 months	507	7621	6.7%

Key findings from calls audit

	Inpatients	Daycases
AGW (Emersons Green, Devizes, Cirencester)	Joints – pain, swelling, general joint care	Dental – pain/ swelling/bleeding Cataracts – general discomfort
Peninsula	Pain , swelling, wound ooze, medication queries	
Shepton Mallet	Pain, wound care, medication queries	

As a result, we made the following recommendations and changes to our processes:

- Educating Resident Medical Officers about the need for discharge advice for patients after cataract or dental surgery
- Advice reinforced to patients at the time of discharge
- Reviewed pain medication information given to patient to take home
- Patients with significant wound ooze after surgery had their prophylactic anticoagulation reviewed and amended where necessary

This audit will be repeated during the next reporting period to assess whether these changes have led to a reduction in patients needing to make calls after their discharge home.

Useful research findings

We have also supported Claire Regester, Lead Anaesthetic Practitioner, to complete a research dissertation entitled 'Is the information given to patients on discharge from a NHS treatment centre able to support patients at home with managing their pain and wound care?'

The study used patient opinion to determine whether the information supplied to them supported day surgery patients at home through the post-operative phase, enhancing patient recovery, and minimising GP contact. Any measures derived from the process could be used to establish a baseline for future improvements.

We assessed how useful patients found the information that is currently provided and whether any measures derived from the process could be used to establish a baseline for future improvements.

Claire discovered that there was little or no literature on patients' perception of the information given to them on discharge from an ISTC. So, by supporting this study, UKSH was able to work towards the quality objective while analysing whether information is effective in minimising the need for the patient to contact a health facility or a GP.

Claire used a service evaluation over an eight week period. This enabled a judgement to be made about current care while measuring current service without reference to a standard. The study looked specifically at the information given to patients after surgery and at the point of discharge, and used questionnaires to collect data.

Question	Yes (%)	No (%)
Did you understand the information given to you regarding your post operative care?	99%	0.86%
Was the information given helpful?		
Very helpful	75%	-
Helpful	25%	-
Did the information prepare you for your post operative care at home?	98.3%	1.7%
What form of information did you receive?		
Written	19%	-
Verbal	6	-
Both	75%	-
None	0%	-
Did you receive information before surgery?		
At pre-assessment in outpatients	48%	-
On admission by nurse or doctor	16%	-
Both	35%	-
Did not receive any information	1%	-

Question	Yes (%)	No (%)
Did the information help you with your wound care?	99%	1%
Did the information help you manage your pain?	98%	2%
Did you find the next day follow up telephone call helpful?	83%	6%
Did not receive	11%	-
Did you need to contact the Treatment Centre?	20%	80%
Reason – Pain	27%	-
Reason – Wound	14%	-
Reason – Other	59%	-
Did you need to call your GP or any other health care facility?	15%	85%
Have you felt that the information given to you has supported you well at home?		
Well supported	76%	-
Supported	21%	-
Not so well supported	3%	-

The main conclusion drawn by Claire's study was that the information given to patients by the treatment centre made them feel well supported. Some 78% of patients found the phone call that they received from treatment centre staff following discharge helpful and reassuring. Post-operative information as a whole was found to be important, improving knowledge and promoting the patient's satisfaction and experience. We have not yet made any changes to the process of providing information to patients post discharge as all documentation is being reviewed as part of the integration with Care UK.

Elements of the information provided enabled us to achieve a record of a baseline rate of patient satisfaction. We will readdress this audit over the next year, identifying any more opportunities to improve our service.

Objective: Introduce a new version of our award winning physiotherapy app 'Pocket Physio'

Academic research shows that a patient's involvement in their recovery following surgery produces excellent results. With that in mind, we launched the Pocket Physio app in 2011.

This was designed to provide patients with user-friendly information to help them perform physiotherapy exercises before and after surgery, giving them maximum control over recovery. The app covered the major joint replacement recovery and rehabilitation programme and featured videos showing the exercises and how to develop and enhance their recovery as rehabilitation progressed.

Pocket Physio has become popular with patients and physios alike and in 2012 won the Laing and Buisson award for Best Use of Technology.

Since then our clinicians have been creating new content for a revised version of the app that can support patients who have had other types of surgery, including lower limb surgery, foot and ankle surgery, through to hand surgery. Some examples of exercises are shown opposite.

These new elements are easy to navigate. Patients can watch the exercises on screen, complementing the education they have received as an inpatient or day case. iPads will be provided in the treatment centres to introduce patients to the app, and they will be able to download it free of charge to their own devices.

The application will be available for both Apple and Android phones and tablets and be launched as a quality priority in 2013 across all Care UK treatment centres, so as many patients as possible can benefit from it.

Exercises from the new Pocket Physio app

Back Exercise 4 Next

Active knee extension with assistance

Active knee extension with assistance. Tighten the muscles in your thigh to push your knee straight. Place a small cushion or towel over your knee and apply some pressure to push your knee straighter. Use your leg lifter to raise your heel off the bed. The back of the knee should still be in contact with the bed.

Hold for 10 seconds and repeat 3 times.

Back Hip abduction in side lying Next

Hip abduction in side lying

Hip abduction in side lying. Keep two pillows between your legs to make sure that the leg does not cross the midline of the body as you lie on your side with your operated leg on top, keep your upper body aligned so that your hip and shoulder are in a straight line. Try not to rotate your pelvis as you lift the operated leg up wards. Hold for 5 seconds and bring to the middle. Improve the lift gradually over the next 4 weeks to form a smooth gradient evenly from the ankle to the hip.

Hold for 5 seconds and repeat 3 times.

Priority 2: Patient safety

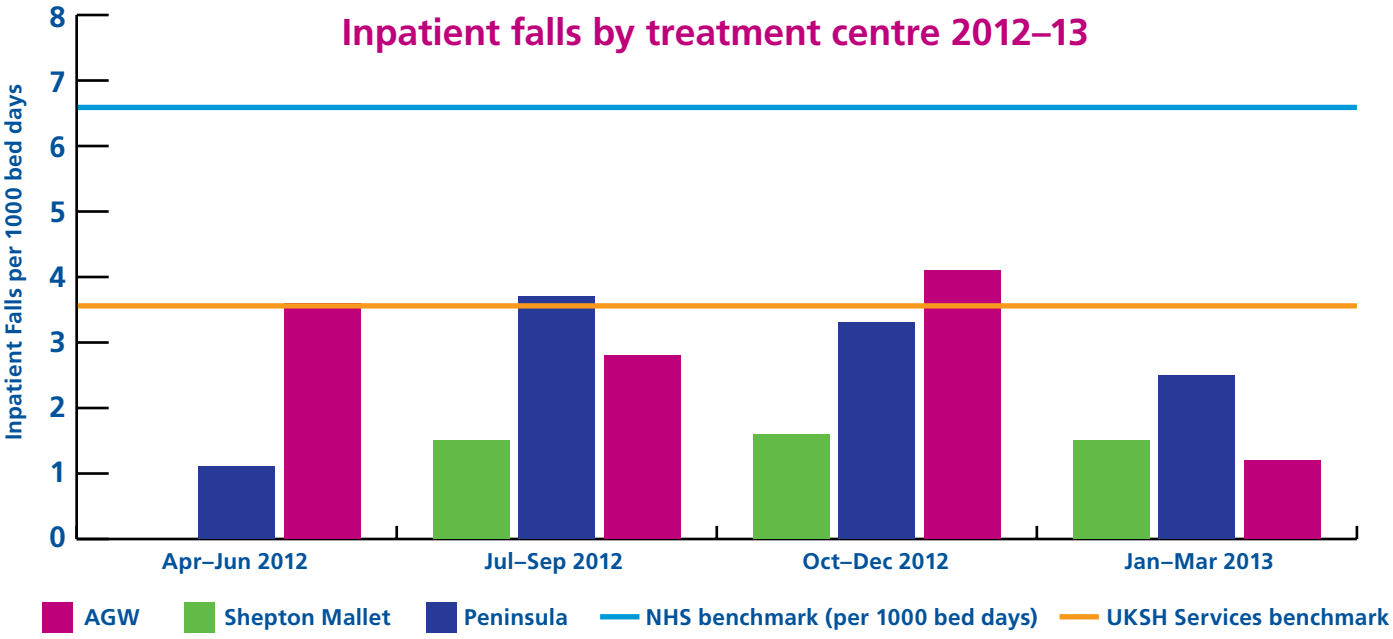
Objective: Minimise patient falls

During 2012–2013, UKSH treatment centres created a Falls Working Group, the aim of which was to develop and implement further improvements in the management and prevention of falls within all our treatment centres. This was in line with the actions recommended with the National Patient Safety Agency (NPSA) Patient Safety First Guidance, 'How to reduce inpatient falls'.

All inpatients have a falls risk assessment undertaken on admission which is regularly updated throughout the patient stay. An alert system of identifying high risk patients has been introduced using a visual reminder against room numbers and on room doors thus raising awareness amongst every member of the multidisciplinary team of any patient's particular risk. A new falls incident report has been developed by the Falls Working Group which, in the event of a fall, enables detailed review to identify cause or any pre-existing risk factors which could have been previously identified. Shepton Mallet demonstrated a significant reduction in the incidence of falls as is illustrated in the table below and led the development of the group and its initiatives

The objective to minimise patient falls remains a quality target for this reporting period. Our target is to maintain and consolidate improvement.

	2010–2011			2011–2012			2012–2013		
	No of Falls	Bed days	per 1000 bed days	No of Falls	Bed days	per 1000 bed days	No of Falls	Bed days	Per 1000 bed days
Emersons Green, Devizes & Cirencester	16		2.5	12	5695	2.1	13	4292	3
Peninsula	14		5.8	15		3.9	11	3426	3.2
Shepton Mallet	15		4.4	7		2.4	3	2589	1.2
Total	45			34			27	10307	2.61



The results above indicate that UKSH reduced its number of patient falls during the reporting period, although within the UKSH South West contract the level remained static.

The NHS reports falls statistics as rate of falls per 1000 bed days. The national benchmark, set by the NHS National Patient Safety Agency is 6.5 falls per 1000 bed days. The incidence of patient falls within any UKSH treatment centre is below 50% of the national benchmark.

The increased focus on falls during this reporting period highlighted how important accurate reporting is for ensuring that preventative measures are implemented and lessons learnt.

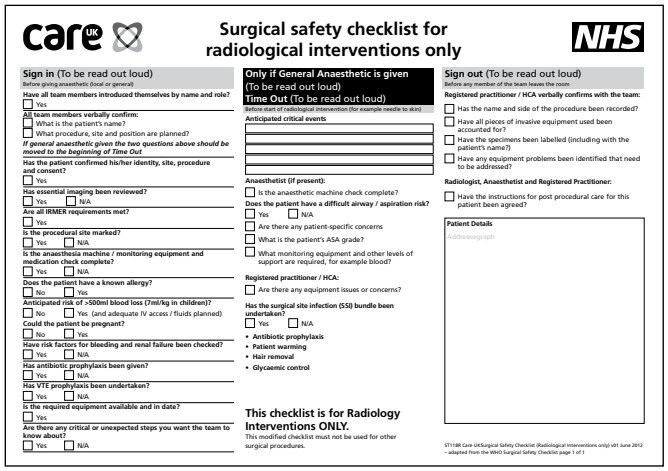
A new development within the Pocket Physio app is a section called 'How to prevent falls' which gives tips and exercises to encourage patients to improve their stability to avoid falling or tripping.

Objective: To improve compliance with the World Health Organisation (WHO) Surgical Safety Checklist

Our treatment centres have been using this WHO tool to improve the safety of patients undergoing surgery. Nationally, the implementation of checklists has led to a significant decrease in serious adverse events within the theatre environment. The checklist has three sets of mandatory checks that take place before the anaesthetic is begun, before the operation begins and before the patient leaves the theatre.

Surgical Safety Checklists were introduced into operating theatres in 2009. Over the past year our treatment centres have introduced dedicated Surgical Safety Checklists for cataract surgery, interventional radiological procedures and minor outpatient procedures. Members of the multidisciplinary team have worked together to modify the checklist to make it relevant for each use.

During 2012–2013 our treatment centres enhanced the audit process to ensure all areas complete a Surgical Safety Checklist. In addition to the retrospective documentation audit, we have introduced an observational audit, which is carried out by a specific staff member during an active list. This ensures that the checklist is completed in the right place, at the right time and by all the staff who should be present. The target for this Quality Account was a 100% implementation and compliance to the WHO checklist observational audit.



care UK

Surgical safety checklist for radiological interventions only

NHS

Sign in (To be read out loud)
Before giving anaesthetic (local or general)

Have all team members introduced themselves by name and role?
☐ Yes

All team members verbally confirm:
☐ What is the patient's name?
☐ What procedure, site and position are planned?

If general anaesthetic given the two questions above should be moved to the beginning of Time Out

Has the patient confirmed his/her identity, site, procedure and consent?
☐ Yes

Has essential imaging been reviewed?
☐ Yes ☐ N/A

Are all IRMER requirements met?
☐ Yes

Is the procedural site marked?
☐ Yes ☐ N/A

Is the anaesthesia machine / monitoring equipment and medication check complete?
☐ Yes ☐ N/A

Does the patient have a known allergy?
☐ No ☐ Yes

Anticipated risk of >500ml blood loss (7ml/kg in children)?
☐ No ☐ Yes (and adequate IV access / fluids planned)

Could the patient be pregnant?
☐ No ☐ Yes

Have risk factors for bleeding and renal failure been checked?
☐ Yes ☐ N/A

Has antibiotic prophylaxis been given?
☐ Yes ☐ N/A

Has VTE prophylaxis been undertaken?
☐ Yes ☐ N/A

Is the required equipment available and in date?
☐ Yes

Are there any critical or unexpected steps you want the team to know about?
☐ Yes ☐ N/A

Only if General Anaesthetic is given
(To be read out loud)
Time Out (To be read out loud)
Before start of radiological intervention (for example needle to skin)

Anticipated critical events

Anaesthetist (if present):
☐ Is the anaesthetic machine check complete?

Does the patient have a difficult airway / aspiration risk?
☐ Yes ☐ N/A
☐ Are there any patient-specific concerns
☐ What is the patient's ASA grade?
☐ What monitoring equipment and other levels of support are required, for example blood?

Registered practitioner / HCA:
☐ Are there any equipment issues or concerns?

Has the surgical site infection (SSI) bundle been undertaken?
☐ Yes ☐ N/A
- Antibiotic prophylaxis
- Patient warming
- Hair removal
- Glycaemic control

This checklist is for Radiology Interventions ONLY.
This modified checklist must not be used for other surgical procedures.

Sign out (To be read out loud)
Before any member of the team leaves the room

Registered practitioner / HCA verbally confirms with the team:
☐ Has the name and side of the procedure been recorded?
☐ Have all pieces of invasive equipment used been accounted for?
☐ Have the specimens been labelled (including with the patient's name?)
☐ Have any equipment problems been identified that need to be addressed?

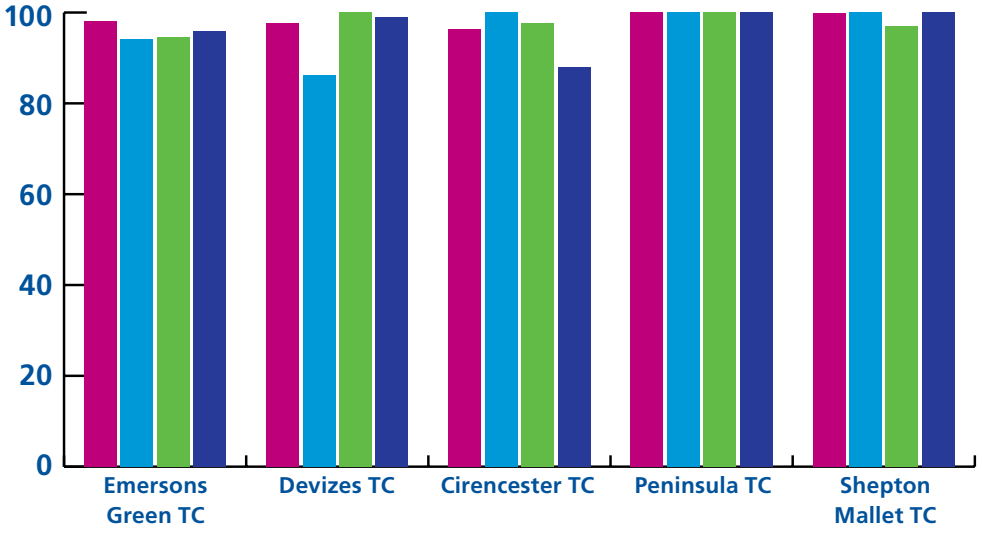
Radiologist, Anaesthetist and Registered Practitioner:
☐ Have the instructions for post procedural care for this patient been agreed?

Patient Details
Addressograph

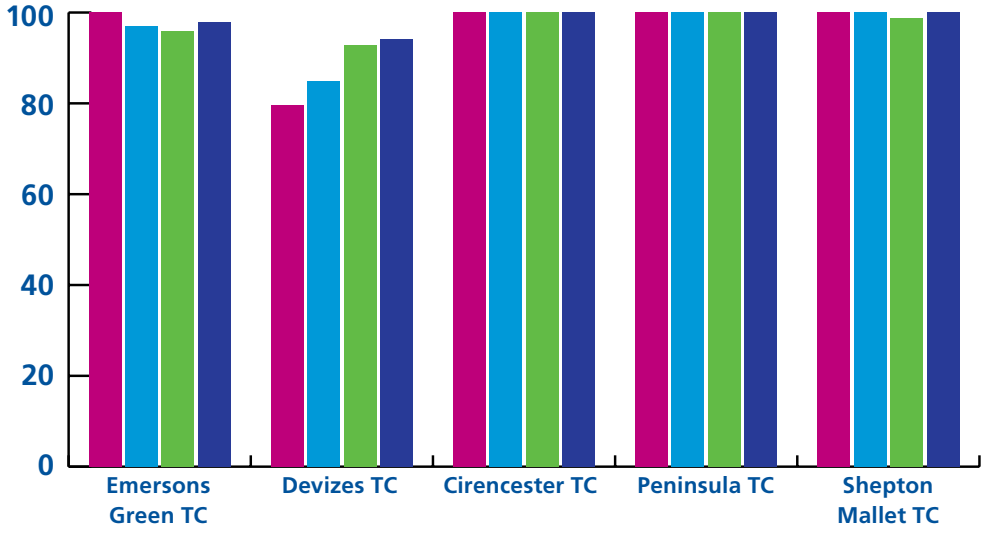
ST1188 Care UKSurgical Safety Checklist (Radiological interventions only) v01 June 2012 – adapted from the WHO Surgical Safety Checklist page 1 of 1

Treatment centre	WHO Surgical Safety Checklist audit Apr 2012–Mar 2013	WHO observational audit Apr 2012 Mar 2013
Emersons Green Treatment Centre	95.7%	97.7%
Devizes Treatment Centre	95.8%	87.8%
Cirencester Treatment Centre	95.5%	100%
Peninsula Treatment Centre	100%	100%
Shepton Mallet Treatment Centre	99.2%	99.7%

WHO Surgical Safety Checklist audit results



WHO observational audit results



Priority 3: Clinical effectiveness

Objective: to improve the monitoring of fluid balance

Our clinical teams appreciate how important it is to maintain a patient's optimum fluid balance. Inaccurate record keeping or a failure to recognise fluid imbalance can lead to electrolyte disturbance and the possibility of delaying a patient's recovery and discharge home.

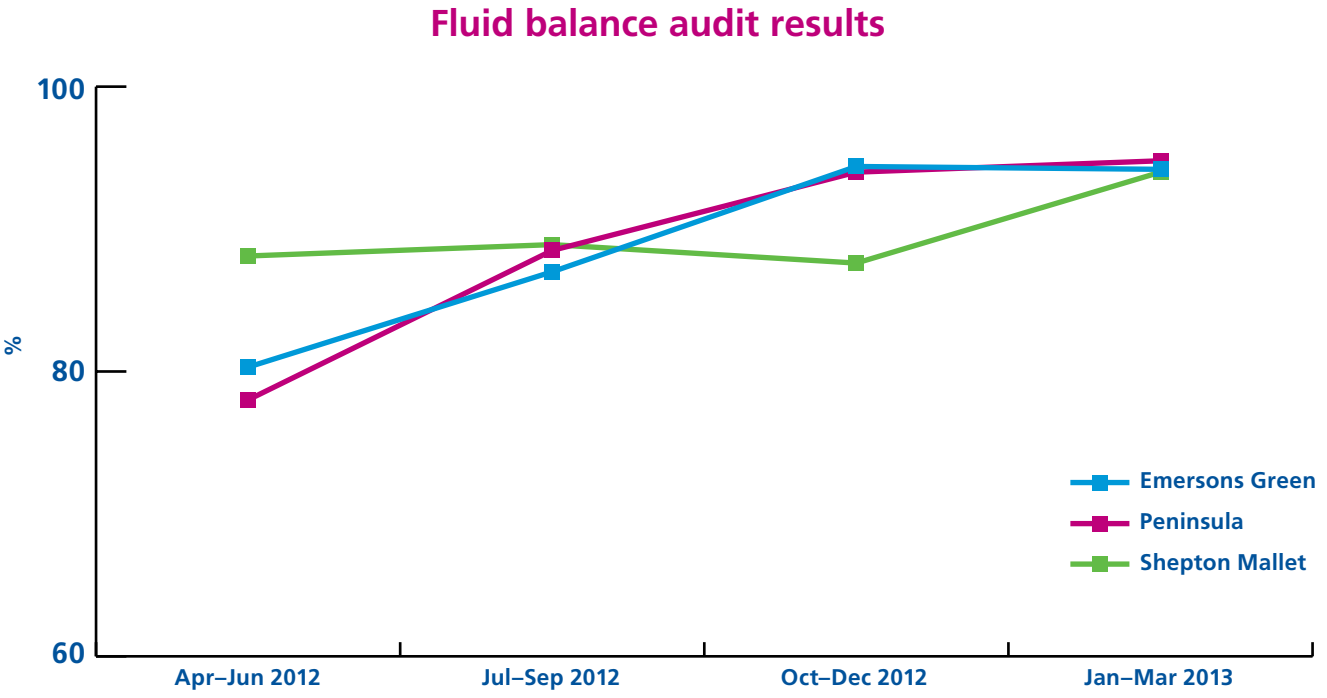
We set the quality objective of systematically raising awareness of the need for accurate fluid management. Our ward-led strategies aimed to improve accuracy, deliver focused training, and ensure staff took part in informative national webinars.

The team redesigned the fluid prescribing and monitoring charts to make them more user-friendly, and to clarify the regular recording intervals in any 24-hour period when fluid balance must be reassessed and reviewed. We also implemented training to ensure that staff could spot the signs and symptoms of fluid overload/deficit.

New audit tools enable senior clinical staff to monitor the accuracy of fluid recording and assess the effectiveness of the strategy. We aimed for an upward trend throughout 2012–2013 to meet a 95% score for accuracy in fluid management recording by the end of the year. Monthly audits were reported through governance and discussed in detail with the relevant clinical teams.

Treatment centre	Fluid balance audit results			
	Apr–Jun 2012	Jul–Sept 2012	Oct–Dec 2012	Jan–Mar 2013
Emersons Green	80.3%	87.0%	94.4%	94.2%
Peninsula	78.0%	88.5%	94.0%	94.8%
Shepton Mallet	88.1%	88.9%	87.6%	94.0%

The audit results indicate that the target was not reached by 0.2-1.0%. When we reviewed the audit, we found this was due to the common errors made in adding up fluid chart totals (nursing staff have since been provided with calculators). Nevertheless, there has been a consistent improvement over the reporting period and we recognise that we need a longer period of monitoring to reach the goal. This target will therefore feature in the quality priorities for 2013–2014.



Review of quality performance 2012–2013

At UKSH we continue to provide quality services by focusing on patient experience, safety and clinical effectiveness. This is in line with four of the five domains within the NHS Outcomes Framework 2012/2013.

1. Preventing people from dying prematurely
2. Helping people to recover from episodes of ill health or following injury
3. Ensuring that people have a positive experience of care
4. Treating and caring for people in a safe environment and protecting them from avoidable harm
5. Enhancing quality of life for people with long term conditions (this domain is not within our ability to influence due to the nature of the commissioned service for elective surgical care)

UKSH provides substantial evidence of quality performance against a raft of clinical and quality indicators. These indicators include the core quality indicators related to the above domains, namely:

- Mortality within seven and thirty days
- Patient Reported Outcome Measures (PROMs)
- Emergency readmission to hospital within 28 days of discharge
- Patient experience and satisfaction surveys and results
- Percentage of patients who would recommend a UKSH treatment centre to a friend or family
- VTE clinical risk assessment
- Incidence of infection – minimising risk from hospital acquired infection or surgical site infection
- Rate of safety incidents, adverse events resulting in severe harm or death

Core quality indicators

- **Mortality**

Treatment centre	Mortality April 2012 – March 2013		Comments
	Within 7 days of discharge	Within 8–30 days of discharge	
AGW (Emersons Green TC, Devizes TC, Cirencester TC)	0	2 (0.01%)	a)1 death 11 days following a day case surgical procedure which is the subject of a coroner's inquest b) death within 30 days following a surgical procedure unrelated to that procedure
Peninsula TC	0	1 (0.04%)	Death within 30 days following a surgical procedure unrelated to that procedure
Shepton Mallet TC	1 (0.01%)	1 (0.01%)	a)death 6 days post a surgical procedure unrelated to that procedure b)death 18 days post a surgical procedure unrelated to that procedure

- **Patient Reported Outcome Measures (PROMs)**

These statistics may be found on page 20.

- **Emergency readmission to hospital (UKSH) within 28 days of discharge**

Treatment centre	Emergency readmission within 28 days of discharge*
AGW (Emersons Green TC, Devizes TC, Cirencester TC)	0.54%
Peninsula TC	0.64%
Shepton Mallet TC	0.68%

*These percentages include the patients admitted to alternative providers

- **Rate of safety incidents reported resulting in severe harm or death**

Treatment centre	Number of incidents	Description
AGW (Emersons Green TC, Devizes TC, Cirencester TC)	1 (0.01%)	Death following a surgical procedure which is the subject of a coroner's inquest
Peninsula TC	0	
Shepton Mallet TC	2 (0.03%)	a)inappropriate transfer of patient to another provider b)shared event between SMTC & local trust

- **Patient experience and satisfaction results (Patient perception)**

The national Patient Perception Survey contains 85 questions of which 77 relate to care received. During August 2012 the survey was sent out to 850 of the most recent patients at each treatment centre. The NHS Outcomes Framework includes a score that assesses patient experience based on five key questions in the Care Quality Commission's National Inpatient Survey. Our patients were asked three extra questions which we believe will help us to drive improvement targets within our services.

Questions	Emersons Green, Devizes and Cirencester		National Average
Were you involved as much as you wanted to be in decisions about your care and treatment?	Yes, definitely 84%	Yes, to some extent 15%	Yes, definitely 66%
Were you given enough privacy when discussing your condition or treatment?	Yes, always 95%	Yes, sometimes 5%	Yes, always 92%
Did a member of staff tell you about medication side effects to watch for when you went home?	Yes, completely 63%	Yes, to some extent 18%	Yes, completely 41%
Did hospital staff tell you who to contact if you were worried about your condition or treatment after you left hospital?	Yes 99%	No 1%	Yes %
In your opinion, how clean was the hospital room or ward that you were in?	Very clean 98%	Fairly clean 2%	Very clean 85%
Overall, did you feel you were treated with respect and dignity while you were in the hospital?	Yes, always 97%	Yes, sometimes 3%	Yes, always 85%
Overall, how would you rate the care you received?	Excellent 78%	Very good 20%	
Would you recommend our services to a friend or a family member?	Yes, definitely 94%	Yes, probably 6%	

Question	Peninsula		National Average
Were you involved as much as you wanted to be in decisions about your care and treatment?	Yes, definitely 83%	Yes, to some extent 15%	Yes, definitely 66%
Were you given enough privacy when discussing your condition or treatment?	Yes, always 94%	Yes, sometimes 5%	Yes, always 92%
Did a member of staff tell you about medication side effects to watch for when you went home?	Yes, completely 73%	Yes, to some extent 14%	Yes, completely 41%
Did hospital staff tell you who to contact if you were worried about your condition or treatment after you left hospital?	Yes 98%	No 2%	Yes %
In your opinion, how clean was the hospital room or ward that you were in?	Very clean 98%	Fairly clean 2%	Very clean 85%
Overall, did you feel you were treated with respect and dignity while you were in the hospital?	Yes, always 97%	Yes, sometimes 3%	Yes, always 85%
Overall, how would you rate the care you received?	Excellent 83%	Very good 16%	
Would you recommend our services to a friend or a family member?	Yes, definitely 96%	Yes, probably 4%	

Question	Shepton Mallet		National Average
Were you involved as much as you wanted to be in decisions about your care and treatment?	Yes, definitely 87%	Yes, to some extent 12%	Yes, definitely 66%
Were you given enough privacy when discussing your condition or treatment?	Yes, always 95%	Yes, sometimes 4%	Yes, always 92%
Did a member of staff tell you about medication side effects to watch for when you went home?	Yes, completely 78%	Yes, to some extent 10%	Yes, completely 41%
Did hospital staff tell you who to contact if you were worried about your condition or treatment after you left hospital?	Yes 95%	No 5%	Yes %
In your opinion, how clean was the hospital room or ward that you were in?	Very clean 96%	Fairly clean 4%	Very clean 85%
Overall, did you feel you were treated with respect and dignity while you were in the hospital?	Yes, always 97%	Yes, sometimes 3%	Yes, always 85%
Overall, how would you rate the care you received?	Excellent 82%	Very good 16%	
Would you recommend our services to a friend or a family member?	Yes, definitely 94%	Yes, probably 6%	

As well as participating in the national NHS survey, we undertake regular patient satisfaction surveys in which patients who have a surgical treatment with us are asked their views on their experience at the respective treatment centre.

We have achieved high satisfaction rates and this drives our staff to continue to ensure that patients' expectations are met throughout their stay.

Area of patient experience	Percentage satisfaction – (overall patient satisfaction)				
	Emersons Green	Devizes	Cirencester	Peninsula	Shepton Mallet
Were our staff helpful and efficient?	98.4%	98.2%	98.0%	99.8%	98.2%
Did the outpatient staff meet your expectations?	97.8%	99.2%	98.9%	98.4%	98.3%
Did the surgical staff meet all your expectations?	99.5%	99.3%	99.6%	97.5%	98.9%
Did the ward staff (nurses, physios) meet your expectations?	97.6%	-	-	96.7%	97.3%
Did the catering meet your expectations?	94.9%	-	-	96.6%	96.5%
Were there any problems once you had been discharged?	95.9%	96.4%	94.1%	92.7%	94.4%
Was the treatment centre welcoming and clean?	99.9%	99.5%	99.6%	97.9%	99.5%

- **Learning from complaints**

UKSH has a rigorous policy in place to ensure any complaints receive a rapid response. The approach is open and welcoming, and complaints are acknowledged within two working days, with a full response within 20 working days. For more complicated complaints, particularly if they involve more than one organisation, a longer time period will be agreed with everyone concerned.

The causes of complaints, together with investigation outcomes, are shared with treatment centre staff via the governance process and we take the opportunity to learn and share any lessons learnt. We take an inclusive approach to complaints, and aim to capture and resolve concerns expressed by patients at any stage of their treatment.

Site	No. of complaints received	Percentage of responses within standard targets	Complaints per 1000 patient episodes
AGW (Emersons Green TC, Devizes TC, Cirencester TC)	25	100%	0.15%
Peninsula	2	100%	0.08%
Shepton Mallet	15	100%	0.02%

Risk management and clinical governance – monitoring and improving performance

Governance

Governance is deeply embedded within the culture of UKSH, from front line centre-based staff to doctors and administrators through to the Medical Director and the Board.

Clinical governance

Clinical governance meetings are held within each contract on a monthly basis and as many staff as possible – medical, clinical and managerial – are supported to attend. High level integrated and strategic governance meetings were held quarterly during the reporting period and were attended by senior clinical and management staff.

Clinical specialty meetings led by the specialty Clinical Directors were held bi-monthly. Strategic infection prevention and control, health and safety/risk management, information governance and contract management board meetings were held quarterly across all sites in addition to the monthly site meetings within the individual treatment centres.

The whole governance structure ensures that best practice and learning can be shared and cascaded through the organisation. It also ensures that commissioners are informed and involved in the patient safety and quality aspects of the service as well as with the business and contract reviews.

The governance agenda encompasses the review and benchmarking of the following:

- national and contractual key performance indicators (KPIs)
- clinical outcomes (by specialty and by consultant)
- patient experience feedback, including complaints and concerns
- adverse events and accidents
- review of national alerts (MHRA, MDA, NPSA) and clinical guidance (NICE)
- data submitted to national bodies
- infection prevention and control
- risk management
- workforce management and training
- information governance and review of all root cause analyses or reports of serious incidents requiring investigation.

Action and improvement plans are evolved as necessary and disseminated throughout the organisation.

Each month, data is collected and verified from each treatment centre and submitted to the informatics team who produce a report for each contracted service. Comparing, benchmarking and reviewing these indicators gives UKSH and our commissioners the detail around the quality of service we provide.

We submit data to the national registries with the relevant areas of work so that organisational performance can be benchmarked against other providers.

Training

The Human Resources report to Governance records our compliance with the mandatory elements of our training plan. All staff are encouraged and supported in all aspects of their personal and professional development, and medical staff have allocated time in their schedules for continuous professional development. Our culture of continuous development is crucial to providing a quality service to patients. Staff satisfaction is monitored through an annual staff survey, annual appraisal process and regular progress reviews – all of which are key to maintaining staff skills and commitment.

Our working environment is focused on quality and patient safety. Clinical data is collected about the performance of individual surgeons, and this is scrutinised on a monthly and quarterly basis to identify any trends. If a concern is raised then appropriate action can be taken quickly.

Never Events – those incidents that should never happen – plus serious incidents requiring investigations (SIRIs) are subject to intensive investigation in line with the NPSA guidance and investigation templates. We identify the cause of the event and make changes to processes or practices to minimise the possibility of anything similar happening again. Never Events are also reported to the commissioners and are stringently reviewed at contract management meetings. At these times the root cause analysis is presented and action plans agreed. All such events are reported into STEIS and reviewed at Strategic Health Authority level.

Patient Environment Action Team – PEAT

A PEAT assessment was carried out at all UKSH treatment centres during the recording period – in line with the National Patient Safety Agency guidance. This was led by members of the Patient Focus Group. The team assessed compliance with a number of factors contributing to the quality of the patients' experience. The findings were independently validated and published on the NHS Information Centre website.

UKSH PEAT scores 2012

Site	Environment	Food	Privacy & Dignity
Emersons Green TC	4 Good	5 Excellent	5 Excellent
Peninsula	5 Excellent	4 Good	4 Good
Shepton Mallet	5 Excellent	5 Excellent	5 Excellent

Mixed sex accommodation

It is standard practice in our facilities to provide single sex accommodation for admission, treatment and discharge in line with the Department of Health guidance. Men and women are cared for separately to maintain the excellent standards of privacy and dignity.

We can confirm that there have been no breaches of the Department of Health's Mixed Sex Accommodation guidance during the past year – a fact that has been reported to the NHS Information Centre on a monthly basis.

Infection prevention and control

UKSH has complied with the criteria set out under the Health and Social Care Act 2008: Code of Practice for health and adult social care on the prevention and control of infections and related guidance. An infection prevention and control (IP&C) team is present in each treatment centre, with a lead in place who works alongside departmental link practitioners. The team is guided by the IP&C manager who ensures that strong leadership is in place, and treatment centre teams are engaged across the company in providing data for external and internal audit. The Director of Infection Prevention and Control was the Head of Nursing and Clinical Services at Emersons Green NHS Treatment Centre.

Our treatment centres can demonstrate compliance to the code of practice and can therefore make assurances that the monitoring of healthcare infection prevention and control is in line with CQC expectations. We have provided external audit data to show our effective management of the risks of healthcare associated infections.

Surgical site infections

The Health Protection Agency (HPA) collects data on categories of surgical site infections from all NHS and independent providers to monitor and compare the rate of infections after surgery.

This information is collected from all patients who have undergone hip or knee surgery at our treatment centres and it is submitted to the National Surgical Site Infection Surveillance Programme each month.

We're pleased to confirm that the rate of surgical site infection after hip and knee surgery is less than the national average.

Treatment centre	Total hip replacement		Total knee replacement	
	UKSH	National	UKSH	National
Emersons Green	0.2%	1.2%	0.5%	1.6%
Peninsula	0.6%	1.2%	0.8%	1.6%
Shepton Mallet	0.7%	1.2%	0.7%	1.6%

Alongside the mandatory orthopaedic surveillance, each UKSH treatment centre reported every confirmed deep infection to the governance team, and completed a root cause analysis. Results or actions from these are shared across our sites via our internal governance structure. Infections can lead to longer stays in hospital, the need for antibiotics and poorer long term outcomes for the patient. This system of sharing learning helps us to minimise the likelihood of infection.

Preventing healthcare associated infections (HCAIs)

In line with Department of Health regulations, UKSH monitored patient infections that are associated with and may be a result of healthcare treatment. This year we continued to contribute to the national plan of reducing healthcare associated infections (HCAI).

Treatment centre	MRSA Meticillin Resistant Staphylococcus Aureus	MSSA Meticillin Sensitive Staphylococcus Aureus	E. COLI bacteraemias	Clostridium Difficile
Emersons Green	0	0	0	0
Devizes	0	0	0	0
Cirencester	0	0	0	0
Peninsula	0	0	0	1 (Dec 2012)
Shepton Mallet	0	0	0	0

Preventing infection is a constant focus and priority for us. We do so by implementing the following:

- Mandatory training in hand hygiene practices for all staff at our treatment centres
- Regular hand hygiene audits against the recognised five moments standards of hand hygiene
- Routine screening pre-admission for MRSA for patients undergoing elective surgery
- Active de-colonisation prior to surgery for any patient identified as MRSA positive
- Documented cleaning schedules with checklists for all facilities; these are audited internally and externally
- Education and support given to a network of infection prevention and control link practitioners within the multi-disciplinary departments in each treatment centre
- Mandatory annual infection prevention and control training for all clinical practitioners
- Active surveillance of infections including monitoring outcomes of all UKSH surgical patients
- Immediate investigation and isolation of any patient with symptoms of diarrhoea to identify source

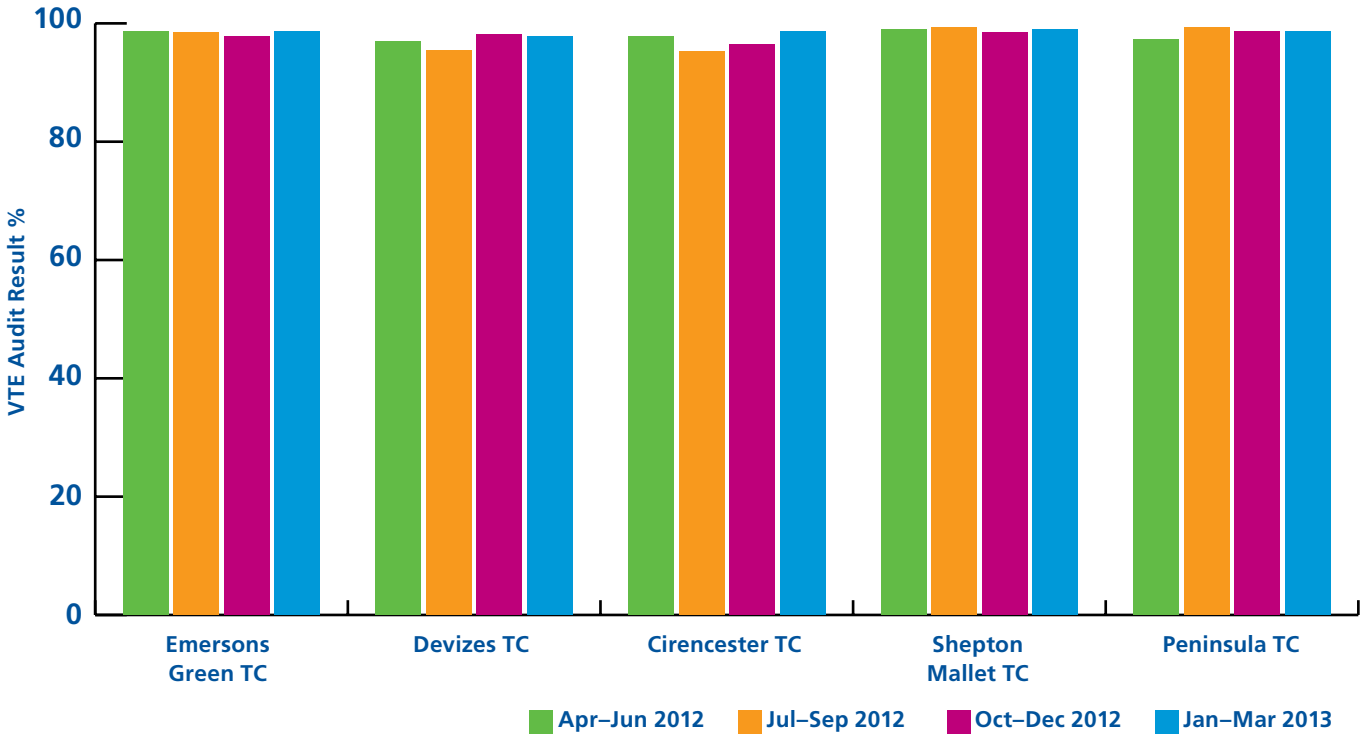
Prevention of venous thromboembolism (VTE) in post-operative patients – compliance to National Institute for Clinical Effectiveness (NICE) guidance

NICE guidance issued in 2007 recommended that all patients undergoing planned surgery – and particularly those having hip and knee replacement surgery – should receive preventative treatment to minimise the risk of a VTE. Since our treatment centres were set up, every patient admitted for a procedure undergoes a risk assessment to determine the chance of them developing a VTE. If a patient is classified within a high risk group, prophylactic medication is prescribed. Routine preventative medication is given to patients following hip and knee replacement to minimise the risk of post-operative clots.

A monthly audit is also carried out to show compliance to the VTE policy.

VTE audit results	2012–2013			
	Apr–Jun 2012	Jul–Sept 2012	Oct–Dec 2012	Jan–Mar 2013
Emersons Green TC	98.6%	98.4%	97.7%	98.7%
Devizes TC	97.0%	95.4%	98.2%	97.8%
Cirencester TC	97.7%	95.2%	96.4%	98.6%
Shepton Mallet TC	98.9%	99.3%	98.5%	98.9%
Peninsula TC	97.2%	99.3%	98.6%	98.7%
GROUP	97.9%	97.5%	97.9%	98.5%

VTE risk assessment audit results 2012–13



VTE Prevention Awareness Week – May 7-11 2012

'Stop the Clot' was the resounding call promoted during National VTE Awareness Week in May 2012. We organised training sessions in all clinical areas and performed ward audits, in line with NICE protocol. Posters, balloons, special illustrative badges and information leaflets for patients and staff were displayed in all clinical areas. Patient education was a key element, with documentation provided by the charity, Lifeblood.

JAG accreditation for endoscopy services

The Joint Advisory Group (JAG) is an independent national body focused on ensuring the quality and safety of patient care by defining and maintaining the standards for endoscopy in the UK.

All the endoscopy services within Emersons Green and Shepton Mallet treatment centres have previously achieved JAG accreditation and both achieved reaccreditation during 2012.

Maintaining JAG accreditation is a two stage process. In April 2012 all endoscopy services completed the online Global Rating Score (GRS) assessment, and in October all services completed the report card. These provide the documentary evidence of compliance to JAG standard requirements for staff and patient survey results.

Data is also provided to show compliance to the six week waiting time for diagnostic endoscopy. We are pleased to confirm that all our endoscopy units meet the six week waiting times.

One of the indicators of a high quality and effective colonoscopy service is the rate of completion of the examination – which means that the endoscopist is able to identify the caecum. This is the final anatomical marker that the colonoscope can reach. If it can be seen it means that the colon has been viewed as far as is physically possible. All colonoscopies within UKSH endoscopy units are recorded on DVD and undergo a rigorous quality assurance review every quarter. We also measure and record the discomfort levels experienced by the patient. (Patients should experience little or no discomfort during the examination.)

All our endoscopy units achieve completion rates, discomfort scores and polyp detection rates above the JAG standard.

Colonoscopy (Caecal) completion rates

Treatment centre	Completion rate 2012–13
AGW (Emersons Green TC, Devizes TC)	96.0%
Shepton Mallet TC	95.3%

Polyp retrieval rates

Treatment centre	Polyp retrieval rate
AGW (Emersons Green TC, Devizes TC)	94.4%
Shepton Mallet TC	93.7%

Medical staff revalidation

Revalidation is the process by which doctors demonstrate that they are up-to-date and fit to practise. In December 2012, the General Medical Council (the body that registers doctors to practise in the UK) made revalidation a statutory process for all UK doctors. The process ensures that doctors practising in this country maintain the highest standards of clinical care.

To facilitate and manage the process of revalidation, each organisation identifies an appropriately qualified and trained Responsible Officer (RO). Medical Director, Dr Cath Finn, was the Responsible Officer for UKSH.

Our treatment centres established an appraisal process for all doctors to ensure that they are supported with relicensing and revalidation with the GMC. We introduced an appraisal software package that helps doctors create a portfolio of supporting evidence and helps them to manage the process as individuals.

For the year ending March 2013, we submitted data to the GMC revalidation support team detailing:

- The number and status of doctors for whom UKSH is the designated body
- The number of doctors who had a valid appraisal by 31st March 2013
- The number of trained appraisers within the organisation

Clinical outcomes and specialty data review

During the reporting period 2012–2013 our treatment centres continued to deliver excellent outcomes, including low complication rates. This is shown in the results of the key outcomes review and specialty data.

Clinical outcomes	AGW – Emersons Green, Devizes, Cirencester	Peninsula	Shepton Mallet
Total volume of procedures	16660	2656	7621
Mortality within 7 days	0.00%	0.00%	0.01%
Mortality within 8–30 days	0.01%	0.04%	0.01%
Average length of stay – HIP	3.1 days	3.3 days	3.2 days
Average length of stay – KNEE	3.2 days	3.5 days	3.3 days
National average length of stay (for benchmarking purposes)	Not available	Not available	Not available
Day case rate (excl joint replacement surgery) (percentage of day case procedures as percentage of procedures anticipated to be day case procedures)	96.3%	88.7%	95.4%
Deep-vein thrombosis	0.01%	0.04%	0.05%
Pulmonary embolism	0.02%	0.04%	0.01%
Unplanned returns to theatre	0.06%	0.08%	0.03%
Emergency re-admissions within 28 days	0.54%	0.64%	0.68%
Regional/local anaesthetic rate	67.9%	68.5%	64.8%

Specialty data – Joint replacements

Measure	AGW – Emersons Green, Devizes, Cirencester		Peninsula		Shepton Mallet	
	Total	%	Total	%	Total	%
Total volume	1056		849		595	
Mortality within 7 days	0	0.00%	0	0.00%	1	0.17%
Mortality within 8–30 days	0	0.00%	1	0.12%	0	0.00%
Unplanned return to theatre	5	0.47%	3	0.35%	1	0.17%
Transfer of patient to another provider for IP care (excludes rehab)	10	0.95%	11	1.30%	8	1.34%
Unplanned re-admission within 28 days of discharge (*)	33	3.13%	11	1.30%	19	3.19%
Surgical repair within 14 months/revision	14	1.33%	7	0.82%	2	0.34%
Pulmonary embolism	4	0.38%	1	0.12%	0	0.00%
Deep vein thrombosis	4	0.38%	0	0.00%	1	0.17%
Hospital acquired infections (MRSA & C.difficile)	0	0.00%	1	0.12%	0	0.00%
Deep wound infection	3	0.28%	2	0.24%	2	0.34%
Haematoma - leading to evacuation	1	0.09%	1	0.12%	0	0.00%
Dislocation % by hips only	9	1.83%	4	1.05%	3	1.08%
Average length of stay	3.2 days		3.4 days		3.3 days	

*Readmission data includes those to other providers where UKSH has been advised of the re-admission.

Specialty data – General orthopaedics

Measure	AGW – Emersons Green, Devizes, Cirencester		Peninsula		Shepton Mallet	
	Total	%	Total	%	Total	%
Total volume	2227		1724		1650	
Mortality within 7 days	0	0.00%	0	0.00%	0	0.00%
Mortality within 8–30 days	0	0.00%	0	0.00%	0	0.00%
Unplanned return to theatre	0	0.00%	0	0.00%	1	0.06%
Conversion from day case to overnight stay	13	0.58%	10	0.58%	4	0.24%
Transfer of patient to another provider for IP care (excludes rehab)	2	0.09%	1	0.06%	0	0.00%
Unplanned re-admission within 28 days of discharge (*)	9	0.40%	4	0.23%	8	0.48%
Surgical repair within 14 months	1	0.04%	2	0.12%	0	0.00%
Pulmonary embolism	0	0.00%	0	0.00%	1	0.06%
Deep vein thrombosis	0	0.00%	1	0.06%	4	0.24%
Hospital acquired infections (MRSA & C. difficile)	0	0.00%	0	0.00%	0	0.00%
Deep wound infection	2	0.09%	0	0.00%	0	0.00%
Haematoma requiring evacuation	0	0.00%	0	0.00%	0	0.00%

*Readmission data includes those to other providers where UKSH has been advised of the re-admission.

Specialty data – General surgery

Measure	AGW – Emersons Green, Devizes, Cirencester		Shepton Mallet	
	Total	%	Total	%
Total volume	1628		555	
Mortality within 7 days	0	0.00%	0	0.00%
Mortality 8–30 days	1	0.06%	0	0.00%
Unplanned return to theatre	2	0.12%	0	0.00%
Conversion from day case to overnight stay	42	2.58%	30	5.41%
Transfer of patient to another provider for IP care (excludes rehab)	5	0.31%	13	2.34%
Unplanned re-admission within 28 days of discharge (*)	22	1.35%	5	0.90%
Surgical repair within 14 months	4	0.25%	1	0.18%
Pulmonary embolism	0	0.00%	0	0.00%
Deep vein thrombosis	0	0.00%	0	0.00%
Hospital acquired infections (MRSA & C. difficile)	0	0.00%	0	0.00%
Deep wound infection	0	0.00%	0	0.00%
Haematoma requiring evacuation	0	0.00%	0	0.00%
Cholecystectomy	163		90	
Duct Injury	0	0.00%	0	0.00%
Bile leak	0	0.00%	2	2.22%
Conversion from minimal access surgery to open surgery	5	3.07%	1	1.11%
Retained common bile duct stones	0	0.00%	0	0.00%
Bowel injury	0	0.00%	0	0.00%
Endoscopy – Total	3504		1543	
Caecal intubation rate		96.0%		95.3%
Polyp retrieval rate		94.4%		93.7%
Significant bleeds from endoscopy	0	0.00%	0	0.00%
Perforation	0	0.00%	0	0.00%

*Readmission data includes those to other providers where UKSH has been advised of the re-admission.

Specialty data – ENT

Measure	AGW – Emersons Green, Devizes, Cirencester		Shepton Mallet	
	Total	%	Total	%
Total volume (Ear, nose and throat including dental)	5030		1012	
Mortality within 7 days	0	0.00%	0	0.00%
Mortality within 8–30 days	0	0.00%	0	0.00%
Unplanned return to theatre	2	0.04%	0	0.00%
Conversion from day case to overnight stay	6	0.12%	6	0.59%
Transfer of patient to another provider for IP care (excludes rehab)	2	0.04%	0	0.00%
Unplanned re-admission within 28 days of discharge (*)	14	0.28%	10	0.99%
Surgical repair within 14 months	3	0.06%	0	0.00%
Pulmonary embolism	0	0.00%	0	0.00%
Deep vein thrombosis	0	0.00%	0	0.00%
Hospital acquired infection (MRSA & C. difficile)	0	0.00%	0	0.00%
Deep wound infection	0	0.00%	0	0.00%
Primary haemorrhage	3	0.06%	0	0.00%
Secondary haemorrhage	5	0.10%	5	0.49%

*Readmission data includes those to other providers where UKSH has been advised of the re-admission.

Specialty data – Gynaecology

Measure	AGW – Emersons Green, Devizes, Cirencester		Shepton Mallet	
	Total	%	Total	%
Total volume	479		115	
Mortality within 7 days	0	0.00%	0	0.00%
Mortality within 8–30 days	0	0.00%	0	0.00%
Unplanned return to theatre	1	0.21%	0	0.00%
Conversion from day case to overnight stay	10	2.09%	2	1.74%
Transfer of patient to another provider for IP care (excludes rehab)	0	0.00%	1	0.87%
Unplanned re-admission within 28 days of discharge (*)	4	0.84%	3	2.61%
Surgical repair within 14 months/revision	0	0.00%	0	0.00%
Pulmonary embolism	0	0.00%	0	0.00%
Deep vein thrombosis	0	0.00%	0	0.00%
Hospital acquired infection (MRSA & C. difficile)	0	0.00%	0	0.00%
Deep wound infection	0	0.00%	0	0.00%
Haematoma - leading to evacuation	1	0.21%	1	0.87%
Primary haemorrhage	1	0.21%	0	0.00%
Secondary haemorrhage	2	0.42%	1	0.87%
Bladder injury	1	0.21%	0	0.00%
Bowel injury	0	0.00%	0	0.00%
Ureteric injury	0	0.00%	0	0.00%

*Readmission data includes those to other providers where UKSH has been advised of the re-admission.

Specialty data – Ophthalmology

Measure	AGW – Emersons Green, Devizes, Cirencester		Shepton Mallet	
	Total	%	Total	%
Total volume	2335		1660	
Choroidal expulsive haemorrhage	0	0.00%	0	0.00%
Corneal oedema	9	0.39%	1	0.06%
Hyphaema	2	0.09%	0	0.00%
Iris damage from phaco	3	0.13%	1	0.06%
PC rupture with vitreous loss	4	0.17%	0	0.00%
Cystoid macular oedema	6	0.26%	5	0.30%
Endophthalmitis	0	0.00%	0	0.00%
Raised IOP	11	0.47%	19	1.14%
Uveitis	15	0.64%	6	0.36%
Wound leak / rupture	0	0.00%	0	0.00%
TASS * (Toxic Anterior Segment Syndrome)	0	0.00%	0	0.00%

Staff stories

GJT: OPD Manager, Shepton Mallet Treatment Centre

"I started at SMTC as an agency nurse in April 2010, working in both OPD and the ward. I found it a refreshing change to work in such a patient-centred environment and the facility had a very calm and friendly atmosphere. I joined the nurse bank shortly after, and in November 2010 took on a Band 5 fixed term contract on the ward. I thoroughly enjoyed my time on the ward, but when the opportunity came up to secure a full time permanent Band 5 position in OPD, I took it.

My time in OPD has been eventful, with significant changes in senior roles combined with the introduction of new services in satellite locations, and I have worked with three different departmental managers. I became the OPD lead RN (Band 6) in September 2011 and have developed very quickly, learning many new leadership and management skills along the way. I have found the team at SMTC supportive and encouraging and have always been able to find a listening ear when I've needed it. Due to this encouragement and support, when the position of OPD manager became vacant, I felt ready and able to apply. I was successful and took on my new post on 1st March 2013."

PS: Lead Physiotherapist, Peninsula Treatment Centre

"As the newly appointed physiotherapy lead at the Peninsula Treatment Centre, I'm enjoying the challenges that working within an established team brings. This has been made more exciting by the need to employ two more members of the team due to others leaving to further their careers.

Initially I signed up to work on the bank to offer any spare time I had to cover any shifts that became available as I have a real passion for orthopaedics. When an opportunity came up to take over the role as lead I jumped at the chance. I enjoy working within a close multidisciplinary team as it enables you to recognise your own strengths and weaknesses. Everyone at our treatment centre is dedicated to giving our patients the best care possible. My working day is made even more enjoyable when we receive positive feedback from patients and their families about how they have been treated and that they would recommend us to anyone they know."

HK: Theatre Nurse, Emersons Green Treatment Centre

"I'm a member of the theatre scrub team and have worked at Emersons Green since February 2011. I qualified as an RGN in Poland in 2004 and then did postgraduate advanced theatre training, completing it in 2011. So when I joined the treatment centre my experience included advanced laparoscopic scrub skills, and involvement in vascular and transplant surgery.

At Emersons Green I've become the general surgery lead nurse and developed my skills as first assistant. I'm proud of the great results I achieved in my Advanced Scrub Practitioner course back in March this year and of the fact I can use my skills and experience every day by supporting junior staff and the medical team during surgery.

I'm really passionate about high standards of care and am very interested in auditing and ensuring best practice. I've got involved in the monthly observational and documentation audits in my department to the point where I've become the theatre team WHO champion. I've also got involved in the QUAD audit process and taken part in off-site QUAD audit processes and data collection for day case laparoscopic cholecystectomy."

SM: Admin and Theatre Healthcare Assistant, Devizes

"I've always been interested in healthcare - my father is a pharmacist. While working as a healthcare adviser for Boots the Chemist in Trowbridge, I heard about opportunities at the, then, newly opening UKSH treatment centre in Devizes.

I was keen to join a hospital environment and was offered a job as a patient administrator at Devizes in 2009. I helped to shape the administrative processes before the unit was commissioned and enjoyed demonstrating my work to the Department of Health officials during the initial inspections.

After working in administration for two years at Devizes, I wanted to progress and take on a more clinical role. I joined the theatre team as a healthcare assistant for a fixed term contract to cover maternity leave, and began training for the role. My experience cemented my decision to pursue a career in healthcare. I have learnt a lot and gained invaluable experience as part of the fantastic team at the Devizes treatment centre. Although I'm due to return to my administration role later in 2013, I'm planning to study to become a registered operating department practitioner."

RS: Work Experience Mentor, Cirencester

"Work experience students are our future employees! Students benefit from work experience as it helps them to better understand the job or career they want to pursue. Universities now see work experience as an essential requirement in the student's application for further education. Through the experience at our treatment centre, students can better understand the skills relevant to a career in healthcare, including communication, patience, responsibility, accuracy, punctuality, reliability, team work and leadership.

Cirencester Hospital has supported work experience students for some time, and, as part of the programme, the treatment centre was asked if we would like to be included, to offer a more surgical-based experience for the students.

From January this year we agreed to support this programme. This is our first experience of having students at this facility. I was encouraged and guided to mentor the students. Cirencester Hospital co-ordinated the placements and complete all the necessary checks before the students arrived.

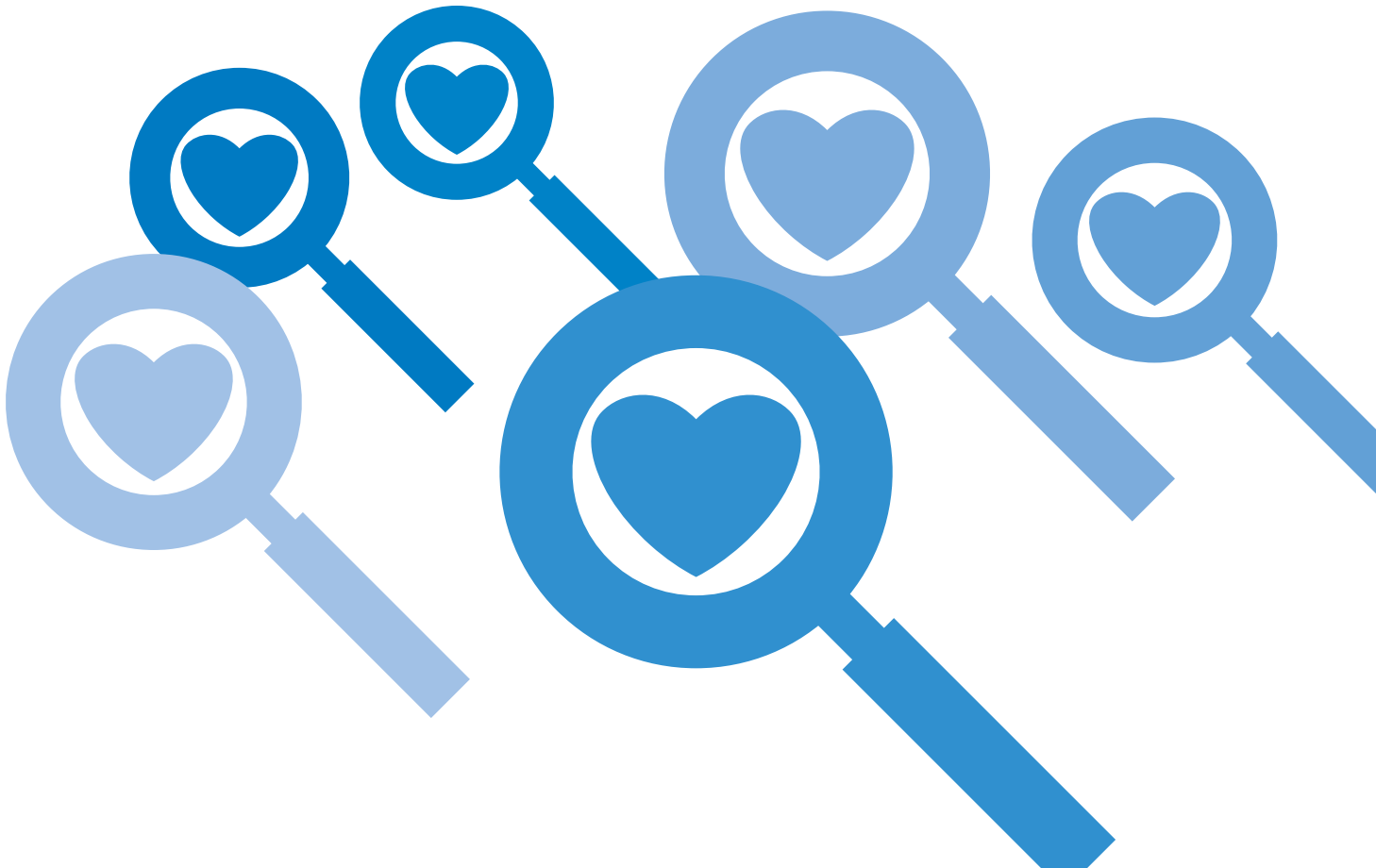
We have had three students so far this year. They were each given a schedule that gave them as much relevant experience as possible within the short time they were with us. They shadowed me and had the opportunity to talk to patients, to interact with staff and consultants. The work experience programme has been very successful and we're looking forward to continuing to work with Cirencester Hospital to support more young students in the future. The students' feedback has been very positive…"

"I really enjoyed myself; staff members were very welcoming and kind. I learnt a lot and am grateful for the opportunity. I learnt about infection control and patient care."

"All staff were lovely, my mentor got me involved talking to patients and taught me to do blood pressure."

"I'd just like to say thank you for taking the time to show me around PACU. It was great to see another aspect of hospital life and I really enjoyed it."

External review



Feedback from LINks to Healthwatch

Due to the reconfiguration of LINks to Healthwatch, we were unable to receive comments on the Quality Account this year. We look forward to working with Healthwatch in the coming year and sharing our priorities for quality with them.

Feedback from Somerset Clinical Commissioning Group

As lead commissioner, Somerset Clinical Commissioning Group (and previously NHS Somerset) has monitored the safety, effectiveness and patient experience of health services provided by the Shepton Mallet NHS Treatment Centre (SMTC) during 2012/13.

SMTC's engagement in the quality contract monitoring process provides the basis for commissioners to comment on the quality account including performance against quality improvement priorities and the quality of the data included.

We have reviewed the achievements against the National Performance Indicators as outlined in the account and can confirm that the reported position is accurate.

We have reviewed the identified Quality Improvement Priorities for inclusion in the Quality Account for 2012/13 and would comment as follows:

Quality

Ensuring that we put patients first in all that we do is essential for patients to receive care that meets their needs and this should be provided by caring and compassionate staff. The publication in February 2013 of the Mid Staffordshire NHS Foundation Trust Public Inquiry (Francis Inquiry) has emphasised that the NHS must put patients at the centre and ensure that fundamental standards of care are met.

The CCG acknowledges that SMTC is committed to building on its existing standards of patient experience, patient safety and clinical effectiveness.

The CCG can confirm that SMTC regularly reviews the quality and safety of its services using a variety of quality indicators and these are reported to the CCG at the quarterly clinical quality review meetings.

Patient safety

Reduction of hospital acquired infections

Somerset CCG can confirm that SMTC reported no cases of MRSA, MSSA, E.Coli or Clostridium Difficile. SMTC is commended for achieving this target again in 2012/13.

SMTC have reported 0.7% against a national average of 1.2% for surgical site infections for hip replacements and 0.7% against a national average of 1.6% for knee replacements.

To reduce the number of falls within the treatment centre

The CCG has noted that SMTC became part of a falls working group, the aim of which has been to develop and implement improvement strategies to prevent falls in line with the actions recommended in the National Patient Safety Agency, Patient Safety First Guidance.

The CCG commends SMTC on achieving their objective of a 10% reduction in falls compared with 2011/12 and acknowledges that SMTC is committed to continuing the focus on reducing falls in 2013/14.

Patient falls remain subject to ongoing scrutiny by the CCG via the Clinical Quality Review process to ensure that SMTC continues to focus on reducing the number of patients who fall and to embed the learning from planned interventions and incident reporting to promote patient safety.

Improve compliance with the World Health Organisation (WHO) Surgical Safety Checklist

The CCG acknowledges that the target for compliance was 100% use of the checklist and that although 99.2% compliance was achieved, just short of the 100 target; this has led to significant improvements in patient safety. A supplementary observation audit verifies completion of the checklist.

The CCG further acknowledges the introduction of modified Surgical Safety checklists for cataract surgery, interventional radiological procedures and for minor procedures carried out in an outpatient setting.

Improve monitoring of fluid balance

The CCG notes SMTC's quality objective to improve the monitoring of the fluid balance of patients, which includes re-designed fluid prescribing and monitoring charts. It is noted that audit tools have been created to assist in the accuracy of fluid recording and that a 94% was achieved against a target of 95%. It is acknowledged that this will continue to be a key quality objective for 2013/14.

Introduction of the safety thermometer within the treatment centre

SMTC has successfully completed the roll out of the Safety Thermometer to assess all inpatients for four specific harms; pressure ulcers, falls, catheter associated urinary tract infections and Venous Thromboembolism.

The results from the safety thermometer are presented as the percentage of harm free care being delivered across the treatment centre on the day of data collection.

Never Events

SMTC reported one Never Event during the year. This was related to wrong site surgery where the wrong optical lens was implanted as a result of inaccurate measurement. It involved the services of another NHS provider prompting a joint investigation and shared learning. The learning from this incident was in respect of the setting up and management of safe provision of satellite services in other provider environments.

Clinical effectiveness

Clinical audit programme

SMTC has participated in two national audit programmes, which provide assurance of the quality of treatment and care and the outcomes of care for patients. SMTC also has a comprehensive programme of local audits that have influenced improvement in patient care across services.

Patient Reported Outcome Measures (PROMs)

SMTC participated in national PROMs for hip and knee surgery and the CCG can confirm SMTC has used the PROMs methodology to develop local PROMs to measure patient experience in pain management and shoulder arthroscopies.

SMTC have noted that they did not meet the PROM return levels previously reached in 2011/12. However, it is also noted that SMTC experienced difficulty with the new format of the PROMs form, but that this has now been resolved. Their target for 2013/14 has been set for a return rate of over 90%.

Readmissions

The target agreed with the CCG for 2012/13 for emergency readmissions within 28 days of an elective admission was 1%. SMTC achieved this with an overall Year to Date percentage of .035%.

Patient experience

Patient Satisfaction Survey

The CCG confirms the overall results of surveys reported on each quarter were extremely positive, showing a consistent level of satisfaction for patients with the care provided with a Year to Date average of 100%.

An objective for 2012/2013 was to evaluate patient information given to support the post-operative phase. Evaluation indicates the importance of being given information, and the value of a post-operative call with 78% of patients finding this helpful and reassuring.

Care Quality Commission

The CCG notes that SMTC received an unannounced visit from the CQC in February 2013 and that all inspected standards were met, there were no areas of non-compliance or recommendations made.

Data quality

SMTC has continued to make progress in improving data quality. It is important to demonstrate the quality of care provided and for this to be benchmarked against other NHS providers. With increasing patient choice the provision of high quality data on the effectiveness and safety of the care provided to patients at SMTC will be important for patients who choose to have their treatment at the centre.

Quality improvement priorities for 2013–14

Somerset CCG supports the quality improvement priorities identified by SMTC for the coming year. In the light of the publication of the Francis Inquiry and the continued focus on reducing harm to patients and improving patient experience support the objective to ensure that staff have the capability and capacity to do their job properly.

A number of the priorities identified by the treatment centre have been included in the Commissioning Quality and Innovation (CQUIN) framework that we have agreed, as set out below:

- Friends and Family Test
- Use of the Patient Safety Thermometer
- Supporting carers of people with dementia
- VTE risk assessment
- Provision of test results following outpatient appointments

We can confirm that the Quality Account meets national requirements in respect of content, provides a balanced view of the organisation's achievements and as such is an accurate reflection of the quality of services provided.

We look forward to continuing to work with SMTC during 2013/14 to improve the safety, clinical effectiveness and patient experience of the services provided.

Please contact me at the above address if you wish to discuss any of the above comments further.

Yours sincerely
Lucy Watson
Director of Quality and Patient Safety

Copy: Dr Geoff Sharp,
Somerset Clinical Commissioning Group
Copy: Dr Mathew Dolman,
Somerset Clinical Commissioning Group
Copy: David Slack, Managing Director,
Somerset Clinical Commissioning Group
Copy: Paul Goodwin, Director of Finance and Performance,
Somerset Clinical Commissioning Group
Copy: Lynn Street, Deputy Director of Quality and Patient Safety, Somerset Clinical Commissioning Group

Feedback from Northern, Eastern and Western Clinical Commissioning Group (NEW Devon CCG)

As a new Commissioning Organisation, NEW Devon CCG is pleased to have the opportunity to comment on the orthopaedic services that we commission from the Peninsula NHS Treatment Centre in Plymouth on behalf of ourselves, East Cornwall and Southern Devon & Torbay CCG.

Previously the service was commissioned by the cluster of NHS Plymouth and Torbay and we have relied on information in our Devon quality handover document to inform our comments. We look forward to building a positive relationship with the service in 2013–14 in order to continue to ensure a positive patient experience and delivery of high quality, clinically effective care to our population.

Achievements in 2012–13

NEW Devon CCG welcomes the commitment of Care UK to high quality care as demonstrated by the introduction of a new quality improvement team for 2013–14. The Peninsula NHS Treatment Centre has an excellent track record of delivery and quality and safety as seen in the reports from the Care Quality Commission. In addition audits show 100% compliance to the World Health Organisation Surgical Safety Checklist. There has been a progressive reduction in the number of falls and a steady improvement in the monitoring of fluid balance.

Learning from patient experience is particularly important to the CCG and we are pleased to see the implementation of the Friends and Family test and learning from complaints.

Priorities for 2013–14

It is evident that the Peninsula NHS Treatment Centre aspire to excellence and the CCG welcome the commitment to being in the top ten per cent of healthcare providers using the friends and family test. As the year progresses we will be interested to understand how the centre embeds the learning from the test to bring about quality improvements.

The CCG welcomes the use of digital technology to improve patient outcomes e.g. hand physiotherapy electronic application. In addition we will be working together to streamline care pathways with other providers to reduce the follow up waiting times for physiotherapy.

The CCG has reviewed the quality priorities for 2013–14 and is pleased to see a commitment to stretch targets for priorities that have been rolled forward from 2012–13 and that six out of the eleven priorities are new this year.

I look forward to working with you this year, with contracting and commissioning colleagues from the Western Locality in the monitoring of patient safety, quality and experience.

Yours sincerely
Clare Cotter
Patient safety and quality
Head of patient safety and quality
Northern, Eastern and Western Devon
Clinical Commissioning Group

Cc: Jenny Winslade Chief Nurse
Jerry Clough Locality Managing Director

Feedback from Emersons Green Patient Forum

We like the way the forum members are accepted and treated like equals. The patient forum at Emersons Green has been going for two and a half years, and is achieving all the objectives of the Terms of Reference. We, the patients, contribute to the Terms of Reference and it is good to see that it is complied with. A very positive, informative and enriching experience. There is openness and transparency in the sharing of information. It is good to see that suggestions from the forum have been implemented. Patient involvement in the PLACE assessment has been very fulfilling. We are satisfied with the quality targets that have been set for the next year.

Feedback from NHS South Gloucestershire Clinical Commissioning Group (CCG)

Thank you for providing a copy of your 2012/2013 draft Quality Account for comment, and the contract team is pleased to respond on behalf of the CCG. The CCG also looks forward to working with Care UK as it takes forward work completed by UKSH.

It was disappointing not to be able to see the content of the foreword by Jim Easton as UKSH has so recently become part of Care UK.

The layout of the QA did not flow as well as it could have, and therefore it was difficult to ascertain what had been achieved from last year's objectives / priorities. However, the CCG acknowledges that the production of the QA in terms of timing was during the transition period from UKSH to Care UK.

The audit section on pages 4–6 was useful but came before any description of services and did not really illustrate what benefit these audits had on patient care / outcomes and particularly fluid management and recording accuracy which is acknowledged as being crucial in safe patient management and patient outcome. This could have been linked to why it had been chosen as one of the priorities for 2013/14.

The section on Safeguarding was particularly relevant given the impact of the Winterbourne View investigation.

The quality objectives provided in relation to Patient Safety, Patient experience and Clinical Effectiveness may have benefited from being linked with QA guidance of 2012 and the NHS Outcomes Framework Domains, five in total. Some of the objectives identified are already nationally reported (VTE) or a regulatory requirement (CQC essential standards), therefore opportunities may have been missed to demonstrate innovative practice within Care UK sites and services.

Good examples of innovative practice

- Physio app for hand surgery
- Enhanced recovery programmes for hip and knee surgery
- Offering a work placement for nursing students from UWE
- Participation in NHS Safety Thermometer and Friends & Family Test

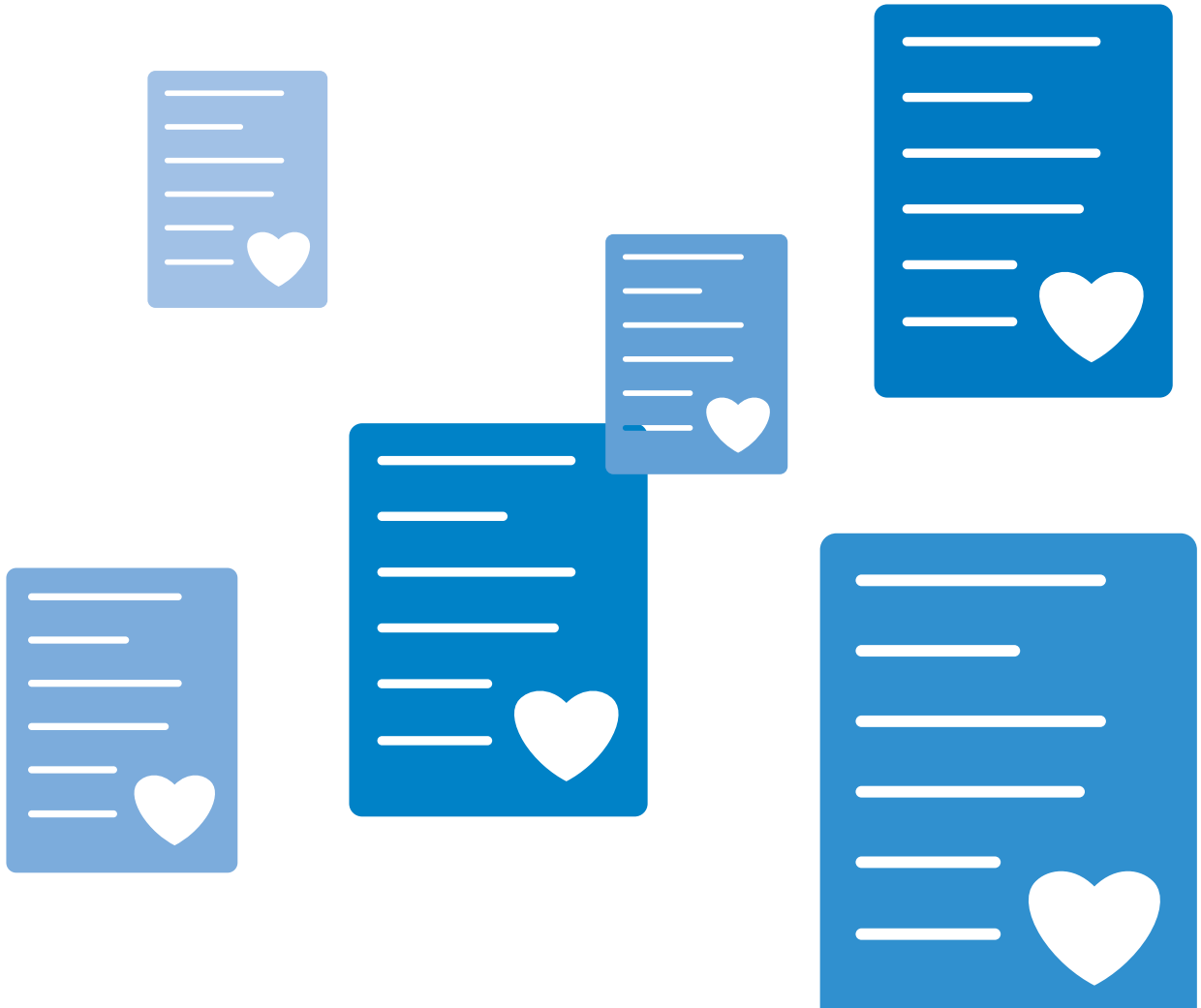
The staff and patient comments provided a good illustration of the organisational culture

In general information was well presented, however the contents would benefit from a review and flow of content as it implies repetition for the reader.

Once again thank you for the opportunity to comment and the CCG looks forward to working with Care UK in the future.

Alison Robinson
Nurse Director, Head of Quality & Safeguarding
NHS South Gloucestershire CCG

Appendix



National Clinical Audit Set 2012–2013

Specialty Area	Audits	UKSH Participation	Reason
Peri & Neonatal	1. Neonatal intensive and special care NNAP	No	UKSH did not provide peri or neonatal services within the elective treatment centres
Children	1. Paediatric pneumonia British Thoracic Society 2. Paediatric asthma British Thoracic Society 3. Paediatric fever College of Emergency Medicine 4. Childhood epilepsy RCPH 5. Paediatric Intensive Care PICANet 6. Paediatric Cardiac Surgery NICOR 7. Diabetes RCPH	No	UKSH did not provide children's services within the elective treatment centres
Acute Care	1. Emergency use of oxygen British Thoracic Society 2. Adult community acquired pneumonia British Thoracic Society 3. Non invasive ventilation NIV – adults British Thoracic Society 4. Pleural procedures British Thoracic Society 5. Cardiac Arrest NCAA 6. Adult Critical Care Case Mix Programme 7. Potential Donor Audit NHS Blood and Transplant	No	UKSH did not provide emergency care within the treatment centres. Elective pre-planned surgery only. UKSH did consider participation in the Cardiac Arrest audit but numbers of this situation occurring within our facilities were too low for inclusion.

Specialty Area	Audits	UKSH Participation	Reason
Long Term Conditions	1. Diabetes NADA 2. Heavy Menstrual Bleeding RCOG 3. Chronic Pain NPA 4. Ulcerative Colitis & Crohn's Disease IBD Audit 5. Parkinson's Disease National Parkinson's Audit 6. COPD British Thoracic Society 7. Adult Asthma British Thoracic Society 8. Bronchiectasis British Thoracic Society	No	UKSH only provided elective surgery services from the Treatment Centres therefore did not manage long term conditions.
Cardiovascular Disease	1. Familial hypercholesterolaemia NCA of mgt of FH 2. Acute Myocardial Infarction & other ACS MINAP 3. Heart Failure HFA 4. Pulmonary Hypertension PHA 5. Acute Stroke SINAP 6. Vascular surgery VSGBI Vascular Surgery Database	No	UKSH did not provide treatment of cardiovascular illness from the Treatment Centres.
Renal Disease	1. Renal Replacement Therapy UKRR 2. Renal Transplant NHSBT UK Transplant Registry 3. Patient Transport National Kidney Care Audit 4. Renal Colic College of Emergency Medicine	No	UKSH did not provide renal services.
Cancer	1. Lung cancer National Lung Cancer Audit 2. Bowel Cancer National bowel cancer Audit Programme 3. Head & Neck cancer DAHNO 4. Oesophago-gastric cancer NAOGC	No	UKSH did not provide cancer services
Trauma	1. Hip fracture National Hip Fracture Database 2. Sever Trauma - Trauma Audit 3. Falls and Non Hip Fractures National Falls & Bone Health Audit	No	UKSH did not provide trauma services
Psychological Conditions	1. National Audit of Schizophrenia NAS 2. National Audit of Dementia TBC		UKSH did not provide mental health care within Treatment Centres
Blood Transfusion	1. O neg Blood Use National Comparative Audit of Blood Transfusion 2. Platelet Use National Comparative Audit of Blood Transfusion	No	UKSH chose not to participate in these audits – numbers of usage of O Neg blood used too low
Elective Procedures	1. Hip, knee and ankle replacements National Joint Registry 2. Elective Surgery National PROM's Programme 3. Cardiothoracic Transplantation NHSBT UK Transplant Registry 4. Liver Transplantation NHSBT UK Transplant Registry 5. Coronary Angioplasty NICOR 6. Peripheral Vascular Surgery VSGBI 7. Carotid Interventions CIA	Yes 100% inclusion Yes 100% of patients asked to participate No No No No No	UKSH did not provide transplant or cardiovascular services

Useful links

Care Quality Commission
www.cqc.org.uk

Department of Health
www.dh.gov.uk

King's Fund
www.kingsfund.org.uk

National Institute for Health and Clinical Excellence (NICE)
www.nice.org.uk

National Patient Safety Agency
www.npsa.nhs.uk

NHS Choices
www.nhs.uk

Mental Health Act & Health and Social Care Act
www.legislation.gov.uk

World Health Organisation
www.who.int/en/

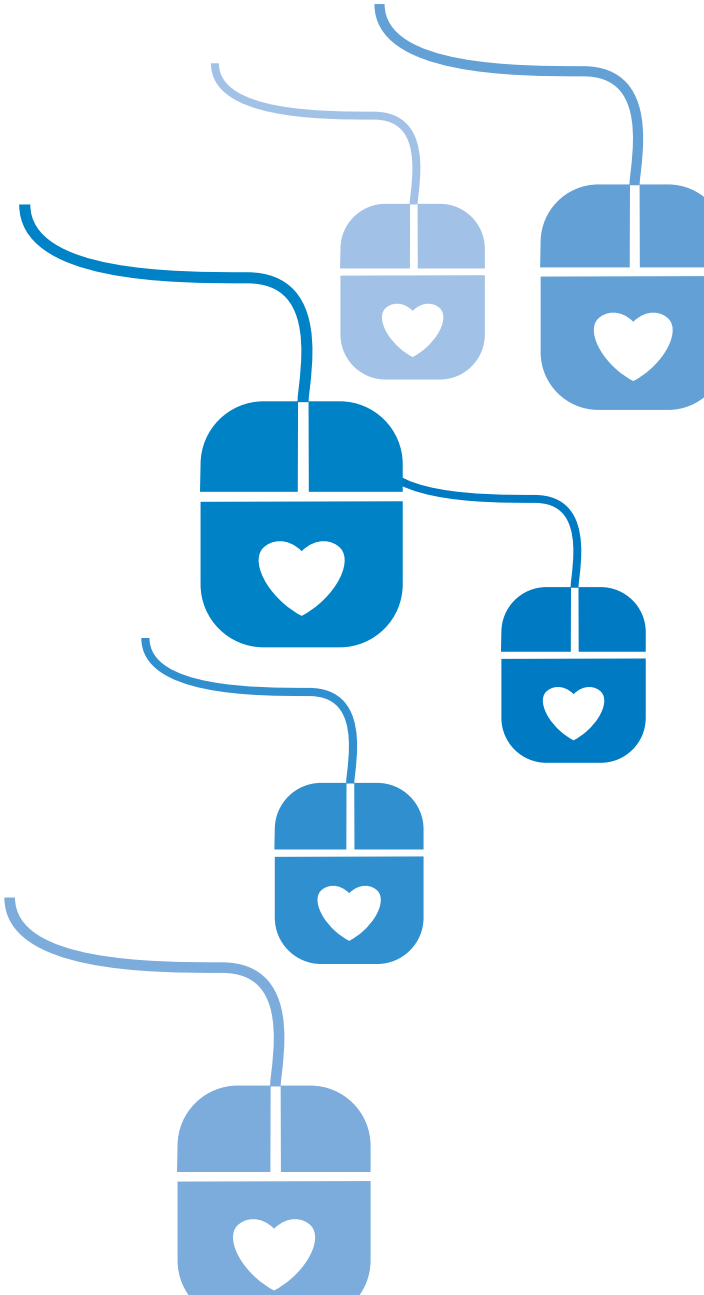
National Joint Registry
www.njrcentre.org.uk

Chief Nursing Officer for England
www.england.nhs.uk/tag/chief-nursing-officer/

Patient Reported Outcome Measures
www.hscic.gov.uk/proms

Health and Social Care Information Centre
www.hscic.gov.uk

NHS Right Care
www.rightcare.nhs.uk



Care UK
Connaught House
850 The Crescent
Colchester Business Park
Colchester
Essex
CO4 9QB

Tel: 01206 752552
careuk.com

A large print version of this document is available on request.

Care UK welcomes comments and feedback on this Quality Account. Please send your comments to Susan Marshall, Integrated Governance Director, Care UK, Plaza West, Bridge Street Plaza, Bridge Street, Reading RG1 2LZ
enquiries@careuk.com